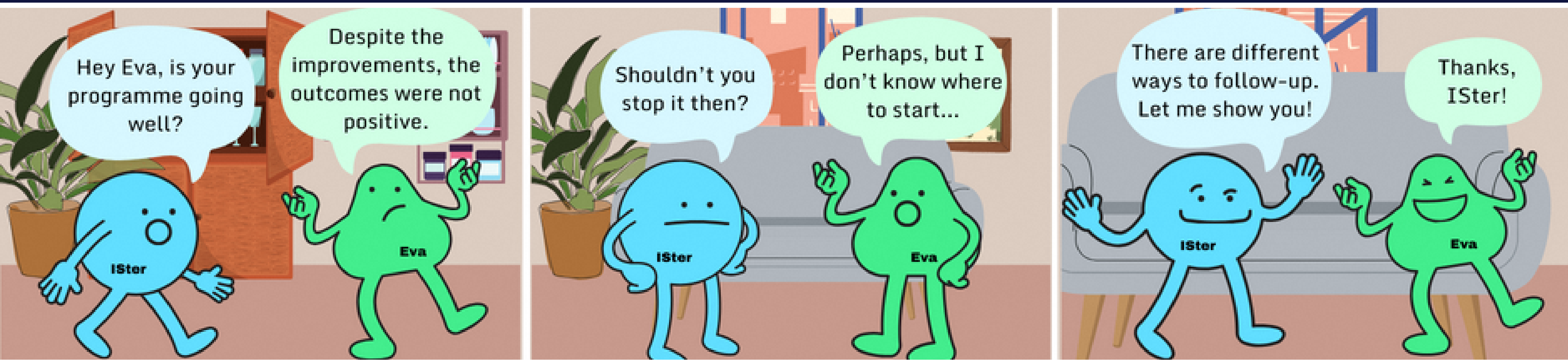


Implementation Science and Evaluation #27: **DE-IMPLEMENTATION**





What is De-implementation?


The **discontinuation** of interventions that are ineffective, unproven, harmful, overused, or inappropriate.

What are the barriers to de-implementation?


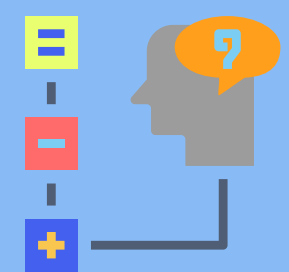
1 Intervention Characteristics

- **Cost** of de-implementation 
- **Connection** with other interventions
- **Limited evidence** that intervention is ineffective 
- **More complex** interventions require **more intensive** strategies

2 Organisational/Service-Provider Characteristics

- **Mismatch** between **perceived** and **actual** effectiveness of the intervention 
- **Fear of legal implications** or **public criticism**
- **Unhelpful belief** that an ineffective intervention is better than no intervention.

3 Client/Population Characteristics

- **Inaccurate** personal beliefs and social norms (e.g., "newer is always better") 
- **Distrust of the organization** by clients, which may hinder de-implementation 

How do we de-implement? Here are 4 ways!

Remove

Stop the inappropriate intervention entirely

Reduce

Change the **frequency** and/or **intensity** of delivery

Replace

Replace intervention with a **better alternative**

Restrict

Limit scope of the intervention to specific group or setting

References:

Norton, W. E., & Chambers, D. A. (2020). Unpacking the complexities of de-implementing inappropriate health interventions. *Implementation Science*, 15(1), 1-7.

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