



Access to Primary Health Care and Utilization of Walk In Clinics and Emergency Rooms in Ontario.

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- The opinions in this presentation are those of the authors and not the MOHTLC of Ontario.

Team



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Context



- Canada ranks poorly in terms of access to same and next day appointment with primary care
- Canada also has high rates of ER usage












Commonwealth Fund 2014 Overall Rankings



EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

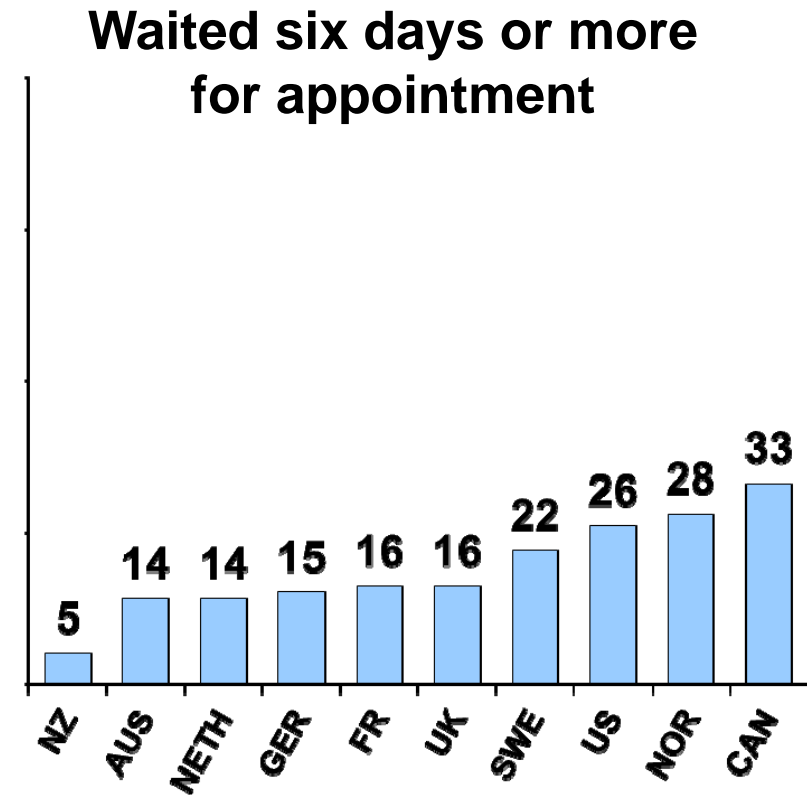
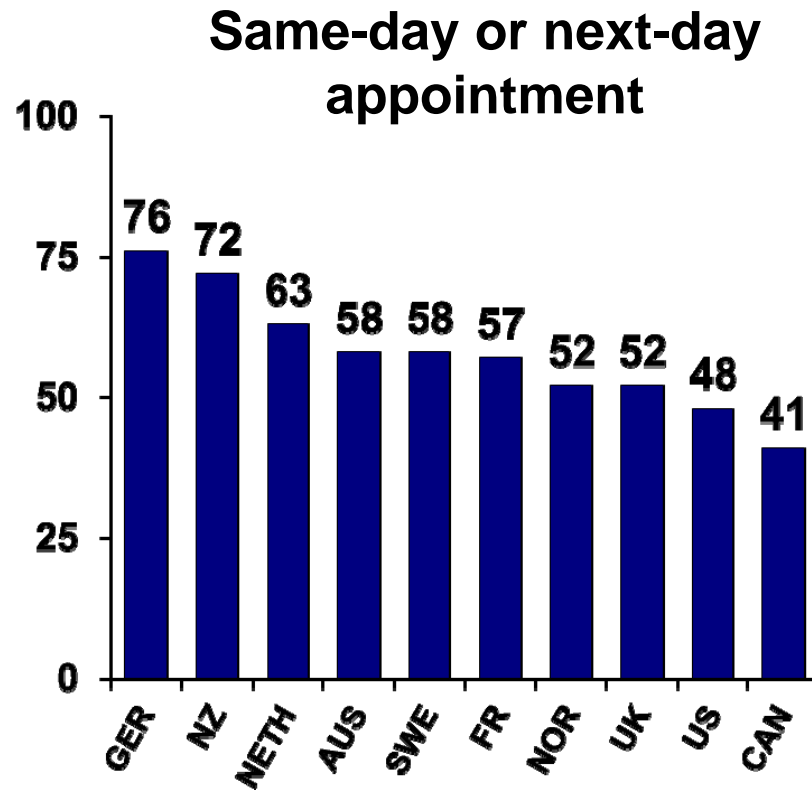
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Access to Doctor or Nurse When Sick or Needed Care



