



IMPACT

Disparities in access to primary healthcare in Australia and Canada: evidence from the Commonwealth Fund International Health Policy Survey

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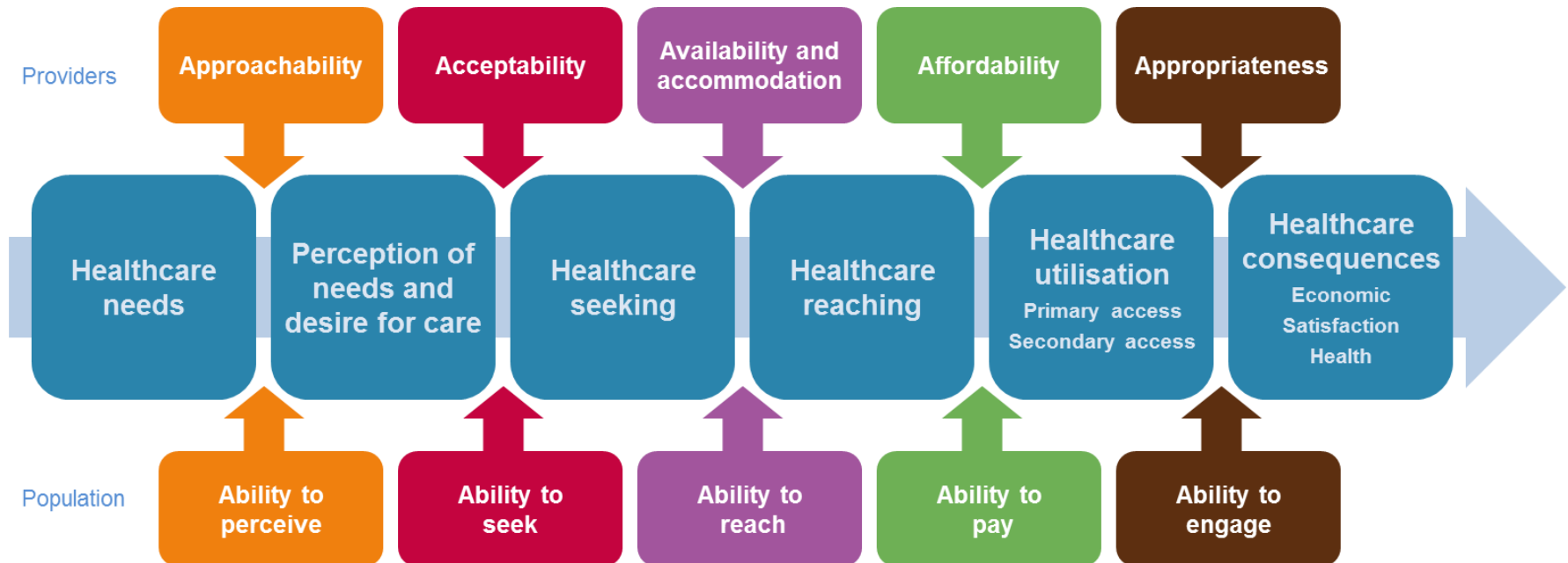
December 7, 2015

Outline

- Results from analysis of international survey data
 - How do barriers to access compare across countries?
 - Which population groups have barriers to access in Australia and Canada?
 - What barriers matter in Australia and Canada?



The Access Framework



Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*. 2013 Mar 11;12:18

Data source



The
COMMONWEALTH
FUND

- International Health Policy survey of 11 countries
 - Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom & the United States
 - IHP 2013 Adults aged 18 and older with 20,045 respondents
 - Australia: 2,200 & Canada: 5,412
 - IHP 2014 Adults aged 55 and older with 25,530 respondents
 - Australia: 3,310 & Canada: 5,269

Priority questions

Approachability	Acceptability	Availability	Affordability	Appropriateness
Is there one doctor's group, health centre, or clinic you usually go to for most of your medical care? (7/9)	How often does your regular doctor or medical staff you see: explain things in way that is easy to understand? (7/9)	How easy is it to get medical care in the evenings, on weekends, or holidays without going to the hospital ED? (4/9)	During the past year, was there a time when you skipped a medical test, treatment, or follow-up that was recommended because of the cost? (5/9)	How often does your regular doctor help coordinate or arrange the care you receive from other professionals? (6/9)
When you left hospital, did you know who to contact if you had a question about your condition or treatment?* (6/9)	During the past year, has a healthcare professional you see for your chronic condition discussed your main goals or priorities in caring for this condition?* (5/9)	When you call your regular GP's practice with a medical concern during regular practice hours, how often do you get an answer that same day? (6/9)	During the past year, skipped either i) a test, treatment or follow-up ii) prescription medication or doses or iii) a doctor visit, due to cost? (4/9)	How often does the medical staff you see: know important information about your medical history? (4/9)
Between doctor visits, is there a health care professional who contacts you to see how things are going?* (4/9)	How often does your regular doctor or medical staff you see: encourage you to ask questions?* (2/9)	Between GP visits, is there a professional you can contact to get advice about your chronic condition?* (5/9)	During the past year was there a time when you had a medical problem but did not visit a doctor because of the cost? (4/9)	Did you receive conflicting information from different healthcare professionals? (3/9)
		When you felt emotionally distressed were you able to get help from a professional? (3/9)		After your visit in the hospital did your usual place of care seemed up-to-date? (4/9)

