

Promising Practices for Strengthening Primary Care

Advanced Access QI Coach Model



The challenge

Advanced Access ensures patients obtain access to health services when needed, depending on the urgency of demand, by optimizing and creating efficiencies in team-based primary care. This is especially beneficial in managing high demand for primary care services, helping organizations better balance patient needs and available resources. However, primary care organizations can benefit from support to implement Advanced Access.

The promising practice

The Advanced Access Quality Improvement (QI) Coach Model equips primary care practices with the tools and skills needed to implement, evaluate, and sustain Advanced Access. In collaboration with a coach, the primary care team engages in a three-step improvement process (outlined below) to make organizational changes necessary to embed Advanced Access and meet the needs of patients and providers.

More about the promising practice

A three-step improvement process happens over at least 16 months and includes:

- Team reflection and priority-setting, to set aims, measures and data collection plans.
- Plan-Do-Study-Act cycles, where changes are planned, implemented, evaluated and adjusted based on evidence from data (including patient / provider input).
- Group mentoring with primary care teams and coaches, to help share successes and lessons learned, to support sustainability and spread.

"I have better continuity of care than before, and I feel confident not only with my doctor but also with the care team."

- Patient



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Example impacts

The Advanced Access QI model has been used to support 37 primary care clinics in Canada. After just six months of implementation, example impacts in four clinics in Quebec include:

- Improved access to team-based primary care, with appointment wait-times reduced by an average of seven days.
- Increased number of appointments available within 48 hours.
- Improved provider experience, where providers reported reduced workload, fewer administrative tasks and greater work satisfaction.

Keys to success

- **Funding** for QI coaches, meetings, data collection (e.g., electronic medical record extractor software), medical training credits, a project coordinator.
- **QI coaches** to support each clinic and facilitate the improvement cycle. Coaches must be trained in continuous improvement.
- **Ability to access and analyze electronic medical record data** to monitor outcomes and adjust the improvement plan.
- **Agreement that there is an access problem.** Providing baseline data can help demonstrate a need to improve access.
- **A local improvement team** including an administrative assistant responsible for appointment booking, a physician, a nurse and a manager.



Why was this summary created?

CISSS Montérégie Centre participated in Healthcare Excellence Canada’s (HEC’s) Strengthening Primary Care (SPC) program.

SPC brought together 20 primary care organizations from across Canada to advance practices to improve access to safe, including culturally safe, team-based primary care.

This promising practice summary was co-produced with CISSS Montérégie Centre to help others learn about their work and generate discussion about how similar approaches could be adapted and applied elsewhere.

Lessons learned

- Engaging an external coach can free up time for team reflection and facilitate creative strategies to foster innovation in the clinic.
- Time devoted to improving team collaboration is often reallocated to other objectives when the clinic is experiencing challenges.
- A minimum 16-month timeframe to ensure time for the three-step improvement cycle and achieve change goals.

How can I learn more?

Contact the project team.

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