

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

Submission Id: 6610

Title

Enhancing Advanced Access in Primary Healthcare: Key Change Strategies from a Quality Improvement Initiative

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

Isabelle Gaboury, PhD, Sarah Descoteaux, MSc, Elisabeth Martin, MSc, Mylaine Breton, PhD, Mélanie Ann Smithman, PhD, MPH, Francois Bordeleau, MSc

Abstract

Context: Timely access is crucial for high-quality primary healthcare delivery, yet remains a pervasive challenge globally, including in Canada. The Advanced Access (AA) model, designed to support timely access, has faced implementation and sustainability hurdles. In Quebec, efforts to implement AA in Family Medicine Groups (FMGs) yielded partial success, necessitating comprehensive change strategies to ensure a tangible impact of the model.

Objective: To delineate key change strategies from a 3.5-year Quality Improvement initiative aimed at enhancing AA in multidisciplinary primary healthcare.

Study design and analysis: Retrospective descriptive qualitative study. Data from field notes, QI action plans, and semi-structured interviews were triangulated to identify and describe impactful change strategies.

Setting: 8 multidisciplinary FMGs in Quebec, Canada

Population: All healthcare providers and administrative staff. FMGs included physicians, nurses, social workers, pharmacists.

Outcomes measures: Change strategies that demonstrated the capacity to improve timely access such as 3rd next available appointment, care continuity and team collaboration.

Results: Seven key change strategies emerged, which could be grouped under 4 categories. These are related to shaping healthcare supply to patients' demand by 1) providing an individual assessment of caseload size to all physicians and nurse practitioners (professionals with whom patients are affiliated; and 2) reinforcing communication in the appointment scheduling process. A second category consists of

tailoring care to patients' needs by 3) streamlining appointment scheduling through referral algorithms and 3) diversifying care modalities (face-to-face or telehealth). Optimizing roles through 4) interprofessional collaboration and optimal care trajectories by 5) using individual and collective orders to enhance care efficiency are also necessary strategies. Additionally, promoting care continuity via 7) dedicated urgent care slots and 8) optimizing trainee supervision in teaching FMGs bolstered patient-provider relationships while ensuring consistent and relevant care.

Conclusion: The findings suggest that the implementation of these change strategies has the potential to significantly improve AA in primary healthcare settings. By addressing barriers to timely access and enhancing coordination among healthcare team members, these strategies can contribute to better healthcare outcomes for patients.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.