



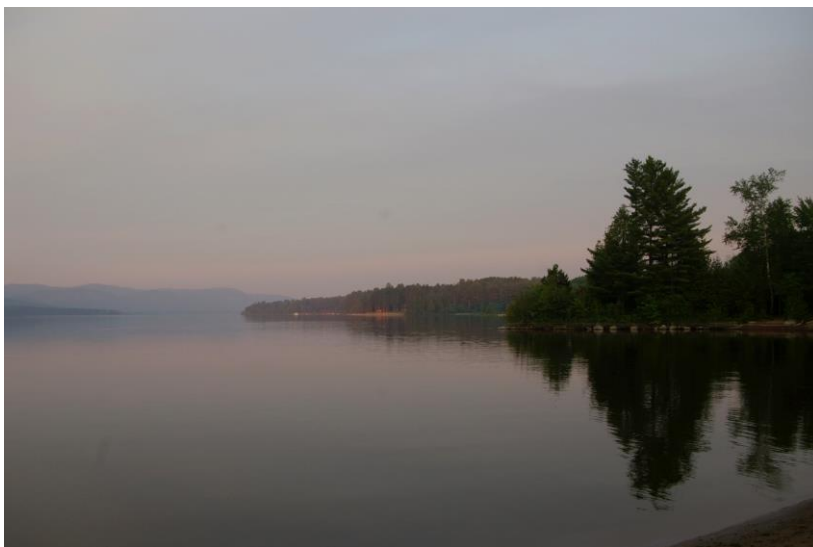
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Canada, Australia, Innovation, Populations vulnérables, Access, Réduire les besoins non comblés, Soins de santé communautaires de première ligne, Soins de santé de première ligne, Health Equity, Evaluation, Intervention Implementation, Mise en oeuvre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

IMPACT - An Australian and Canadian collaboration to improve access to primary health care for vulnerable populations

Professor Grant Russell, Monash University, Australia
 Professor Jeannie Haggerty, McGill University, Canada
 Scarborough House Theatre
 July 22, 2014

Just last week...



Roadmap

- Access, primary health care and vulnerability
- What has been done
- What (and why) we plan to do what we are doing.



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**WHY ACCESS TO PRIMARY HEALTH CARE
FOR VULNERABLE POPULATIONS?**

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Fundamental components of primary care

- **First contact accessibility**

- Continuity/personal care
- Comprehensiveness
- Coordination



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Primary care and the vulnerable

- Consistent link between primary care development and better health for the disadvantaged and reduced health care inequality

• Shi and Starfield 2003



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Access is a balance and an interaction...

- Demand
 - Perceived need
 - Ability to pay
 - Ability to reach
- Supply
 - location,
 - accommodation
 - cost and appropriateness of services.



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Supply and demand: a conceptual model of access

Levesque et al. *International Journal for Equity in Health* 2013, 12:18
<http://www.equityinhealthjournal.com/content/12/1/18>



INTERNATIONAL JOURNAL FOR
EQUITY IN HEALTH

RESEARCH

Open Access

Patient-centred access to health care:
conceptualising access at the interface of health
systems and populations


