

Psychiatrist Supply Across Ontario: impact on practice patterns

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Access to psychiatrists


- Primary care physician surveys from multiple jurisdictions - psychiatrists most difficult specialists to access
- NPS survey 2007 - from 2004 to 2007, ability to accept urgent referral (< 1 week) increased from 44% to 49%
- Other specialties increased from 60% (2004) to 80% (2007)
- **2010 survey – 35% primary care physicians rated access to psychiatrists as poor (vs. 4% of GIM and 2% for pediatricians)**

The Issue

- Primary care physician surveys from multiple jurisdictions - psychiatrists most difficult specialists to access
- In Ontario, there are 13.2 psychiatrists/100,000
- US - 13.9 psychiatrists/100,000 (HMOs 3.3/100,000)

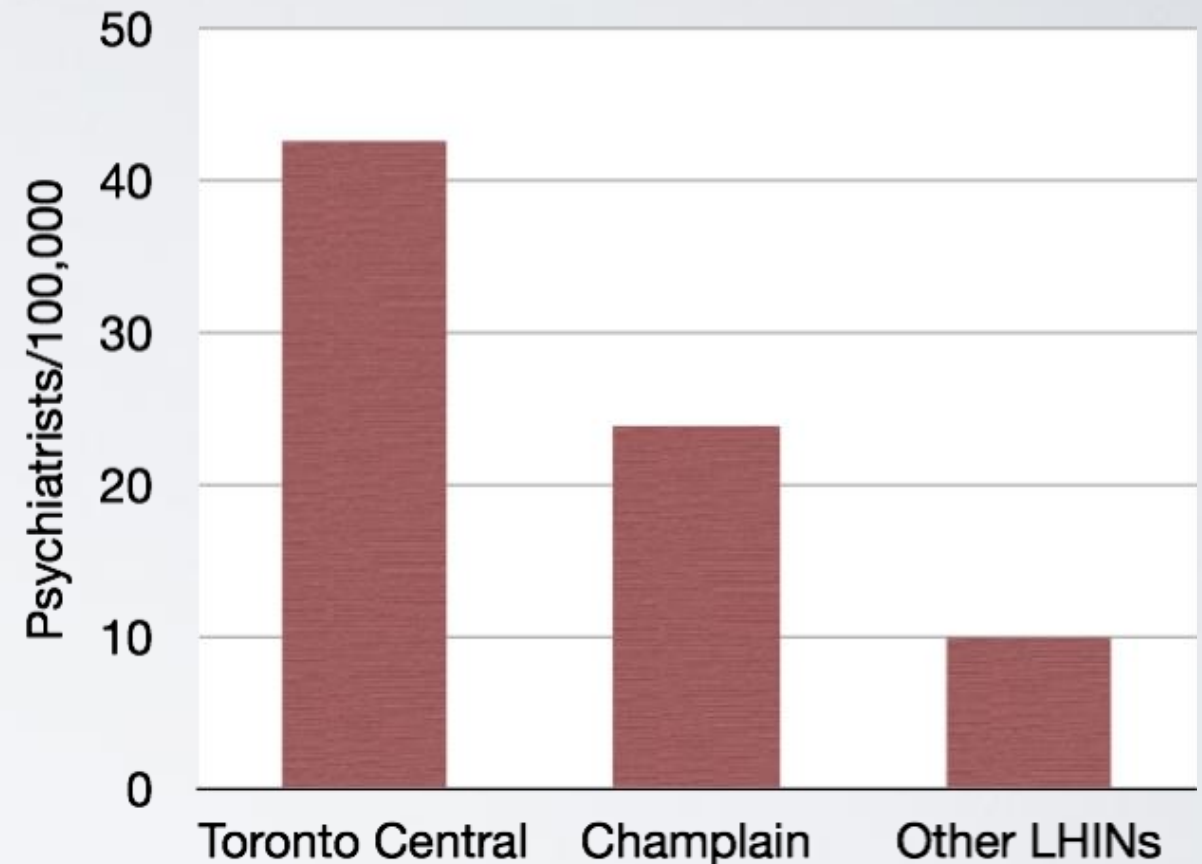
CPA Position Paper*

- Psychiatrists are working at full capacity
- Based on assumption of “exit factors”, “entrance factors” and “productivity factors” of the psychiatric work force, advocate to have 15.2 psychiatrists/100,000

 Sargeant et al., Psychiatric Human Resources Planning in Canada, 2010, Can J Psychiatry, Vol.55(9).

Ontario Psychiatrist Supply

Toronto and Ottawa have
2-4 times more
psychiatrists per capita
than other regions in
Ontario.

