

Submission Id: 6373

Title

A qualitative evaluation of the implementation of a pre-consultation tool for older adults in primary care

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: Pre-consultation telemedicine tools have been proposed as an effective solution to optimize the care of the growing number of older patients with chronic conditions. However, little information exists on how to successfully implement these tools in the primary care setting. The ESOGER tool is a telemedicine tool in the form of a telephone assessment questionnaire for individuals aged 65 and over. It gathers contextual information on physical, cognitive, mental, and social health, and generates an automated summary report of potential vulnerabilities. Objective: To determine the barriers and facilitators to the implementation of a pre-consultation tool tailored for older adults in primary care. Study design: A qualitative descriptive study design was utilized. The tool was implemented and tested in four university-affiliated family medicine groups in Quebec, Canada from December 2021 to October 2022. Semi-structured interviews were conducted with a total of 26 participants, including clinicians, administrators, and other clinic personnel, between May and October 2022. Analysis: Analysis of the transcribed interviews and internal logs was approached through a reflective thematic analysis method, drawing from the RE-AIM conceptual framework (Reach Effectiveness Adoption Implementation Maintenance). The Consolidated Framework for Implementation Research (CFIR) guided the thematic development process.

Setting or dataset: Community-based practice. Population studied: Older adults aged 65 years and above. Intervention/Instrument (83 characters): Administration of the ESOGER tool prior to the visit of

older adults at the participating clinics. Results: We identified 5 barriers/facilitators related to the implementation of ESOGER. First, the use of ESOGER was facilitated when it was administered by a clinician (1). Coordinating and communicating within the team and with the research team (2), as well as identifying key resources to reach participating clinicians (3), were both barriers and facilitators to the implementation. The lack of context specific adaptation to the organizational structure of each FMG (4) and the availability of resources to administer ESOGER (5) were barriers to both one-time and long-term implementation of the tool. Conclusion: This study found that while the use of a pre-consultation tool can be feasible under the right conditions, organizational barriers must be considered for successful long-term implementation.

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