Réseau-1 Québec
Réseau de connaissances sur les soins primaires

PRÉSENTATIONS DE PROJETS

SÉANCE SIMULTANÉE 2 : L'ACCÈS AUX SOINS POUR LES INDIVIDUS EN SITUATION DE VULNÉRABILITÉ

Modératrice : Maud Mazaniello-Chézol,
membre étudiante du R1Q

Réseau-1 Québec
Réseau de connaissances sur les soins primaires

SÉANCE 2

Perception des patients sur l'accessibilité aux soins : la situation socio-économique de nos patients est-elle un frein?

Isabel Rodrigues, MD, FCMFC, MPH, médecin de famille et chercheure, GMF-U du Marigot

Jeannie Haggerty, PhD, directrice du RRAPPL de l'Université McGill, professeure titulaire, département de médecine de famille, Université McGill, Chaire de recherche McGill en médecine familiale et communautaire, Centre de recherche de St. Mary

Marie Authier, PhD, facilitatrice au RRAPPL UdeMontréal – RRSPUM, agente d'amélioration continue de la qualité, CUMF HMR

Réseau-1 Québec

MCGILL PRIMARY HEALTH CARE RESEARCH NETWORK
RÉSEAU MCGILL DE RECHERCHE EN SOINS DE SANTÉ DE PREMIÈRE LIGNE

McGill Department of Family Medicine | Département de médecine de famille

Réseau de recherche en soins primaires RRSP

Université de Montréal

«Patient perceptions of access to care: is our patients' economic status a barrier?" »

Journée Annuelle Réseau 1 Québec, 17 juin 2022

Isabel Rodrigues, MD, FCMFC, MPH, médecin de famille et chercheure, GMF-U du Marigot

Marie Authier, PhD, co-chercheure et Facilitatrice RRSPUM UDM

Jeannie Haggerty, PhD, Directrice RRAPPL McGill, prof titulaire U McGill …

We have no real or potential conflicts of interest related to the content of this presentation.

- Bourse R1Q
- Bourse Sadok Besrour UDM

Objective of this project

- In the initial project to assess patients' perceptions of accessibility to care in their FMU according to level of experience with advanced access, we found:
  - Economic level as reported by patients emerged as a variable influencing patients' perceptions of accessibility to healthcare services.
- The objective is to explore this relationship.

Method

- **Design** : Cross-sectional survey
- **Participants:**
  - Patients from 9 GMF-U
  - 6 from U. de Montréal Network
  - 3 from McGill U. Network
  - Number of participants per clinic ~ 200
- **Questionnaires**:
  - 2 questionnaires, self-administered **pre** and **post** medical visit
  - Likert scale
  - Lévesque's theoretical model on access to care + adapted existing Q validated Questionnaires (PCAT...) + creation of new Q.

Analysis

- Secondary Analyses :
  - Dependant variable access to care
  - Bivariate analyses to check for relationships
    - between patient perception of access and perception of being poor or tight
    - What ‘visible’ characteristics are linked to being poor?
  - Multiple regression analysis: when we control for patient characteristics and clinics: does the relationship still hold?

Patients characteristics

Patient's characteristics according to auto declared economic status	Very poor, Poor or Tight	Comfortable To very comfortable
Age (median years) (range)	46 (18-92)	47 (18-96)
Employed	312 (52,3%)	744 (62%)
Schooling * (Secondary or high school completed or less) (University level)	310 (52%) 147 (24,5%)	397 (33%) 504 (42,2%)
Poor health perception *	200 (32,7%)	174 (14,6%)
Affiliation with the clinic, more than 5 years	276 (45,8%	1211(45,1%)
Language spoken at home other than Fr or EN*	139 (23 %)	191 (16 %)

