McMaster University | HEALTH FORUM

Evidence Brief Appendices

Creating an integrated innovation system to enable the adaptation and uptake of health-system innovations in Canada

26 March 2024

Appendices

Appendix 1: Background to and methods used in preparing the evidence brief

This evidence brief mobilizes global and local research evidence about a problem, three elements for addressing the problem, and key implementation considerations. It draws insights from a series of four virtual citizen panels on 2 (two panels convened on this date), 8 and 9 February 2024 with a total of 48 citizens. The panel participants were socioeconomically and ethnoculturally diverse, were from across Canada, balanced in ages ranging from 18 to 65+ and included people who were diverse in their perceptions of technology (e.g., from those who are 'early adopters' to those who typically wait much longer to adopt new technologies in their lives).

Whenever possible, the evidence brief summarizes research evidence drawn from evidence syntheses and occasionally from single research studies. An evidence synthesis is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies and to synthesize data from the included studies. The evidence brief does not contain recommendations, which would have required the authors of the brief to make judgments based on their personal values and preferences, and which could pre-empt important deliberations about whose values and preferences matter in making such judgments.

The preparation of this evidence brief involved six steps:

1) regularly convening the project Steering Committee composed of representatives from partner organizations, key stakeholder groups and the McMaster Health Forum to help inform the framing of the evidence brief
2) conducting key informant interviews
3) identifying, selecting, appraising and synthesizing relevant research evidence for each section of the brief
4) conducting additional jurisdictional scans to identify initiatives related to the three proposed elements
5) hosting the citizens panels to seek their input on the problem, the elements of a comprehensive approach to address the problem, and implementation considerations
6) drafting the evidence brief in such a way as to present concisely and in accessible language the global and local research evidence, and insights from the panels and the jurisdictional scan (which is included in Appendix 1).

The three elements for addressing the problem were not designed to be mutually exclusive and could be pursued in a number of ways. The goal of the dialogue is to spark insights and generate action by participants and by those who review the dialogue summary.

Mobilizing research evidence about approach elements for addressing the problem

To identify the best-available research evidence about the approach elements, we primarily searched Health Systems Evidence (www.healthsystemsevidence.org), which is a continuously updated database containing more than 9,400 evidence syntheses and more than 2,800 economic evaluations of delivery, financial and governance arrangements within health systems. We also searched Social Systems Evidence (www.socialsystemsevidence.org), which is a continuously updated database containing more than 4,500 evidence syntheses and more than 300 economic evaluations about strengthening 20 government sectors and program areas, and achieving the Sustainable Development Goals. We also complemented this with searches in PubMed, and hand searches of the McMaster Health Forum's recently prepared evidence syntheses if there was overlap in the issues addressed or the elements considered. The authors' conclusions were extracted from the syntheses whenever possible. Some syntheses may have contained no studies despite an exhaustive search (i.e., they were 'empty' syntheses), while

others may have concluded that there was substantial uncertainty about the approach elements based on the identified studies. Where relevant, caveats were introduced about these authors' conclusions based on assessments of the syntheses' quality, the local applicability of the syntheses' findings, equity considerations and relevance to the issue.

Being aware of what is not known can be as important as being aware of what is known. When faced with an empty synthesis, substantial uncertainty or concerns about quality and local applicability or lack of attention to equity considerations, primary research could be commissioned, or an element could be pursued and a monitoring and evaluation plan designed as part of its implementation. When faced with a synthesis that was published many years ago, an updating of the synthesis could be commissioned if time allows. No additional research evidence was sought beyond what was included in the evidence syntheses. Those interested in pursuing a particular element may want to search for a more detailed description of the element or for additional research evidence about the element.

Appendices 2–4 provide detailed information about the evidence syntheses identified that relate to the three elements. In the first column we list the sub-elements, and provide hyperlinks to the search strategies used, as well as the breakdown of number of identified syntheses for each sub-element according to their quality. In the second column, we provide a hyperlinked 'declarative title' that captures the key findings from each synthesis. Columns 3 to 6 list data related to the criteria that can be used to determine which reviews are 'best' for a single category (i.e., living status, quality, last year literature searched and availability of a GRADE profile, which provides insights about the strength of the evidence included in a particular synthesis), and column 7 highlights the type of questions addressed by each synthesis.

