

Innovations to Improve Access to Primary Health Care for Vulnerable Populations: Results from an Environmental Scan Using a Social Media Approach

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Innovations to improve access to primary health care for vulnerable populations: results from an environmental scan using a social media approach

Richard, L.,¹ Gunn, J.,¹ Furler, J.,¹ Crabtree, B.F.,² Haggerty, J.,³ Pluye P.,³ Miller, W.,⁴ Levesque, J-F,⁵ and Russell, G.⁶ on behalf of the IMPACT research team

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IMPACT
Innovative Models Promoting
Access-to-Care Transformation

► Context

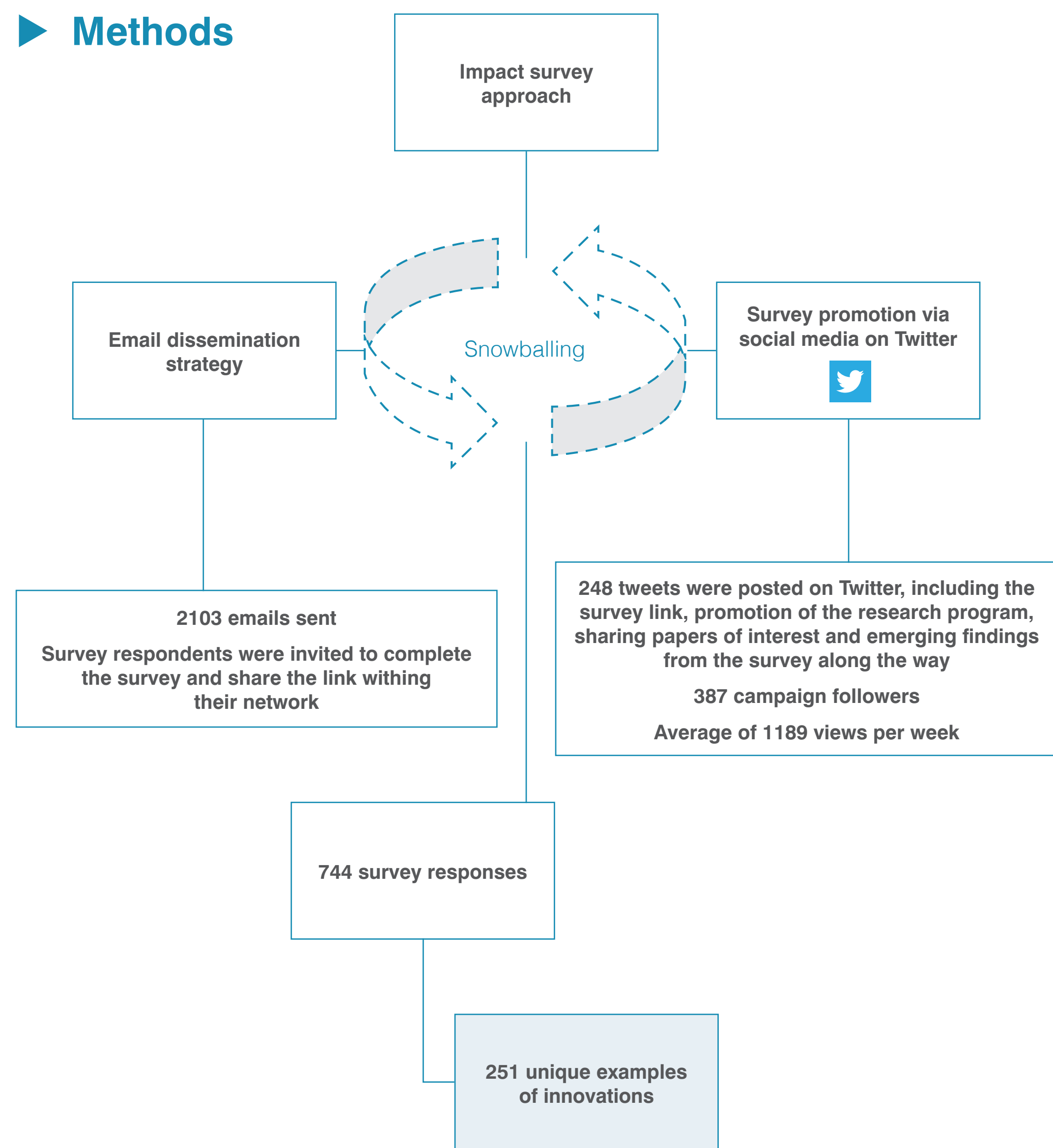
- Improving access to primary health care (PHC) has been a focus of substantial health service reforms internationally¹. However, many nations have struggled with achieving equitable access to comprehensive PHC services for vulnerable populations²⁻³⁻⁴⁻⁵. In the long run, poor access to PHC means unmet health care needs, worse health outcomes, increased health care costs, and potentially enhanced health inequities⁶.

