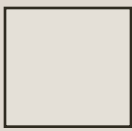




Practice profiles of GPs in Montréal: Are they distributed equitably?

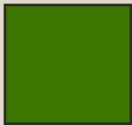
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CAHSPR



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Context: Primary healthcare practice

- Primary healthcare (PHC) practice has changed in the last decades
- GP's primary commitment is to work in PHC settings....
-but many GPs share various practice sites
(Borgès Da Silva ; 2010)
- Provision of care is influenced by practice settings *(Borgès Da Silva & Pineault. 2012)*



Objective

- Objective of the research project:
 - To identify practice setting profiles of GPs in Montréal and to assess their impact on PHC delivery.
- Objective of the presentation:
 - To identify practice setting profiles of GPs in Montréal and to describe them.



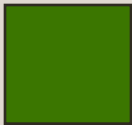
Methods

- Data come from two linked files (2005):
 - Régie d'assurance maladie du Quebec
 - Collège des médecins du Québec
- Data analysis
 - Multiple correspondence analysis
 - Hierarchical ascendant classification



Results : GPs in Montréal

- 2542 GPs reported principal practice site in Montréal to the Collège des médecins du Québec in 2005
- 1820 GPs (71.6%) were considered as providers of services
 - Criteria : at least 500 visits in one year
- 722 GPs (28.4%) were not considered as providers of services
 - 171 retired (6.7%)
 - 551 others (21.7%): administrative job, public health, Ministry....



Classification of GPs

- Using number of visits in the different practice sites :
 - Private Clinics
 - Community Health Centres
 - Hospitals
 - Emergency Departments and Outpatient Care Facilities
 - Long-term Care Facilities

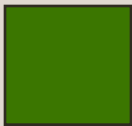
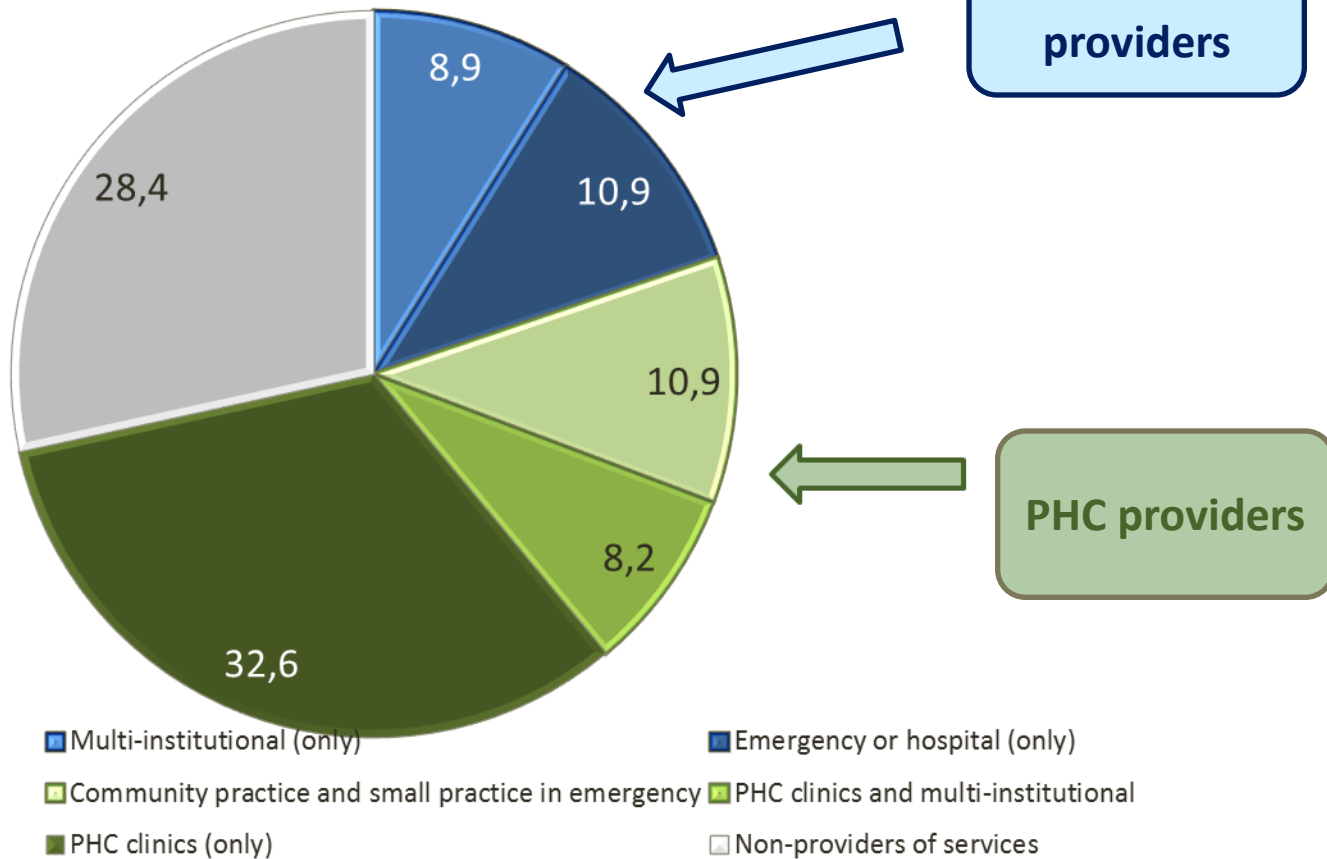


