

IS HAVING A CENTRALIZED WAITING LIST FOR PATIENTS WITHOUT FAMILY PHYSICIANS WORKING AS PLANNED? THE EXAMPLE OF THE PROVINCE OF QUÉBEC

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Context

- Access to consult a family physician is a substantial problem in Canada
 - 21% of Canadians report not having family physician (28% in Québec) (Commonwealth Fund, 2010)
- Innovations have been put in place in different provinces to help to connect orphan patients with family physicians
 - Ontario (Healthcare connect)
 - British-Columbia (Attachment initiative)
 - Québec (Guichets d'accès aux clientèles orphelines)

Individual Patient

Health Professional

CSSS

GACO (guichets d'accès aux clientèles orphelines)

Registration

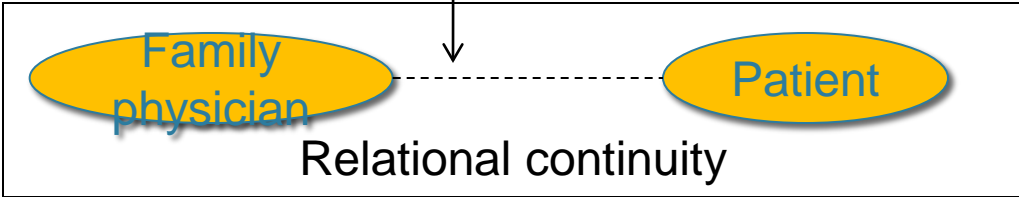
Nurse evaluation of priority

Reference to a family physician

Regional Department of General Medicine

Local Medical Coordinator

Accessibility



Objective

To analyze the GACO's performance across Québec over the last three years (1st April 2010 to 31st March 2013)

Methods

- Study design

Longitudinal study of administrative and clinical data from 2010 to 2013 (N=479 015)

