

# The Provision of Out-of-Office and After-Hours Care by BC's Primary Care Physicians

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# BACKGROUND AND RATIONALE

# Background and Rationale

## COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*




	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	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
<b>Access</b>	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
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	<b>\$3,800</b>	<b>\$4,522</b>	<b>\$4,118</b>	<b>\$4,495</b>	<b>\$5,099</b>	<b>\$3,182</b>	<b>\$5,669</b>	<b>\$3,925</b>	<b>\$5,643</b>	<b>\$3,405</b>	<b>\$8,508</b>

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).

# Background and Rationale

- Out-of-office care
  - After-hours care
  - Telephone consultations
  - The efficacy of these incentives has not been established, nor have predictors of the provision of these services been examined
- 
- Incentivized via “Full-Service Family Practice” program in BC

# Objective

- To examine the trends in and determinants of out-of-office and after-hours care provision among primary care physicians in BC
  - Controlling for:
    - payment mechanism (fee-for-service vs alternative)
    - characteristics of patient population (age, gender, morbidity, SES)

# METHODOLOGY

# Approach and Data Sources

- Population-based retrospective cohort study
- Data sources:
  - Population-based administrative data from Population Data BC for 2005/06-2011/12:
    - Medical Services Plan (MSP) Client Registry
    - MSP Claims Database
    - College of Physicians and Surgeons Registry
    - Hospital discharge abstracts
    - Vital statistics death records
  - Alternative (non fee-for-service) payments (APP) database

# Out-of-Office and After-Hours Care Provision

## After-Hours Care and Telephone Consultations

- |                         |                           |
|-------------------------|---------------------------|
| After-hours visits      | • Y/N for each study year |
| Telephone consultations | • Y/N for each study year |

## Off-site and After Hours Care

- |                                  |  |
|----------------------------------|--|
| Total out-of-office visits       | <ul style="list-style-type: none"><li>• Y/N for each study year</li><li>• Proportion of total contacts occurring out of office for each study year</li></ul> |
| Out-of-office visits by location | <ul style="list-style-type: none"><li>• Y/N for visits occurring in each of home, long-term care (LTC), hospital or ER for each study year</li></ul>         |