Jean-Frédéric Levesque¹, Mark F. Harris² and Grant Russell³



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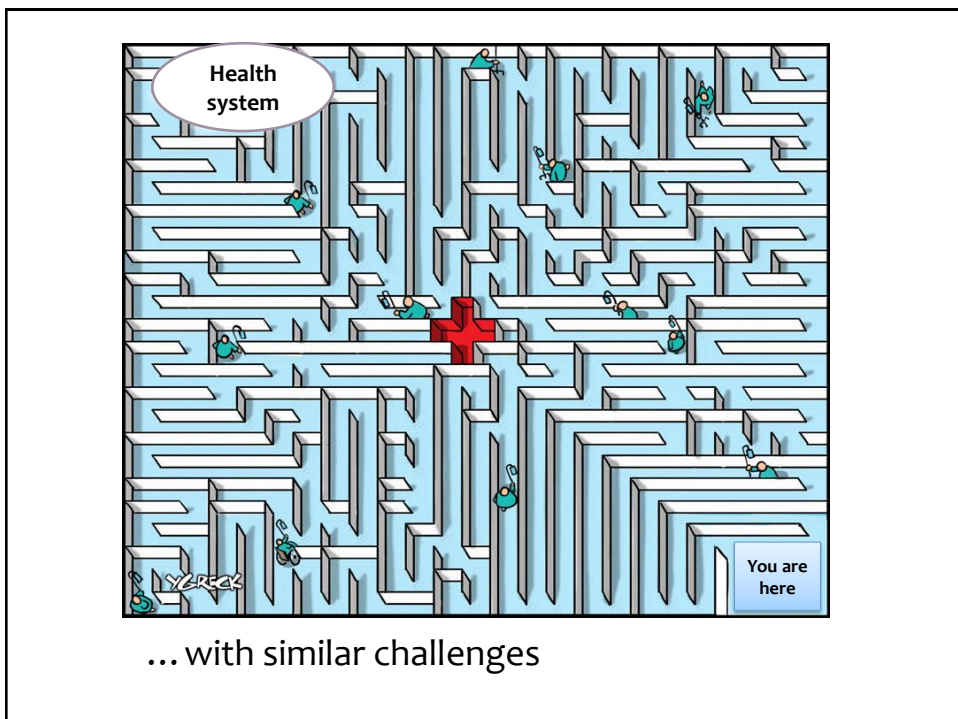
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TWO HEALTH CARE SYSTEMS

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<div>Canada</div> <div></div> <div>Australia</div> <div></div>		
Health insurance	Universal insurance for medical and hospital care	Universal insurance but physicians able to bill
PHC Physician remuneration	Mostly fee for services, but increasing capitation and mixed payment	Fee for service GPs, some blended payments for CDM, immunisation, access etc.
Rostering	Increasing use	None
Practice trends	Solo moving to group models	Increasing practice size, corporatization
Reform agenda	New primary care delivery models	<ul style="list-style-type: none"> Incremental Primary care meso organisations Practice accreditation
Access challenges	Undersupply of family physicians	Financial barriers and copayments Rurality

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

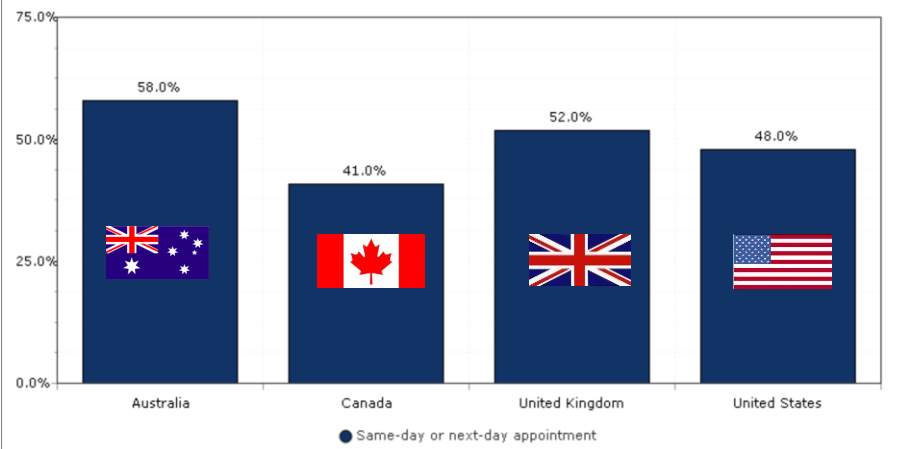
Notes: * Includes ties, ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov, 2013).

