

Objective

To identify and compare the policies and policy contexts of major innovations in community-based primary healthcare (CBPHC) intended to influence performance in three regions with similar populations in British Columbia, Ontario, and Nova Scotia (one region/province).

Methods

A document review of published literature for a multiple comparative case study.

We searched CINAHL, PubMed, and Dissertations & Theses.

Keywords searched:

- British Columbia, Ontario, Nova Scotia, Fraser Health, Eastern Ontario, Capital Health
- Primary health care, primary healthcare, primary care
- Innovation, policy, model of care
- Teams, group practice, networks, patient enrollment, funding, financial incentives, payment models, governance, nurse practitioner, physician assistant, midwife, electronic medical record, quality improvement, patient engagement, telehealth, web-based services.

Our analysis is informed by frameworks of Hogg et al., 2008; Tomoaia-Cotisel et al., 2013; National Collaborating Centre for Healthy Public Policy, 2012; and Glasgow et al., 1999. We developed a data extraction framework (Figure 1) we are applying to all included documents. Processes are in place to enable quality data extraction across researchers and provinces.

We are using NVIVO 10 to manage coding of extracted data.

Preliminary results of a document review

Figure 1. Data Extraction Elements

Province
Location
Scope of Focus (e.g., province-wide, region)
What does this paper address?
Type of paper
Purpose/hypothesis
Methods
Stakeholder involvement
Goals of the policy/innovation
Policy drivers
Roots or any foundational background of policy/innovation
Extent of policy/innovation implementation/spread
Evaluation of effectiveness, Unintended effects, Equity, Acceptability, Feasibility, Costs
Limitations to generalizability of study results
Performance measurement or reporting being done or planned

