

Primary care patients' perceptions of access to care in Ontario

An analysis of the QUALICO PC
Patient Experiences Survey

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Why is primary care access important?

- ▶ Important at both the patient and system level
- ▶ Negative implications of inadequate access to primary care well-documented
 - ▶ Increased ED use, increased walk-in clinic use, increased rates of unmet medical need, disruptions to continuity of care
 - ▶ Disrupted continuity:
 - ▶ Increased hospitalizations, increased rehospitalizations, delayed healthcare seeking, lower compliance, inadequate preventive care, less accurate diagnoses, lower odds of physician recognition of problematic social determinants of health, and higher mortality.
 - ▶ Decreased patient satisfaction, especially when relational continuity of care is disrupted
 - ▶ Higher cost of ED-based care vs community-based primary care, duplication of services, lack of proper follow-up and poor communication with patient's FP after ED or WI visit use



The problem of access in ON/Canada

- ▶ Health Council of Canada's Report on the 2013 Commonwealth Fund International Health Policy Survey of the General Public
 - ▶ Accessing medical care after hours without going to an ED was difficult for 62% of Canadians (Ontario: 58%)
 - ▶ Only 42% of Ontarians reported they can get a same-day or next-day appointment when needed
 - ▶ Canada overall persistently ranks last in this measure
 - ▶ No improvement since 2004
 - ▶ Despite 93% of Canadians and 96% of Ontarians reporting that they do have a regular doctor
- ▶ Health Quality Ontario's 2015 report: 44.3% of adults surveyed in 2014 reported that they can get an appointment with a doctor or nurse the same day or next day if they are sick.

What is “access” in a primary care context?

- ▶ Commonwealth Study, Health Quality Ontario use same day/next day access as a key measure for evaluating access to primary care
- ▶ Many dimensions and definitions of access in the literature
- ▶ Haggerty 2007:
 - ▶ (i) “The ease with which a person can obtain needed care (including advice and support) from the practitioner of choice within a timeframe appropriate to the urgency of the problem,” and
 - ▶ (ii) “The way healthcare resources are organized to accommodate a wide range of patients’ abilities to contact healthcare providers and reach health care services, that is to say telephone services, flexible appointment systems, hours of operation, and walk-in periods.” (Haggerty et al. 2007)



Does Ontario have a problem with access to primary care?



Photo source: Vancouver Sun, <http://www.vancouversun.com/health/Lines+long+Canadians+swamp+H1N1+clinics/2147703/story.html>

How do Ontario primary care patients perceive access to primary care?

- ▶ To better understand Ontario patients' perceptions of access to their primary care practice and how these relate to patient characteristics
- ▶ Consider multiple dimensions of access
- ▶ Look specifically at patients attached to a primary care provider/group

