

Using an evidence-based tool to improve and sustain cervical cancer prevention capacity in the coastal, highland, and Amazon regions of Perú: *Application of the Measurement Instrument for Determinants of Innovations to explore barriers and facilitators to implementation*

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Background

- Although cervical cancer is a largely preventable disease, it remains the fourth most common cancer among women worldwide.
- Human papilloma virus (HPV) based screen-and-treat programs are increasingly being adopted throughout the world, to identify the virus that causes cervical cancer and manage any pre-cancerous lesions before cervical cancer develops.
- However, while screen-and-treat programs have had promising results, how to implement them reliably and effectively remains elusive.

Purpose

- This study aims to explore barriers and facilitators to the implementation of a national screen-and-treat program for cervical cancer screening and management across 4 departments in Perú.



Fig. 1. Study sites across Perú

Methods

- An adapted version of the Measurement Instrument for Determinants of Innovations (Fleuren et al, 2014) was used to collect barriers and facilitators to the implementation process.
- Surveys were based on an existing and validated Spanish version of the MIDI and adapted to cervical cancer.
- Survey was distributed to 120 health care professionals identified purposively and recruited through embedded gatekeepers in each health system.
- Health care professionals were based in five sites across the Peruvian coast, highlands and Amazon rainforest, in the departments of Cusco, Ica, Loreto, and Lima (North and South).
- A cut-off of 20% agreement or strong agreement was used to identify barriers and 80% to identify facilitators. Potential barriers were set at 20-50% and potential facilitators were set at 51-79%.

Results

Fig. 2: Enrollment

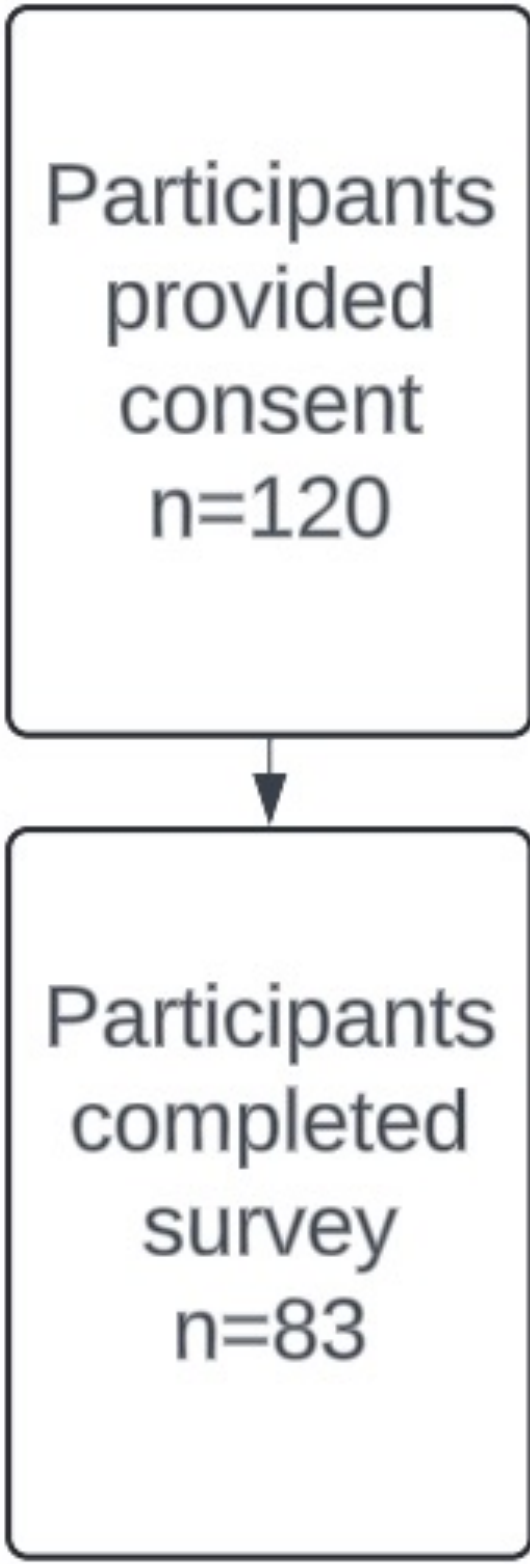


Fig. 3: Site participation (n=101)

