Does the reported care experience of patients differ according to mission of the Integrated Primary Care Teams they receive care from?

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Introduction: Integrated Primary Care Teams (IPCTs) have four common key characteristics (intensive interdisciplinary practice; advanced nursing practice with an expanded role; group practice; increased proximity and availability) aimed at strengthening primary care in Quebec, Canada. However, their mission varies depending on the target population. Patient Reported Experience Measures (PREM) provide patient-centered measures that allow for the capture of quality dimensions that are important to patients but that are not captured by other data sources usually used in health services research such as administrative data.

Aims, Objectives, Theory or Methods: The aim of this study is to examine the association between the care experience of patients and the mission of the IPCT they have as their primary source of care. We used a quasi-experimental longitudinal design based on a pre and-post administered survey at a 2-year interval. Patients who used an IPCT as their primary source of care were recruited during a consultation received in one a the participating IPCT. They completed a self-administered questionnaire at inception and two years later. We measured 5 PREM: patient-reported accessibility, continuity, comprehensiveness, responsiveness and outcomes of care.

Results: A total of 1473 patients completed both the pre- and post-surveys. Results showed that patients receiving care from IPCTs had a significant increase in reported care experience compared to previous experience. The six participating IPCTs differ in terms of their target populations and mission. Three of them are intended to provide general care to an overall population and therefore have a structure similar to that of the common primary care practice model, the Family Practice Groups (FMGs). The three other IPCTs involve vulnerable populations, including immigrant and homeless populations. The increase in care experience was higher for patients receiving care from IPCTs designed for vulnerable population even when controlling for patients’ characteristics with linear regression models.

Conclusions: Our results suggest that the IPCT model is tailored to the needs of its target populations, resulting in improved PREM.

Implications for applicability/transferability, sustainability, and limitations: These results imply that broader implementation of innovative and flexible community-based care models should be considered by policymakers.