- IMPACT is a five year Australian-Canadian research collaboration that aims to identify, modify and implement best practice innovations to assist access to PHC for vulnerable populations. Here, we report on the findings of the Impact environmental scan survey as part of Project 1 – Scoping and mapping innovations research stream.

► Objective

- The Impact survey aimed to provide a brief snapshot of the breadth of current examples of innovations that appear to be at the cutting edge of change in improving access to primary health care for vulnerable populations.

► Methods



- 5-minute online survey (Qualtrics software) disseminated widely amongst an international audience of primary health care leaders, researchers, practitioners, policy makers and stakeholders.
- Survey promoted using a combined email approach and social media campaign on Twitter⁷ (open from July 10th to August 21st 2014).
- Respondents were invited to report on the most striking components or aspects of a program, service, approach or model of care that they considered innovative in helping vulnerable people to get access to primary health care services that meet their needs.
- Mixed qualitative and quantitative analysis was undertaken. Each description of innovation was analysed and coded with an access framework⁸ to identify key determinants addressed. Descriptive statistics were used to provide a snapshot of the characteristics of the innovations. Results are based on responses from survey participants.

► 251 unique innovations from 20 countries were reported



Who did we survey?

► Location of respondents*:

- Canada (47%)
- Australia (43%)
- Other (10%)

► Most survey respondents were:

- Female (71%)
- Aged between 35-54 years old (47%)

► Most respondents**:

- Had completed a postgraduate degree (71%)
- Worked as a researcher (31%), nurse (26%), general practitioner (25%) or manager of primary health care services (18%)
- Reported an initiative that they designed, implemented or evaluated (46%), delivered as part of a program or service (46%), or used themselves (11%)

*The percentages presented in this report are rounded up to the closest value.
**The percentages do not necessarily add up to 100% as this was a multiple choice question.