Queen's
UNIVERSITY

Percent



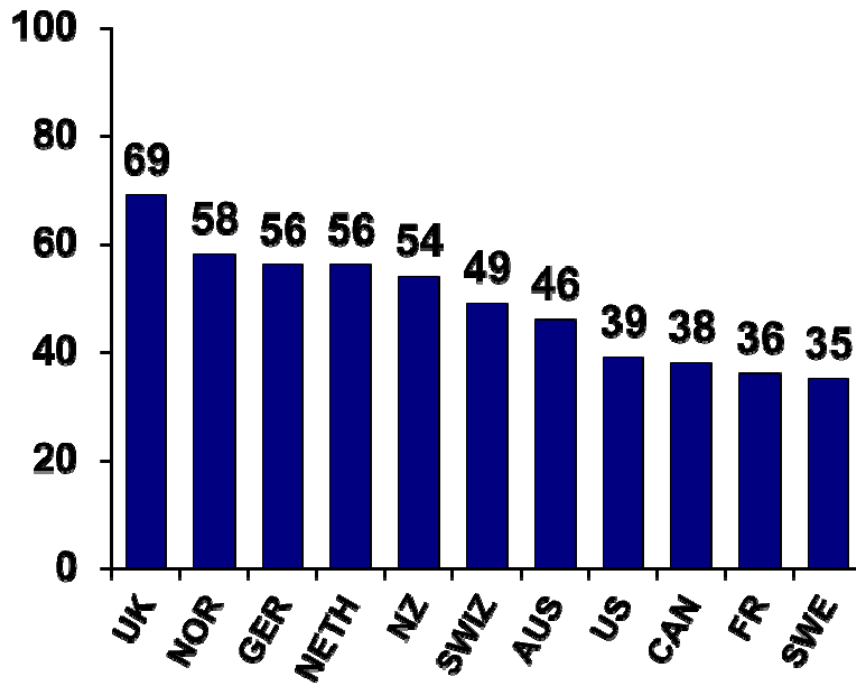
Note: Question asked differently in Switzerland.

Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Access to After-Hours Care

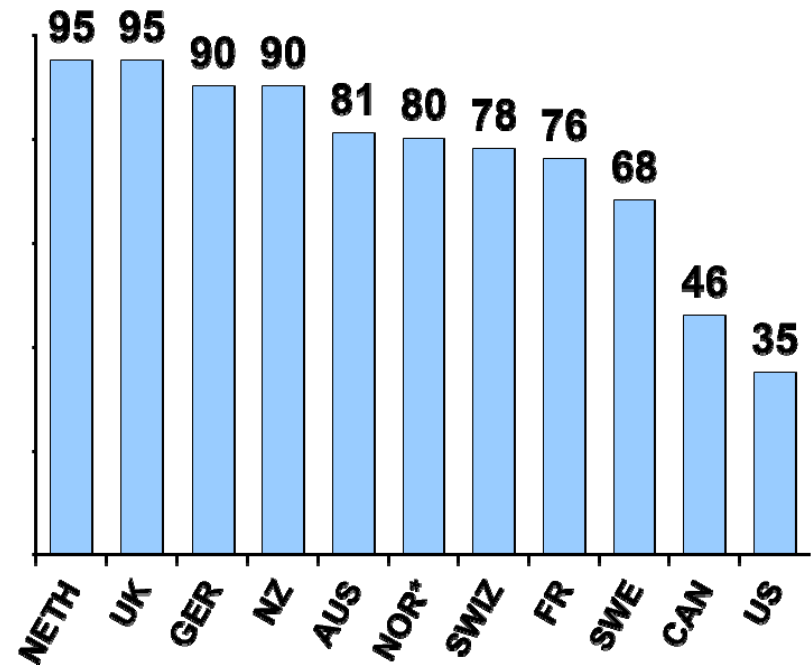


Adults, 2013
Easy getting after-hours care without going to the ER



Base: Needed care after hours.

Primary care physicians, 2012
Practice has arrangement for patients' after-hours care to see doctor or nurse



