

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 7127

Title

A portrait of primary care use in community dwelling persons with dementia in Quebec between 2018 and 2020

Priority 1 (Research Category)

Health Care Disparities

Presenters

maria alejandra rodriguez, MS, Isabelle Vedel, MD, PhD, Deniz Cetin-Sahin, MD, MSc, Claire Godard-Sebillotte, MD, MSc, Xia Wang, MSc

Abstract

Context: As the population ages, access and continuity of primary care with the family physician are crucial for managing the complex health needs of persons with dementia. However, there is still a gap in understanding who has access to primary care and who maintains continuity of care.

Objective: To provide a comprehensive overview of primary care use among community-dwelling persons with dementia in Quebec from 2018 to 2020. Specifically, this study aims to identify the proportion and characteristics of individuals with dementia who had no primary care visits and those who had at least one visit with a family physician within a year and to describe the characteristics of persons with dementia who experienced low continuity of care during the same period.

Study Design and Analysis: This is a retrospective cohort study of persons using Quebec's health administrative data.

Population Studied: Community-dwelling persons aged 65 and older with a prevalent diagnosis of dementia on March 1st of 2018, 2019, and 2020.

Measures: Age, sex, time since the dementia diagnosis, comorbidity, mortality, use of home care, social and material deprivation, racialization, and rurality were included. Continuity of primary care was measured using the Bice-Boxerman index on March 1st for those who had at least two visits.

Results: On March 1st of 2018, 2019, and 2020, Quebec saw 66,295, 67,995, and 69,665 community-dwelling individuals aged 65 and older with a diagnosis of dementia, respectively. 60.8%, 60.2%, and 58.8% of the individuals in 2018, 2019, and 2020, respectively, had more than one visit to a family physician. Around 30% of these individuals had low continuity of care each year. Those with low

continuity of care tended to have a higher average number of visits. A higher proportion of individuals with low continuity of care received their visits in public funded and tended to live in the rural area, highlighting an interesting demographic divide.

Conclusion: This study presents a portrait of primary care use among community-dwelling persons with dementia in Quebec. Certain characteristics stand out among those who do not use primary care and have low continuity of care. Despite the COVID-19 pandemic, the number of visits and the continuity of care were maintained. Further research is needed to understand factors influencing care continuity and its impact on the health of individuals with dementia over time.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.