

Context

Innovative Models Promoting Access-to-Care Transformation (IMPACT)

- Canadian-Australian research program that aims to improve access to care for vulnerable populations through **organizational innovations** in Primary Health Care (PHC).
- Implemented through collaborative local partnerships between decision makers, researchers, clinicians and organizational representatives (the stakeholders).
- Investigations are framed in a participatory action research approach.¹
- Interventions in each of the six sites are different, for example:
 - Quebec: Volunteer guide supports vulnerable patients on waitlist to prepare (before and after) their 1st appointment with their new GP;
 - Ontario: Integrating a primary care (lay) patient navigator to improve access to resources in the community for patients experiencing social barriers.

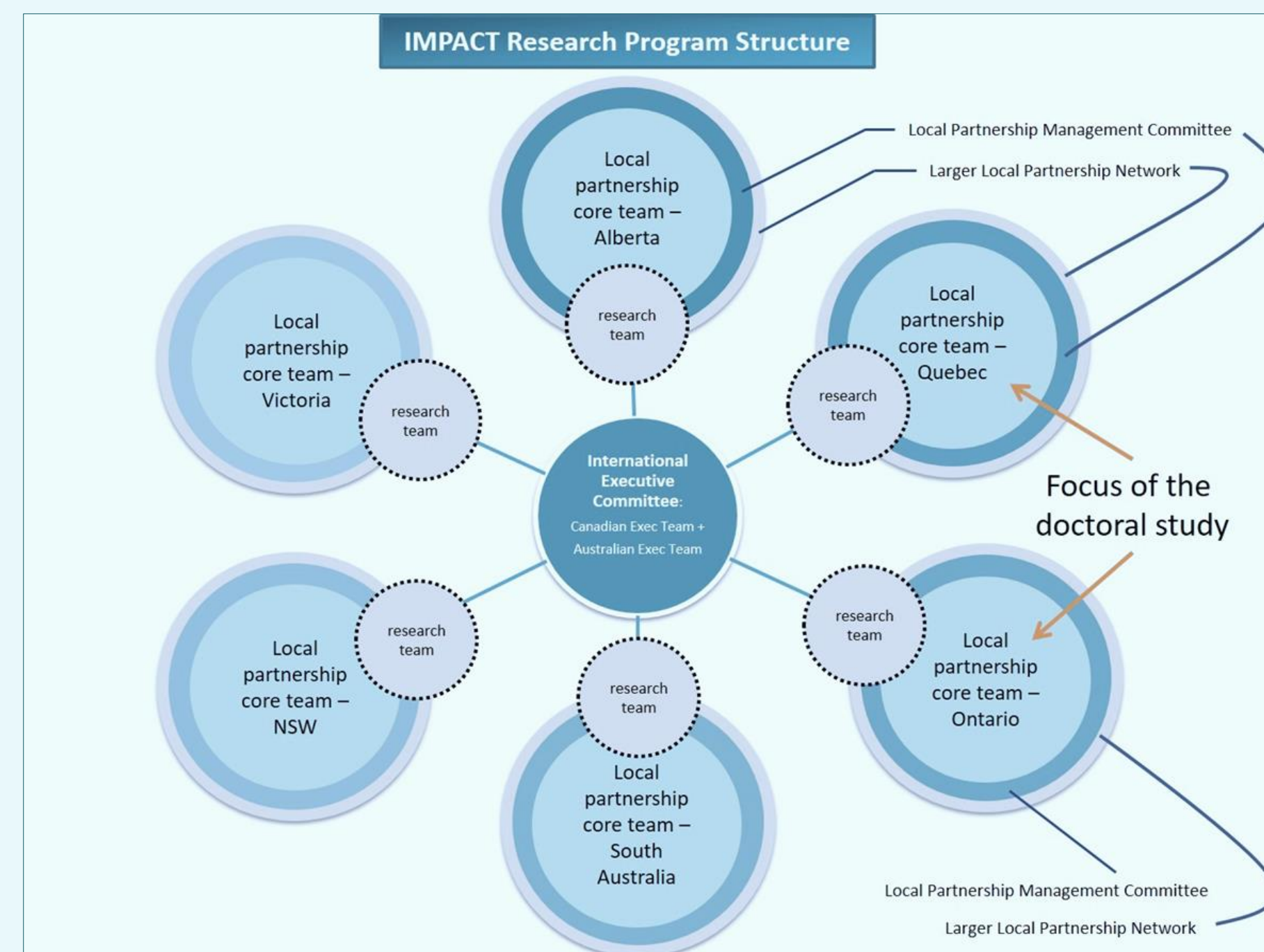


Figure 1. Schematic of the IMPACT Structure

Rationale

- Emphasis on partnerships in PHC has recently increased, with PHC reforms globally integrating ideas about partnerships and collaboration.^{2,3}
- Effective partnerships mobilize complimentary knowledge and expertise of partners, resulting in outcomes greater than those achieved working individually.⁴
- Despite extensive literature on processes and approaches that enhance partnership effectiveness, evidence demonstrating links between the implementation of these approaches and the achievement of desired outcomes is still insufficient.
- This research addresses this gap in the context of care transformation in PHC. It informs future policy and decision-making, to guide and assess the value of partnerships in improving the organizational aspects of PHC.

