The healthcare reform in Quebec: Has equity improved in the provision of primary healthcare (PHC) among socio-economic groups between 2005 and 2010?

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Plan

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- Objectives
- Methods
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Context

- Equity: a guiding principle of the Quebec health and social services system

- Healthcare reform in Quebec, early 2000's:
  - Family medicine groups
  - Local services networks
  - Health and social services centres

- Project Evolution, ESPSS (PHHSRG), DSP-INSPQ

Objectives

- To examine the association between socio-economic status (SES) and utilization of healthcare services and its evolution between 2005 and 2010;

- To compare the degree of equity between both years.

Methods

Data collection: population-based telephone survey, 2005 (n=9208) and 2010 (n=9180); Montréal and Montérégie

Bivariate analyses contrasting SES quartiles (lowest and highest) with indicators relating to:

- Utilization of hospital services
- Utilization of primary care facilities
- Affiliation to a family doctor
- Morbidity level

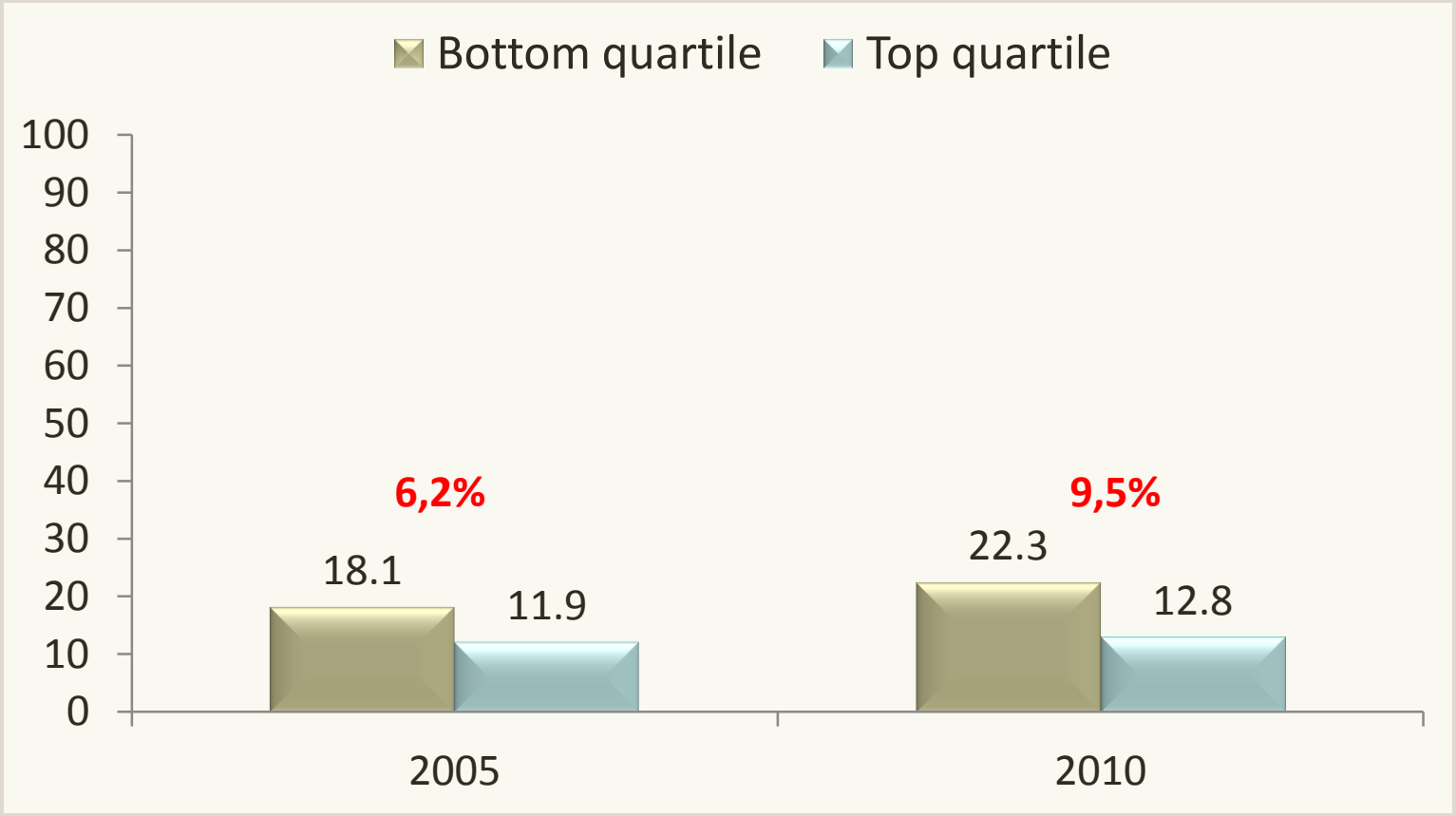
Methods

Logistical regression

- Dependent variable: utilization of services (hospitalisation, ER, primary care, affiliation to family doctor)
- Independent variables: age, sex, income (quartiles), education, morbidity index (none, at least one risk factor, one chronic disease, at least two chronic diseases)

Results

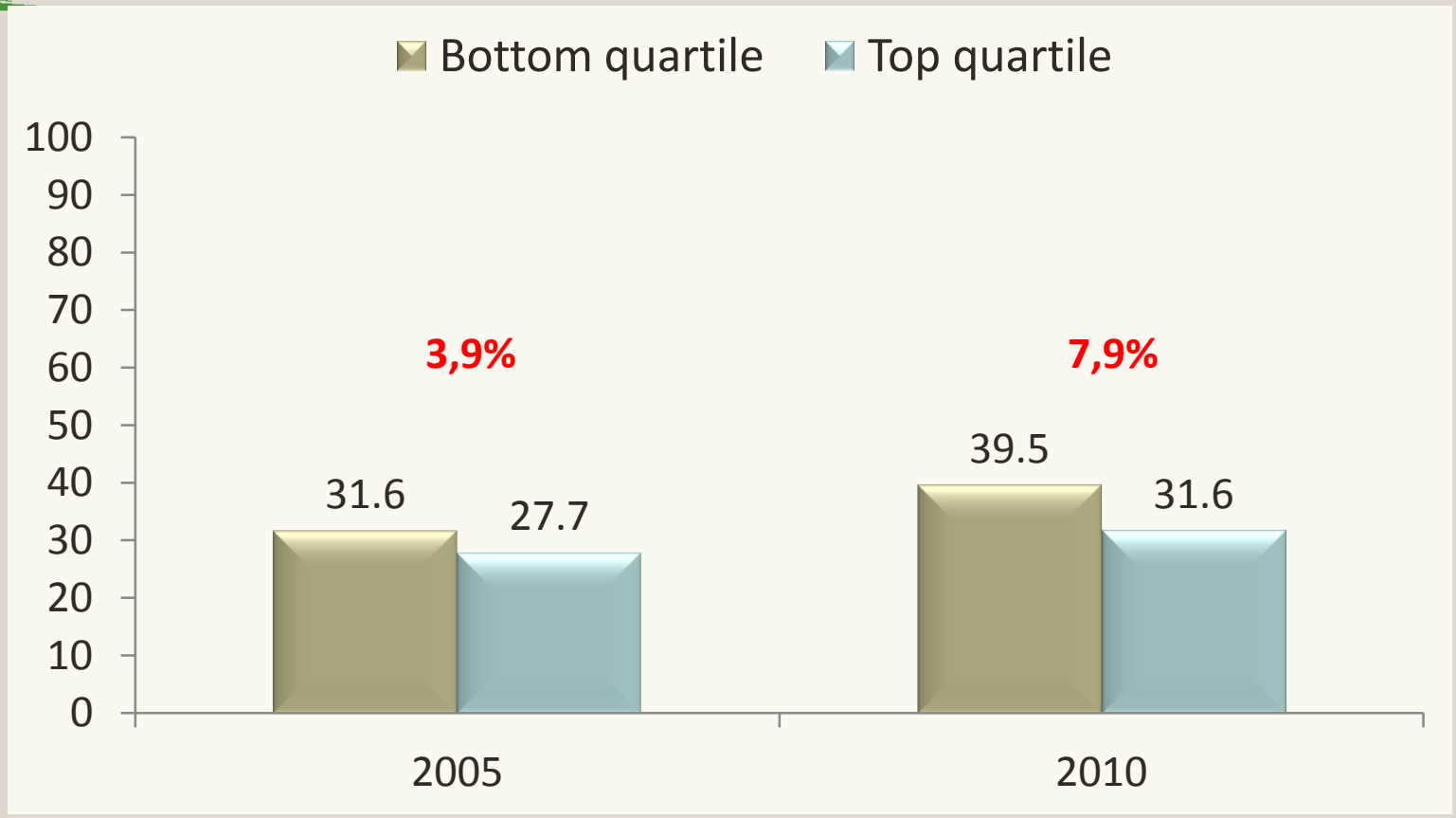
Hospitalization (at least once during past 2 years)