* $p<0,05$

Healthcare access

Patient's experience according to auto declared economic status	Very poor, Poor or Tight (n=507)	Comfortable To very comfortable (n=1056)
Not very easy to find the care you need *	100 (17%)	97 (8 %)
Not very easy to take care of your health between.* appointments	98 (17 %)	69 (6 %)
Not very easy to take care of myself without * medical help	111 (18 %)	83 (7 %)
Difficulty coming to the clinic due to loss of income * (sometimes + often + it prevented me from making an appointment) **it prevented me from making an appointment**	203 (40%) **53 (11 %)**	258 (25.5%) **75 (7 %)**
Difficulty getting health care because of additional* costs (sometimes+ often+ it prevented me from taking an appointment) **It prevented me from taking an appointment**	169 (28 %) **41 (7 %)**	157 (15 %) **59 (5 %)**

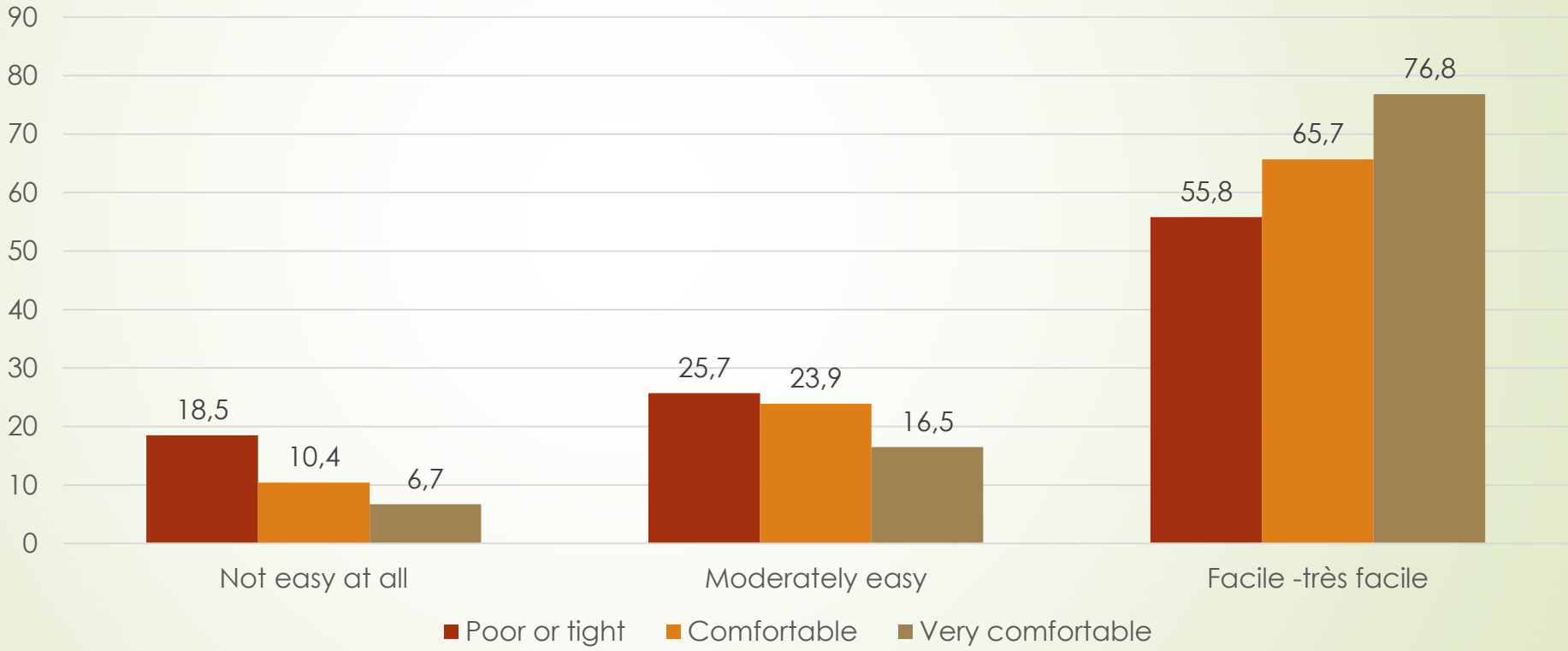
* p<0,05

Access to the clinic's services

Patient's perception according to auto declared economic status	Very poor, Poor or Tight (n=603)	Comfortable To very comfortable (n=1209)
Not easy at all or not very easy to get to the * clinic	31 (5 %)	32 (3 %)
Not easy at all or not very easy to get advice by telephone at clinic *	91(26%)	119 (19%)
Rated usual wait time for an appointment is poor or* fair	131 (22%)	207 (17%)
I have consulted another clinic for minor emergencies in the past year	158 (26%)	258 (21%)