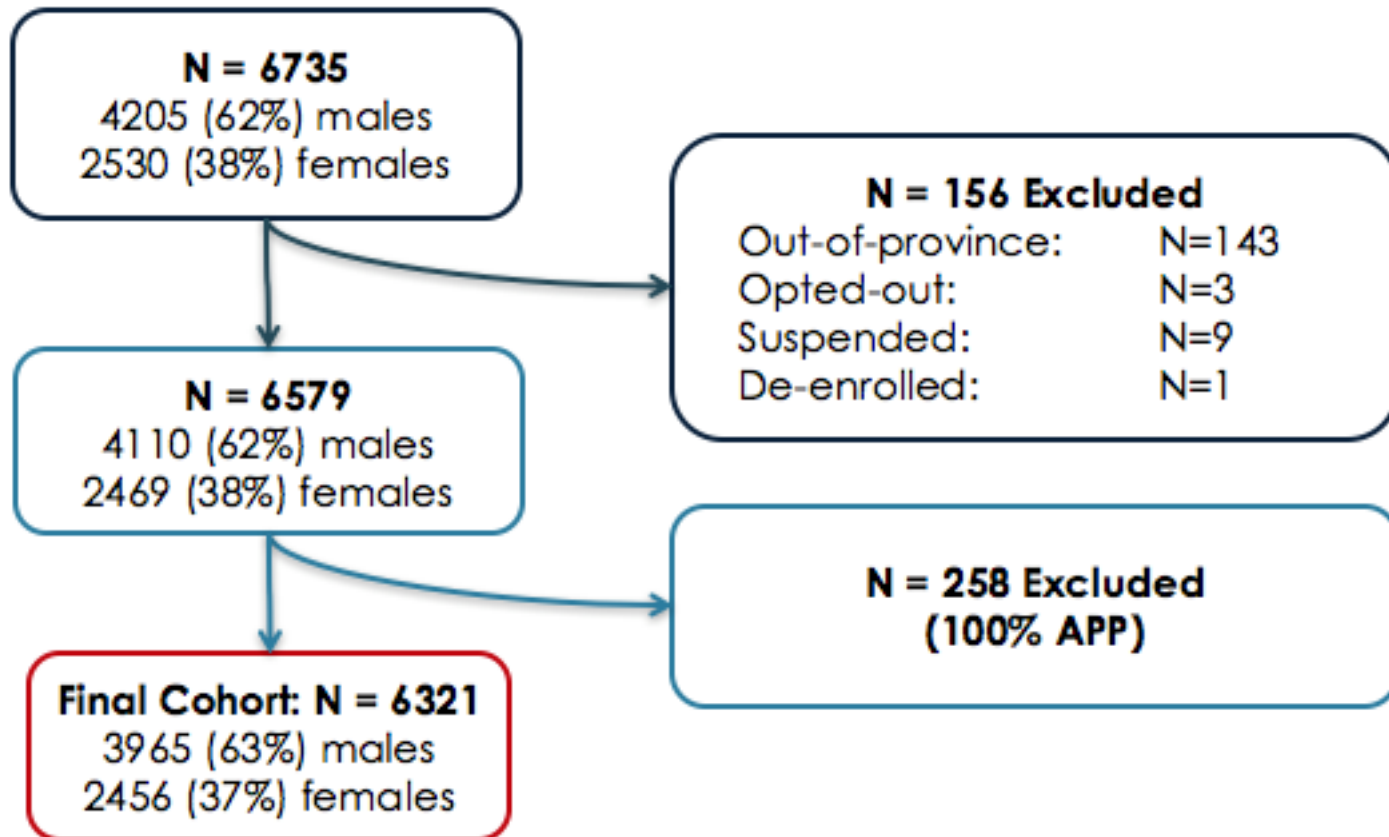


# Statistical Approach

- Longitudinal logit-transformed linear models (proportional outcome), and logistic models (binary outcomes)
- **Fixed effects:**
  - Explanatory variables: year, physician gender, other physician demographics, proportion APP, patient population demographics, patient population morbidity (ADGs)
- **Random effects:**
  - Intercept, slope, residuals

