QUEBEC INNOVATIONS TO IMPROVE ACCESS TO PRIMARY HEALTHCARE

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Problem: Access to Primary Healthcare (PHC)

- Unattached patients – regular source of PHC/ provider
  - Nearly 15% of Canadians do not have a family physician (Statistics Canada, 2014)
  - In Quebec, that percentage climbs to 28% (CSBE, 2010)
- Timely access to PHC :
  - Over 40% of the population have to wait more than 1 month to see their family physician (Institut de la statistique du Québec, 2013).

Objective

Discuss the implementation and effects of two innovations to improve access to PHC in Quebec

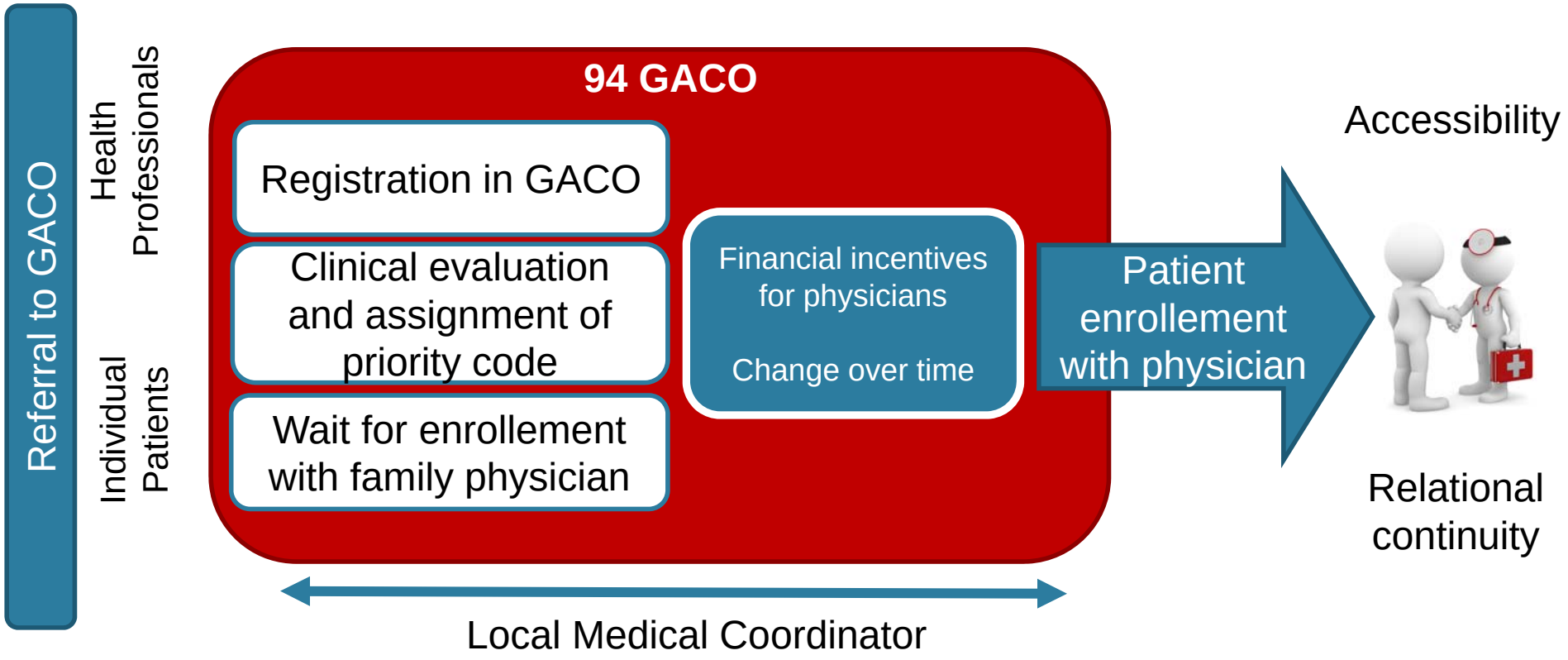
- Top-down
- Bottom-up

Innovation for Unattached Patients

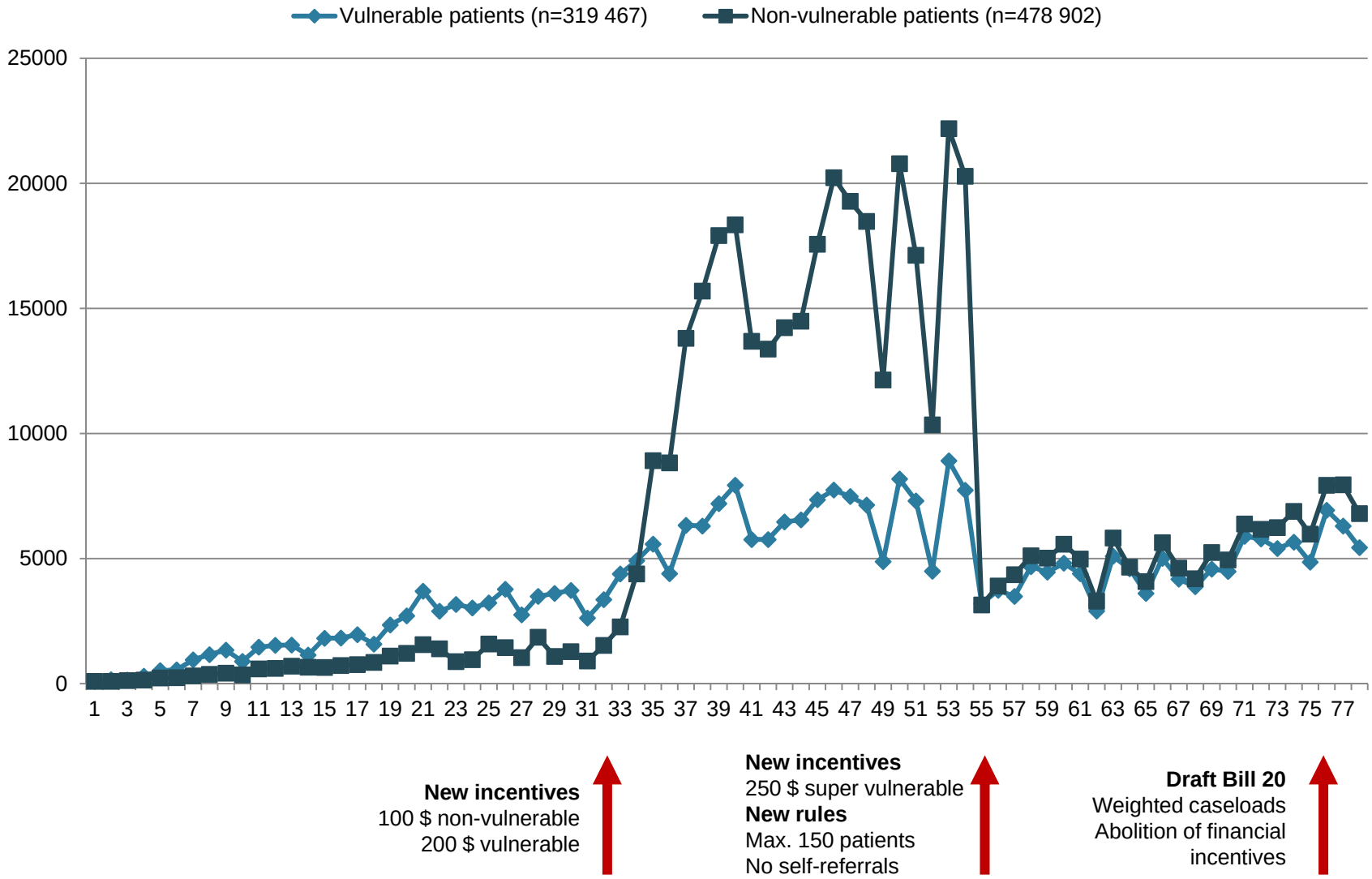
- Centralized waiting lists
  - **Guichets d'accès aux clientèles orphelines (GACO) - Québec**
  - Healthcare Connect - Ontario
  - Attachement Initiative - British-Colombia
  - Finder GP - Manitoba
  - Healthcare connect NB - New-Brunswick

