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Title

Primary care access in Ontario, Canada: Geographical patterns of primary care attachment

Priority 1 (Research Category)

Health Care Disparities

Presenters

Lynn Roberts, BA, Peter Gozdyra, MA, Liisa Jaakkimainen, MD, MSc, CCFP, FCFP, Paul Nguyen, PhD, MSc, Richard Glazier, MD, MPH, Imaan Bayoumi, MD, MSc, Eliot Frymire, MA, BEd, Tara Kiran, MD, MSc, CCFP, FCFP, Kamila Premji, MD, CCFP, FCFP, PhD(c), Michael Green, MD, MPH

Abstract

Context: The Ontario government recently implemented Ontario Health Teams (OHTs), which are non-geographic patient-provider networks. Each Ontario resident is attributed by the government to an OHT based on care-seeking patterns. Our research team has produced data on patterns of primary care attachment by OHTs, providing key information about each OHT's attributed population and serving as an important resource for applied health services researchers, health care administrators and health policy decision makers. A key gap, and one of the most frequently cited needs from policy makers and service providers, is to provide this same data at a more granular geographical level, facilitating an understanding of attachment patterns at the neighbourhood or local community level. Objective: Using Ontario data on primary care attachment, map community level patterns of attachment and identify key differences in attachment across communities. Study Design and Analysis: Cross-sectional study using linked health administrative data in conjunction with measures of attachment to a primary care provider. Attachment data and maps are provided for 526 Ontario forward sortation areas (FSAs), which are geographical units based on the first three digits of a Canadian postal code. Additional health utilization data and rank order of regions most poorly served by primary care are provided. Datasets: Linked population-based health administrative datasets in Ontario, Canada. Population Studied: All 14.9 million residents of Ontario, Canada meeting study inclusion criteria (e.g., alive, and contact with health care system within 7 years) as of March 31, 2022. Outcome Measures: Patient attachment to primary care. Residents were classified as attached if they use any community health centre (salary- and interdisciplinary team–based model), were enrolled in a primary care program (team–based, blended fee-for-service, blended capitation, or other model) or visited a primary care physician who did not have low continuity (suggesting a walk-in practice). All others were considered uncertainly attached. Results: There was a major variation across the province in those patients who did not have regular access to

primary care. In Southern Ontario, large urban centers had higher proportions of uncertainly attached residents. Conclusions: These results help to inform policy makers on where to focus funding and resources to target communities that are under-served in primary care.