

# Implementing a web-based application for men's health screening in a primary care setting during the Covid-19 pandemic: a mixed-methods pilot study

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## Background

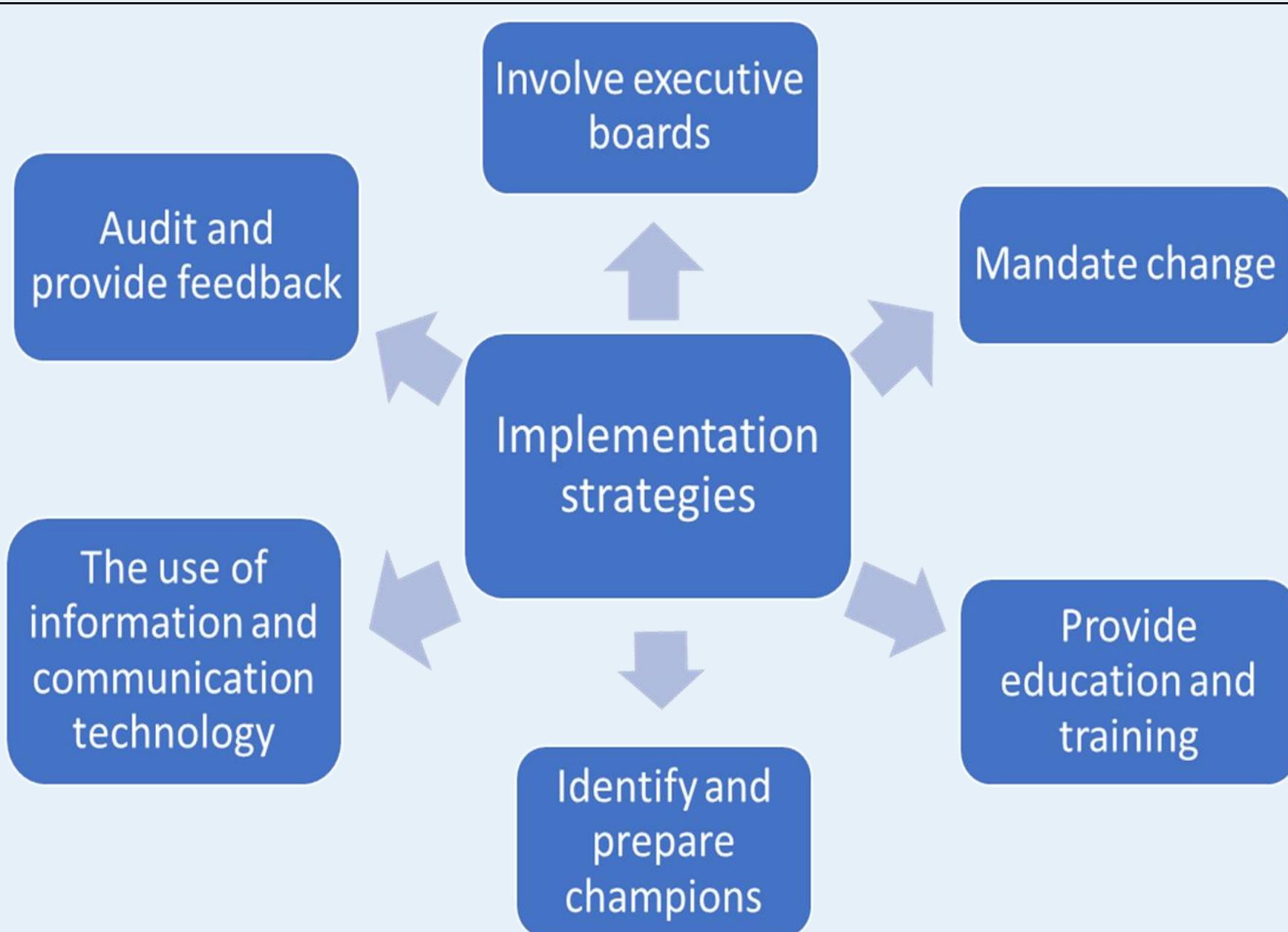
- Men's use of health screening remains low globally [1], especially during the Covid-19 pandemic.
- In Malaysia, screening is done in the primary care setting by using a paper-based questionnaire, which was found to be too lengthy and complex [2].
- Web-based apps have been shown to be effective in increasing the uptake of screening [3].
- A web-based application, ScreenMen was developed to increase the uptake of men's health screening.
- ScreenMen was developed by using a systematic and evidence-based approach to be male-sensitive to address the needs of men [4].
- Using ScreenMen as a screening tool for men reduced the need for clinic visits or face-to-face contact with staff to complete paper-based screening tools.
- Few studies reported on the implementation of web-based application for screening [5].