References: [1] Levesque, J.-F., & Russell, G. (2012). IMPACT: Supporting the Implementation of Organizational Innovations in Community-Based Primary Health Care to Improve Population Coverage and Access for Vulnerable Groups: Canadian Institutes of Health Research. [2] Drahotova, A., Meza, R. D., Brikho, B., Naaf, M., Estabillo, J. A., Gomez, E. D., . . . Aarons, G. A. (2016). Community-Academic Partnerships: A Systematic Review of the State of the Literature and Recommendations for Future Research. *Milbank Quarterly*, 94(1), 163-214. [3] Keleher, H. (2015) *Partnerships and Collaborative Advantage in Primary Care Reform*. Deebie Institute Evidence Brief. [4] Jones, J., & Barry, M. M. (2011). Exploring the Relationship Between Synergy and Partnership Functioning Factors in Health Promotion Partnerships. *Health Promotion International*, 26(4), 408-420. [5] Jones, J., & Barry, M. M. (2011). Developing a scale to measure synergy in health promotion partnerships. *Global Health Promotion*, 18(2), 36-44. [6] Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 9(1), 36-41.

Objectives

- To describe the intentional and emergent structures and processes used by diverse stakeholders to develop and to sustain multi-stakeholder partnerships within two IMPACT local partnerships;
- To analyse how the structures and processes described above contribute to partnership effectiveness

