Alliance for Healthier Communities
Alliance pour des communautés en santé

Rapid Action Learning Intensives (RALIs)

A Framework for Advancing Equitable Intake, Attachment, and Access to Primary Care

PRESENTERS
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CONTEXT & PROBLEM DEFINITION

Intake is the front door to primary care access

Persistent System Challenge

- Timely and equitable attachment to primary care remains a systemic barrier across communities in Ontario.

Reframing the Administrative Burden

- Intake is rarely just administrative — it is a critical clinical decision shaping equity and continuity of care.

Impact of Inconsistency

- Unstandardized and inconsistent intake, triage, and scheduling can drive delays, create bottlenecks and deepen inequities.



Rapid Action Learning Intensive for Access and Attachment (RALI-AA)

Adapting proven learning collaborative methodology to empower primary care teams to implement and sustain equitable intake.

Peer Learning Network

Connects primary care organizations across Ontario to share real-time change ideas and practical solutions.

QI Coaching & Support

Provides dedicated quality improvement coaching, online modules, and structured workbooks for team guidance.

Workflow Optimization

Embeds standardized workflows into daily practice to support seamless client attachment and equitable access.

RALI-AA: Resources and supports

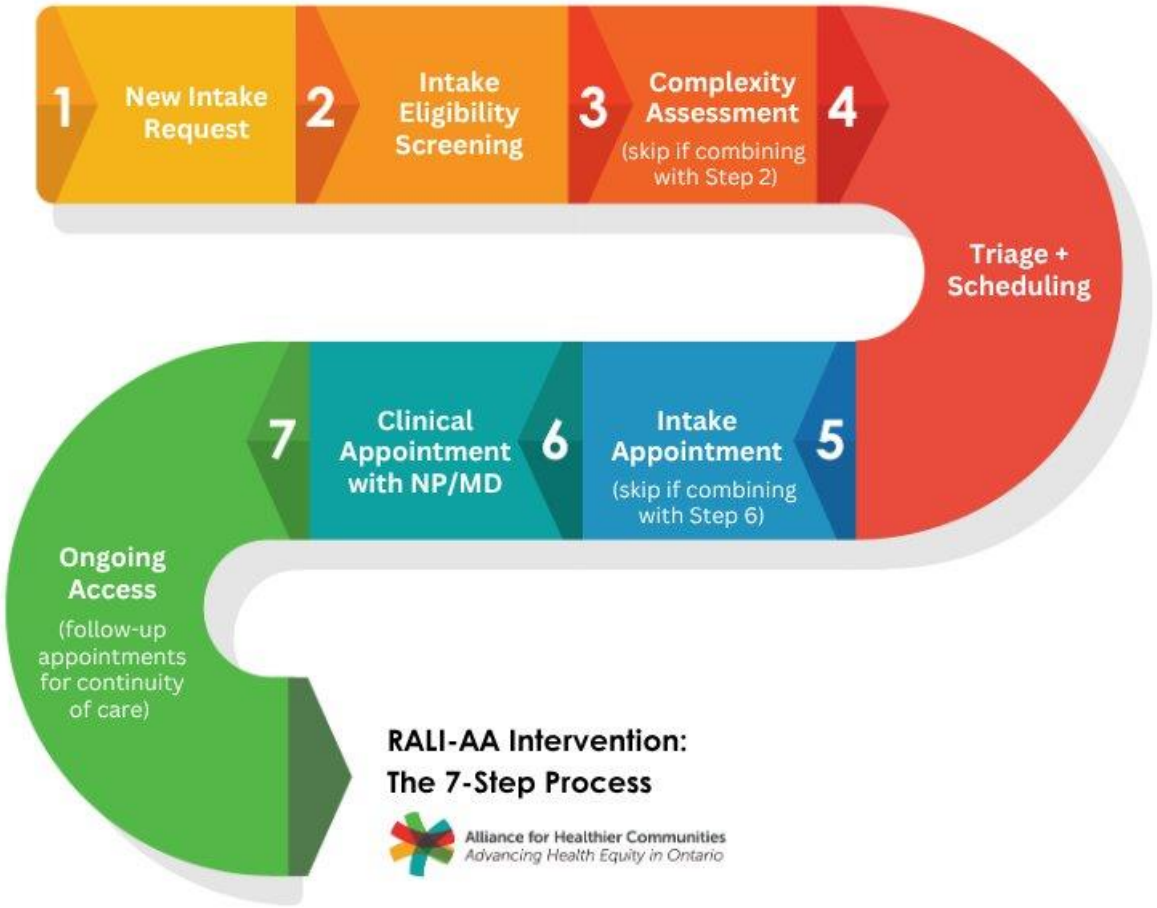
- Bilingual **How-To Guide + Workbook**
- Learning Sessions, Sharing Sessions and Capstone Event
- QI tools, tips + resources, EMR tools + custom forms + OceanMD templates
- Recordings + slide decks
- Tailored QI coaching with 1:1 option for members



