

The logo for Gréas 1 features the word "Gréas" in a large, green, serif font, with a "1" in a smaller, green, sans-serif font to its right. The text is set against a background of overlapping, semi-transparent circles in shades of red, orange, and green, creating a dynamic, circular pattern.

# Gréas 1

Groupe de recherche sur l'équité d'accès et l'organisation des services de santé de 1<sup>re</sup> ligne

## A research collective on primary care in Quebec: Main findings and messages

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# The team of investigators

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- Direction de santé publique de Montréal (DSP)
- Institut national de santé publique du Québec (INSPQ)

# Collective's objectives

1. Describe the current situation in Quebec with regards to accessibility, continuity, comprehensiveness and responsiveness of primary care
2. Identify factors associated with variations in these phenomena as well as their impact on emergency room (ER) utilization, responsiveness, health and costs

# Collective's objectives (cont'd)

3. Analyze implementation processes and contextual factors ⇒ draw useful lessons for decision-makers

# Approach

## Main features

Collective  $\neq$  systematic review of the literature

- Direct contribution of researchers
- Participation of decision-makers
- Timeliness of the findings: studies under way or recently completed (unpublished)
- Context-linked

# Approach (cont'd)

## Selection of studies

Proposed

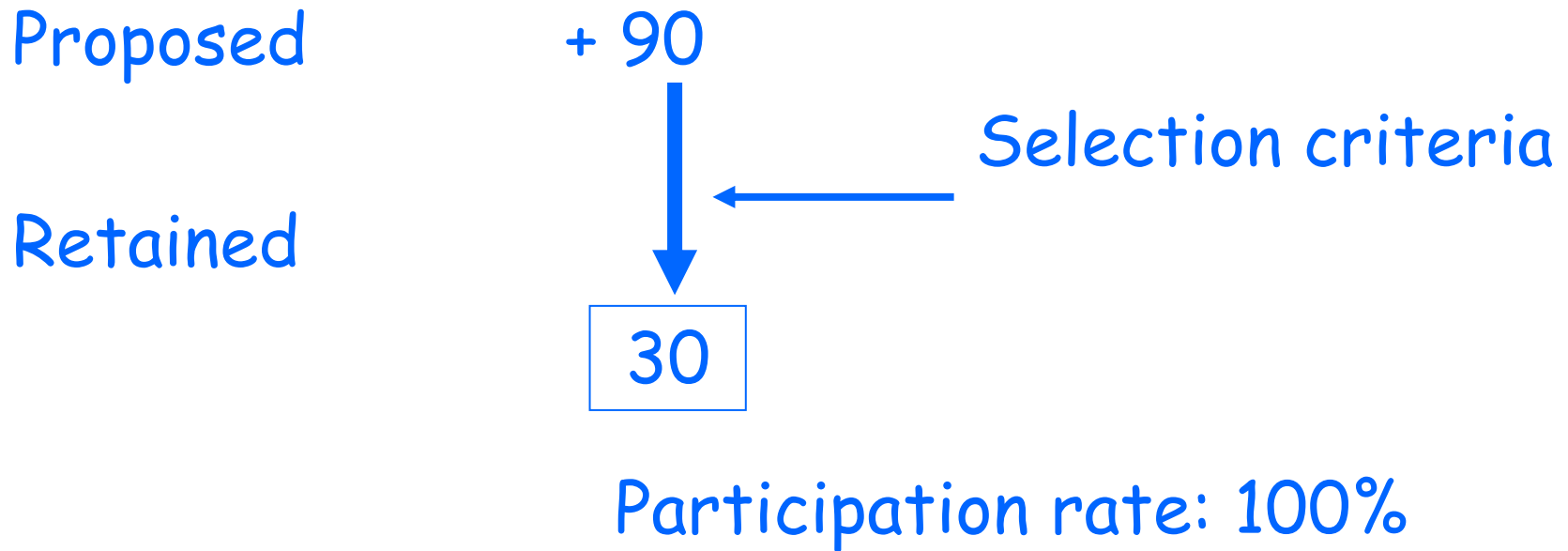
+ 90

Retained

30

Selection criteria

Participation rate: 100%



# Selection criteria

- Focus on PHC organization (e.g. social services, hospital care...)
- Be recent: still under way or recently terminated
- Have results to present