# RESULTS

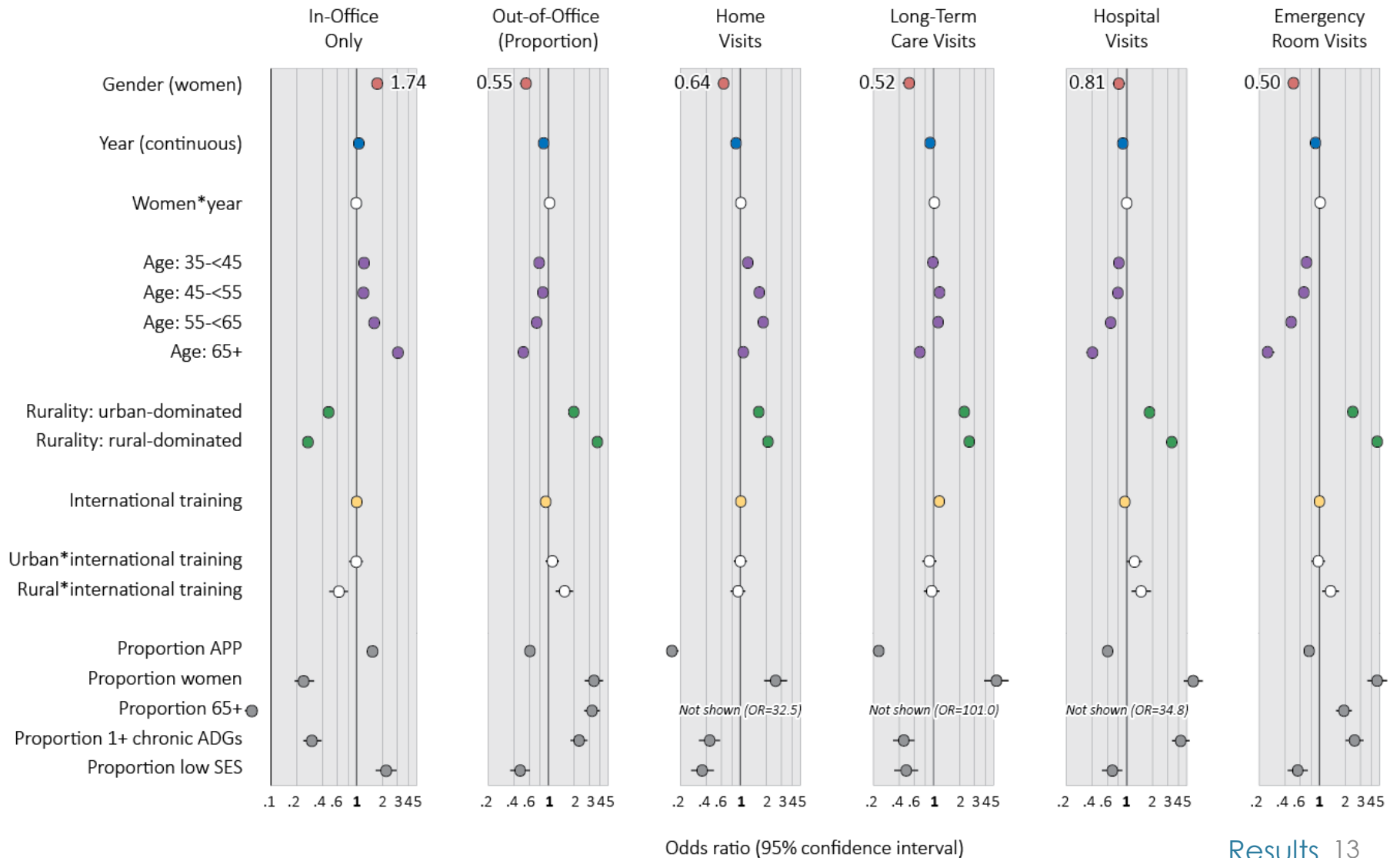
# Population Cohort



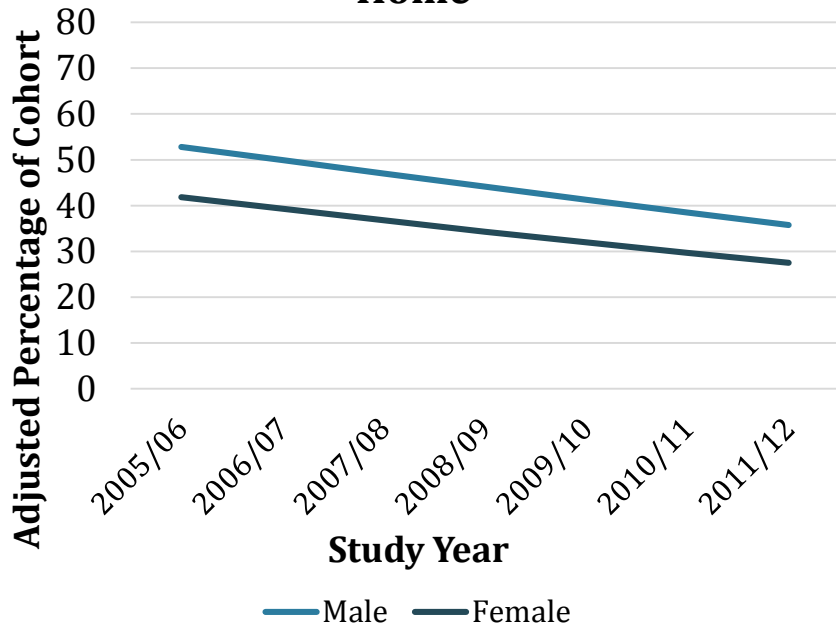
# Descriptive Results

- 76% of physicians provided **services** in **alternative settings** in at least one study year
  - 63% provided home visits
