

# QUEBEC'S CENTRALIZED WAITING LISTS FOR UNATTACHED PATIENTS MAY EXACERBATE SOCIAL HEALTH INEQUALITIES

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# BACKGROUND



## **In Quebec:**

- About 33% of the population is unattached (i.e. without a family physician) *RAMQ 2015*.
- In 2008, 93 centralized waiting lists for unattached patients were implemented across the province.

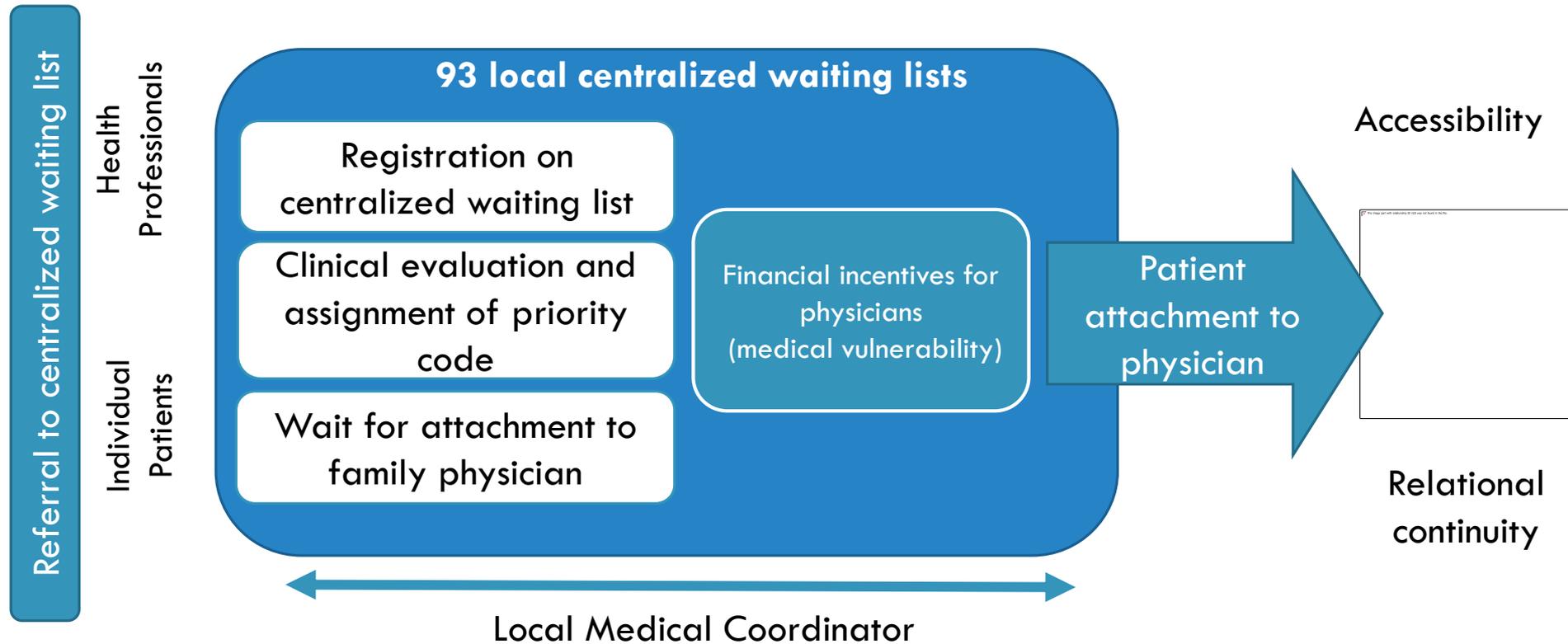


## **Patients from high social and material deprivation areas:**

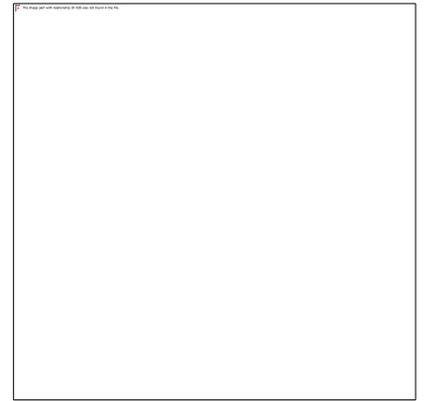
- Are more likely to be unattached
- Use healthcare services inappropriately
- Have more complex medical needs

# CENTRALIZED WAITING LISTS FOR UNATTACHED PATIENTS

- 1) Increase the number of patients attached to a family physician
- 2) Prioritize patients with the greatest needs



# OBJECTIVE



To examine the effectiveness of Quebec's centralized waiting lists in attaching patients from high material & social deprivation areas.

