



# Context

- Many primary healthcare (PHC) reforms in OECD countries since 2000
- Gaps in equitable access remain for vulnerable populations (e.g. poor, refugees and indigenous communities)
- IMPACT research program: Innovative Models Promoting Access-to-Care Transformation

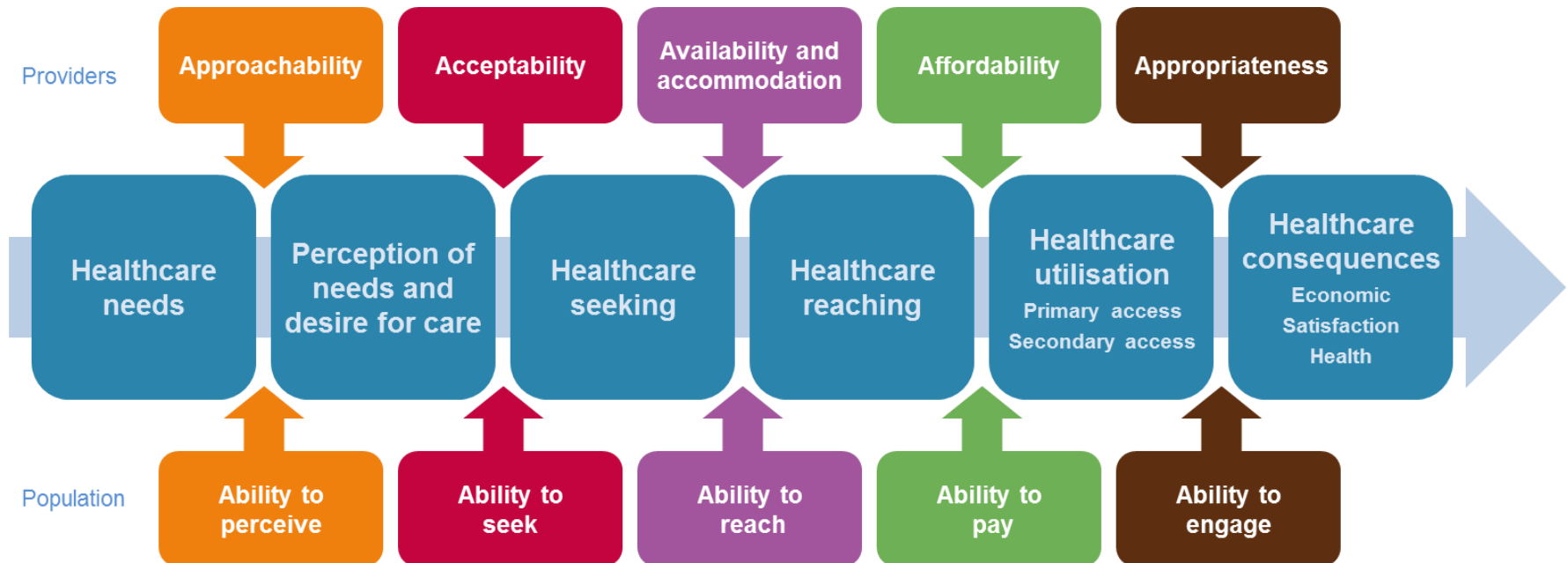


# IMPACT – our aim

To design and evaluate evidence informed  
organizational innovations to improve  
access to appropriate primary health care  
for members of vulnerable populations.



# The Access Framework



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

# Our approach...

- Working with decision-makers, clinician leaders and community members (Local Innovation Partnerships) in 6 regions
  - Identify regional access priorities for vulnerable populations;
  - **Identify the promising access innovations in primary health care – (and their elements);**
  - Inform design and implementation of innovation using realist review;
  - Implement innovations
  - Evaluate the Impact of these innovations.



# Knowledge gap in identifying innovations

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- Current classifications of healthcare interventions: Cochrane Taxonomy of Effective Practice & Organization of Care (EPOC)
  - Not specific to PHC
  - Interventions mutually exclusive
  - Include macro level interventions that cannot be implemented at a PHC level
  - Not tailored for vulnerable populations.



# Objective

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To present a typology of components of interventions that can inform the design or redesign of organizational interventions to improve access to PHC for vulnerable populations.