- Study design:
  - Longitudinal study
  - Data from administrative monitoring database
  - Repeated measure ANOVA regression models
  - Interviews with key informants about innovative practices

GACO: Top-down Innovation



Evolution of the number of non-vulnerable patients and vulnerable patients enrolled with family physicians through GACOs from 2009 to 2015.

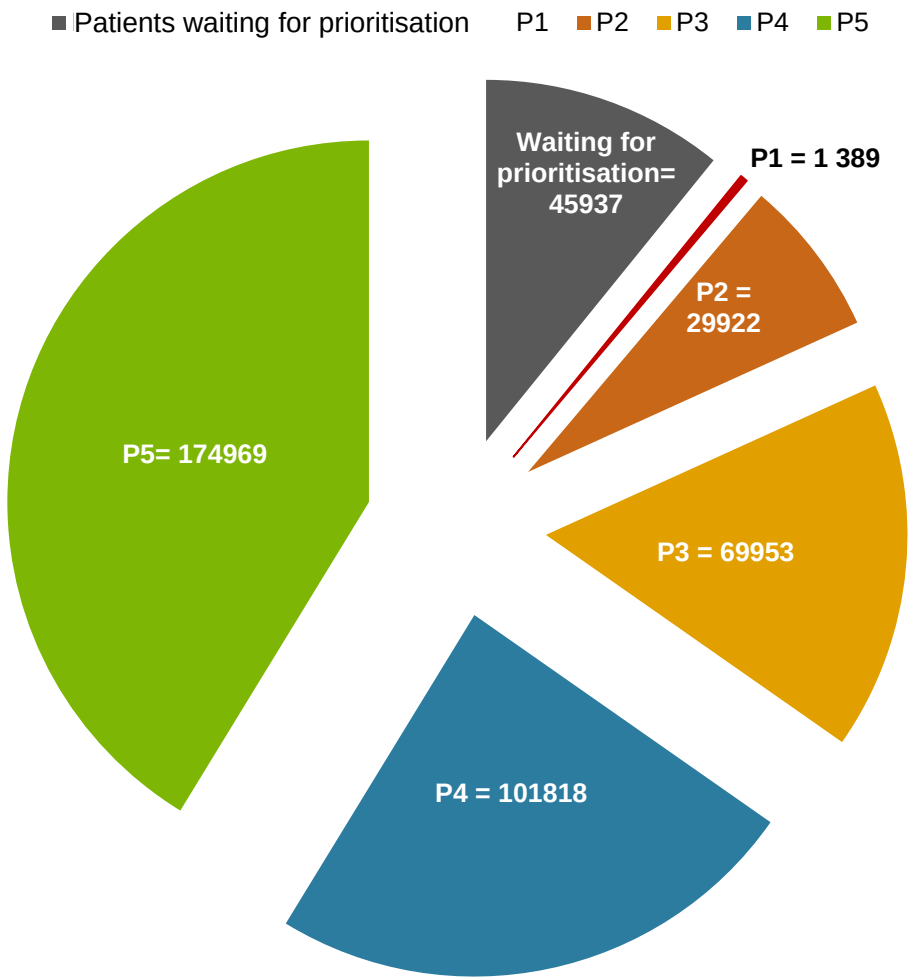


Snapshot – April 1st 2015

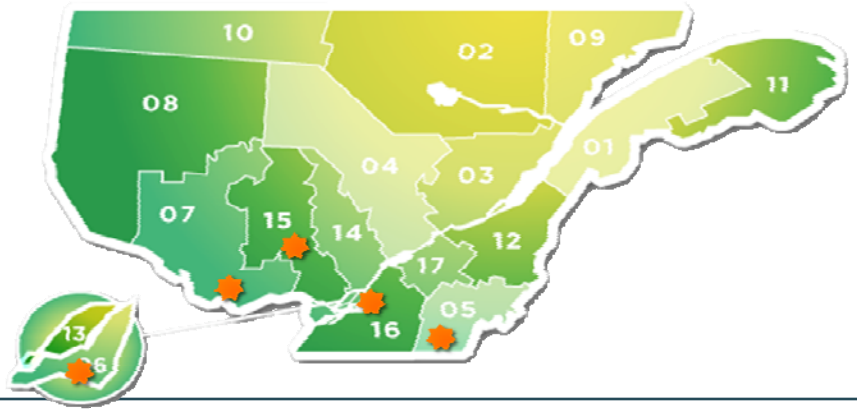
Patients registered in a GACO waiting for enrollment with a family physician

n = 423 995 patients (2015), 25 % vulnerable patients

n= 329 184 patients (2014), 26% vulnerable patients



Innovations related to GACOs



Location	Innovations
CSSS du Pontiac	Temporary access to PHC for orphan patients through a clinic with rotating physicians
CSSS des Sommets	Enrolling low medical priority orphan patients with a nurse practitioner
CSSS du Sud-Ouest-Verdun	Onetime physical examination and lifestyle counselling for low medical priority orphan patients through a nurse-led clinic
CSSS Pierre-Boucher	Specific medical services to orphan patients while they wait for enrollment with a family physician
CSSS IUGS	Supporting physicians who enrol vulnerable patients through additional professional resources

Temporary access to PHC for orphan patients through a clinic with rotating physicians

Supporting physicians who enrol vulnerable patients through additional professional resources

In the News on Monday

Innovation for Timely Access to PHC

- Advanced Access (AA)
  - Implementation in medical practices recommended by several stakeholders
  - AA training developed by MSSS/FMOQ.
  - First cohort 2011-2012: 3 days of training in one year
- Study design:
  - Qualitative design
  - Interviews with family physicians who were early adopters (n=21)

AA: Bottom-Up Innovation

Triggers for implementing AA

Family Physicians were :

- Dissatisfied with their practice.
