A look at Québec's family medicine groups and a proposal to segment the population to support continuous quality improvement approaches based on health needs

English summary

SUMMARY

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Introduction

A family medicine group (FMG) is a group of physicians who practice with other health professionals in an environment that fosters teamwork, interprofessional collaboration, populational responsibility, and the development of collaboration and trusting relationships between users and clinicians. FMGs should offer accessible, continuous and quality primary care and services to their registered patients. In March 2021, there were 365 FMGs in Québec.

Despite the important role that they play in Québec's health and social services system, FMGs have limited resources for implementing continuous quality improvement activities of clinical and organizational practices. It was in this context that INESSS initiated the *Repères GMF* (FMG landmarks) project, whose main objective is to develop a set of measurable quality indicators for primary care and services, using the clinical administrative databases to which INESSS has access. To do this, a good understanding of the characteristics of the patient population served by this sector and of the organizational characteristics of the clinical settings that provide these services is essential.

The purpose of this report is twofold: first, to describe the sociodemographic and clinical characteristics of the patients registered with Québec FMGs in order to propose a segmentation (or categorization) based on their care and service needs, and second, to describe the FMGs' organizational characteristics in order to understand the potential impact of their differences on measuring the quality of care and services.

Methodology

This report is based primarily on an exploratory review of the literature on primary care populations segmentation for the purpose of organizing and evaluating services, on stakeholder consultations, and on the use of clinical administrative databases. Ministère de la Santé et des Services sociaux (MSSS) administrative documents concerning FMGs were the main literature source for describing their organizational characteristics.

The population grouping methodology, or Pop grouper, developed by the Canadian Institute for Health Information (CIHI), was used to analyze the clinical profile of users registered with FMGs. This tool groups the population into 16 profiles with comparable health needs and service utilization.

Results

Clinical characteristics of the FMG-registered population

Of the 8.3 million individuals identified in Québec's clinical administrative databases, as of March 31, 2020, close to 5.4 million (65.2%) were registered with a family physician practicing in an FMG.

Compared to people without a family physician, known as orphan patients, there was, a higher proportion of women, persons aged 70 and over, and persons in the more materially and socially privileged quintiles among individuals who were registered (with an FMG or non-FMG physician). The proportion of individuals with no emergency department visit or hospitalization during the previous year was comparable, regardless of registration status, and accounted for the vast majority of users of primary care services.

The clinical profiles of the FMG-registered population and the orphan population based on the 16 Pop grouper health profiles were generally comparable. Minor acute conditions were the most frequent category, followed by moderate chronic conditions and minor chronic conditions. There was an increasing association between the level of service utilization for a profile and the number of different conditions of the users in that profile.

Proposal for segmenting the FMG-registered population

The literature review identified three segmentation models applied to primary care practice for supporting a new approach to organizing services. These models suggest categorizing the population into four or five segments.

Based on the literature review, the clinical characteristics of the FMG-registered population as per Pop grouper, and the consultations with stakeholders, which included patient collaborators, INESSS suggests grouping the FMG-registered population into four segments (or categories):

1. Healthy or with minor episodic problems;
2. Minor chronic conditions;
3. Low-complexity chronic conditions with a risk of complications;
4. Complex or serious conditions.

Organizational characteristics of FMGs

Most (73%) of the 365 FMGs are conventional FMGs, while 13% are university FMGs (GMF-U), which are training environments for family medicine residents, trainees in different professions, and students.

Network FMG (GMF-Réseau), accounting for 14% of all FMG, offer the same services as conventional FMGs but must also offer consults to individuals who are not registered with it, next-day appointments, and on-site blood-drawing and imaging services. In April 2021, an FMG transition plan was put in place, pending a review of the terms of reference
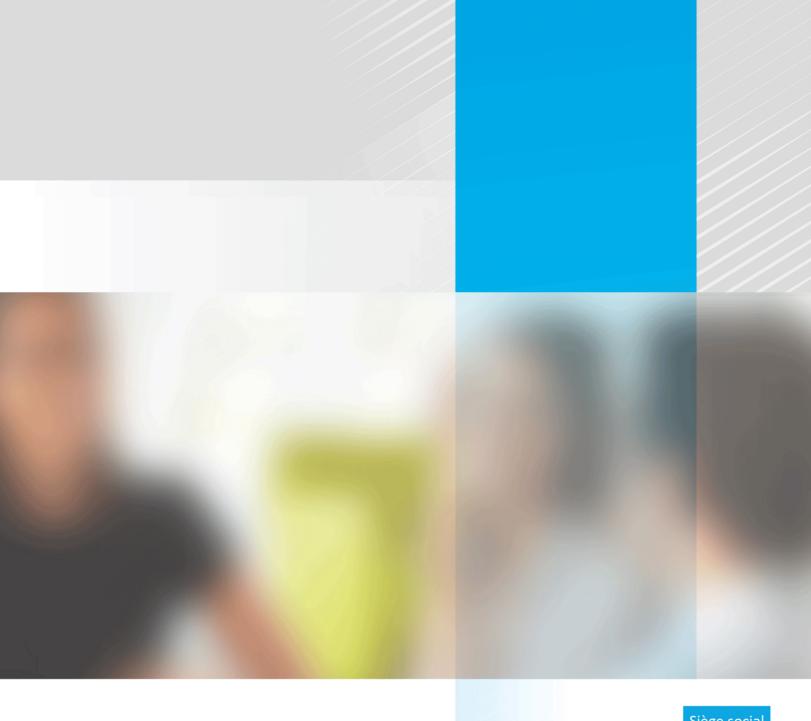
scheduled for 2022. Network FMGs were divided into two categories: a network FMG with fewer than 20,000 consults annually by patients registered elsewhere is referred to as an "access FMG" (GMF-A), and one with 20,000 or more consults by such patients retains the designation "network FMG" (GMF-R).

Close to 70% of the FMGs are a grouping of two or more clinical settings. Most FMGs consist solely of office-based sites (72%), while 16% are "mixed" (office-based and institutional sites). Lastly, most are small. Indeed, the weighted enrolment in nearly 60% of the FMGs is between 6,000 and 18,000.

Discussion

All the data and perspectives gathered in the course of this work support the notion of organizing primary care and services and assessing quality according to segments of registered users who share similar health needs. Developing an approach to creating indicators according to clinically relevant groupings is emerging as a priority for the *Repères GMF* project.

This report reveals the challenges of producing quality indicators at a FMG level in relation to the organizational characteristics of FMGs and the clinical characteristics of the enrolled population. In particular, the registration status of the network FMGs' clientele, the billing method used by the physicians and other professionals, the relatively low prevalence of certain health conditions observed among the clientele of small FMGs, and this clientele's use of hospital services will need to be taken into consideration. As well, efforts will have to be made to promote the development of indicators that take teamwork into account and to take advantage of databases containing data entered by the team's non-physician professionals.

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