# METHODOLOGY

- Administrative data from centralized waiting lists in five local health networks in Quebec
- Data for patients who registered on list between April 2010 and March 2015
  - n= 39 256 patients waiting for attachment as of March 2015
  - n= 55 118 patients attached to a physician
- Deprivation index (Pampalon et al.) based on postal codes from 2006 census



# METHODOLOGY (CONTINUED)

## **Independent variable:** Deprivation quintiles

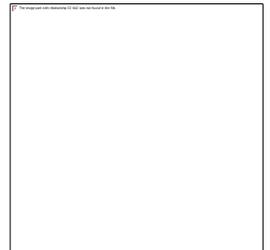
- Material
  - Proportion of individuals without a high school diploma
  - Proportion of individuals who are unemployed
  - Average income per person
- Social
  - Proportion of individuals living alone
  - Proportion of individuals who are separated, divorced or widowed
  - Proportion of single-parent households

## **Dependent variables:**

- Proportion of patients waiting and attached via lists
- Wait times for attachment

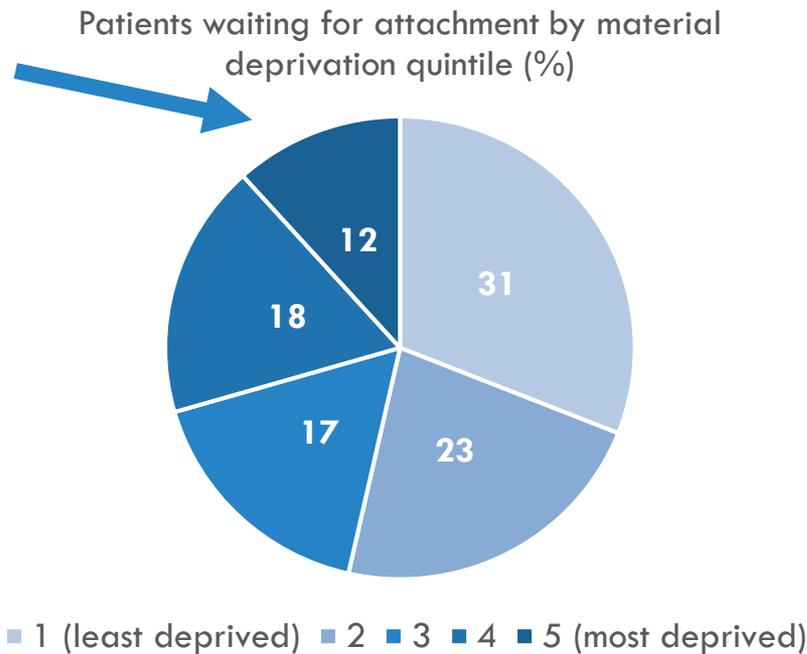
## **Control variable:**

- Medical vulnerability (presence/absence of medical conditions)

