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Title

What is the reported experience of patients receiving care from Integrated Primary Care Teams?

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Integrated Primary Care Teams (IPCTs) have four key characteristics (intensive interdisciplinary practice; advanced nursing practice with an expanded role; group practice; increased proximity and availability) aimed at strengthening primary care in Quebec, Canada.

Objective: To examine the care experience over time of patients who have an IPCT as their primary source of care.

Study design: We used a quasi-experimental longitudinal design based on a pre and-post administered survey at a 2-year interval.

Setting: The six IPCTs differ in terms of their populations of interest and mission. Three of them are intended to provide general care to an overall population and therefore have a structure similar to that of the common primary care practice model, the Family Practice Groups (FMGs). The three other IPCTs involve vulnerable populations, including immigrant and homeless populations.

Population studied: We recruited patients who used an IPCT as their primary source in each setting.

Outcome measures: We measured patient-reported accessibility, continuity, comprehensiveness, responsiveness and outcomes of care.

Results: A total of 1473 patients completed both the pre- and post-surveys. Results showed that patients who were newly registered with an IPCT had a significant increase in reported care experience, whereas patients who have been registered with an IPCT for 2 years prior to the first round of data collection had already high reported care experience that was maintained over time. Moreover, linear regression models showed statistically significant different increases in the dimensions of care experience by site and patients' characteristics.

Conclusions: Our results suggest that the IPCT model is tailored to the needs of its target populations, resulting in improved Patient Reported Experience Measures. These results imply that broader implementation of innovative and flexible community-based care models should be considered by policymakers.