► Innovations' target groups, settings and funding sources

What population groups are being targeted?*

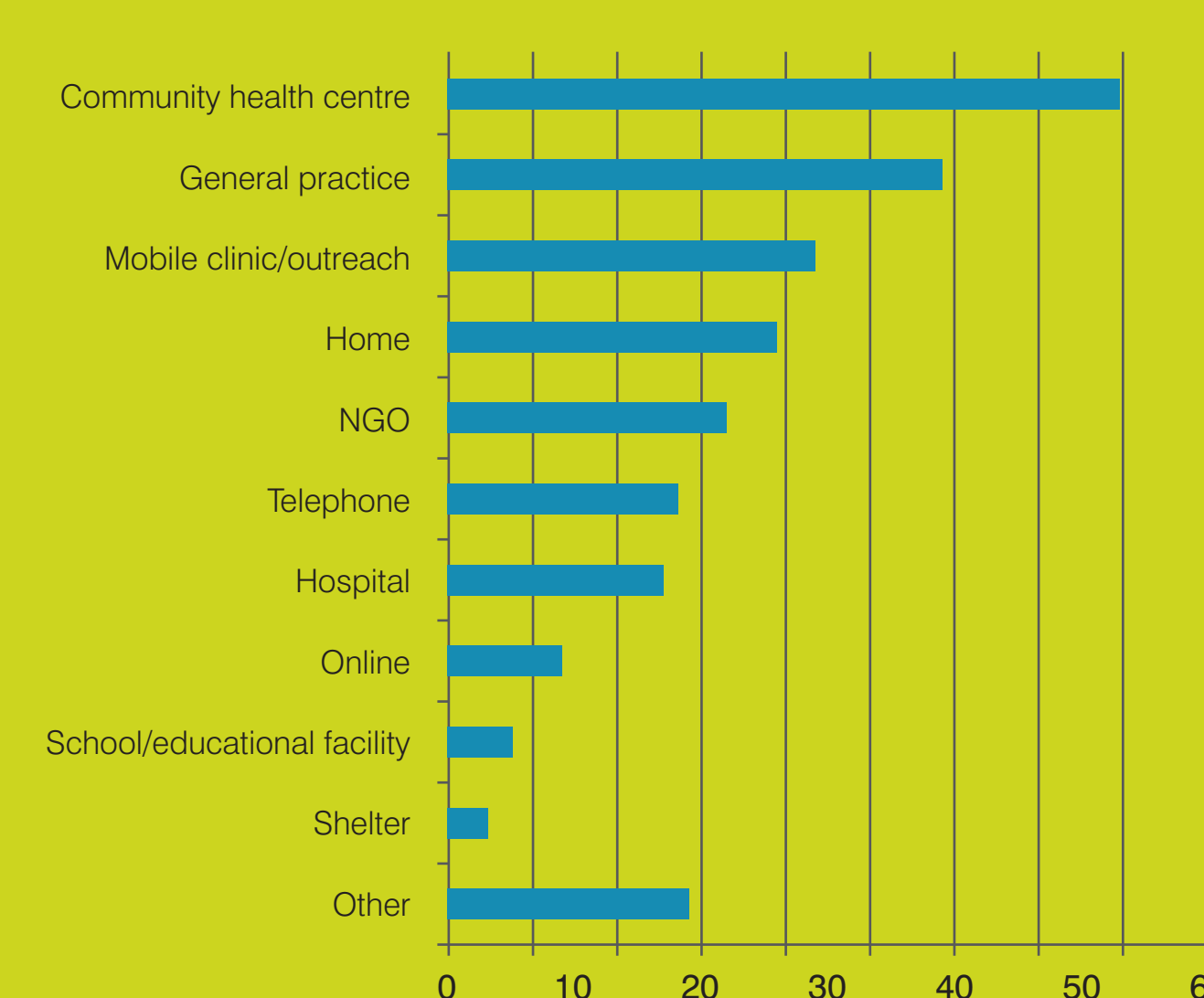


► Key findings

- Low income individuals and families is the most targeted group (36%).
- Half of the innovations target multiple populations.

*The percentages do not necessarily add up to 100% as many initiatives target several population groups, settings and funding sources.