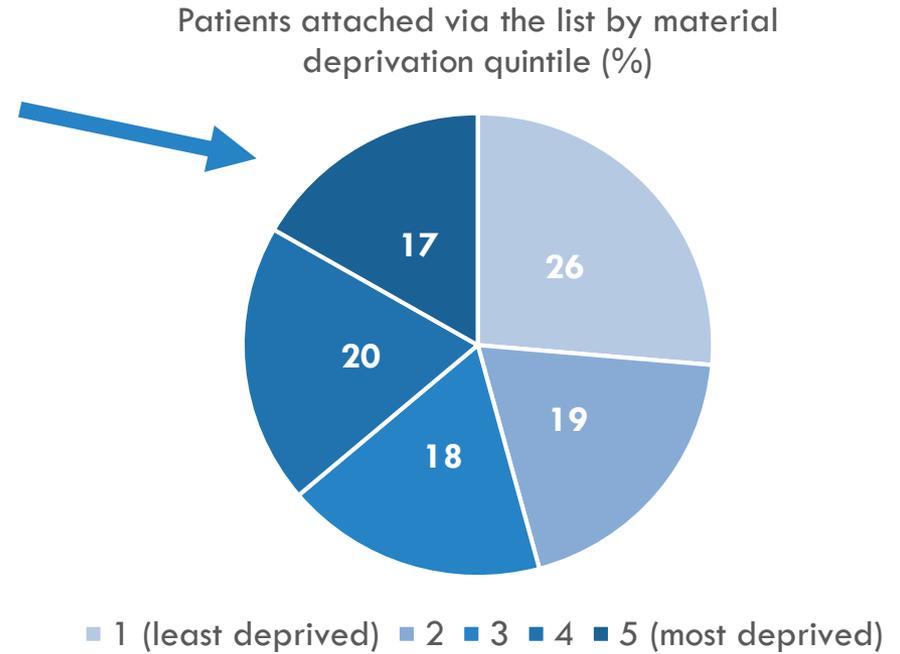


# RESULTS: MATERIAL

Patients from highest material deprivation areas **underrepresented** in centralized waiting lists



**WAITING**

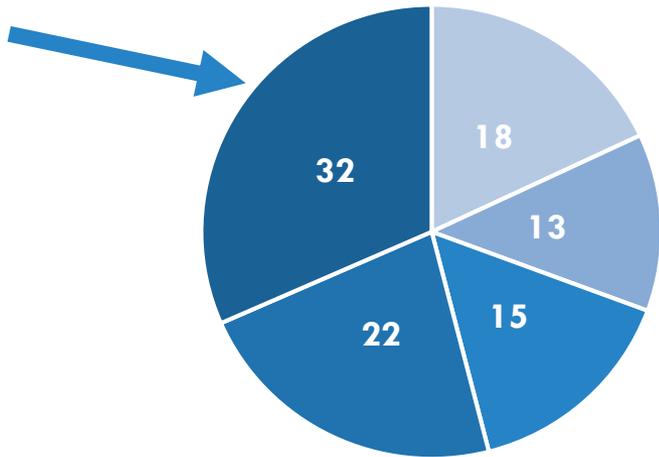


**ATTACHED**

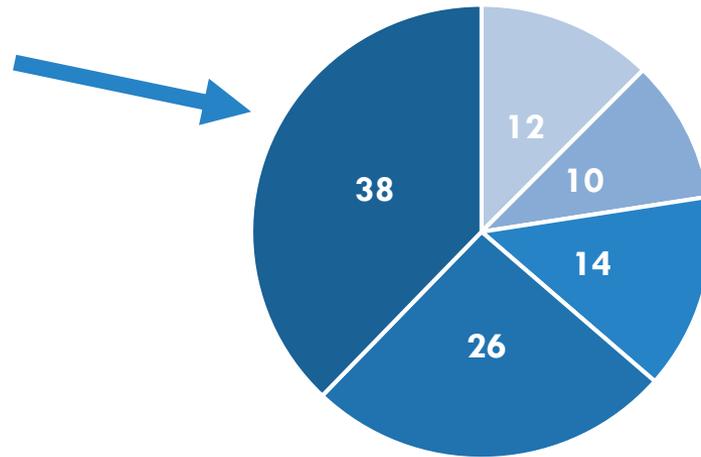
# RESULTS: SOCIAL

Patients from highest social deprivation areas **overrepresented** in centralized waiting lists

Patients waiting for attachment by social deprivation quintile (%)



Patients attached via the list by social deprivation quintile (%)



■ 1 (least deprived) ■ 2 ■ 3 ■ 4 ■ 5 (most deprived)