Access

Access to Doctor or Nurse When Sick or Needed Care

Percent of adults age 18 and older



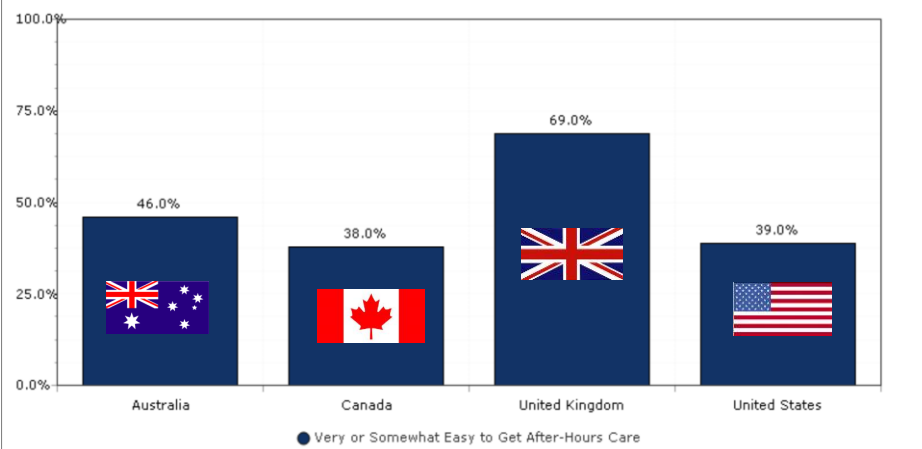
Source: 2013 International Health Policy Survey in Eleven Countries

Data collection: Social Science Research Solutions

Access

Access to After-Hours Care

Percent of adults age 18 and older



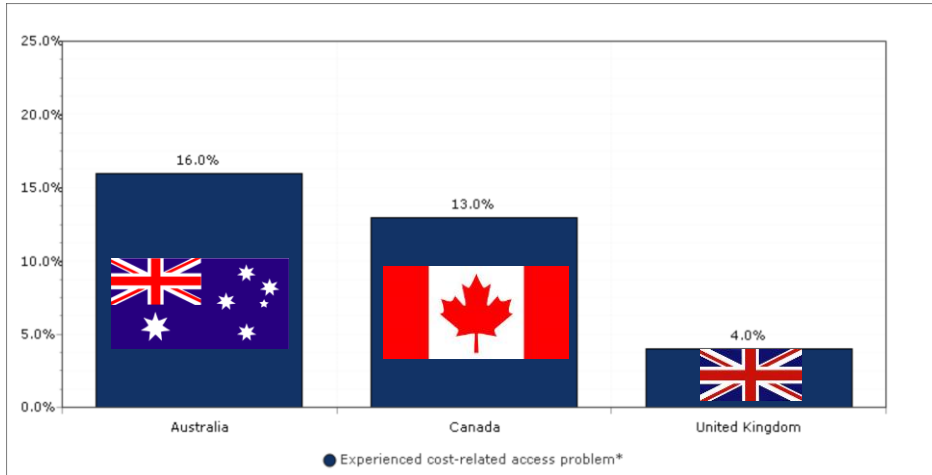
Source: 2013 International Health Policy Survey in Eleven Countries

Data collection: Social Science Research Solutions

Access

Cost-Related Access Problem 2013

Percent of adults age 18 and older



Notes: *Did not fill/skipped prescription, did not visit doctor with medical problem, and/or did not get recommended care.