# Methods

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## Scoping review of the literature

- Search of studies regardless of study design
- MEDLINE, Embase and CINAHL databases & snowballing

### Inclusion criteria

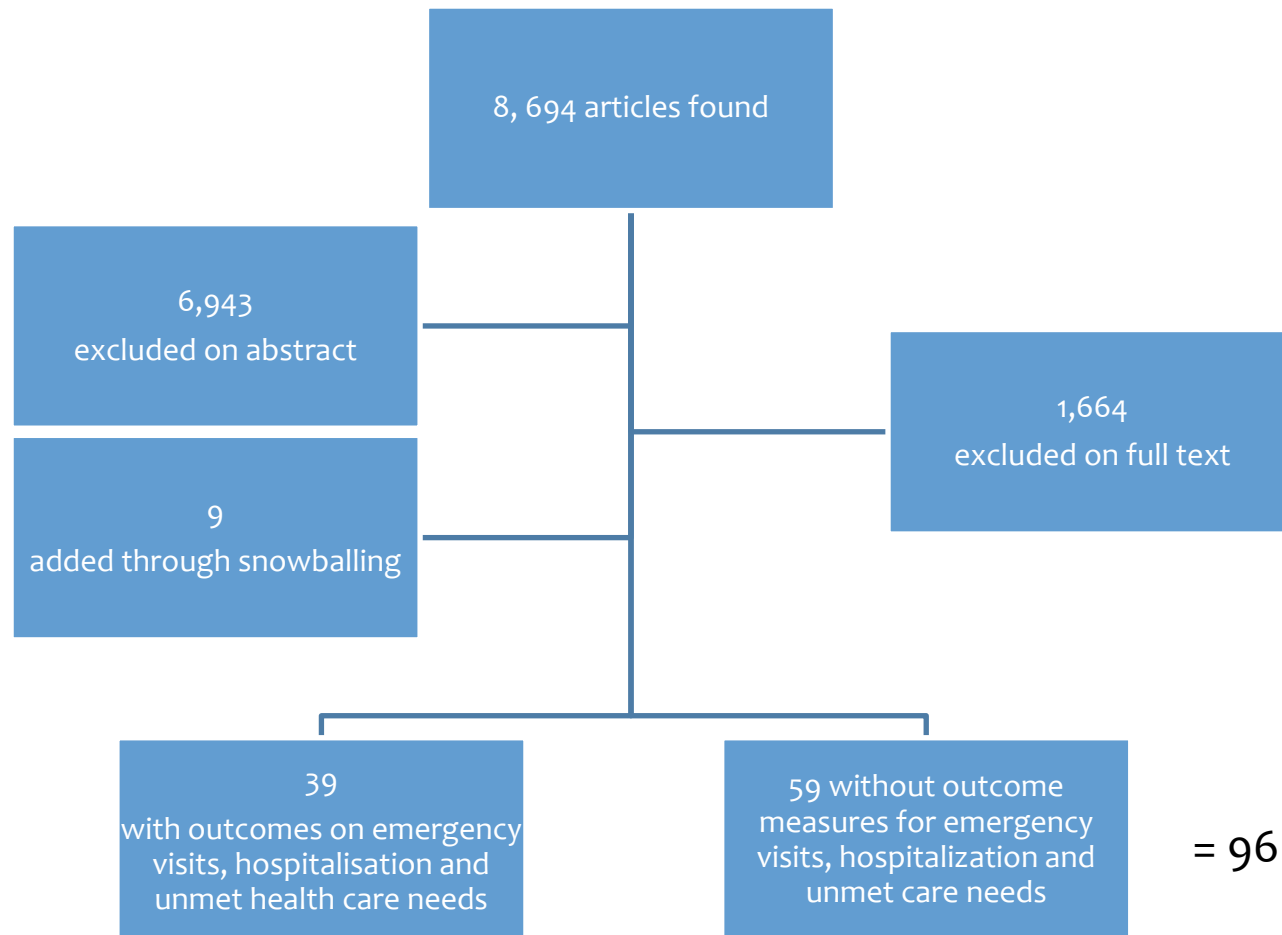
- ✓ From 2000 onwards
- ✓ English or French article
- ✓ Primary care component
- ✓ Organizational innovation
- ✓ Aims to improve access
- ✓ Targets vulnerable group

### Exclusion criteria

- x Hospital-based only
- x Specialized services only
- x Disease specific innovations not applicable for other diseases or populations
- x Macro-level innovations only (e.g.: related to Medicaid)
- x Non OECD countries