Practice site- variables

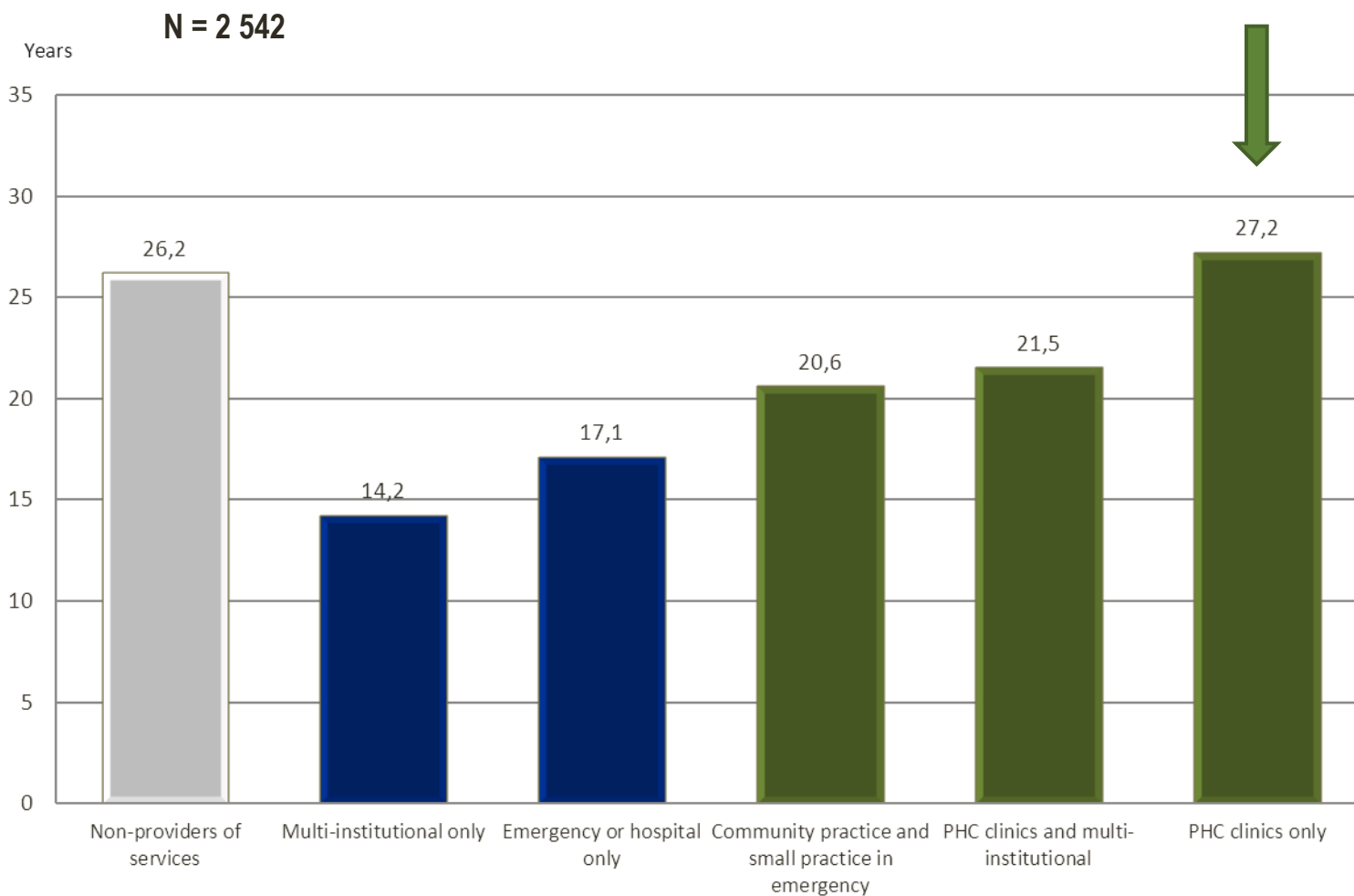
Variables	Categories	%
Private Clinics	< 100 visits	31.3
	100 to 499 visits	18.8
	1500 to 4999 visits	37.3
	≥ 5000 visits	12.7
Community Health Centres	none	77.7
	1 to 1462 visits	5.5
	≥ 1463 visits	16.8
Hospital	< 100 visits	79.1
	100 to 999 visits	14.5
	≥ 1000 visits	6.4
Emergency Departments and Outpatient Care Facilities	< 100 visits	80.1
	100 to 999 visits	12.4
	≥ 1000 visits	7.5
Long-term Care Facilities	< 100 visits	81.2
	100 to 999 visits	14.1
	≥ 1000 visits	4.7
Others	< 100 visits	95.1
	≥ 100 visits	4.9