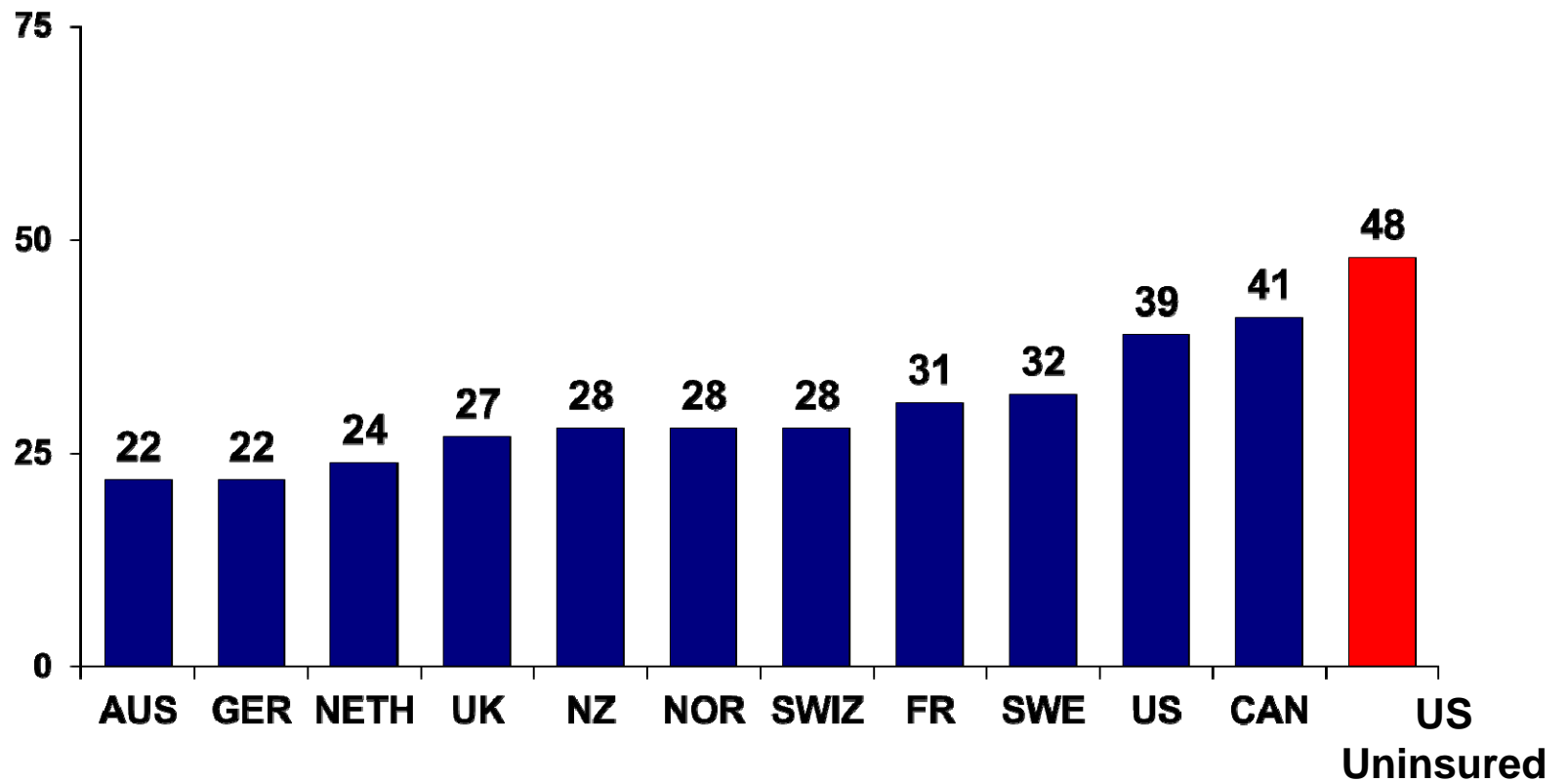
* In Norway, doctors asked whether their practice had arrangements or there were regional arrangements.

Used the Emergency Department in Past Two Years



Queen's
UNIVERSITY

Percent



Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Data Source



- Primary Care Access Survey, a random dial telephone survey of Ontario adult residents between 2006-2010 (N=38,795).
- Questions included:
 - self-reported healthcare utilization,
 - access to, and barriers for, accessing PHC
 - reasons for use of ERs and walk in clinics