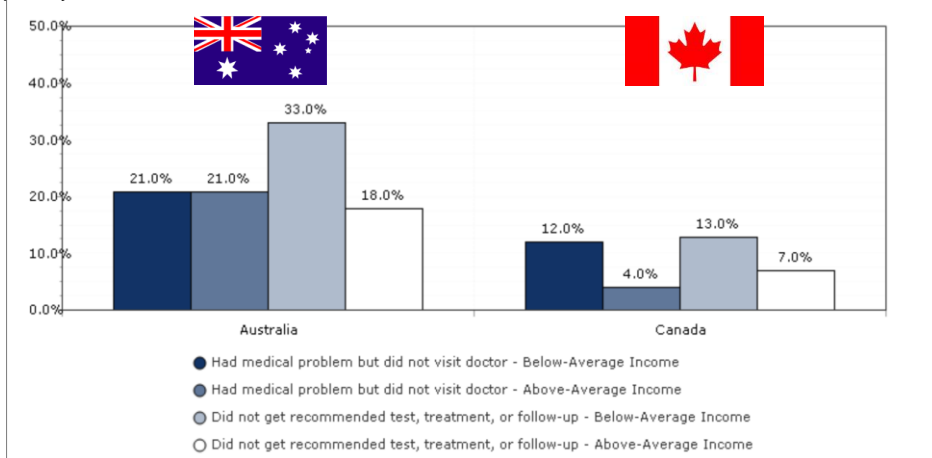
Source: 2013 International Health Policy Survey in Eleven Countries

Data collection: Social Science Research Solutions

Costs

Cost-Related Access Problems Among the Chronically Ill, by Income Level

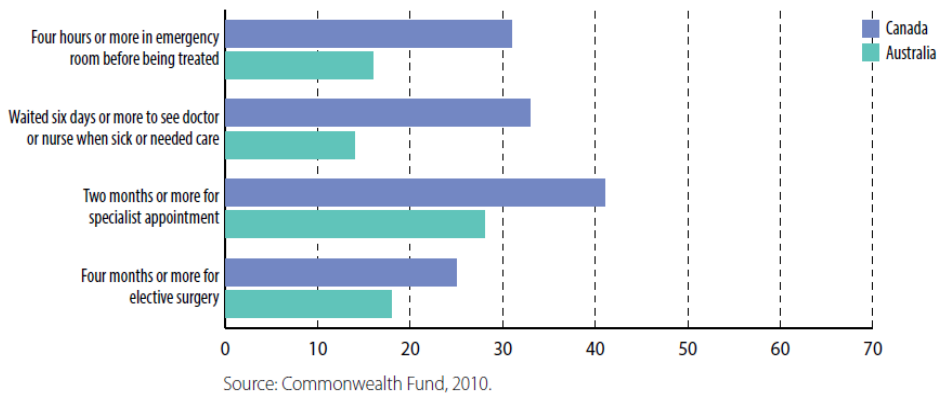
Base: Adults with any chronic condition; Units: Percent of adults with any chronic condition who experienced access problem due to cost in past two years



Sources: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults; C. Schoen et al., "In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008." Health Affairs Web Exclusive, Nov 13, 2008

Data collection: Harris Interactive, Inc.

Indicators of **worse** timeliness, percentage with long wait times, 2010



Source: Fraser Institute - Lessons from Abroad - A Series on Health Care Reform
<http://www.fraserinstitute.org/uploadedFiles/fraser-ca/Content/research-news/research/publications/health-care-lessons-from-australia.pdf>

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Access in each system – and the gaps

- Australia has better first-contact timeliness than Canada
- Canada has fewer cost-related barriers to care than Australia
- Both countries have room for improvement compared to other OECD countries

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An international research team

- **More than 40 investigators** (Canada, Australia, UK, Switzerland, USA)
 - Varied and complementary skills;
 - A pool of expertise to answer various needs;
 - Research interests focused on quality of primary care services.
- **Principal investigator's affiliation:**
 - 3 Canadian universities (McGill, Ottawa, Alberta);
 - 5 Australian universities (Monash, New South Wales, La Trobe, Melbourne, Adelaide).

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A sneak peek at some of them



Back: Grant Russell, Sarah Descôteaux, Christine Beaulieu, Cathie Scott, Simone Dahrouge, Mylaine Breton, William Hogg, Virginia Lewis

Front: Nigel Stocks, Jeannie Haggerty, Mark Harris, Jean-Frédéric Levesque



IMPACT - NEW APPROACH TO ACCESS

IMPACT – our aim

To design and evaluate evidence informed robust systems-level PHC innovations to improve access to appropriate health care for members of vulnerable populations.



