

**Submission Id:** 3559

**Title**

*Which primary care physicians deliver home visits to their dying patients in Ontario? A retrospective cohort study*

**Priority 1 (Research Category)**

Palliative and end-of-life care

**Presenters**

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**Abstract**

Context: Home visits have become increasingly uncommon although evidence suggests they improve healthcare quality and reduce overall expenditures.

Objective: This study identifies the number of physicians delivering home visits at patients' end of life, describes characteristics of primary care physicians delivering end-of-life home visits, and explores associations with delivery.

Study Design and Analysis: A retrospective cohort design with descriptive analysis of association between primary care physician characteristics and the propensity to deliver home visits to patients at the end of life.

Setting or Dataset: Ontario, Canada using population-level health administrative data housed at ICES.

Population Studied: Primary care physicians in Ontario, Canada between April 1, 2014-March 31, 2019, who were registered in the College of Physicians and Surgeons of Ontario database (CPSO) dataset on or after January 1, 1990 and as of March 31, 2016.

Intervention/Instrument: Patients who were in their last year of life.

Outcome Measures: Home visits delivered

Results: A total of 9,884 physicians were identified, of which 2,568 (25.7%) delivered at least one end-of-life home visit. Physician characteristics showing increased odds ratio (OR) of home visit delivery were older age (OR 1.01 [95% Confidence Interval (CI): 1.00-1.02]) international training (OR 1.28 [95% CI:1.04-1.59]), previous home visit experience (OR 1.02 [95% CI: 1.01-1.02]), capitation models of remuneration; namely enhanced fee-for-service models (OR 1.5 [95%CI: 1.17-2.00]) and mainly capitation model (OR 1.4 [95% CI:1.11-1.79]), and population size of practice location with highest odds

in small rural or remote areas (<9,000 residents) (OR 1.38 [95%CI: 1.02-1.88]) and the largest metropolitan areas (OR 1.84 [95%CI: 1.46-2.57]).

Conclusions: This research demonstrates primary care physicians' characteristics influence home visit practice patterns. Furthermore, it highlights characteristics amenable to policy or system-level changes that could increase the provision of home visits. Increasing physician home services could greatly improve the dying experience of Canadians.