  - 53% provided LTC visits
  - 64% provided ER visits
  - 74% provided non-ER hospital visit
- 70% of physicians provided **services outside regular office hours**
- 60% provided **phone consultations**

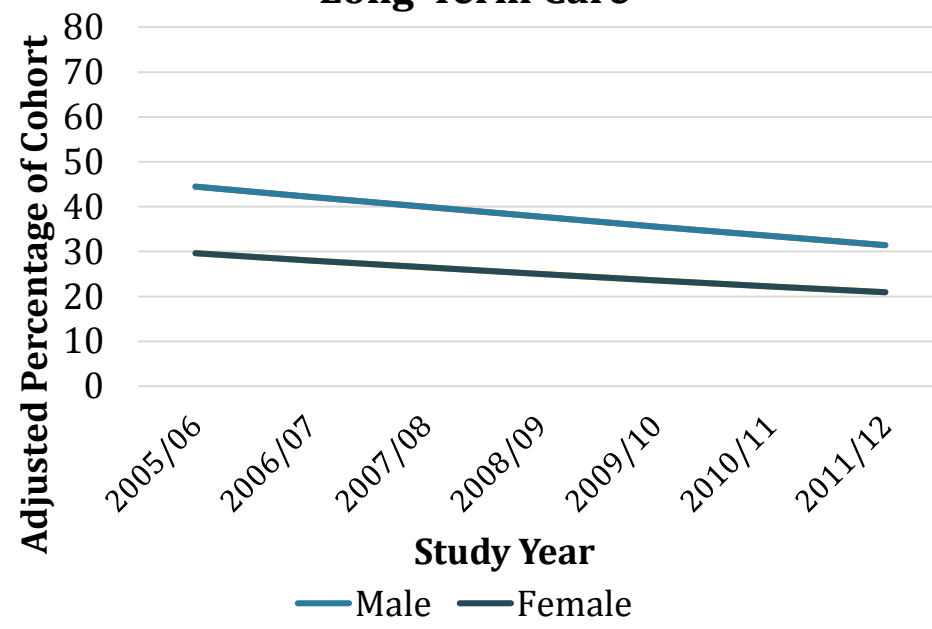
# Results (Out-of-Office)



