

“Need help navigating the health system?” Quebec’s experience in using a participatory action research approach to implement a lay-volunteer telephone support service

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Context

In Canada, it is difficult to receive ongoing comprehensive care without being registered to a most responsible family physician. “Unattached” persons are more likely to experience:

- Access problems to primary health care services
- Discontinuity in their care with absence of follow-up
- Multiple barriers in connecting with a provider

In Québec 20% of the population does not have a family physician and are on a centralized waiting list waiting to be assigned to a primary care physician. We found that patients in disadvantaged neighborhoods wait longer on the waiting list and are more likely to be returned to the list.

Using a participatory action research (PAR) approach, we co-designed, implemented and evaluated an intervention with decision makers, healthcare system leaders and physicians to address this issue.

Objective

To evaluate if a pilot intervention helped disadvantaged patients from the waiting list to connect with their newly-assigned family physician, to reduce unmet needs for care, and to increase their autonomy to navigate the healthcare system.

Methods

What did we do ?

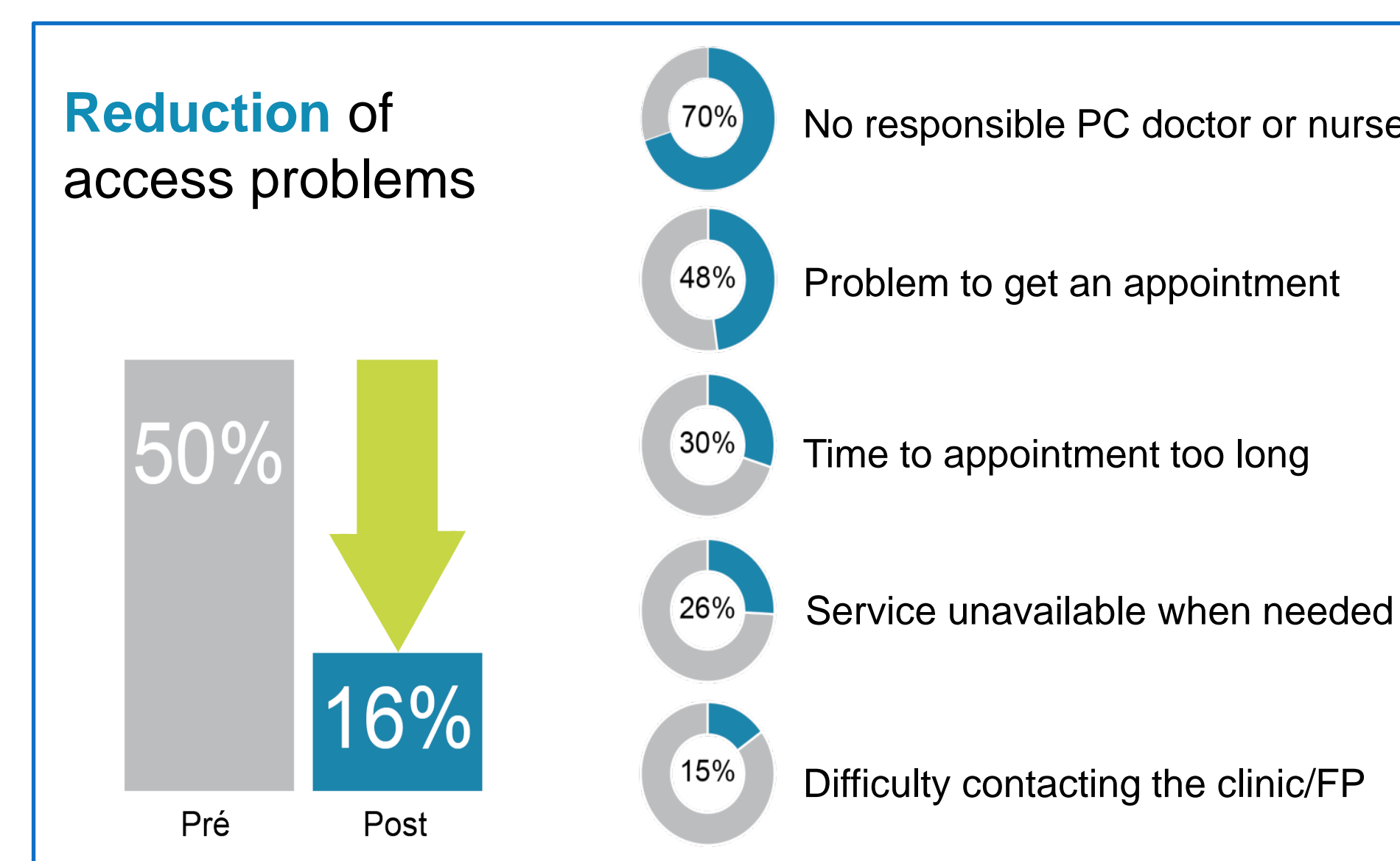
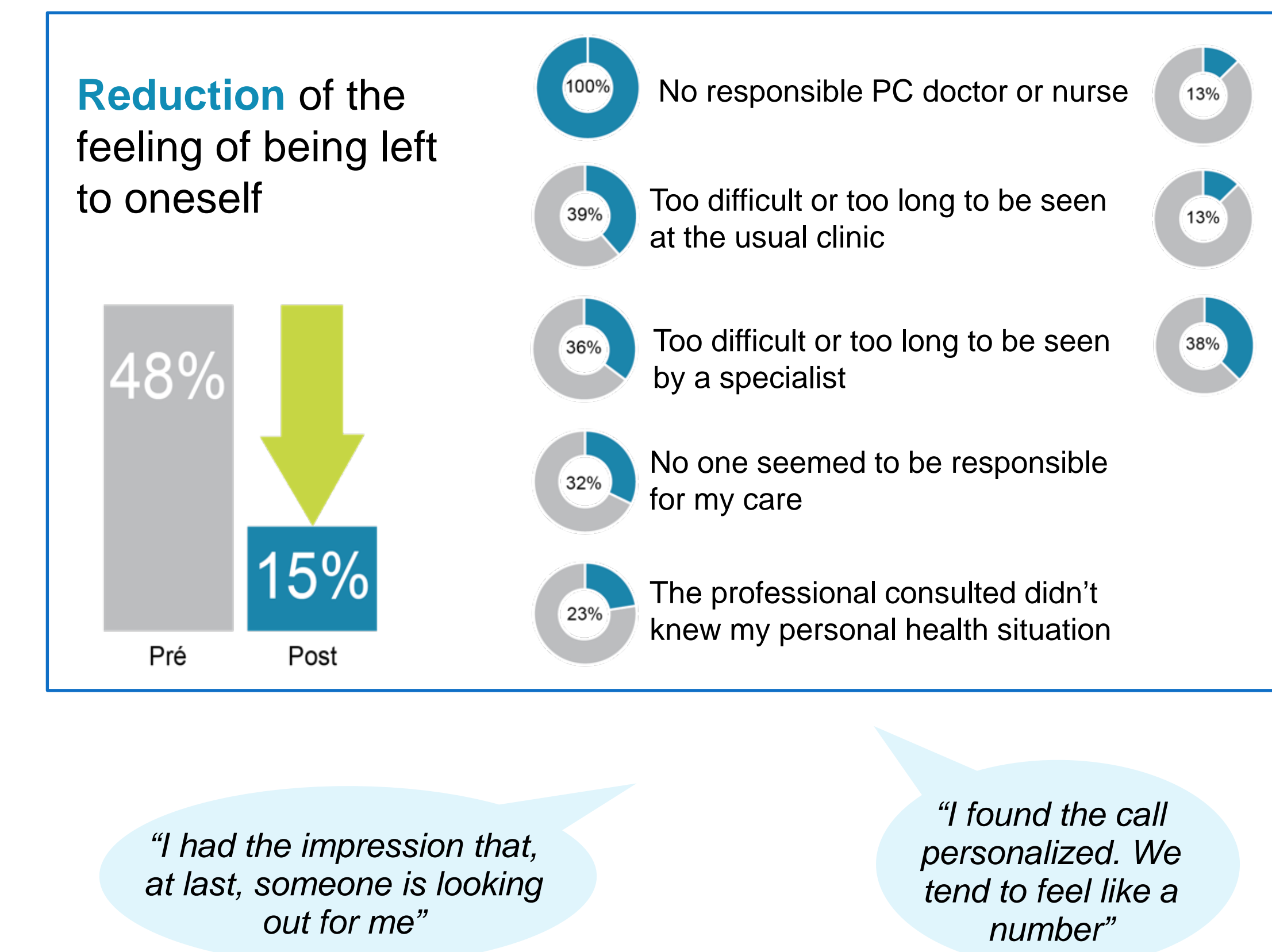
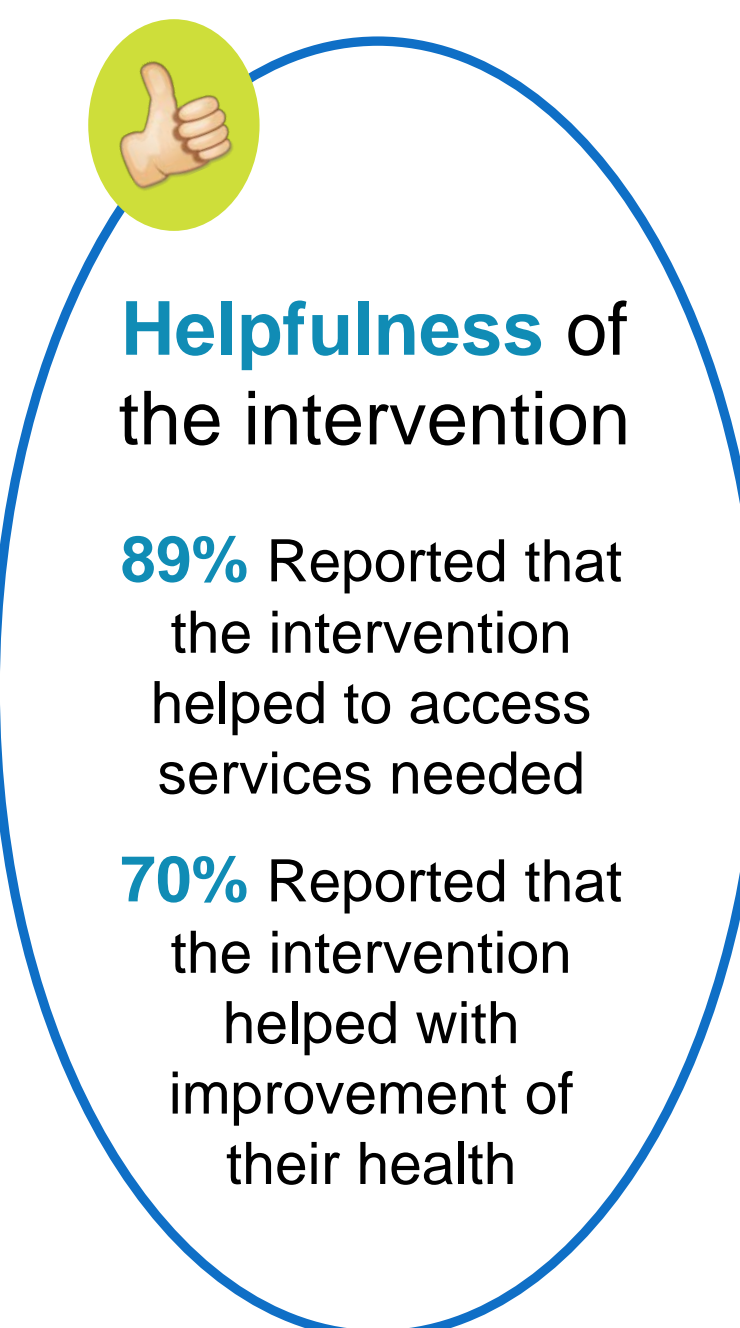
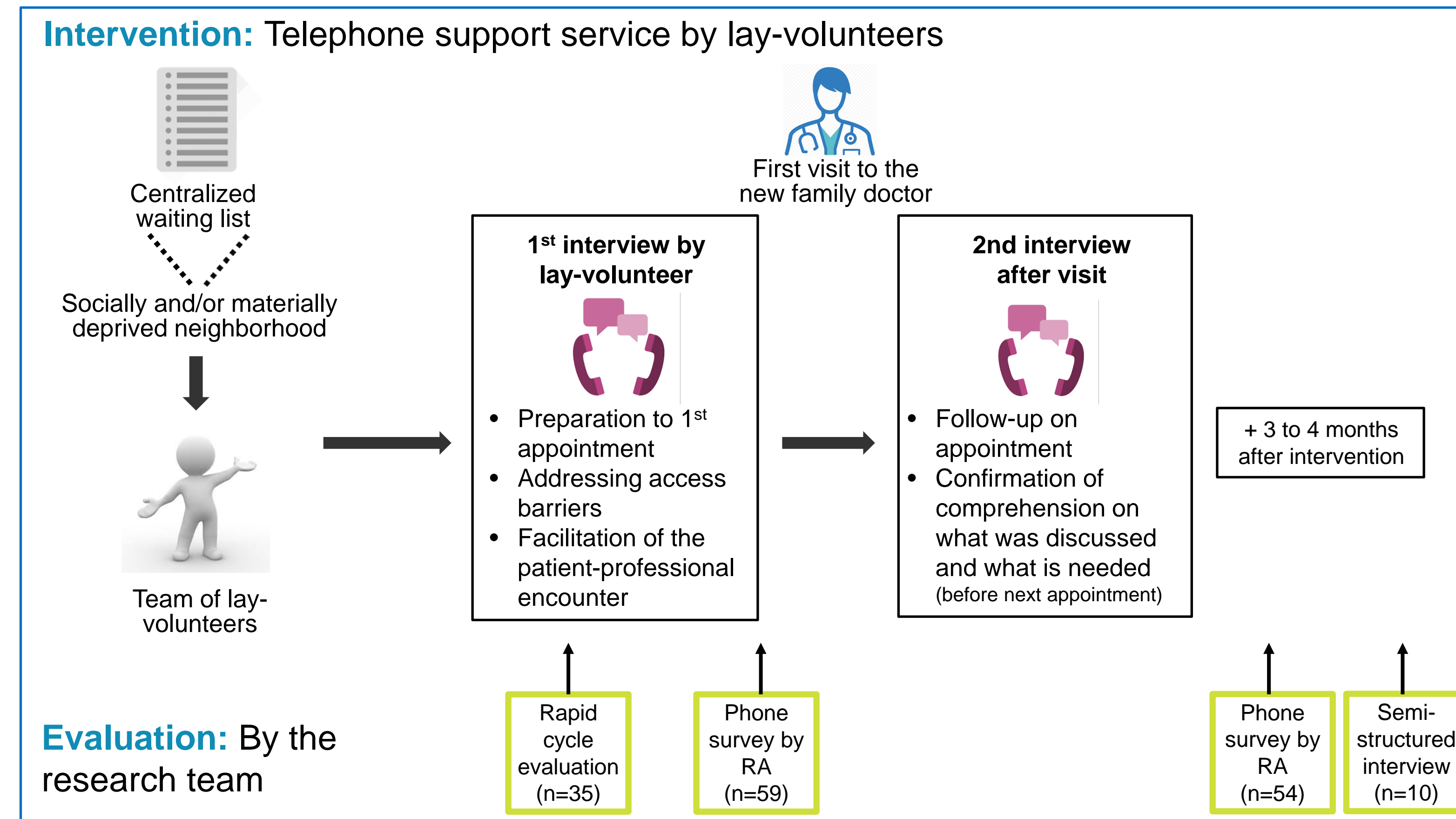
Co-design with local health authorities a light-touch focused intervention using available resources.

