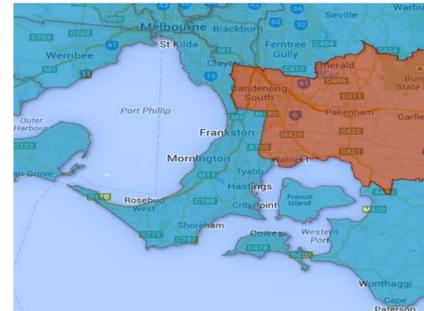


### Background

Innovative Models Promoting Access-to-Care Transformation (IMPACT) is an Australian-Canadian centre of research excellence set up in 6 regions (3 in Canada and 3 in Australia). Using a participatory approach, IMPACT aims to improve access to primary health care for vulnerable populations.

The IMPACT intervention in Victoria, Australia, partnered with Home and Community Care (HACC) in South East Melbourne. The HACC program provides funding for services which support people with disabilities and their carers. These services include help with housework, personal care, meals, social support and groups activities, nursing care, allied health and home maintenance.



The IMPACT intervention sought to identify vulnerable HACC clients who lack access to enduring primary health care and link them with General Practitioners (GPs) who are willing and able to provide care according to the clients' preferences.

Initial data suggested that 20% of HACC clients lacked a source of enduring primary care. In contrast to what had been anticipated, the uptake of the program among the HACC clients was low.

### Aims and Objectives

We designed a sub-study that aimed to understand the low uptake of the intervention by clients of the service.

**The objectives of the sub-study are :**

- To investigate how HACC clients perceive the primary health care needs and importance of an established relationship with a GP
- To investigate how HACC clients' case managers perceive the primary care needs of their clients

### Preliminary Results

The study explores the client's experience of the context within the HACC service, their conceptual health literacy, and perceived benefits and risks of a strategy seeking to increase access to regular GP services.

Early findings indicate that clients who report having a regular GP may still have difficulty in getting the care they need, when they need it. The main challenges identified relate to the ability to engage and communicate the need.

HACC clients' perception of need in establishing enduring relationship with a GP may be different from the perception of HACC case managers.

### Methods

**Design:** A qualitative study grounded in phenomenology

**Setting:** HACC program in south-east Melbourne, Victoria

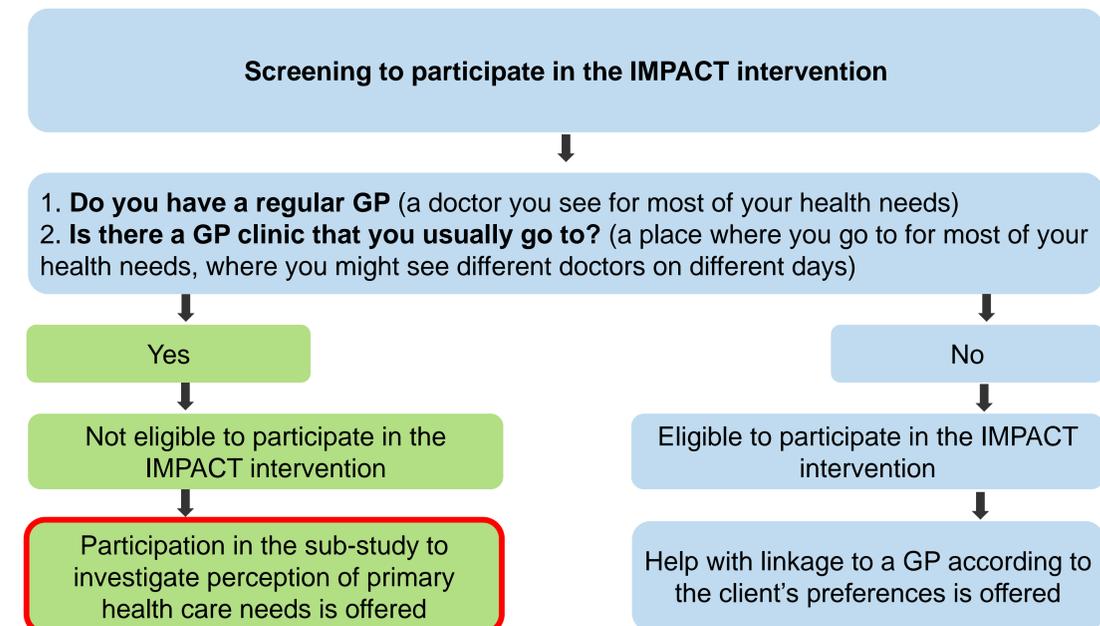
**Participants:** New clients of the HACC program and HACC case managers

**Data collection:**

- Semi-structured interviews with 10-15 HACC clients
- Semi-structured interviews with 5-7 HACC case managers

The interview guides are amended iteratively to reflect new insights revealed by the analysis of previous interviews.

**Figure 1: Participant Recruitment Flowchart**



**Analysis** of the results is guided by the Access to Care Conceptual Framework (Levesque et al. 2013). This framework conceptualises that access is an interaction between dimensions of supply (approachability, acceptability, availability/accommodation, affordability and appropriateness); and demand represented by patient abilities (ability to initiate, seek, reach, pay or engage).

### Conclusion

- Recruitment of vulnerable participants poses various degrees of difficulty for health service researchers.
- A better understanding of how HACC clients conceptualise the value of enduring GP relationships will help us shape IMPACT intervention and inform future client recruitment strategies as the intervention expands to include other community agencies.
- Results will serve as a platform to develop strategies to improve access to enduring primary care for vulnerable populations.