
CONFERENCE ABSTRACT

Assessing the Scalability of a Community-Based Self-Management Intervention for Older Adults with Diabetes and other Chronic Conditions – The Aging, Community and Health Research Unit Community Partnership Program (ACHRU-CPP)

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Background: A multi-pronged approach was undertaken to assess the scalability of the Aging, Community and Health Research Unit – Community Partnership Program (ACHRU-CPP), a complex, integrated 6-month self-management program for community-living older adults with diabetes and multimorbidity and their caregivers, in two Canadian provinces. The ACHRU-CPP was co-designed by patients, caregivers, home and community-care providers, and researchers, in response to a gap identified by older adults in the self-management of their diabetes and other conditions. The intervention was tested in a feasibility study and an earlier pragmatic trial found that older adults who received the ACHRU-CPP experienced greater improvements in quality of life and self-management, and greater reduction in depressive symptoms, compared to those who received usual diabetes care, at no additional cost to society. Delivered by a collaborative team of primary care providers (registered nurses, registered dietitians) and a community program coordinator, key components include home visits, group wellness sessions, team-based case conferences, caregiver support, interprofessional collaboration, and nurse-led care coordination. Scalability assessment is an integral phase of the current research program, which evaluated the effectiveness and implementation of the ACHRU-CPP in four settings in Ontario (ON) and Prince Edward Island (PEI).

Methods: Multiple methods were used to assess scalability of the ACHRU-CPP in ON and PEI: an environmental scan, individual key informant interviews, and qualitative and quantitative data from both the foundational studies and the current trial of ACHRU-CPP implementation and effectiveness. The Intervention Scalability Assessment Tool (ISAT) guided data collection and analysis. The environmental scan was conducted with strategic input from Scalability Working Groups in ON and PEI. These groups were comprised of members of the program's governance structure, including patient and public research partners, researchers, primary care and community service providers and administrators, and policy- and decision-makers. These partners advised on relevant research and policy documents, identified potential key informants (i.e., policy- and decision-makers at the local, provincial, and national levels), and will participate in scalability assessment workshops in ON and PEI in late 2022, to finalize the scalability assessment, and identify components of the intervention to be strengthened, and barriers to be addressed to enhance the scalability of the program, in each province.

Results: To date, the results of the scalability assessment have identified areas of strength and limitations within the program, most notably issues with health human resources, mixed results regarding the effectiveness of the program, and other resource gaps.

Conclusion: This study has evaluated the scalability of a community-based program for older adults with diabetes and multiple chronic conditions that integrates primary and community care. It also provides valuable insight on the usefulness and feasibility of the ISAT for assessing scalability, as well as strategies to engage strategic practice, policy, and public partners in the process.

Next steps: While scale-up of the ACHRU-CPP may be merited due to the prevalence of diabetes and multimorbidity among older adults, and alignment of this program with health policy, several barriers need to be addressed before scale-up can be recommended.