

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

**Submission Id:** 6788

### **Title**

*Profiling patterns of patient experiences of access to care and continuity at team-based primary healthcare clinics*

### **Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

### **Presenters**

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### **Abstract**

**Context:** Access to primary healthcare services is a core lever for reducing health inequalities. The ability to reach and engage in the care process varies considerably depending on patients' socio-demographic characteristics which we need to understand to address inequitable access issues.

**Objective:** To identify different profiles of access to care and continuity experiences of patients registered at team-based primary healthcare clinics.

**Study Design/Analysis:** This cross-sectional study was conducted from September 2022 to April 2023. We used latent class analysis (LCA) to identify patients' profiles based on nine components of access and continuity experiences and multinomial logistic regression to analyze their association with ten characteristics related to patient sociodemographic and their clinic characteristics.

**Setting:** 104 PHC clinics across Quebec, Canada.

**Population:** 121,570 registered patients over 18 years of age with an email address available in their electronic medical record.

**Measures:** The optimal number of profiles (four) was determined using LCA measures (best model determined by AIC, BIC, and entropy).

**Results:** "Easy access and continuity" (42%) was characterized by ease in almost all access and continuity components. Three profiles were characterized by diverging access and/or continuity difficulties: "Challenging booking" (32%) represented patients having to try several times to obtain an appointment at their clinic; "Challenging continuity" (9%) those having to repeat information that should have been in their file; "Access and continuity barriers" (16%) characterized difficulties with all access and continuity

components. Female gender and poor perceived health significantly increased the risk of belonging to the three difficulties profiles by 1.5. Being a recently arrived immigrant ( $p=0.036$ ), having less than a high school education ( $p=0.002$ ) and being registered at a large clinic ( $p<0.001$ ) were associated with experiencing booking difficulties. Having at least one chronic condition ( $p=0.004$ ) or poor perceived mental health ( $p=0.048$ ) were associated with experiencing continuity difficulties.

**Conclusions:** Our results showed potential areas for improvement, such as facilitating appointment booking for recently arrived immigrants and patients with low education, integrating interprofessional collaboration practices for patients with chronic conditions and improving care coordination for patients with mental health needs.

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