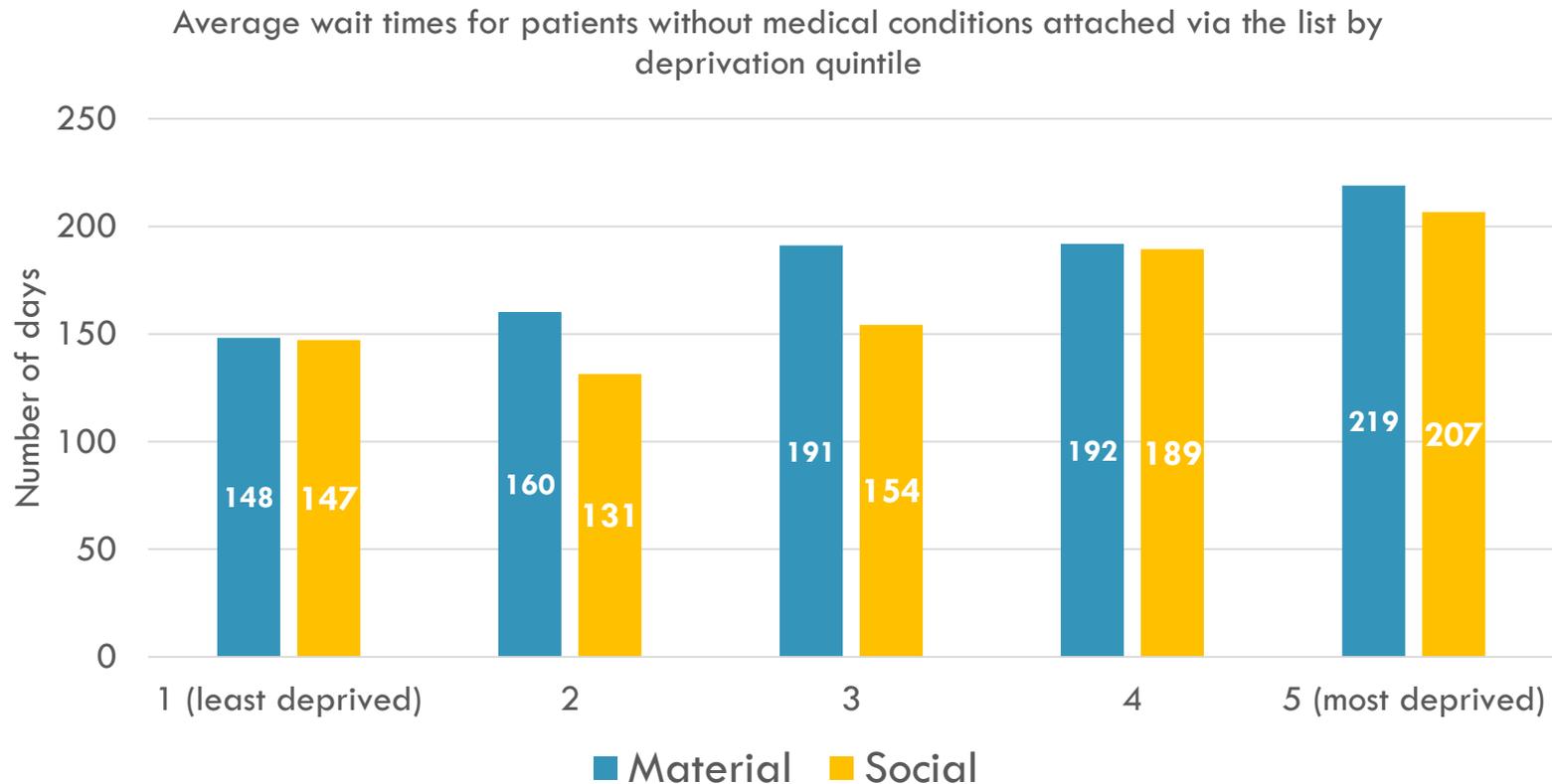
■ 1 (least deprived) ■ 2 ■ 3 ■ 4 ■ 5 (most deprived)

