

Complex Interventions: Innovation, Implementation, and Embedding

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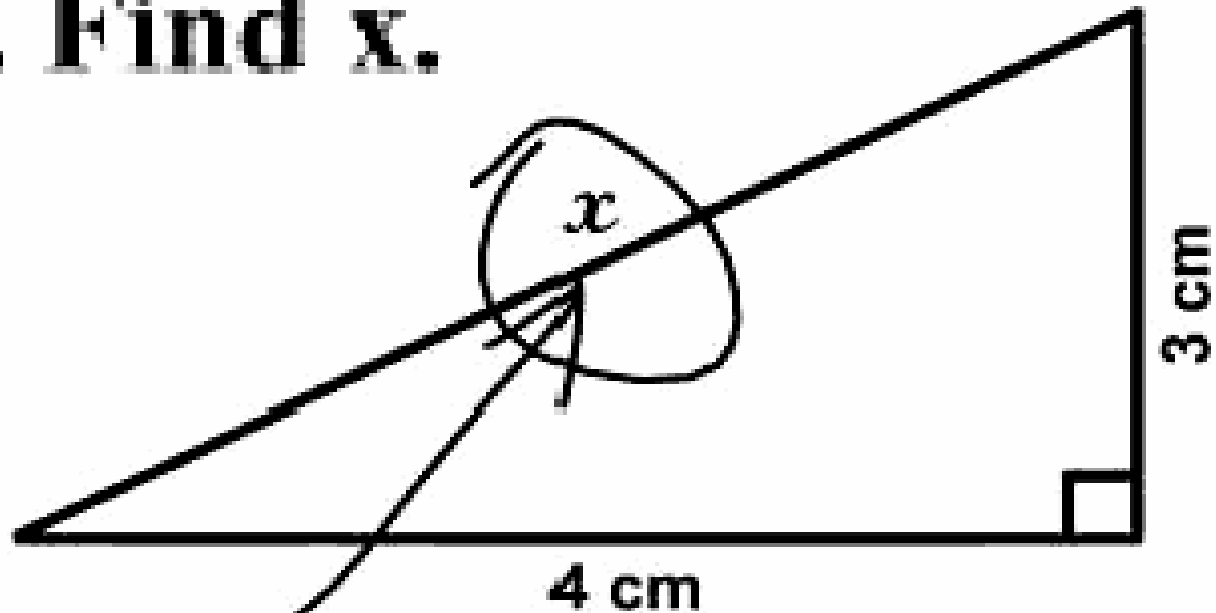


Fundamental problem for health care service providers and researchers...

- Why is it so difficult to implement new technologies in practice? (House of Common Health Committee, 2005)
- Why are service innovations more than a problem of diffusion and change management (Greenhalgh 2004)
- How can we understand processes within clinical trials and other outcomes studies? (Oakley et al, 2006)

Some things are a mystery....

3. Find x .



Here it is

Normalization Process Model

- Explanatory model of processes by which new techniques, technologies, organizational interventions become *routinely embedded in practice*
- Limited in scope, derived from **real-world** studies
- Explanatory model that seeks to balance group and individual contributions to normalization



Normalization

- **Normalization**: routine embedding of complex interventions in everyday clinical work
- **Normalization process**: enacting a complex intervention over time in interaction with already existing knowledge and workflow
- **Normalization work**: the collective work that individuals and groups do with any new or modified way of thinking, acting or organizing

It's all about the work (I)

- What is it?
- Who does it?
- How does it get done?
- Why did it happen like that?

Domains of *work* in complex interventions

Coherence: Work that defines and organizes the **components** of a complex intervention

Cognitive Participation: Work that defines and organizes the **people** implicated in a complex intervention

Collective Action: Work that defines and organizes the **enacting** of a complex intervention

Reflexive Monitoring: Work that defines and organizes assessment of the **outcomes** of a complex intervention



It's all about the work (2)

- How is it done?
- How is it understood?
- How is it distributed?
- How is it supported?

