A partnership between primary care researchers, decision-makers and community members to improve access to primary health care for vulnerable populations – The Ottawa (Ontario) experience, Year 1 of 5.

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CONTEXT

- Five-year research program to improve access to primary health care (PHC) for vulnerable populations
- Six regions: three Canadian and three Australian
- Steps in research program: 1) Establish regional access priorities, 2) Evidence informed selection of intervention; 3) Implementation and evaluation of intervention on Access equity

OBJECTIVE

- Characterize early experiences with priority setting one region of Ontario, the Champlain Local Health Integration Network (1.2 million individuals)

METHODS

- Standardized mixed method approach, deliberative process for decision making (described below)
- Grounded in Access framework by Levesque, Harris and Russell (2013) [1]

OUTCOMES

- Successfully established Champlain Local Innovation Partnership (LIP)
- Good engagement of stakeholders
- Patients now invited
- Partnership is informing direction of research
- Research is locally relevant
- Understanding of the regional access priorities, access gaps, and potential solutions to increase access

Step 1: To establish regional access priorities

Engagement & Consultation

Objective: To establish and strengthen partnership with decision makers and primary care providers

Approach: Networking, Presentations to advisory groups, Meetings with stakeholders = Formalized partnerships

Lessons: Engage patients earlier

Understanding context

Objective: To understand regional access priorities, access gaps, and existing programs

Approach: Health administration data analysis and review of existing reports and consultations

Lessons: Process useful. Much existing information

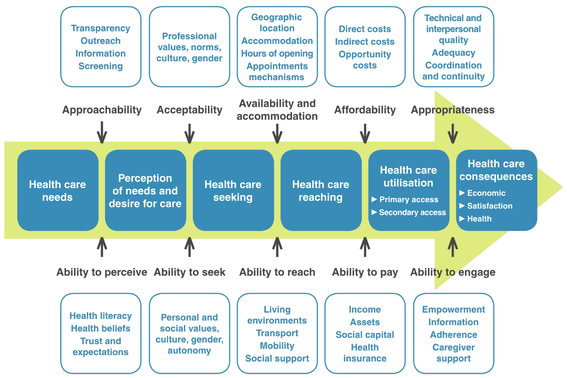
Priority Setting

Objective: Identify the main access gaps that we will attempt to resolve through the selected intervention

Approach: Consultation, survey of stakeholders, deliberative forum to establish consensus on priority

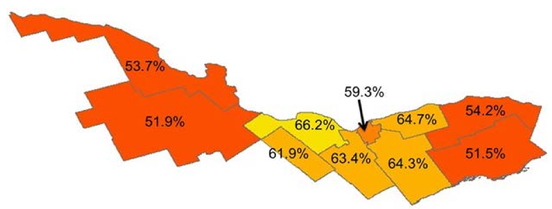
Lessons: Difficulty narrowing discussions to reach consensus. Limit choices of discussion

Framework of access to health care by Levesque et al. (2013)



Identifying existing resources

Data analysis findings: Cervical Cancer Screening



	Rural	Literacy (health and other)	Complex patients	Mental health/addiction
	Especially in combination with other risk factors			
Population profile	Especially elderly, low social support, complex (e.g. MH/SA), immigrants, low SES	Especially with poor social support or rural, often with with language, culture, low income, elderly, immigrants/refugee	Especially those with poor social support, seniors, low income, language/literacy issue	Especially those with poor social support, rural, first nation, homeless
Health system factors	**Transportation/distance to resources**	**Inability to find PC provider who will accept them**		
	Underserved in PC and other resources and larger role of GP	**Insufficient after hours**		Insufficient specialty resources to support GP
		Competing priorities/issues = insufficient time	Practice not structured to address complex cases	GP lacks expertise and time
		non concordance of GP and individual cultural profile	Lack of coordination	Drug seeking behaviour - multiple GPs
		Difficulty navigating system		Individual can't get linked to resources (partly due to inability to reach them)
		Financial barriers to extended coverage		
Access consequences	**ED, walk in, ambulance, hospitalization**			
	Fragmented care			
	Compromised preventive care, medication management, chronic care, non compliance, duplication, and deterioration of condition			
	Ambulance	Unmet expectations (misalignment of care and cultural expectations)	ALC, LTC	
	Low use o PC			
Solutions	**Outreach/Transportation**			
			Integrated health records	
	Funding to suport complex patient care, incentive to work in underserved areas	Better community integration and KT of available resources	Centralized coordination of complex needs	Central resource for inquiries (OAARS)
	Hubs of care	Need more resources in PC: CHC, FHT	Create geographical hubs with accountability for population outcomes	Develop a cluster of PC practices with expertise
	Telemedicine	**After hours access**		Cooperative care across practices
	Inter-professional teams: to focus on preventive care/complex care/frequent contacts/social support/case management-navigation			
			On call PC team for unattached	
			Post-discharge follow up	Training: resident, CPD

Priority: Integration and coordination for complex patients

NEXT STEPS

Step 2: Evidence informed selection of intervention

Methods:

1. Conduct Scoping review of potential interventions (done)
2. Conduct preliminary review of intervention efficacy
3. Deliberative process to select priority innovations (interventions) for in depth review based on potential for local relevance
4. Realist review (RE-AIM framework) of selected interventions to inform intervention delivery – conduct internally

Step 3: Implementation and evaluation of intervention on Access equity

Methods:

1. Adapt and pilot selected intervention
2. Adapt and implement and evaluate intervention

Summary of findings and consultations

[1] Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualizing access at the interface of health systems and populations. International Journal for Equity in Health 2013, 12:18