# Role of researchers and investigators

## Researchers

Responsible for filling out the 30 project description sheets

## Investigators

Responsible for the synthesis

Collective ⇒ participatory exchange  
process among

Researchers

Investigators

Decision-makers

# Approach (cont'd)

- **Steps followed:**
- Project description sheets ⇒
  - standardized
  - jointly elaborated (April 2004)
  - completed by researchers (May 2004)
- Presentation of projects ⇒ information sharing session (researchers, investigators, and decision-makers (June 17, 2004))

# Approach (cont'd)

- Revision of project description sheets by researchers (links with others' research) (July 2004)
- Identification of the recurrent themes and development of an analytical framework (August-September 2004)
- Cross-sectional reading of the description sheets by identified themes (August-September 2004)

# Approach (cont'd)

- Integration and synthesis (August-September 2004)
- First draft of the summary report prepared by investigators and sent to researchers for validation (October 2004)
- Final draft of the report (November 2004)

Total: 8 months

# Approach (cont'd)

## Participation of decision-makers

- June 2004 meeting where researchers presented their 30 projects
- February 2005 meeting where the collective was released

# Approach (cont'd)

## Material used

- 30 project description sheets
- Material of the presentations (June 17)
- Notes taken during discussions with decision makers (June 17)

# Criteria for assessing strength of evidence in the collective

- Number of studies associated with a specific result / convergence and coherence
- Methodological quality of studies (internal validity)
- Generalizability of studies (external validity)

# Assessment of internal validity by researcher

	Little	Somewhat	Very much	N.A.*
Internal validity : how confident are you about the strength of the relationship between your variables based notably on :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Research design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sample size (statistical power)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intervention analysis (logic/theory of intervention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implementation analysis (synergy, antagonism with contextual elements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Assessment of external validity by researcher

	Little	Somewhat	Very much	N.A.*
External validity: how easily can your results be applied in other contexts based notably on :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Size of reference population, diversity of studied cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Statistical inference (inference from sample to study population)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implementation analysis (can implementation conditions be found in another context, or be replicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intervention analysis (theoretical inference stemming from the fact that the studied intervention is based on an explicit intervention theory which can be applied in other contexts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Applicability assessed by researchers

	Little	Somewhat	Very much	N.A.*
Applicability: how easily can your results be used by decision-makers based on what you know to be constraints or barriers, or elements facilitating their application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe constraints:				
Describe facilitating elements:				
*N.A.: Not applicable				

# Scores on internal validity as assessed by researchers

	Number	%
Low	6	20.0
Medium	13	43.3
High	11	36.7
	<hr/> 30	<hr/> 100.0

# Scores on external validity as assessed by researchers

	Number	%
Low	6	20
Medium	15	50
High	9	30
	<hr/> 30	<hr/> 100

# Applicability of results by decision makers as assessed by researchers

	Number	%
Low	2	6.7
Medium	13	43.3
High	15	50.0
	<hr/>	<hr/>
	30	100.0

# Main findings

# Analytical framework

Context (rural/urban, resources, technology, history)

