### May 16-18 Montreal, Canada



2024

# CONFERENCE

10th Anniversary Edition





# Making a Bigger Impact: Lessons Learned from the Office of Spread and Scale

May 17, 2024



**OFFICE OF SPREAD AND SCALE** 

### Plan



- Office of Spread and Scale
- Trying to define spread and scale
- A few case examples
- Lessons Learned





# Office of Spread and Scale



**OFFICE OF SPREAD AND SCALE** 

### The Role of the OSS





#### **Implementation Practice:**

To use strategies or interventions to support individuals, organisations and/or systems to use evidence to change practice.

### **Implementation Science:**

The scientific study of how to put evidence into practice. Includes development of robust theories, models, frameworks, tools etc.

Helping individuals, groups and organizations to use the science to inform practice, specifically focusing on moving what works into new settings.

### What do we do?



#### Research

- Advance the science of scaling (and sustainability)
- Studying concepts and developing tools

### **Capacity Building**

- Public discussion groups
- Supporting Learning Health System development at WCH
- Training

### Consulting

- External consulting
- Provincial contracts
- Supporting planning, development, and actioning of grants







### **Definitions**



**Spread** (horizontal)

Replicating an initiative somewhere else (i.e. one site to another)

Greenhalgh & Chrysanthi, 2019

Define what you mean in your own work!

Scale (vertical)

Deliberate efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis. (ExpandNet; Simmons et al, 2007)

Tackling the infrastructure problems that arise during full scale implementation (i.e. implementing provincial policy) (Greenhalgh & Chrysanthi, 2019)

## Why is planning for scale important?



Office of Spread & Scale

- If a program is working well in one area, we want it to benefit others.
- Even a small change can have a big impact when applied "at scale".
- Scaling is more than just initial implementation in multiple settings.
- We need to strategies for how to scale!
  - This is where I hope implementation science can help...



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### What do we know?



- There is a lot of scaling in practice but the process isn't usually studied/published.
- Lots of case examples but less focus on methods.
- Most of the work has been conducted in low- and middleincome countries.
  - Lots to learn from there, but need to see what works elsewhere.
- Mostly focused on public health.
- Rarely involves individuals with lived experience.

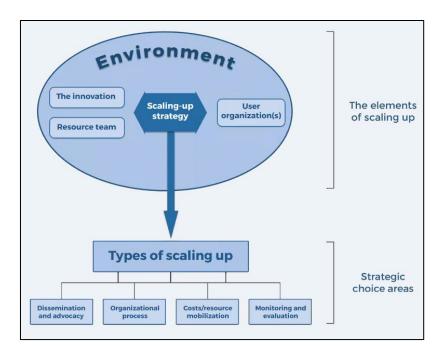
### What tools can we use for scale?



- Some frameworks for scale
- Some tools to plan for scale but...
  - Mostly low quality
  - Mostly public health
  - Didn't involve patients in the development process

Join our workshop to learn more about frameworks & tools for planning for scale!





ExpandNet Scaling Up Framework

### A few things to consider...



- If the most effective intervention isn't sustainable or scalable is it really the most beneficial?
- Even if effective, not every program needs to be sustained or scaled
  - it depends on the context, need, population etc.
    - We should be thinking about implementation (and scale) early...
      - But still ask the question "should this continue?"
- Programs scale without us (researchers)...
  - O How can we still make sure we are still involved in system-level decisions?



### **Case Studies**



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# Case 1: Scaling interdisciplinary team-based models of rheumatology care







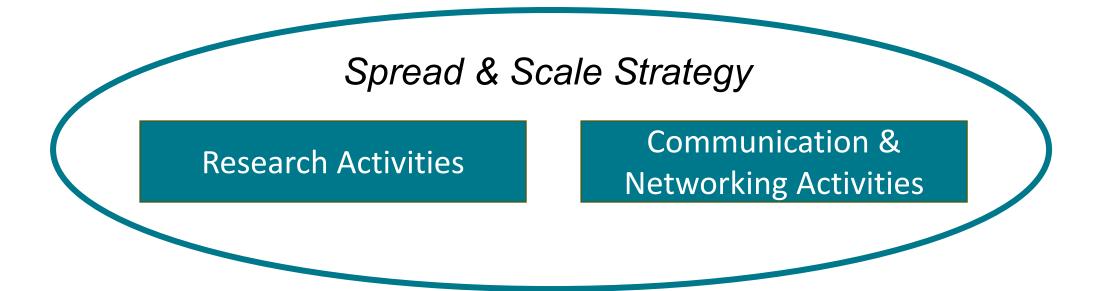
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### The Problem & Our Aim



- Global shortages of rheumatologists
- Increasing patient volume and treatment complexity

Interdisciplinary team-based models of rheumatology care hold great potential for improving patient care, outcomes, equity, and population health management.