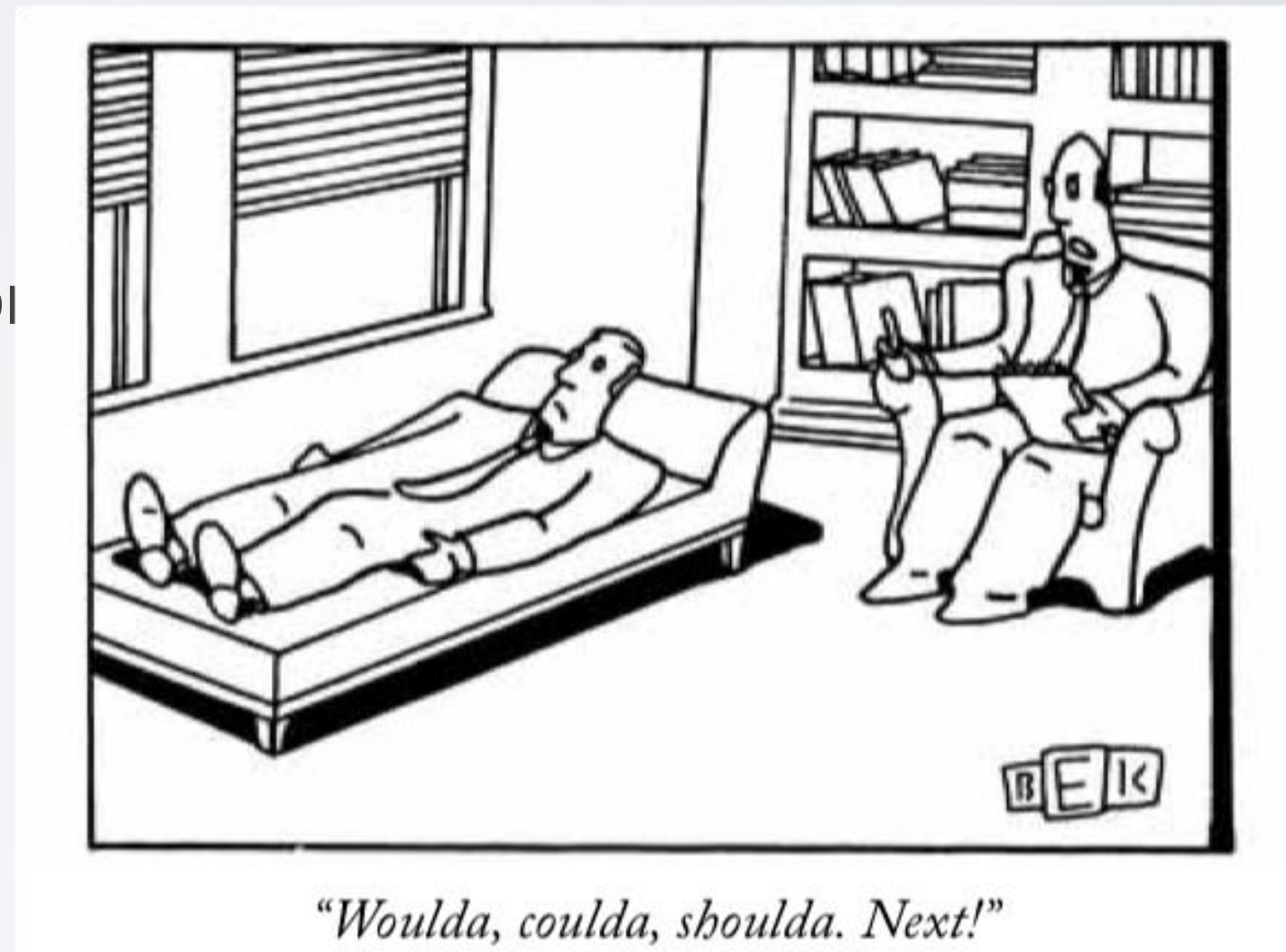


What are psychiatrists doing?

- There are large differences between psychiatric supply across different regions
- Toronto and Ottawa have large supplies per capita
- The rest of the province hovers around 10 psychiatrists/100,000
- In my clinical work (Emergency psychiatry in downtown Toronto), I can't find psychiatrists to provide follow-up

Psychiatrists vs. Other Specialties

- Psychiatrists provide psychotherapy
- Expectation to follow patients for prolonged periods of time
- Psychotherapy outcomes can be poorly defined (therefore, when does treatment end?)

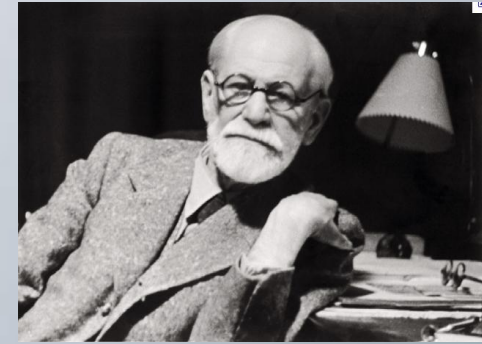
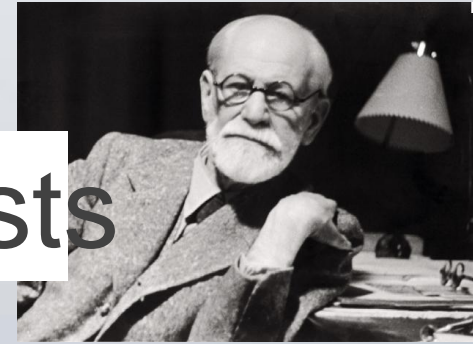


Billing Differences

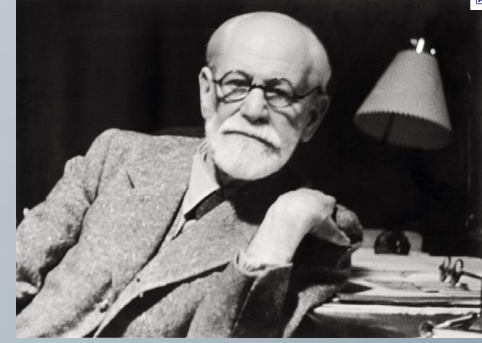
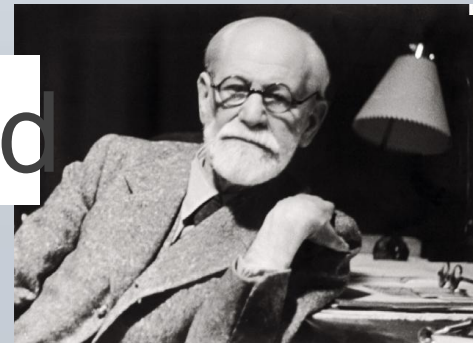
- Non-psychiatrist specialists get paid for consultations and much less for follow-up appointments



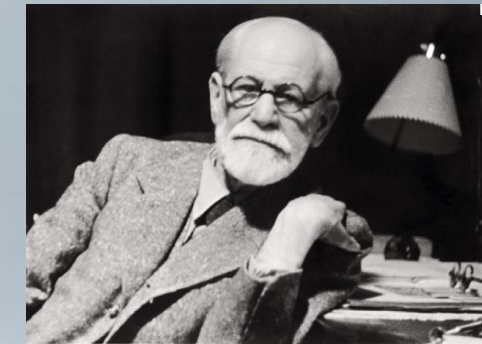
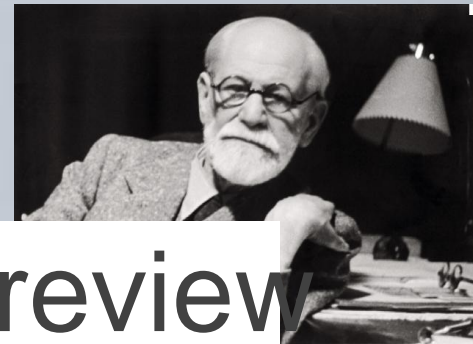
297 Psychiatrists