*These 5 questions available for the 2014 survey only

Question dropped due to small sample size for population group comparison



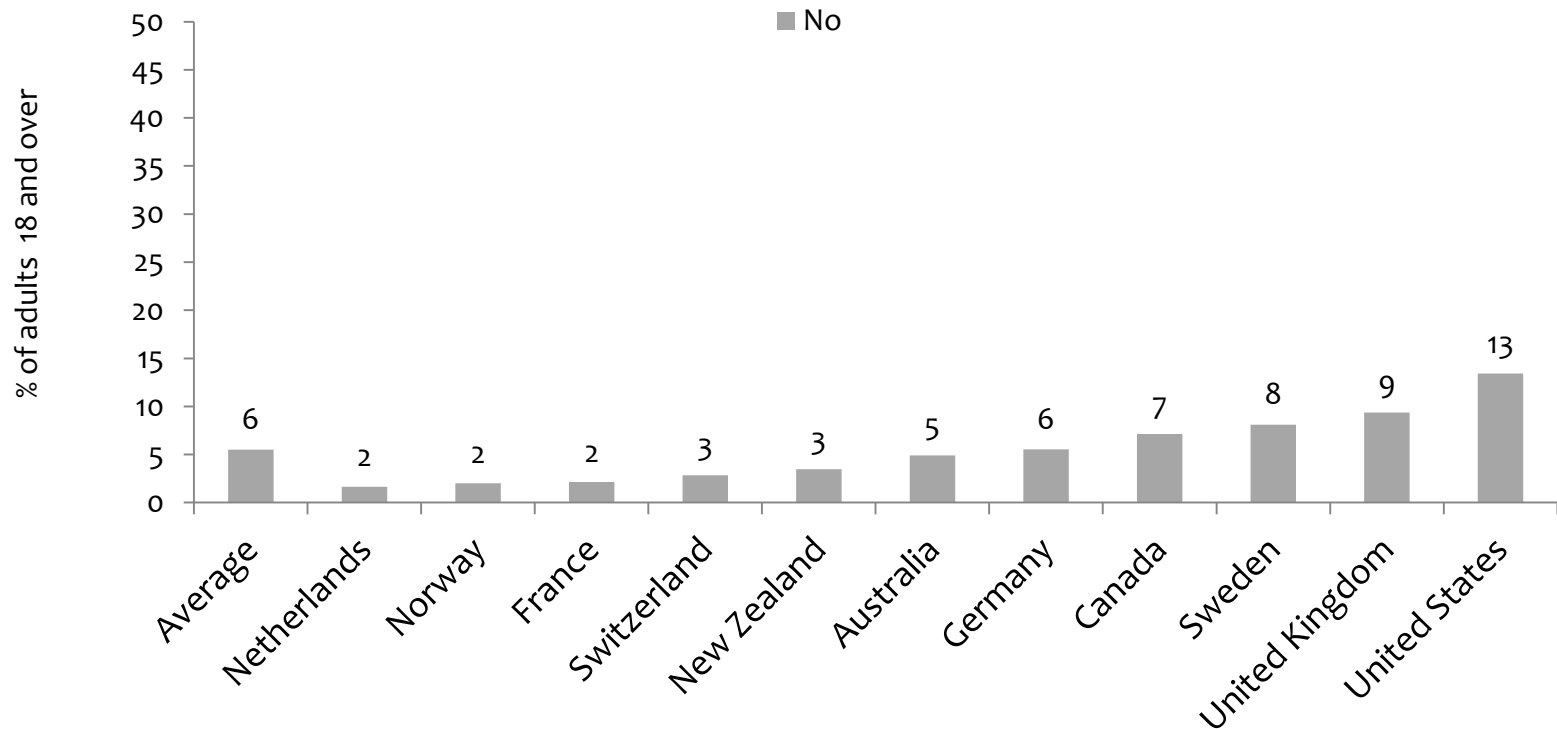
- Logistic regression models within countries
 - Older
 - 35-49 years and 50-64 years 65+ vs aged 18-34
 - Poorer
 - Below-average and average vs above-average income
 - Female (vs male)
 - Sicker
 - Physical health condition, mental health condition (with or without physical condition), vs no health condition
 - possible conditions hypertension or high blood pressure, Heart disease, including heart attack, Diabetes, Asthma or chronic lung disease, depression, anxiety or other mental health problems, Cancer, Joint pain, or high cholesterol)
 - In 2014 models the reference group is those with a physical condition only.
 - Higher needs
 - Hospitalized versus not hospitalized in past 2 years)
 - Visited ED versus not visited Emergency in past 2 years

