

Access and Flow in Interprofessional Primary Care: Analysis of the 2025/26 QIP Submissions

This summary shares insights from the **Access and Flow** section of the 302 **Quality Improvement Plans (QIPs)** submitted by interprofessional primary care teams for 2025/26.

Progress Report

- Most common **successes or enablers**:
- Improved access to urgent care
 - Better schedule management for providers
 - Use of digital tools for efficiencies
- Most common **challenges or barriers**:
- Staff shortages, turnover, and workload challenges
 - Costs of using and implementing technology

Common change ideas: screening indicators

-  Use EMR searches to determine those overdue for screening
-  Follow up with overdue patients (via secure message, phone, or email)
-  Educate patients on the importance of screening
-  Improve access to screening (e.g., medical directives, unattached patient clinics, scope of practice)

Workplan Performance

Indicator progress

Returning indicators:

825 new patients or clients enrolled per team (↑31 from last year)

75% of patients or clients felt they received **timely access** to care (↑ 2% from last year)

New indicators:

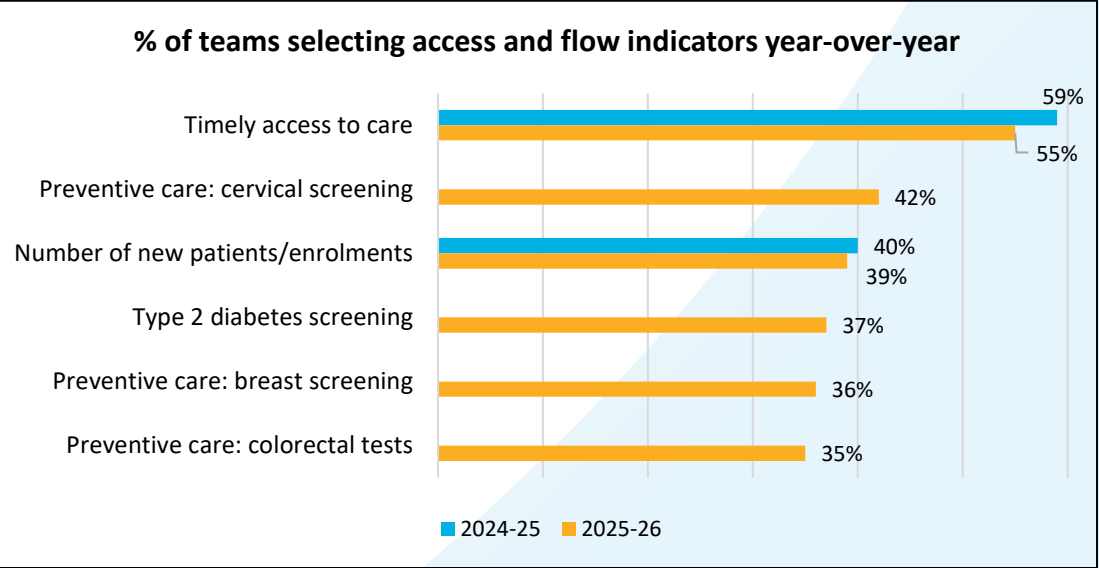
69% of patients or clients with **type 2 diabetes** are up to date with HbA1c monitoring

69% of screen-eligible people are up to date with **cervical screening**

68% of screen-eligible people are up to date with **colorectal tests**

66% of screen-eligible people are up to date with **breast screening**

Indicator uptake for 2025/26



Common change ideas: access and attachment

-  Use various **types of appointments** to increase access (e.g., same day/next day, virtual, after hours)
-  **Increase appointment availability** (e.g., calculate supply and demand, determine wait times, schedule optimization)
-  **Create efficiencies** in the clinic to roster additional patients (e.g., streamline intakes, determine panel size, improve workflows)
-  **Advertise with local referral pathways** to reach unattached patients

Narrative Report Themes

- Community partnerships for chronic disease, mental health, and social services
- Outreach to unattached patients and marginalized populations
- Integration with OHTs to align with regional health priorities

To review the data and learn more about the QIPs submitted across the province, visit [Query QIPs](#).