

The CUP Study

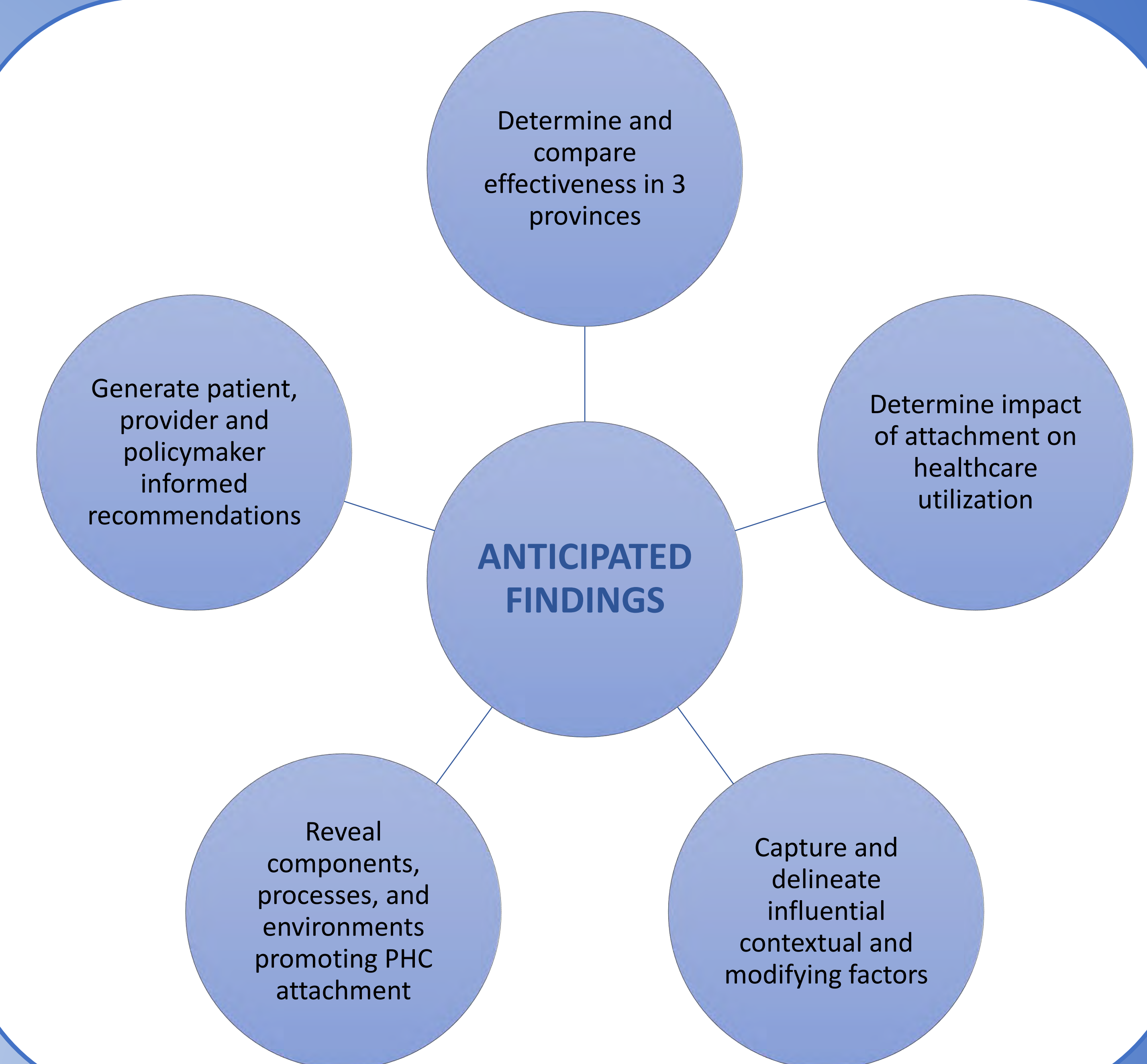
Examining the effectiveness of centralized waitlists in Connecting Unattached Patients to primary care providers

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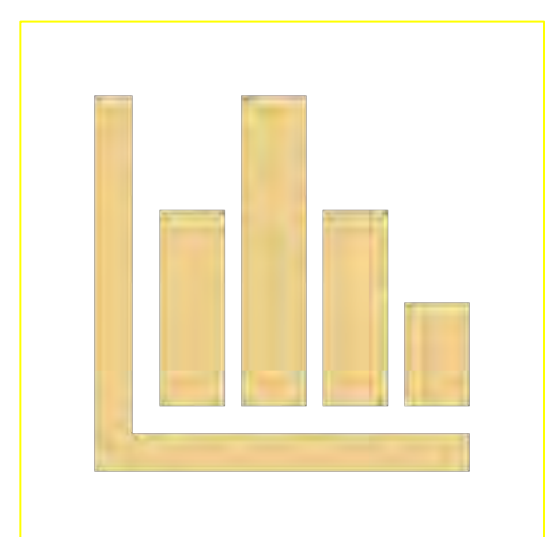
BACKGROUND

- 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 attach 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.

The Quadruple Aim



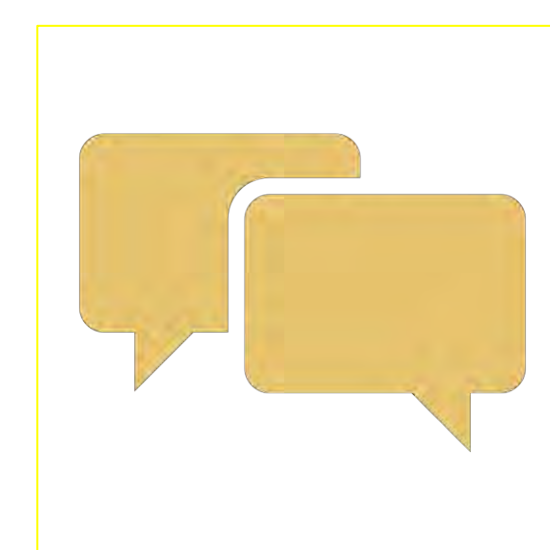
OBJECTIVES



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).

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.

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

The CUP Study Team Members

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