## Objective

- To evaluate the implementation process of ScreenMen in a primary care setting.

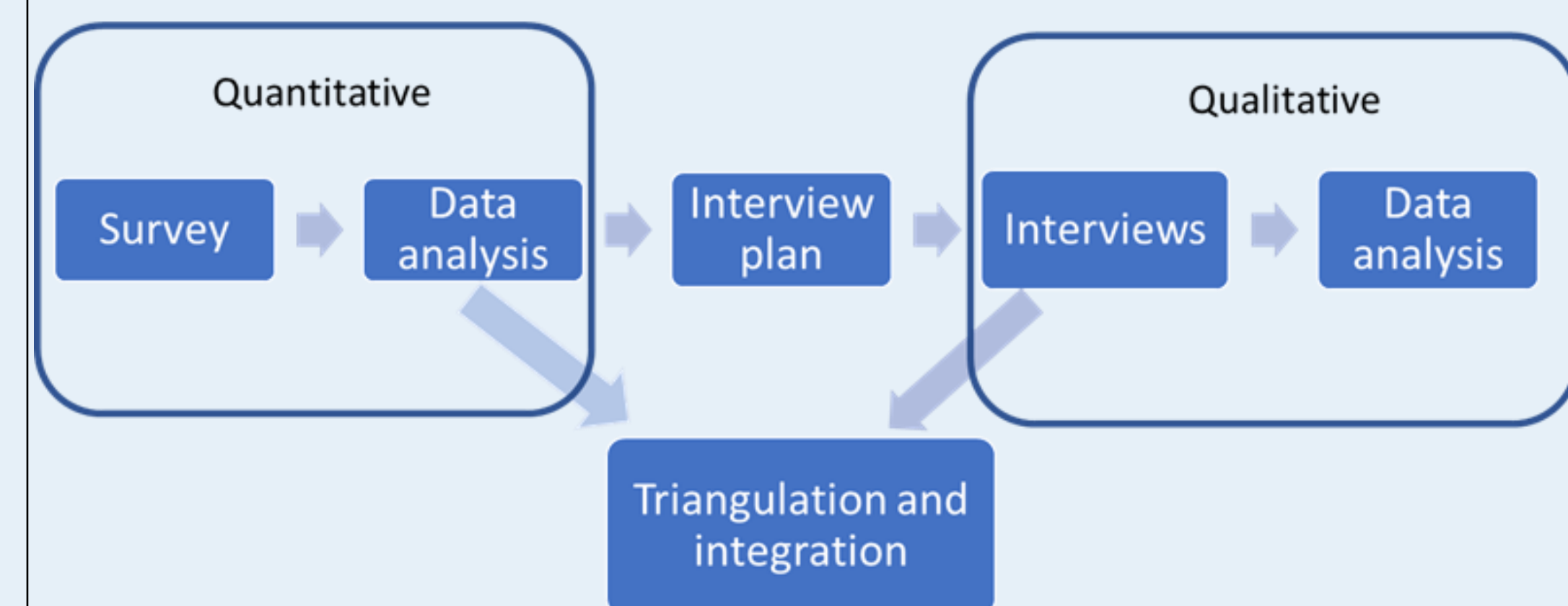
## Tailored Implementation Intervention

- A package of implementation strategies was developed to implement ScreenMen by using explorative methods [6].



## Methods

- This study used a mixed-method explanatory sequential design.

