CANDIDACY 2.0 (CC) – AN ENHANCED THEORY OF ACCESS TO HEALTHCARE FOR CHRONIC CONDITIONS: LESSONS FROM A CRITICAL INTERPRETIVE SYNTHESIS ON ACCESS TO RHEUMATOID ARTHRITIS CARE

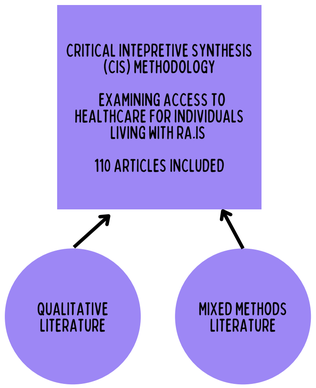
BY SHARON KOEHN, ALLYSON JONES, CLAIRE BARBER, LISA JASPER, ANH PHAM, CLIFF LINDEMAN, AND NEIL DRUMMOND

People living with chronic conditions often experience barriers to accessing healthcare which can result in delays in diagnosis, treatment, and management of the conditions.

Further research is necessary to understand the many factors that affect the process of attaining a diagnosis and ongoing care for chronic conditions.

The Candidacy Framework, proposed by Dixon-Woods in 2006, conceptualizes healthcare access as a dynamic process influenced by individual, interpersonal, institutional, and infrastructural factors, and includes seven dimensions that patients interact with while accessing health services.

We used the Candidacy Framework to explore the experiences of individuals living with rheumatoid arthritis (RA) and their care providers to better understand the barriers they encounter.



Candidacy 2.0 (CC) – an enhanced theory of access to healthcare for chronic...

Background The Dixon-Woods et al. Candidacy Framework, a valuable tool since its 2006...

BioMed Central / Aug 26

OUR RESULTS FRAMED IN THE SEVEN DIMENSIONS OF CANDIDACY

1 IDENTIFICATION

People often rationalize early RA symptoms, attributing them to other causes. Lack of public knowledge about RA leads to delayed medical consultation. Family members can influence the decision to seek medical advice

2 NAVIGATION TO SERVICES

Once the need for medical attention is recognized, people typically consult primary care physicians. Some proactive patients use the internet to self-advocate for referrals. Navigating to specialists like podiatrists and psychologists is challenging due to lack of information and clear pathways.

3 APPEARANCES

Patient confidence, assertiveness, and socioeconomic status significantly impact RA care access. Cultural factors and past experiences shape patient-provider interactions. Improving communication and health literacy is key.

4

Provider biases, lack of RA expertise, and system constraints hinder RA care access. Person-centered care and better RA education for primary care providers are recommended solutions.

5 ACCEPTANCE/RESISTANCE

Medication adherence varies widely. Side effects and administration burden can lead to non-adherence. Tailored, flexible exercise programs benefit patients. Expert guidance and person-centered approaches are valued in both medication and exercise contexts.

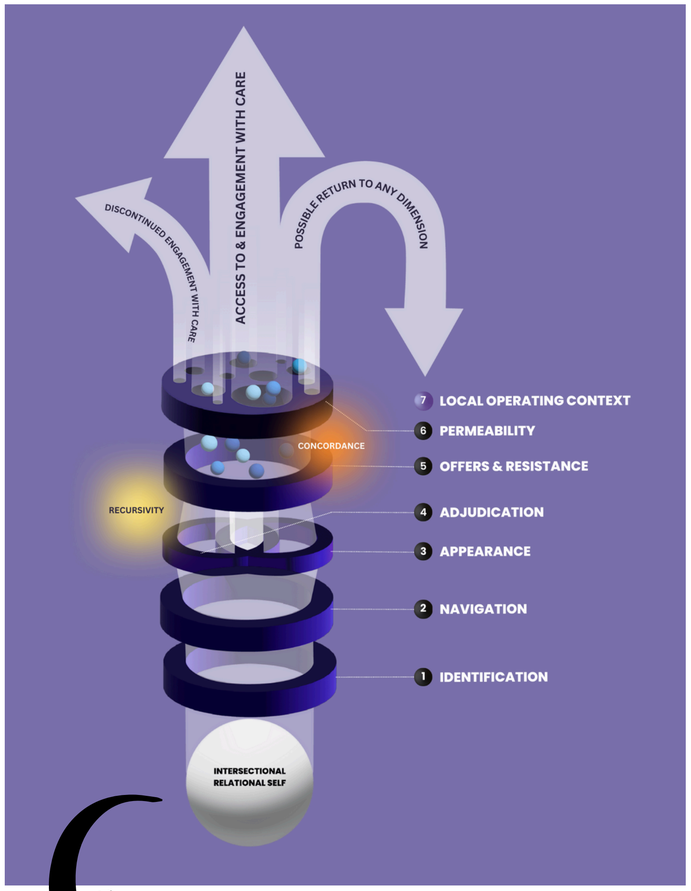
6 PERMEABILITY

New care models aim to increase system permeability. Approaches include person-centered care, outreach services, multidisciplinary teams, and central intake systems. Each approach has benefits and challenges in implementation.

7 LOCAL OPERATING CONDITIONS

Access to RA care is especially compromised in rural and remote areas due to provider scarcity and travel distances. Out-of-pocket costs and lack of local resources further complicate access. Even in urban areas, local factors like housing location can affect access to care.

THE REVISED MODEL CANDIDACY 2.0 (CHRONIC CONDITIONS)



8TH DIMENSION OF ACCESS: THE EMBODIED SELF

The need for an 8th dimension of access, "The Embodied Self", arises from the CandidacyFramework's failure to fully capture how illness impacts identity and selfhood for people living with rheumatoid arthritis (PlwRA).

This new 8th dimension encompasses:

- RA as an embodied experience affecting body, mind, and sense of self
- Forced reappraisal of selfhood due to biological disruption
- Impact on various aspects of identity (gender roles, appearance, social roles)
- Intersectionality of identity factors
- Influence of social networks on self-perception
- Mental health consequences affecting access to care
- Treatment resistance as an attempt to regain control over identity

KOEHN, S., JONES, C.A., BARBER, C. ET AL. CANDIDACY 2.0 (CC) – AN ENHANCED THEORY OF ACCESS TO HEALTHCARE FOR CHRONIC CONDITIONS: LESSONS FROM A CRITICAL INTERPRETIVE SYNTHESIS ON ACCESS TO RHEUMATOID ARTHRITIS CARE. BMC HEALTH SERV RES 24, 986 (2024). HTTPS://DOI.ORG/10.1186/S12913-024-11438-6