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**Title**

*Revising the Advanced Access Model Pillars: A Multi-Method*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

**Context.** The Advanced Access (AA) model was developed 20 years ago by Murray et al. and has been implemented in several countries. Over the last two decades, primary healthcare practice has evolved to increase interdisciplinarity in clinical teams. Thus, the need for a model that incorporates new professionals has necessitated development of a revised AA model.

**Objective.** We aim to revise the pillars and sub-pillars of the AA model based on its contemporary practice by professionals in primary healthcare as well as their operationalization.

**Study Design.** This s sequential multi-method consultation process was informed by a literature synthesis of 41 articles followed by a three-phase consultation with 45 AA experts :1) a deliberative face-to-face meeting; 2) an e-survey; and 3) two final virtual validation meetings

**Setting.** AA Experts from across the province of Quebec, Canada.

**Population studied.** The panel of experts represented provincial and local decision-makers, primary healthcare clinic members (family physicians, nurses and administrative staff), patients and researchers

**Outcome Measures:** Throughout the consultation process, participants were asked to develop a common vision of the pillars and sub-pillars that make up the revised AA model and react to suggested definitions or content.

**Instrument.** The final consensual AA model pillars and their operational definitions.

**Results.** The revised AA model is defined by five pillars: two were updated from the original model (“Appointment system” and “Interprofessional practice”), one was merged with a revised pillar (“Develop contingency plans” with “Planning of needs and supply”), and another one underwent major changes (from “Backlog reduction” to “Continuous adjustment”); finally, An emerging new pillar

concerns the communication process. Subsequent steps for operationalizing definitions of sub-pillars confirmed the nature of the revised AA pillars and stabilized their content.

Conclusion. The revised contemporary AA model that obtained strong consensus among participating experts and reflects contemporary practice in Canada. The revised model will be used to develop a reflective tool for primary healthcare professionals to evaluate their AA practice.