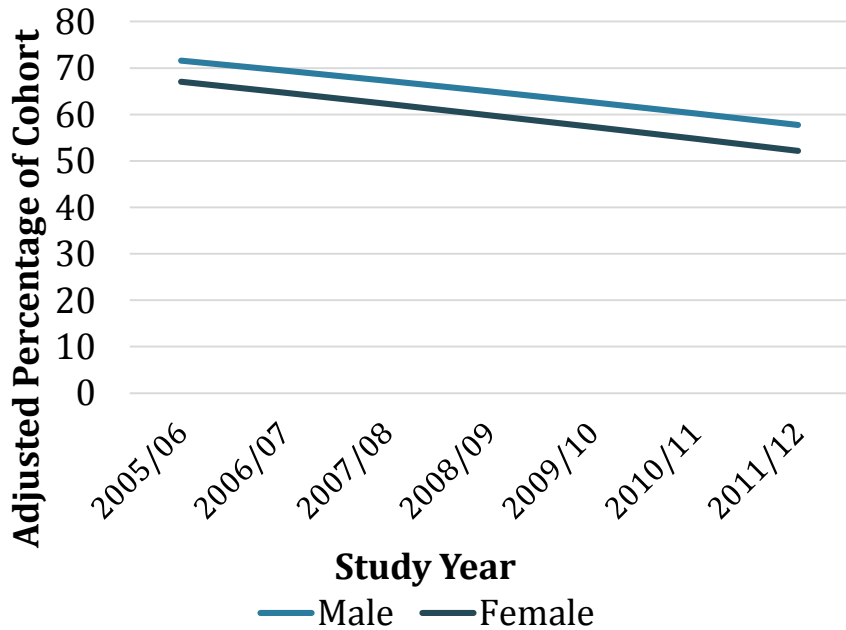
### Home



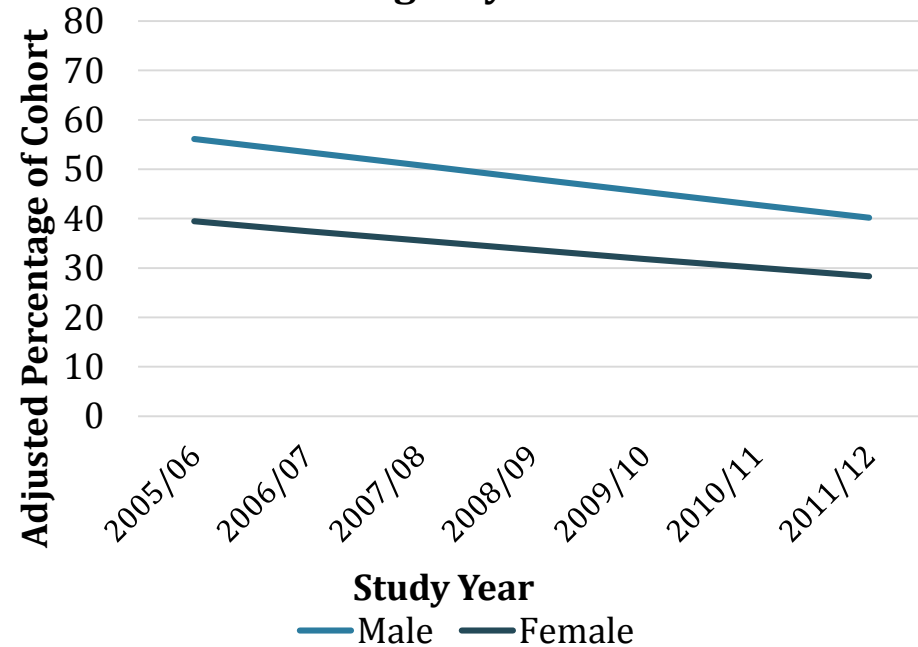
### Long-Term Care



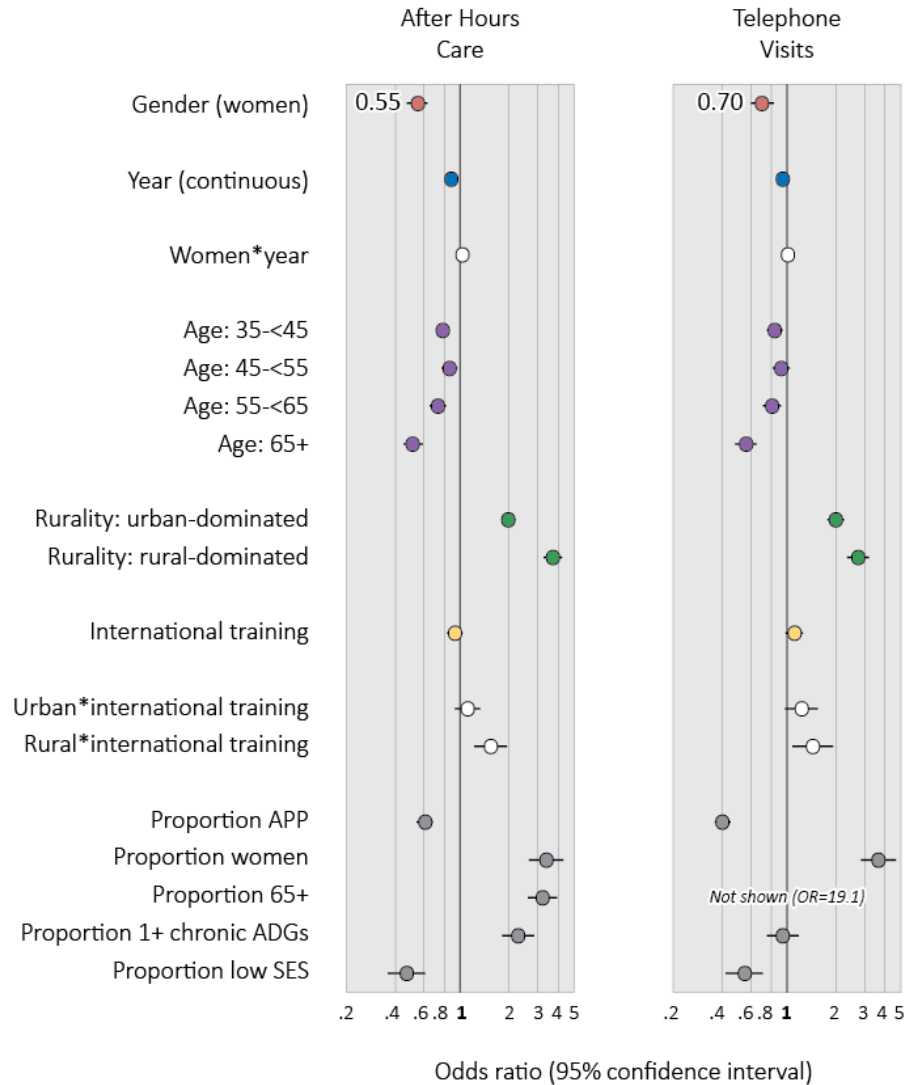
### Hospital



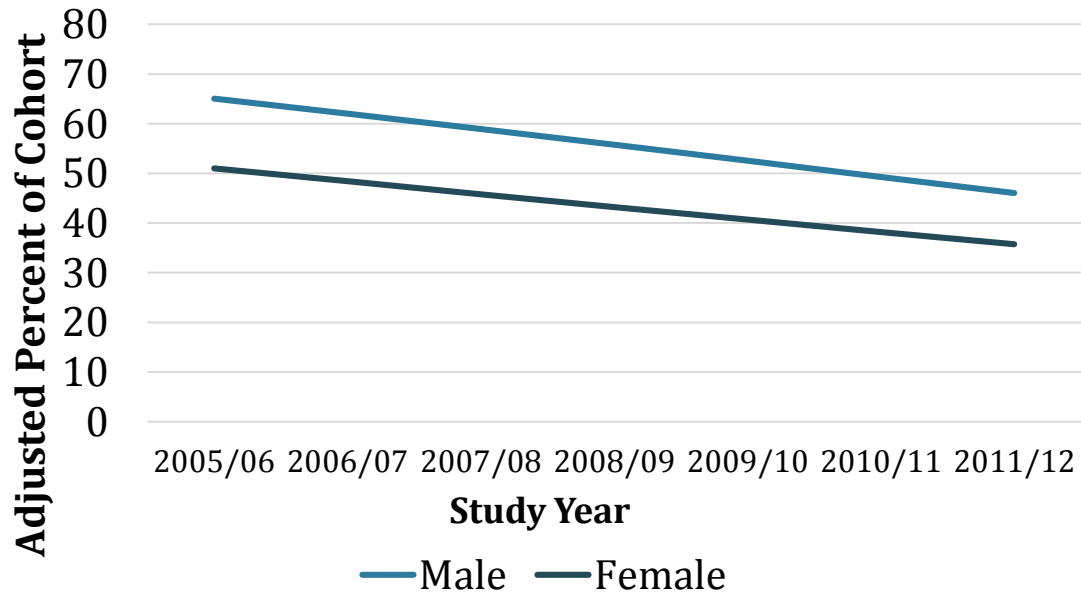
### Emergency Room



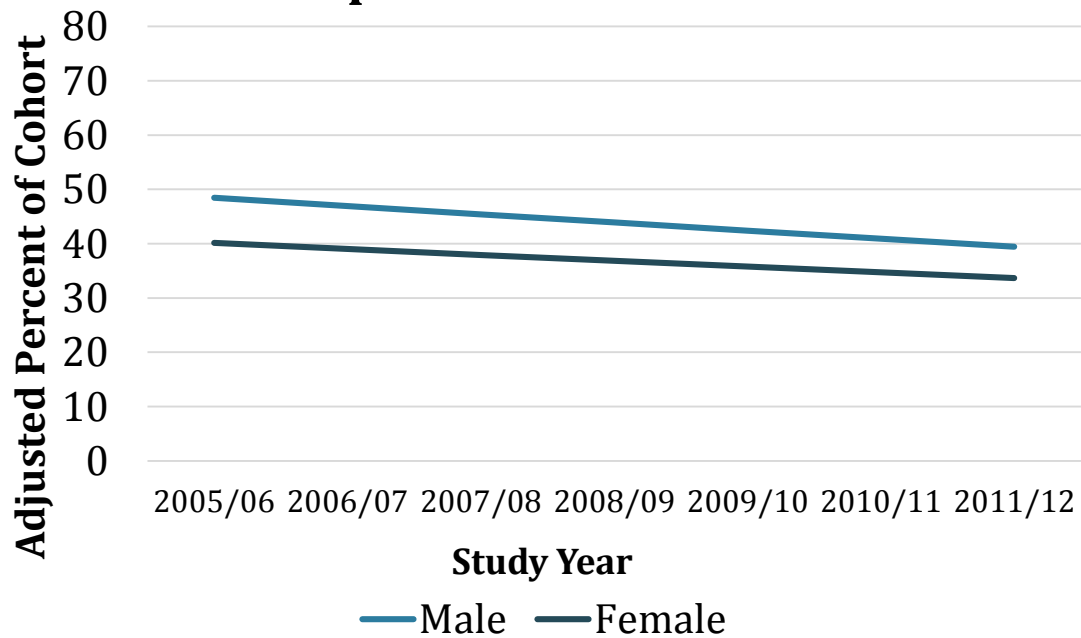
# Results (After-Hours and Telephone)



### After Hours Care



### Telephone Consultations





# DISCUSSION AND CONCLUDING REMARKS

# Key Messages and Policy Implications

- Significantly fewer physicians are providing off-site and after-hours care over time, despite significant financial incentives
- Those who do are providing less
- Policy makers should:
  1. Conduct an in-depth examination of the possible **exacerbation of existing access issues**
  2. **Re-evaluate** of the scope and balance of clinical and non-clinical **incentives and premiums** or consider **alternative approaches** to encourage off-site/after-hours care

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**TUTOR-PHC**



CIHR IRSC

# Strengths and Limitations

- APP Database
  - Complete remuneration data but limited data granularity
  - Time period (2005/06-2011/12)
- Administrative data
  - Complete cohort of physicians; internal validity
  - Incomplete measures of accessibility and inability to measure important variables (e.g family structures and unpaid care work, group vs. solo practice)