Trained lay-volunteers offer a **personalized telephone support service** to socially or materially disadvantaged patients to **inform** them about accessing the clinic, help to **prepare** their first medical appointment and **support** them after, if needed, to access needed services.

Implemented the service in 4 primary care settings on 108 patients

Evaluated the service with a mixed method design including pre- and post-surveys (n=54) and semi-structured interviews (n=10)

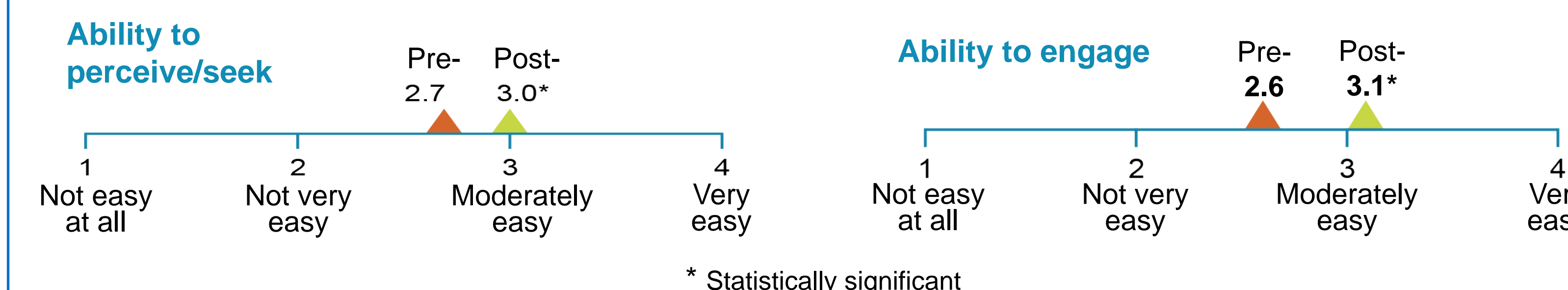
Design of the intervention and evaluation and Results



“The guide was super nice, very attentive. I knew she was smiling all the time she was talking to me. She helped me prepare for my appointment and even sent me information flyers by email.”

“It helped me a lot. We don't know where to go as we are new to the area. This is the first time we have a family doctor so we don't know what to do. We were a little worried my husband and I, so it was very reassuring.”

Improvement of the patient autonomy to navigate the healthcare system



Strengths, weaknesses and recommendations

Strengths

Lay-volunteers

- Share the “patient experience” and use common language, not medical jargon
- Have enough time to listen and be attentive to patients needs and hesitations
- Are able to try several contact attempts before leaving a message on a voicemail, providing a “human” approach

Patients

- Receive information and are being well prepared for their appointment which enhances their access abilities and improve their satisfaction

Weaknesses

- Difficult to disentangle effect of getting a family doctor from lay support
- Support not always given before first visit
- Volunteers associated to health authority ,not clinic

Recommendations

- Make more links with clinics and physicians to improve the whole-person care

Next steps

- The service (intervention) is being implemented by local health care organizations in both regions, taking into account recommendations
- The service is being replicated in a new healthcare territory