

# Title Slide: Comments on Charns and Morrisey manuscripts

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## Slide 2: Approach to manuscripts

- Goals of MLIs and MLI research?
- What is distinctive about MLIs (vs. single-level approaches)?
- Distinctions' implications for intervention design, implementation, spread and research?
- Does each manuscript contribute to enhanced MLI design, implementation, spread, understanding (research)?
- *Prioritize recommendations over compliments*

## Slide 3: Charns et al, measures and measurement

What is distinctive about MLIs vis-à-vis M/M?

- Endpoints (outcomes)? *Probably not*
- Processes, impacts within levels? *Maybe*
- Synergistic, emergent patterns, outcomes? *Probably*
- Causal processes/mechanisms? *Undoubtedly*

## Slide 4: Charns et al, measures and measurement

Implications of these distinctions? Provide guidance for researchers/evaluators to:

- Document logic/program model, causal chain
- Locate, possibly adapt existing M/Ms

- Measure context, intermediate impacts, mediators, moderators, causal chain
- Develop new M/Ms (esp. for emergent phenomena) *when known, knowable*
- Allocate limited measurement resources

## Slide 5: Morrisey et al., computer simulation approaches

What is distinctive about MLIs in health care delivery vis-à-vis simulation approaches?

- “Beneath the skin” vs. “above the skin”:  
well-understood/predictable vs. poorly understood, variable, emergent, complex:  
*the latter seem more interesting, relevant*  
(e.g., *Models 1, 4 vs. 2, 3*)
- Combining simulation technologies (linked models)?

## Slide 6: Morrisey et al., computer simulation approaches

Offer guidance re: standard simulation concerns

- Model parameters, knowledge of causal processes: sources, approaches?
- Model validation: split sample strategy, retrospective validation (e.g., state-level variation in tobacco control—SimSmoke?)

## Slide 7: Morrisey et al., computer simulation approaches

Highlight, offer guidance re:

- Model parameters, knowledge of causal processes: identify, specify knowledge gaps (through discipline of explicit modeling)
- Interactions, emergent patterns: seek empirical evidence of predicted phenomena

## Slide 8: Morrisey et al., computer simulation approaches

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- Interactions, emergent patterns: seek empirical evidence of predicted phenomena

## Slide 9: Morrisey et al., computer simulation approaches

Additional suggestions (for this or future papers)

- Expand “*How can the model be extended?*” to provide more (and more explicit) guidance (references, specific suggestions)  
*e.g., Model 4, disparities ... patient knowledge, beliefs, resources; clinician knowledge, beliefs, decision biases; community resources, etc. etc.*
- Expand discussion of Archimedes