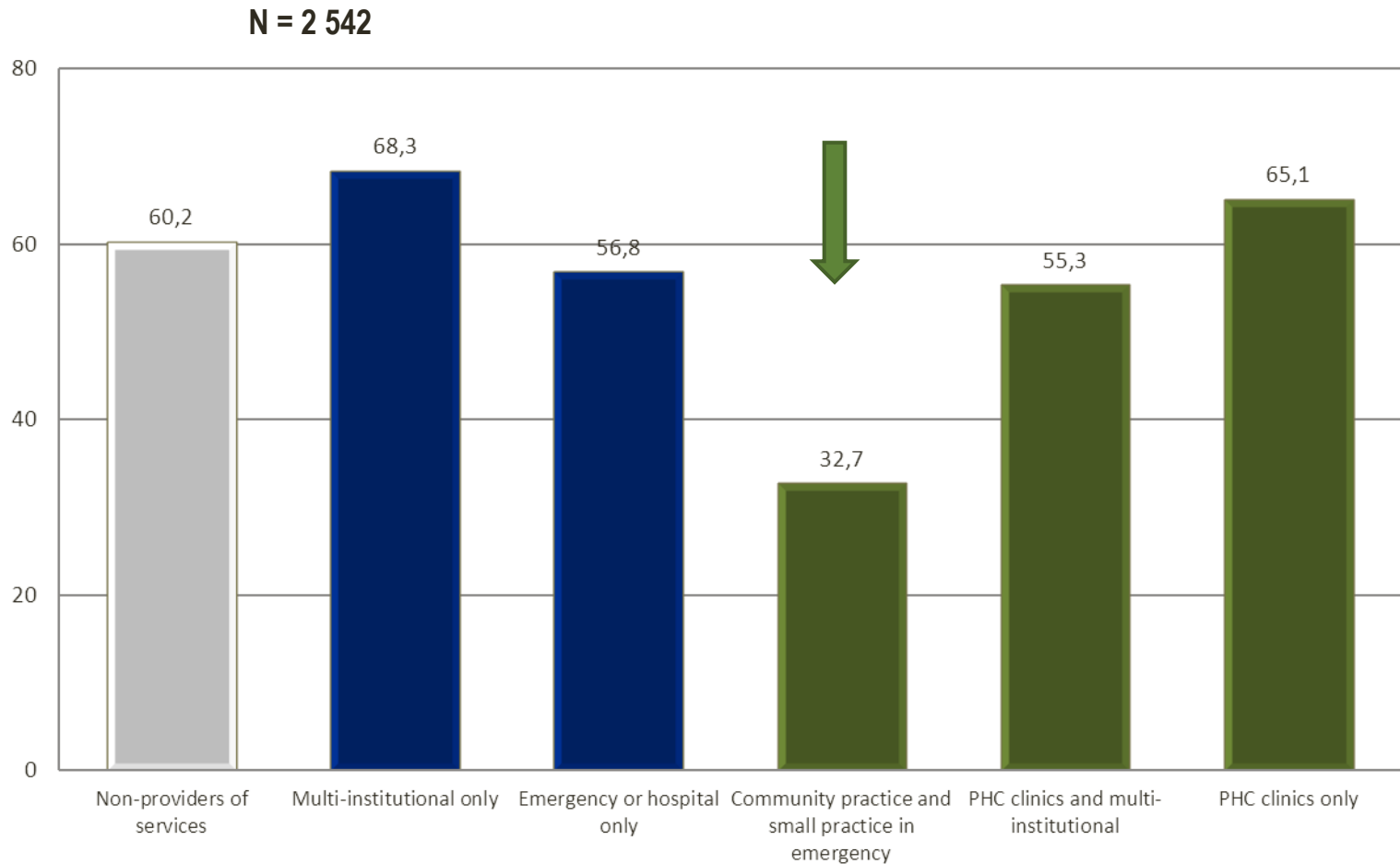
Distribution of GPs by practice site