Methods



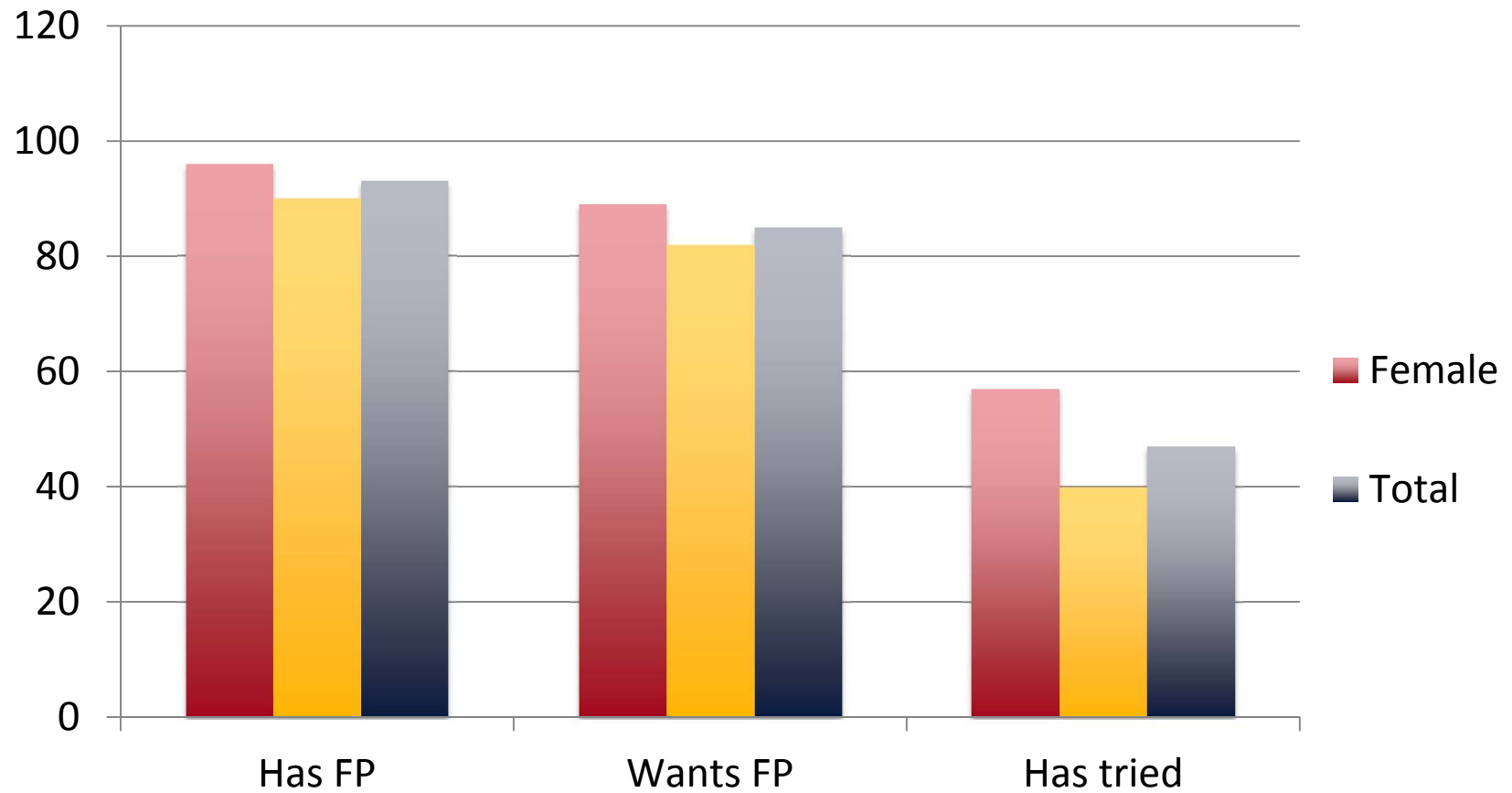
- Data were pooled into calendar years to assess trends over time.
- No significant time trends were noted so data was subsequently all pooled for descriptive analysis.
- A disaggregated analysis for sex differences was included.
- Differences between patients self-reporting being rostered (formally enrolled) with a family physician (FP) working in a reformed PHC model practice and those who were not aware of being rostered were also assessed.
- All data analysis conducted in SAS