Aims in plain language...

- To discover what communities, clinicians and policy makers see as regional access priorities for vulnerable populations;
- to identify the most promising access innovations in primary health care – (and their elements);
- to use this information to work with communities to design “ideal” program innovations;
- to study the implementation of these innovations.

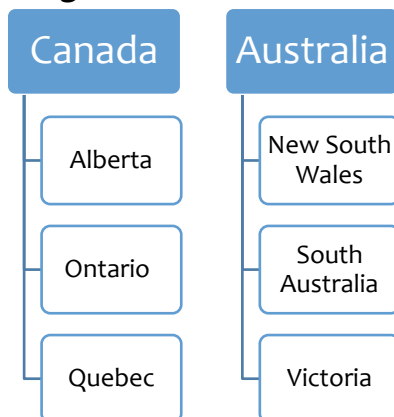


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The platform – Local Innovation Partnerships (LIPs)

6 Regions



In each region

- Forge relationships with researchers, policy/decision-makers, health professionals and consumers;
- Be part of a wider knowledge network.

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Coordinated LIP activities

- Understand the demographic, economic and geographic characteristics of each LIP.
 - Document access-related needs for the region's vulnerable populations .
- Document access-related organisational innovations within the regions.
 - Hold **Deliberative forums** in the first year of activity to help each LIP decide on *regional access priorities* .



All 6 LIPs will

Compile a community profile and document

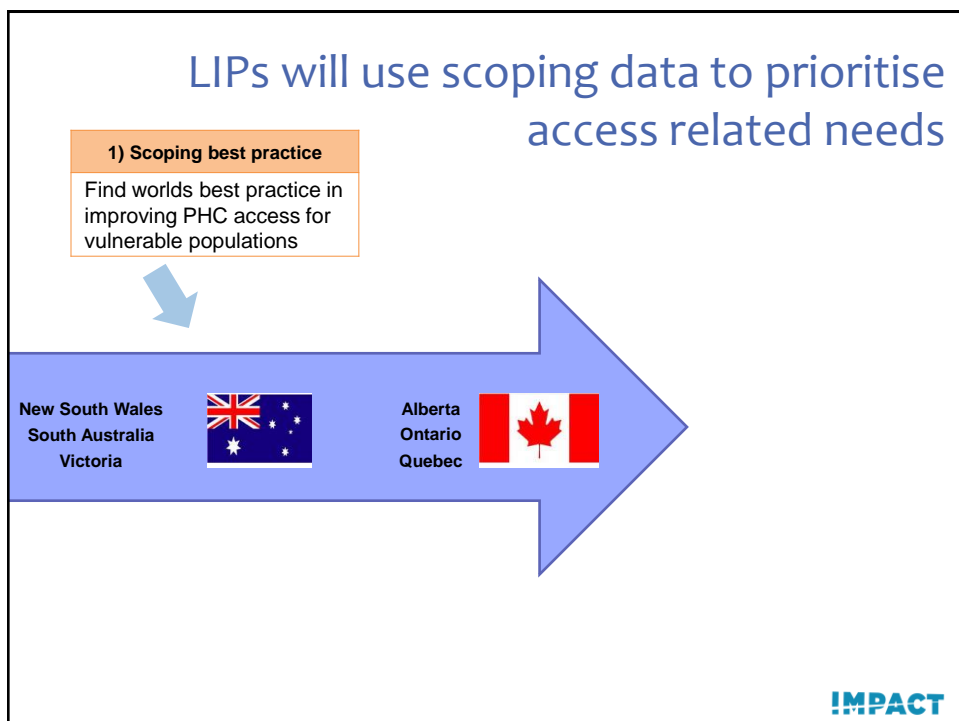
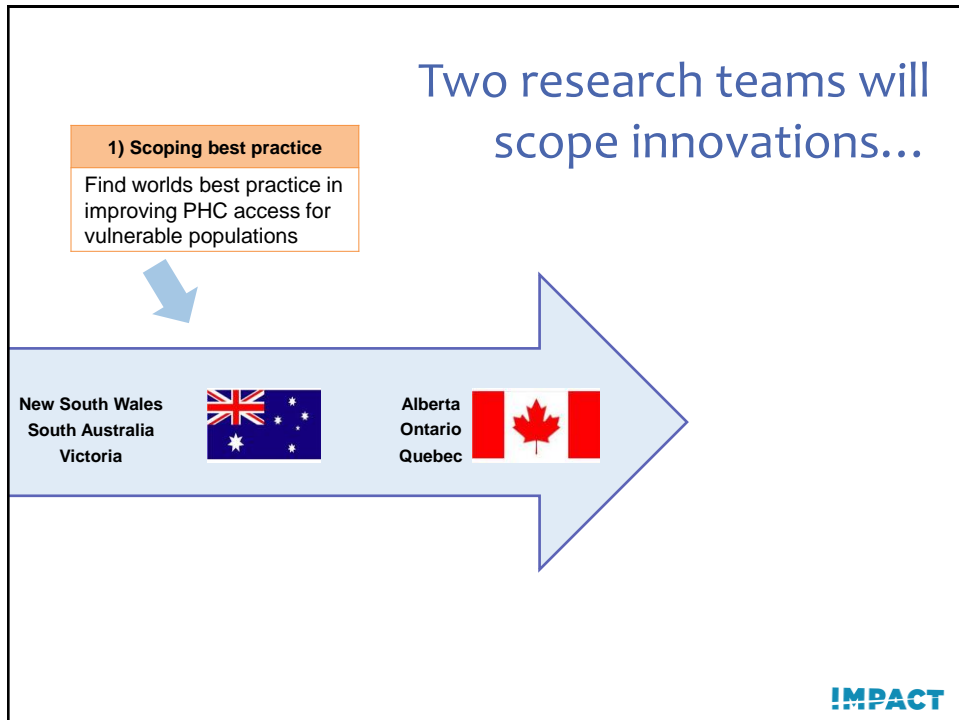
- Access-related needs
- Access-related innovations

