

## Overview of the selected intervention in Quebec

### Health service broker: connecting unattached vulnerable patients to family physicians.

**Rationale:** Quebec has a shortage of family physicians and 25% of the population is unattached to a family physician. The ministry of health has created a centralized list of unattached patients prioritized by severity of health condition. Family physicians are reluctant to enroll socially vulnerable patients from the list, especially those of low socioeconomic status or those with a mental health diagnosis, because: they feel unequipped to deal with these patients' complex psychosocial needs; find these patients unreliable (miss appointments, poor adherence to treatments, use healthcare services inappropriately); and find communication with these patients difficult. Therefore, these patients often stay on the waiting list longer than the average wait time of nearly three years. Patients without a regular family physician do not have access to appropriate primary medical care and are likely to use the emergency department for low-acuity care or experience avoidable health decline. Two neighbourhoods in the Montérégie health region have been identified as having high levels of social vulnerability and a high prevalence of unattached patients and use of emergency departments.

**Targeted population:** Unattached patients in two high deprivation neighborhoods (e.g., low income, high unemployment, low social support), especially those with mental health diagnoses or poor health.

**Intervention:** A health service broker with some features of a community health worker (CHW) is assigned to primary care practices that have agreed to enroll the unattached target patients from the centralized waiting list or seen at a walk-in service. The health service broker will be a social worker with a modified role (in-reach to PHC from specialized services). The health service broker's role is to connect vulnerable patients to the family physician and needed social and community services, to support primary care practices in providing acceptable and appropriate care, and to help patients develop navigation skills and overcome barriers to access. The broker will reach out to selected unattached patients, assess their vulnerability using the **6 items social vulnerability index**, assess their health and social needs, plan and accompany the patient to the first visit if needed and support continued navigation in the system, including facilitating referrals and access to health, social and community services. The brokerage relationship will terminate when the patient has developed navigational confidence and an enduring relationship with the FP (expected 6 months) at which time the broker will hand over the duty of care to the family physician (i.e. not a case manager).

The intervention aims to improve the ability of vulnerable patients to reach and engage with health services, to receive appropriate primary medical care and referrals to health, social and community services; this is expected to lead to reduced use of the emergency department and reduced unmet needs for healthcare. The intervention will enhance the primary care practitioner and practices' skill and confidence to treat vulnerable patients, to integrate clinic processes and procedures that enhance access, and to establish collaborative inter-professional and inter-organizational relationships.

One clinic has accepted our proposal, and the intervention is set to start on December 1<sup>st</sup>.

**Links with primary healthcare:** Two to four primary care practices proximal to the target neighbourhoods will enroll approximately 50 to 100 new vulnerable patients each.

**Local Partners:** Two local health network authorities, two local general practice divisions, regional public health, community development organizations serving the two neighbourhoods.