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Title

The impact of the COVID 19 pandemic on continuity of care with Ontario family physicians

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Continuity with the same family physician is associated with better patient outcomes and this can be encouraged through patient enrolment models. Access to health care was disrupted by the SARS-CoV-2 pandemic and much of primary care shifted to virtual care. Continuity with a family physician in Canada is generally high. It is not known if continuity was disrupted by the pandemic or if continuity varied according to patient enrolment status.

Objective: To determine whether continuity of care with the same family physician changed since the pandemic among enrolled and non-enrolled patients.

Study Design and Analysis: Retrospective analysis of family physician office-based and virtual visits (i.e. telephone or video) 16 months before and 16 months since the onset of pandemic restrictions in Ontario (March 11, 2020).

Dataset: Population-based linked physician billing data.

Population: All patients residing in Ontario, Canada (population 14.8 million) for whom a family physician/general practitioner could be assigned. Approximately 80% of patients are formally enrolled with a family physician and many non-enrolled patients can be attributed according to the majority of care provided.

Outcome Measures: Continuity of care, defined as the mean of each patient's proportion of visits to the assigned family physician among all family physician visits, was analyzed for all visits, office visits and virtual visits, for formally enrolled and non-enrolled patients.

Results: Among enrolled patients, continuity with the assigned family physician pre-pandemic ranged from 65-68% and this did not decrease with the pandemic. Among non-enrolled patients, the mean

proportion of all visits to the assigned family physician ranged from 60-67% before the pandemic and there were decreases by as much as 18% during the pandemic. For virtual visits, there was lower continuity among enrolled than non-enrolled patients before the pandemic, but higher continuity for enrolled than non-enrolled patients during the pandemic. Patients 65 years and older had higher continuity with their own family physician than younger patients in both periods. There were few differences by sex.

Conclusions: Since the pandemic, continuity of care has been maintained among patients enrolled to a family physician but declined for patients who are not formally enrolled. Efforts may be needed to address potential disruptions to continuity for patients not formally enrolled to a family physician.