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1 CONTEXT

→ In Quebec (Canada), access to the publicly funded primary care (PC) system can be improved because a **significant proportion of the population is still not rostered to a Primary Care (PC) practice**. These persons are referred to as **"orphan patients"**

→ A PC access point (*Guichet d'accès à la première ligne: GAP*) was launched in 2022 to enable these patients to access a medical consultation and to avoid unnecessary use of hospital emergencies.

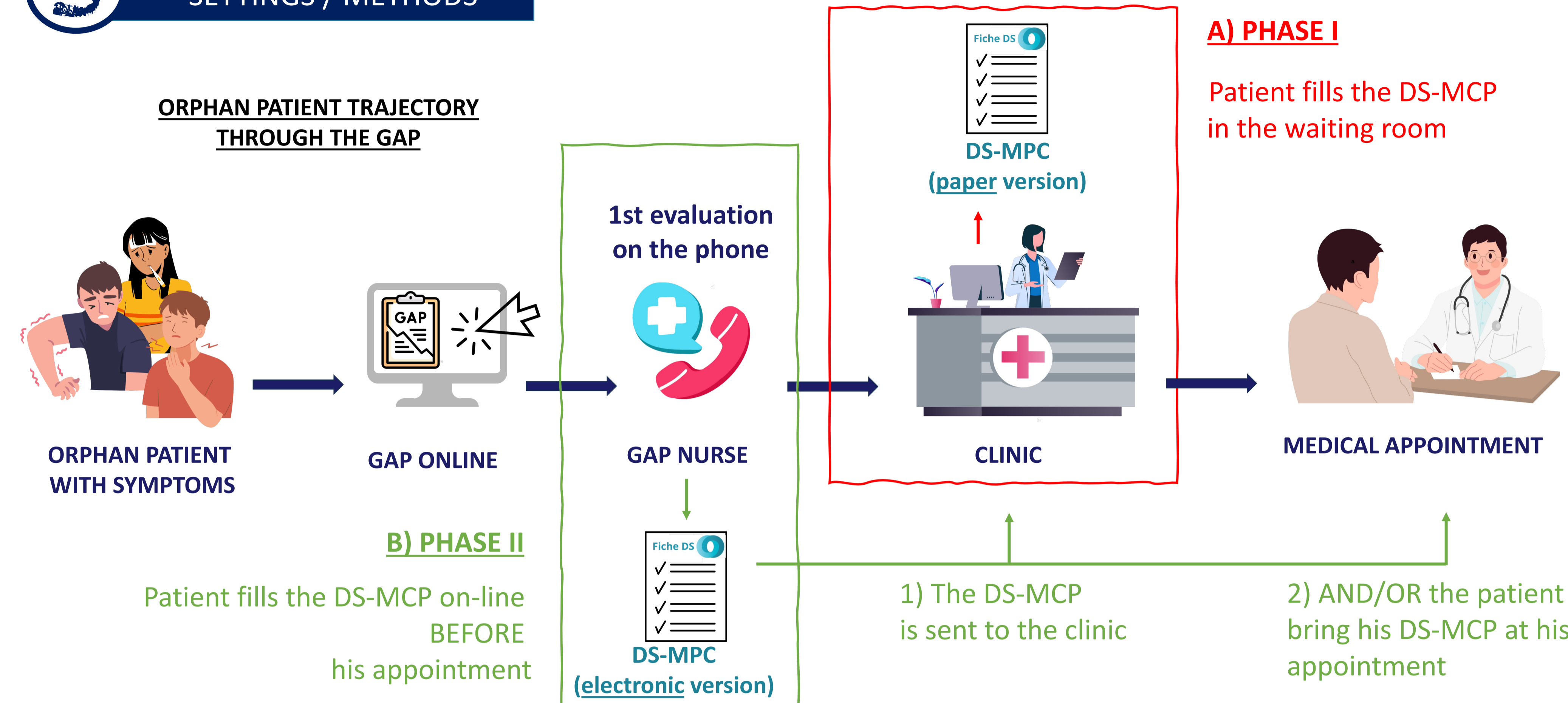
→ **Many issues** have been raised since the introduction of the GAP:

- The medical consultation provided is **short**;
- It is limited to the **evaluation of a single problem**;
- Patients are **unknown to the practice** (no previous medical chart).