### The Team & Partners



An interprofessional team of researchers, healthcare professionals, implementation scientists, patient partners, and trainees is leading this work.



ontariorheum.ca















### Developing our Strategy



#### **Research Activities**

- Synthesizing and generating evidence to support team-based rheumatology care
- Evaluations of established rheumatology interdisciplinary models
- Effectiveness evaluations with real-world health data
- Readiness assessments to assess acceptability and capacity for workforce to change.

# Communication & Networking Activities

- Workshops
- Policy presentations
- Infographics
- Implementation Resources
- Many other materials as needed!

### The Role of Implementation Science



# Theoretical Domains Framework

Used in interviews to understand what behaviours are needed by rheumatologists to adopt interdisciplinary team-based care.

# Implementation Research Logic Model

Is this too focused on an individual setting?

Do we need a "Logic Model for Scale"?

# Scale Up Reflection Guide

Can this help our team keep track of our progress? Who should fill this out? How often?

### Case 1: Lessons Learned



- Scaling is complex
- Always more research questions to ask
- Need strong connections with other key partners
- Navigating the politics having partners can help
  - Knowing when the message is better coming from a researcher or someone else
- Scaling is about more than just research evidence

The impact needs to be more than the sum of its parts.



### Case 2:

# Planning for Sustainability, Spread & Scale of an Al Mediated Eye Health Screening Initiative







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# **Project Purpose**



To evaluate and make recommendations on the potential for sustainability, spread, and scale of the Al Mediated Eye Health Screening Initiative, specifically focused on diabetic retinopathy.



Conducting retinal screening with a portable, handheld fundus camera.

(Image from EyeArt website)



### What did we know?



- The program had been running for about a year
  - Early!
- The formal evaluation was due after our work
  - We didn't know if it worked...
- The program was evolving throughout its first year of implementation
  - How do you know what to scale if you don't know what is being implemented...
- We still need to do the best we can!

### **Core Components**



#### **Overall Aim**

Improve access to eye screening for individuals in underserved populations living with diabetes

### **Core Components**

Awareness,<br/>Education &<br/>Prevention

Al Technology & Cameras Coordinating & Treatment Organization (VLRC)

 $\longleftrightarrow$ 

Liaising
Organization
(i.e., IDHC)

Screening Delivery Process

Treatment
Pathway for
Positive Screens

Rescreening Process

### **Sub-Components**



**Adaptable Forms** 

### Results – Sustainability & Spread



- Potential to address an unmet need for diabetic retinopathy screening in rural/remote parts of Ontario for those who have less connection with the healthcare system
- Distinct features which support sustainability and spread:
  - ✓ Anyone can be trained to conduct the screening.
  - ✓ Physician referral not needed
  - ✓ Portable, handheld cameras
  - ✓ Al technology does initial screening and only positive screens need to be reviewed

# Results: Integration



- The program is complementary to, not a replacement for, existing diabetic retinopathy screening programs
- Fills a niche need to support individuals who have not been screened recently
- Adapts based on community need and provider capacity
- Community driven approaches (screening days, home visits, community events, etc.) increase access to screening for those with less connection to the healthcare system

### Case 2: Questions Raised



- What do you do when you don't know about effectiveness yet, but decisions are being made about the future anyways...
- How do you know if a program should stay on its own, or be integrated into another program?
- Is understanding the core components enough?
- Who is going to plan for scaling? Whose responsibility is it? What skills do they need?

# **Closing Thoughts**



- A "simple" intervention at scale can have a big impact
- We need a better understanding of how to plan for scale
  - Start early!
  - Ask "should this keep going?"
  - Track your progress
  - Share what you learn
  - Test existing tools & suggest ideas for new ones

Scaling decision are happening – we need to do the best we can!



## **OSS Discussion Groups**





Sign up for our email list!



Contact us to learn more: OSS@wchospital.ca

### Learn more with the OSS on Saturday!



### **WORKSHOP SESSION - AFTERNOON**

Designing for Scale: Strategies for interventions that can help more people in more ways

#### Celia Laur, PhD

University of Toronto, Canada

Zeenat Ladak, PhD(c) - University of Toronto, Canada

Practical tips and strategies, including an introduction to planning tools, to support planning for sustainability, spread and scale from early in the intervention development process.

Introductory workshop. No prior experience with spreading or scaling needed.







#### **IBTN CONFERENCE 2024**

Behavioural interventions: Past, Present and Future

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### **Questions?**