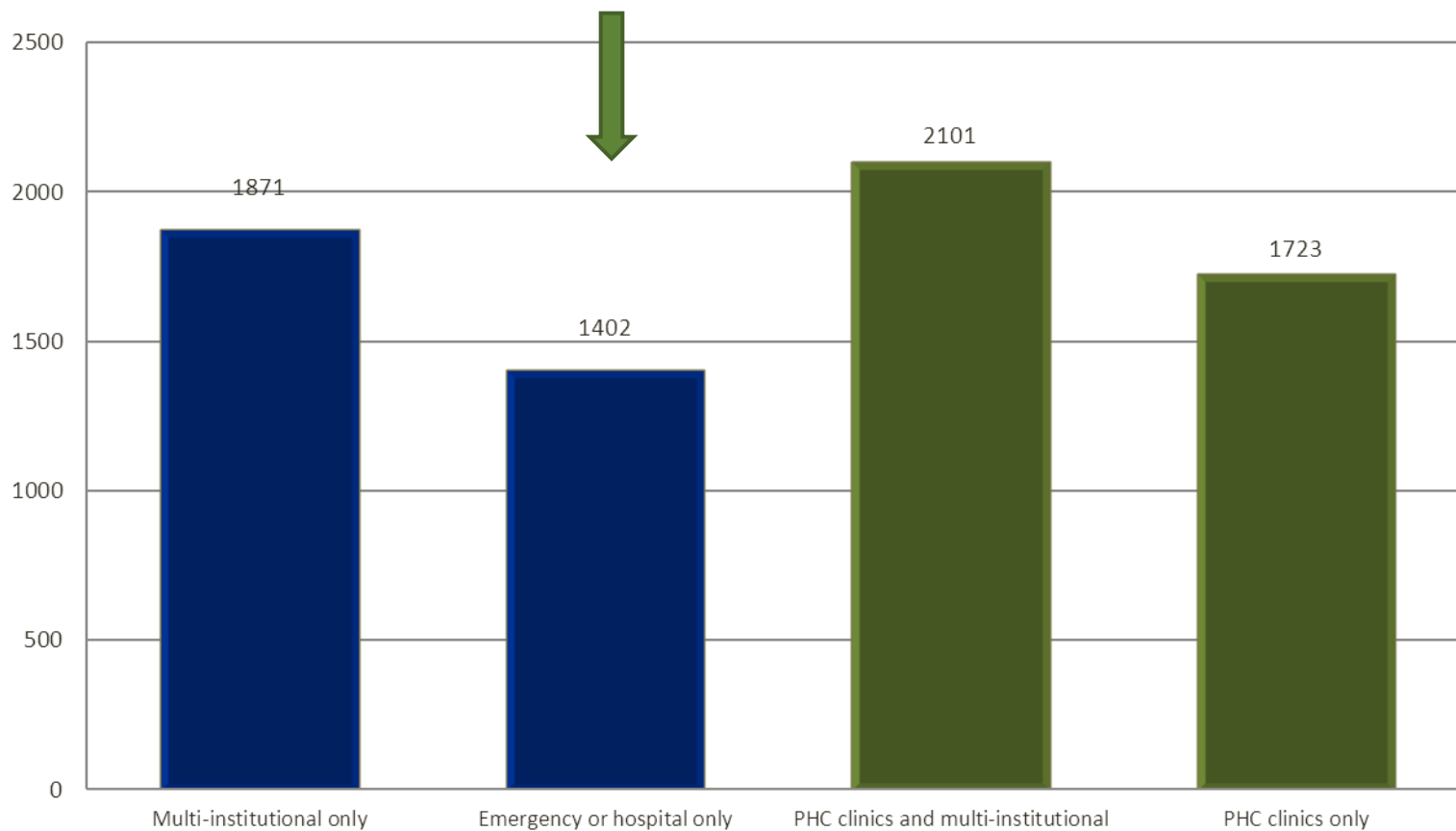
Distribution of GPs by practice site by number of years in practice