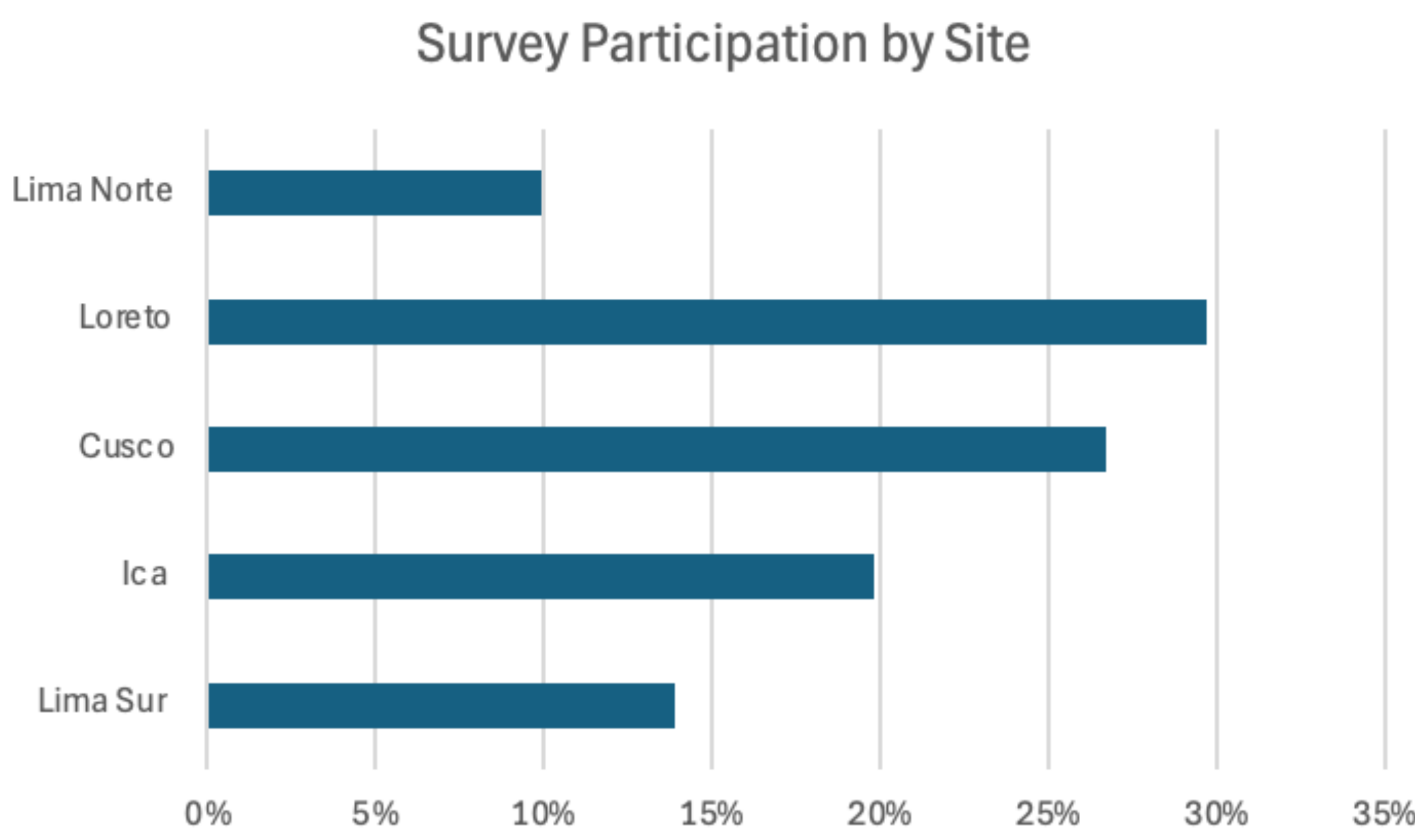


Fig. 5: Facilitators Identified

FACILITATORS (positive responses above 80%)	
Determinant category	Determinant
Innovation	Correctness (86%) n=91
Innovation	Complexity (82%) n=91
Innovation	Relevance for patients (87%) n=90
User	Personal benefit (91%) n=88
User	Outcome expectation (88%) n=86
User	Professional obligation (95%) n=84
User	Patient satisfaction (91%) n=84
User	Patient cooperation (83.4%) n=84
User	Self-efficacy (92%) n=84
User	Knowledge (92%) n=83

Fig. 4: Health system roles (n=101)

