

# Facilitators and Barriers to the implementation of the BETTER WISE intervention: A qualitative study

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## Background

- BETTER WISE (Building on Existing Tools to Improve Cancer and Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients) involved a comprehensive, evidence-based approach that proactively addressed chronic disease prevention, screening, and cancer survivorship, including screening for poverty and addressing lifestyle risks.
- The intervention, a prevention visit, was provided by a healthcare professional - the Prevention Practitioner (PP) – who was a member of the primary care team with enhanced skills in prevention, screening, and cancer survivorship.
- In a 1-hour visit with the patient, the PP provided them with an overview of their individual risk for cancer and chronic disease, including family history and lifestyle risk factors, informed patients about eligible screening, and helped patients make S.M.A.R.T. goals for their health.
- Patients 40-65 years of age were invited to participate as most prevention and screening recommendations apply to this age group.



## Objective

- To understand the facilitators and barriers to the implementation of the BETTER WISE intervention using qualitative methodology.

## Setting

- Thirteen primary care settings (urban, rural, and remote) in Canada (6 in Alberta (AB), 4 in Ontario (ON), and 3 in Newfoundland & Labrador (NL)).

### Domain 1: Intervention Characteristics

#### Relative advantage

*"[BETTER WISE] definitely prevented a lot of people from falling through the cracks. Because we can still call them to remind them, we are here and try to keep them as up to date as possible." [PP, ON]*

#### Adaptability

*"I'm not a huge fan of the phone call visits. I just don't feel as though you get as connected (...) I like to see people and to have the time and I think people relax a little bit more when they can see someone face-to-face, versus over the phone." [PP, AB]*

### Domain 3: Characteristics of Individuals

*"I got to say these last couple of years doing that, that's one of the best things that I've done (...) I was able to help people. And hopefully make a difference so that they would make some positive lifestyle changes, you know?" [PP, NL]*

*"People really appreciated our [PP]. She has a very nice way about her. She's very fun and person-centered and nice to talk to (...) They also really appreciated the time (...) it's more time to sit down and talk about these things deliberately than they would usually get just with me" [Physician, AB]*

### Domain 5: Process

*"We didn't have people coming in so I was actually able to focus a little bit better on the BETTER WISE because, obviously, appointments were a little bit different. So, even though we were short staffed I was able to actually take the time to go work and away in the office and not be interrupted, so that was good." [PP, AB]*

### Domain 2: Outer Setting

*"(...) prevention kind of stuff we did as physicians really took a back seat (...) at the beginning, labs wouldn't even allow us to do present patients' stool for blood and mammography, they were just turned away." [Physician, AB]*

*"My capacity to follow the eating and lifestyle commitments has waxed and waned (...) partly due to the effects of the pandemic, but it has been a valuable (...) having the PP's check-ins, which give me a lift and inspiration to do my best with this." [Patient, female, AB]*

### Domain 4: Inner Setting

*"I think it was something that our unit was cognizant of—that there is concern about burnout and fatigue through the pandemic, without a doubt. How we've managed it is, part of our objective for the new year is to really focus on wellness—to the point that we've developed a wellness committee, that it is at the forefront, recognizing that we have to make sure that all our providers are taking care of themselves to be able to continue their roles at their full capacity." [Physician, ON]*

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## Participants

- Primary care providers (N = 132; including all 13 PPs) participated in 17 focus groups and 48 key informant interviews. They were asked about implementation, uptake, impact, and sustainability of BETTER WISE.
- 585 feedback forms were received from patients who attended a 1-hour visit with their PP. They were asked about expectations for the visit, what they liked and what they would like to be different, and any other comments.

## Analysis

- Qualitative data was analyzed using a constant comparative method informed by grounded theory in a first round of coding.
- The second round of coding employed the Consolidated Framework for Implementation Research (CFIR) to focus analysis on the most salient categories of the five CFIR domains to identify the facilitators and barriers to the implementation of BETTER WISE.

## Results

Themes identified within the 5 CFIR domains (**Figure 1**):

- Intervention Characteristics:** relative advantage and adaptability (in the context of the COVID-19 pandemic);
- Outer Setting:** patients' needs and resources (PPs compensated for increased patient needs and decreased resources);
- Characteristics of Individuals:** patients and physicians described PPs as compassionate, knowledgeable, helpful;
- Inner Setting:** network and communication (collaboration and support in teams or lack thereof);
- Process:** COVID-19 hindered execution, but PPs mitigated and adapted to challenges.

## Conclusion

Despite the COVID-19 pandemic, the BETTER WISE intervention continued, driven by the PPs and their strong relationships with patients, primary care team members, and the BETTER WISE team. Our learnings may help inform implementation strategies for prevention and screening programs facing external challenges.

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Figure 1. Quotes for themes identified within the 5 CFIR domains