



Spotlight Presentation 2-4: Journey Mapping of an Unattached Patient's Primary Care Visit

Presenter:

<ul style="list-style-type: none">• Anna Chavlovski	Family physician, primary care lead	Loyalist family health team, Frontenac, Lennox & Addington Ontario Health Team
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Co-author: Monica LaBarge

Description:

This qualitative study aims to understand the current primary care experience from the unattached community members' perspective using journey mapping, a co-design and engagement tool. The results are being incorporated into an evidence-based Health Home and Neighborhood model in the FLA OHT region, prioritizing rapid improvement opportunities.

Session objectives and learning outcomes:

- Identify barriers and pain points of a primary care visit from the unattached patient's perspective
- Explore opportunities to improve the primary care visit experience based on journey mapping results
- Apply journey mapping approaches to specific practice settings

Full description:

Challenge:

Journey mapping is a co-design and engagement tool employed in service and product design to build empathy and compassion for the user's experience and focus on identifying opportunities for improvement. It can be employed to provide a holistic picture of the individual's experience, capturing the environmental and contextual factors that impact their interactions with the healthcare system across both interactions with a single clinician and broader continua of care.

Healthcare in Ontario is experiencing primary care provider (PCP) shortages: out of the 207,806 people receiving care in the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT) attributed region, 19,297 are uncertainly attached, and 1.3 million Ontarians report being unattached to a PCP. To understand the experience of these unattached community members as they seek primary healthcare, they must be deeply engaged for feedback.

Action:

The project aims to understand the current primary care experience from the unattached community members' perspective using journey mapping. The information gathered from this study will inform the design and implementation of the Health Home model in the FLA-OHT region and support OHT and CFPC visions of patient-centred integrated primary care. Journey mapping is especially appropriate for meaningfully engaging the community in this ongoing radical transformation process.

The specific objectives of this project are:

- 1) to describe the unattached patient's primary care journey in FLA-OHT region;

- 2) to identify pain points and barriers throughout this journey; and
- 3) to explore opportunities for improvement in primary care generally as well as specifically with this population.

This qualitative study conducted in the FLA-OHT attributed region included 6 interviews and 2 focus groups conducted with community members to elicit their primary care experience. Participants were passively recruited via FLA OHT social media channels, posters in the community, and snowball recruitment. Nineteen community members aged 18 to 74 (6 male, 12 female, 1 non-binary; 5 BIPOC) participated. The data was thematically analyzed and organized in a final patient journey map model organized by phases of the journey from pre-visit to post-visit.

Impact:

The resultant journey map elucidates thick qualitative feedback on an unattached community member's experience during a primary care visit and identifies pain points and barriers throughout the journey. It focuses on opportunities for improvement at both individual practice and systemic levels. Several important themes emerged through data analysis.

Participants expressed a real sense of hopelessness, anxiety, desperation, and fear about not having a PCP and what that means for both acute issues and their long-term health. The costs of not having a PCP in terms of mental and emotional load and the time it takes to access fragmented non-relational care were substantial. The lack of the lynchpin of PCP into further treatment was a real barrier to meaningful treatment, and for individuals with chronic conditions or mental health issues, if they did get care at all, the lack of continuity after the single interaction with a healthcare provider caused sustained health impacts.

Trajectory:

The perspectives articulated in this data are being incorporated into an evidence-based Health Home and Neighborhood model in the FLA region, prioritizing rapid improvement opportunities, e.g., digital tools and communication between primary care providers and specialists. The next phase is to examine the PCP experience to identify what opportunities for improvement overlap between community member and provider perspectives. This would further align OHT priorities and expand co-design with the local community.