New South Wales
South Australia
Victoria

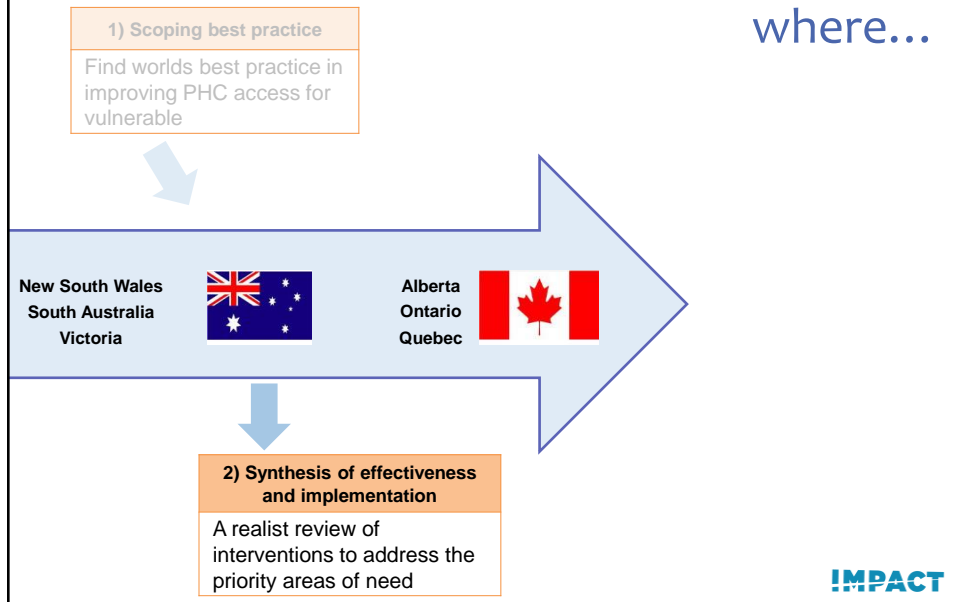


Alberta
Ontario
Quebec

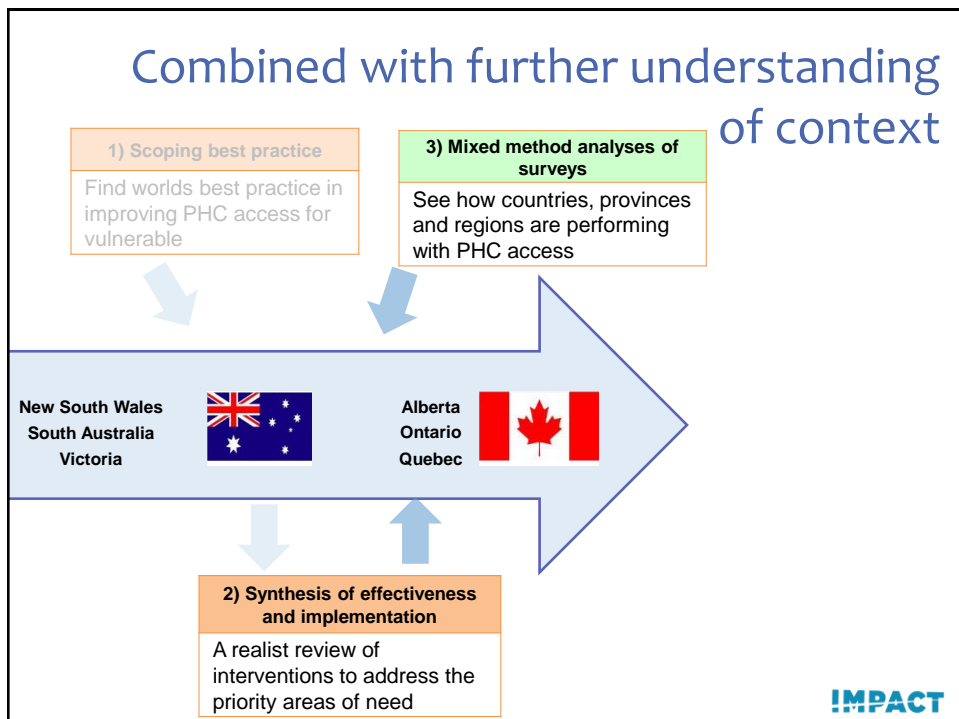