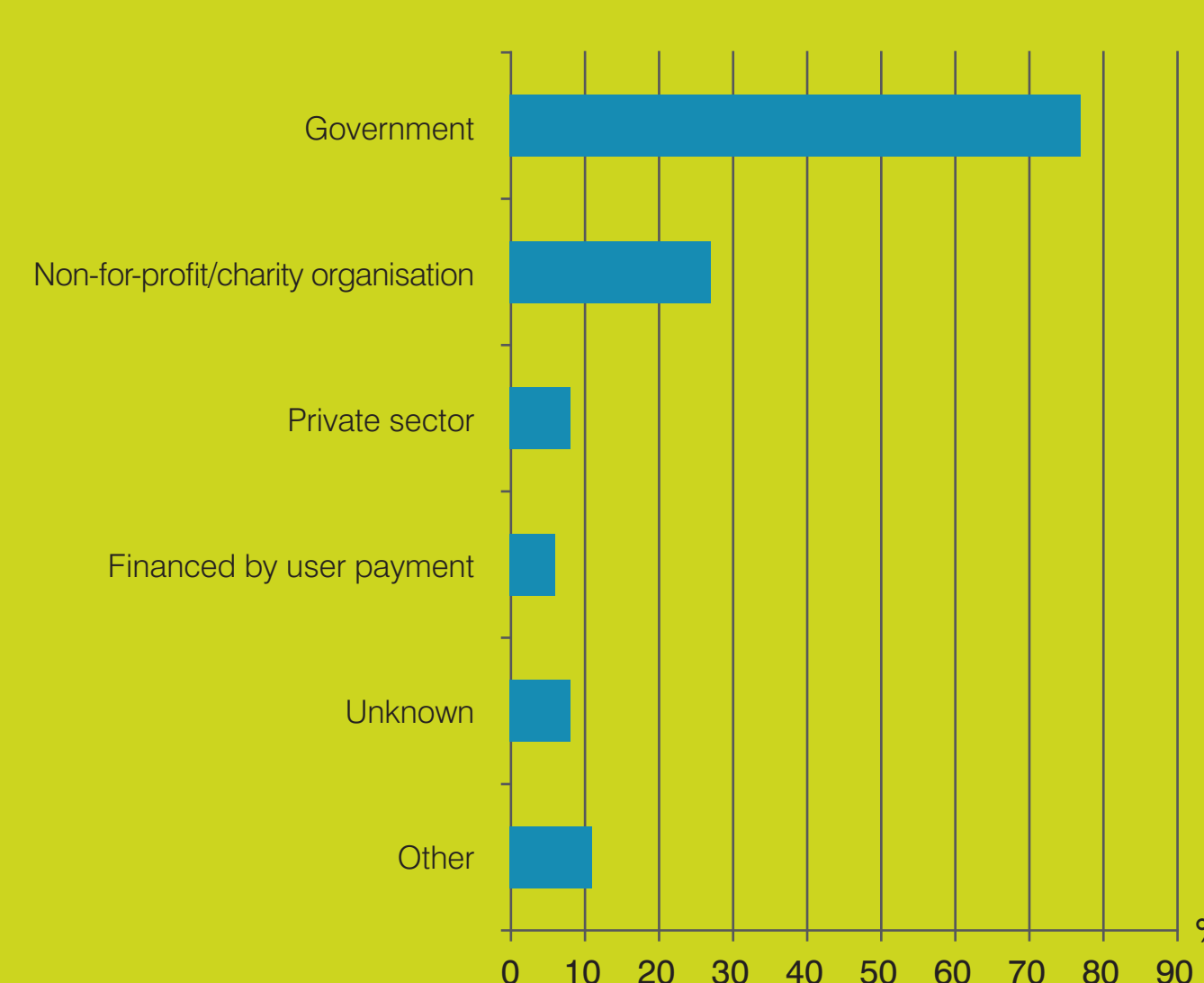
Where are the innovations being delivered?*



► Key findings

- Most innovations are delivered in the community health centre, the general practice setting and the mobile/outreach clinic.
- 56% of the innovations target multiple settings.
- 78% of the innovations target between 1 and 3 different settings.
- Most innovations were health sector focused only. Just over 1/4 involved both social and health partners.