Sample Characteristics

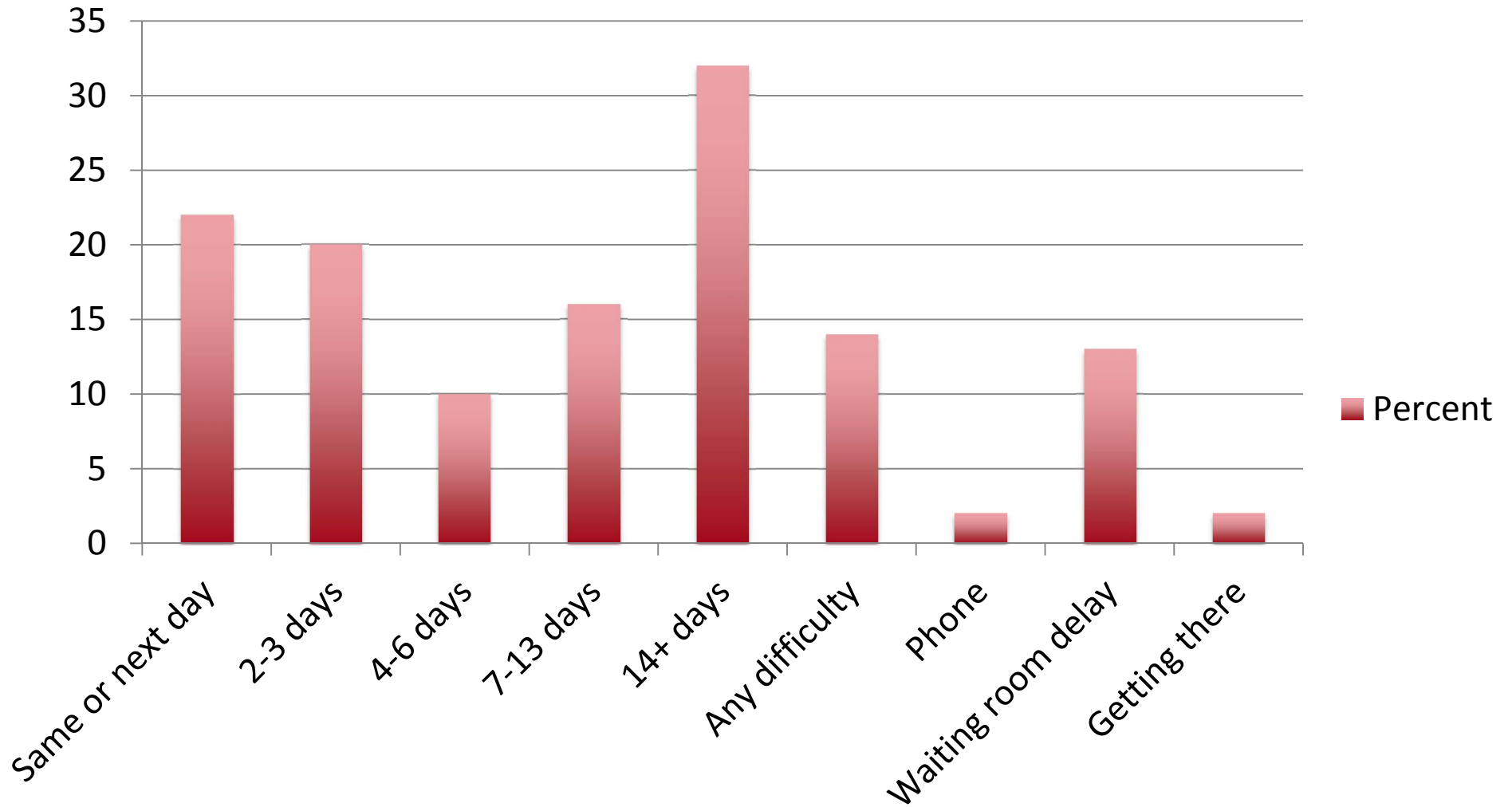


Characteristic	VALUE	Total * 2006-2010	All Ontario Sample-2008 #*
N		N=38,795	N=15,897,977
Sex	Female	22,354 (57.6%)	7,966,937 (50.1%)
Age (years)	18 and under^	2,117 (5.5%)	3,531,144 (22.2%)
	19 -- 65	28,415 (73.2%)	10,524,142 (66.2%)
	> 65	8,118 (20.9%)	1,842,691 (11.6%)
Rural Area	Yes	8,291 (21.4%)	1,625,256 (10.2%)