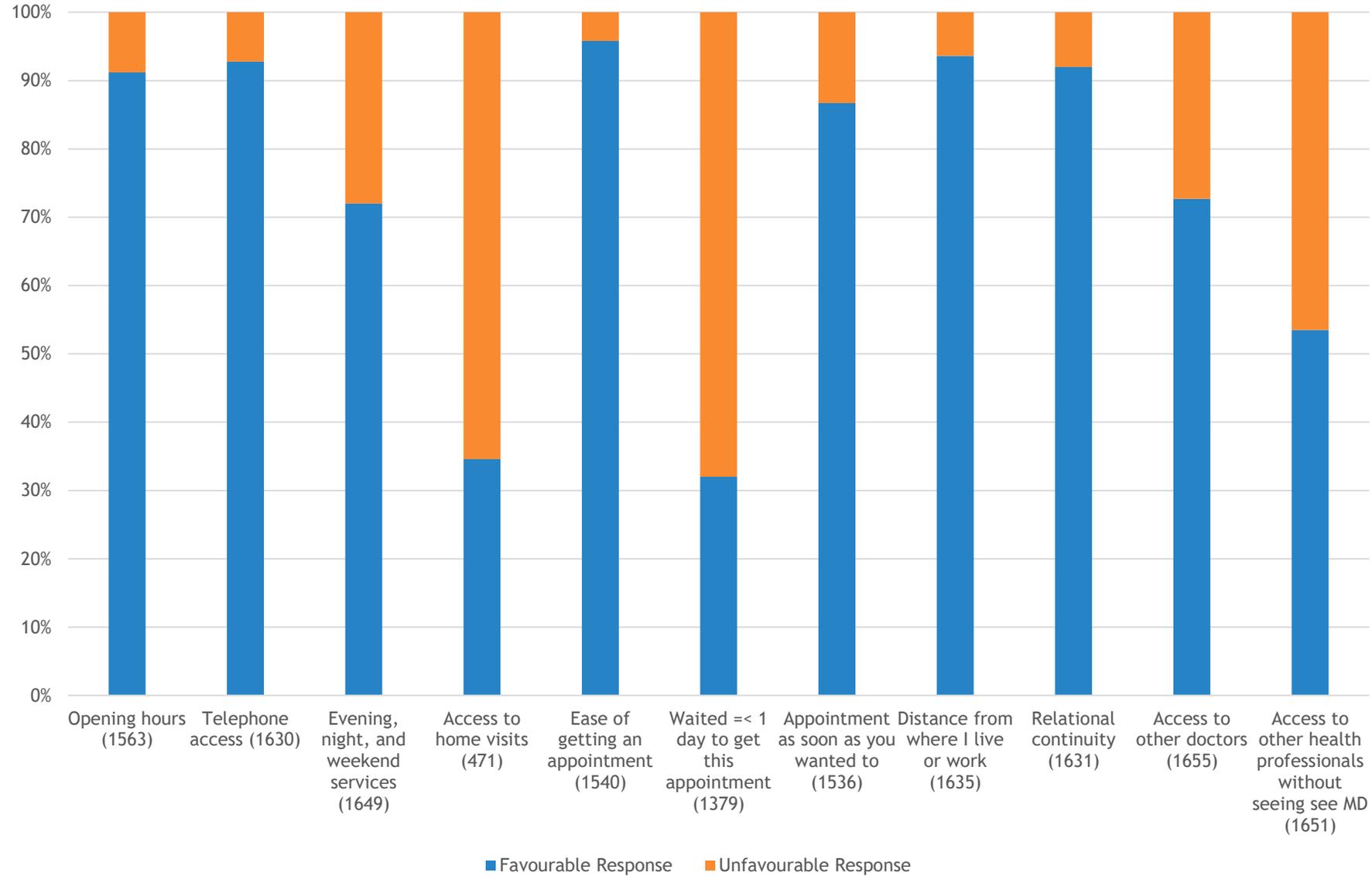
Study Design: A cross-sectional study using data from the Ontario arm of the Quality and Costs of Primary Care (QUALICO PC) Patient Experiences Survey.

Main Outcome Measure: 11 survey items were selected to study patient-perceived access. These items were analysed both individually and as a Composite Access Score.

Results: Composite Access Score

- ▶ Highest possible score 2.0, lowest possible score 1.0
- ▶ Mean Composite Access Score: 1.78 (SD 0.16)
 - ▶ Lowest score: 1.1
 - ▶ Highest score: 2.0

Figure 1. Responses to Access-Related Items



Multivariable analysis

- ▶ Higher mean Composite Access Score was weakly but statistically significantly associated with:
 - ▶ Being older
 - ▶ Being born in Canada
 - ▶ Better self-reported health
 - ▶ Increased frequency of visits to a doctor

Conclusions

1. **Patients belonging to primary care practices feel favourably about their access to primary care**
 - ▶ Few statistically significant relationships between Composite Access Score and patient characteristics (age, country of birth, self-reported general health, and frequency of visits to a doctor)
 - ▶ These variables had only a weak effect on Composite Access Score