What if...

We prepare the patients to better communicate their needs to improve both patient and PC provider experience?

3 SETTINGS / METHODS



By working with management and administrative staff, nurses and doctors, we are proceeding with repeated PSDA cycles to **evaluate the implementation of the DS-MCP in the GAP pathway and its impact on patients' and healthcare providers' experience**.

A) PHASE I (PILOT PROJECT):

- DS-MCP – **PAPER VERSION**
- One clinic in Montreal, Québec (CIUSSS EMTL)
- On-site patient evaluation at the clinic
- PC healthcare providers' evaluation

B) PHASE II (ONGOING PROJECT):

- DS-MCP – **ELECTRONIC VERSION**
- 2-3 clinics in Montreal, Québec (CIUSSS EMTL)
- On-line patient evaluation
- Patient focus groups
- PC healthcare providers' evaluation

2 DISCUTONS SANTÉ MEDICAL CONSULTATION PREPARATION (DS-MCP)



The goal of the DS-MCP form is to support improved professional-patient communication by **GUIDING patients in describing their problem in terms of:**

- 1) Its biomedical (symptom/problem characteristics) aspects
- 2) The patient's experience (ideas, concerns, expectations, impact)

Empowering patients to optimize their short medical consultation

EXPECTED BENEFITS

FOR THE PATIENT

- Structuring thoughts
- Prioritizing problems to discuss with the PC provider
- More time for physical examination and discussion with the PC provider

FOR THE PC PROVIDER

- Faster access to information
- More comprehensive view of the health problem and better understanding of patient priorities and perspective
- Optimization of consultation time

PREVIOUS STUDIES¹⁻³ HAVE DEMONSTRATED THAT:

FOR THE PATIENT

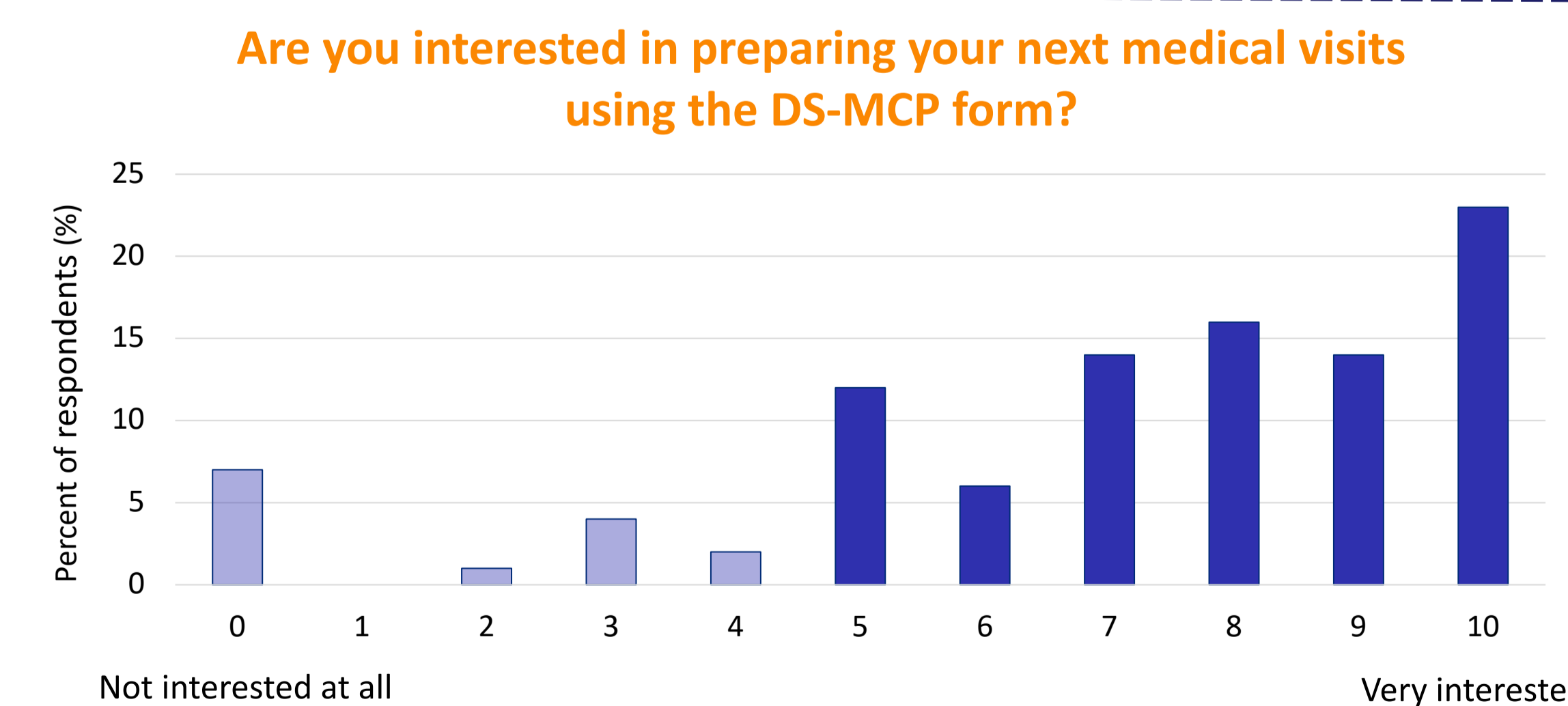
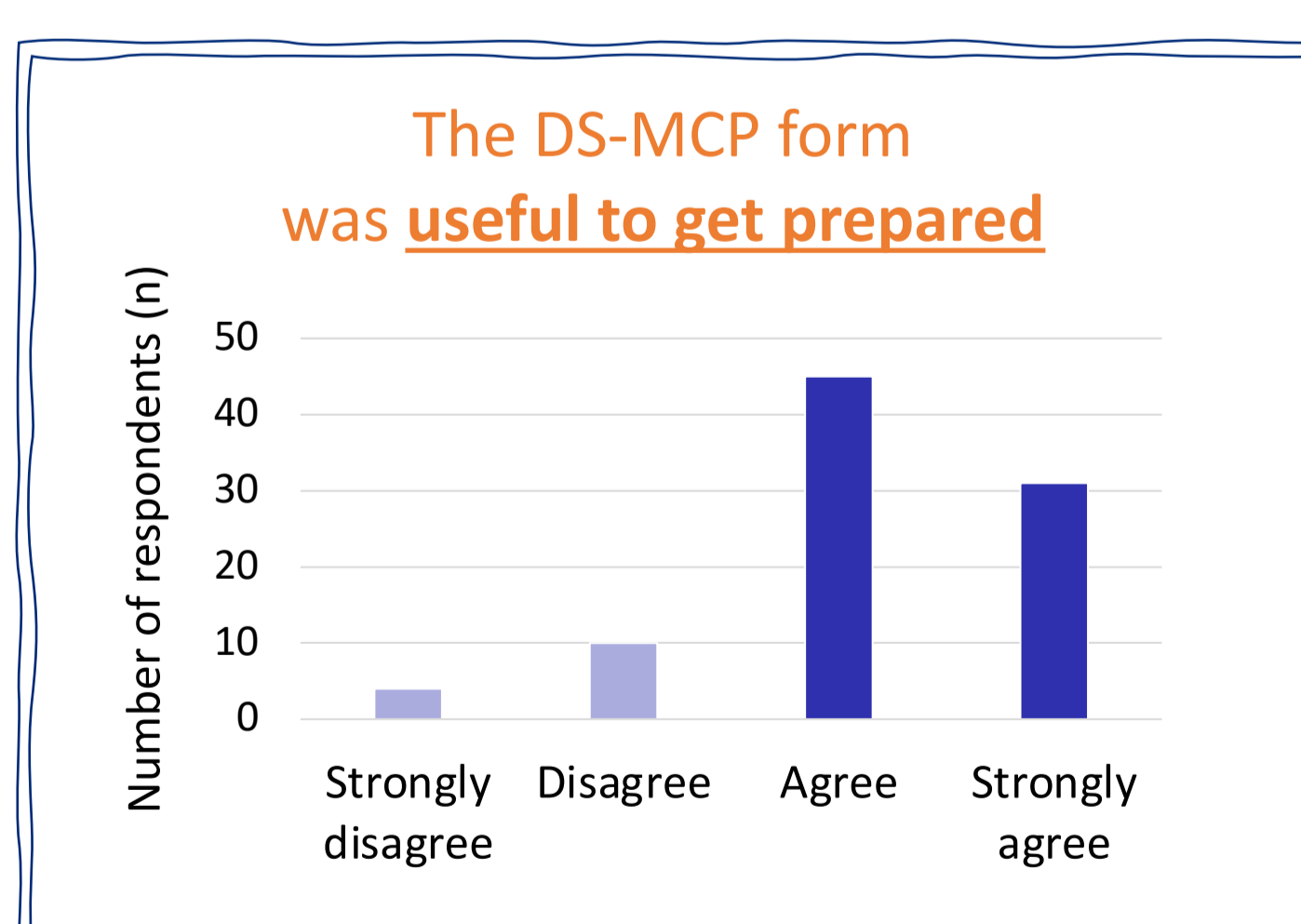
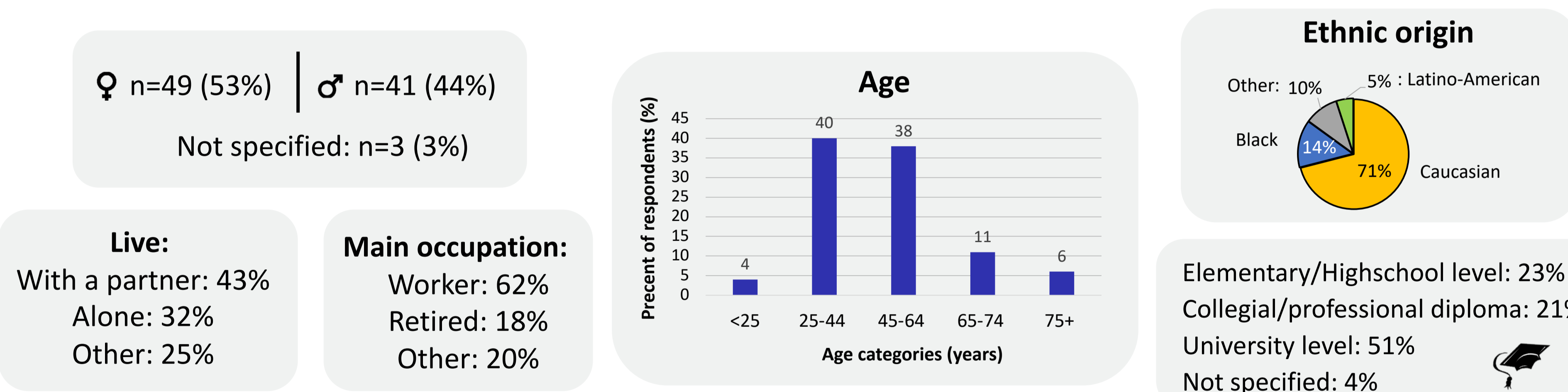
- Playing an active role in their health
- Feeling of partnership with PC provider (providing accurate and complete information)
- Reduced stress and worries about forgetting