Primary Health Care
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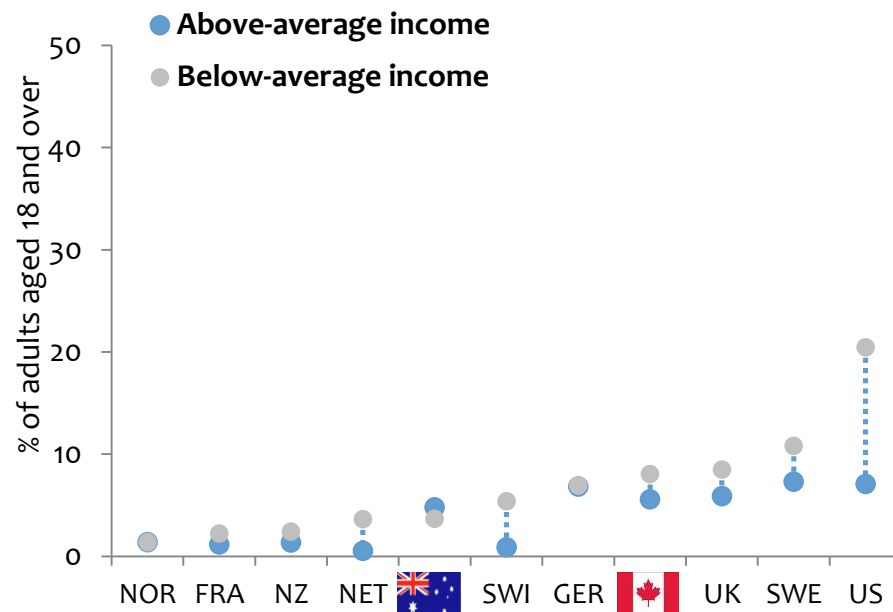
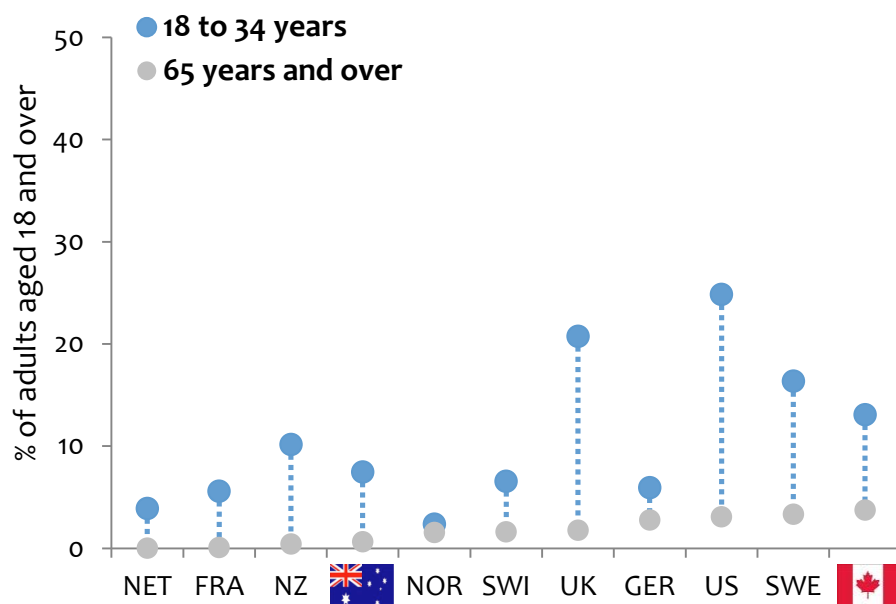
VARIATION IN BARRIERS TO ACCESSING PRIMARY CARE

Approachability: No regular place

Is there a regular doctor or one doctor's group, health center, or clinic you usually go to for most of your medical care?