The RALI-AA Intervention: The 7-Step Intake Process

The RALI-AA framework supports primary care organizations in adopting a structured 7-step intake process for unattached clients through:

- Standardized info collection
- Complexity assessments
- Equitable triage
- Protected capacity
- Interprofessional team engagement
- Clear referral pathways
- Standard work conversion



TIGHT and LOOSE elements: Balancing consistency with local adaptability

How do we balance the need for consistency in a process while considering the unique social, contextual and dynamic nature of your organizations and your clients?

TIGHT

Tight elements are the **core steps that must be done each** and **every time.**

LOOSE

Loose elements can be **customized to "fit" your unique nature** at each step.

Step 3: Complexity assessment

TIGHT

Why is step 3 tight?

- Categorizes **less** complex versus **more** complex clients.
- Allows teams to determine if a client would benefit from **additional intake support**.
- Helps to **determine priority** for the triaging and scheduling process.

LOOSE

How is step 3 loose?

- **WHICH** tool is used
- **WHAT** factors are included
- **WHO** administers and/or completes it
- **WHEN** it is administered
- **HOW** it is administered
- **HOW** complexity is calculated

Step 4: Triage + scheduling

TIGHT

Why is step 4 tight?

- Provides a **consistent approach** for assessing client needs, determining the appropriate level and type of care, and coordinating follow-up.
- Helps **optimize and maximize** the skills of the interprofessional team, improve access to care, and improve overall efficiency of services provided.

LOOSE

How is step 4 loose?

- **HOW MANY** weekly **intake** and **follow-up** appointment blocks are protected for more versus less complex clients
- **WHO** performs the triage
- **WHO** schedules intakes and follow-ups
- **HOW SOON** intakes will be scheduled
- **WHAT** other services could be offered to clients waiting for intake

QUALITY IMPROVEMENT METHOD

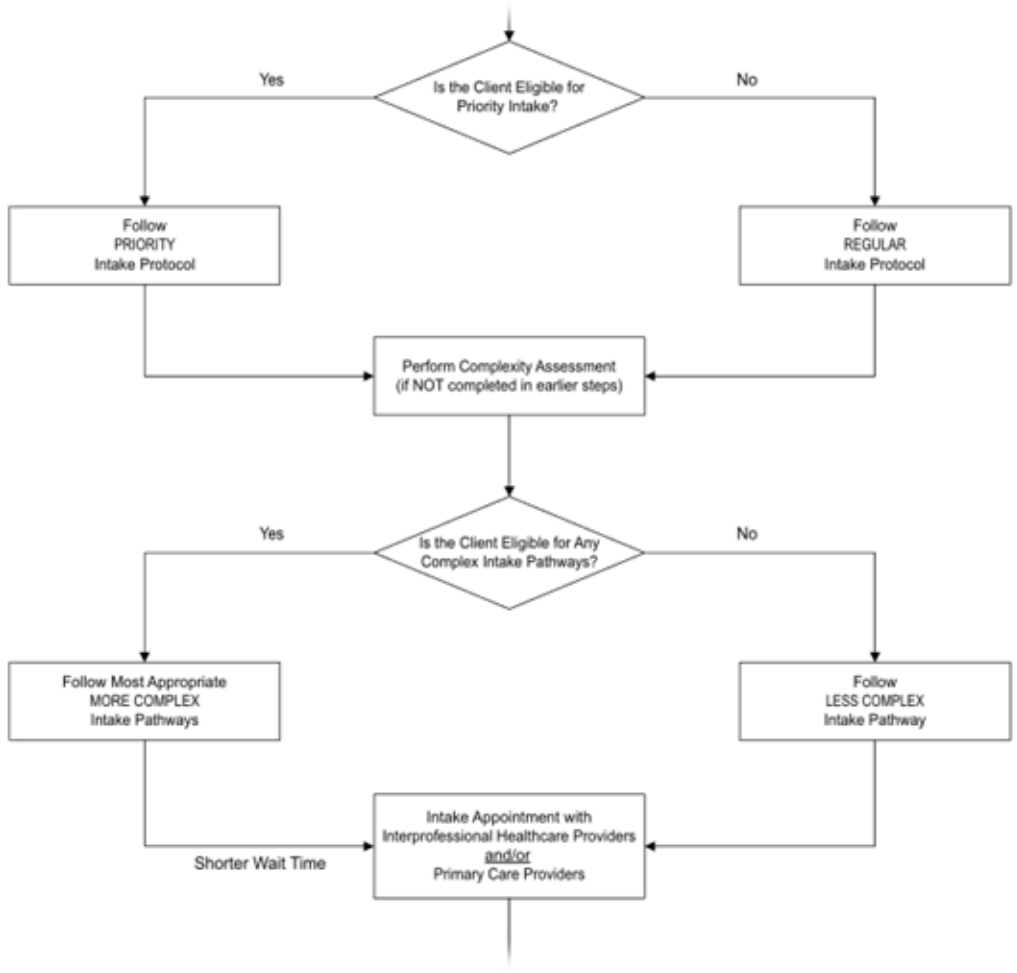
From existing workflows to standard work