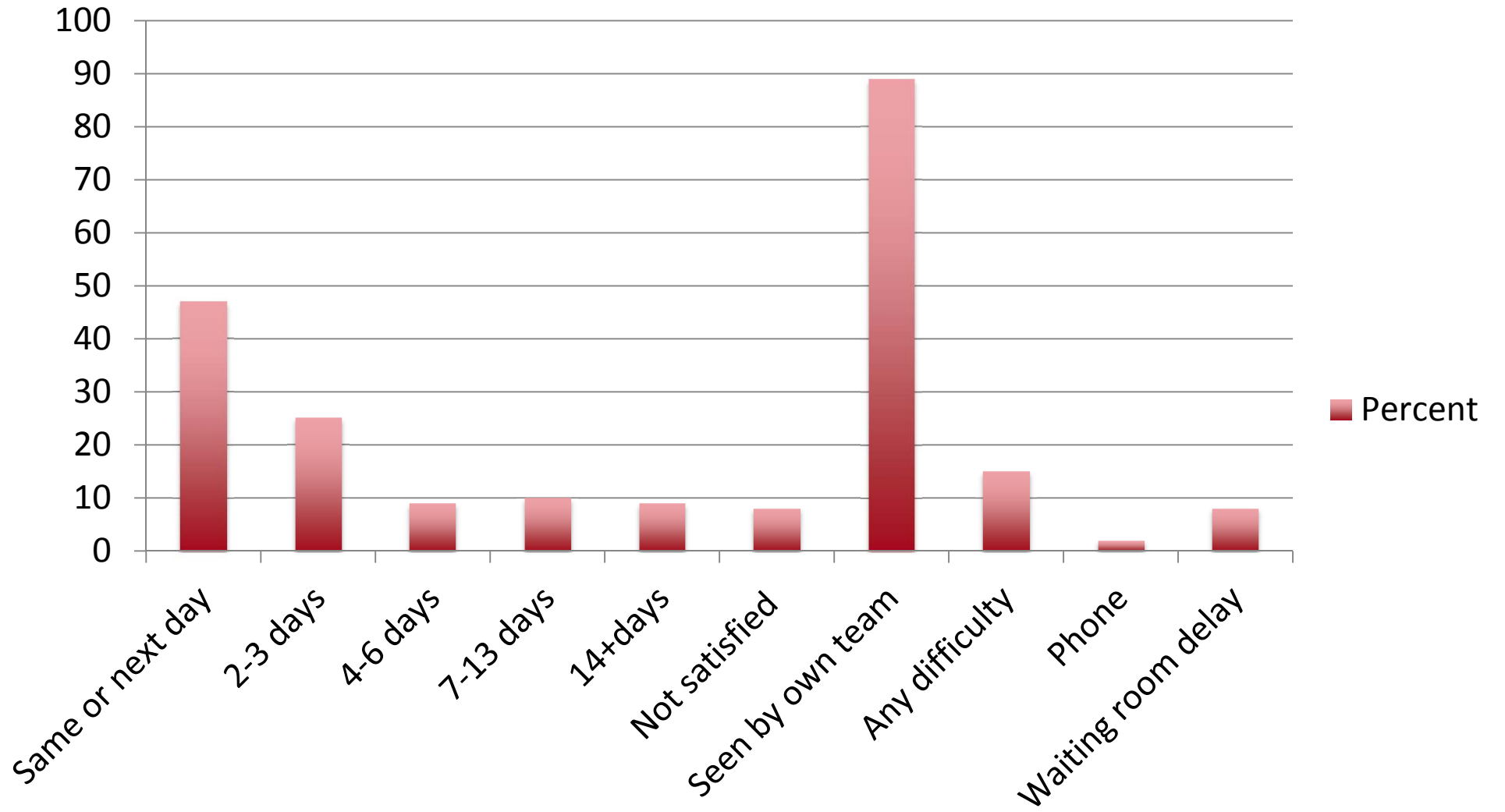
Access to a usual source of care



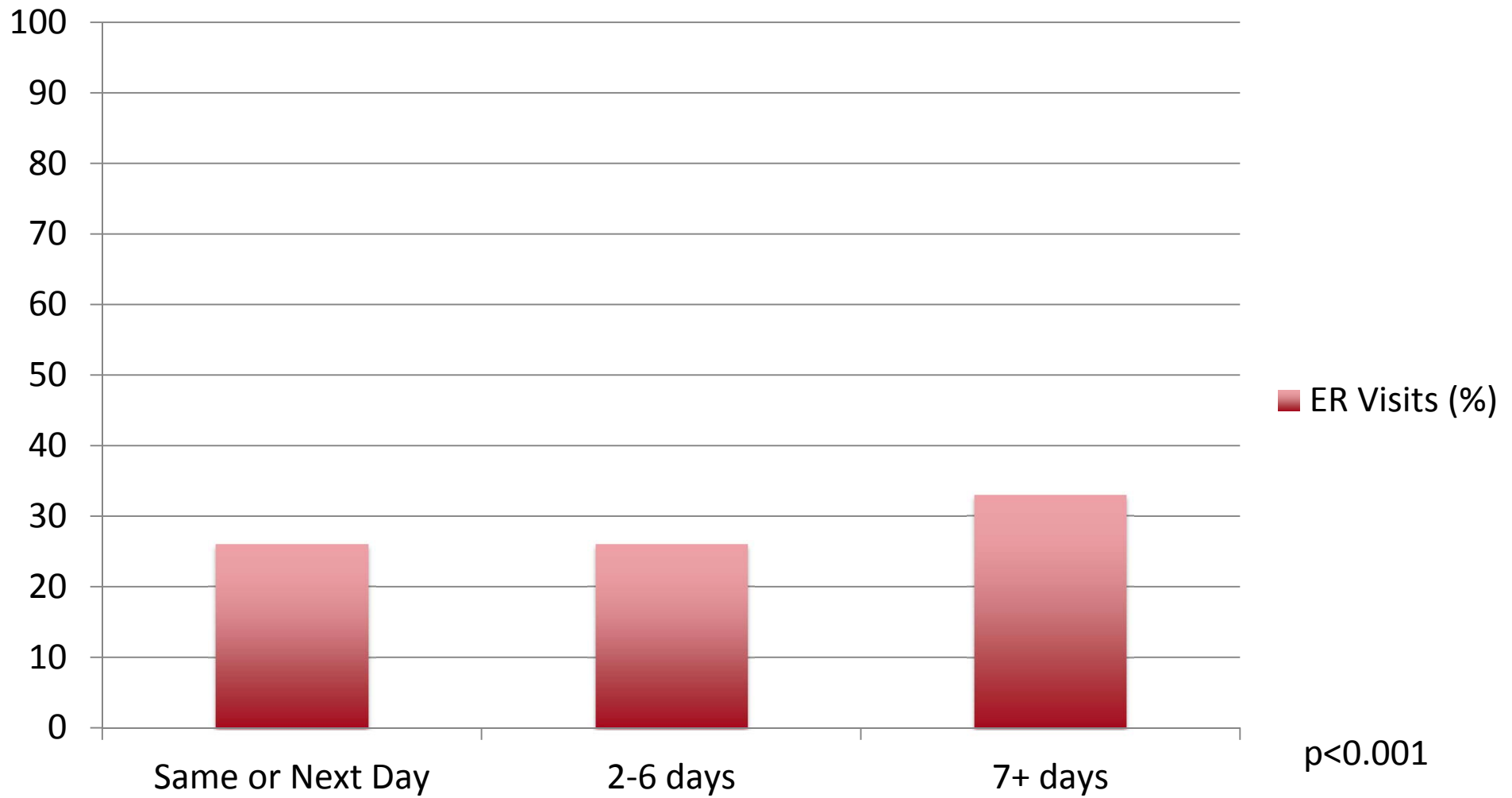
