

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
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).

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

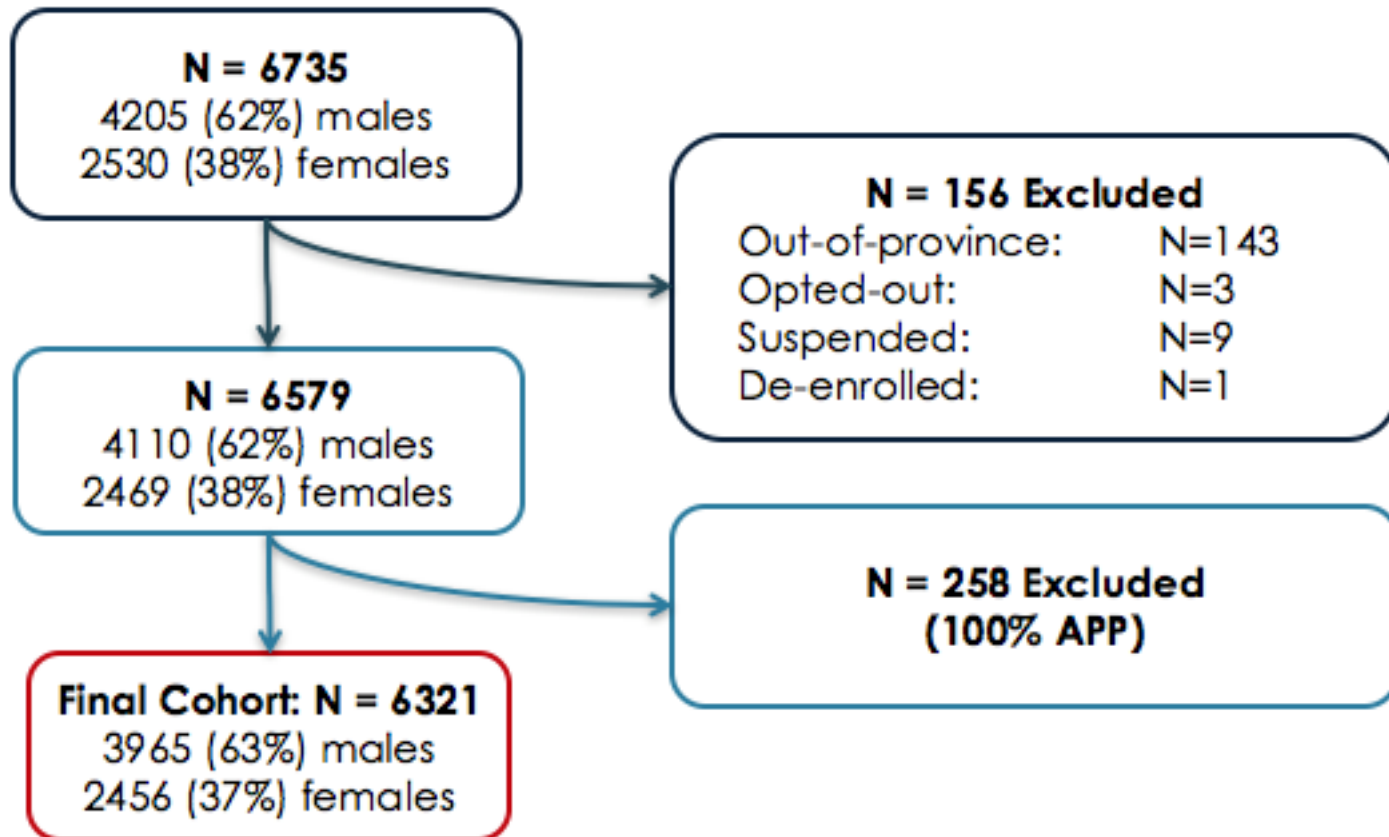
- | | |
|----------------------------------|--|
| Total out-of-office visits | <ul style="list-style-type: none">• Y/N for each study year• Proportion of total contacts occurring out of office for each study year |
| Out-of-office visits by location | <ul style="list-style-type: none">• Y/N for visits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