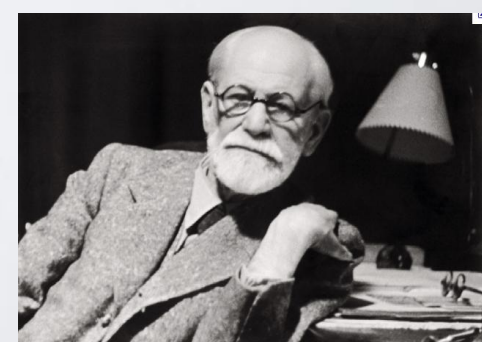
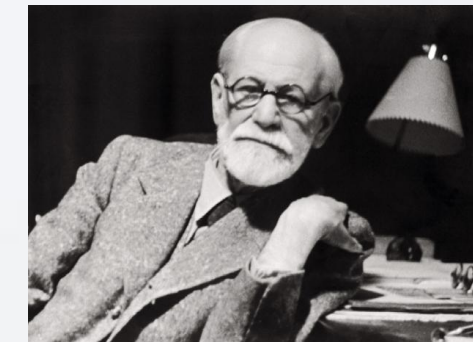
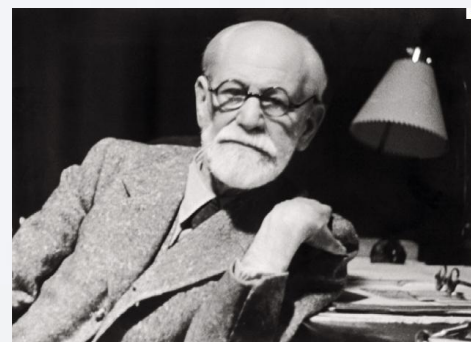
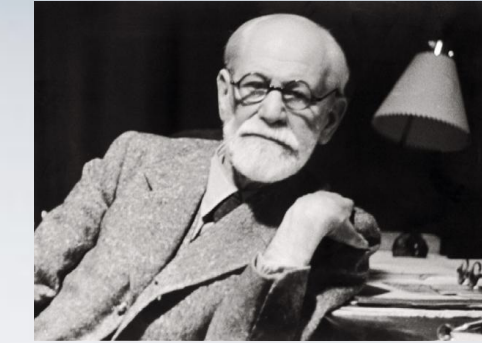
230 Contacted

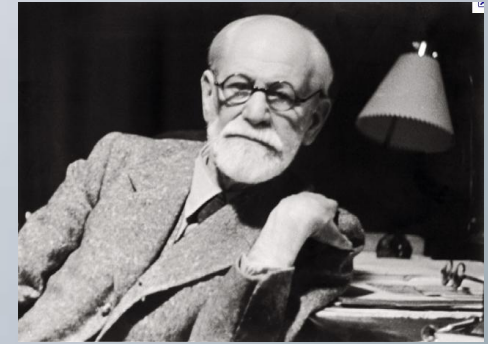


160 Unavailable
(70%)



64 (27%) Need to review
referral information and
no wait-time estimate





297 Psychiatrists

230 Contacted

160 Unavailable
(70%)

64 (27%) Need to review
referral information and
no wait-time estimate

6 (3%) offered
immediate appointments
(wait times 4-55 days)

Methods

- Time frame - April 2006 to March 2009
- All active psychiatrists ($P_{Adj} > 0$) broken down into LHINs (Toronto, Ottawa, Other)
- Excluded psychiatrists with $P_{Adj} < 30$ (“Full-time”)
- Used outpatient codes to define outpatient practice panels
 - total number of visits
 - total number of patients
 - total number of new patients (no visits prior 12 months)
 - visit frequency

Patient panel description

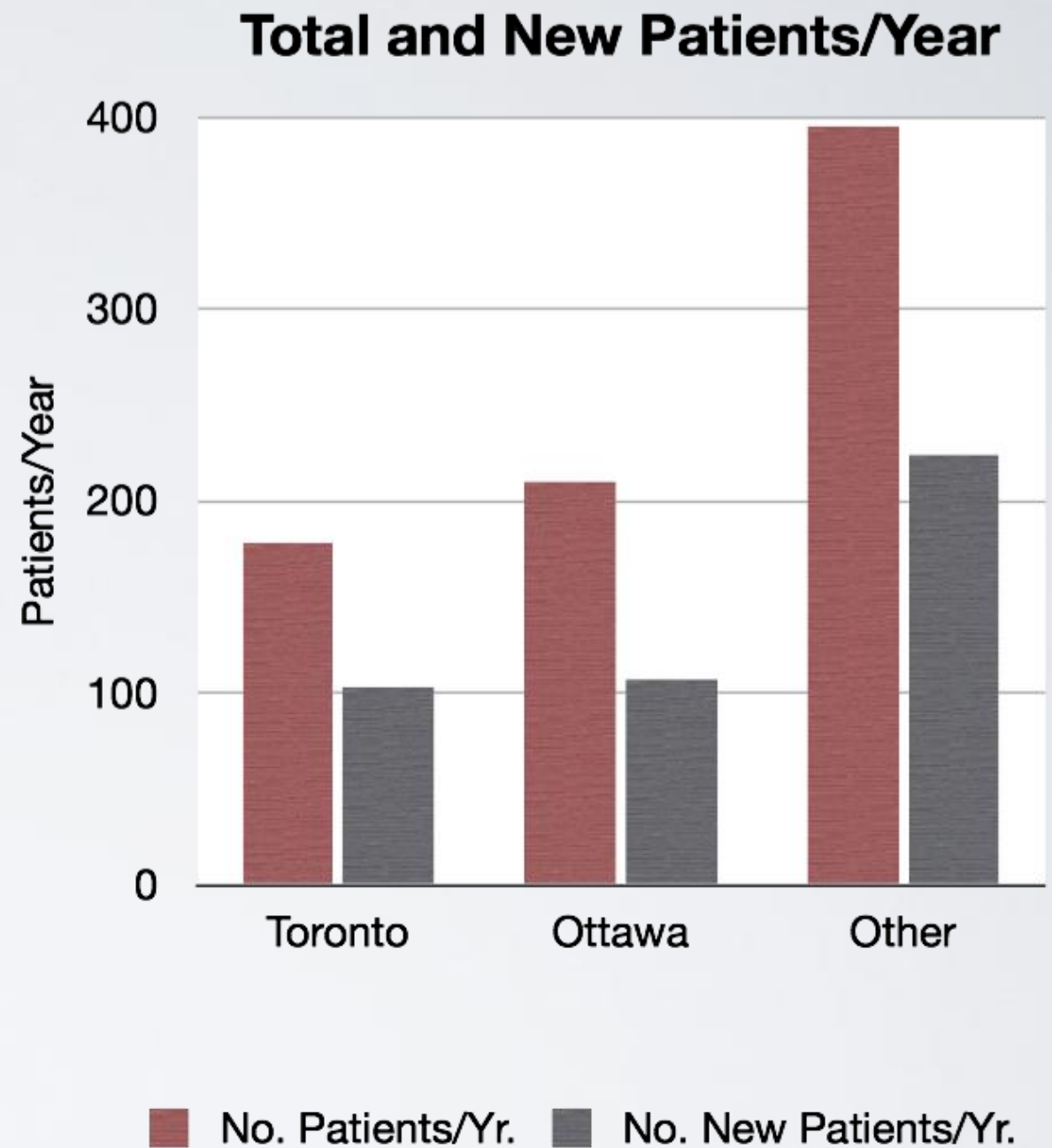
- For each patient/psychiatrist unique combination:
 - age, sex, income quintile
 - prior psychiatric hospitalizations in preceding 5 years