# Methods for scoping review (2)



= 96 articles included

# Methods for typology of components

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- Studies described complex interventions made up of various components
- Each component of a given intervention was coded inductively
- Components were refined and recombined; mutually exclusive
- Mapped to dimensions of accessibility model

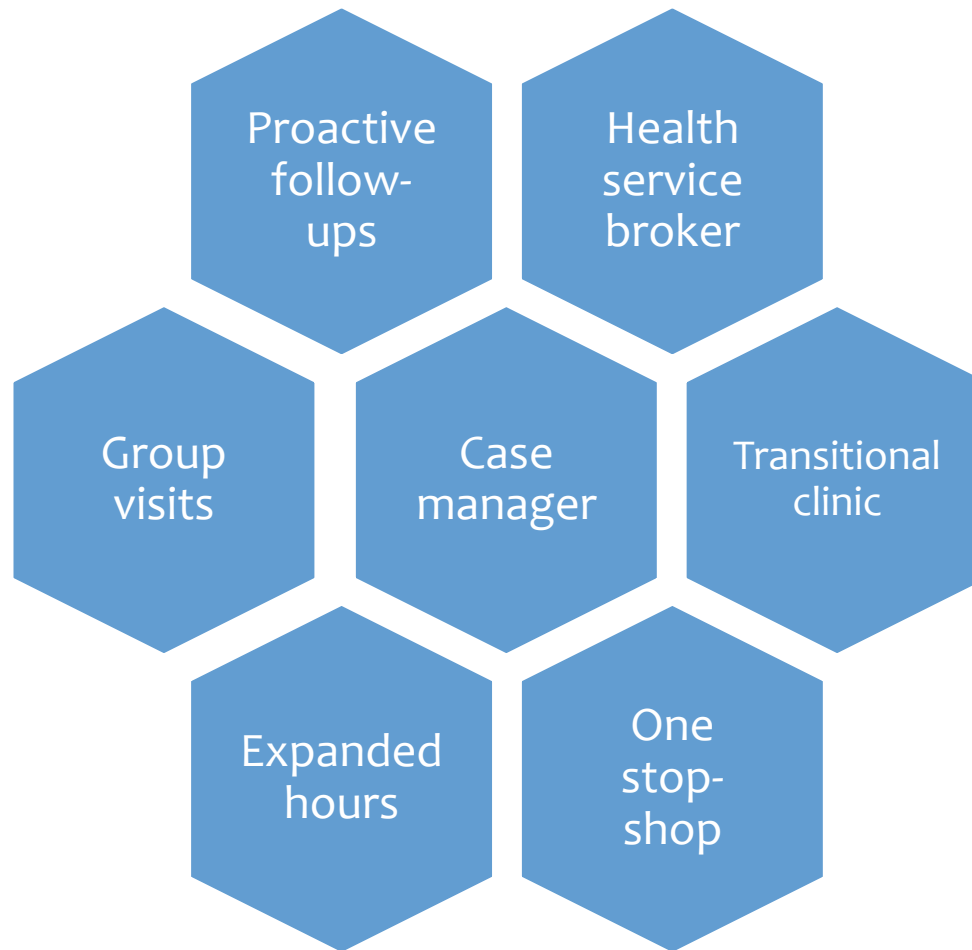
## Methods for typology of components (2)

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- Use of standard labels where possible (e.g. open/advanced access)
- Use of descriptors where repeated intervention component identified for which a standard label does not exist (e.g. proactive identification of unmet need)
- Some components are standard combinations of components (e.g. Case management)

# Examples of components (n=23)

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# Results: Interventions & Components

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- 23 distinct components
- Interventions were made up of between 1 and 14 components
- Average of 6 components per intervention
- No immediate patterns emerging in terms of clustering or impact

