Patients with access to a primary healthcare (PHC) provider benefit from better care and health outcomes.

15% of Canadians do not have a regular PHC provider and are classified as “unattached”.

Seven Canadian provinces used centralized waitlists (CWLs) to coordinate linking unattached patients to a PHC providers.

CWLs remain under evaluated and it is unknown how well CWLs attract unattached patients to PHC providers.

This research emanates from a CIHR SPOR Quick Strike describing components and mechanisms of seven Canadian CWLs.

The current CIHR-funded CUP-study assesses CWL effectiveness, and challenges attaching patients to a PHC provider in Nova Scotia, Québec, and Ontario.

OBJECTIVES

Objective 1: Measure the effectiveness of CWLs (i.e., rate of/time to attachment of CWL patients to a provider)

Objective 2: Describe contextual factors (e.g., policies, innovations, concurrent approaches) to patient attachment

Objective 3: Elicit patient and provider experiences of attachment to identify attachment priorities

Objective 4: Identify strategies to help provinces achieve CWL goals by identifying enablers, barriers, and modifiers of the effectiveness of CWLs (identified in Obj 1-3).

The CUP Study
Examining the effectiveness of centralized waitlists in Connecting Unattached Patients to primary care providers

Dr. Emily Gard Marshall, PhD; Dr. Mylaine Breton, PhD; Dr. Michael Green, MD, PhD; Laura Miller, MA; Mélanie Ann Smithman, PhD; Eliot Frymire, MSc

 женщин и детей.

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The CUP Study Team Members

CONCLUSION

This research:

• Generates in-depth understandings of complex CWL phenomena in real-life context
• Explains causal pathways
• Explains how and why CWL variations in effectiveness exist
• Has widespread implications for policy and practice
• Meets the quadruple aim

For more information on The CUP Study contact Dr. Emily Gard Marshall at Emily.Marshall@Dal.ca

MIXED METHODS

By interprofessional team, with policy and provider knowledge users, and patient partners.

- Quantitative analysis of centralized wait list data and linked administrative data.
- Policy document reviews.
- Qualitative interviews with policy makers, providers, and patients.
- Integrated data analysis with full case within and across provinces.
- Integrated Knowledge Translation and Exchange with stakeholder dialogues.

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ANTICIPATED FINDINGS

- Determine and compare effectiveness in 3 provinces
- Determine impact of attachment on healthcare utilization
- Rveal components, processes, and environments promoting PHC attachment
- Capture and delineate influential contextual and modifying factors

BACKGROUND

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The Quadruple Aim

- Promote Population Health
- Enhance Patient Experience
- Cost Optimization
- Promote Care Team Well-being

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