Need description

- For each LHIN region (Toronto, Ottawa, Other), capture all psychiatric discharges (schizophrenia, bipolar disorder, depression) during study period
 - psychiatrist follow-up within 30 and 180 days
 - ED visits 30 and 180 days from discharge
 - Cause-specific re-hospitalization within 30 and 180 days

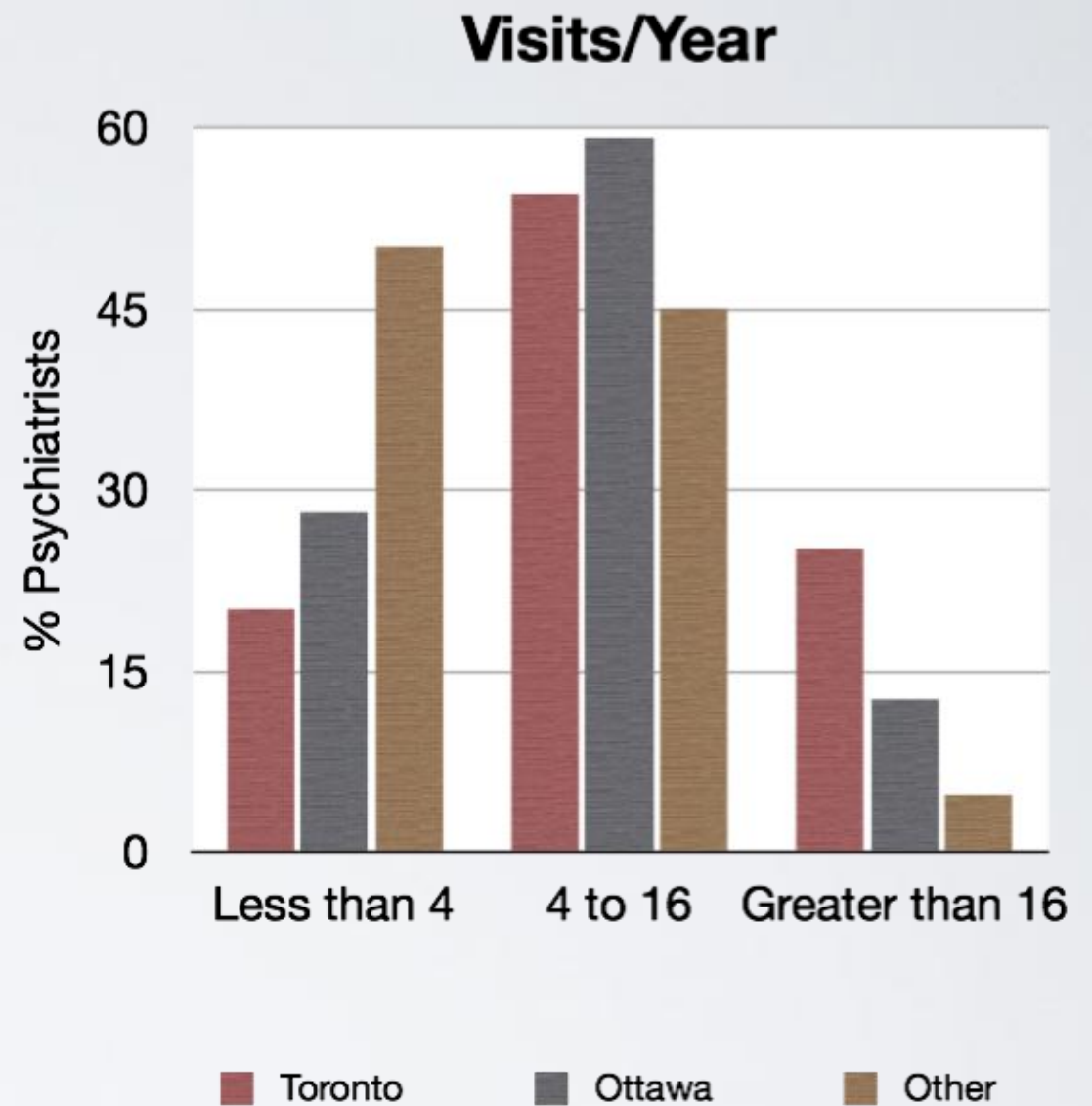
Mean # unique patients and # New Patients per Year

