LEARNING FROM CENTRALIZED WAITING LISTS FOR PATIENTS WITHOUT A PRIMARY CARE PROVIDER ACROSS SEVEN PROVINCES: A LOGIC ANALYSIS

SPOR PICHIN QUICK STRIKE STUDY

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1. Background
   • Improving access to a regular primary care provider is a priority for health systems across Canada.
   • Seven provinces have centralized waiting lists (CWLs) to help patients find a primary care provider (1).
   • CWLs have generally been implemented for access to specialized services (e.g. elective surgery)
   • Little is known about the designs of CWLs in primary care and how they can be improved.

2. Objective
   To compare the models of centralized waiting lists for unattached patients in seven Canadian province to available scientific evidence to make recommendations on ways to improve their design (2).

3. Methods
   Logic analysis, a theory-based evaluation, conducted in 3 steps (3)
   - Step 1: Logic models describing CWLs in each province
     - Stakeholder interviews (n=42); grey literature (n=73 documents) (1)
   - Step 2: Conceptual framework of CWL design & implementation
     - Realist review (4) to identify CWL Context (C) - Mechanism (M) - Outcome (O) Configurations
   - Step 3: Comparison of logic models & conceptual framework
     - Compare C-M-O configurations from the literature (Step 2) to empirical data (Step 1)

4. Findings
   - CWL uptake by providers
     - Context (C): Mechanism (M) - Outcome (O) Configurations
   - Policy Implications for CWLs for Patients without Primary Care Providers
     - Strategies to improve uptake by providers
     - Strategies to improve uptake by patients
     - Strategies to improve uptake by patients
     - Monitoring

5. Specific Challenges in Primary Care
   1) Population-wide intervention: Difficult to reach the entire population vs. CWLs for specialized services target patients with specific conditions, referred to the CWLs by a provider.
   2) Broad-spectrum prioritization: Challenge to prioritize patients of all ages & health conditions vs. CWLs for specialized health service with more specific needs.
   3) Long-term relationship: Attachment of a patient to a primary care provider is long-term vs. CWLs for specialized services which is on a one-time basis.

6. Conclusion
   Our study provides a first look at CWLs in primary care. While the experience of CWLs for access to specialized care published in the literature are useful, policy-makers must consider the specific challenges of the primary care setting in designing CWLs for patients without a primary care provider to improve access and avoid unintended outcomes.