How are the innovations funded?*

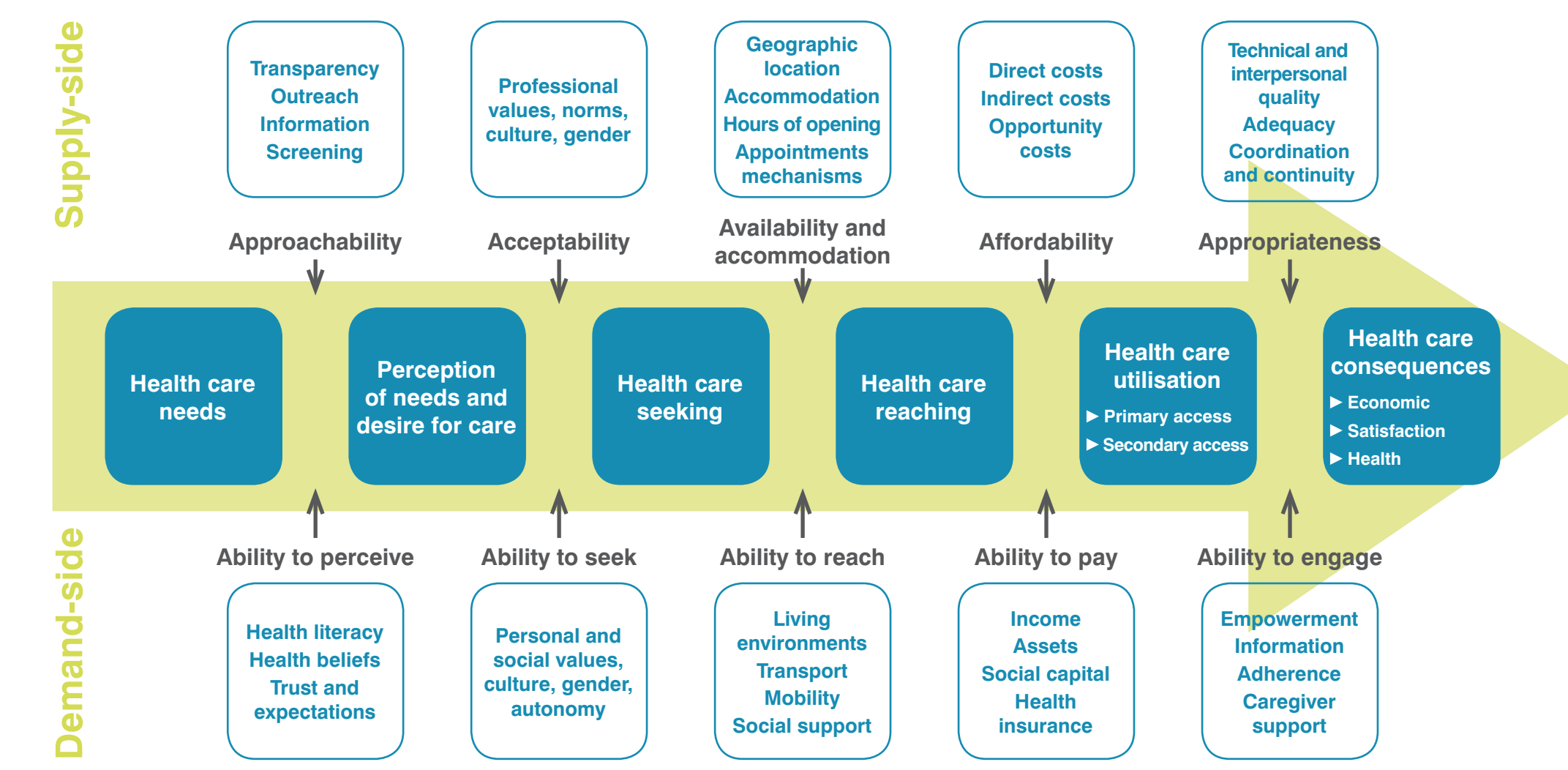


► Key findings

- Most initiatives were reported as government funded (77%).
- Non-for-profit organisations were involved in providing funding support for close to 30% of the innovations.
- Close to 1/3 of the innovations are financed by multiple funding sources (32%).