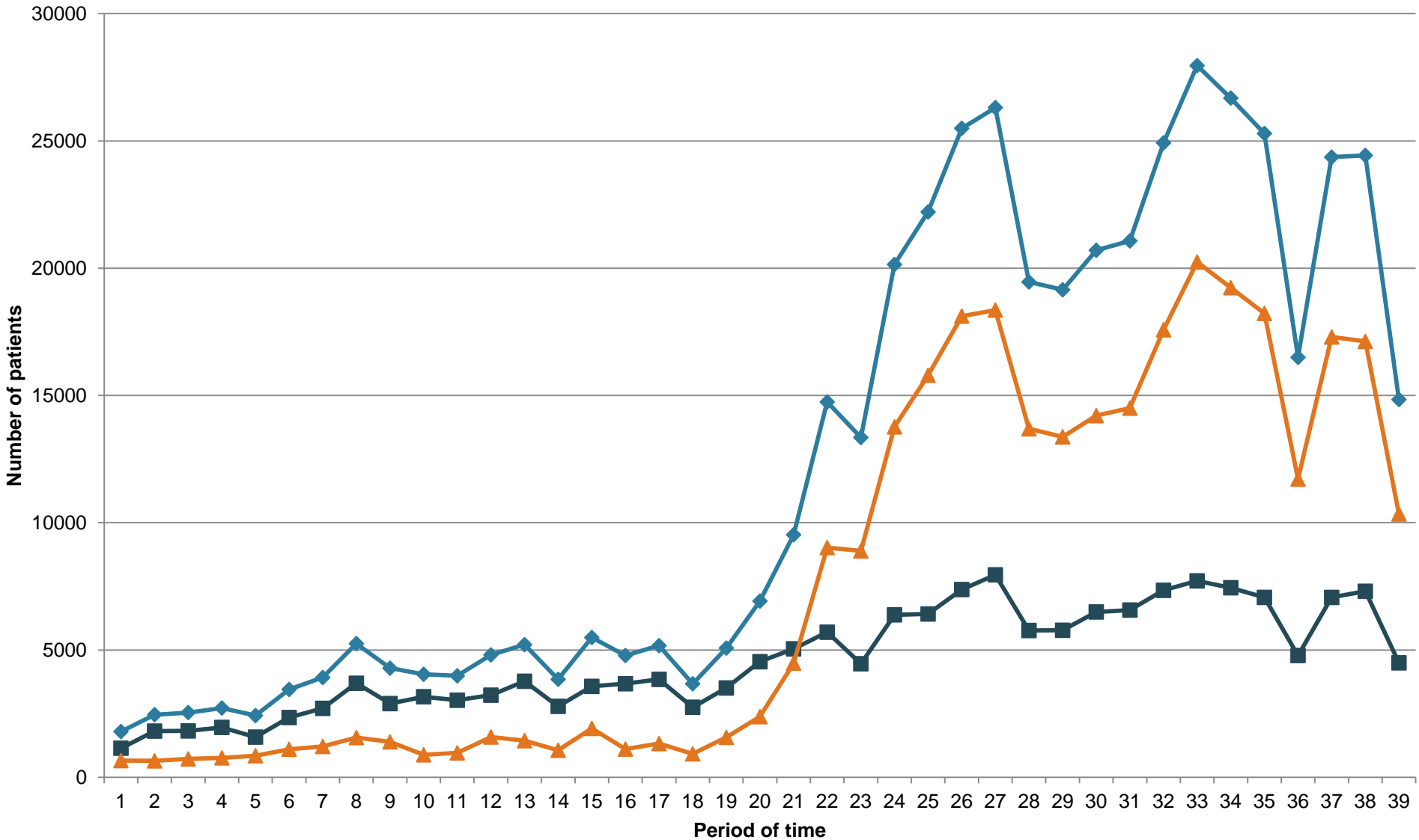
- Data Analysis

- Indicators developed with an advisory board composed of stakeholders and clinicians.

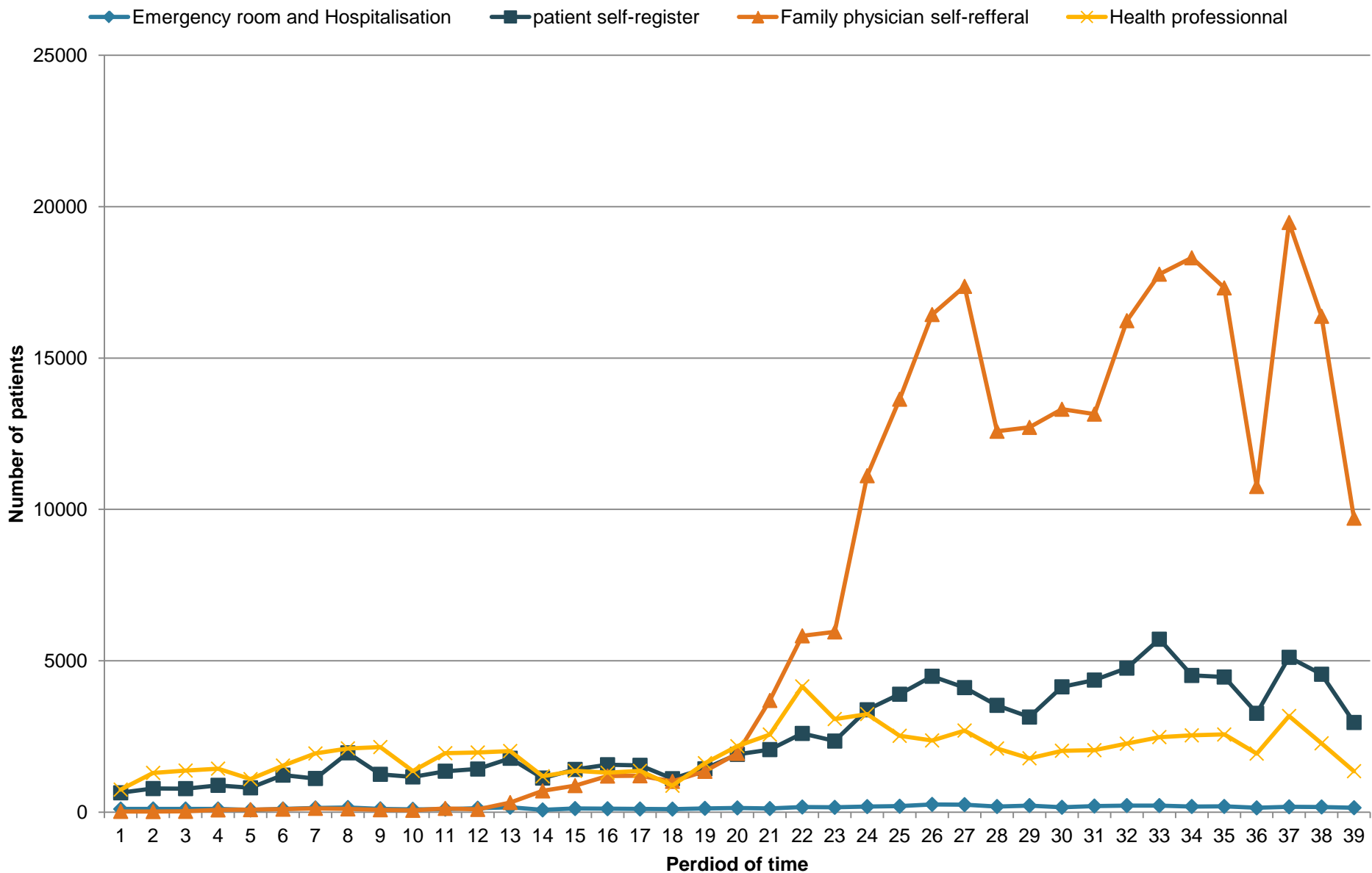
- Statistical comparison of proportion (Chi²)