As noted above, the fourth column presents a rating of the overall quality of the review. The quality of each review has been assessed using AMSTAR (A MeaSurement Tool to Assess Reviews), which rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

Appendix 2a: Jurisdictional scan of Canadian organizations that support the spread and scale of health-system innovations at the level of professionals, organizations, and systems

Organization	Level of scale and spread (i.e., for professionals, organizations, systems)	Features of the organization (e.g., approaches and processes)	Impact (e.g., documented performance measures)
National			
CAN Health Network	• Organizations	• National partnership of Canadian health organizations that support the spread and scale-up of health technologies by acting as dedicated early adopters of healthcare solutions • Identifies market-ready needs and matches them with the best-suited companies • Pairs chosen companies with healthcare organizations who provide them with support to pilot their innovation and ensure it is ready for market • Issues a national competitive procurement process that supports rapid scale-up to other interested organizations	• The integrated marketplace has 31 edges (i.e., public or private organizations that form integrated networks) • As of 15 January 2024, the organization has $40 billion in purchasing power, supported 48 companies, launched 54 commercialization projects, purchased or procured 17 new technologies, and created 450 jobs
Canada Health Infoway	• Professionals • Organizations	• Works with governments, health care organizations, professionals and patients to accelerate the adoption of digital health solutions (e.g., electronic health records, e-prescribing) • Works to increase connection and communication across health systems through interoperability • Supports efforts to implement effective virtual care initiatives • Ensures professionals have the tools and training to transform their care	• Canada Health Infoway's COVID-19 Rapid Response supported more than 100,000 healthcare providers to adopt virtual visit tools, and facilitated more than 5 million virtual visits for Canadians • Virtual care saved patients approximately 89 million hours in time travelled, $5.9 billion in avoided expenses, and reduced 330,000 metric tonnes of reduced CO_2 emissions in 2021
Centre for Collaboration, Motivation and Innovation	• Professionals • Organizations	• Supports individuals and organizations to create collaborative partnerships, teach practical skills and implement strategies to facilitate system-wide change • Supports organizational change by providing training in a range of topics that may be important to support implementation of innovations, including motivational interviewing, quality improvement and 'train-the-trainer' approaches • Adapts existing quality improvement tools to be used for new contexts • Provides practice coaching supports to Ontario Health Teams as they implement a population-health management approach	• The organization has worked with accountable care organizations in the U.S. as well as most recently working with Ontario Health Teams to support their use of a population-health management approach
Health Commons Solutions Lab	• Professionals • Organizations	• Works to co-design and implement innovative solutions that are founded on communities' own knowledge and expertise and lead to lasting change	• Existing projects include developing community-led strategies for COVID-19 prevention, expanding data collection strategies for equity-deserving populations, and

Organization	Level of scale and spread (i.e., for professionals, organizations, systems)	Features of the organization (e.g., approaches and processes)	Impact (e.g., documented performance measures)
		• Uses lived experiences from citizens and patient partners to identify system challenges • Co-designs solutions that are rooted in the community • Removes the risk of implementing tests of change and understands what makes a difference and why • Champions local and system strategies to spread and scale-up	undertaking population health assessments for Ontario Health Teams
Healthcare Excellence Canada	• Professionals • Organizations	• Works with partners to spread innovations, build capability and catalyze policy changes through calls for innovations • Identifies promising innovations by issuing calls for identified problems • Co-designs, tests and shares tools to support the spread and scale of innovations • Works with leaders and teams to build capacity to implement change (e.g., leadership skills) • Connects leaders across communities and health systems to share about previous experiences and identify policy levers for change	• From 2022–2023, the organization reported that 95% of settings that they work with and for each other implemented a targeted practice or behaviour change, 94% of settings improved a targeted outcome related to experience of care, provider experience, or population health, 77% of participants in Healthcare Excellence Canada developed relationships with other partners, and 100% of organizations reported that their relationship with Healthcare Excellence Canada was meaningful and reciprocal • The organization's work has reached 10,301 leaders and 4,858 organizations and communities
THINC Knowledge Mobilization and Impact Hub	• Professionals • Organizations	• Supports networking and collaboration across grantees and knowledge users with the goal to improve the quadruple aim and health equity	• None identified
Provincial and territorial			
Alberta Innovates	• Organizations	• Provides funding for programs in different sectors and development stages • Supports communities through coaching with technology development advisors and regional innovation networks • Links research with government and industry needs	• According to the 2019–2020 report, the organization developed 621 partnerships, 27 new research tools and methods, more streamlined ethics review, launch of the ADI dataxch.ai technical platform, $32.8 million in annual investments, 10 new medical products, and 206 active research and innovation projects
Ontario Centre for Effective Practice	• Professionals	• Designs digital tools and implementation supports to use evidence to inform front-line clinical systems across Ontario • Provides academic detailing services to primary-care nurse practitioners and family physicians	• From 2019, the Centre for Effective Practice has engaged over 100 stakeholder organizations, developed 28 resources and tools and directly engaged with more than 836 providers
Provincial System Support Program (Centre for Addictions and Mental Health)	• Professionals • Organizations • Systems	• Works with communities, service providers and other partners to implement system changes to the mental health and addictions sector across Ontario	• The Provincial System Support Program has over 35 implementation projects that focus on a variety of system improvement initiatives