► Theoretical model

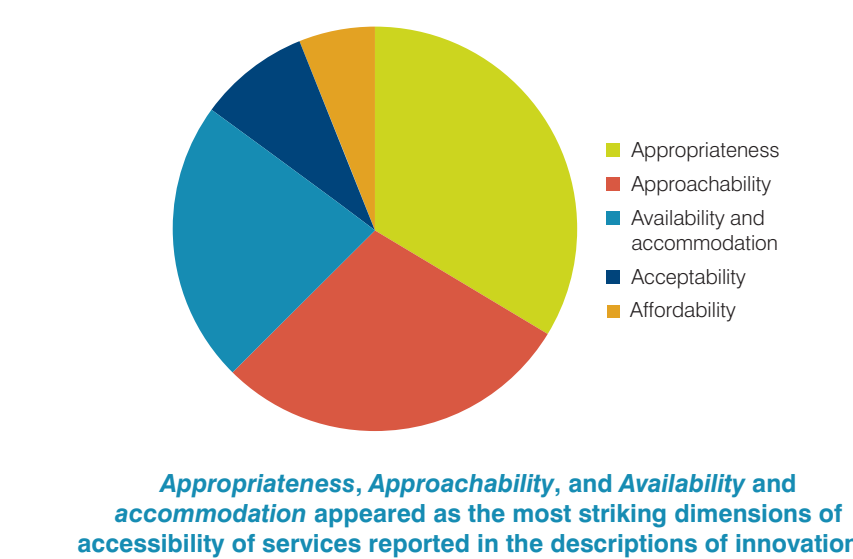
- The access framework described by Levesque, Harris and Russell (2013) was used to analyse the descriptions of innovations reported in the survey.
- Supply-side relates to features of health systems, organisations and providers. Demand-side relates to abilities of patients/populations to interact with the dimensions of accessibility to generate access.



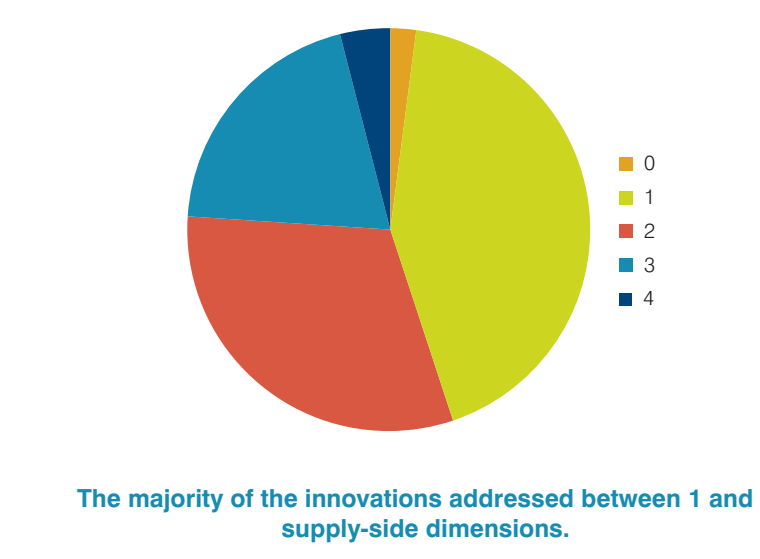
► Key findings

- The supply-side dimensions of accessibility of services were significantly more represented than the demand-side abilities of patients/populations to access services.
- Close to 1/4 of the innovations addressed both supply-side and demand-side dimensions.

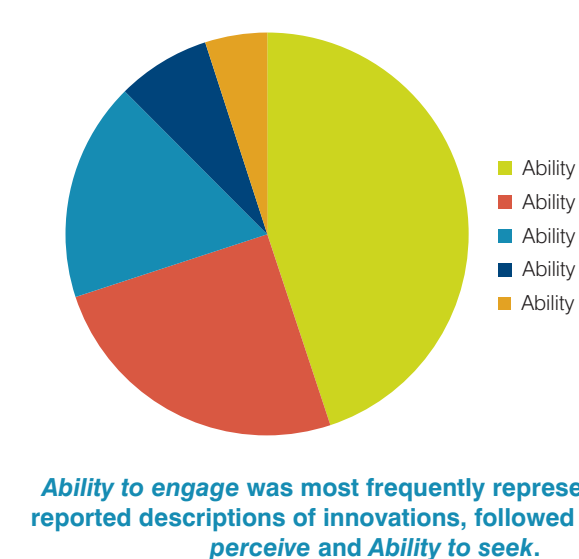
Supply-side dimensions of accessibility of services



