Is patients' perspective of accessibility better in teaching clinics with longer experience with advanced access?

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INTRODUCTION

Many academic teaching clinics have moved towards Advanced Access (AA) to improve accessibility to care and to give future family physicians exposure to this scheduling model. Few published studies have evaluated patient perception of accessibility relative to AA. We examined this in 6 teaching clinic belonging to two academic primary care practiced-based research networks (PBRN) in Quebec, Canada. Our hypothesis was that access to care would be better in clinics with longer experience with AA scheduling.

OBJECTIVE

To compare patient's perceptions of five dimensions of accessibility according to the time since AA implementation.

METHODS AND MATERIALS

Design: Observational cross-sectional descriptive study

Setting: Four urban and two rural teaching clinics. Clinics were selected on the basis of the length of their experience with advanced access :

Level 1 : <1 year up to 2 years (n=2)
Level 2 : 2-to-3 years (n=3);
Level 3 : >3 years (n=1).

Each clinic director answered a survey describing their organisational accessibility structures and processes.

Participants 1279 adults consulting during sampled periods representing all service hours.. Surveyed March to May 2018.

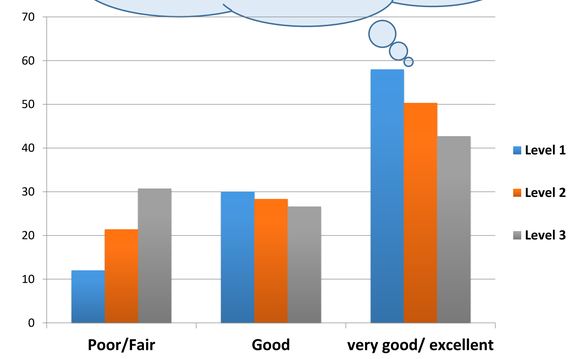
Instrument: Pre and post visit self-administered questionnaires developed based on the patient-centered accessibility model.

RESULTS – Participants' characteristics

N : 1279
Sex: 69% female
Median age: 43 years; range (18 to 95)
Language: 89% French or English; 11% other
Self perceived financial status: 31% poor; 56% comfortable; 13% very comfortable
Educational Level : 34% high school or less; 23% Cégep; 39% university
Reason for consulting today : 70 % for a routine or follow-up; 30 % for an semi-urgent or a new health problem
Provider responsable for care: 67% staff family physician; 22% resident family physician, 11% nurse practitioner

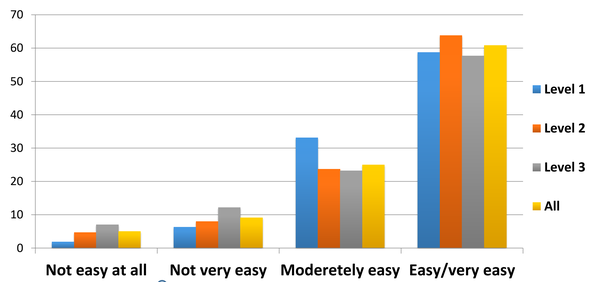
RESULTS – Patients' rating of usual wait time for an appointment

Patients' rating did not improve in clinics with more experience. Results suggest that wait time in clinics with more experience in AA was less appreciated.



Responsiveness to urgent need

If you need to be seen quickly, how easy would it be to be seen sooner than the usual appointment time?



Patients perceptions of responsiveness to urgent needs is mostly equivalent across levels of AA. But overall, responsiveness is perceived as not easy for **39%** of patients

RESULTS : Scores by Advanced Access level of patients' perceptions accessibility

Dimensions according to level of implantation Pre-visit assessment	Level 1	Level 2	Level 3
	Score/5 Mean (SD)	Score/5 Mean (SD)	Score/5 Mean (SD)
Acceptability (*rating usual delay*)	**3,4** *(1,0)*	**3,4** *(1,0)*	**3,3** *(1,1)*
Accomodation *(ease of accessing clinic, getting information, responsiveness)*	**2,7** *(0,7)*	**2,5** (0,6)	**2,5** *(0,6)*

Clinics' scores on perceived patient accessibility is not consistently associated with longer experience with AA. In fact there is still room for improvement specially for accommodation.

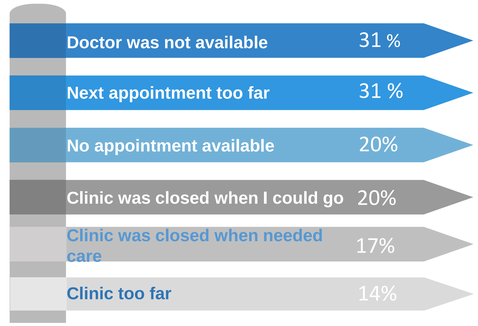
Dimensions according to level of implantation Post-visit assessment	Level 1	Level 2	Level 3
	Score/4 Mean (SD)	Score/4 Mean (SD)	Score/4 Mean (SD)
Appropriateness -1 (*needs met, enough time spent with you)*	**3.5** ***(0.4)***	**3.4** ***(0.5)***	**3.5** ***(0.4)***
Appropriateness -2 *(enabled to understand health status)*	**3.2** ***(0.8)***	**3.3** ***(0.8)***	**3.3** ***(0.8)***
Appropriateness -3 *(patient centered communication)*	**3.8** ***(0.3)***	**3.7** ***(0.4)***	**3.9** ***(0.3)***

Despite Advanced Access, patients still consult elsewhere. In the last 12 months:

22% consulted another clinic

31% consulted the emergency room

Reasons for consulting elsewhere in the last 12 months (n=272, more than one reason possible)



DISCUSSION

Our hypothesis that patient's perception of access to care is better with longer experience with the AA model was not confirmed. Neither did it affect the different dimensions of access or the rating of the wait time for an appointment. Clinic mean scores of acceptability and accommodation under 4/5 (80%) imply there is still room for improvement.

Many factors may explain these results. Among them, implementation of AA is sub-optimal and differ among the clinics (ex: schedules open for 2, 3 or 4 weeks). Some patients might not know they could consult at one of the service points when their own clinic was closed. Also, some clinics explained these results by the increase in caseload that was not compensated by adaptations in the AA scheduling.

CONCLUSION

These results indicate that advanced access is feasible in teaching clinics but that implementation remains a challenge. Reconciling patient needs for timely access with continuity of care is both a service and training concern.

Reporting our results to teaching clinics at the two PBRNs will help staff physicians discuss how to address concerns while still meeting patients' accessibility needs.