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Title

Describing family physicians with ‘Care of the Elderly’ added training or focused practice: A retrospective cohort study

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: Family physicians are central to managing the medical needs of older adults. Some family physicians pursue additional training to become certified as having additional competence in ‘Care of the Elderly’ and/or apply for “focused practice” status to care for older patients. This specialized workforce has not yet been classified in health administrative data, limiting our understanding of their individual and medical practice characteristics. Objective: To identify and describe family physicians with ‘Care of the Elderly’ certification and/or focused practice. Study design and setting: Retrospective cohort study using multiple population-based health administrative datasets in Ontario, Canada in 2019. Participants and intervention: Family physicians with ‘Care of the Elderly’ certification identified from a data linkage with the College of Family Physicians of Canada and those in focused practice based on remuneration fee codes. Analysis: Chi-square and Wilcoxon rank-sum tests to assess differences between family physicians. Unadjusted logistic regression to model factors associated with certification or focused practice. Results: 242 of 14,123 family physicians had evidence of ‘Care of the Elderly’ certification and/or focused practice. These providers mainly practiced in team-based models and often participated in comprehensive practice. The following factors were associated with greater likelihood of ‘Care of the Elderly’ certification or focused practice: physician demographics (i.e., female sex, larger community size, graduating from a Canadian medical school, community-level residential instability), primary care practice model (i.e., focused), primary care activities (i.e., increasingly providing consultations, practicing in long-term care, referring patients aged ≥ 65 to psychiatry, billing for complex house call assessments, home care applications, and long-term care health report forms), and patient characteristics (i.e., increased age of non/rostered patients). Conclusions: Family physicians with additional training or focused practice to care for older patients comprise a small group of providers who also contribute to comprehensive primary care. These physicians can be engaged as leaders to

enhance geriatric competence among other providers who increasingly deliver care to aging populations. Other domains of added competence and focused practice can be examined using similar methods.

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