No regular place of care: differences



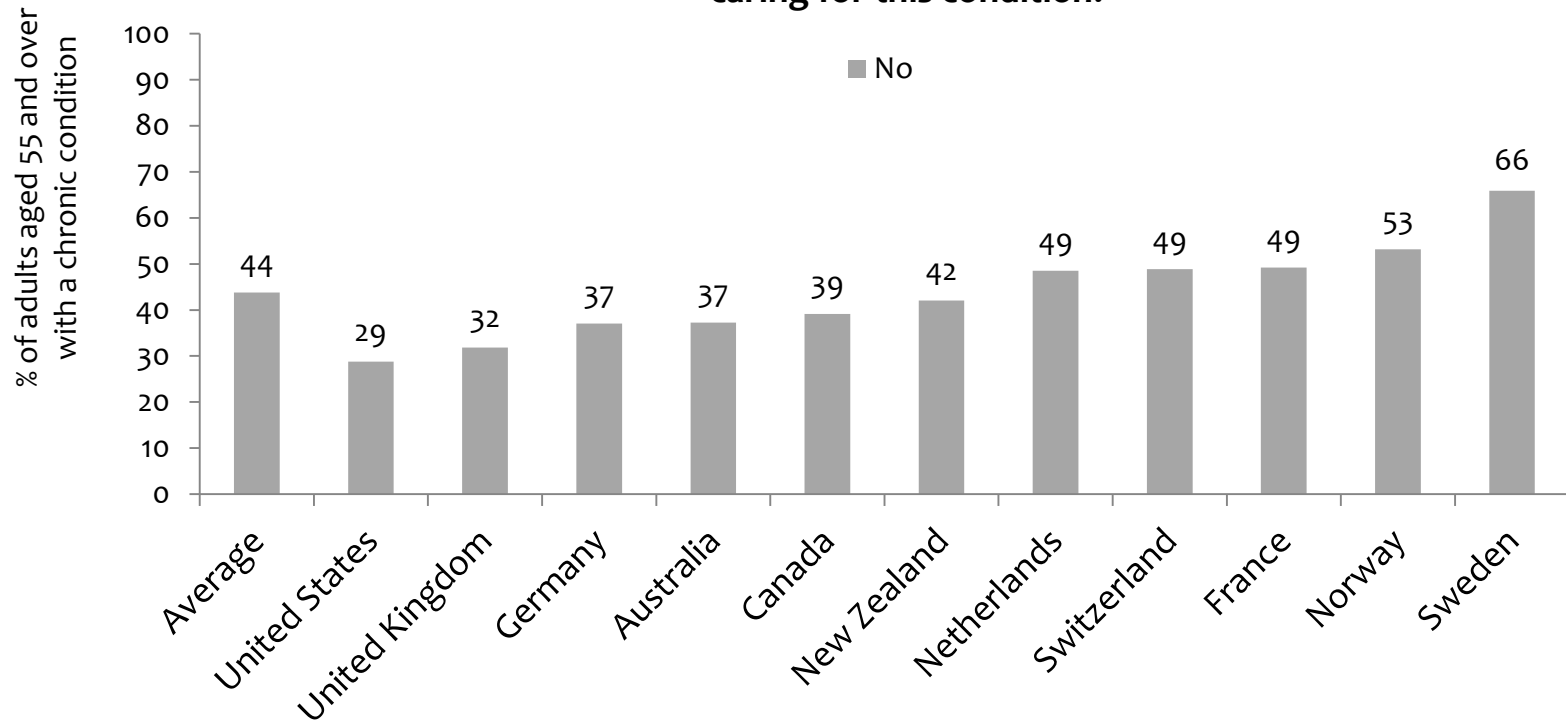
Population groups more likely to say they have no regular place of care:

- **Younger people** and those with **no chronic conditions** consistently across countries
- **Income** was not significant in Australia, while in Canada and other countries lower income was associated with having no regular place of care

