

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 care^{1,2} – 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

All located in the Province of Quebec and part of the Université de Sherbrooke Practice-Based Research Network



- 10 FMTUs hosted a total of 110 clinical preceptors and 220 family-medicine residents
- FMTUs were represented by a “community of practice” comprising 18 directors and deputy directors
- An Accessibility Committee (Fig. 1) was formed to oversee the study project (Fig. 2)

Fig. 1 Members of the “Accessibility Committee”



METHODS

A Participatory Action Research³ Study

- From August 2015 through January 2017
- Conducted with a community of practice of FMTU directors and deputy directors
- Using mixed methods

Fig. 2 Study flow chart illustrating the contents of the meetings

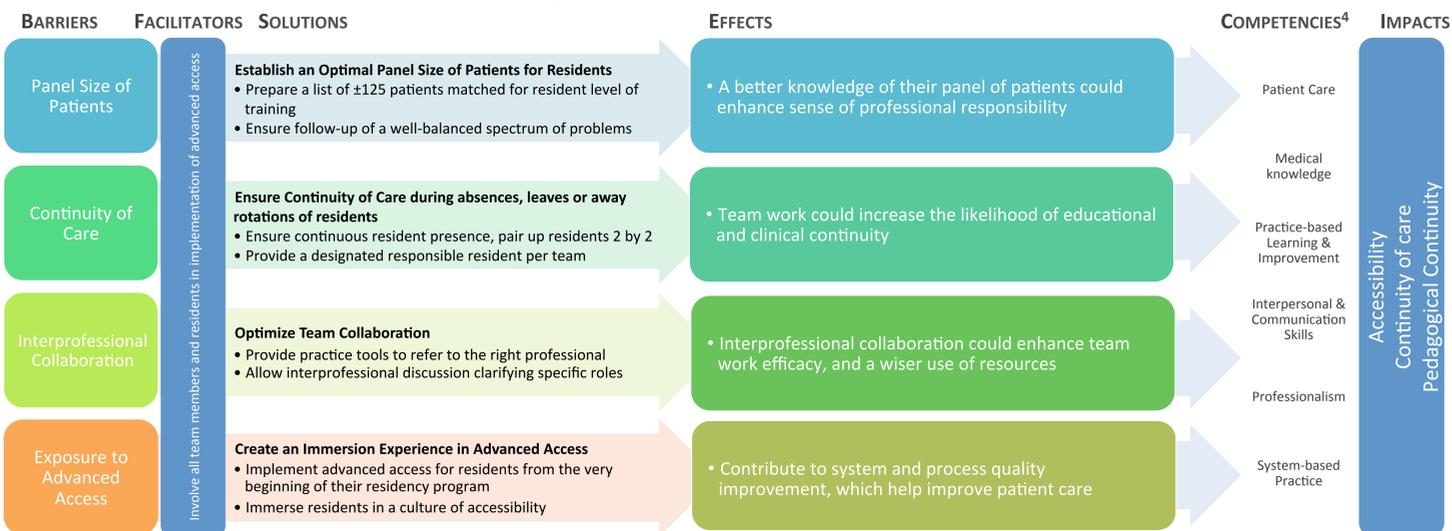


- Data were collected via six 2-hour meetings and focus groups, each co-animated by two members (ML and CH) of the Committee
- Implementation topics discussed during meetings were based on needs expressed by the community of practice
- Focus groups were held with heterogeneous groups of directors and deputy directors from FMTUs at different stages of implementation
- Qualitative data were analyzed using thematic analysis (by ML and CH), and findings were validated with the community of practice
- Relative degree of satisfaction with the study was rated by the community of practice throughout the project

RESULTS

- 91% of FMTUs implemented advanced access for their clinical preceptors, 73% also implemented it for their residents
- 11 days (SD=7; 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

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



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

- 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.

Acknowledgements

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