Hospitalization

	2005			2010		
	OR	95% C.I. for OR		OR	95% C.I. for OR	
		Lower	Upper		Lower	Upper
Lowest income (ref)	1			1		
2nd income quartile	1,021	,868	1,202	,939	,810	1,087
3rd income quartile	,918	,776	1,086	,955	,816	1,117
Highest income	,919	,764	1,106	**,763**	**,637**	**,912**

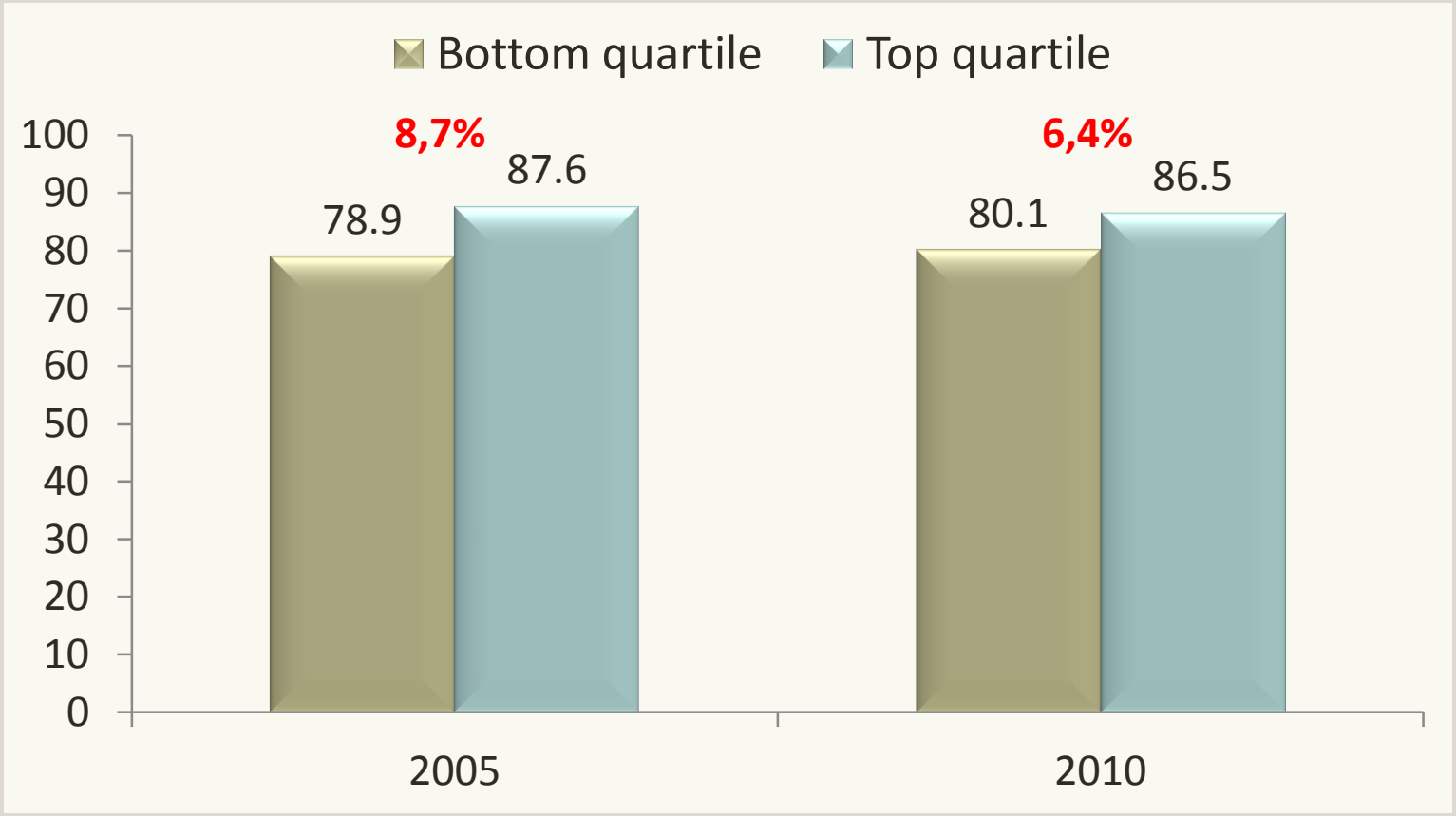
Emergency room visits (at least one during past 2 years)