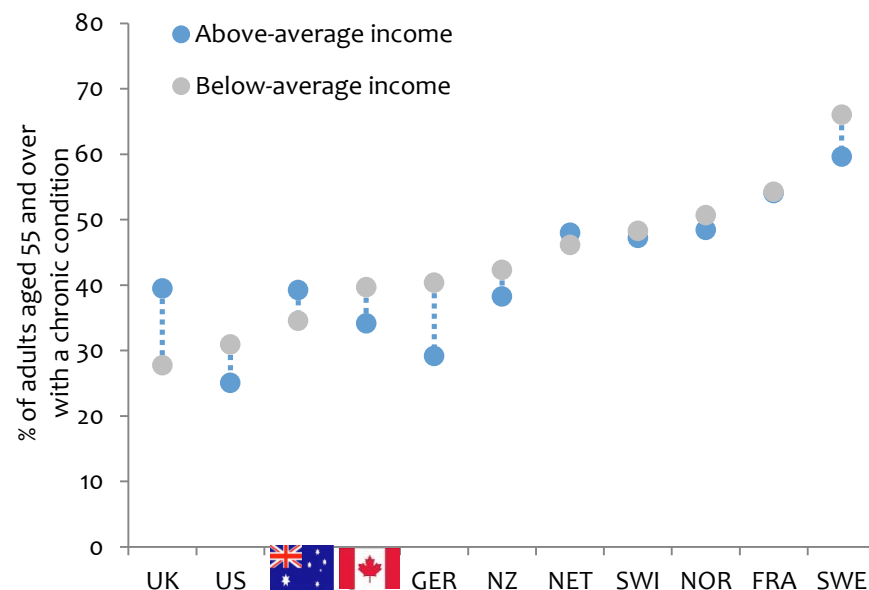
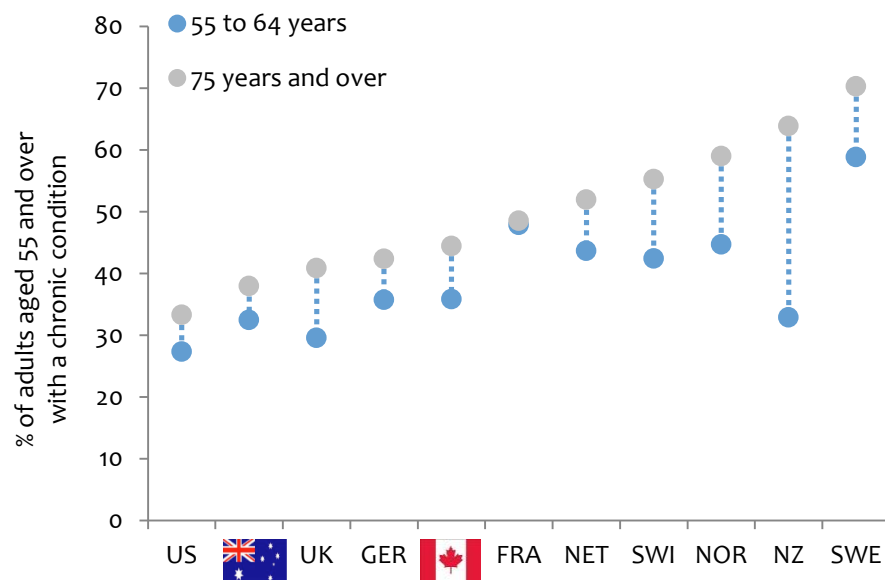
*After controlling for income, age, sex, conditions and service use

Acceptability: Personal care goals

During the past year, when you received care, has any health care professional you see for your chronic condition discussed with you your main goals or priorities in caring for this condition?