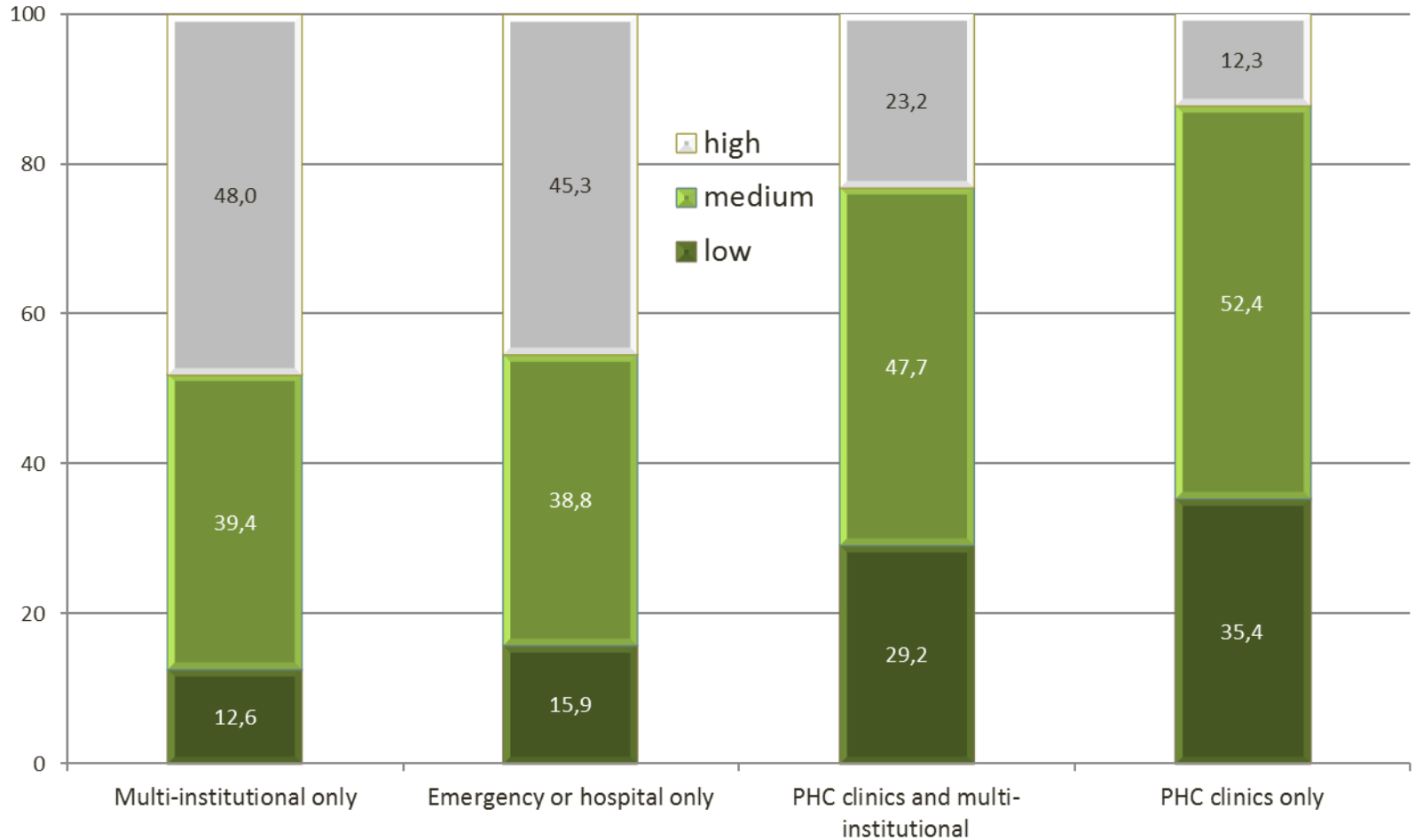
Proportion of men by practice site



Average number of patients per GP by practice site