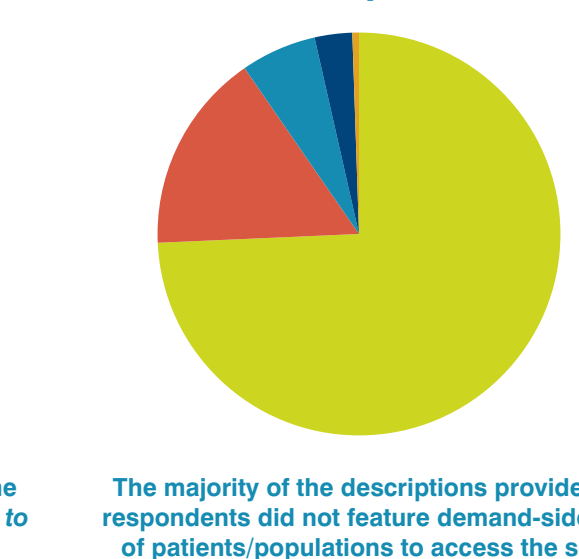
Number of supply-side dimensions addressed per innovation



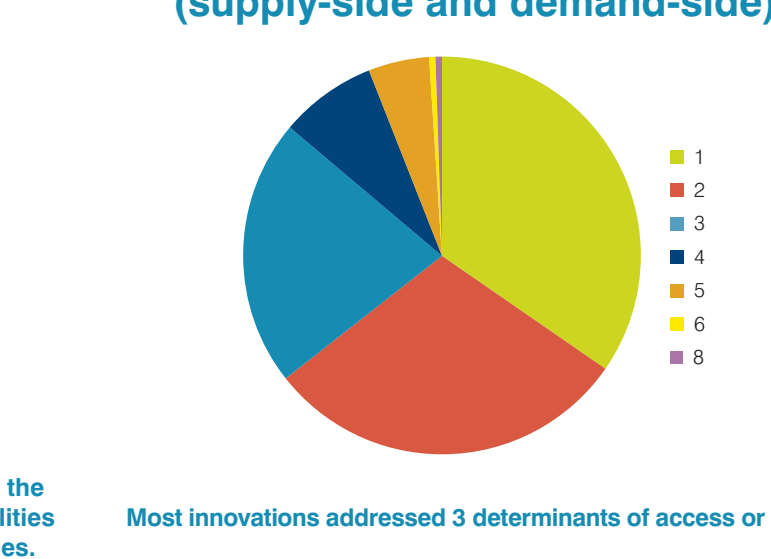
Demand-side abilities of patients to access the services



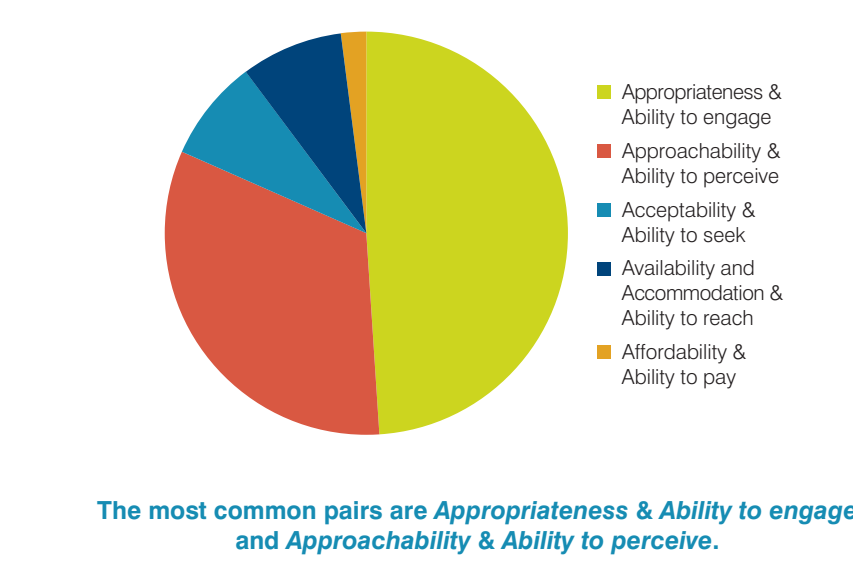
Number of demand-side abilities addressed per innovation