01 Process Mapping
Identify current bottlenecks, delays, and inequities in existing intake.

02 Aim & Workflow Design
Define explicit intake targets and co-design future-state workflows.

03 Iterative Testing (PDSA Cycles)
Test small change ideas rapidly in daily clinical practice.

04 Standard Work Embedment
Convert validated interventions into sustainable organizational routines.



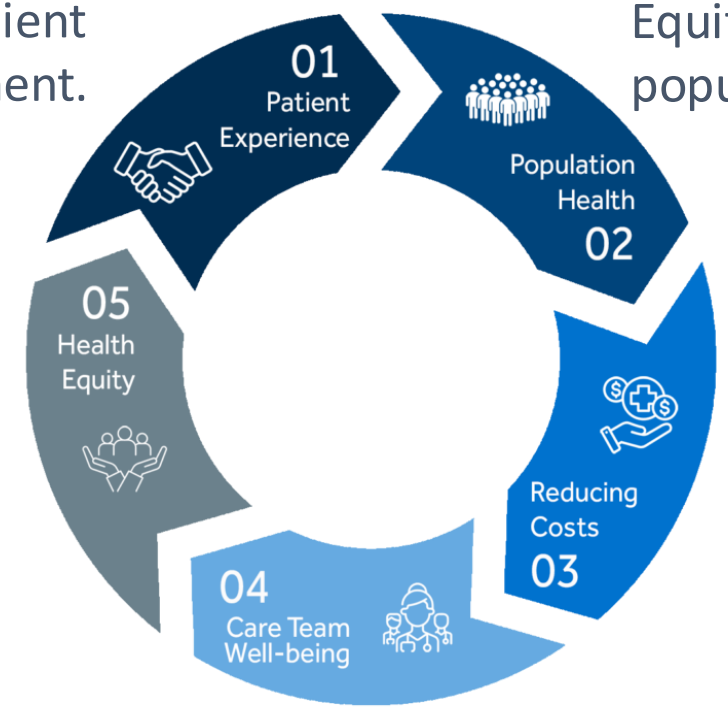
Measuring impact across key dimensions

Reduced Wait Times

Accelerated timeline from client registration to first appointment.

Access to Primary Care

Equitable intake provides access to care for populations historically marginalized.



Consistent Triage

Complexity assessments categorize clients and triage to the right provider, at the right place, at the right time.

Team Capacity for Care

Maximized resources via optimized interprofessional roles and reduced provider burnout.

Staff Experience

Improved administrative clarity and enhanced interprofessional morale.