# Results: 23 components

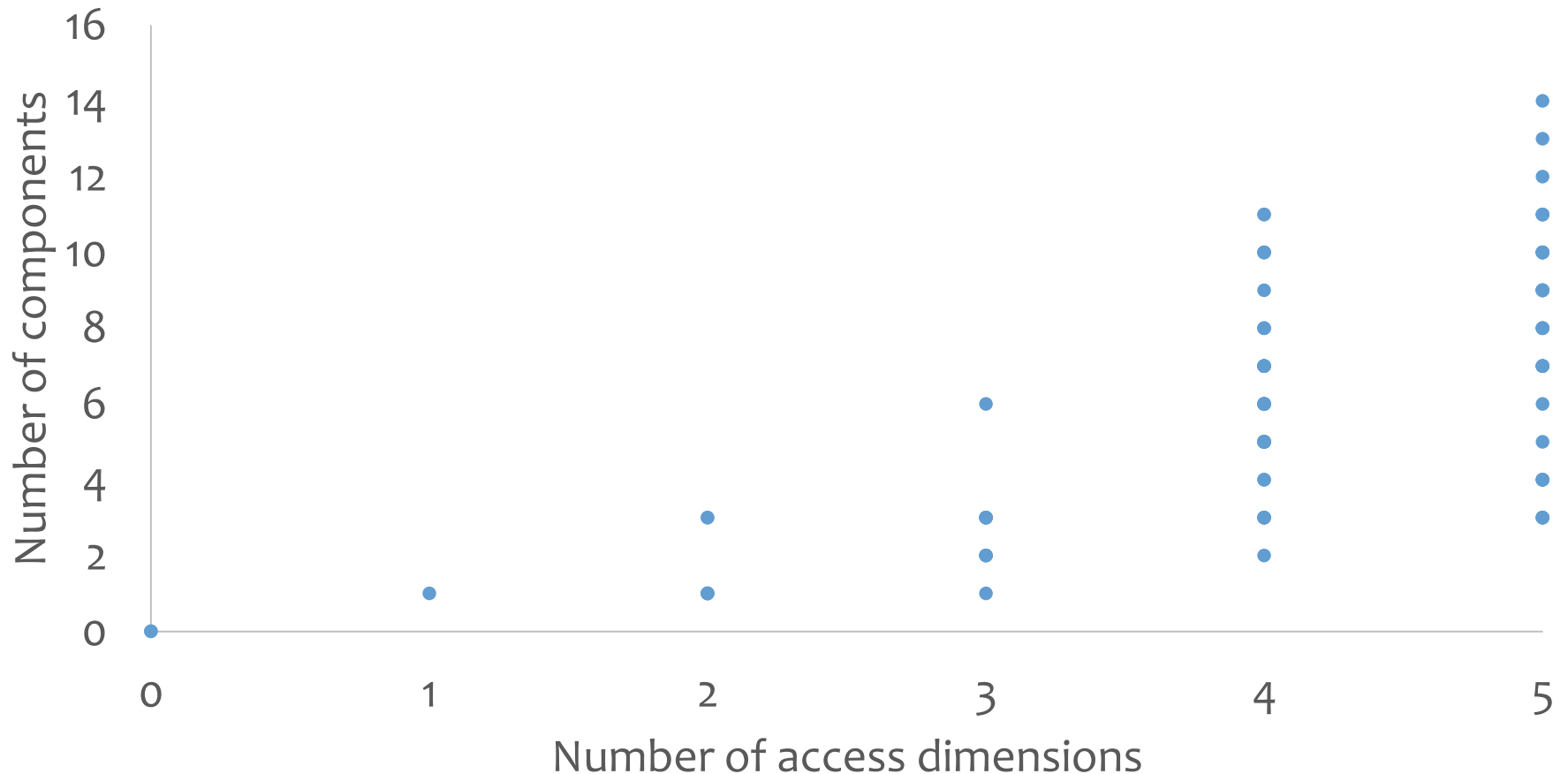
Components generally related to more than one dimension of access