Access to routine/ongoing care



Access to care when sick



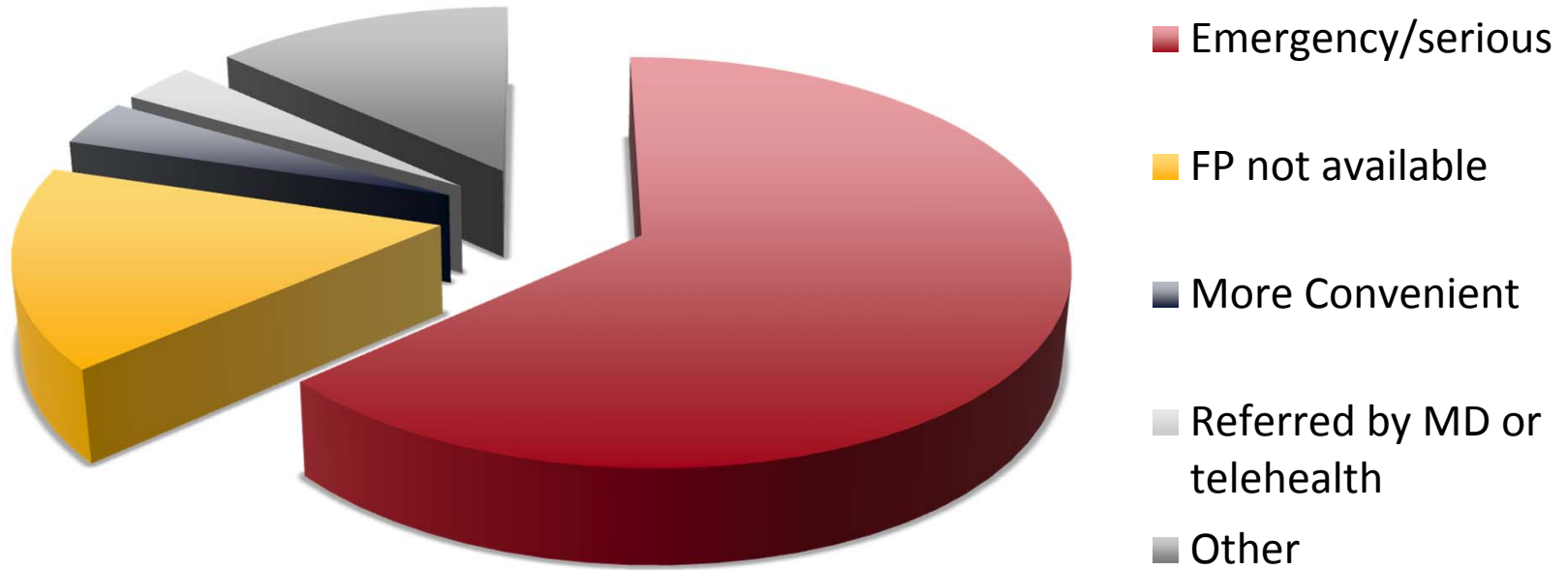
ER Utilization by Wait Time for FP Visit



