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**Title**

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

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

Nicolette Sopcak, PhD, Carolina Fernandes, MA, MSc, Daniel Ofosu, Melanie Wong, BSc, Ielaf Khalil, Tracy Wong, PhD, Donna Manca, MD, MCLSC

**Abstract**

Context: The BETTER WISE project involved a comprehensive, evidence-based approach for cancer and chronic disease prevention and screening (CCDPS) that also addressed cancer survivorship (breast, colorectal, prostate) and screened for lifestyle risks and financial difficulty. The intervention was provided by the Prevention Practitioner (PP), a member of the primary care team with enhanced skills in prevention, screening, and cancer survivorship. PPs met with patients 40 to 65 years of age to provide them with an overview of their individual risk for cancer and chronic disease, eligibility for screening, and assistance with lifestyle counseling. Objective: To understand the facilitators and barriers to the implementation of the BETTER WISE intervention. Methods: A qualitative study - Forty-eight key informant interviews and 17 focus groups were conducted with 132 primary care team members (PPs, physicians, allied health professionals, and clinic staff). Written feedback from patients was also collected (585 feedback forms). All 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. Setting: Thirteen primary care settings (urban, rural, and remote) across 3 Canadian Provinces (Alberta, Ontario, and Newfoundland and Labrador). Results: The following key elements were identified within the five CFIR domains: 1) Intervention characteristics – relative advantage and adaptability (in the context of the COVID-19 pandemic); 2) Outer setting – patients’ needs and resources (PPs compensated for increased patient needs and decreased resources); 3) Characteristics of individuals – patients and physicians described PPs as compassionate, knowledgeable, helpful; 4) Inner setting – network and communication (collaboration and support in teams or lack thereof); and 5) Process of implementation – COVID-19 hindered execution, but PPs mitigated and adapted to challenges. Conclusions: 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 CCDPS programs facing external challenges.