New information technologies

Organizational characteristics

Interprofessional collaboration

Integration of services

New information technologies

Use of primary care services

Continuity

Comprehensiveness

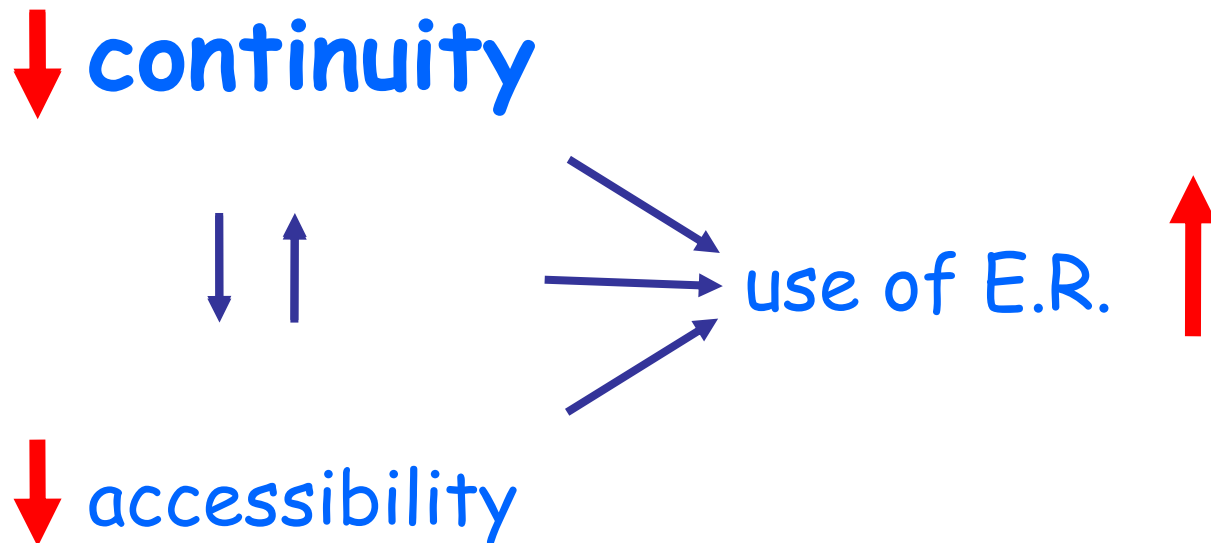
Accessibility

Other determinants

Effects

- Responsiveness
- Recourse to emergency room services and other levels of care
- Other effects (health, costs)

# 1. Problematic triad



## 2. How to explain this triad?

- Availability of doctors: a balance between services offered by appointment and without appointment ⇒ optimal
- Cultural and linguistic barriers
- Rural/urban paradox: continuity and E.R. utilization higher in rural regions (less severe cases, technological support, role of the GP, access to specialists)

# 3. Promising avenues and their effects

- a. Services integration and interprofessional collaboration
  - ↑ accessibility, continuity, comprehensiveness, specially among vulnerable groups  
(effects ± revealed but great potential)
  - ↓ recourse to institutional confinement

## 3. Promising avenues (cont'd)

- a. Services integration and interprofessional collaboration
  - ↓ length of stay in hospitals
  - ↓ E.R. length of stay and readmission
  - No effect on total costs ⇒ substitution from institutional to community care

# 3. Promising avenues (cont'd)

## a. Services integration and interprofessional collaboration

- $\pm$  effect on health
- $\uparrow$  quality of life
- $\uparrow$  responsiveness of services towards patients and their families and towards professionals ( $\uparrow$  satisfaction)

### 3. Promising avenues (cont'd)

- b. New information and communication technologies in synergy with services integration and interprofessional collaboration
  - ↑ accessibility, continuity, comprehensiveness (potential +)
  - ↑ responsiveness towards professionals

# 4. Promising avenues for solutions: Implementation

## a. "Barriers"

- rivalries between organizations
- limited resources
- budgeting and remuneration modes
- lack of financial and professional incentives
- deficient information systems
- lack of time  $\Rightarrow$  time schedules too short

## 4. Promising avenues for solutions: implementation (cont'd)

### b. Favourable conditions

- experience of success in local projects
- active participation of the population
- support and implication of local organizations

## 4. Promising avenues for solutions: implementation (cont'd)

### b. Favourable conditions

- flexibility and adaptation to different contexts (not just a single model)
- focus on professional/clinical practices vs organizational structures
- rural environment  $\Rightarrow$  more favourable
- time and patience needed

## 4. Promising avenues for solutions: implementation (cont'd)

### b. Favourable conditions

- professional financial incentives
- shared vision of change
- relationship of trust between professionals and managers

# Conclusion

Key messages to decision-makers

# Key messages to decision-makers

- Focus on continuity rather than only on accessibility
- Integrated services networks  $\Rightarrow$  quality of services improvement rather than cost reduction, at least in the short term

# Key messages to decision-makers (cont'd)

- Strategies for implementing changes should centre on professional practices rather than structures
- Create a climate of trust and respect among concerned actors

# Key messages to decision-makers (cont'd)

- Essential conditions such as changes in payment and remuneration modes
- Changes may take different forms according to context: a general framework is necessary to ensure coherence while leaving sufficient room for autonomy and initiative

# A major challenge

Participation of doctors

# Report available, in English and French, from

- [www.greas.ca](http://www.greas.ca)
- [www.chsrf.ca](http://www.chsrf.ca)
- [www.giru.ca](http://www.giru.ca)