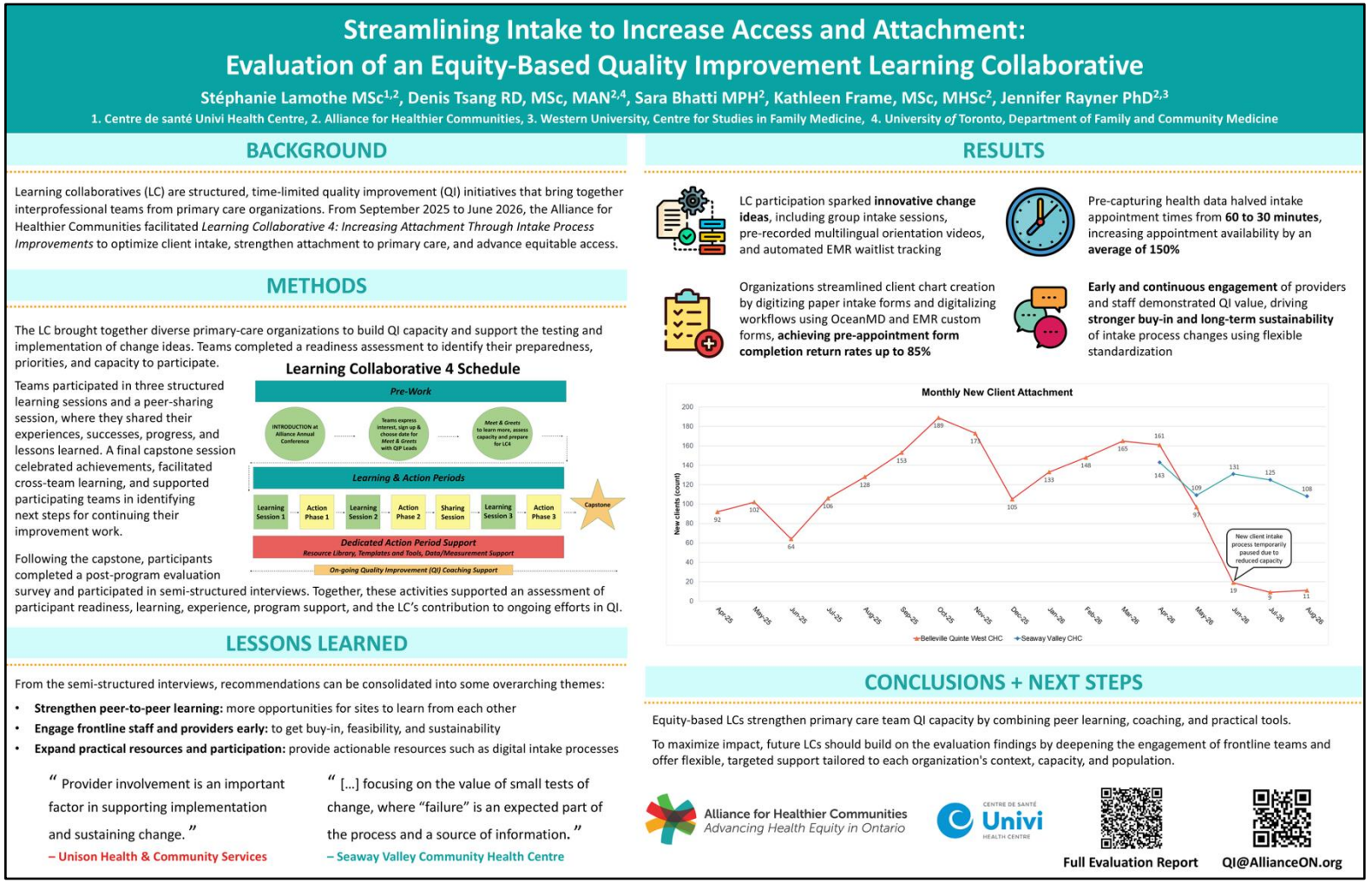
Are you curious to know more about the Learning Collaborative results which helped inform this RALI?