Low supply area psychiatrists see twice as many patients and twice as many new patients/year



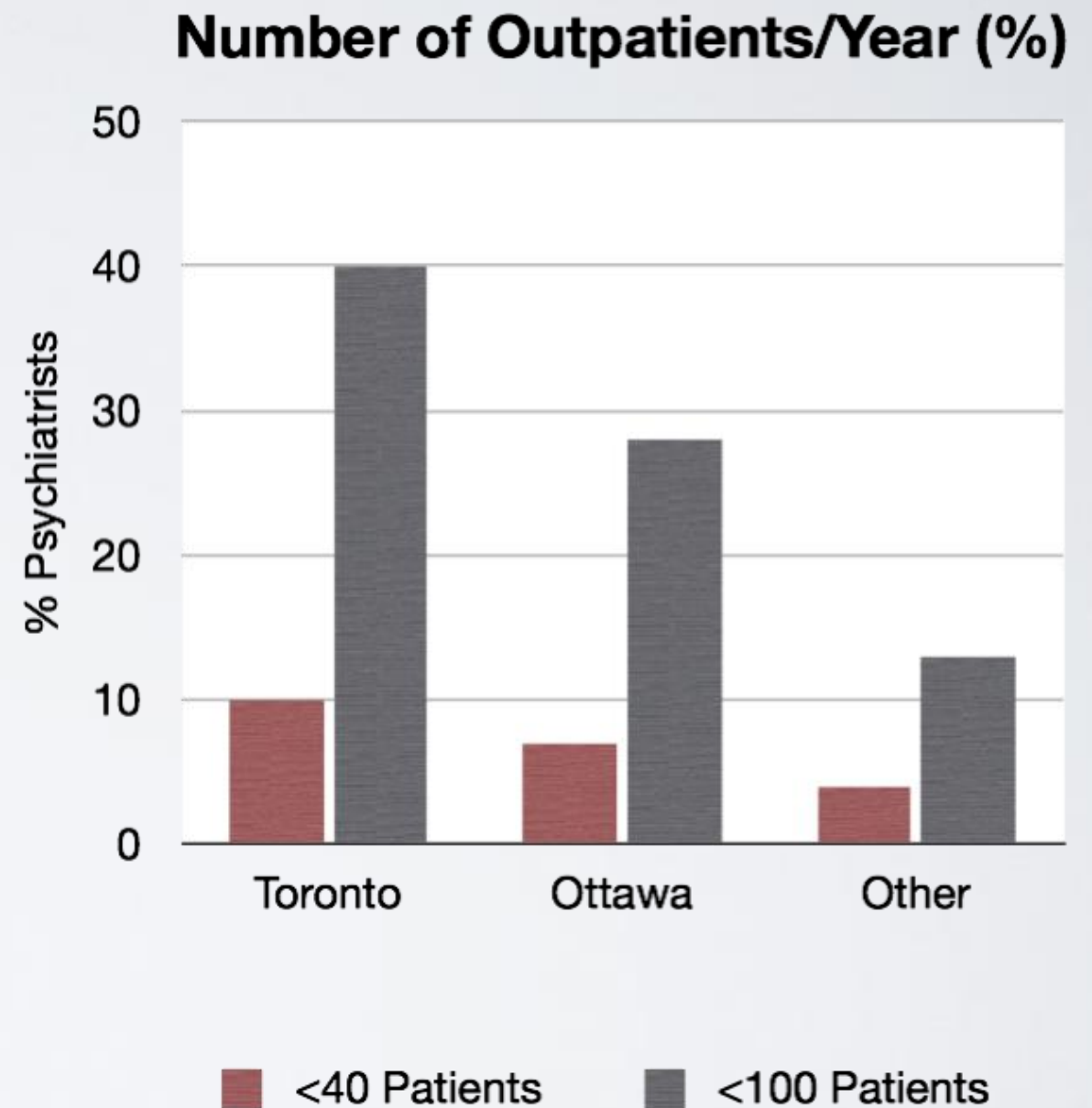
Average annual patient visit rate per psychiatrist

25% of Toronto psychiatrists see patients on average >16 times per year vs. 5% in low supply regions



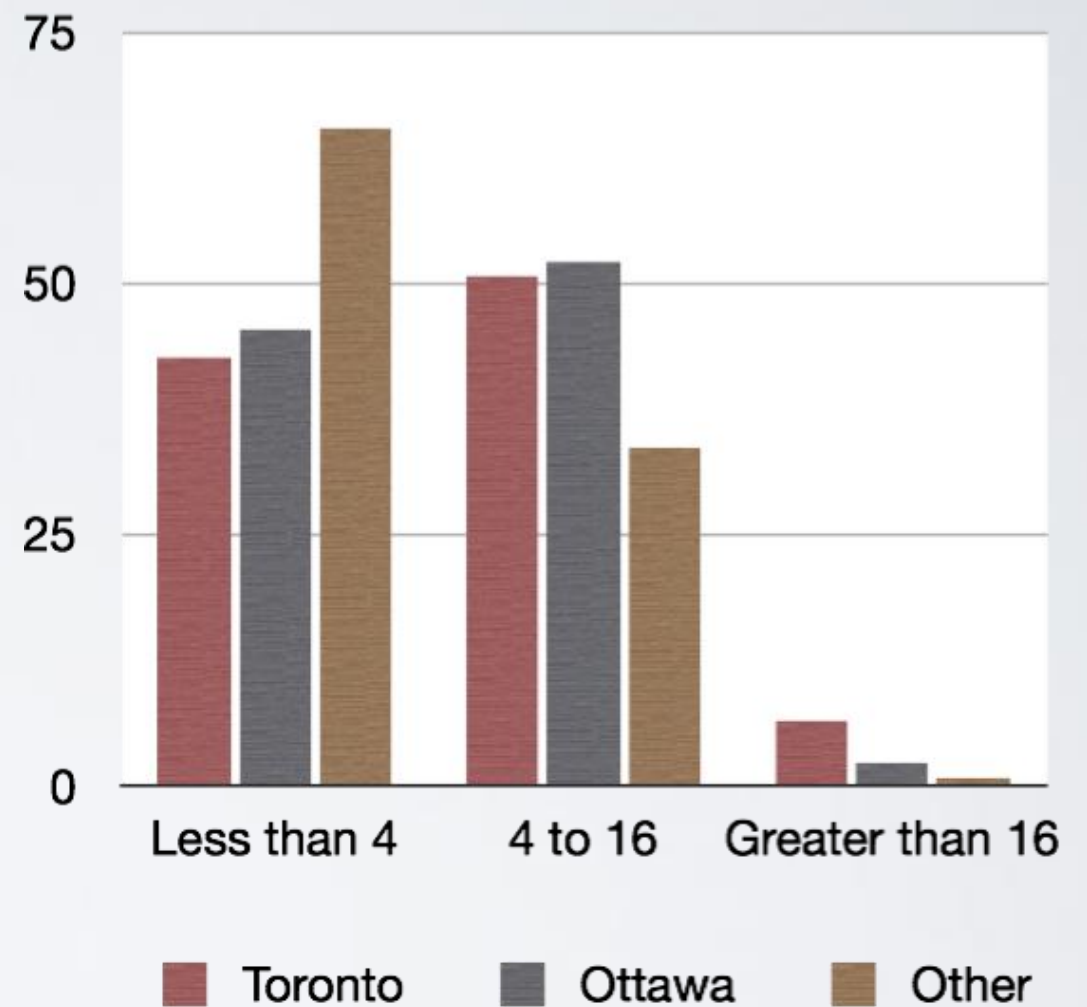
Full-time psychiatrists with small practices

