Overarching IMPACT interventions logic map Collaborative **IMPACT** interventions inter-professional Health, community, social Availability working service providers have of services factors relationships • Ottawa, Ontario: A worker supports appropriate knowledge, skills in local (understanding + unattached vulnerable consumers & confidence system respect for roles) presenting to acute care to link to primary/community/social services & Services have policies, **Appropriate** supports service providers Optimal processes, procedures range of social health and enabling/supporting access & community Montreal, Quebec: A worker supports wellbeing for vulnerable populations **Appropriate** services vulnerable consumers on waitlist to referrals attach to required services and attach (+response to to a FP for ongoing care referrals received) GPs/FPs have: **Appropriate** · Good knowledge of health • Lethbridge, Alberta: A range of supply of All of the + issues of vulnerable primary coordinated PC services is provided to consumers' populations medical care consumers in under-serviced area needs are • Skills + confidence to treat addressed **Appropriate** Melbourne, Victoria: A worker vulnerable populations "in right primary medical supports health, community, social location" care (episode) is service providers to link vulnerable GPs/FPs are willing to provided consumers to GPs to manage ongoing provide care to vulnerable Adequacy care INPUTS populations Coordination + Workforce, Adelaide, South Australia: A worker continuity supports patients overstaying in funding, GP/PC Clinic has policies, hospital to link to GPs to manage service processes, procedures ongoing care Consumers roles enabling/supporting access Consumer engages have for vulnerable populations • Sydney, New South Wales: GPs and with episodic & enduring ongoing PM care practice nurses provide web-based relationship (Ability to engage) self-management support to Availability/ Approachability with Consumers' vulnerable consumers with T2 Diabetes GP/FP/clinic "vulnerability" (unmodifiable) Consumer gets to social/ Health care characteristics community service (episodic and Consumer perceives need P(M)C appropriate to need ongoing) is (Ability to perceive) perceived / Consumer gets to GP/FP experienced (Ability to reach) Consumer knows where & when positively to seek PHC (Attached in Canada) Consumer receives P(M)C at (Ability to seek) Health care consequences appropriate cost (Ability to pay)

Footnote: Each box in the Logic Map expresses a domain at a general level on the pathway to enhance PHC access for vulnerable populations. There is a general underlying temporal/causal flow from left to right. The dark blue box represents inputs and activities from all the interventions. Arrows have been included to provide a guide to the kind of causal pathways that have been expressed. Domains relevant to key stakeholders are arranged in vertical layers, with colour used systematically: a) Orange boxes relate to health, community and social service providers other than FPs; b) Green boxes relate to FPs and their organizations (clinics); c) Blue boxes relate to consumers/patients; d) References to Levesque et al.'s Access to Care Framework (20) are in purple.