Come chat with us at

POSTER #21

from

3:10 – 4:30 PM



Streamlining Intake to Increase Access and Attachment: Evaluation of an Equity-Based Quality Improvement Learning Collaborative

Stéphanie Lamothe MSc[1,2], Denis Tsang RD, MSc, MAN[2,4], Sara Bhatti MPH[2], Kathleen Frame, MSc, MHSc[2], Jennifer Rayner PhD[2,3]

1. Centre de santé Univi Health Centre, 2. Alliance for Healthier Communities, 3. Western University, Centre for Studies in Family Medicine, 4. University *of* Toronto, Department of Family and Community Medicine

BACKGROUND

Learning collaboratives (LC) are structured, time-limited quality improvement (QI) initiatives that bring together interprofessional teams from primary care organizations. From September 2025 to June 2026, the Alliance for Healthier Communities facilitated *Learning Collaborative 4: Increasing Attachment Through Intake Process Improvements* to optimize client intake, strengthen attachment to primary care, and advance equitable access.

METHODS

The LC brought together diverse primary-care organizations to build QI capacity and support the testing and implementation of change ideas. Teams completed a readiness assessment to identify their preparedness, priorities, and capacity to participate.

Teams participated in three structured learning sessions and a peer-sharing session, where they shared their experiences, successes, progress, and lessons learned. A final capstone session celebrated achievements, facilitated cross-team learning, and supported participating teams in identifying next steps for continuing their improvement work.

Learning Collaborative 4 Schedule

Following the capstone, participants completed a post-program evaluation survey and participated in semi-structured interviews. Together, these activities supported an assessment of participant readiness, learning, experience, program support, and the LC's contribution to ongoing efforts in QI.

LESSONS LEARNED

From the semi-structured interviews, recommendations can be consolidated into some overarching themes:

- **Strengthen peer-to-peer learning:** more opportunities for sites to learn from each other
- **Engage frontline staff and providers early:** to get buy-in, feasibility, and sustainability
- **Expand practical resources and participation:** provide actionable resources such as digital intake processes

> " Provider involvement is an important factor in supporting implementation and sustaining change. "
>
> – Unison Health & Community Services

> " [...] focusing on the value of small tests of change, where "failure" is an expected part of the process and a source of information. "
>
> – Seaway Valley Community Health Centre

RESULTS

LC participation sparked **innovative change ideas**, including group intake sessions, pre-recorded multilingual orientation videos, and automated EMR waitlist tracking

Pre-capturing health data halved intake appointment times from **60 to 30 minutes**, increasing appointment availability by an **average of 150%**

Organizations streamlined client chart creation by digitizing paper intake forms and digitalizing workflows using OceanMD and EMR custom forms, **achieving pre-appointment form completion return rates up to 85%**

Early and continuous engagement of providers and staff demonstrated QI value, driving **stronger buy-in and long-term sustainability** of intake process changes using flexible standardization

CONCLUSIONS + NEXT STEPS

Equity-based LCs strengthen primary care team QI capacity by combining peer learning, coaching, and practical tools.

To maximize impact, future LCs should build on the evaluation findings by deepening the engagement of frontline teams and offer flexible, targeted support tailored to each organization's context, capacity, and population.

Alliance for Healthier Communities
Advancing Health Equity in Ontario

Univi Health Centre

Full Evaluation Report

QI@AllianceON.org

Overcoming common barriers



Staff Capabilities

Coaching bridges knowledge gaps in the 7-step intake process, QI tools or other team-specific needs.



Workflow Bottlenecks

Process mapping reveals redundant admin steps and clarifies roles and triage pathways.



Resource Constraints

Shared toolkits and EMR templates minimize organization-level administrative overhead.



Team Motivation

Peer learning networks foster community support and celebrate rapid QI wins.

Key takeaways for primary care teams

1. Intake is a clinical and organizational decision system

Shift from viewing intake as a clerical task to recognizing it as critical to equitable access, and involves everyone who “touches the process”.

2. Complexity-informed triage advances equity

Standardizing assessments ensure vulnerable and unattached populations receive timely, appropriate care.

3. Adaptable scaling across diverse primary care settings

The tight and loose elements of the RALI framework enable seamless adaptation across interprofessional teams in diverse primary care organizations.

“Equitable access to healthcare means ensuring everyone, regardless of their background or circumstances, has a fair opportunity to achieve their full health potential. This involves reducing unnecessary and avoidable differences in health outcomes and addressing barriers that prevent individuals from accessing necessary care.”



QUESTIONS?

Thank you!

Merci!

Miigwetch!

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