**WAITING**

**ATTACHED**

# RESULTS: MATERIAL & SOCIAL, NOT VULNERABLE

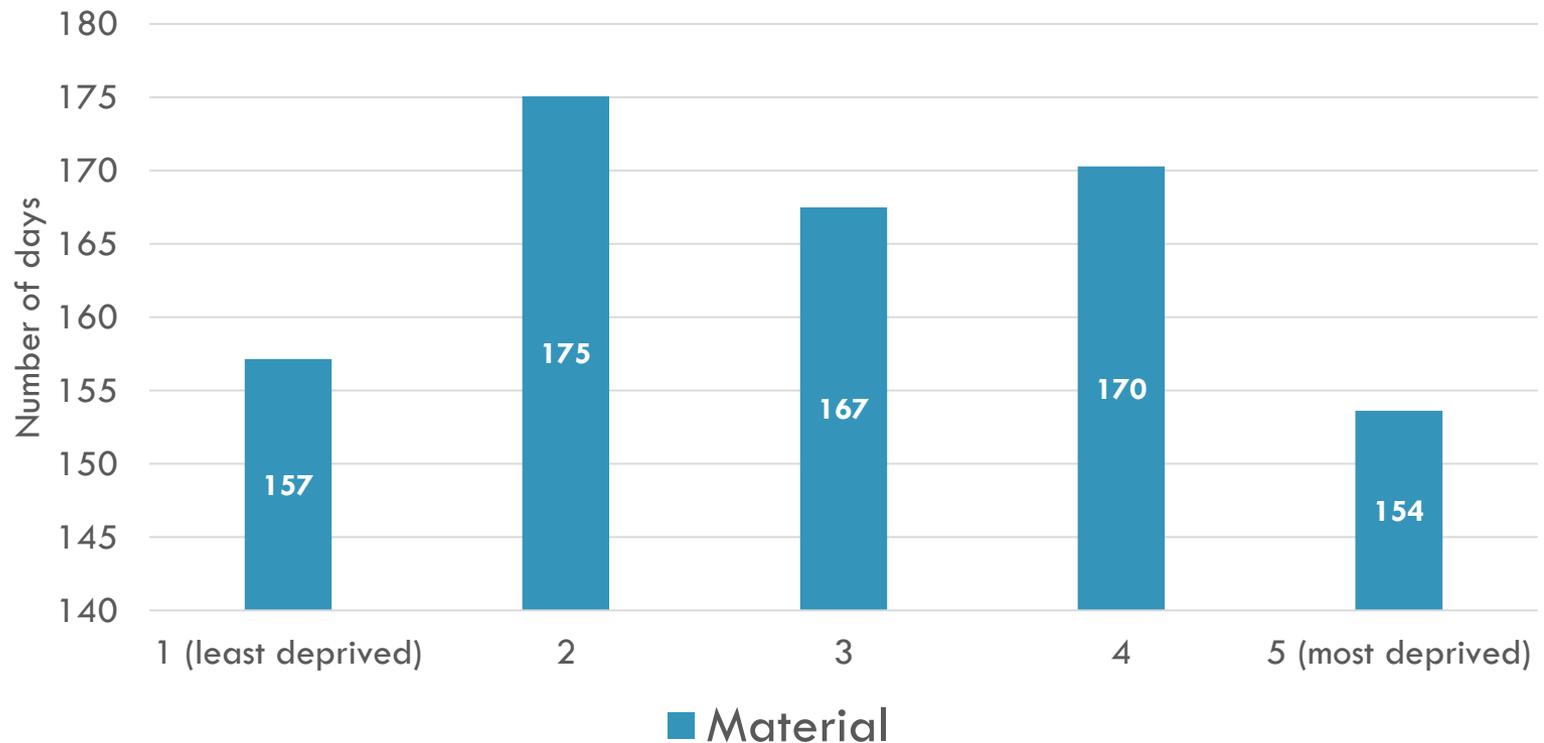
Patients, without medical conditions, from highest deprivation areas **wait longer** on average to be attached via the lists (gradient)



# RESULTS: MATERIAL & VULNERABLE

Average wait times for patients, with medical conditions, does not vary according to material deprivation index (no gradient).

