IMPACT

Closing the equity gap in healthcare access

Réduire les inégalités d'accès aux soins de santé

Measuring Access to Primary Care Using International Surveys

– A mixed-methods analysis process

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BACKGROUND

The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program is an Australian-Canadian collaboration that aims to identify, refine and trial 'world's best practice' innovations in six local areas, in order to improve access to primary care for vulnerable populations.

This poster presents the mixed-methods approach undertaken to generate hypotheses about organisational and systemic factors influencing equity in access to primary care in seven countries, based on recognised frameworks for access and organisational attributes of care.

Figure 1: A conceptual framework of access to healthcare

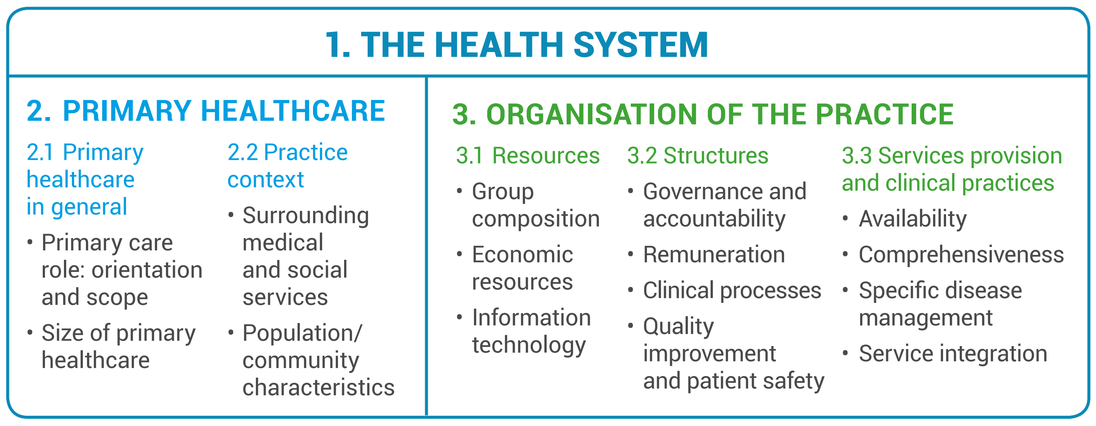

Figure 2: Framework for organisational attributes of primary care

METHODS

STAGE 1: Questions from Commonwealth Fund International Health Policy surveys for 2013 and 2014 were mapped to an established access framework (Figure 1). Priority questions were identified by community partners through webinar-based consultation (Table 1).

STAGE 2: Secondary analysis of international survey data assessed distributions and relationships between access and selected population groups, by country (example in Figure 3).

STAGE 3: Contextual summaries of primary care organisations were generated for seven countries based on a framework of organisational attributes (Figure 2, Figure 4).

STAGE 4: Interviews with researchers, consumers, and primary healthcare organisation leaders from seven selected countries to discuss; how quantitative results agree with their experiences, facilitators and blockers for access related innovations; and hypotheses about factors influencing equity in access to care.

RESULTS

- Consensus building between researchers resulted in an initial set of 69 access-related questions mapped to the framework.
- Webinar-based voting involving local area stakeholders was used to prioritize 15 questions, three in each of five access domains (Table 1).
- Analysis was carried out, highlighting variation in access and population differences between countries (example in Figure 2). A webinar was held to discuss results with partners.
- A modified framework for organisational attributes of primary care was created by combining existing frameworks (Figure 2).
- Literature and organisational based survey data results were used to operationalize measures describing organisational attributes of primary care in Australia, Canada, the Netherlands, New Zealand, Sweden, Switzerland and the United Kingdom (Figure 4).