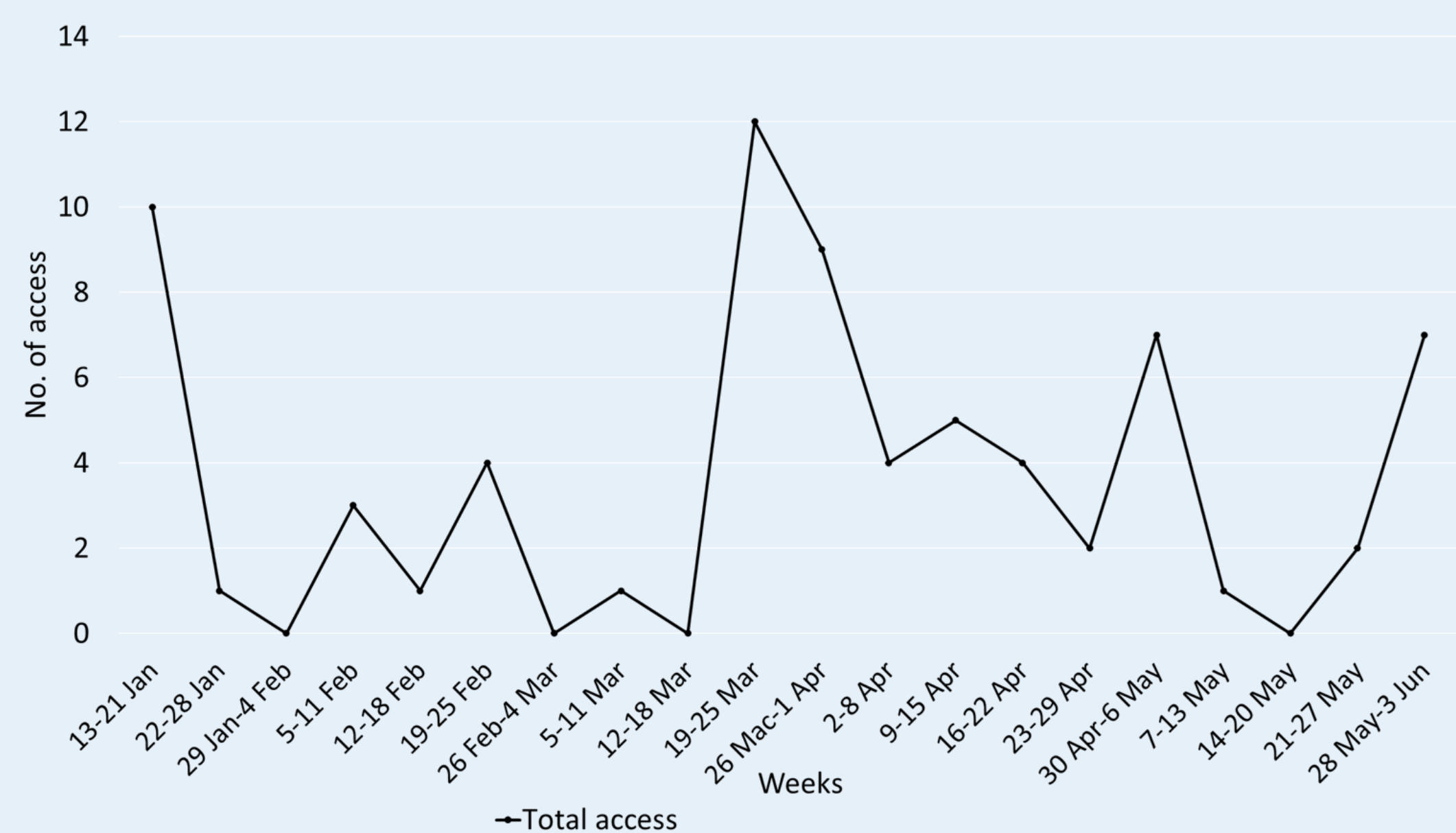


- Setting: A government health clinic
- Participants: Staff and patients

	Quantitative	Qualitative
Data collection	Questionnaire survey and Google analytics	Individual in-depth interviews
Data analysis	Means and percentages	Template analysis

## Results

Figure: Access to ScreenMen weekly



- Quantitative: Total access = 75 patients, 51% accessed through QR codes.
- Qualitative:
  - Clinical champions was a useful strategy because they helped to lead the implementation efforts and remind the staff to promote ScreenMen.
  - Using QR codes from buntings (Provide education and training strategy) to access ScreenMen was a useful strategy because the buntings were large and placed in the patient waiting area.
  - Mandate change was not a useful strategy because staff felt that they were forced to implement ScreenMen.

## Discussion

- In this study, clinical champions were briefed about their roles and responsibilities clearly before implementation might explain the usefulness of the strategy.
- Patients found QR codes to be convenient and preferred them over traditional printed leaflets. By placing QR codes on bunting strategically throughout the clinic, it became easier for patients to access ScreenMen.
- The ineffectiveness of the mandate change could be attributed to the way the strategy was implemented, as the clinic head solely relied on a memo to motivate the staff to implement ScreenMen.
- The mixed-method explanatory sequential design allowed a deeper understanding into which strategies were useful for implementation.
- A limitation was the low participation rate in the qualitative interviews due to the Covid-19 pandemic.

## Conclusion

- A web-based application for men's health screening was found to be implementable in a primary care setting during the Covid-19 pandemic.
- The implementation of mandate change strategy needs revision for optimal implementation.

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