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Mobile technologies as an implementation strategy in Primary Health Care: a scoping review V.1

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Keywords: scoping review mobile health, use of mobile health, mobile health, review mobile health, implementing health intervention, health interventions in context, health intervention, mobile technologies as an implementation strategy, similar to primary health care, primary health care, mobile technology, access to health service, preventive health service, delivering health, health service, health, scoping review, health purpose, randomized clinical trial, implementation outcome, review of the applicability, following guideline, implementation strategy, guideline, device

Abstract

Mobile health or m-health is defined as delivering health using a device or software oriented towards health purposes. Indeed, it is a technology that supports clinical and preventive health services or a way that improves access to health services. Understanding more broadly the possibilities of using m-health to improve health and implementation outcomes is necessary. This protocol will go through a scoping review of the applicability of mobile health as a strategy for implementing health interventions in contexts similar to Primary Health Care. Methods. This study will map the use of mobile health in randomized clinical trials as a strategy for implementing health interventions. This is a scoping review, following guidelines from the Joanna Briggs Institute(JBI). A search will be carried out in Medline, Web of Science, Scopus, Scielo and grey literature databases from 2016 to 2023 (April).

Guidelines

This study will be a scope review on the use of m-health in the implementation of health innovations and interventions. The Joanna Briggs Institute (JBI) methodology was used as a guide for the scope review.

search strategy

The search strategy aimed to look for randomized clinical trials that tested implementation, type II or III, as they test implementation strategies by relating them to health outcomes/outcomes, service and/or implementation. Type I hybrid studies were not included as they aim to assess the effects of an evidence-based intervention and better describe the context for implementation, but do not test an implementation strategy.

The search strategy used the three essential steps recommended by JBI, using four databases, initially analyzing title, abstract and keywords. The second step will be carried out by linking the keywords and indexed terms found to the search in the databases. The references of the articles found were also analyzed when information was not complete, as recommended in the third step by the JBI. The selection will be made by reading the titles and abstracts, and a filter according to the exclusion and inclusion criteria will be applied. Discrepancies were discussed and only if the researchers reached 75% agreement on the articles were they selected. For this, a search will be carried out in PubMed, Web of Science (Clarivate), Scopus and Scielo databases with the following keywords: (((telemedicine or m-health or mobile-health) and (implementation science or implementation or implementation outcomes or hybrid designs) and (health or health services research or chronic health or health services use or services use) and (primary health care or Family health strategy) and (randomized clinical trials))

The filters used with the acronym PCC (population, concept and context) were from articles published in the last 8 years and related to Health Services in Primary Care.

The acronym PCC used refers to the (P)population of children, adults or elderly people, (C)oncept in health using mobile-health as an implementation strategy, and (C)ontext in the context of primary health care (PHC).

After the search, all the records that will be identified in the databases will be transferred to the Microsoft Word 2010 software (Microsoft Corporation, USA) and with the help of endnote the duplicates will be excluded. Two independent reviewers will evaluate the title and abstracts according to the inclusion criteria to identify and select articles for review.

Eligibility Criteria

Only articles published in the period 2016-2023 and that had been research of randomized clinical trials of type II or III hybrid implementation and that had described at least one implementation outcome and that had applicability to the context of Primary Health Care will be included. , reporting health outcomes or service usage regarding the use of m-health for primary health care users.

Among the implementation outcomes sought, those described by Proctor et al., 2013 were considered.

(1)Acceptability: Perception among implementation stakeholders that a given treatment, service, practice or innovation is satisfactory. (2) Adoption: Action to try or use an evidence-based innovation or practice. It may be referred to as "acceptance" and measured from a provider or organization perspective. (3) Suitability: Relevance or suitability of the evidence-based innovation or practice for a given practice environment. It may capture some

resistance to implementation efforts. (4) Feasibility: is the extent to which it can be used or performed successfully, as reflected in insufficient triage, retention, or participation rates. (5) Reliability: degree to which an intervention was implemented, comparing the original intervention with the one disseminated/implemented. (6) Cost of implementation: cost of an implementation effort, depends on the costs of a specific intervention, the implementation strategy used and the location of service delivery. (7) Penetration: integration of a practice into a service environment and its subsystems. (8) Sustainability: extent to which a newly implemented treatment is maintained or institutionalized within the stable and ongoing operations of a service environment.

Exclusion Criteria

Exclusion criteria will be the absence of an implementation outcome with a similar or close definition to that conceptualized by PROCTOR et al., 2013, in addition to implementation only with health professionals without considering users, and pilot studies.

Differences that occur between reviewers at each stage of the article selection process will be broken by a third reviewer. The form of selection and the results of the research were presented in the PRISMA-SCR flowchart.

Data Search and Extraction

The data will be organized in a Microsoft Excel 2010 table (Microsoft Corporation, USA) to record the main information of the selected studies according to the guidance of the JBI methodology for scoping reviews. The data will be entered into a spreadsheet in the software with the key information recommended by the JBI: year of publication, title, place of publication, theme, objective, type of study, keywords, the outcome of service, the outcome in health, the outcome of implementation and observations that bring key information about the study and its relationship with the scoping review (Table 1).

Analysis and interpretation of findings

Data will be synthesized and presented in a narrative and tabular format, investigating the occurrence of concepts, characteristics and populations addressed, choosing to map the results in a descriptive and non-analytical way, as recommended by the JBI methodology for scoping reviews. The survey results will also be reported in full and presented in the PRISMA-Scr flowchart.



1 Mobile technologies as an implementation strategy in Primary Health Care: a scoping review

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