FOR THE PC PROVIDER

- Does not interfere with the medical consultation
- Does not extend the consultation time

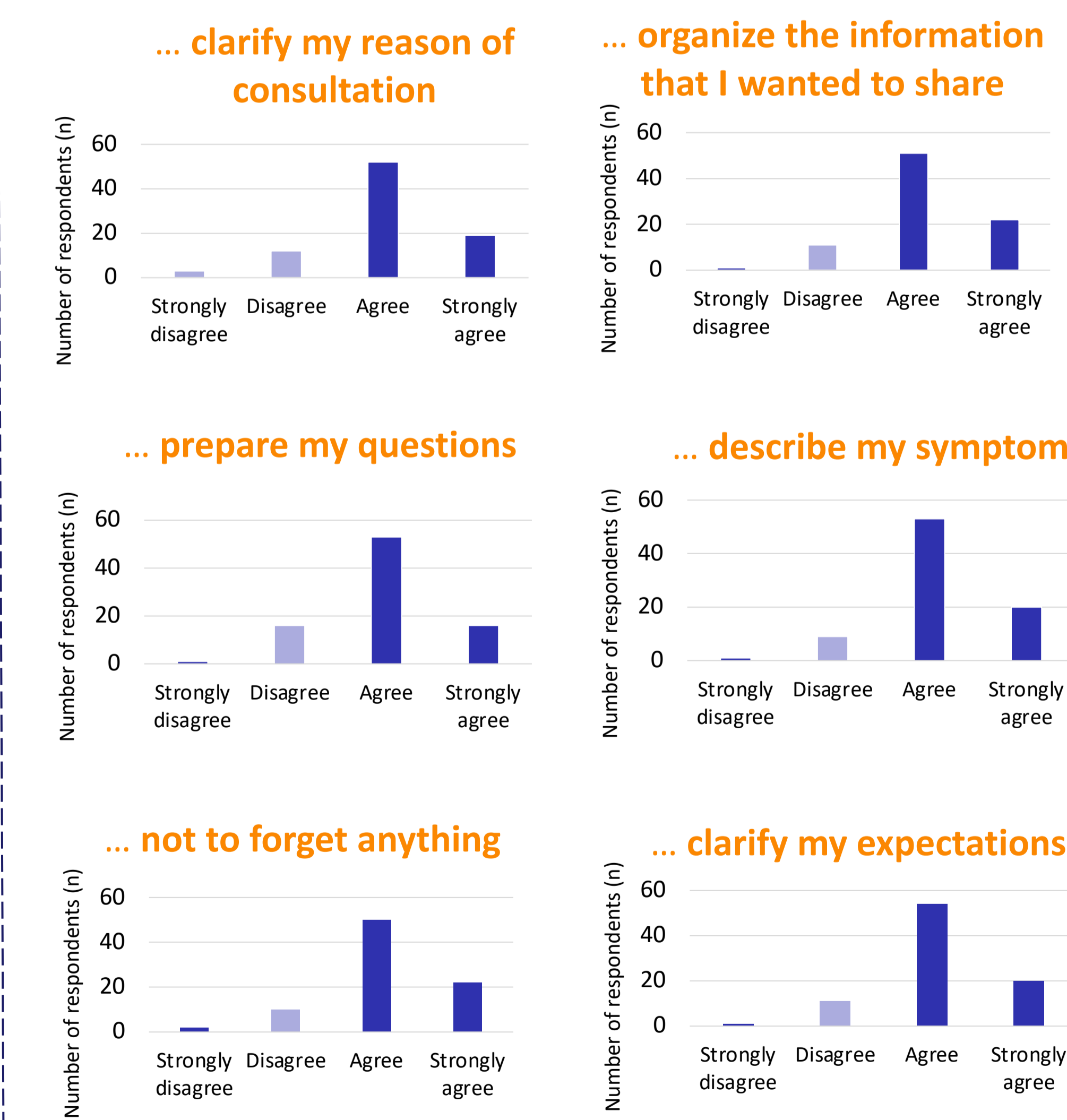
4 RESULTS – PILOT PROJÉT – DS-MCP (paper version)

The **uptake by patients** was evaluated by post-consultation patient and PC provider questionnaires.



