

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

**Submission Id:** 6424

### **Title**

*Factors associated with patients' experience of access to their primary health care clinic: a multilevel analysis*

### **Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

### **Presenters**

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### **Abstract**

Context: Understanding patients' experience accessing primary health care (PHC) is necessary in order to move toward better service organization and more equitable PHC access.

Objective. This study aims to examine individual, organizational, and contextual factors associated with patients' experience of access to their multidisciplinary primary healthcare clinic.

Study Design and Analysis. This cross-sectional study builds on survey data collected in multidisciplinary PHC clinics. Between September 2022 and June 2023, online questionnaires were sent to patients attached to a family physician and to PHC professionals and administrative staff. Multi-level logistic regression models were fit. Analyses were stratified by the number of consultations in the last 12 months: between 1 and 5 or over 5 consultations.

Settings. 104 PHC clinics across 14 regions of Quebec, Canada.

Population studied. A total of 122,397 patients and 999 family physicians, 107 nurse practitioners and 411 administrative staff nested into 104 clinics answered the survey.

Instrument. A patient-reported experience survey on primary care. A self-reported survey based on the advanced access model for professionals and administrative staff.

Outcomes measures. Two patient-reported experiences were assessed: 1) difficulty having an appointment with regular family physician or nurse practitioners, and 2) unmet healthcare needs.

**Results:** The results indicate that some organizational and contextual-level factors were associated with the difficulty in accessing regular provider and reporting unmet needs. Organizational factors including estimation of demand and supply, use of a referral algorithm, and strategies to optimize consultations were associated with a better experience of care. Patients from medium size clinics compared to small clinics had better experience of care for both outcomes. The stratified analysis indicated similar results related to outcomes for patients who consulted at the clinic 1-5 times in the last 12 months.

**Conclusions:** According to patient-reported experiences, this study suggests that mechanisms fostering PHC access for attached patients should prioritize organizational processes over individual characteristics.

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