Evolution of the number of patients registered with family physicians through GACOs

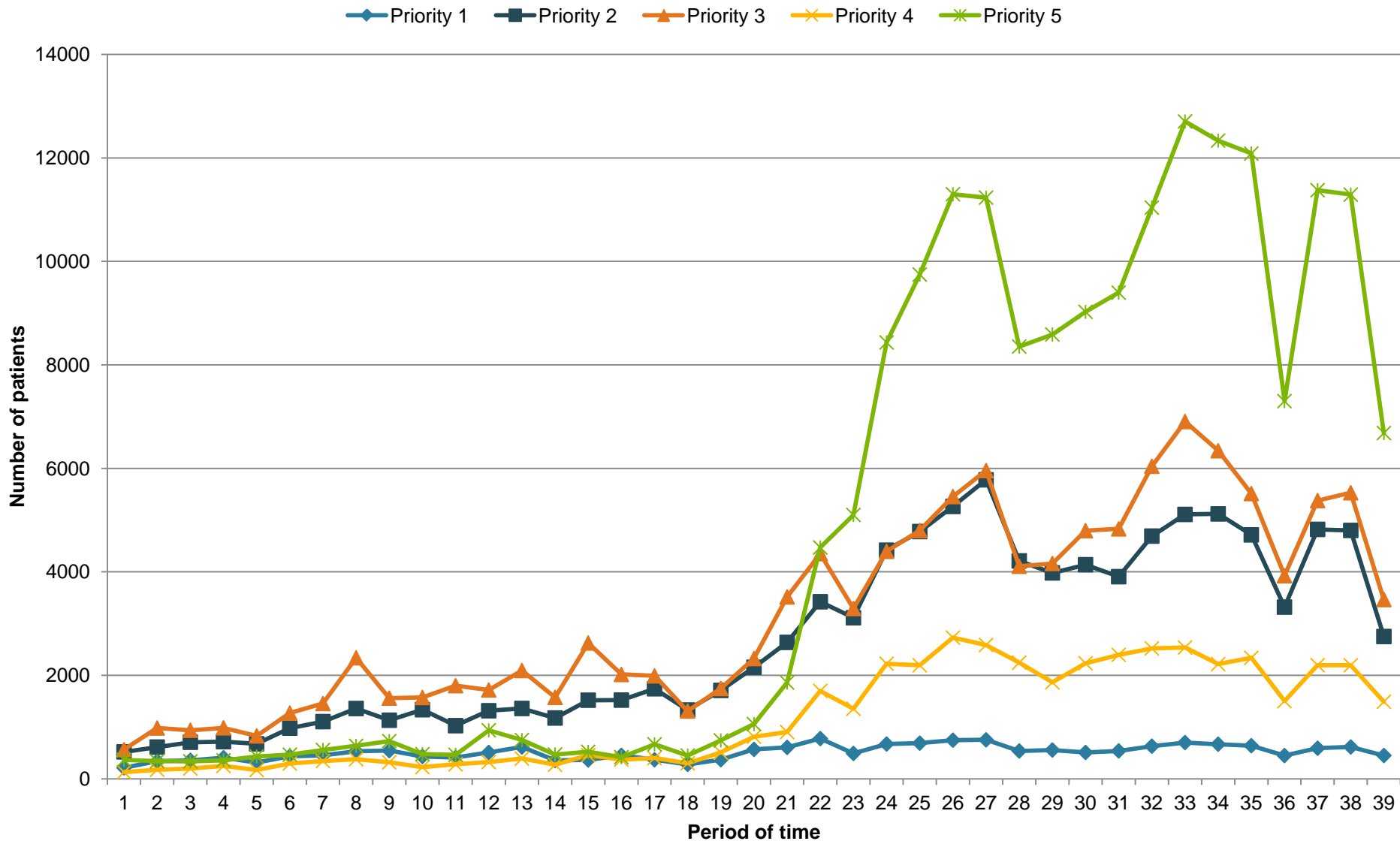
◆ Total ■ Vulnerable patients ▲ Non vulnerable patients



Evolution of the number of patients registered with a family physician through GACOs - according to the subscribing source



Evolution of the number of patients registered with a family physician through GACOs - according to priority assessment nurse



Discussion/conclusion

Significant changes since the introduction of new financial bonus

Do the new incentives facilitate the attainment of the main objectives of the GACO?

- 1) Increasing patients register to a family physician ●
- 2) Priorizing vulnerable patients based on nurse evaluations ●

Questions?

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