

# Assessment of scalability of evidence-based innovations in community-based primary health care: a cross-sectional study

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## Background

- Implementation of evidence-based innovations (EBIs) has been strongly incentivized as part of primary care reform in Canada
- But there is a growing gap between development of EBIs as research projects and their implementation as standard care
- In 2013, the Canadian Institutes of Health Research (CIHR) funded 12 research teams to conduct programmatic research and develop EBIs in community-based primary health care (CBPHC)

**Aim:** To explore scalability (i.e., potential for scale up) of the teams' EBIs

## Methods

### Study design

- Cross-sectional study

### Setting

- Survey conducted in Canada between August & December, 2017

### Participants

- The 12 CIHR-funded research teams

### Data collection

- Creating a 1-page self-administrated questionnaire based on a systematic review and scale-up guides
- Data collected by email about:
  - EBI characteristics (e.g., type and aim of the EBI)
  - 16 criteria assessing scalability, grouped into 5 dimensions: theory, impact, coverage, setting and cost
  - Scalability assessment criteria met or not

### Data analysis

- The analysis unit was the EBI
- Descriptive analysis using simple frequency counts (n, %)
- Hierarchical cluster analysis to rank EBIs by their scalability

## Results

### Participants

- The **11 responding teams** evaluated 33 EBIs (median=3, range=1-8 per team)
  - ✓ Health interventions (e.g., preventive and screening programs) (**n=21**)
  - ✓ Methodological innovations (e.g., conceptual frameworks, measures) (**n=12**)
  - ✓ Most of them focused on access to care and chronic disease prevention and management

### EBIs meeting scalability assessment dimensions (n=33)

**Use of theory:** 1<sup>st</sup>  
1 criterion (88%)

- EBIs developed with theory (88%)

**Impact:** 2<sup>nd</sup>  
6 criteria (68%)

- Acceptability (67%)
- Feasibility (79%)
- Adaptability (58%)
- Efficacy (39%)
- Effectiveness (82%)
- Results documented (82%)

**Setting:** 3<sup>rd</sup>  
3 criteria (66%)

- Implemented in target setting (85%)
- Compatibility with similar EBIs (36%)
- Consistency with policy directives (76%)

**Cost:** 4<sup>th</sup>  
2 criteria (53%)

- Cost-effectiveness (48%)
- Affordability (58%)

**Coverage:** 5<sup>th</sup>  
4 criteria (42%)

- Reach (42%)
- Adoption (27%)**
- Fidelity (58%)
- Maintenance (42%)

### Ranking for scalability using hierarchical cluster analysis

- High** (n=20) | **Medium** (n=11) | **Low** (n=2)
- Most (16) of the 20 high-ranking EBIs were health interventions
- A high ranking indicated team had enough significant information about its EBI to plan for scale-up

## Conclusions

- Scalability varied among EBIs, suggesting that readiness for scale-up was suboptimal for some EBIs
- Coverage remained largely unaddressed; further investigation of this critical dimension is necessary
- Scalability assessment should be part of project design and funding requirements