

dissemination & implementation. RESULTS/ANTICIPATED RESULTS: The initiative incorporated multiple components common to successful health education programs: measurable behavior-change outcomes; formative research before roll-out; tailored communications for different audiences; speakers who were credible, knowledgeable and skilled communicators; content that was new to recipients and essential for decreasing barriers to desired behaviors. It included elements of successful LARC promotion/teen pregnancy prevention programs, such as organizing information by effectiveness of methods and using youth-empowering messaging. It differed from other successful programs by offering discussions to adults who work with teens in both medical and community settings. This analysis also highlights unintended positive ripple effects. DISCUSSION/SIGNIFICANCE OF FINDINGS: These results establish how community detailing is effective for disseminating actionable information about the safety, efficacy and availability of LARC. These insights could inform other prevention initiatives. An anticipated practical product of this study will be a user-friendly manual for replicating the LARC Initiative in other locations.

Translational Science, Policy, & Health Outcomes Science

16185

Iowa Implementation for Sustainability Framework: Specification and validation

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ABSTRACT IMPACT: Framework is designed to aid selection of implementation strategies to promote adoption and sustainability of EBP to improve health care quality, safety and value. OBJECTIVES/GOALS: An application-oriented implementation framework based on Diffusion of Innovation theory, identified 81 strategies for clinician-use within four implementation phases. The goal of this research was to further specify strategies based on emerging implementation science and establish external validity. METHODS/STUDY POPULATION: An iterative mixed-methods process guided framework revisions. First, individuals (n=1,578) requesting use of the framework over the last seven years were sent an electronic questionnaire. Evaluation captured usability, generalizability, accuracy of phases, and implementation phases for each of 81 strategies. Second, nurses who use the framework pile sorted strategies for multidimensional scaling and hierarchical analysis using Anthropic software. Third, a panel of five EBP/implementation experts used data and a consensus process to add clarity with the naming, and further specify strategies. RESULTS/ANTICIPATED RESULTS: Survey respondents (n = 127, 8% response) were nurses (94%), at least Master's educated (94%), from health systems (52%) or academia (31%), in the U.S. (84%). The framework, rated on a four-point scale (1 = not/strongly disagree to 4 = very/strongly agree; reported are ratings 3 and 4) was deemed useful (92%), generalizable (100%), and with accurate timing (96%). 51 participants linked strategy timing to a single phase (54 strategies, 66.7%, p<0.05, Cochran's Q); most strategies (30) matched the original model. Pile sorting (n=23) generated a concept map and

hierarchical clusters of groups. Experts used these data and implementation science to specify each strategy and revise the framework. DISCUSSION/SIGNIFICANCE OF FINDINGS: The Iowa Implementation for Sustainability Framework (IISF) offers a typology to guide implementation for healthcare improvements. This study specifies 77 implementation strategies, confirms four phases, identified 10 domains, and begins to establish external validity for the framework.

47745

Low-risk Adenoma Surveillance Decision-making: Perspectives from Patients and Providers

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ABSTRACT IMPACT: I hope that our work will improve surveillance endoscopy experiences, by engaging both patients and providers. OBJECTIVES/GOALS: A large proportion of colonoscopies are performed for post-polypectomy surveillance. Data show that there is overuse of surveillance for low-risk adenomas (LRAs), which can be attributed to patient and provider factors. The objective is to understand patient and provider perspectives for decision-making for LRA surveillance colonoscopy. METHODS/STUDY POPULATION: Semi-structured, one-on-one virtual interviews of patients and providers are currently being conducted at Richard L. Roudebush VA Medical Center and Eskenazi Health. Using a criterion sampling approach, we identified patients 50-75 years of age who had a screening colonoscopy with finding of LRAs, and providers in primary care and gastroenterology, at each site. We plan to recruit at least 8 patients and 8 providers from each site until thematic saturation. Domains that will be covered include: perceived involvement with surveillance decision-making; experiences with, and preferences for, communication about test results; and barriers and facilitators to undergoing colonoscopy. A 3-phase approach, comprising immersion, reduction, and interpretation, is being used to collect and analyze data. RESULTS/ANTICIPATED RESULTS: This study is currently in the recruitment phase and results will be forthcoming. DISCUSSION/SIGNIFICANCE OF FINDINGS: Understanding decision-making for LRA surveillance colonoscopy will inform future interventions to improve endoscopic resource use and efficiency while improving patient and provider experiences with endoscopic care coordination.

