

Mechanisms for accessing local services

English summary

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The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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SUMMARY

To support its reflection regarding establishing a standardized single point of access to the health-care and social-services continuum, the Ministère de la Santé et des Services sociaux (MSSS) sought the Institut national d'excellence en santé et en services sociaux (INESSS)'s expertise, asking it to prepare a report of the current state of knowledge regarding mechanisms for accessing local services. This report describes the different mechanisms found in the scientific and grey literatures. An access mechanism is defined, here, as "a modality or set of modalities by which a person can enter into contact with local services in his or her community, and have a health or well-being need met within a reasonable amount of time".

This report is the result of a nonsystematic review of relevant research. It is enriched with the research of the working committee members, qualitative studies about contextual and experiential aspects of local health and social services access, and grey literature, which provided examples of the implementation of various access mechanisms.

HIGHLIGHTS

- The literature describes an array of mechanisms for accessing local services, but of no system that integrates them in order to meet all of the population's needs.
- A number of contextual barriers can hinder access to local services for users, such as professionals' limited hours, difficulty planning an appointment, issues relating to a low socioeconomic status, culture, religion and language, individual attitudes (e.g., shame), and a lack of knowledge regarding available services.
- Since no one mechanism can provide complete access to local services for the entire population, a system integrating an array of mechanisms could make it easier to achieve this objective.
- The access mechanisms examined in this report are complementary and can be put in place so that 1) users can obtain services as needed, and that 2) the health and social services system can reach vulnerable populations.
- There are access mechanisms at different levels of the health care and social services system. Their purpose is, among other things, to help navigate the services continuum, to facilitate coordination between services and to reach socially vulnerable populations.
- Certain mechanisms are tailored to socially vulnerable populations and can promote their initial contact with local services, such as outreach, community health workers and mobile clinics.
- Mechanisms can be incorporated into a standardized single point of access to make it easier for users to access local services. Examples include mechanisms for centralized waitlist management, patient portals, and telephone advice and referrals.

- Advanced access is based on five guiding principles that can promote the timely use of local services: 1) the balance between supply and demand, 2) reducing backlogs, 3) revising the appointment system, 4) integrating interdisciplinary practice, and 5) developing contingency plans.
- Some of the obstacles encountered during the rollout of advanced access in Québec include difficulty providing follow-up for certain users given that the responsibility for booking medical appointments was transferred to patients.

Brief description of the identified access mechanisms

Two main types of access mechanisms were found: 1) those where the user takes the initiative to make the initial contact with the health and social services system, and 2) those where the health and social services system takes the initiative to make the initial contact with the user.

1) Access mechanisms where the user takes the initiative to make the initial contact with the health and social services system

a) Single points of access to health care and social services

- Access points are drop-off points for new requests for health and social services.
- There are several access points through which the population can access specific and specialized services, such as those for *Centre de répartition des demandes de service* (CRDS), chronic diseases, oncology, intellectual disabilities, addictions, mental health, home care, general social services, etc.
- In the present organizational structure of Québec's health and social services system, the Service d'Accueil, Analyse, Orientation et Référence (AAOR) (Reception, Analysis, Orientation and Referral Services) is the main entry point for anyone seeking an answer to a social or psychological need or a referral to appropriate services.
- Our literature search did not yield any study specifically on the AAOR services. As a result, it is difficult to assess the impact of this specific mechanism on Quebecers' access to social services.

b) Mechanisms for centralized waitlist management

- To better coordinate services supply and demand, certain centralized waitlist management mechanisms enable users to register at a central intake point to obtain an appointment, and subsequent care or services, at an appropriate service point.
- Three main types centralized waitlist management mechanisms were identified:
 1. Waitlisting: No user is given priority. Users are placed on a waitlist and obtain services in chronological order based on the date on which they were registered, regardless of their clinical status (first come, first served);

2. Classification: Users are prioritized according to different categories. This evaluation is based on clinical information;
 3. Scoring: Users are prioritized according to the score obtained. A standardized tool is used to assign a score based on the user's needs, which are assessed from the medical or social information gathered.
- Currently, the effectiveness of these mechanisms cannot be determined from the scientific literature. To our knowledge, no research on the use of centralized waitlists in front-line services outside of Canada is presently available.

c) Family medicine groups (FMGs) and other walk-in medical clinics

- Since 2002, the family medicine group (FMG) has been the recommended model for organizing primary medical services in Québec. The FMG provides front-line medical services, with or without an appointment, on weekends and holidays to patients who register voluntarily with a member physician.
- Certain advantages of FMGs were noted in the literature reviewed, such as significant improvements in access, doctor-nurse coordination, the inclusiveness of care, and knowledge of the patient. However, Québec's auditor general states, in a 2015 report, that the transition from the front-line model of CLSCs to FMGs entailed a number of pitfalls (Vérificateur général du Québec, 2015).

d) Patient portals and e-visits

- The patient portal is a technology whereby patients can access their entire health record, can communicate with health professionals, and can access health information. For it to be effective, the portal must be user-friendly and bidirectional and permit dialogue between all the partners and the patient. It should also promote the self-management of care.
- The analysis of the evidence regarding the impact of patient portals on safety, health, effectiveness and quality of patient care, and health-care system costs and utilization is limited and inconclusive. The known impact of patient portals can be summed up as a decrease in office visit rates, a decrease in the number of telephone contacts, an increase in the number of messages sent, better treatment adherence, better patient retention and a reduction in the number of no-shows (compared to a control group). Furthermore, it would seem that patient portals foster patients' communication with their clinician, which results in a slight increase in the clinician's workload.

e) Telephone advice and referrals

- One of the functions of telephone access points is consultation, a process by which users' calls are received and their needs assessed and dealt with by general practitioners or nurses, who provide advice or direct the users to a more appropriate service.
- Telephone consultations seem to result in a reduction in the number of immediate visits to a physician and do not seem to result in an increase in the number

emergency department visits. However, some questions remain with regard to the effectiveness of this mechanism and certain ethical and legal issues. Further research would be necessary to determine the use, cost and safety of and satisfaction with telephone consultations.

2) Access mechanisms where the system takes the initiative to make the initial contact with the user

- Outreach approaches target all socially marginalized, at-risk or reticent groups, or groups that are unable to access local services because of physical restrictions, stigmatization or financial problems.
- The success of such approaches depends on the workers' or professionals' visibility and the relationships of trust established with the population and community partners.

a) Community health workers

- An example of an outreach approach is the work done by community health workers. They proactively identify users in need of health care or social services (e.g., in an emergency department waiting room or the living environments of injection drug users) and direct them to a professional in the system.
- Community health workers play a key role by helping users navigate within the complex and often difficult-to-coordinate health care and social services system.
- Community health workers facilitate access to health care and social services for low-income groups, especially with regard to prevention and the management of chronic diseases.

b) Mobile clinics

- Mobile clinics are vehicles that have been modified to provide prevention services, health care and social services. They facilitate access to local services, especially for certain stigmatized populations.
- Optimal service continuity depends on the presence of mobile clinics integrated into the care and services continuum.
- Costs associated with the purchase and repairs of a vehicle as well as possible lack of confidentiality in smaller jurisdictions are potential issues.

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