10% of Toronto psychiatrists see fewer than 40 patients/year and more than 40% have fewer than 100 patients/year

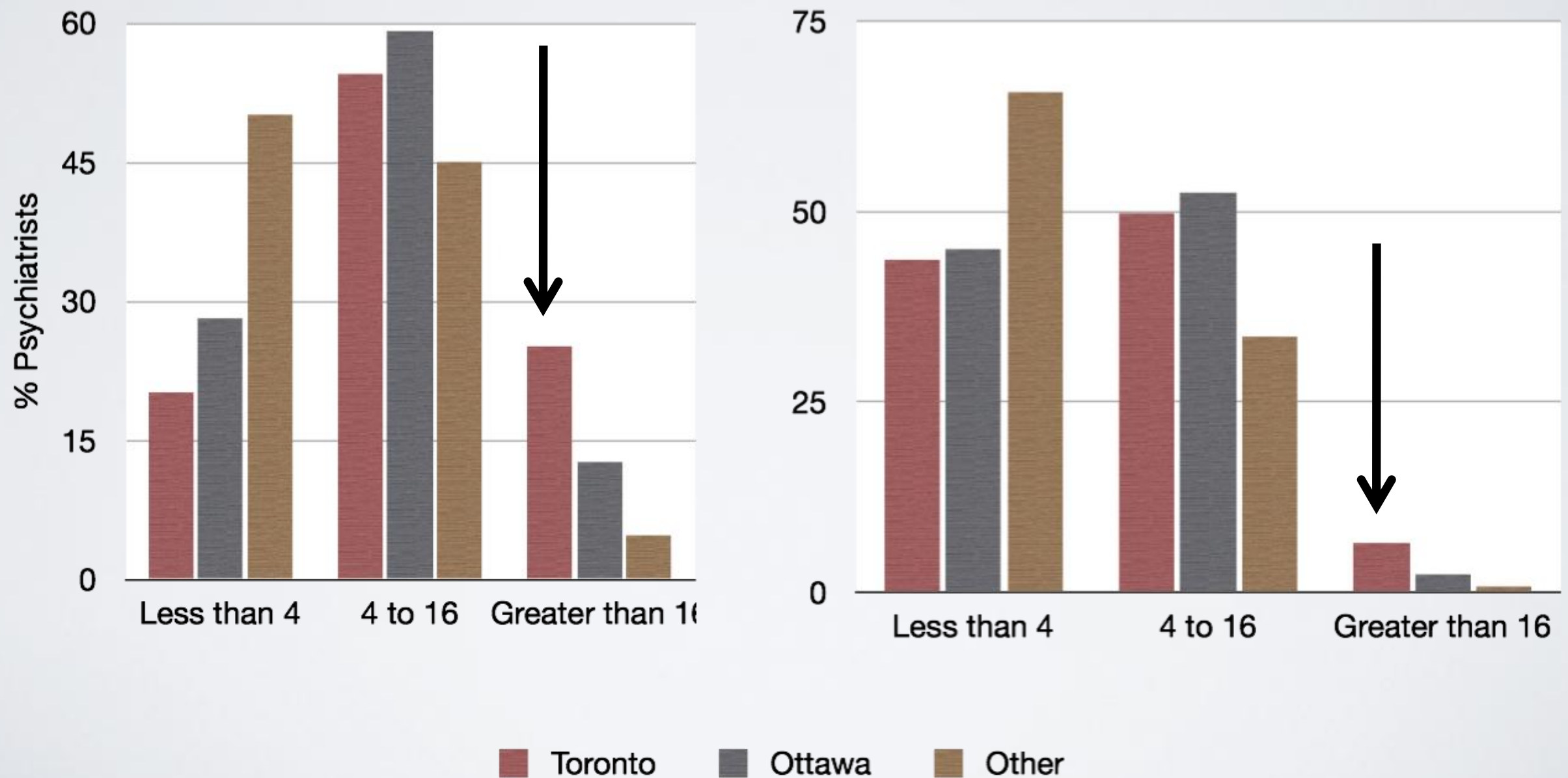


Patient Characteristics