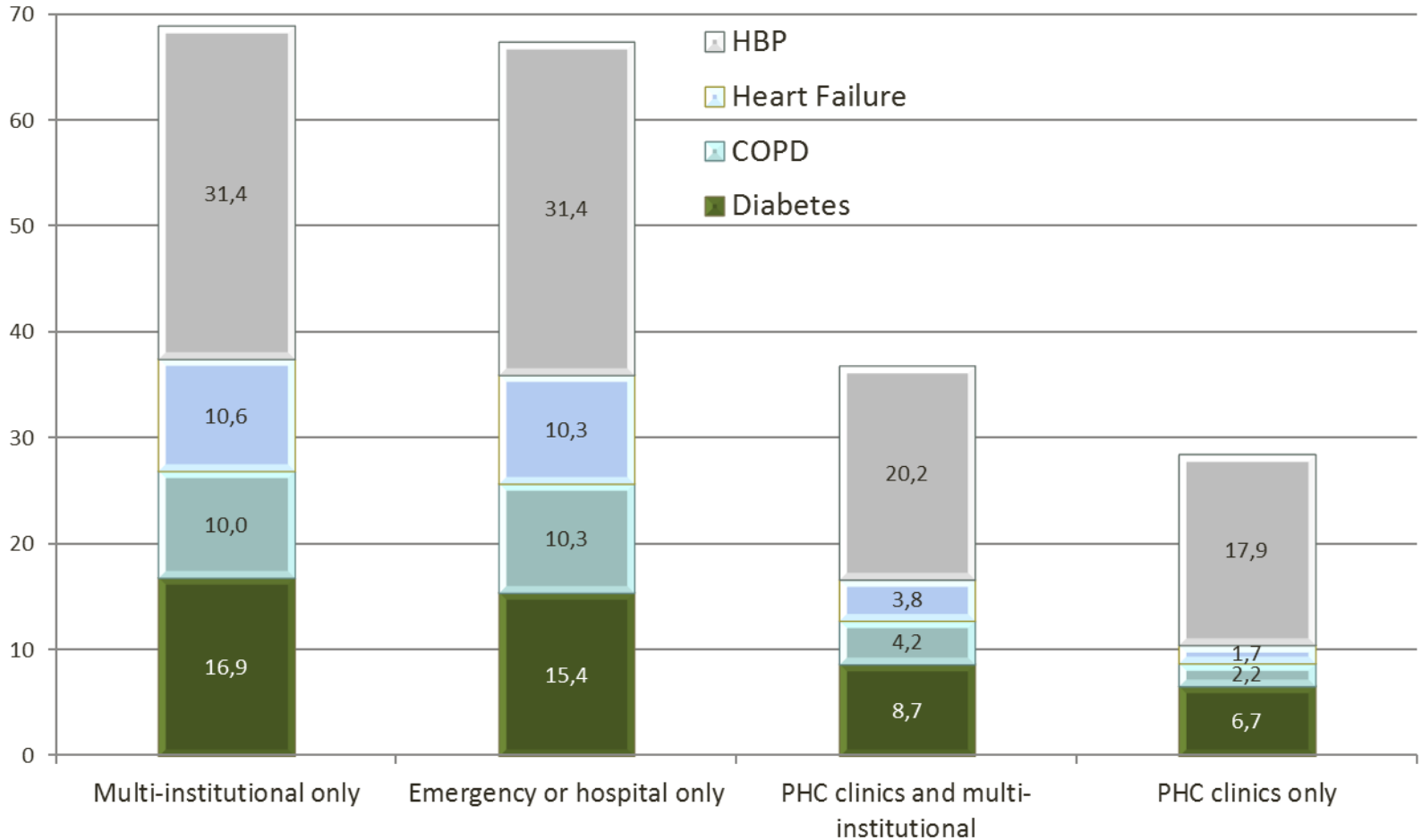
Percentage of patients per morbidity level (ACG) by practice site