49824

Determining factors that influence adoption of new post-stroke physical rehabilitation devices

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ABSTRACT IMPACT: This work will accelerate the translation of post stroke rehabilitation devices from the research lab to clinic use. OBJECTIVES/GOALS: Rehabilitation device efficacy alone does not lead to adoption into clinical practice. The objective of this work was to increase understanding of the landscape for clinical adoption of post-stroke physical rehabilitation devices. METHODS/STUDY

POPULATION: We conducted interviews with 107 stakeholders including patients who have had strokes, rehab directors, and physical/occupational therapists to understand their viewpoints for adopting new rehabilitation devices. To contribute to previous literature, interviews were analyzed qualitatively using direct content analysis to provide more specific details about the most appropriate adoption settings, specific roles for stakeholders, and drivers for all stakeholders involved in the adoption process. **RESULTS/ANTICIPATED RESULTS:** Unique to this work, care settings in which therapy goals are best aligned for restorative devices were found to be outpatient rehabilitation, followed by inpatient rehabilitation. Therapists are the major influencers for adoption because they typically introduce new rehabilitation devices to patients for both clinic and home use. We also learned therapists' utilization rate of a rehabilitation device influences a rehabilitation director's decision to acquire the device for facility use. Additionally, device setup in <7 minutes will allow for increased use without reducing therapist productivity. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Rehabilitation device development should consider the best settings to first introduce the device, roles of each stakeholder, and drivers that influence each stakeholder to accelerate successful adoption of the developed device.

69399

How are substance use disorder treatment programs in Arkansas responding to COVID-19? A qualitative study

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ABSTRACT IMPACT: This study informs how substance use treatment programs responded to the COVID-19 pandemic, and highlights implication for future translational research and practice. **OBJECTIVES/GOALS:** The COVID-19 pandemic rapidly changed how substance use disorder (SUD) treatment services are organized and provided. This study examined what changes SUD treatment programs in Arkansas implemented (e.g., guidelines, technologies), and what factors influenced their ability to implement and sustain these changes. **METHODS/STUDY POPULATION:** Between May and August 2020, we conducted semi-structured phone interviews with 29 leaders (administrative and/or clinical leaders) at 21 residential and outpatient SUD treatment programs throughout Arkansas (i.e., in all five Arkansas public health regions). Interviews were based on the Consolidated Framework for Implementation Research and focused on what changes programs were implementing in response to the COVID-19 pandemic, barriers and facilitators to implementation, and recommendations for future. The interviews were on average about 30 minutes long, and we provided no participant compensation. Interviews were recorded and transcribed verbatim, then thematically analyzed. **RESULTS/ANTICIPATED RESULTS:** Programs implemented similar infection control practices: screening at entry, masks, hand hygiene, and social distancing. Residential programs stopped outside visitations and some capped admissions; outpatient programs stopped group sessions and switched most services to telehealth. Key facilitators included grants/loans (e.g., salaries), looser regulatory restrictions (e.g., telehealth), and good coordination with other organizations (e.g., state agencies). Key barriers included limited access to supplies (e.g., masks), no rapid testing (particularly for residential care), limited capacity for social distancing, and negative employee and client responses (e.g., anxiety). Key

recommendations include better access to supplies and testing, telehealth continuation and better communication. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** This study provides an insight into how SUD programs responded to the COVID-19 pandemic and what the 'new normal' is. This can inform D&I studies conducted in SUD settings, including studies examining what implementation strategies can help sustain these changes, or studies of other practices implemented during or after the pandemic.

84539

Developing a Multilevel Intervention to Increase Hepatitis C Virus Screening of Baby Boomers in Primary Care

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ABSTRACT IMPACT: This research will improve human health by increasing screening for hepatitis C virus, thereby decreasing morbidity and mortality from hepatitis C-related disease. **OBJECTIVES/GOALS:** The worldwide incidence of liver cancer increased 75% from 1990 to 2015 due, in part, to chronic hepatitis C virus (HCV) infection. Individuals born 1945-1965 (baby boomers) have five times the prevalence of HCV infection compared to other birth cohorts, but fewer than 15% of this cohort have ever been screened. **METHODS/STUDY POPULATION:** Effective interventions to increase HCV screening among baby boomers are urgently needed. In partnership with a provider advisory board and a community advisory board, we will develop a multilevel intervention designed to increase HCV screening that will be delivered to both providers and patients in primary care. We will assess whether the intervention is feasible, acceptable, and usable from the perspectives of the target audiences (providers and patients) by conducting Concurrent Think Aloud (CTA) interviews with eight patients and eight providers. **RESULTS/ANTICIPATED RESULTS:** While the specific content of both intervention components will not be finalized until the completion of the study, we envision that the provider-level intervention will likely include a one-time educational session and monthly performance feedback provided via e-mail reporting each provider's HCV screening rates. The patient-level intervention may include mailed reminder letters prior to a scheduled clinic visit informing them that HCV screening is recommended and a tablet-based in-clinic computer program to educate, engage, and activate patients to be screened. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The goals of this project are to: 1) develop an acceptable, feasible, and usable multilevel intervention aimed at increasing HCV screening in primary care; and 2) understand the relationship between the intervention components and HCV screening; and 3) reduce HCV-related morbidity and mortality.

86185

Food Cost and Perceptions: through the lens of coaches providing family-based childhood obesity treatment

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ABSTRACT IMPACT: This work will help to identify ways to adapt family-based obesity treatment based on families' food purchasing behaviors and beliefs. **OBJECTIVES/GOALS:** Families in obesity