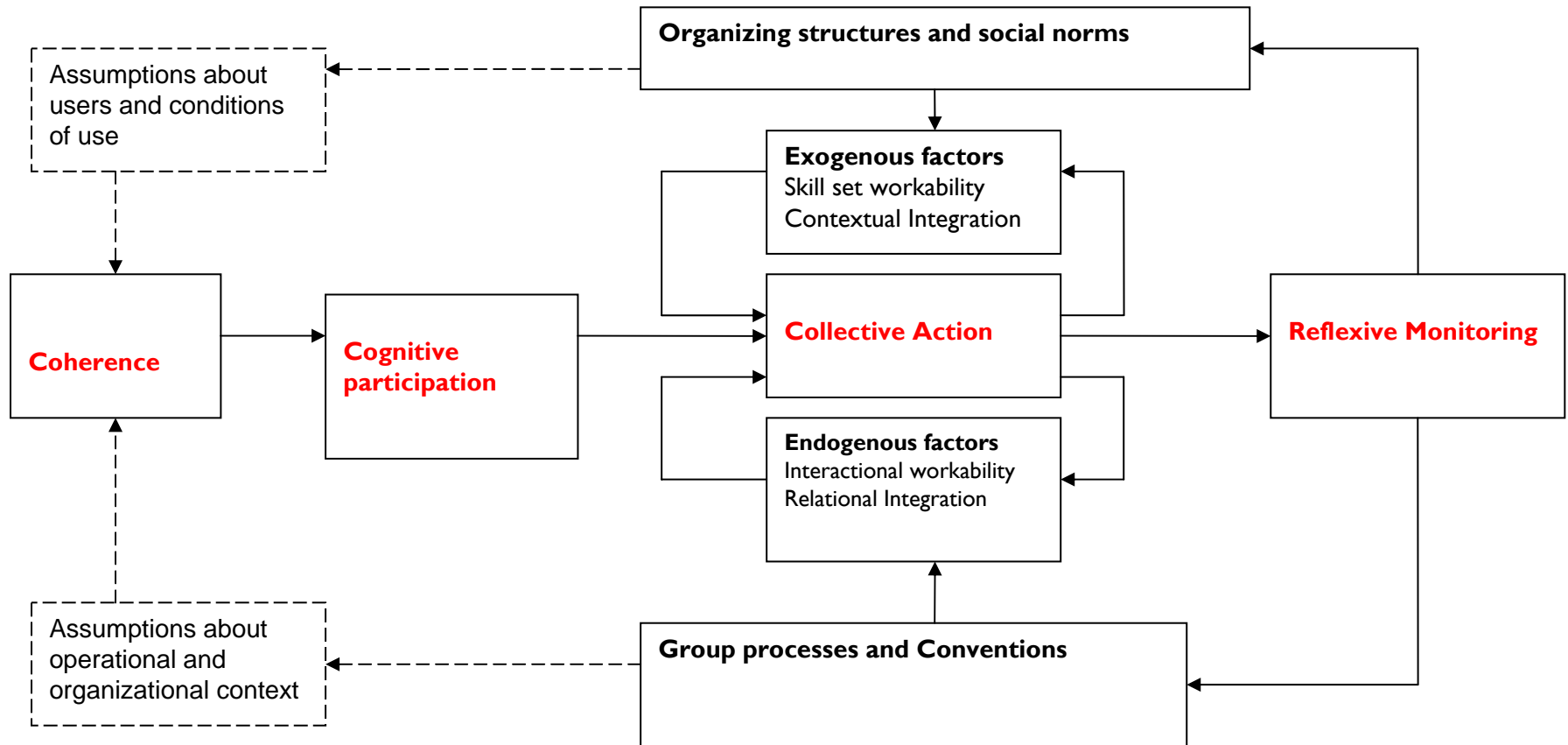
Four Constructs

- **Interactional workability:** how a complex intervention is operationalized by the people using it
- **Relational integration:** how knowledge and work about a complex intervention is mediated and understood within networks.
- **Skill-set workability:** the distribution and conduct of work associated with a complex intervention in a division of labour.
- **Contextual integration:** the incorporation of a complex intervention within an organizational domain.



G A T E S H E A D M I L L E N N I U M B R I D G E

Simple model – but very complex, emergent processes



What's it good for?

- **practical value** - understanding how new ways of thinking, acting and organizing become embedded in healthcare systems.
- **conceptual map** - process evaluation of complex interventions and for the organization of implementation processes



W A L L T O W N C R A G S
BEN HEAVEN PHOTOGRAPHY

Key publications

- Carl May (2006): A rational model for assessing and evaluating complex interventions in health care
www.biomedcentral.com/1472-6963/6/86
- Carl May, Frances Mair, Christopher Dowrick & Tracy Finch (2007) Process evaluation for complex interventions in primary care: understanding trials using the normalization process model
www.biomedcentral.com/1471-2296/8/42

A large, stylized blue dragon logo is positioned on the left side of the slide. The dragon is depicted in profile, facing right, with its head raised and its tail curled. The dragon's body is composed of smooth, flowing lines, and its tail is a thick, curved band. The dragon's head features a prominent, pointed snout and a large, open mouth. The dragon's tail is a thick, curved band that loops back towards the head. The dragon's body is composed of smooth, flowing lines, and its tail is a thick, curved band. The dragon's head features a prominent, pointed snout and a large, open mouth. The dragon's tail is a thick, curved band that loops back towards the head.

Thank you!

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