

# **Co-creation of an Intervention to Improve Access for Vulnerable Populations**

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#### Background

The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program is a 5 year Australian-Canadian collaboration that aims to identify, refine and trial organisational interventions in six local areas, known as 'Local Innovation Partnerships' (LIPs), in order to improve access to primary healthcare for vulnerable populations. Targeted populations are groups whose demographic, economic or cultural characteristics impede their ability to access primary healthcare.

The study is based on the Access Framework (Levesque 2013) which describes access across five key dimensions: approachability, acceptability, availability, affordability and appropriateness; and five corresponding abilities of persons to access healthcare.

### Aims & Objective

This poster presents early experiences from the NSW LIP in :

- Prioritisation of local needs, gaps and barriers to accessing primary healthcare (deliberative fora);
- Co-development of an intervention focused on enhancing selfmanagement skills of vulnerable patients with diabetes

#### Methods

- Established a formal partnership with local stakeholders, through a core team of primary care decision makers, clinicians and academics;
- Developed access profiles summarising key qualitative and quantitative data;
- Conducted two deliberative forums with participation from policy makers, clinicians and representatives of key vulnerable groups
- Determined and refined priority intervention by the LIP into a question suitable for formal realist review;
- Conducted a realist review that found that e/m/telehealth interventions can be acceptable to vulnerable populations – if infrastructure is relevant to their needs.

#### Figure 1. IMPACT Program Plan Identify Project 1: Scoping needs and of innovations access gaps Assess **Understand** benefits of organisational innovations context and Ontario LIP innovations Quebec Project 4: Alberta **Evaluating** LIP Project 2: innovations Realist **New South** South synthesis Australia Wales Adapt and LIP Victoria implement LIP innovations Select potential innovations We are here Project 3: Mixed method analysis of surveys Figure 2. Proposed intervention

Wulnerable populati





Vulnerable population with diabetes





Primary care & support improves self-management & health literacy

#### Results

Funding Agencies

South Western Sydney is home to a diverse population:

- 36% born overseas
- 1.6% identify as Indigenous
- Largest settlement area for refugees and humanitarian entrants in NSW
- Twenty nine suburbs amongst NSW 10% most disadvantaged suburbs

e Australian Government Department of Health. The information and ned in it do not necessarily reflect the views or policy of the APHCRI or

#### Forum #1: Priority Needs

Aim: What are the most significant access barriers for vulnerable populations in South Western Sydney that we should explore?

The top regional primary care access barriers identified were: lack of integration, physical availability, health literacy

#### Forum #2: Identifying Interventions

**Aim**: What innovative approaches to address these access barriers do we need to consider?

Three interventions emerged as having the potential to address regional priorities:

(1) Integrated

programs/wrong door policies
(2) Integrated care post
discharge

(3) e/m/telehealth tools to improve health literacy

#### Intervention development

e/m/telehealth tools to improve health literacy prioritised

- Refinement by LIP
- Oversight by joint Primary Health Network/Local Health District integration committee
- Consultation with stakeholders
- Subject of realist review

## Factors enabling use of e/m/telehealth by vulnerable populations

- Facilitated support to access and utilise tool
- Tools appropriate to person's needs e.g. translations
- Significant investment of time and resources into recruitment processes
- Intrinsic motivation of the patient
- Embedding within existing service structures

## **Next Steps**

Over the next six months, we will:

- Develop and implement intervention with feedback and input from advisory groups
- Finalise realist review to inform intervention implementation.

Levesque J.F, Harris, M.F., Russell G. (2013) Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health* 12(18).













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