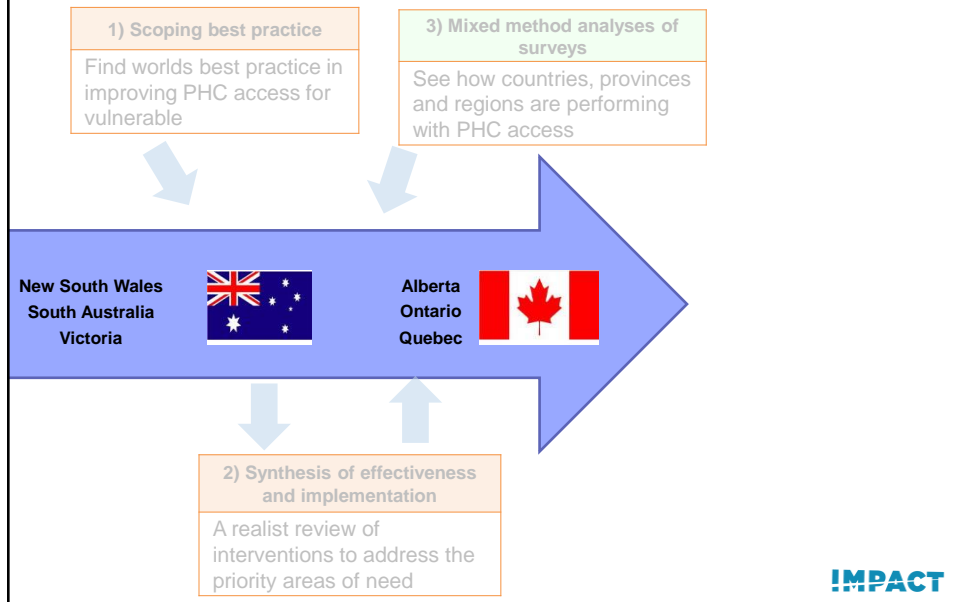
Then another two teams will
discover what works best and
where...