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

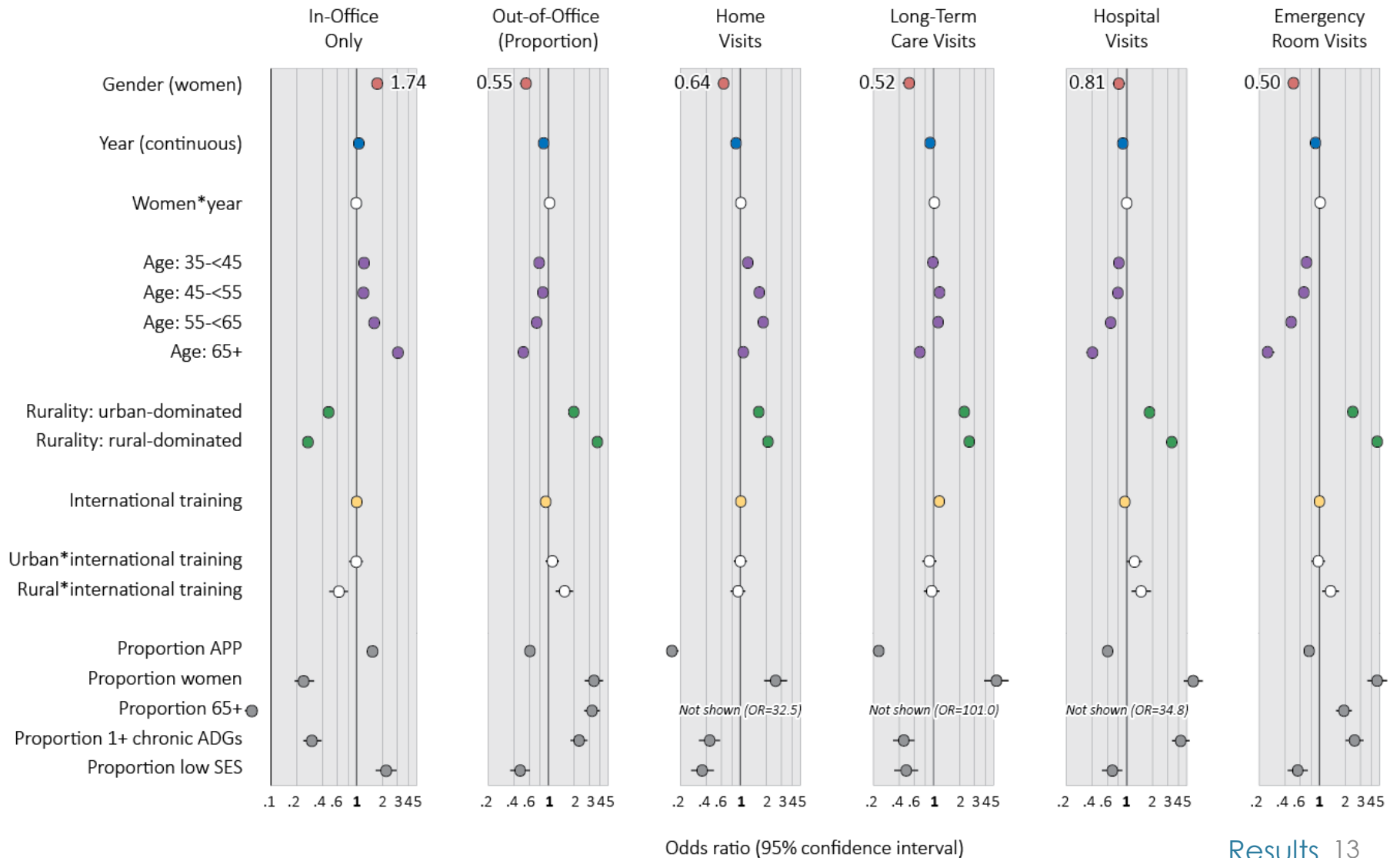
Population Cohort



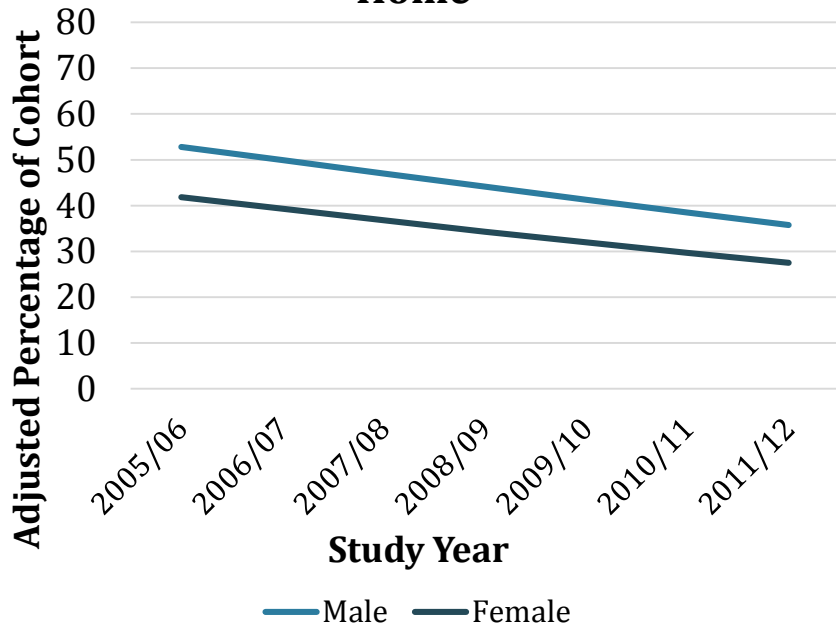