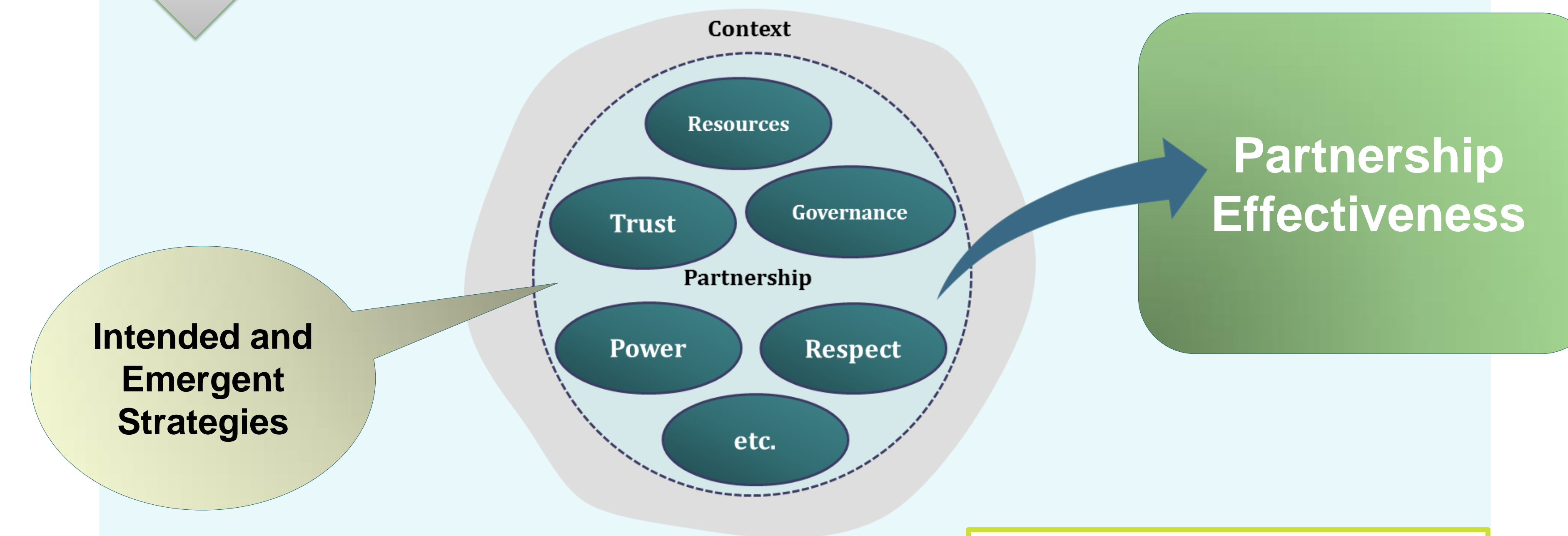


Figure 2. Components of a Partnership

Methodology

Two-phase mixed methods sequential exploratory design

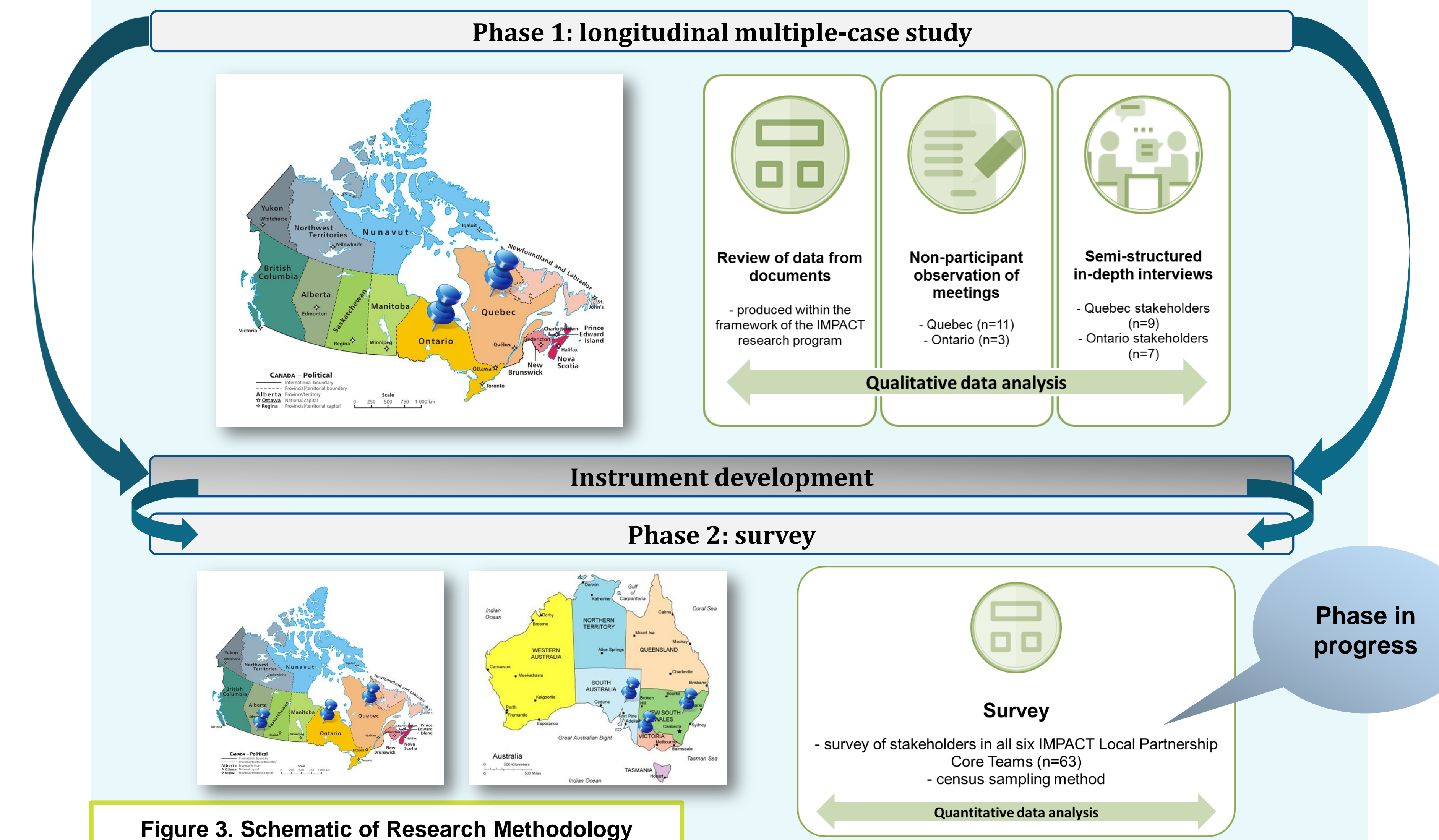


Figure 3. Schematic of Research Methodology

Theoretical Frameworks

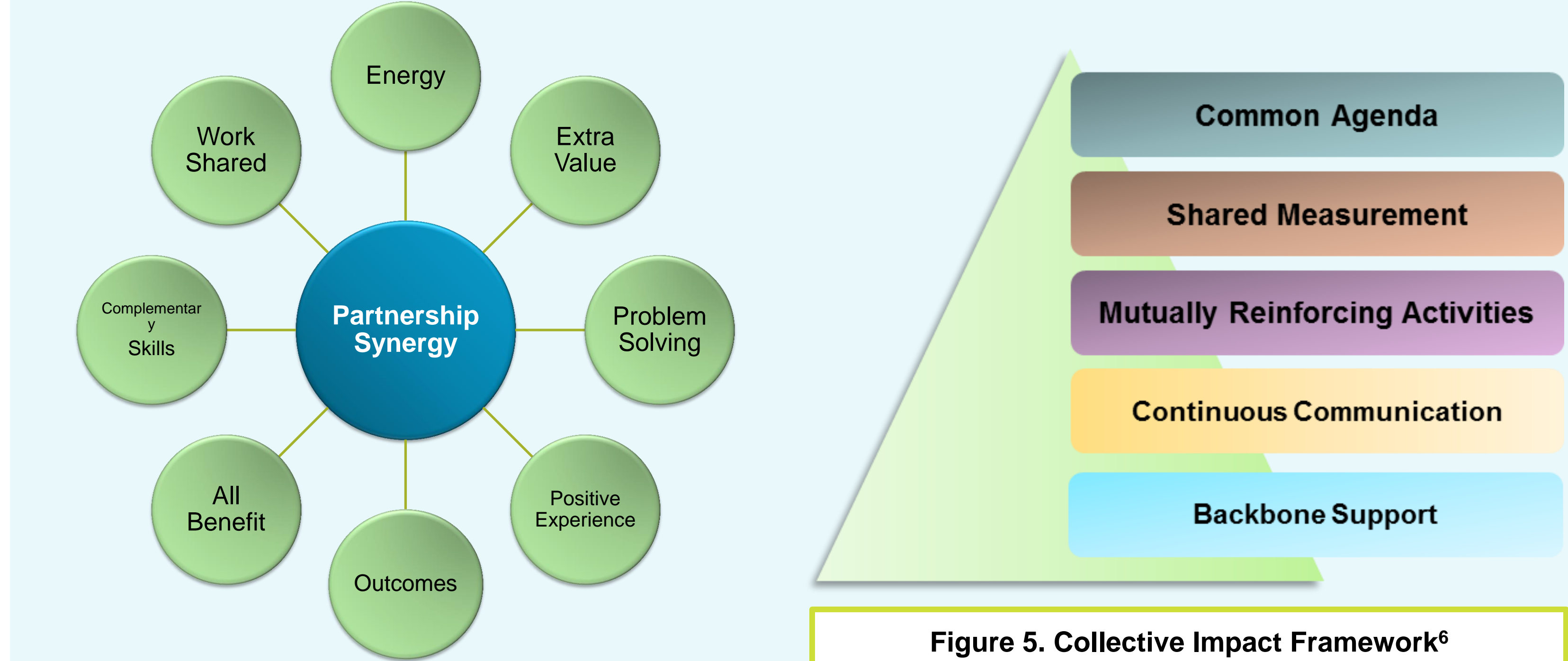


Figure 4. Synergy Items from the Jones Synergy Scale⁵

Figure 5. Collective Impact Framework⁶

Phase 1: Cross-case Comparison

Quebec	Ontario
Differences	
Partnership with finite boundaries	Partnership boundaries are blurred – Phase 1 (feasibility study) followed by an RCT
Participatory approach to inquiry and problem-solving, referred to as a steering committee	Highly structured way of soliciting input from stakeholders, referred to as an advisory committee
No patient reps, minimal community input	High level of engagement of patient representatives, but not at the initial project stage
Commonalities	
Driven by the research team, in Ontario referred to as "they"	
Fulfilling, rewarding experience, strong alignment with organizational and professional goals, consensus about the value of a multi-stakeholder partnership approach ("there is no other way")	
Despite differences between cases regarding governance and nature of engagement, stakeholders have clarity as to what is expected of them, level of engagement is deemed appropriate	
Sustainability of both the partnership and intervention uncertain, the latter - due to questions of integration in existing org systems	
Partnership continues after IMPACT, however concerns about sustainability of the intervention due to potential duplication with existing services, resource constraints and funding	

Preliminary Findings

- Both partnerships demonstrate synergistic elements. It is too early to assess the synergy of outcomes.
- Key strategies/approaches used: composition of teams, common agenda, targeted ongoing communication, a variety of ways of soliciting input, effective feedback loops, and a strong centralized infrastructure.
- Initial analysis indicates that multi-stakeholder partnerships are an optimal mechanism for addressing multifaceted issues in the context of PHC and for adapting interventions to complex and rapidly changing contexts.

Next Steps

- Partnership effectiveness evaluation will be conducted next.
- Initial analysis highlights limitations of existing validated measures of partnership effectiveness. This project will result in a more refined partnership assessment tool relevant to PHC.