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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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