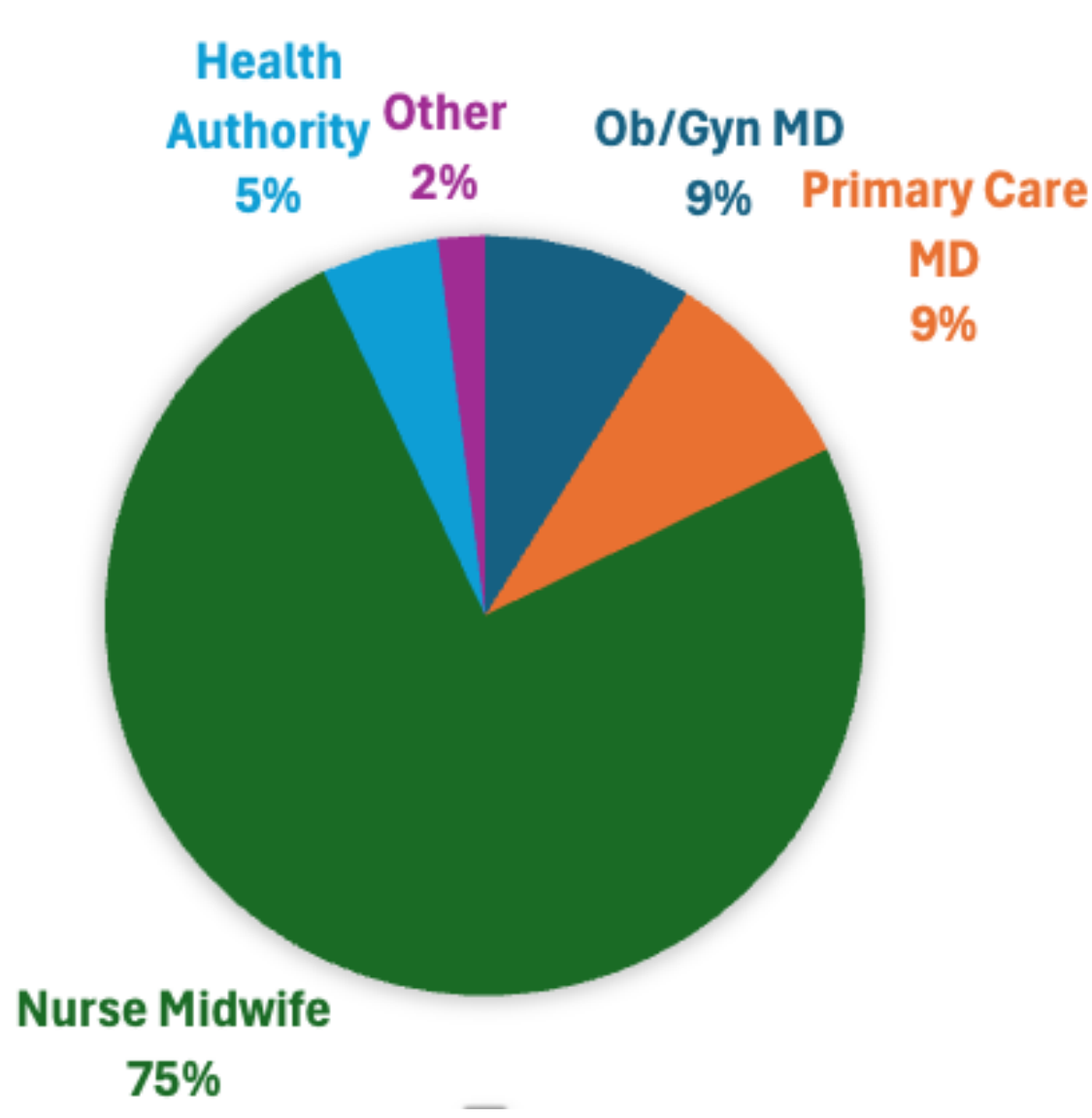


Fig. 6: Potential Barriers Identified

POTENTIAL BARRIERS (positive responses below 50%)	
Determinant category	Determinant
User	Degree to which colleagues use innovation (31%) n=84
Organization	Replacement when staff leave (44%) n=84
Organization	Financial resources (30%) n=84
Organization	Unsettled organization (35%) n=84
Organization	Infrequent performance feedback (49%) n=84

Implications

- The MIDI provided useful information regarding facilitators and potential barriers the implementation of a national cervical cancer prevention across the coast, highlands and rainforest of Peru.
- The MIDI may prove useful in assessing and improving the implementation of additional screening programs, particularly for cervical cancer, which occurs in low-resource and complex health systems.

Conclusions

- These results will inform subsequent qualitative research for this explanatory sequential study, including the development of in-depth interviews and focus group discussions. highlighting the importance of adaptation to local context in each health system, as opposed to taking a “one size fits all” approach to implementation.
- Implementation science tools, theories, and frameworks can provide a valuable way to explore and address barriers and facilitators to cervical cancer prevention and detection.

References:

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