Conclusions

2. Appointment scheduling is acceptable to Ontario primary care patients

- ▶ Majority of our sample waited more than one day for their appointment, but
 - ▶ Stated it was easy to obtain their appointment
 - ▶ Stated that they obtained that appointment as soon as they wanted
- ▶ Previous research indicates most primary care visits are of low urgency
 - ▶ In our sample, only 8.5% stating that the reason for their visit that day was “urgent - needed to be seen today”
- ▶ Patients’ perceptions of the acceptability of their wait time may be more important than the actual elapsed time to an appointment

Conclusions

3. Few Ontario patients can access home visits

- ▶ Is this because home visits are usually offered to a small cohort of patients who require them (e.g., housebound) so many patients may not be aware of this service?
 - ▶ There were many “missing” and “don’t know” responses in our sample (all recoded as “missing”)
- ▶ Or is this because fewer family physicians are providing this service?

Policy Implications

The background features a complex, abstract design of overlapping, semi-transparent blue polygons. The colors range from light sky blue to deep navy blue. The shapes are primarily triangles and quadrilaterals, creating a dynamic, layered effect that is most prominent on the right side of the slide.

Policy implications

1. “Access” in the primary care context is more complicated than same-day/next-day access alone

- ▶ Drive to improve one dimension of access may have unintended negative effects on other dimensions of access and of primary care that patients value
- ▶ U.K. example: Financial incentive to improve access to primary care within 48 hours (Campbell et al. 2009)
 - ▶ Incentivizing quicker access led to no significant changes in patients’ reports on access to care.
 - ▶ Continuity of care decreased.
 - ▶ Authors theorize that this is because of practices’ excessive focus on meeting rapid-access targets was linked to incentives but access to a particular doctor was not

