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OCTOBER 2024

Overview – Comparison, based on health profile, of the use of primary care medical services by persons registered with a family physician and those who are not

Une production de l'Institut national d'excellence en santé et en services sociaux (INESSS)

Québec

SUMMARY

Overview – Comparison, based on health profile, of the use of primary care medical services by persons registered with a family physician and those who are not

This project aims to provide an exploratory overview of the use of primary care medical services in Québec to support the reflection on their organization, this with a view to more equitable access to these services.

The goal of this study is not to determine the number of primary care services required according to individuals' health profile. Rather, it reports the number of services used, by health profile, and compares persons who are registered with a family physician and those who are not.

This study includes all the persons insured through the Régie de l'assurance maladie du Québec (RAMQ) in 2022-2023. They were classified according to their registration status with a family physician and health profile, which was determined using the Grouper methodology [CIHI, 2021]. It should be noted that these health profiles are determined from the diagnoses found in clinical administrative databases. They could therefore underestimate patients' actual state of health, especially in the case of those who have difficulty accessing medical services, in particular, persons who do not have a family physician and those who are more disadvantaged or isolated.

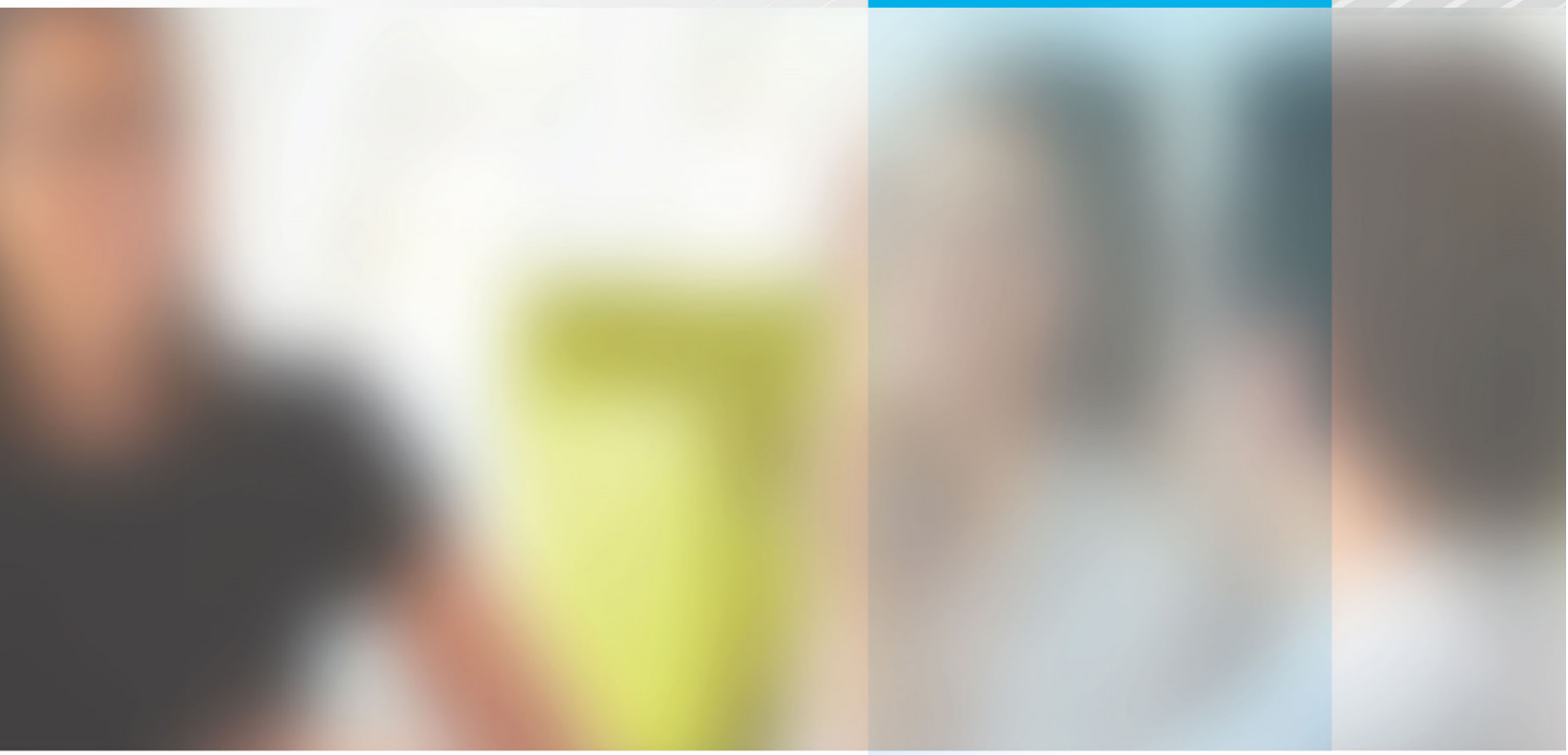
The results show that, in 2022-2023, 1 person in 4, or approximately 2.1 million individuals, was not registered with a family physician and that close to half a million of them had major or moderate health problems in their health profile.

For each person, the number of primary care medical visits during the year was documented, i.e., visits to a family physician or a primary care nurse practitioner and low-priority emergency department visits (P4-P5). On average, people make two visits a year. However, this average varies greatly according to their health profile (1 to 4 visits a year) and their registration status with a family physician (2.5 visits for registered vs. 0.8 for non-registered). Even when they have a similar health profile, those who are not registered with a family physician go to a clinic less often than those who are (close to 3 times less often on average) but go to an emergency room more often.

A model was constructed to determine the number of primary care medical visits that would be necessary if non-registered persons used services at an equivalent level (number of visits) to that of those who were registered, taking their demographics (age and sex) and health profile into account. The annual number of primary care visits would then increase from a total of 17.6 to 19.6 million visits (+°11%), and the number of visits by non-registered persons would double. If, instead, we keep a total number of visits identical to that in 2022-2023, 1.5 million visits would be transferred from registered persons to non-registered ones to obtain an equivalent distribution for a given profile.

These scenarios were developed with primary care use data (number of visits). They serve to determine the differences between registered and non-registered persons and the efforts required to achieve greater equity. However, they do not consider certain elements that are indispensable for achieving true equity, such as patient need, service relevance, or patient management by different professionals. Consequently, these scenarios cannot be used directly as models for organizing primary care services, as proposed in the tailored access and interprofessional collaboration models. These uses are beyond the scope of this project.

Lastly, the study shows pronounced regional differences in Québec, both in terms of the proportion of non-registered persons (9% to 33%, depending on the region) and in the mean annual number of primary care visits (1.9 to 2.6, depending on the region). These differences are due to their demographics and health profile, but also to the manner in which services are organized, which differs according to the region. It will therefore be necessary to consider these differences in the reflection concerning a possible reorganization of primary care services.



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