Emergency room visits

	2005			2010		
	OR	95% C.I. for OR		OR	95% C.I. for OR	
		Lower	Upper		Lower	Upper
Lowest income (ref)	1			1		
2nd income quartile	,962	,846	1,095	,985	,873	1,110
3rd income quartile	,966	,850	1,099	**,766**	**,674**	**,870**
Highest income	,899	,783	1,033	**,860**	**,750**	**,986**

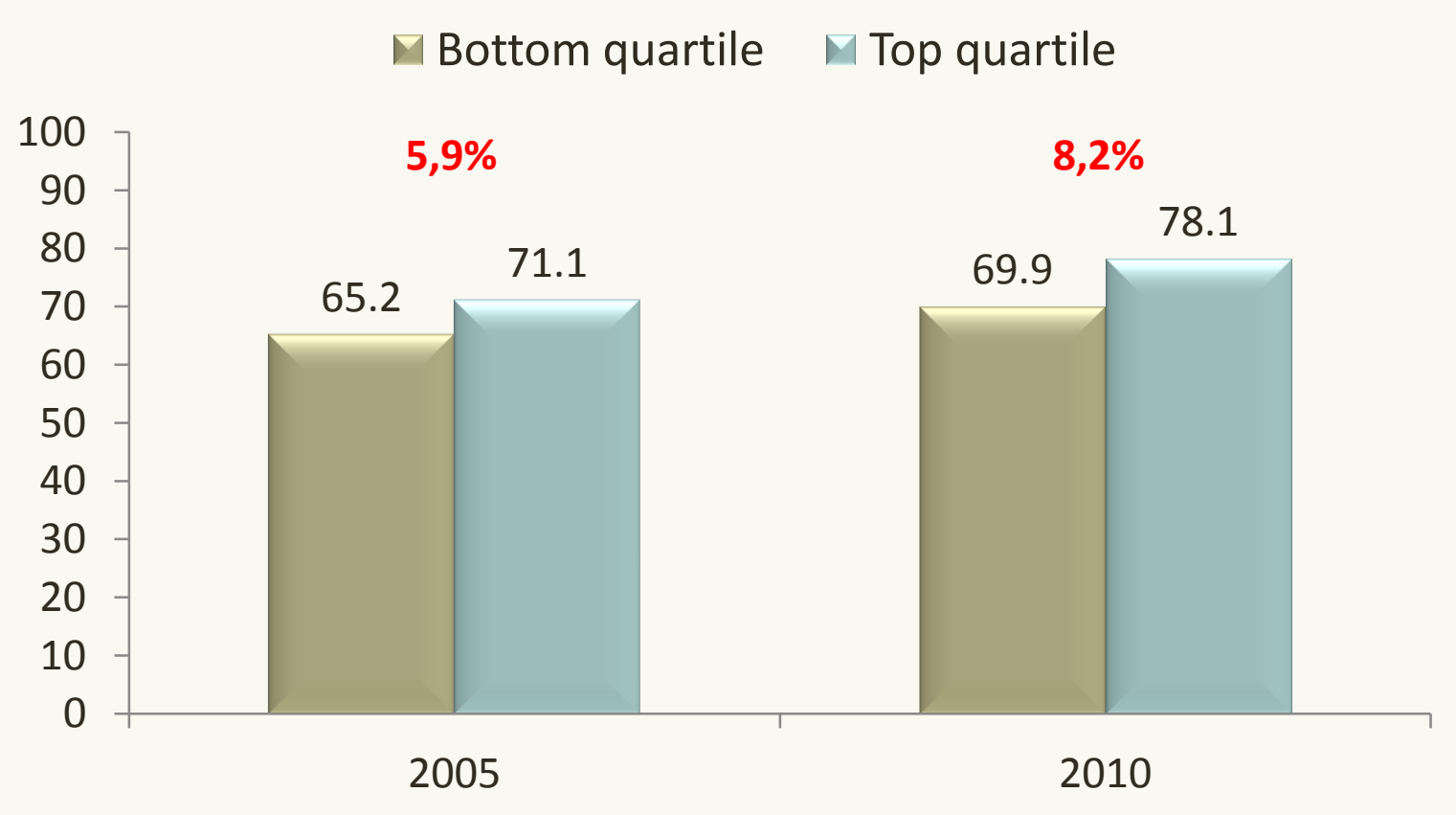
Utilization of primary-care facilities (saw a family physician in clinic or CLSC at least once during past 2 years)



Utilization of primary-care facilities

	2005			2010		
	OR	95% C.I. for OR		OR	95% C.I. for OR	
		Lower	Upper		Lower	Upper
Lowest income (ref)	1			1		
2nd income quartile	**1,390**	**1,186**	**1,629**	**1,366**	**1,168**	**1,598**
3rd income quartile	**1,577**	**1,342**	**1,852**	**1,444**	**1,230**	**1,695**
Highest income	**2,162**	**1,810**	**2,584**	**1,808**	**1,511**	**2,163**

Affiliation to a family doctor



Affiliation to a family doctor

	2005			2010		
	OR	95% C.I. for OR		OR	95% C.I. for OR	
		Lower	Upper		Lower	Upper
Lowest income	1			1		
2nd income quartile	**1,312**	**1,143**	**1,506**	**1,415**	**1,229**	**1,629**
3rd income quartile	**1,617**	**1,410**	**1,855**	**1,596**	**1,385**	**1,839**
Highest income	**1,798**	**1,555**	**2,078**	**1,983**	**1,696**	**2,318**

Limitations

- 5 years: too short period to find differences?
- No measure of intensity of utilization
- Possibility of recall bias
- Morbidity measure only partial

Conclusion

- Inequality in the use of hospital services which translates into equity when controlling for need;
- Improvement in accessibility is unevenly shared by income groups: pro-rich inequity in the use of primary care facilities and affiliation to a family doctor;
- Pro-rich inequity is not offset by higher use of ER by lower income group;
- Results suggest decrease in equity of access to primary care facilities for lower income individuals.

Thank you!

Questions welcome

Morbidity levels