

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

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Title

Using a typology to understand and address primary care administrative workload in Atlantic Canada

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context

Administrative activities, including work related to caring for individual patients and clinic administration, may play a substantial role in understanding changes to primary care workload.

Objective

The objective of the qualitative component of this mixed methods study was to conduct interviews with family physicians, nurse practitioners, and administrative team members providing primary care: i) to describe their current experiences of administrative workload, ii) to understand how administrative workload has changed over time, and iii) to explore strategies that might be utilized to streamline processes and reduce the volume of administrative work.

Study Design & Analysis

We used a screening questionnaire to purposively select interview participants. Interviews were approximately one hour in duration and were conducted via Zoom. We followed Braun and Clarke's approach to reflective thematic analysis, which fit well with our critical qualitative approach and relativist epistemology.

Setting and Population Studied

Interviewees were primary care providers and administrative staff representing a range of payment models, a variety of clinic models, from both urban and rural locations in Nova Scotia and New Brunswick.

Intervention

Thirty-six (36) interviews were conducted by one qualitative researcher. Qualitative interpretation and analysis involved representatives from each stakeholder group.

Results /Findings

Information management is central to health care delivery, but often not valued or actively supported. Within primary care most administrative work requires both information management and clinical judgment. Therefore, we developed a typology as part of the analysis. Participants recommended electronic medical record connectivity with other parts of the health system, pre-population of information on forms from patient charts, changes to insurance and disability forms, re-distribution of administrative tasks, assistance with overhead expenses, improved training for administrative staff, development of competencies and guidelines for clinic operations, and other actions.

Conclusion

Identifying practical strategies to make information management more efficient can support innovative healthcare models, improve patient care, and improve the wellbeing of primary care providers.

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