

How to tell if primary care transformation is working: Capacity and Access Measures in Primary Care (CAMP)

Cooper IR, Lindsay C, Hill TT, Fraser K, Klimas J, Hedden L, Siu A, Frazer A, Hamilton MA, Humphrys E, Koepke K, Fletcher S, Price M, McCracken RK
Innovation Support Unit, Department of Family Practice, University of British Columbia

Background: Access to comprehensive, community-based primary care has been shown to improve the health of populations and reduce overall costs to health care systems. However, in British Columbia 1/6 people do not have access to a family physician. Recent policy changes to address this gap have been implemented. We have developed robust, transparent measures that can report on how these policy changes are affecting: the capacity of primary care, ease of access to primary care and how comprehensive those primary care services are.

Methods: We have developed a list of all community-based primary clinics in BC by applying an algorithm to a publicly available list of family physicians. This allows us to use the primary care clinic (versus individual prescriber) as the unit of analysis. We have developed a short, online companion survey that collects information typically available to patients registered at that clinic. The data from the survey can then be used calculate evidence-based standard measures of capacity, access and comprehensiveness of care. Capacity: describes the service volume capacity in primary care (i.e., the number of patients able to be seen in a typical week). Access: includes geographical access, organizational access and responsiveness, where all people in a community can access quality care. Access to care incorporates the ideals of advanced and timely access, including the provision of extended hours and same day access to urgent care, as well as virtual access to care when needed. Comprehensiveness: describes the capacity of a practice to provide a full range of services, either directly or indirectly, to fulfil most health care needs. Longer term, this work will be linked to administrative data that provide additional understanding of how patient care is affected when capacity, access and comprehensiveness are adjusted.

Importance: This work will be used to identify areas of primary healthcare that require enhancement, where gaps exist in accessibility, provide a baseline for evaluating future innovations, and create new knowledge of the current landscape of primary healthcare access, models of care being offered and assess factors related to specific models and access characteristics and impacts on health services utilization.

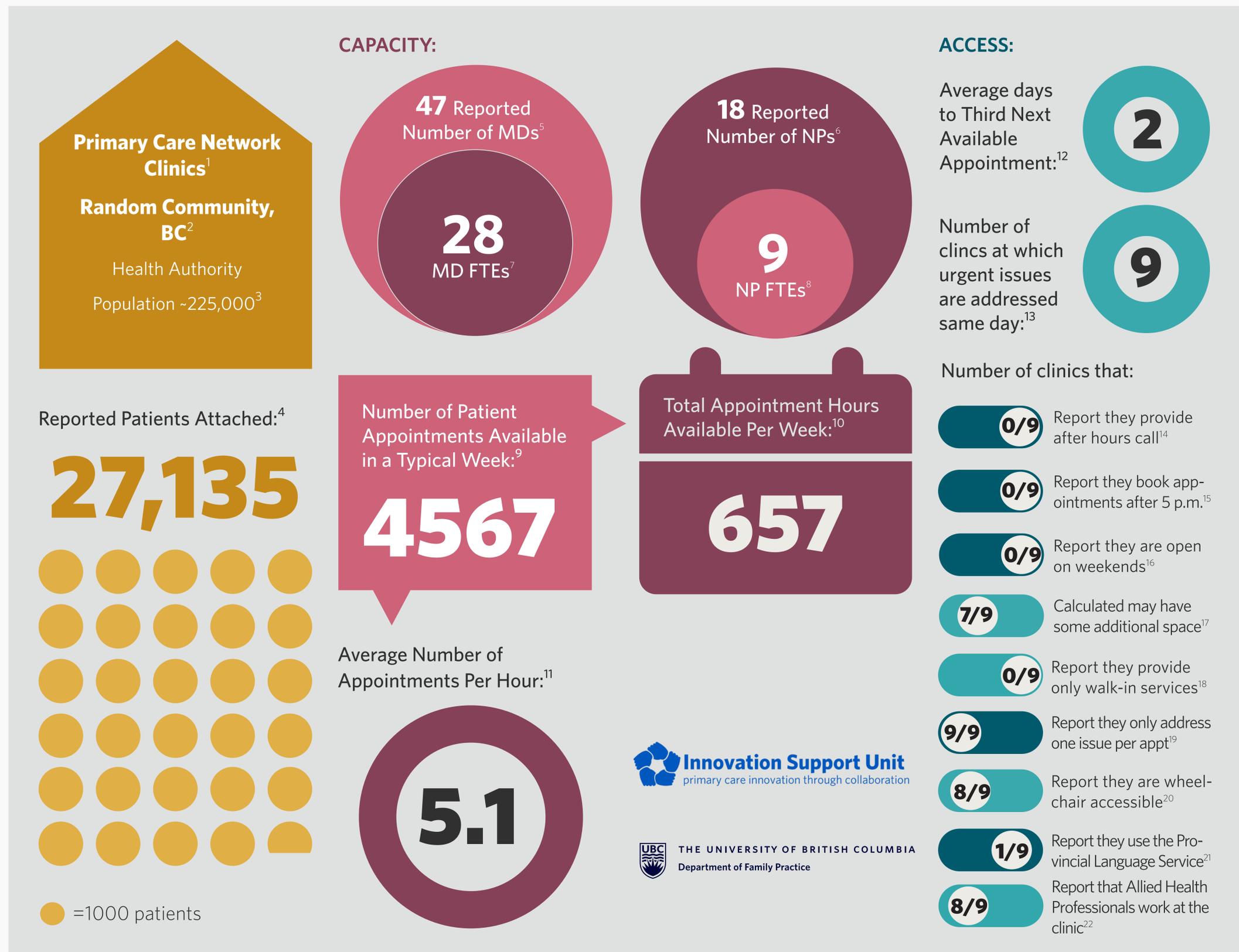


Figure 1. Dashboard output of CAMP clinic survey results from a fictional community in British Columbia, results presented are those that would be aggregated of all clinics surveyed in a community.