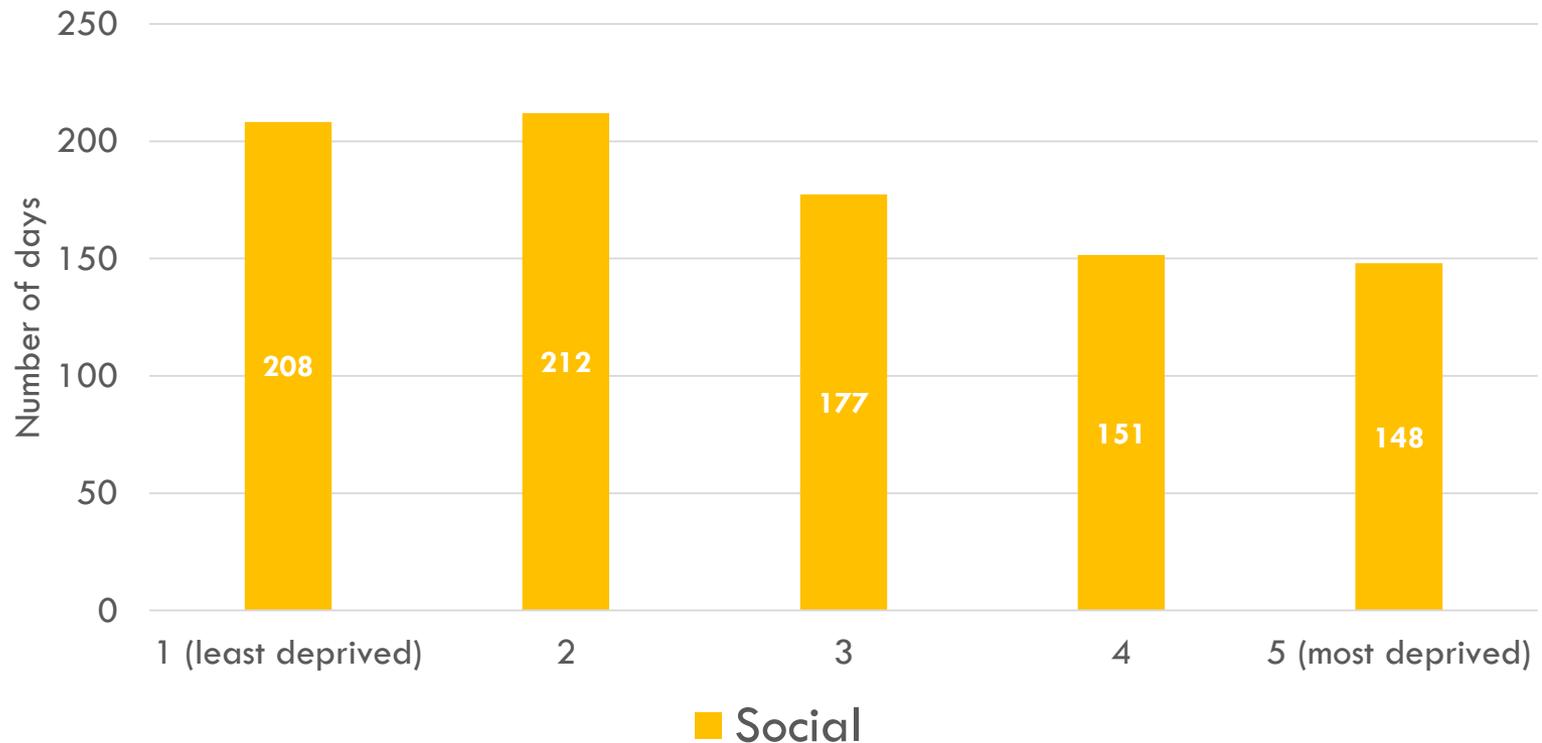
Average wait times for patients, with at least one medical condition, attached via the list by deprivation quintile



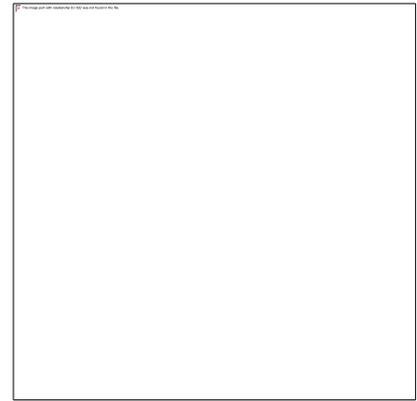
# RESULTS: SOCIAL & VULNERABLE

Patients, with medical conditions, from highest social deprivation areas **wait less** on average to be attached via the lists (reverse gradient)

Average wait times for patients, with at least one medical condition, attached via the list by deprivation quintile

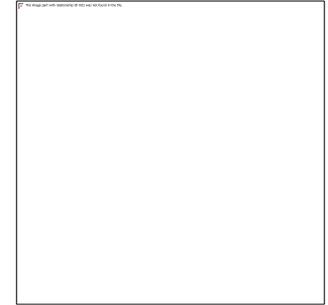


# KEY MESSAGES



1. Centralized waiting lists are not reaching as many patients from high material deprivation areas as they could, but are good at attaching patients from high material and social deprivation areas who register on the list.
2. Centralized waiting lists seem to be achieving the objective of prioritizing patients with medical conditions, even those from high deprivation areas.
3. Patients without medical conditions from high deprivation areas wait longer to be attached (risk factors, self-reported health status).

# NEXT STEPS



- **Outreach:**
  - How are patients from high deprivation areas registering on centralized waiting lists? (themselves, emergency department, health professional)
- **Wait times:**
  - Control for complexity (number of medical conditions), urgency (priority) & age.
- **Health services utilization:**
  - Using clinical administrative data, look at differences in utilization pre/post attachment by deprivation index.

QUESTIONS ?

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