STAGE 1 Attributing and prioritising survey questions

Approachability	Acceptability	Availability	Affordability	Appropriateness
s there one doctor's group, health centre, r clinic you usually go o for most of your nedical care?	How often does your regular doctor or medical staff you see explain things in way that is easy to understand?	When you call your regular GP's practice with a medical concern during regular practice hours, how often do you get an answer that same day?	During the past year, was there a time when you skipped a medical test, treatment, or follow-up that was recommended due to cost?	How often does your regular doctor help coordinate or arrange the care you receive from other professionals?
When you left hospital,	During the past year, has a h	How easy is it to get medical care in the on	During the past year, d either: a test, t or follow- tion loses, or	How often does the medical staff you see: know important information about you

Table 1. Example of Commonwealth Fund International Health Policy Survey 2013 and 2014 priority questions mapped to framework of access to healthcare

STAGE 2 Quantitative analysis

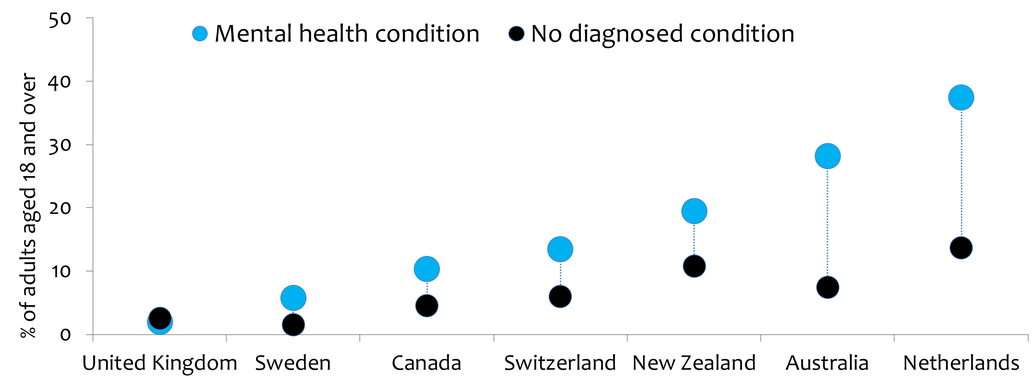

Figure 3. Example of results of analysis: Percentage of adults saying they skipped care due to cost, by country and presence of a mental health condition, Commonwealth Fund Survey 2013

STAGE 3 Organisational context

3.2 Structures							
3.2.1 Governance/accountability							
Provider ownership	Mixed	Mixed	Private	Private	Mixed	Private	Mainly (66%) private
3.2.2 Provider remuneration							
Provider payment [b]	~90% FFS, ~10% incentive payments	Mostly FFS (50%–85% depending on province), but some alternatives	Mix capitation (37.3% of income on average) / FFS (33% of income)	Mix capitation (~50% of total) / FFS patient payments (~50%)	Mix capitation (~80% of total) and FFS/limited P4P (~20% of total)	Most FFS, some capitation in managed care plans offered by insurers	Mix capitation/FFS/P4P salary payments for a minority (the salaried GPs belong to private practices, not NHS)
3.2.3 Clinical processes							
3.2.4 Quality improvement							
Percent of physicians reporting that thei							
Clinical ou	42%						

Figure 4. Example of a section of contextual summaries of primary care in seven countries

STAGE 4 Qualitative interviews

Consensus-building among researchers identified initial key informants for each jurisdiction, to be expanded using snowball techniques. Using results from stages 2 and 3, we conducted a pilot interview with an Australian health researcher to refine interview materials – finalisation of interview instruments and recruitment of participants is in progress.

CONCLUSIONS

- Our deliberative method, combining the experience of the research team and local area innovation partnerships, identified priorities to develop a better understanding of access and inequity in different countries.
- Engaging stakeholders at each stage takes time, and requires focused instruction and objectives. One difficulty was documenting and synthesising organisational context of primary care to inform comparisons.
- The method outlined improves upon limitations of single-method approaches, with an emphasis on continually grounding the research in relevance at the local level.

References: *Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health. 2013 Mar 11;12:18. Hogg W, Rowan M, Russell G, Geneau R, Muldoon L. Framework for primary care organizations: the importance of a structural domain. Int J Qual Health Care. 2008 Oct;20(5):308-13. Epub 2007 Nov 30. Levesque JF, Descoteaux S, Demers N, Benigeri M. Measuring Organizational Attributes of Primary Healthcare: A Scanning Study of Measurement Items Used in International Questionnaires. Institut National de Sante Publique Quebec, Feb 2014.*

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