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Title

Family physicians who provide comprehensive care to a group of patients over the long term: A study of key factors

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context

Family physicians (FP) provide care in many settings, including primary care clinics, hospitals, and elsewhere. Despite its health benefit, a growing number of Canadians are without a regular source of care. This portends a need to study influences on FP decisions to provide comprehensive care to a group of patients over the long term.

Objective

To evaluate broad factors that are associated with FP practice as comprehensive primary care providers.

Study Design and Analysis

Descriptive study using linked data from self-response surveys and from secondary administrative data to examine factors that are associated with FP comprehensive primary care practice. One-way crosstabulations and chi-square statistics were used to identify significant factors ($p < 0.05$). Logistic regression was used to evaluate the relative weights of associated factors.

Dataset

The College of Family Physicians of Canada (CFPC) membership database and Family Medicine Longitudinal Survey (FMLS).

Population Studied

Family physicians who completed family medicine training in Canada in 2018-2019, and responded to the FMLS survey three years into fully licensed practice (2021-2022).

Intervention/Instrument

FMLS self-response, online questionnaires and administrative data created through CFPC membership.

Outcome Measure

FP providing comprehensive care to a group of patients over long term (Yes/No)

Results

Three years into fully licensed practice, 82% of FPs said they “provide comprehensive care to a current group of patients over the long term”. Those who were “proud to be an FP” at the end of residency training were more likely to provide this type of care than those who were not (84% vs 69%). FPs who do office-based clinical procedures were more likely to provide comprehensive care over the long term (90%), as were those in patient’s medical home (PMH) practices (92%). FPs who do in-hospital clinical procedures are less likely to provide comprehensive care to a group of patients (72%) as are those with certificates of added competence in emergency medicine (36%).

Conclusions

Several factors influence FPs likelihood of caring for a group of patients over the long term. Professional identity at the end of residency training is an important signal, as are enabling practice conditions, like the PMH model. A key finding is that while FPs contribute significantly to hospital-based care, it can impede the delivery of comprehensive, ongoing primary care to a specific patient group.