* P<0,05

Ease of being seen sooner than usual wait time



Who are the poor patients?

- We don't ask patients about their financial status, so can we get a sense of who is likely to be poor from other 'visible' characteristics like: schooling, age, language spoken at home not Fr/Eng?

- Only **schooling** is associated with financial status
  - Among those who have secondary school or less 52% self-report being poor or tight
    - Compared to 35% of comfortable, and 23% of very comfortable
  - Only 25% of poor report a university education, compared to 40% of comfortable, and 56% of very comfortable
- So highest level of schooling is a good indicator BUT IT IS NOT A PERFECT

Multiple regression analysis

- Does the effect of economic status (ES) on accessibility hold after controlling for schooling, age, language spoken at home not Fr/Eng?
  - No:
    - The ES effect remains after controlling by age and schooling or language spoken at home. do not predict different access once ES is accounted for
    - When ES is in the model, schooling has no additional effect on access
    - Those not speaking Eng or Fr at home, have poorer access, but this does not change the effect of economic access
- Does access and ES vary by clinic?
  - Yes! We have to account for the clustering of these variables by clinic.
  - So we accounted for between-clinic variation in looking at our final results

Multi-level Multiple Regression Analysis

Being poor or tight → More likely to have access difficulties

Access Difficulty	Percent among comfortable	How much more likely if poor
Not easy to travel to clinic	3%	2.0 X
Not easy to get advice by telephone	19%	2.4 X
Additional costs make getting care difficult	10%	3.9 X
Sometimes lose revenue to get health care	24%	3.6 X

No statistically significant difference by ES in use of Emergency Room or using another clinic

Multi-level Multiple Regression Analysis:

Being very comfortable → better access AND there is a gradient

Access Advantage	Very comfortable compared to poor	Comfortable compared to poor
Usual wait time are excellent	2.0	1.5
Easy to be seen soon than usual wait time	2.0	1.4
Easy to find needed health care	3.0	1.6

Discussion

The link between social determinants of health and negative health outcomes for people living below the poverty line need not be demonstrated (*Canadian Public Health Association*)

Despite a universal health care system, barriers in our organizations seem to limit access to care to some patients with poorer economic status who also have more difficulty taking care of themselves in a complex healthcare system

What are our organizational barriers?

Limitations : secondary analyses, closed questions, no evaluation of other social determinants (housing, food insecurity, etc.)

Conclusion

- Despite a public and so-called universal health care system, ¼ of our registered clients, who identify themselves as poor, perceive less access to services.
- As a professional, the addition of this information in the more in-depth knowledge of our patients should be systematically included in our evaluation.
- The socio and economic factors should always be taken into account in our medical recommendations and prescriptions (costs, feasibility for the patient...).
- Need to talk and listen to patients, ask them how we can change and improve our approach with these vulnerable patients

Conclusion; questions for discussion

- What is the best way to enquire about the socio-economic situation in a future study? (to avoid judgment and perceived insult according to some cultures)
- Do ours health services (professionals and personnel) act differently if a person has more difficulty seeking for services?
- Patient are part of the solution !

Réseau-1 Québec
Réseau de connaissances sur les soins primaires

QUESTIONS ET DISCUSSION

Comment poser des questions :

1. Cliquez sur « Discussion » et posez votre question par écrit ou

2. Cliquez sur « Réactions » et ensuite sur « Lever la main » si vous souhaitez que l'on vous adresse la parole