Descriptive Results

- 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**

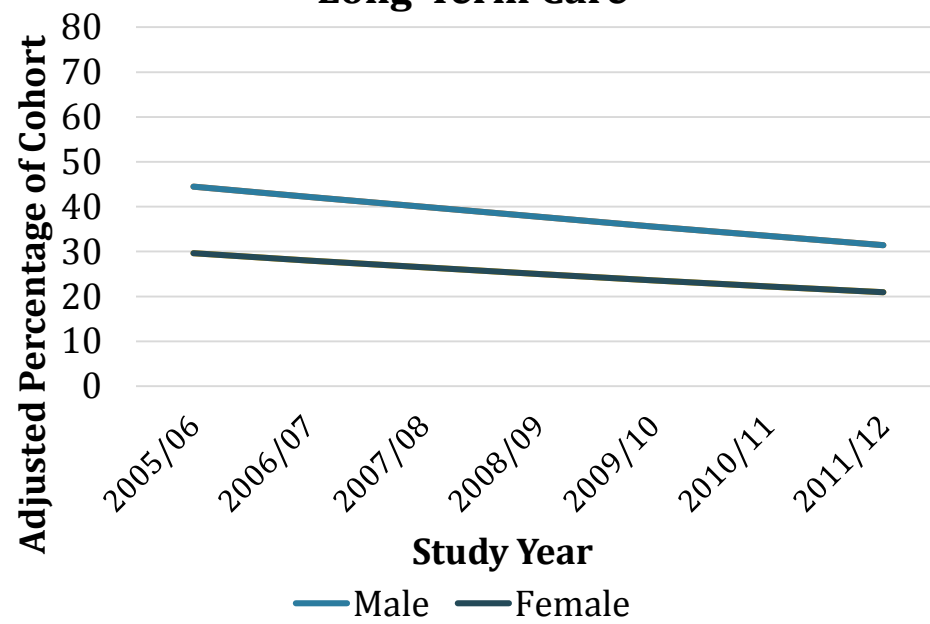
Results (Out-of-Office)