- Frustrated with their patients' poor access to them as physicians when appointments were given one year in advance.
- Tired of their patients referring to their past health status during consultations.
- Not able to meet their patients' needs and patients were forced to consult other physicians.
- Individual innovation (n=15) vs collective (n=6)

Components of Advanced Access

Balance Supply and Demand	Analysis of their practice patterns, and their patients' profiles. Led to make choices about their priorities in main activities.
Work Down the Blacklog	The transition to advanced access requires extra workload
Reduce the Number of Appointment Types	Model A: 100% open over 2 week periods. Increased responsibility to patients (n = 3)
	Model B: 75% open with minimal recall list (eg CSST, elderly patients). (n=9)
	Model C: 50% open; large recall list and multi-site work. (n=4)
	Model D: Failure (n = 5)
Develop Contingency Plans	Collaboration with another physician during their absence for lab results and emergency follow-ups (n = 12)
Interdisciplinary Practices	Works closely with nurses (n=14). Nurse with advanced access schedules (n = 3)

Perceived Effects of AA

Family physicians reported (consensus):

- Patient satisfaction & team satisfaction
- Reduction of emergency visits or walk-in visits
- Increased enrollment of new patients
- Challenge for some vulnerable patients to take on more responsibility in obtaining PHC

Conclusion

- **Continuum of Access:**
  - Attachement to PHC practice
  - Timely access to PHC
- **Innovations:**
  - Isolated from the whole system
  - Integration between PHC innovations – structures
  - Top-down vs. Bottom-up innovations
- **Organizing PHC services**
  - Improving access for a defined population (populational responsibility)
  - Challenge of populational access vs clientele access
- **Access and continuity:**
  - Interprofessional PHC teams

Questions?

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