IMPLEMENTATION OF ADVANCED ACCESS IN CANADIAN FAMILY MEDICINE TEACHING UNITS: a PARTICIPATORY ACTION RESEARCH STUDY

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INTRODUCTION
Few Family Medicine Teaching Units (FMTUs) have implemented the Advanced Access Model – to address the crisis of limited access to primary care².² in the Province of Quebec (CANADA).

OBJECTIVES
The aims of this study were to:
1) Support implementation of the Advanced Access Model in FMTUs of a Practice-Based Research Network;
2) Identify potential barriers and solutions to teaching advanced access to family-medicine residents.

SETTING & PARTICIPANTS
The study was carried out in 10 FMTUs.

RESULTS
95% of FMTUs implemented advanced access for their clinical preceptors, 73% also implemented it for their residents.

11 days (SD=17; min-max= 1-30) Mean time before third next available appointment for clinical preceptors (56% participation rate)

85% Mean satisfaction of the study as rated by the members of the community of practice

DISCUSSION
The participative process:
- Catalyzed implementation of advanced access e.g., in delivering various change-management tools to the community of practice.
- Proved successful in mitigating barriers e.g., in helping overcome the challenges posed by the teaching of advanced access to residents.
- Consolidated FMTU directors and deputy directors community of practice regarding quality improvement of health services.

CONCLUSION
We would like to thank the FMTU directors and deputy directors community of practice for their implication in the project, as well as the Université de Sherbrooke Department of Family Medicine and Emergency Medicine and Faculty of Medicine and Health Sciences for their support to this study.

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References

Fig. 1 Members of the “Accessibility Committee”

Fig. 2 Study flow chart illustrating the contents of the meetings
1. Presentation of the study and showing a return on the implementation of advanced access (Jan. 2016)
2. Training on change management, including a plan for implementing the Advanced Access Model (Dec. 2015)
3. Focus groups on the barriers and solutions to teaching advanced access to residents (March 2016)
4. Discussion of inter-professional collaborative opportunities of the Advanced Access Model (May 2016)
5. Presentation of a FMTU experience on teaching advanced access to residents (Jul. 2016)
6. Updated portrait of the implementation of advanced access, validation of findings, and presentation of results (Dec. 2016)

Fig. 3 Barriers and solutions to teaching advanced access to family-medicine residents

BARRIERS: FACILITATORS: SOLUTIONS
Continuity of Care
- Ensure Continuity of Care during absences, leaves or in case of residents’ absence
- Ensure continuous resident-patient pair up across residents
Day 2
- Provide a designated resident per team

Continuity of Care Collaboration
- Provide practice tools to foster the right professional
- Allow interprofessional discussions clarifying specific roles

Team-work could increase the likelihood of educational and clinical continuity

Interprofessional Collaboration
- Would enhance teamwork efficiency, and a better use of resources

Interprofessional collaboration could enhance team work efficiency, and a better use of resources

Maintain a designated resident per team

Clinical-Community
- Create an Immersive Experience in Advanced Access
- Implement advanced access for residents from the very beginning of their residency program
- Increase residents in a culture of accessibility

Contribute to system and process quality improvements which help improve patient care

Competence
- Increased knowledge of their panel of patients could enhance sense of professional responsibility
- Catalyzed implementation of advanced access, e.g., in delivering various change-management tools to the community of practice.

Enhance community professional responsibility

- Proved successful in mitigating barriers e.g., in helping overcome the challenges posed by the teaching of advanced access to residents.

Enhance professional responsibility

- Consolidated FMTU directors and deputy directors community of practice regarding quality improvement of health services.

- Involving a community of practice contributed to sharing solutions that were instrumental in implementing the Advanced Access Model in FMTU.

- Because implementation was carried out with residents, this may help pave the way to the integration of similar models in future clinical practice, further supporting primary care accessibility.

- Results will help inform scaling up of implementation of the Advanced Access Model, and similar processes, in other clinical teaching settings interested in enhancing access to care.

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