Organization	Level of scale and spread (i.e., for professionals, organizations, systems)	Features of the organization (e.g., approaches and processes)	Impact (e.g., documented performance measures)
		• Understands a mental health and addictions challenge and identifies potential evidence-based innovations • Determines core components of the innovation that need to maintain fidelity and those that can be adapted to local contexts • Supports implementation at a small scale and uses quality improvement approaches to ensure the innovation remains relevant • Develops implementation plans, including a readiness assessment of organizations implementing the reform • Provides ongoing developmental evaluation	
Centre for Digital Health Evaluation (Ontario)	• Professionals • Organizations	• Provides digital health evaluations in the clinical environment • Consults with clients by an initial onboarding and needs assessment about technology, feasibility, scale and spread, and impact • Supports market entry consulting, service model validation or large-scale evaluations	• Recent projects include optimizing the use of virtual care, equitable virtualization of primary care, and policy-level understanding on the barriers and facilitators in workflow integration of secure messaging
Nova Scotia Health Innovation Hub	• Professionals • Organizations • Systems	• Leads partnerships and collaborations on health innovation initiatives with different knowledge users and investors	• VirtualCareNS has over 64,000 visits as of June 2023 • VirtualEmergencyNS has treated over 1,871 patients as of June 2023 • Mobile primary care clinics have been launched in partnership with primary care, public health, PRAXES and Health Innovation Hub as of September 2022
Local			
Living Lab Charlevoix	• Organizations	• Aims to create, prototype and test health innovations to improve emergency care and services for residents in Charlevoix • Assesses improvement by the quadruple aim (e.g., improve health and safety of the rural population, quality and experience of patient care, and quality of life at work for professionals, and optimize healthcare costs)	• None identified (recently launched in spring 2023)

Appendix 2b: Jurisdictional scan of organizations in other countries that support the spread and scale of health-system innovations at the level of professionals, organizations, and systems

Organization	Level of scale and spread (i.e., for professionals, organizations, systems)	Features of the organization (e.g., approaches and processes)	Impact (e.g., documented performance measures)
Agency for Clinical Evaluation (Australia)	• Professionals • Organizations	• Supports the design and implementation of innovation in healthcare such as clinical guidelines and models of care, patient engagement and co-design, clinical evidence generation and mobilization, clinical innovation and redesign, implementation support and evaluation	• None identified
CMS Innovation (United States)	• Organizations • Systems	• Supports the development and testing of innovative health payment and service delivery models including various iterations of accountable care organizations, episode-based payment initiatives (e.g., comprehensive care for joint replacement, enhanced oncology models), primary care transformation models (e.g., comprehensive primary care plus, advance practice demonstration sites), among others	• Evaluations are conducted to understand provider and patient experiences, model implementation, impacts on healthcare marketplace and quality of care • There are currently 327 evaluation reports on innovations tested through CMS Innovation
Kaiser Permanente Health Innovation (United States)	• Organizations	• Partners with organizational and industry experts to develop healthcare ideas and solutions • Focuses on speciality care, homecare, rehabilitation, predictive analytics, text-based or AI platforms for diabetes management and chronic care	• None identified
Health Care Transformation Task Force (United States)	• Systems	• Non-profit, private consortium made up of patient organizations, providers, payers and purchases dedicated to advancing transformation towards equitable, affordable patient-centred care by supporting health system efforts to transition towards value-based payment models being led by the U.S. Department of Health and Human Services	• The organization aims to have 75% of their businesses in value-based payment arrangements by 2025
Nesta (United Kingdom)	• Organizations	• Ideates, prototypes, tests and scales health and social innovations • Provides support through practice teams with expertise in data analytics, artificial intelligence, design and technology, and behavioural science	• None identified
Academic Health Sciences Network (United Kingdom)	• Organizations • Systems	• Brings together industry, academic, third-sector and local organisations in 15 networks across the U.K. (that also collaborate at a national level) to spread and scale innovations at pace and scale, including NICE-approved medicines and technology as well as broader system innovations such as remote monitoring pathways, community assessment and treatment units, and virtual clinics for managing transient ischaemic attacks and minor strokes, among others • Provides guidance and support developing value propositions/evidence base for early-stage innovations • Provides guidance on navigating the complexities of the healthcare sector, including required standards and evidence for NHS procurement and reimbursement	• None identified