No goals for condition: differences



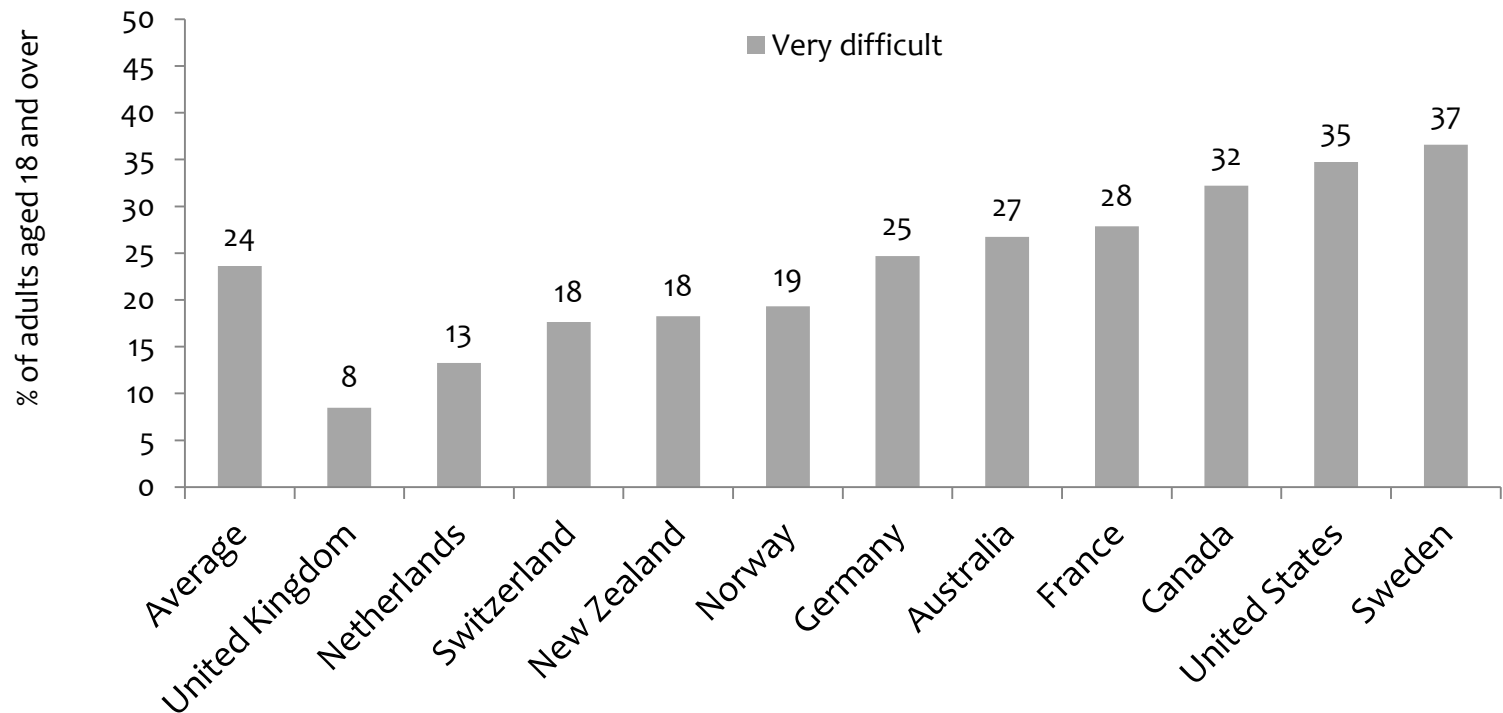
Population groups more likely to say their regular GP did not discuss goals or priorities for caring for their chronic condition

- **Older people** (in 6 of 11 countries including Canada) and females in Canada, Sweden and Switzerland
- **Below-average income** was not significantly different than the above-average group in any country

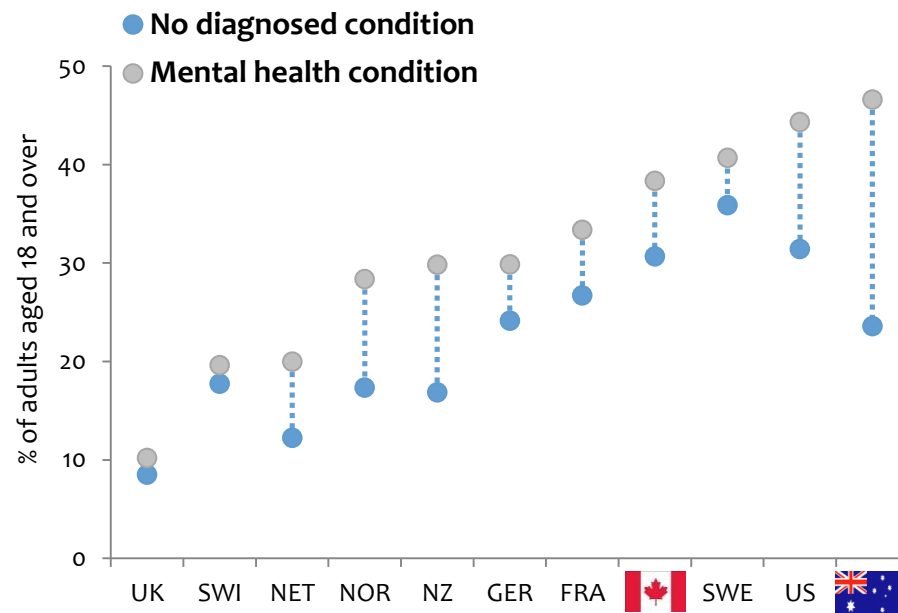
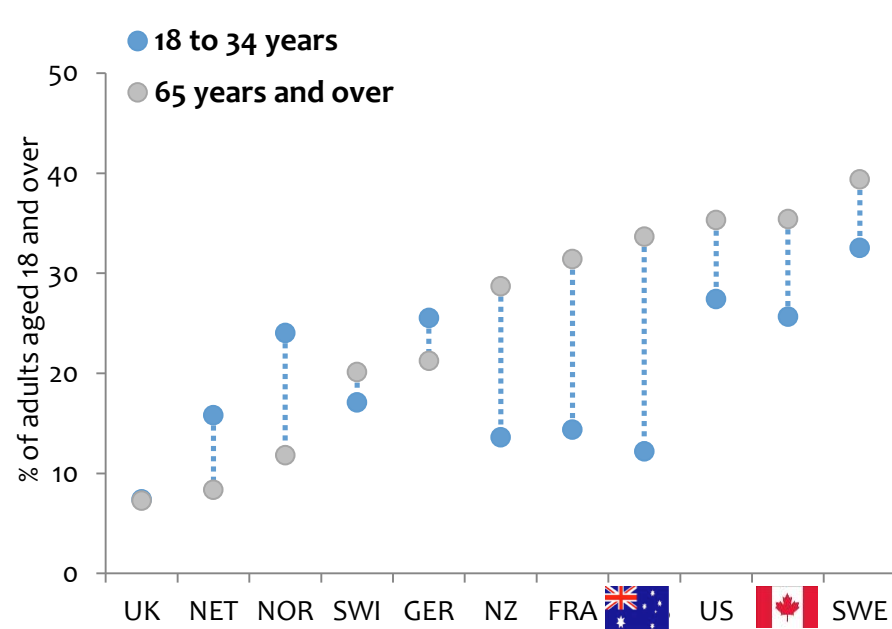
*After controlling for income, age, conditions and service use

