NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6243

Title

Co-development of a public primary care occupational therapy and physical therapy telephone consultation service

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

Sara Nollet, MSc, Kadija Perreault, Katie Churchill, Claudine Auger, Douglas Gross, PhD, Dahlia Kairy, PhD, Francois Desmeules, PhD, Geoff Bostick, Lise Bertrand, Yan Emmanuel Paradis, Anne Hudon

Abstract

Context: In recent years, given significant challenges with accessing primary care physicians in Canada, there has been increased attention towards involving other health care providers, such as rehabilitation professionals, for managing different conditions. For instance, persons with symptoms related to musculoskeletal disorders, chronic pain, mobility limitations, or long COVID, for instance, could benefit from rapid access to advice and education by rehabilitation professionals, but access to public rehabilitation services is currently limited in the Canadian health care system. The implementation of a public primary care telephone consultation service provided by occupational therapists and physical therapists was identified as a promising strategy to help better meet population needs and reduce the use of other costly services (e.g. emergency room visits, unnecessary medical consultations, imaging tests, medication). Objective: To co-develop a public telephone consultation service provided by occupational therapists and physiotherapists in Canada's second most densely populated province, Québec. Study Design and Analysis: This partnership-based co-development project included a review of available scientific and gray literature, as well as critical reflection and discussion meetings. The codevelopment was guided by the intervention mapping process and led to the production of a detailed logic model for the innovation. Data set and Population Studied: Representatives of the research team, healthcare network practitioners, as well as managers from the Ministry of health worked together to gather and analyse content from the different data sources to build the logic model for the innovation. Intervention, Outcome measures and Results: The logic model produced details the objectives, nature of interventions, target populations, inputs, activities, and outputs for this innovation. The rationale underlying the implementation of the telephone consultation service was founded on three main axes:

1)Providing rapid access to professional advice and recommendations to the population, 2)Optimizing the use of professional expertise adapted to population needs, 3)Improving population self-management and quality of life. Conclusion: This project allowed to consolidate a partnership through the co-development of the telephone consultation services. The next step will be the development and implementation of a pilot project of the primary care innovation.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org.Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.