Organization	Level of scale and spread (i.e., for professionals, organizations, systems)	Features of the organization (e.g., approaches and processes)	Impact (e.g., documented performance measures)
		• Funds for market access studies and research as well as later stage health economic reports • Identifies and issues calls for specific health technology and health service innovations • Provides training in entrepreneurship and commercial leadership skills • Partnerships with businesses and academic centres to evaluate innovations	
NHS Transformation Directorate and Future NHS Platform	• Professionals • Organizations • Systems	• Responsible for implementing the 10-year vision for the future of the NHS, which includes working with providers and commissioners to develop and implement new models of care, redesign services and develop solutions, the primary focus of which has been on the transformation towards the 42 Integrated Care Systems • Develops guidance to support NHS organizations for implementing transformation changes including access to best practices and fit-for-purpose tools and templates • Facilitates collaboration and knowledge-sharing between those working on transformations • Provides training programs in change management and transformational leadership • Works with the Academic Health Sciences Network to identify, develop and implement new technologies • Training and development opportunities to build digital skills and knowledge	• The development of the NHS App (where people can view their records, vaccinations and prescriptions) reported 32.3 million registered sign-ups (equivalent to 73% of the adult population) • All 42 Integrated Care Systems have a basic shared care record program in place • The organization is working with patients to co-design how health data is used
HealthHub	• Organizations	• Supports the development, promotion and implementation of innovative infrastructures within health organizations • Creates connections between those developing innovations and interested health organizations • Provides customized advice and support to those designing or developing innovations for health organizations including identifying regulatory and other barriers and supporting their removal • Facilitates peer-to-peer learning by organizing conferences and workshops • Scans to identify new areas and detect new trends for which innovations could be beneficial	• None identified

Appendix 3: Evidence syntheses relevant to element 1 – Creating structures and processes to support the demand for innovation

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
Creating structures and processes to support the demand for innovation (Search 1, Search 2, Search 3) *Total syntheses: 4 (0 of which are of high quality)*	Horizon scanning is a flexible and potentially reliable tool that can inform and influence decision-making, though further research is needed to identify best available methodologies (1) • The Delphi methodology was reported to be used in conjunction with horizon scanning • The authors reported that the methodology of horizon scanning may lack credibility and authority required to influence policymaking • Incorporating tools like generation of complex scenarios and weighting of evidence may support the use of horizon scanning by policymakers • Horizon scanning has the potential to improve signal management, enhance the evidence base and facilitate decision-making	No	6/9	2018	No	• Selecting an option for addressing the problem • Identifying implementation considerations
	Health technology assessment agencies with a framework for topic selection used multiple criteria and undertook multiple steps in topic selection processes, pointing to the high relevance of multiple criteria decision analysis methodology in these processes (2) • The framework for topic selection included: specification of criteria, topic identification, short listing, scoping of potential topics, scoring and ranking topics, and deliberation and decision on the final topic • Some organizations have applied this framework or the Multiple Criteria Decision Analysis, and reported that stakeholder consultation and the nature of evidence helped narrow the topic selection	No	4/9	2019	No	• Selecting an option for addressing the problem
	There is a need for more research on community and stakeholder participation in decision-making, as global policy guidelines and resolutions committed to community engagement have not widely translated to planning and design processes at the country level (3)	No	4/9	2020	No	• Identifying implementation considerations
	Organizations supported the spread and scale of innovations by supporting adaptation processes, providing training, developing guidance and tools for implementation, sharing knowledge through peer and community learning initiatives, providing funding, and identifying and addressing barriers (4) • Frameworks to support the adoption and uptake of health-system innovations typically focus on five components: ○ the innovation (e.g., highlighting the importance of it being evidence-based, developed from a credible source, superior to existing approaches, simple to understand, easy to modify or tailor, aligned to existing culture)	No	7/9	2023	No	• Selecting an option for addressing the problem • Identifying implementation considerations

