Submission Id: 5353

Title

Interprofessional advanced access: results from a quality improvement intervention in primary care teams

Priority 1 (Research Category)

Practice management and organization

Presenters

Isabelle Gaboury, PhD, Francois Bordeleau, MSc, Brigitte Vachon, PhD, Isabel Rodrigues, MD, MPH, Arnaud Duhoux, PhD, Yves Couturier, PhD, Catherine Hudon, MD, PhD, Helen-Maria Vasiliadis, Marie-Eve Poitras, PhD, MSc, RN, Sarah Descoteaux, MSc, Benoit Cossette, Kathy Perreault, PsyD, MPsy, Sabina Malham, PhD, MSc, RM, Christine Loignon, PhD

Abstract

Context: The advanced access (AA) model has shown considerable success in improving timely access for patients in primary care settings. However, despite its widespread use, few providers other than physicians and nurse practitioners have implemented the model. Among those who have integrated it into their practice, wide variations in the level of implementation of AA processes have been observed, suggesting a need to support primary care teams in continuous improvement with AA implementation.

Objective: To document the processes and measure outcomes of a practice facilitation intervention aimed to improve the implementation of AA within interprofessional teams.

Study design and analysis: Primary care teams at various levels of organizational AA implementation took part in a quality improvement process facilitated by an external coach who was an expert in AA processes. Data were collected through reflective surveys and electronic medical records.

Setting: Eight interprofessional primary care teams in the province of Quebec, Canada. Teams mainly included physicians, nurses, social workers, and pharmacists.

Population studied: All healthcare providers, administrative assistants, and managers were invited to participate.

Intervention/instrument: The interprofessional primary care teams were independently coached through Plan-Do-Study-Act cycles over 12 to 40 months.

Outcome measures: Five key indicators on access and continuity of care were plotted and interpreted using control charts to support the improvement process.

Findings: Results are from a total of 151 individuals across the eight teams. Significant improvements were observed at the team level in time to the 3rd next available appointment (decrease of 4 days), use of walk-in clinics (decrease of 20%), availability for urgent reasons for consultation (within 48 hours; increase of 48%), and continuity of care (above 80%). No shows did not vary significantly, but were estimated to be about 2% at baseline.

Conclusion: Quality improvement through external coaching can significantly improve access and continuity of care. The implementation of AA processes can be broadened to a diverse group of primary care providers.