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Title

Foundational change strategies to improve interprofessional advanced access: a participatory action research study

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: Implementing interprofessional advanced access (AA) requires reorganizing the practices of all team members to improve the timeliness of primary care. Often, team members do not know how to engage in a meaningful change process journey. Evidence-based change strategies that address fundamental care delivery processes could help improve timely access to the appropriate professionals while improving satisfaction of both staff and patients.

Objective: To describe foundational evidence-based change strategies used by external facilitators to improve interprofessional AA in primary healthcare (PHC) clinics.

Study design and analysis: Participatory action research was used to analyze change strategies and steps required for their implementation. AA indicators (3rd next available appointment, continuity of care, and availability for urgent care) were followed longitudinally to adapt the change strategies and assess their progressive impacts. This process led to the development of change packages.

Setting: 8 interprofessional PHC clinics in Quebec, Canada.

Population studied: Physicians, nurse practitioners, nurses, social workers and pharmacists.

Intervention: External facilitators supported PHC clinics while relying on quality improvement techniques according to the Model for Improvement.

Outcomes: Change packages: standardized tools to inform the planning, implementation, and monitoring of change strategies. These include: 1) Steps required to implement the strategy; 2) Key indicators to monitor change and evaluate the strategy's success; 3) Lessons learned from the process.

Results: 4 different change packages were developed. 3 change packages support transformation of appointment systems, including a prioritization algorithm for appointment scheduling, integration of time slots for urgent care, and integration of an online appointment scheduler. One change package aims to improve patient flow and professional autonomy using collective orders. The contents of these change packages, including lessons learnt and impacts on key indicators of AA across participating clinics, will be presented.

Conclusions: Improving AA in PHC is complex, but essential change strategies appeared to be common first steps among clinics undertaking this journey. Resulting change packages provide road maps to successfully guide the improvement of AA, lay a strong foundation for further improvement steps, and build a culture of improvement within and among PHC clinics.