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	○ the spread or scale-up process (e.g., moving from a single pilot to small-scale evaluations in different contexts to systematic efforts to replicate in other settings by using rapid-cycle tests of change) ○ the resource team supporting the implementation (e.g., having credible and committed change agents, providing enough resources to support the innovation, defining who has responsibility to implement) ○ the innovation user (or organization) who would ensure that implementing the innovation is important compared to other priorities and who would then provide leadership, infrastructure and incentive systems to support implementation ○ broader environmental factors (e.g., considering how socio-cultural values and beliefs, local conditions, priorities and available financing external pressures can either drive innovation or hinder its implementation)					

Appendix 4: Evidence syntheses relevant to element 2 – Supporting organizations that could serve as 'innovation general contractors'

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
Supporting organizations that could serve as 'innovation general contractors' (Search 1, Search 2, Search 3) *Total syntheses: 4 (0 of which is of high quality)*	Living labs are a promising approach to integrate users' experiential knowledge as part of the development process for innovations (5) • This scoping review found that the user engagement is low, which is attributed to the limited use of methods tailored to support it and that the focus of healthcare living labs is in technology and clinical innovation	No	No rating available			• Selecting an option for addressing the problem • Identifying implementation considerations
	Several living labs played a vital role in researching older adults with dementia, allowing the development, testing and evaluation of innovative products for optimizing their health and quality of life and reducing caregivers' level of burden (6) • The living labs were located in Europe and Canada, and involved 147 older adults, 27 informal caregivers and 13 formal caregivers • Most innovative products were aimed at improving health, quality of life, independence, home care, and safety of older adults, in addition to supporting caregivers with reducing levels of burden • The authors concluded that living labs should continue to involve end-users in order to deliver innovative products that will be used	No	3/9	2020	No	• Selecting an option for addressing the problem • Identifying implementation considerations
	Limited generalizable approaches exist for evaluating the impact of living labs (LL), particularly in the agriculture and sustainability sector (7) • The review found that there was no consistent methods or frameworks for evaluating living labs across different contexts • The most common approach was to gather data from comparative case studies and increasingly from qualitative methods • Evaluation approaches are likely different because of the nature of living labs, and the different organizations and stakeholder groups involved	No	4/9	2020	No	• Selecting an option for addressing the problem
	Governance in collaboration for innovation is internally governed through contractual agreements and trust, while policy is important to the formation of collaborations and continued growth, and may be achieved through voucher programmes, consortium initiatives and cluster policies (8)	No	0/9	Not available	No	• Selecting an option for addressing the problem • Identifying implementation considerations

Appendix 5: Evidence syntheses relevant to element 3 – Creating structures and processes to support the supply of innovation

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
Creating structures and processes to support the supply of innovation (Search 1, Search 2, Search 3) *Total syntheses: X (X of which is of high quality)*	The process of involving older adults in co-designing technology to maintain their independence and well-being is facilitated by relationships and trust building, stakeholder knowledge building and methods and skill in co-design (9) • The impact of co-designed technology for ageing is unclear • Most older adults were engaged in workshops, interviews, focus group discussions, sketching, video tours, participant diaries and engagement in both low- and high-functioning prototypes	No	6/9	2019	No	• Selecting an option for addressing the problem • Identifying implementation considerations
	Tools and recommendations for co-designing with people with dementia include location, researcher behaviour, recruitment strategies, structure of session, involvement methods and tools for specific stages of dementia (10) • Recent studies showed that involving people with moderate and severe stages of dementia were beneficial to the co-design process • Evaluations of engagement could entail multidisciplinary meetings and case studies	No	3/9	2018	No	• Selecting an option for addressing the problem • Identifying implementation considerations
	There is a growing amount of research focused on developing supportive technologies for people with dementia, with an increase in studies utilizing an active involvement of people with dementia (11) • Interviews and observations were the most commonly used methods to engage participants • While engaging people with dementia may impact the initial idea of the technology, the true impact of their own experience is not known	No	3/9	2017	No	• Selecting an option for addressing the problem
	Citizens are perceived as an important partner in co-creation/co-production, co-creation/co-production is perceived as a value in itself, and factors influencing citizen participation involve compatibility of public organizations and attitudes (12)	No	3/9	2013	No	• Selecting an option for addressing the problem • Identifying implementation considerations
	The literature provides strong support that learning, adjusted design and an increased sense of participation can be common results of involving older users in design practice (13)	No	5/9	2018	No	• Identifying implementation considerations

