Readiness Assessment for Pragmatic Trials (RAPT) Model

Scoring Worksheet

Directions: Use the suggested criteria to score an intervention from low to high for each domain and then to graphically summarize the results. Criteria are provided for scores of low (L, not ready), medium (M, partially ready), and high (H, fully ready). Use your best judgment to determine whether or not an intervention meets one of those criterion or falls between them. Although scoring is subjective, having multiple people independently score the intervention and compare results to resolve any discrepancies may increase the reliability of your final score.

1. IMPLEMENTATION PROTOCOL

Is the intervention protocol sufficiently detailed to be replicated?

- ❑$_L$ There is no protocol.
- ❑
- ❑$_M$ The protocol provides some documentation, but may be difficult to replicate.
- ❑
- ❑$_H$ The protocol is well documented and is likely to be replicable.

Comments:

2. EVIDENCE

To what extent does the evidence base support the intervention's efficacy?

- ❑$_L$ There are no efficacy studies or the efficacy studies did not use rigorous methods (e.g., a RCT).
- ❑
- ❑$_M$ A single study using rigorous methods demonstrated efficacy.
- ❑
- ❑$_H$ Multiple studies using rigorous methods have demonstrated efficacy.

Comments:

3. RISK

Is it known how safe the intervention is?

- ❑L The risks (harms and discomforts) are unknown or are known to be more than minimal (e.g., greater than ordinarily encountered in daily life).
- ❑
- ❑M The risks are unknown, but are likely minimal.
- ❑
- ❑H The risks are known to be minimal.

Comments:

4. FEASIBILITY

To what extent can the intervention be implemented under existing conditions?

- ❑L Resources necessary for implementation (e.g., staff, infrastructure, payment) are absent or insufficient.
- ❑
- ❑M Minor modifications to existing resources would enable implementation.
- ❑
- ❑H Implementation is possible with existing resources.

Comments:

5. MEASUREMENT

To what extent can outcomes be captured during the conduct of the pragmatic trial?

- ❑L Outcomes cannot be captured without major modifications to systems (e.g., clinical assessments, documentation, or electronic health records) or increases in staff time.
- ❑
- ❑M Outcomes can be captured with minor modifications to systems or increases in staff time.
- ❑
- ❑H Outcomes are already routinely captured.

Comments:

6. COST

How likely is the intervention to be economically viable?

- ❑L Cost-benefit/cost-effectiveness analysis has not been completed (formally or informally) and it is unknown whether benefits outweigh costs.
- ❑
- ❑M Cost-benefit/cost-effectiveness analysis has not been completed, but benefits are likely to outweigh costs.
- ❑
- ❑H Cost-benefit/cost-effectiveness analysis demonstrates benefits outweigh costs.

Comments:

7. ACCEPTABILITY

How willing are providers likely to be to adopt the intervention?

- ❑L Acceptability is unknown or staff are unlikely to believe the intervention is feasible or needed.
- ❑
- ❑M Acceptability is unknown, but staff are unlikely to believe the intervention is feasible or needed.
- ❑
- ❑H Acceptability is known and staff believe the intervention is feasible and needed.

Comments:

8. ALIGNMENT

To what extent does the intervention align with external stakeholders' priorities?

- ❑L Stakeholders (policymakers, payors, advocates, and others) do not believe the intervention addresses a current or anticipated priority.
- ❑
- ❑M Some stakeholders believe the intervention addresses a priority.
- ❑
- ❑H Most or all stakeholders believe the intervention addresses a priority.

Comments:

9. IMPACT

How useful will the results be?

- ❑L Providers and stakeholders (policymakers, payors, advocates, and others) are unlikely to believe that the outcomes are useful (e.g., to inform clinical care or policy).
- ❑
- ❑M Some providers or stakeholders are likely to believe the outcomes are useful.
- ❑
- ❑H Most or all providers and stakeholders are likely to believe the outcomes are useful.

Comments:

GRAPHICAL SUMMARY