- *Patient-level* visit frequency

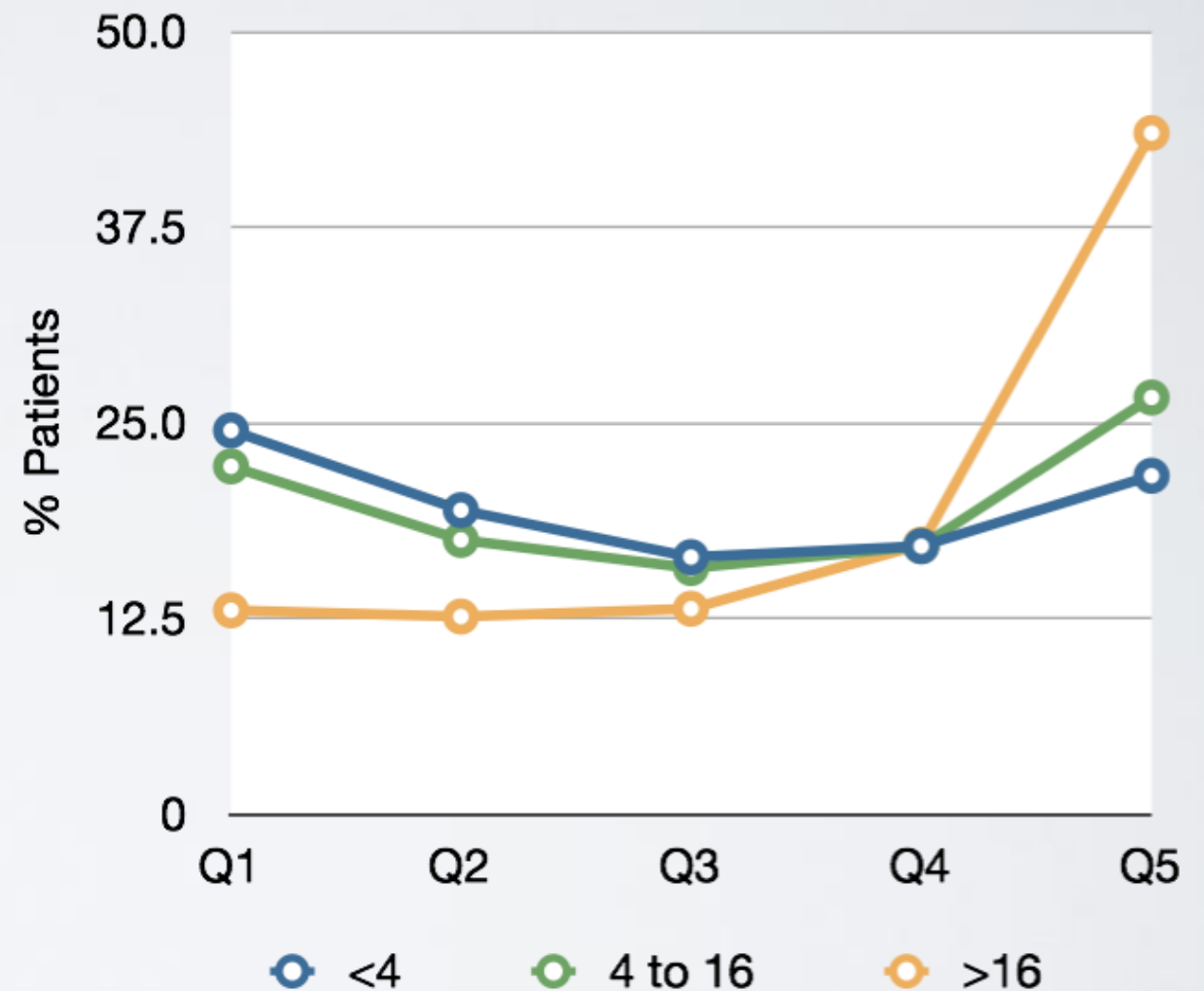


Psychiatrists vs Patients



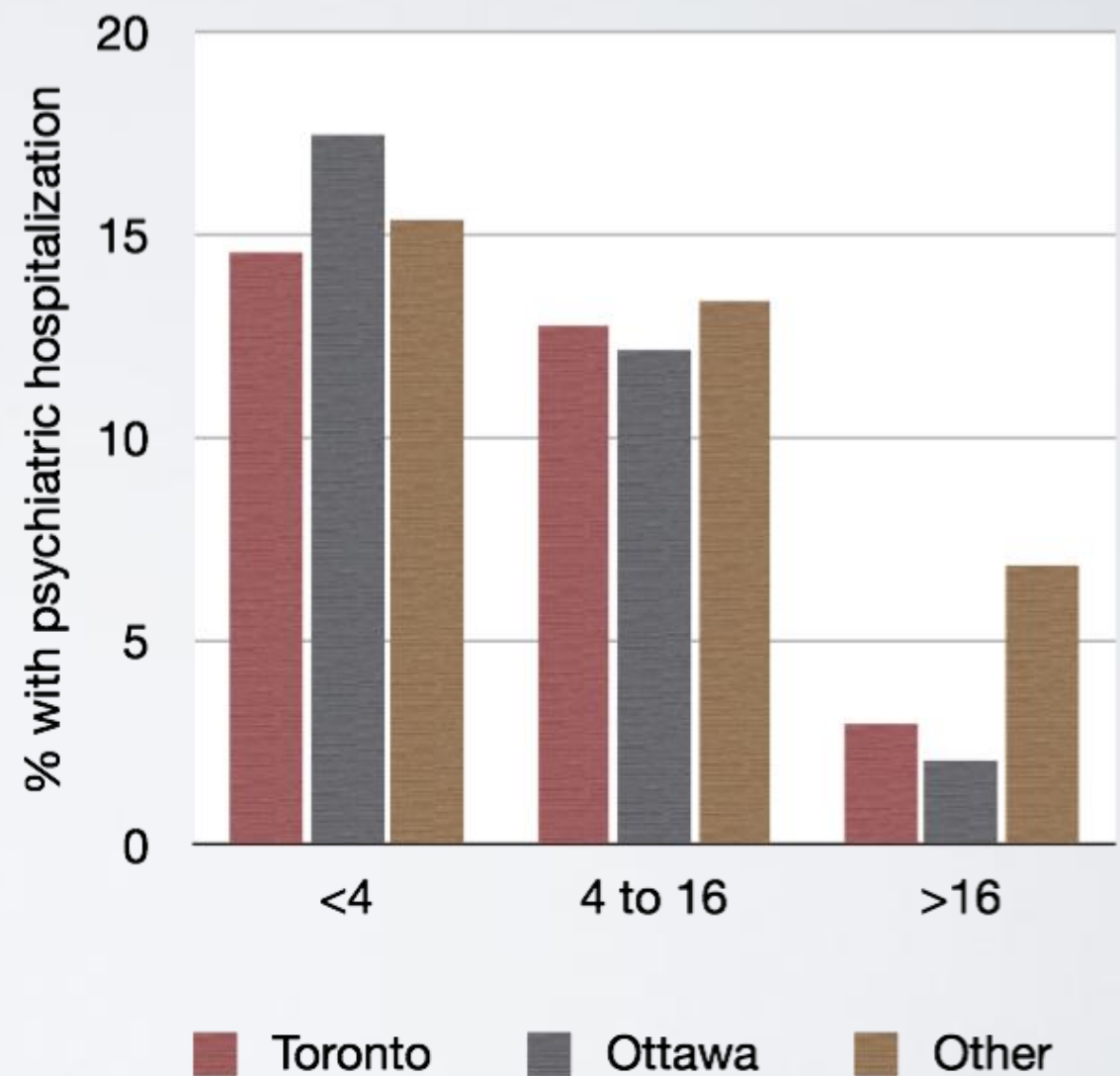
Patient Income Across Visit Categories - Toronto