Figure 2. Year of Publication

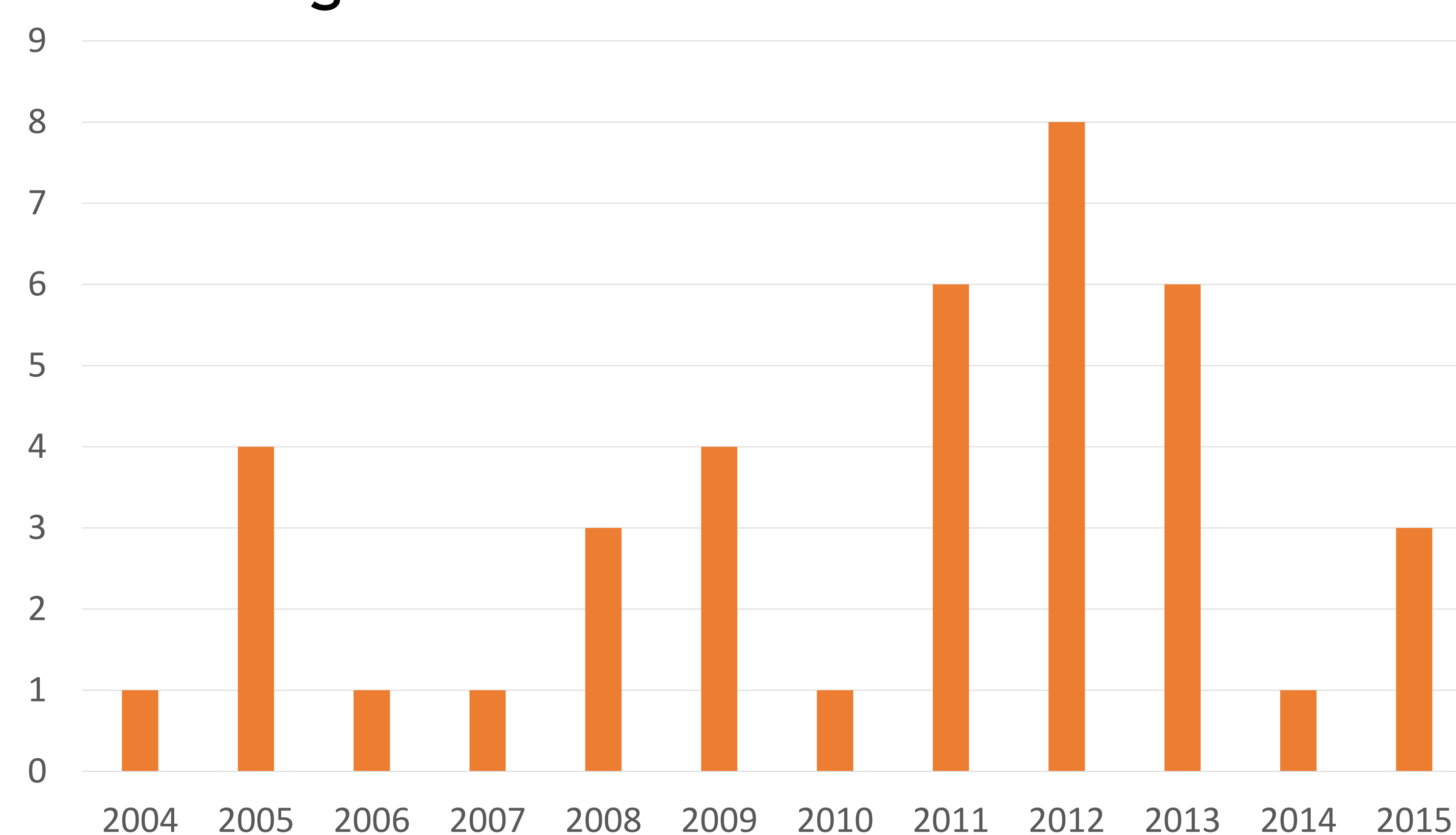


Figure 3. Type of Paper

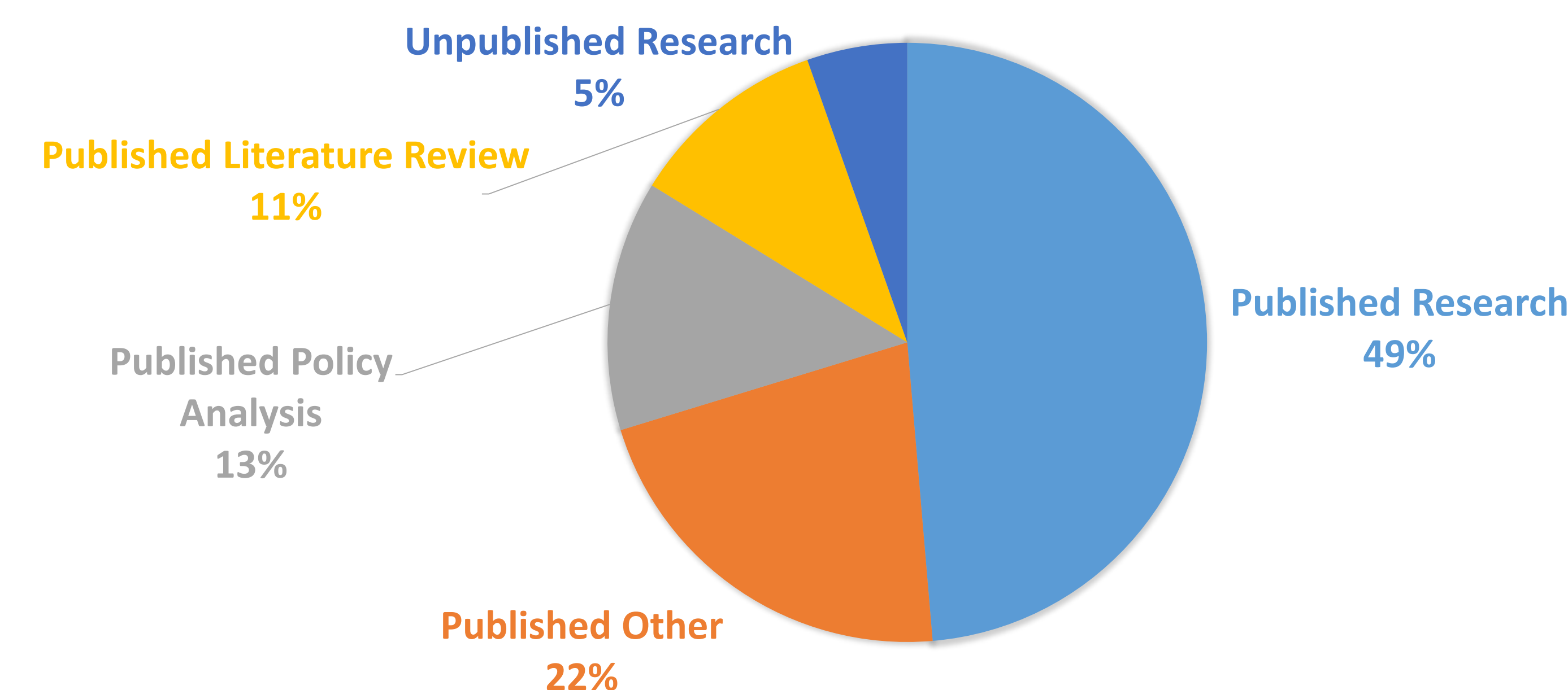


Figure 4. Documents by Province

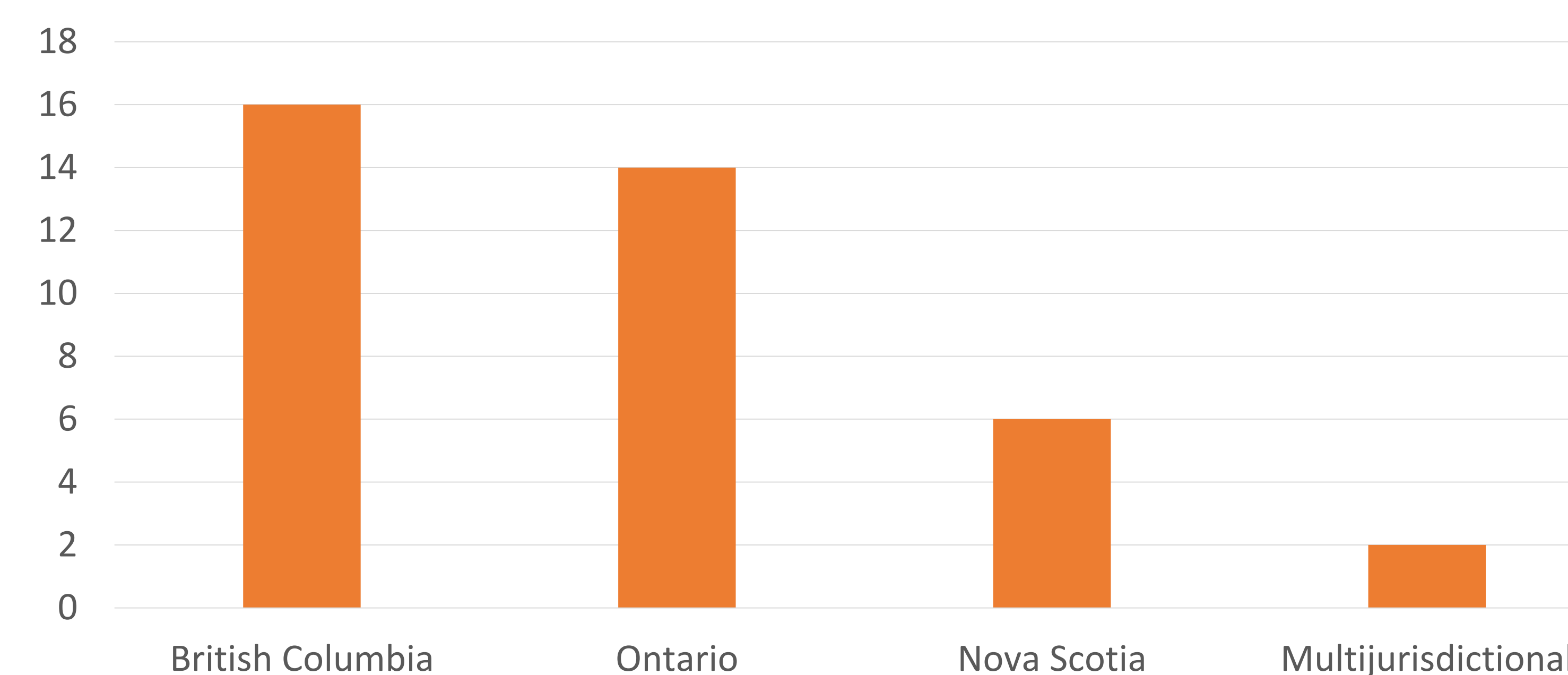
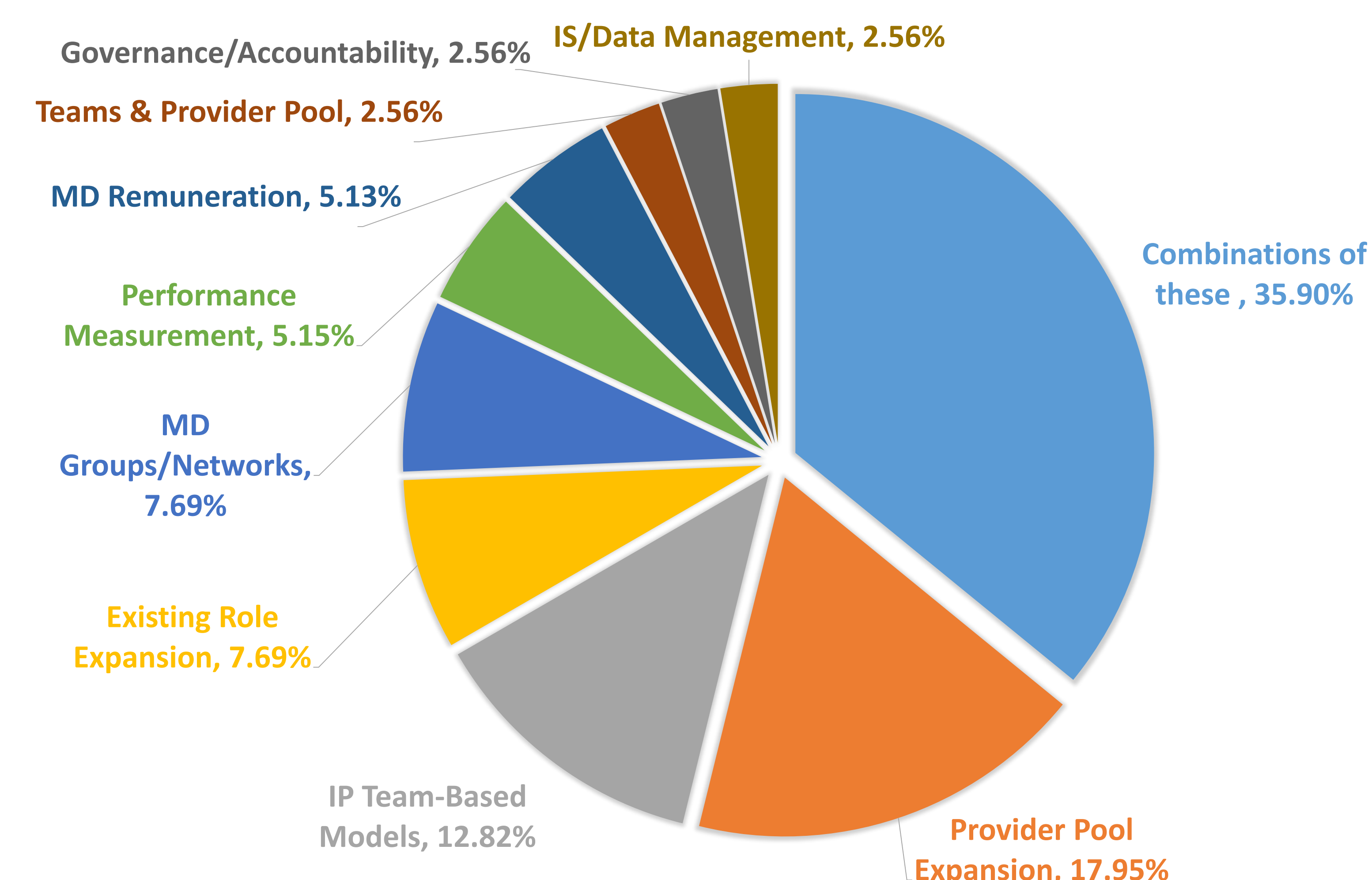


Figure 5. Policy Focus of the Paper



Results

190 published papers identified: BC (n=89); ON (n=67); NS (n=34). Of these we have analyzed 39 papers (20%). By province this includes 18% of the BC papers, 21% of the ON papers and 18% of the NS papers. Our analysis is in an early stage. There appear to be some similarities and differences in the policies and policy contexts across provinces, however, it is premature to identify patterns.

Conclusions

Completion of the document review (published and unpublished) and in-depth interviews of purposively selected decision-maker leads in CBPHC, providers and patients will illuminate how these innovations and their implementation strategies have influenced CBPHC performance.

Acknowledgements

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