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	There have been an increasing number of publications focused on patient involvement on a wide range of digital health innovation types and topics over the last decade (14) • Patients were mostly involved in passive stages of the innovation development, such as usability testing where their influence is limited as the innovation product has already been developed • Barriers for meaningful engagement included data privacy and security concerns, not involving patients early in the processes, and lack of trust among the stakeholders	No	3/9	2020	No	• Identifying implementation considerations
	Patient and public involvement (PPI) is more common during early stages of innovation, focusing mostly on service innovation; stronger PPI in later stages could support innovation adoption and diffusion (15)	No	3/9	2021	No	• Selecting an option for addressing the problem • Identifying implementation considerations

Appendix 6: References

1. Hines P, Hiu Yu L, Guy RH, Brand A, Papaluca-Amati M. Scanning the horizon: A systematic literature review of methodologies. *BMJ Open* 2019; 9(5): e026764.
2. Dixon S, Marchand R, Qiu Y, Thokala P, Xiao Y. Topic selection process in health technology assessment agencies around the world: A systematic review. *International Journal of Technology Assessment in Health Care* 2022; 38(1): e19.
3. Arthur M, Saha R, Kapilashrami A. Community participation and stakeholder engagement in determining health service coverage: A systematic review and framework synthesis to assess effectiveness. *Journal of Global Health* 2023; 13: 04034.
4. Waddell K, DeMaio P, Bain T, Alam S, M.G. W. Rapid evidence profile #47: Structures and processes to support spread and scale of health system innovations. Hamilton: McMaster Health Forum; 2023.
5. Cyr G, Pomey M, Yuan S, Dionne K. User engagement in healthcare living labs: A scoping review. *International Journal of Innovation Management* 2022; 26(10): 2230004.
6. Verloo H, Lorette A, Rosselet Amoussou J, et al. Using living labs to explore needs and solutions for older adults with dementia: Scoping review. *JMIR Aging* 2021; 4(3): e29031.
7. Bronson K, Devkota R, Nguyen V. Moving toward generalizability? A scoping review on measuring the impact of Living Labs. *Sustainability* 2021; 13(2): 502.
8. Coletti M, Landoni P. Collaborations for innovation: A meta-study of relevant typologies, governance and policies. *Economics of Innovation and New Technology* 2018; 27(5-6): 493-509.
9. Sumner J, Chong LS, Bundele A, Wei Lim Y. Co-designing technology for aging in place: A systematic review. *Gerontologist* 2021; 61(7): e395-e409.
10. Wang G, Marradi C, Albayrak A, van der Cammen TJM. Co-designing with people with dementia: A scoping review of involving people with dementia in design research. *Maturitas* 2019; 127: 55-63.
11. Suijkerbuijk S, Nap HH, Cornelisse L, Ijsselsteijn WA, de Kort YAW, Minkman MMN. Active involvement of people with dementia: A systematic review of studies developing supportive technologies. *Journal of Alzheimer's Disease* 2019; 69: 1041-65.
12. Voorberg WH, Bekkers VJJM, Tummers LG. A systematic review of co-creation and co-production: Embarking on the social innovation journey. *Public Management Review* 2015; 17(9): 1333-57.
13. Fischer B, Peine A, Östlund B. The importance of user involvement: A systematic review of involving older users in technology design. *The Gerontologist* 2019; 60(7): e513-23.
14. Baines R, Bradwell H, Edwards K, et al. Meaningful patient and public involvement in digital health innovation, implementation and evaluation: A systematic review. *Health Expectations* 2022; 25(4): 1232-45.
15. Cluley V, Ziemann A, Feeley C, Olander EK, Shamah S, Stavropoulou C. Mapping the role of patient and public involvement during the different stages of healthcare innovation: A scoping review. *Health Expectations* 2022; 25(3): 840-55.

Wilson MG, Bhuiya A, DeMaio P, Gauvin FP, Moat KA, Cura J, Lavis JN. Evidence brief appendices: Creating an integrated innovation system to enable the adaptation and uptake of health-system innovations in Canada. Hamilton: McMaster Health Forum, 26 March 2024.

We are grateful to Steering Committee members and merit reviewers (Viviane Josewski, Tracy Wasylak, Robert Wilson) for providing feedback on previous drafts of the brief.

The evidence brief and the stakeholder dialogue it was prepared to inform were funded via AGE-WELL NCE Inc. (AW-PP2020-PP6). The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the evidence brief are the views of the authors and should not be taken to represent the views of AGE-WELL NCE Inc. or McMaster University.