- Almost half of patients seen >16 times/year are in the top income quintile

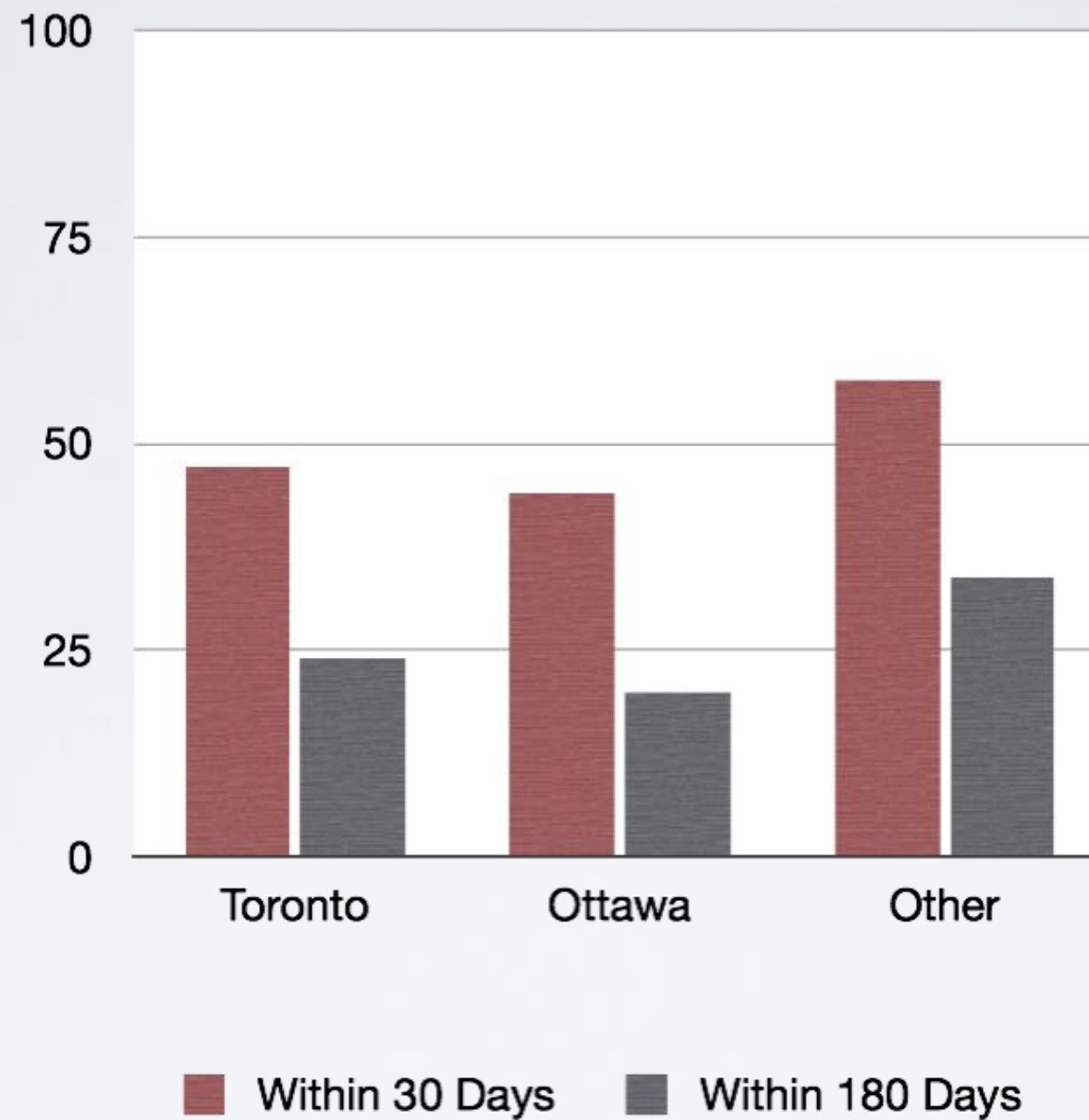


Prior Psychiatric Hospitalizations

- Psychiatric hospitalizations in prior 5 years
- Prior psychiatric hospitalizations decreases with increasing visit frequency



No Psychiatric Visit Post-discharge: Schizophrenia



Summary

- Psychiatrists in high supply areas see fewer patients, fewer new patients and see these fewer patients more frequently and for longer per visit
- In high supply areas, as visit frequency increases, patient SES increases
- The increased psychiatrist supply does not translate into better follow-up post-hospitalization
- The increased psychiatrist supply does not result in lower re-hospitalization or ED visits

Discussion

- High psychiatrist supply areas lead to a disconnect between supply and demand.
- Current fee schedule - there is no incentive to take on new patients or to see sicker patients
- CPA position paper - increase to 15 psychiatrists/100,000 will not make a difference if psychiatrists continue to practice in the same way
- Why do psychiatrists outside of Toronto and Ottawa practice differently (the fee schedule applies to all psychiatrists)