

Preliminary results from a systematic literature review

Background

- Extensive reforms and investments in the Canadian primary healthcare (PHC) system over the last decade
- Provincial and regional approaches to PHC reforms may vary
- Differences in innovation priorities and implementation strategies may explain regional variation in PHC performance

Objectives

- To identify provincial and health authority policies and innovations implemented in PHC in the past decade
- To improve the science and reporting of PHC performance measurement

Design and Setting

- Systematic review of published and grey literature on health policies and innovations targeting three regions across Canada as one aspect of a multiple case study
- Three health regions (Fraser East, British Columbia; Eastern Ontario, Ontario; Capital Health, Nova Scotia) selected for comparable population size, urban/rural mix, and absence of a major academic health centre

Search Strategy

Major policies, themes and key words identified from the literature were used to search Medline and Google for publications, reports, strategic plans, etc. describing or evaluating policies and innovations implemented in PHC in British Columbia, Ontario and Nova Scotia between 2004-2014

Figure 1 Map of Canada

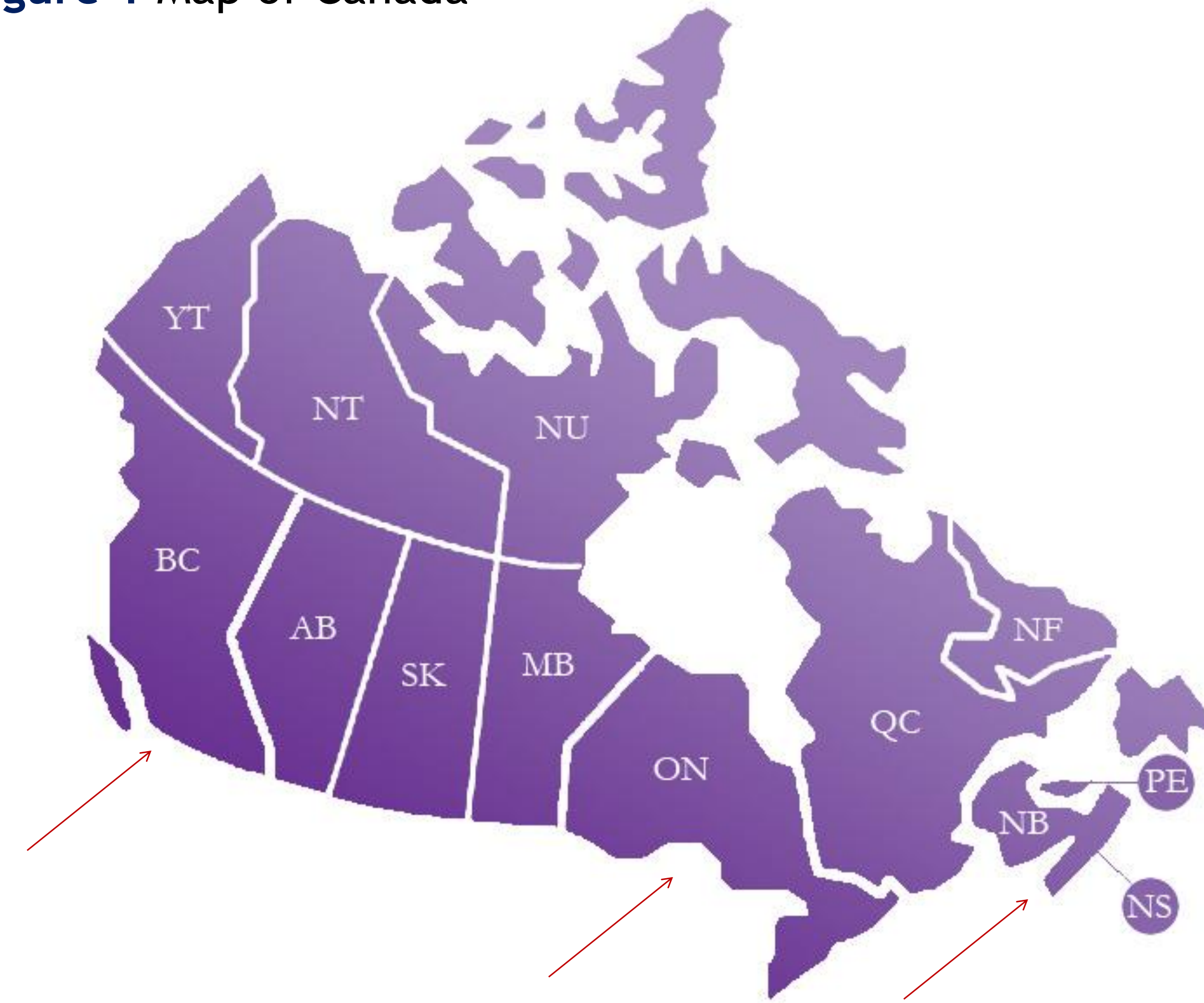


Table 1 Major primary healthcare innovations in British Columbia, Ontario and Nova Scotia

Major primary healthcare innovations
Interdisciplinary Team-Based Approach
Expansion of the Provider Pool
Models of Care to Improve Access and Urgent Care
Information Systems and Data Management
Development of Primary Healthcare Accountability Mechanisms
Financial Incentives and Blended Payment Schemes
Group Practices and Networks
Quality Improvement Support
Patient Engagement in Health System Improvement and Reform
Chronic Disease Prevention and Self-Management Programs
Provider Worklife Satisfaction

Table 2 Example of regional implementation approaches to a major primary healthcare innovation common to British Columbia, Ontario and Nova Scotia

Major innovation	Province	Implementation approach
Models of Care to Improve Access and Urgent Care	British Columbia	A General Practitioner For Me
		Full Service Family Practice
		Nurse Practitioners' Statutes Amendment
		Clinical Care Management (CCM) systems
		Integrated Health Networks (IHN) and Integrated Primary and Community Care
	Ontario	Telephone matching process between patient and provider
		Interprofessional teams
		Nurse Practitioner-led clinics
		Incentives for providers to work in rural and remote areas
		Telemedicine and other information technology systems
		E-consultations
	Nova Scotia	Increased after-hours services
		Matching process between patient and provider
		Collaborative teams
		Collaborative Emergency Centres (CEC)
		Long & Brier model for rural/remote areas (onsite nurse practitioner and paramedics, off-site physician)
		Extended Care Paramedics
		Care By Design
Telehealth		
Shared urgent access centres		

Preliminary findings

- Common major innovation themes in British Columbia, Ontario and Nova Scotia
- Variations across the regions exist between the prioritization of individual PHC innovations, timing and breadth of implementation, and underlying approaches to implementation

Analysis

- Results from the literature review will inform additional in-depth interviews with selected primary healthcare decision-makers, providers and patients
- An initial coding structure of innovations and implementation approaches will be developed
- Preliminary analysis frameworks will be informed by:
Hogg et al., 2008
Tomoaia-Cotisel et al., 2013
National Collaborating Center for Healthy Public Policy's, 2012
Glasgow et al., 1999
- Individual regional implementation approaches will be analyzed based on policy drivers, effectiveness, feasibility, unintended effects, equity, cost, acceptability, reach, and links with performance measurement/reporting

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