N = 1 542



Percentage of patients with chronic diseases by practice site



Patient caseload indicator

- Patient caseload in terms of morbidity: N = 1 542

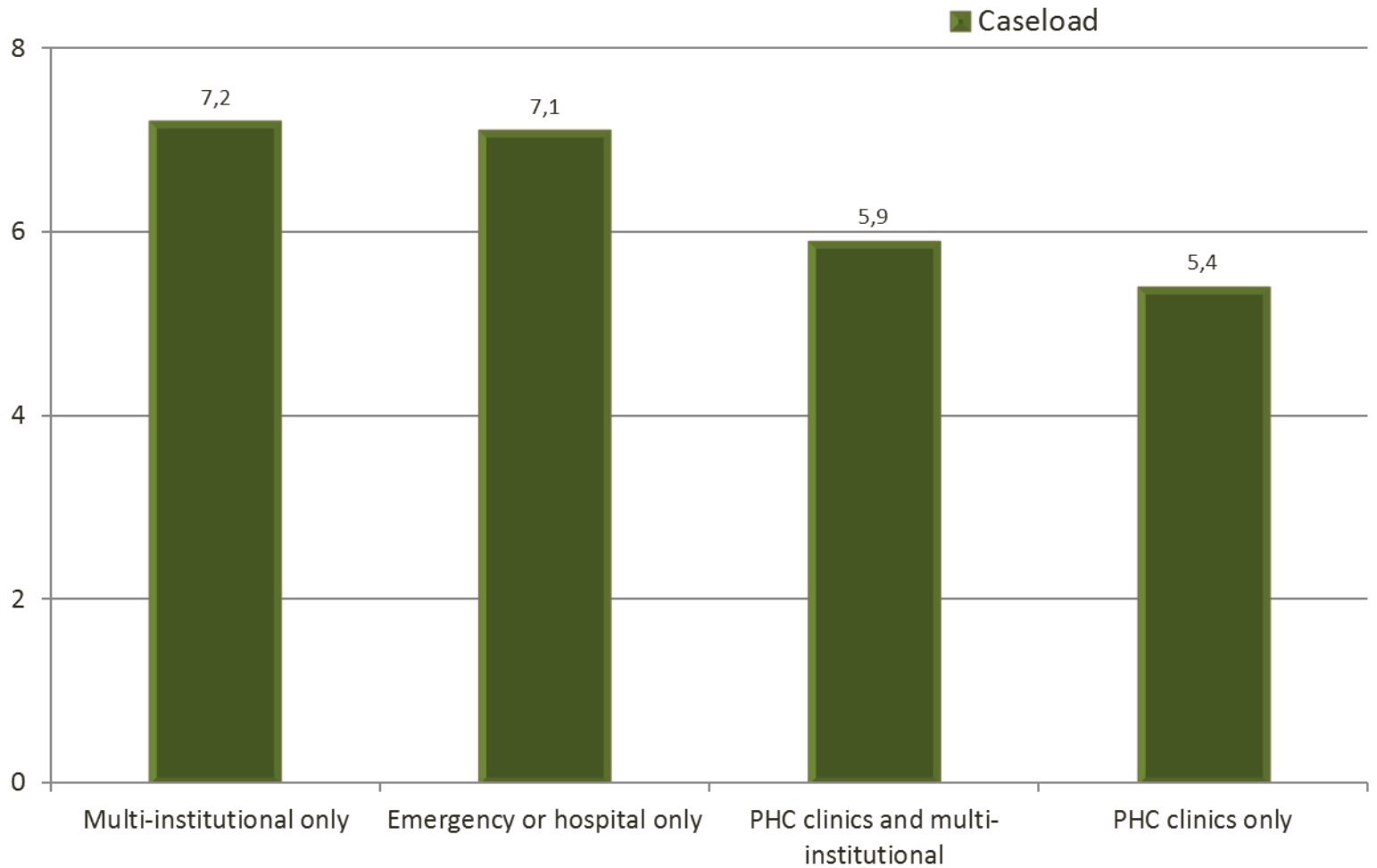
Proportion of patients by ACG:

$$(\% \text{ ACG1} \times 1) + (\% \text{ ACG2} \times 2) + (\% \text{ ACG3} \times 3) + (\% \text{ ACG4} \times 4) + (\% \text{ ACG5} \times 5)$$

- The higher the percentage of patients with high ACG values, the higher the caseload score



GPs' patient caseload by practice site



Conclusion

- Nearly a third of GPs whose principal practice site is in Montréal are not providers of health services
- 51.7% of GPs work mostly in PHC services.
- GPs who work exclusively in PHC clinics are older; conversely younger GPs work less in PHC clinics.
- Patient caseload is higher among GPs working in institutions without PHC clinics (classes 1 and 2)
- Our results raise issues about GPs' practice relatively to their primary commitment
- Limitations :
 - Limitations associate to research with database
 - No information about community health centres