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

# Results: Components dimensions

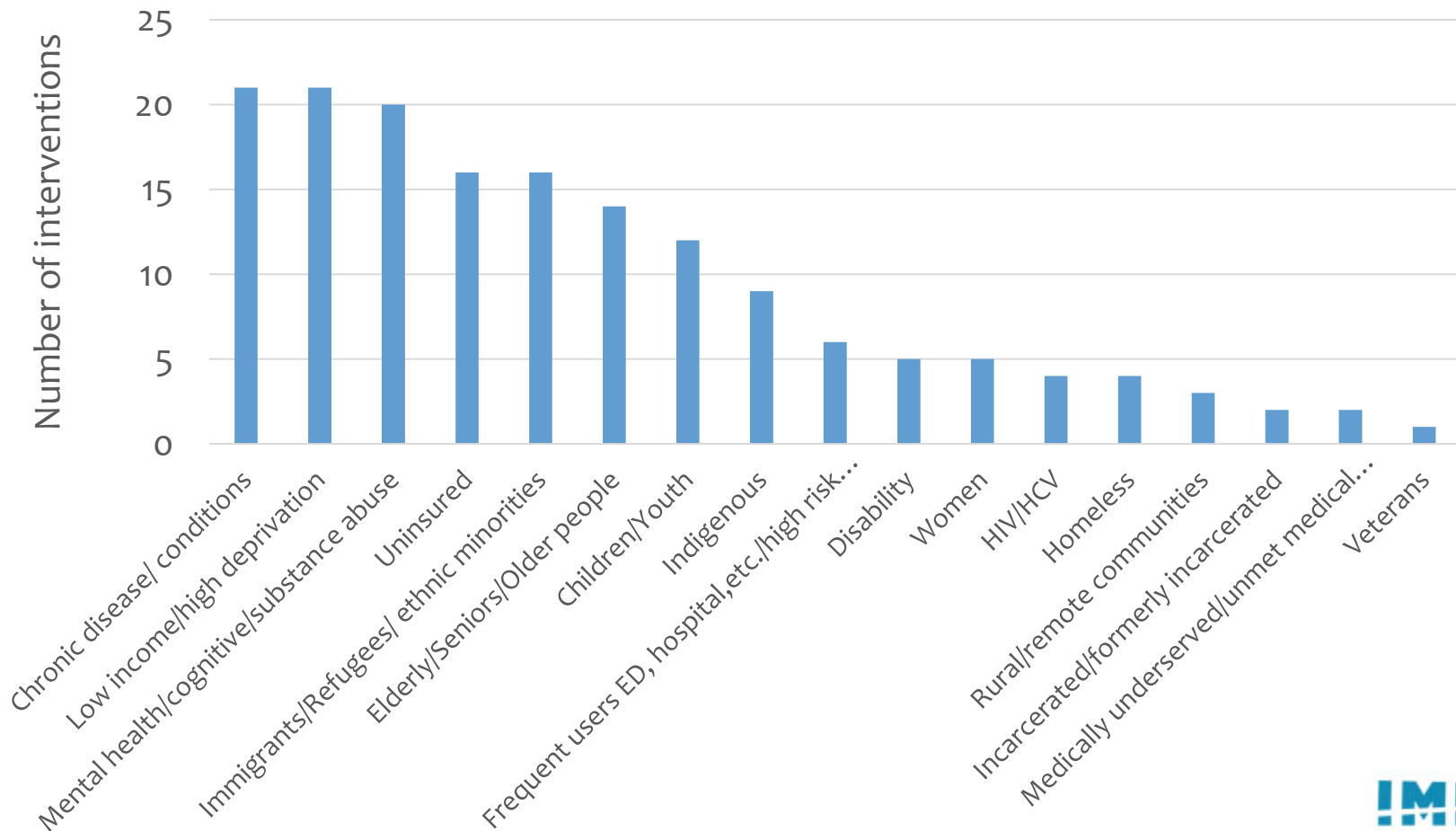
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# Results: Vulnerable populations

Interventions targeted between 1 and 5 types of vulnerable populations

Vulnerable populations targeted





# Example of an application of our typology

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- IMPACT's Quebec partnership
- Vulnerable population:
  - Low income/high deprivation
- Components of intervention:
  - Proactive identification of anticipated need
  - Centralized waiting list
  - Role expansion
  - Bridge between PHC and community
  - Health service brokerage
  - Navigation and information

## Key messages

- Complex interventions have multiple components
  - attribution of effectiveness is challenging!
- Most components related to more than one access dimension, as do most interventions
  - Many related to approachability, few related to affordability
  - Chronic disease and low income most targeted populations
- Components are useful to provide stakeholders with menu of options to design an intervention.



## Next steps

- Linkage of the outcomes reported in the articles to look at the effectiveness of combining components from different dimensions of access in improving access to PHC



# Our Partners



# Funding Agencies



**IMPACT**



Programme de recherche international Approche intégrée de soins de santé de première ligne  
Canada Evaluation Revue de littérature  
Communication Partenariat local pour l'innovation  
Populations vulnérables Reduce Unmet Needs Hospitalisations évitables  
Innovation Australia Improve Access Contexte organisationnel  
Avoidable Hospitalizations Knowledge exchange and translation  
Innovative Actions Soins de santé communautaires de première ligne  
Accès Réduire les besoins non comblés  
Typologie des innovations Soins de santé de première ligne  
Health Equity Local Innovative Partnerships Organisationnel Con  
Évaluation Comprehensive Primary Health Care  
Intervention Implementation Community-Based Primary Health Care  
Mise en oeuvre des interventions Literature Rev