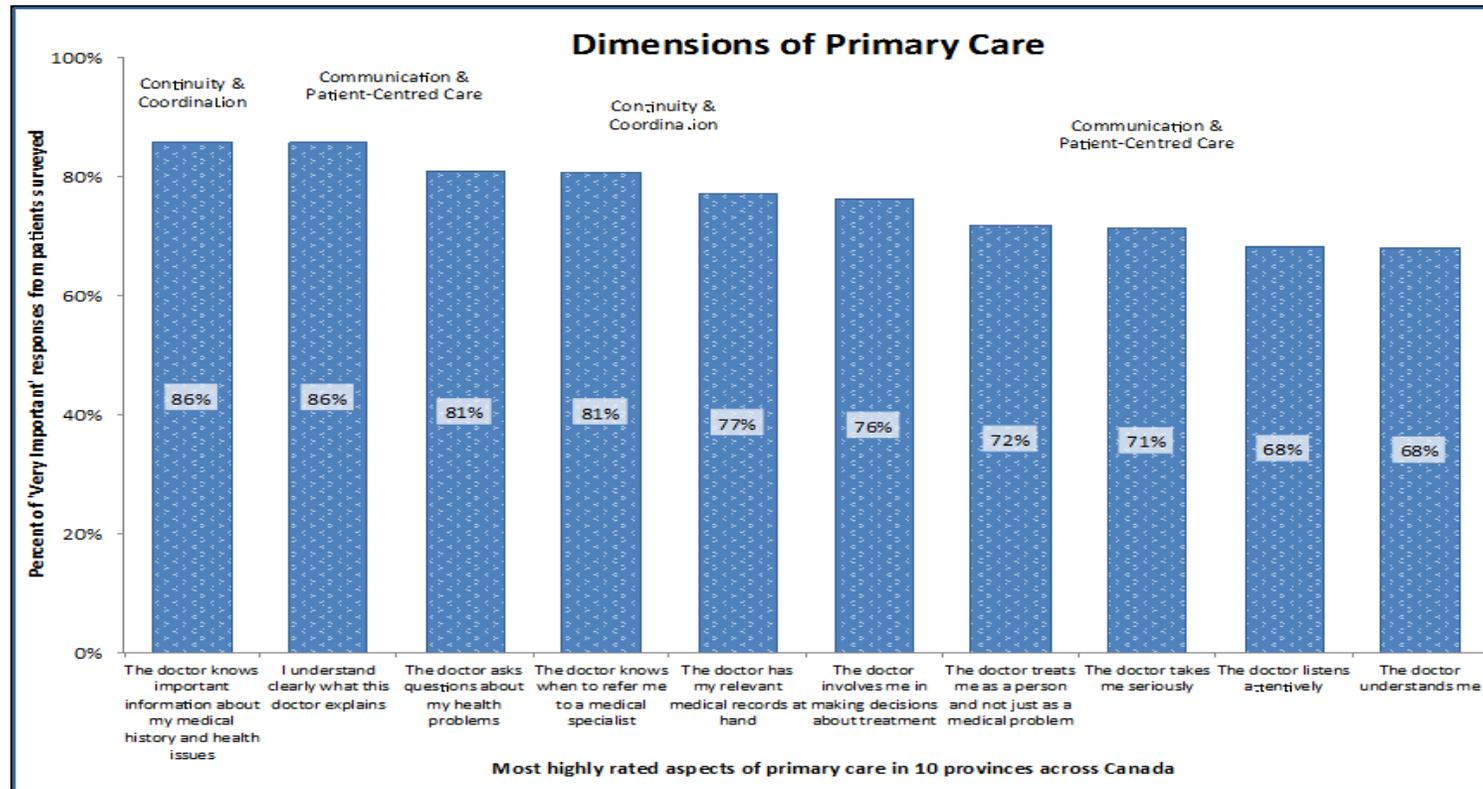


Policy implications

- ▶ Recall: Disrupted continuity of care →
 - ▶ Increased hospitalizations
 - ▶ Increased rehospitalizations
 - ▶ Delayed healthcare seeking
 - ▶ Lower compliance
 - ▶ Inadequate preventive care
 - ▶ Less accurate diagnoses
 - ▶ Lower odds of physician recognition of problematic social determinants of health
 - ▶ Higher mortality
 - ▶ Decreased patient satisfaction (especially when relational continuity is disrupted)

Policy implications

QUALICO PC Patient Values Survey: Percent of patients rating aspect as “very important” for the *10 most highly rated aspects of primary care*:

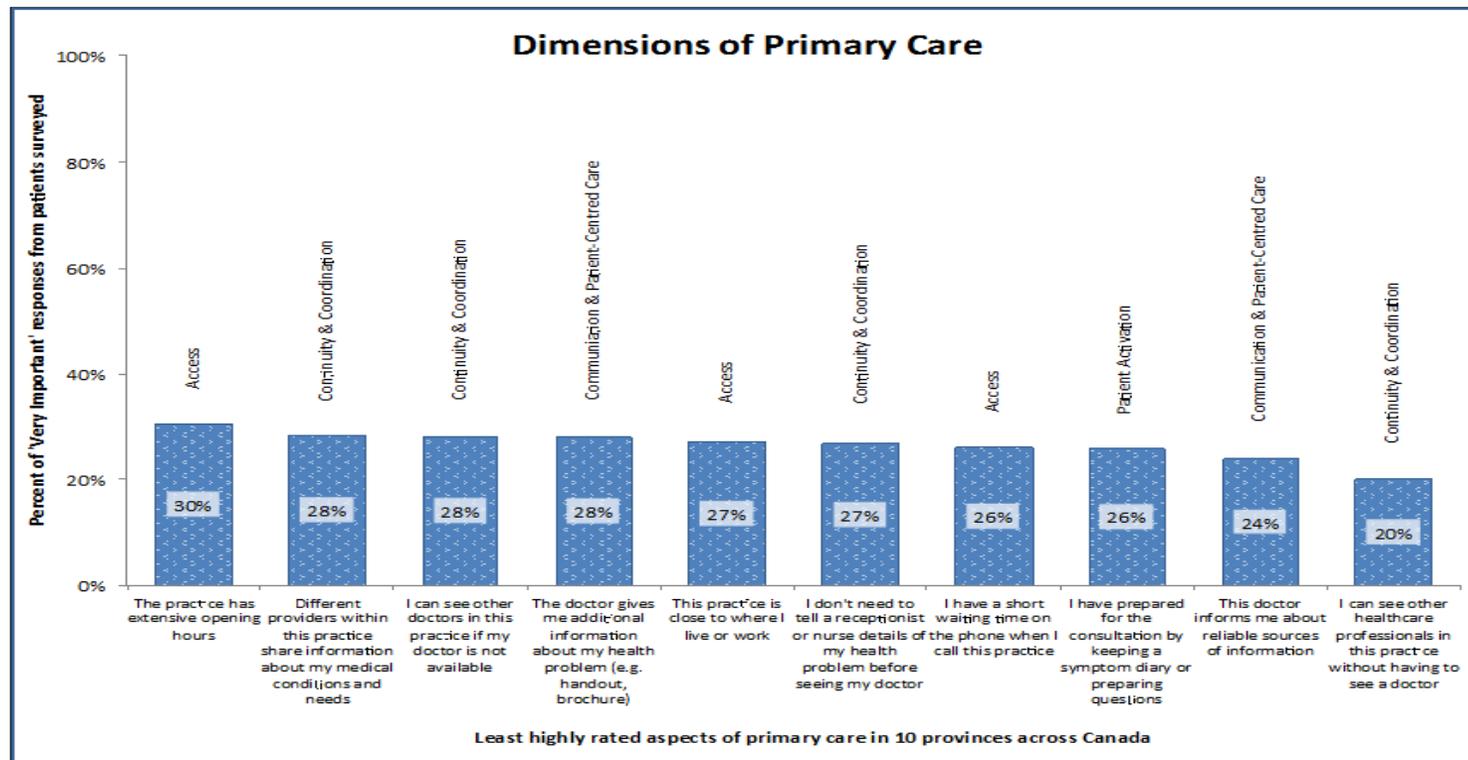


- ▶ Access, including same day/next day access, did not make the “top 10”

Policy implications

- ▶ Some access-related values were in the “bottom 10”

Percent of patients rating aspect as “very important” for the 10 least highly rated aspects of dimensions of primary care:



Policy implications

2. When evaluating access, we probably need to look at multiple data sources

- ▶ Patient self-report alone may not be adequate
- ▶ Data from other sources may tell a different story
 - ▶ Commonwealth Fund Study: In the patient arm (2013), 41% of Canadians reported being able to get a same day/next day appointment when sick, but in the physician arm (2015), 53% said they offer same day/next day appointments.
 - ▶ Previous Canadian literature: Patients often use walk-in services during the business hours of their regular physician out of convenience without attempting to contact their family physician.
 - ▶ “... a review of the Ontario Health Insurance claims data suggests that outside use is largely due to patient choice based on convenience of care.” (Blomqvist et al. 2013)

One urban clinic's experience

- ▶ Urban Family Health Team
- ▶ Open M-F 8am-8pm, weekends and holidays 10am-2pm
- ▶ Guaranteed same-day access: No patient presenting within those hours will be turned away
 - ▶ Fit into their regular MD's schedule
 - ▶ Fit into the NP's schedule if regular MD not available
 - ▶ Offered to be seen by an MD in the clinic's WI service (which is part of the FHO)
- ▶ Patient Survey: "I am able to see a health care provider when needed"
 - ▶ 34% Yes
 - ▶ Poor **dissemination** of clinic availability information?
 - ▶ **Convenience** of location or time?
 - ▶ Value of **relational continuity**?

Discussion? Questions? Feedback?

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