

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

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Title

Evaluating Patient Experiences with a Virtual Triage and Assessment Centre in Renfrew County, Ontario, Canada

Priority 1 (Research Category)

Mixed methods research

Presenters

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Abstract

Context: In March 2020, the Renfrew County Virtual Triage and Assessment Centre (VTAC) was launched as a large-scale, innovative, hybrid healthcare program. VTAC aims to provide timely and equitable access to care in a predominantly rural region facing deep-rooted healthcare challenges. Past assessments, using the quintuple aim framework, showed positive results in key areas like clinical impact, cost, and provider experiences. However, an important aspect yet to be explored is how patients experience the program.

Objective: The aim of this study was to evaluate patients' experiences with VTAC.

Study Design and Analysis: Collaborating with three patient partners, we employed a sequential explanatory mixed-methods approach. In Phase 1, we administered a 37-question online survey to 400 residents to assess patients' experiences with VTAC's various visit modalities. In Phase 2, building upon the survey results, we conducted 10 semi-structured interviews. The survey results were analyzed using descriptive statistics, chi-square tests, and logistic regression, while the interviews were coded and analyzed using thematic analysis.

Setting or Dataset: VTAC operates in Renfrew County, the largest county in the province of Ontario. The county lacks walk-in clinics, resulting in overburdened emergency departments. Additionally, the region has higher-than-average rates of chronic mental and physical illnesses, low socioeconomic status, barriers due to travel distance, and a concerning unattachment rate of 20-25%.

Population Studied: Adult residents of Renfrew County who had at least one encounter with VTAC.

Intervention/Instrument: Surveys and semi-structured interviews.

Outcome Measures: Patient Experiences with VTAC.

Results: Throughout surveys and interviews, two key findings emerged: Firstly, participants expressed widespread satisfaction with VTAC. This was irrespective of demographic characteristics, health status or appointment modality. Secondly, participants reported significant challenges in accessing care in Renfrew County, an issue which even extends to those with formal attachment to a provider.

Conclusion: Our mixed-methods study reinforces the idea that VTAC can be a valuable tool for addressing the access-to-care crisis facing Renfrew County. Furthermore, the high patient satisfaction identified in our study underscores the program's acceptability. VTAC's core model could serve as a blueprint for the design of future healthcare programs.

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