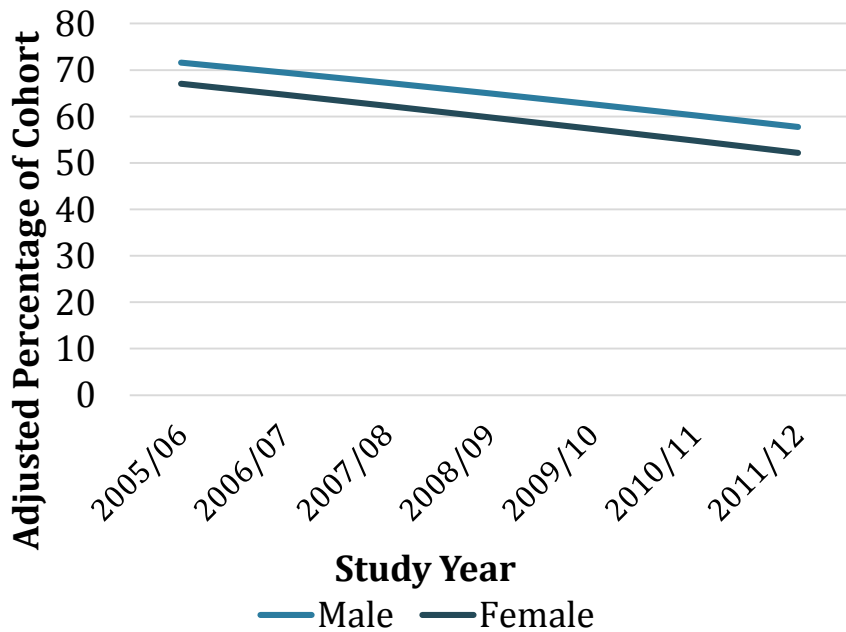
Home



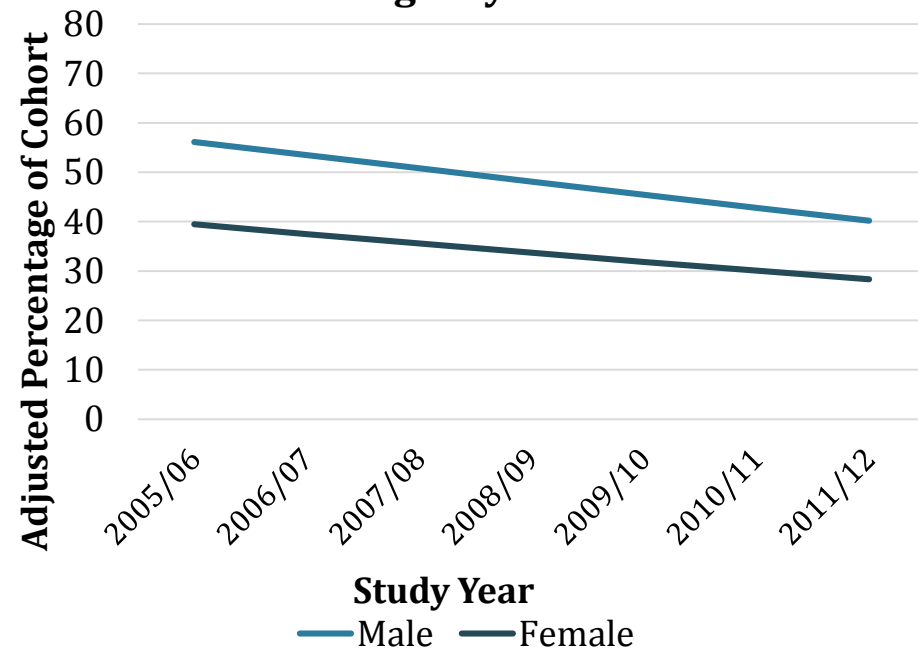
Long-Term Care



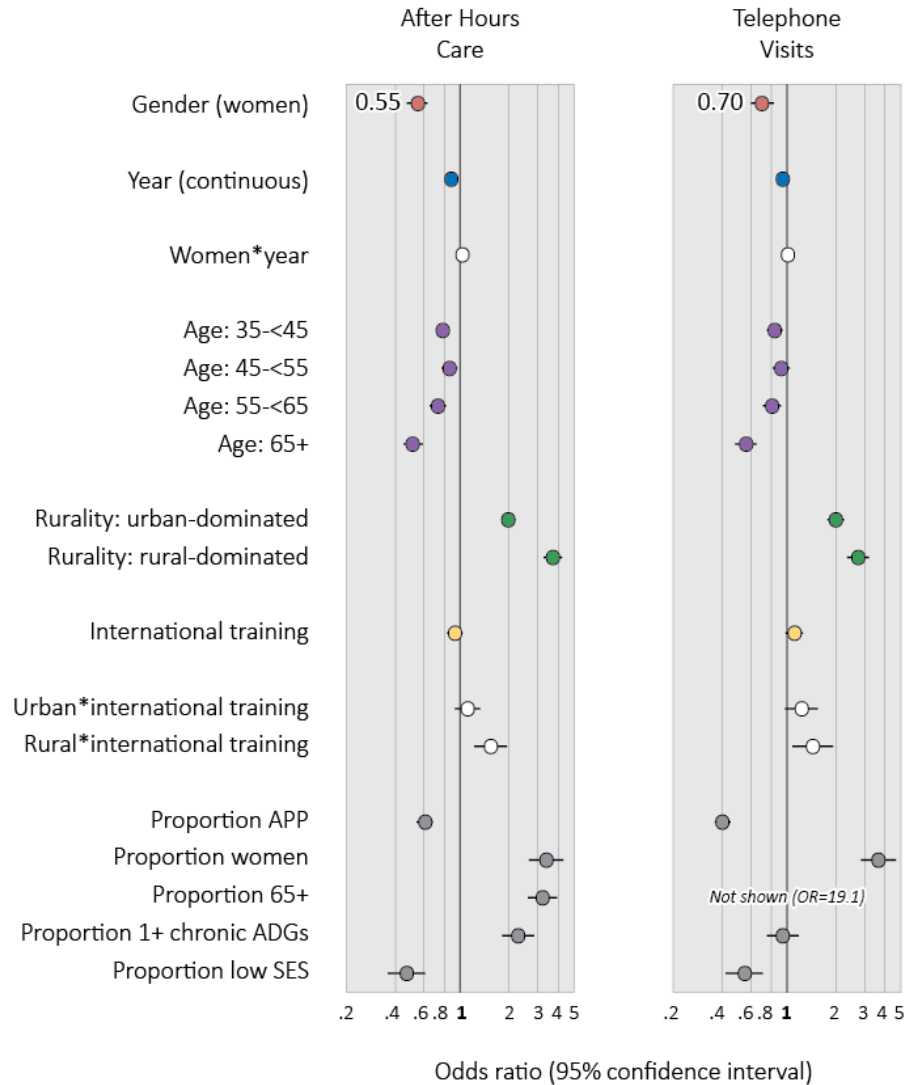
Hospital



