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Title

10 years later—a portrait of advanced access implementation by family physicians and nurse practitioners in Quebec, Canada

Priority 1 (Research Category)

Survey research or cross-sectional study

Presenters

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Abstract

Context: The advanced access model is the most recommended innovation around the world to improve timely access and support patients' needs for relational and informational continuity. Originally developed in the United States in 2002, the advanced access model has been widely promoted by the College of Family Physicians of Canada since 2012. Objective: To present a portrait of the implementation of the advanced access model 10 years after its large-scale introduction across the province of Quebec. Study Design and Analysis: We conducted a cross-sectional e-survey based on a self-reported online reflective tool (Outil Réflexif sur l'Accès Adapté; ORAA) between January 2022 and February 2023. Descriptive statistics were generated for all items. Setting or Dataset: Medical clinics across 14 regions of the province of Quebec participated. Population Studied: 999 family physicians, 107 nurse practitioners and 411 administrative officers from 127 clinics responded to the ORAA. Instrument: The ORAA is a 39-item e-survey developed to present a portrait of the level of implementation of recommended advanced access strategies. Outcome Measures: The actual degree of implementation of key pillars of the advanced access model. Results: Results showed variations across different key strategies. Opening the schedule for appointments over a period of 2 to 4 weeks was largely adopted by a total of 82% of respondents. However, another key strategy, planning to reserve consultation time for urgent or semi-urgent conditions, was implemented by less than 50% of respondents. Similarly, only 33% of the administrative officers surveyed reported using a referral algorithm to book appointments with the appropriate provider in a timely manner. Planning for the supply and offer for the upcoming year based on the number and characteristics of the patient base was poorly implemented, only 17% planned for supply and 13% for offer. Finally, strategies to react to unforeseen offer-demand imbalances were insufficiently put in place; less than half of respondents adopted this strategy. Conclusions: This study demonstrates that few advanced access strategies have been successfully implemented. More strategies are needed to assess the supply-demand balance and to react to imbalances when they occur. We demonstrate that strategies based on individual practice change are more often implemented than those requiring changes at the clinic level.