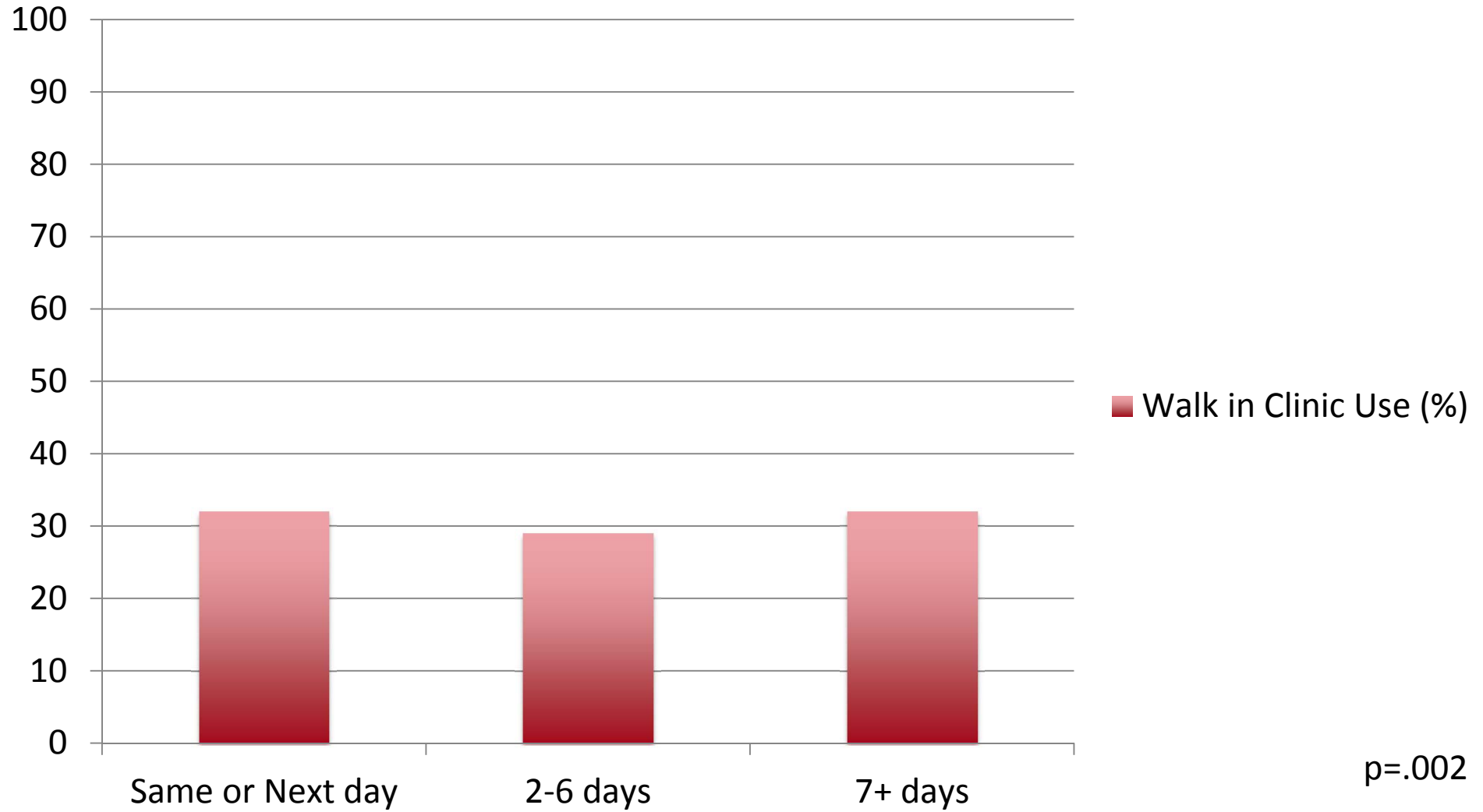
ER Utilization



Percent of ER users



Walk In Clinic Use by FP Wait Times



Walk in clinic utilization



Percent of Walk in Clinic Users



Limitations



- Over sampling from rural areas
- Self reported utilization
- Permission to link very low
- Patients not aware of practice model
- Changes in question pool over time

Conclusions



- Primary care access in terms of having a source of care is very high
- About 20% of patients having long waits (>6 days) for care when sick.
- Walk in clinic use is reported as being closely related to convenience and ability to access a person's usual source of care, but there is no clinically/policy relevant association between the wait time for an appointment with own FP and use of walk in clinics.

Conclusions



- ER use is widely seen as being medically necessary and only moderately related to ability to access their usual source of PHC.
- There is a modest increase in ER visits for patients whose wait times for an appt with own FP when sick are high.
- The impact of increasing access to PHC on ER utilization may be limited by the complex nature of individual decisions on when a visit to the ER is required.
- The use of ER visits as a proxy for access to PHC is questionable.