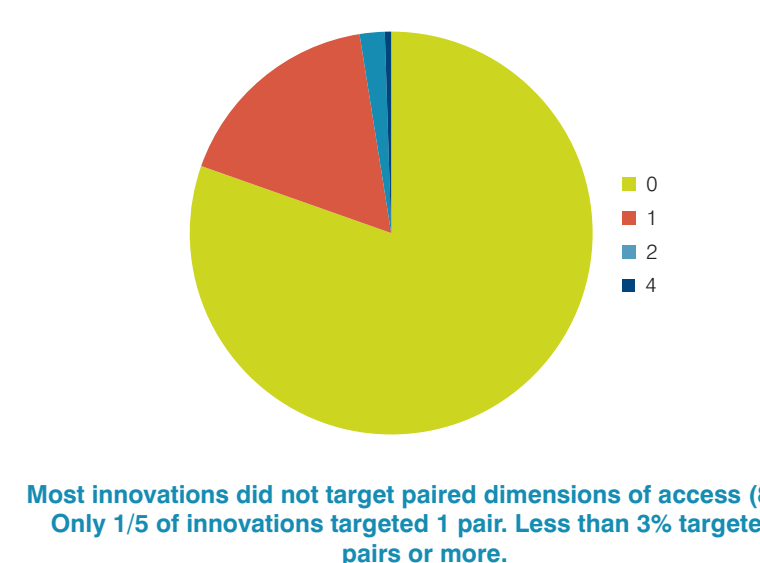
Number of access determinants addressed per innovation (supply-side and demand-side)



Paired supply-side and demand-side access determinants



Number of pairs targeted per innovation



► What this survey has told us

- The Impact survey identified 251 unique examples of innovations aimed at improving access to primary health care for vulnerable populations.
- Most innovations are government funded, delivered in the community health centre or the general practice setting and target a wide variety of populations groups.

- Most innovations are health sector focused and can be implemented at the local/practice level.

- Most innovations address supply-side dimensions of accessibility of services.
- Less than 1/4 of the innovations incorporate supply- and demand-side dimensions.

- The most commonly addressed dimensions are Appropriateness and Approachability (supply-side) and Ability to engage (demand-side).

► Questions arising from the findings

- Are the reported initiatives effective?
- What is the optimal combination of supply- and demand-side dimensions? What might be the benefits or the risks of integrating supply- and demand-side dimensions?

- How can we decide which dimensions to target, based on what evidence?
- How can we make those choices taking into account particular settings?

► Methodological challenges

- The email dissemination strategy was the most efficient, with more than 80% of respondents who learned about the survey via this method. Qualtrics survey software helped in coordinating this strategy with pre-programmed emails and pre-scheduled mailing.
- The use of social media for survey promotion involved preparing a large number of tweets. Diversity was key, with sharing documents and research material with followers along the way to raise and maintain interest. However, engaging followers to retweet and participate in our social media campaign remained challenging.

► What's next?

- Our survey results will be combined with a scoping review of published literature to inform decisions on future innovations to be implemented by 6 Local Innovation Partnerships (LIPs) working in collaboration in this 5-year research program.

► **Impact international research team** Principal investigators: Jeannie Haggerty (Canada), Grant Russell (Australia), Project team and international chief investigators: Jean-Frederic Levesque, Simone Dahrouge, Virginia Lewis, Mark Harris, Benjamin Crabtree, Pierre Pluye, Catherine Scott, William Miller, Siaw-Teng Liaw, Mylaine Breton.

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