
CONFERENCE ABSTRACT**Implementation of an integrated care pathway in primary care clinics to improve the health of older adults: a realist evaluation**

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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Introduction

Older adults look to their primary care practitioners to assess their needs and coordinate their care, but their health concerns are often missed in too-short office visits and appropriate referrals may not be made for further assessment or community services. We have therefore implemented a novel care pathway in primary care clinics, consisting of three integrated strategies: frailty screening using an interRAI instrument; shared decision-making to choose a treatment plan using decision aids; and facilitated access to specialized assessment and community resources using a novel digital platform.

Aims Objectives Theory or Methods

We aimed to describe how, for whom and under what circumstances the proposed pathway was correctly implemented. We used a realist evaluation, based on mixed-methods. Four family medicine clinics in Quebec agreed to implement it. We asked older adults (aged 70+) rostered in these clinics, healthcare providers (HCPs), and clinic managers, to complete surveys before and after the implementation (CIHI providers and organizational surveys, PACIC, EQ-5D-5L). Interviews were conducted to understand and describe the factors influencing implementation fidelity. We used mixed statistical models, inductive/deductive thematic analyses guided by the Consolidated Framework for Implementation Research. Findings were integrated into Context-Mechanism-Outcome configurations.

Highlights or Results or Key Findings

We recruited 113 HCPs (73%women), 310 older adults (58%women, mean age 79.06 ± 5.6SD). We conducted 34 interviews with a sample of older adults and eight focus groups (40participants) with HCPs and managers. Only one of the four participating clinics fully implemented the pathway. We found increased patient activation and pain/comfort after implementation. The clinic with full implementation showed, high fidelity in using screening (91% older adults), low fidelity in using decision aids (35%) and the referral platform (2%). Good collaboration between the implementation

and clinical teams and co-designing the pathway (C), generated good perceptions and receptivity towards the pathway (M), leading to a better acceptability and adoption (O).

Conversely, internal challenges (logistical, administrative, human resources) (C) led participants to perceive the pathway as requiring too many resources, as less of a priority and more likely to hinder their objective of accessibility and attendance to the clinic (M), leading to abandonment (O).

Conclusions

Collaboration between the implementation and clinical teams, and promotion and support of the pathway at the organizational level, are key factors to implementation success of strategies to improve primary care of older adults.

Implications for applicability/transferability sustainability and limitations

Results of this study highlight the importance of good collaboration and user involvement in implementing similar integrated approaches. Obstacles encountered and lack of completion in study sites highlight the challenges of implementing strategies to enhance integrated care in primary care settings.