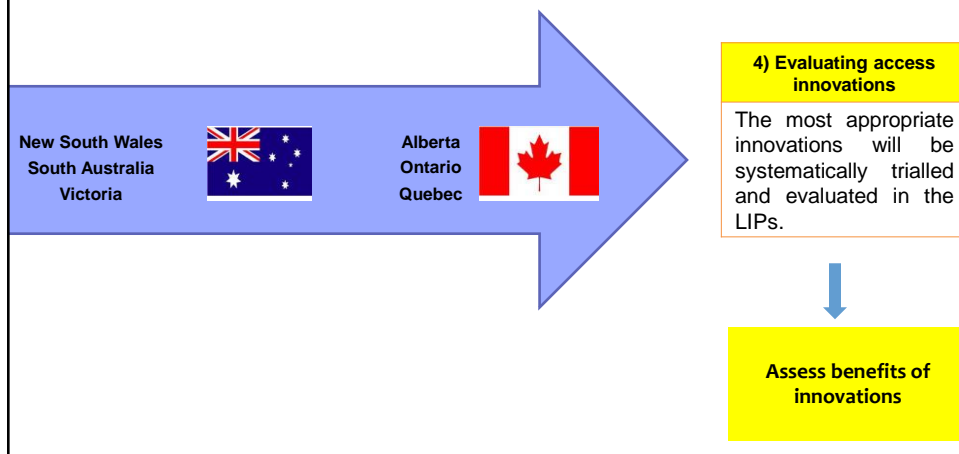
Combined with further understanding
of context



LIPs will make final decisions on innovations



Finally, innovations will be tested across the LIPs



Outputs

- A deeper understanding of what really works.
- Up to 8 rigorous, locally relevant interventions ready for scale-up
- Capacity development
- Links between research / policy / clinical practice and the community.



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Progress

- Funding October 2013
- Governance, planning, structures, processes
- Relationships
- Ethics
- Project 1
 - Systematic review
 - Environmental scan of innovations
- Getting the LIPs working
- A new Access Model



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Why this research matters?

- Vulnerable populations have limited capacity to advocate for themselves in a complex and resource-constrained environment; innovations to improve access typically benefit most non-vulnerable
- Ensuring equitable access implies modifying the organisational interface
- A learning community of researchers, decision makers and consumers in various jurisdictions broadens the conversation and deepens the exploration of organizational innovations to enhance access for vulnerable populations

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Anticipated impacts

- New policy and program options for improving access to care by vulnerable population groups
- Expand knowledge on how innovations work in different contexts and both their direct and indirect impacts (including unanticipated impacts)
- Generate sustainable, local, national and international communities of practice able to produce innovative solutions to hitherto intractable access barriers to appropriate PHC for vulnerable populations

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Key opportunities

- A diverse definition of vulnerability, but common approaches to organisational innovations
- Attention to context in the implementation of innovations
- Modus operandi of meaningful partnerships between researchers, decision-makers, care providers and community representatives
- Deliberative processes with local community and decision makers that inform the research process within a common goal of organizational innovations to improve PHC access for vulnerable populations

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Our Partners



Funding Agencies



Australian
National
University

Fonds de recherche
Santé

Québec



The research reported in this program is a project of the APHCRI, which is supported by a grant from the Australian Government Department of Health. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health.

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Literature Review

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