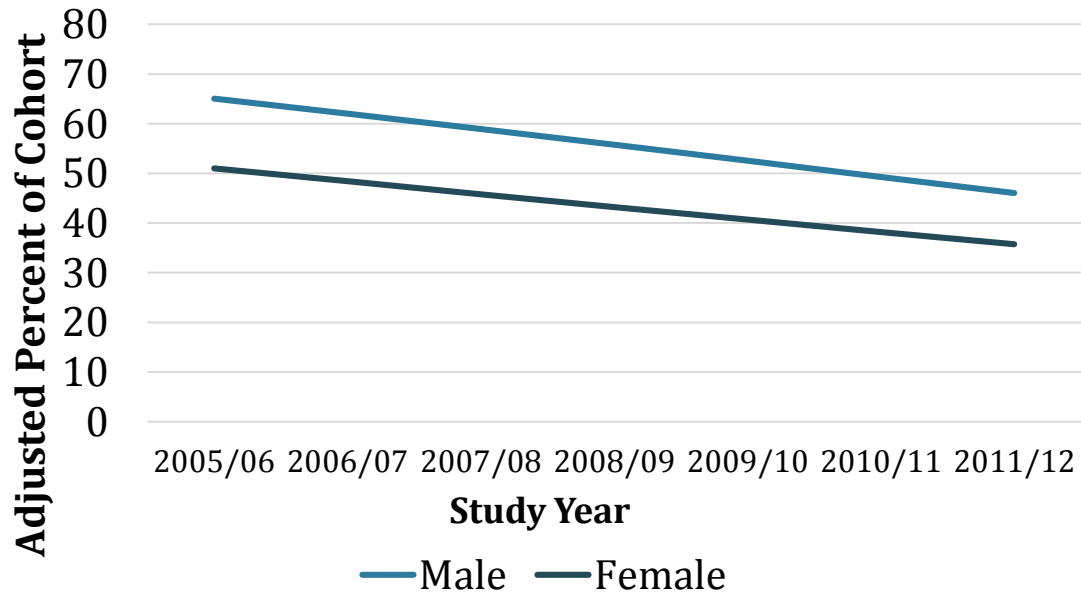
Emergency Room



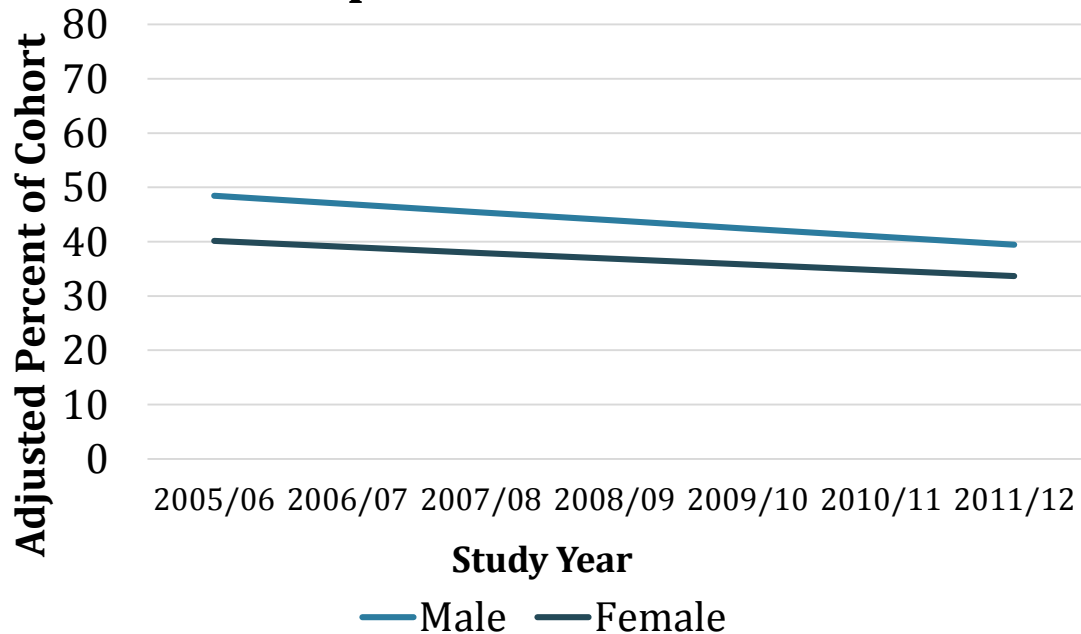
Results (After-Hours and Telephone)



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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 - WRTC fellowship



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)