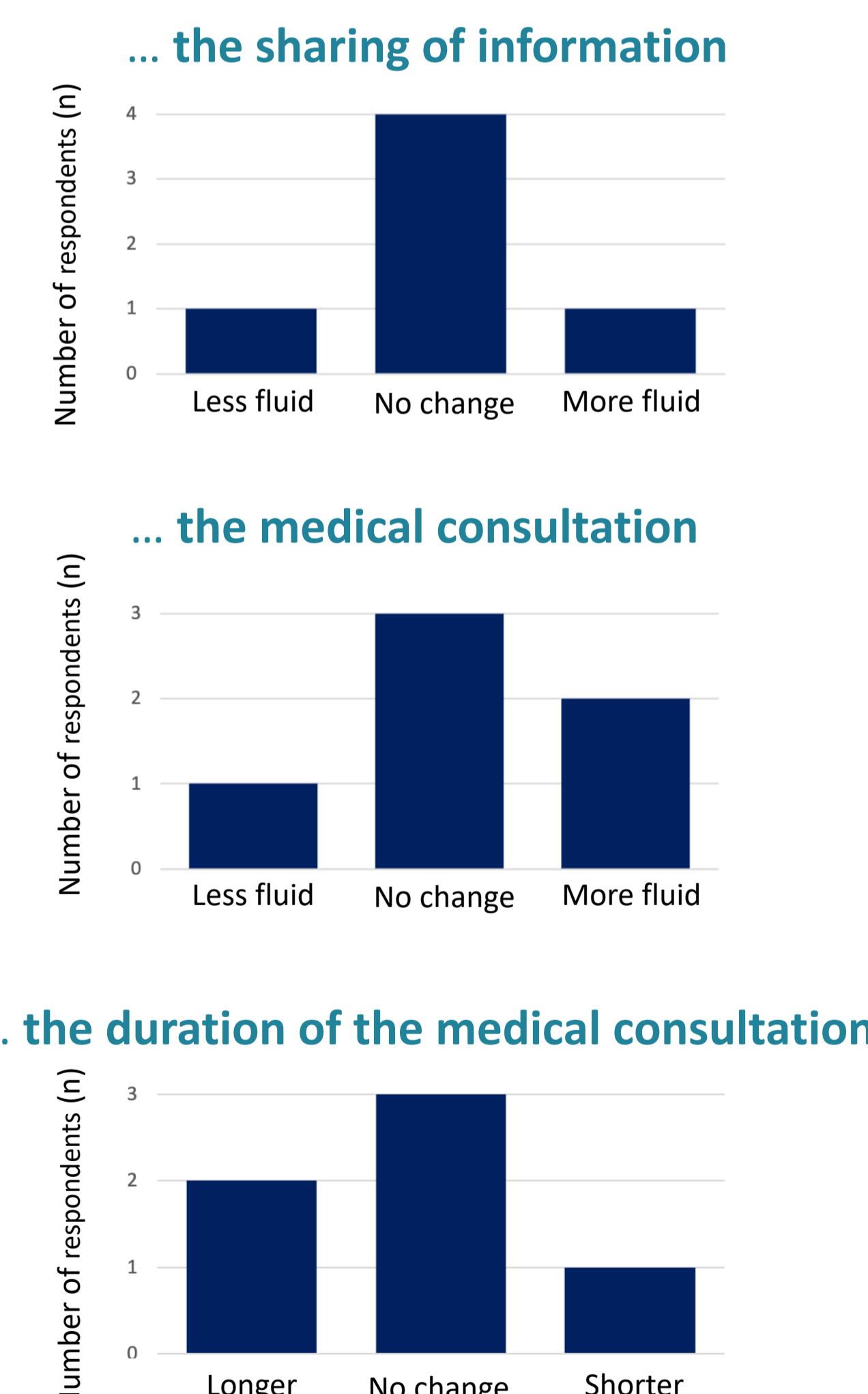
FOR THE PATIENT

« I found that the DS-MCP helped me to ... »



FOR THE PC PROVIDER

« The introduction of the FPC-DS makes... »



5 CONCLUSION

This project represents an example of a rigorous implementation process of a communication intervention in a real-life care setting that will provide important data on the specific facilitators and challenges faced in scaling-up evidence-based communication practices.



ACTIVATED PATIENT + PC PROVIDER → Efficient GAP consultation



REFERENCES: 1- Lussier MT et al., I am ready to see you now, Doctor! A mixed-method study of the Let's Discuss Health website implementation in primary care, Health Expect., 2021, 24(2):243-256. DOI: 10.1111/hex.13158, 2- Lussier MT et al. The impact of a primary care e-communication intervention on the participation of chronic disease patients who had not reached guideline suggested treatment goals. Patient Educ Couns, 2016, 99:530-541. DOI: 10.1016/j.pec.2015.11.007, 3- Richard C et al. Communication and patient participation influencing patient recall of treatment discussions. Health Expect., 2017, 20(4):760-770. DOI: 10.1111/hex.12515