Availability: After hours care

How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital emergency department?



After hours care difficulty : differences



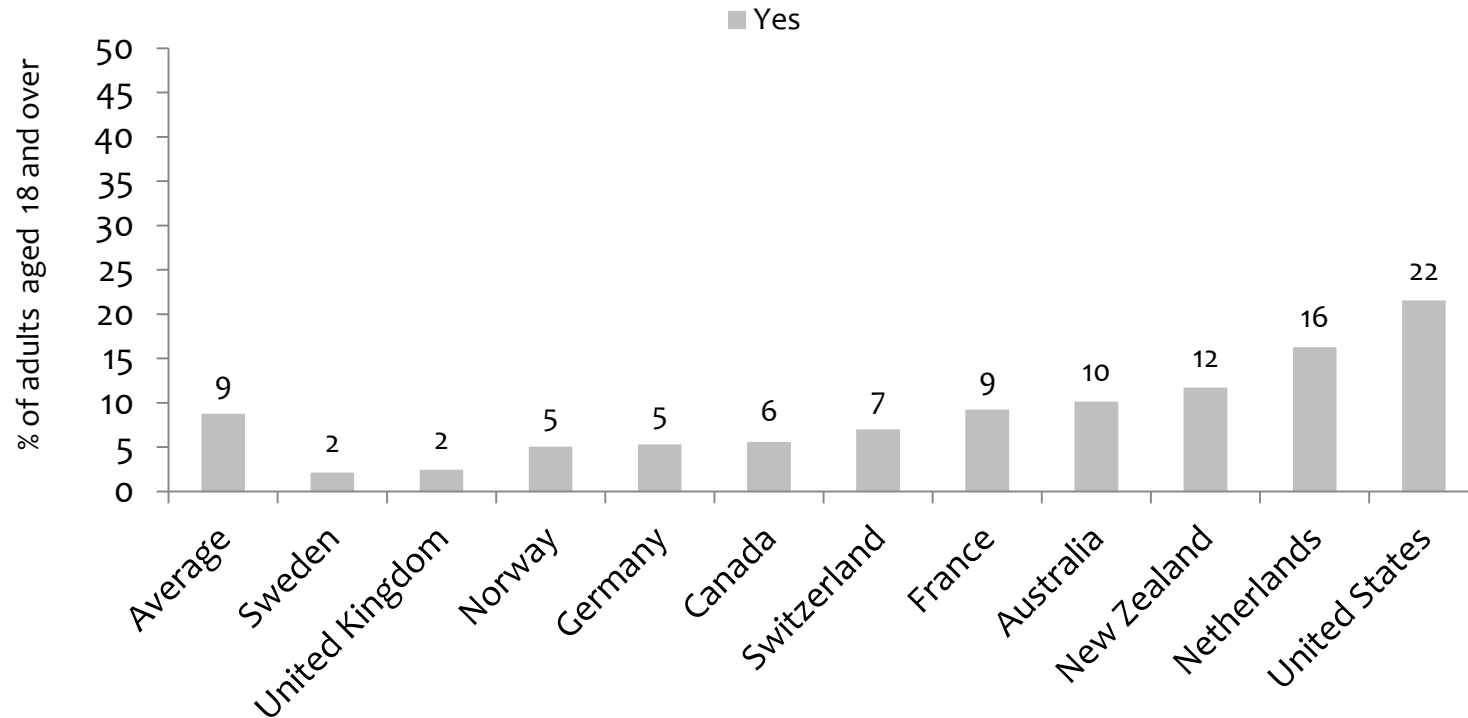
Population groups more likely to say they have difficulties accessing care out-of-hours:

- People with a **mental health condition** (Australia, AOR=3.0 – highest among all countries. Canada not significant, AOR=1.3)
- **People aged 65 years and over** in some countries were more likely to experience this barrier (Australia AOR=2.6, Canada AOR=1.6, AOR range (0.4-2.6))

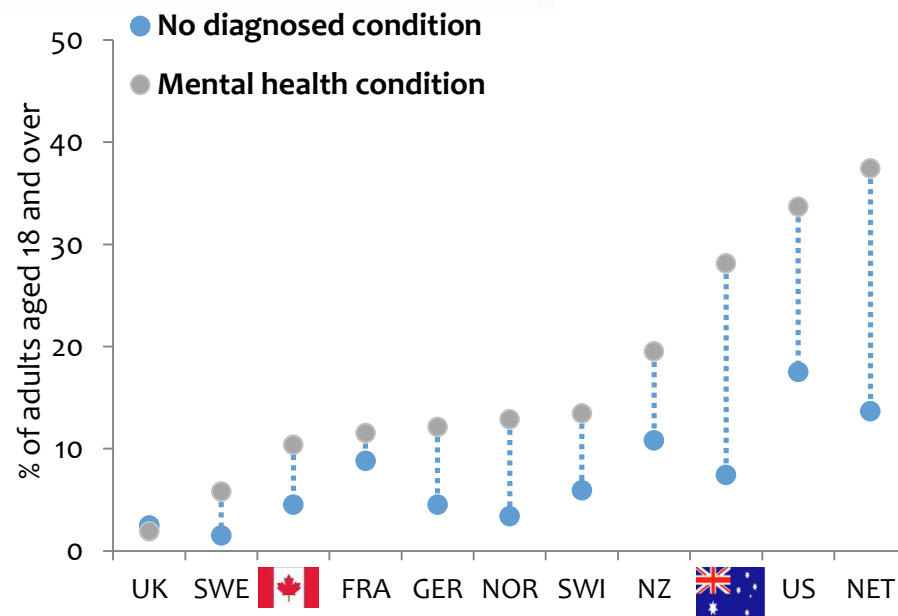
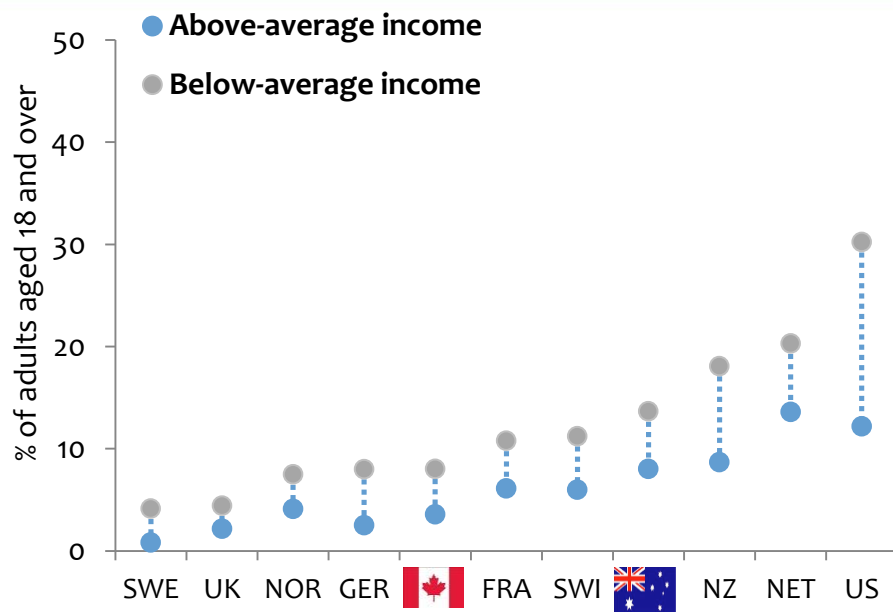
*After controlling for income, age, sex, conditions and service use

Affordability: skipping care due to cost

During the past 12 months, was there a time when you skipped a medical test, treatment, or follow-up that was recommended by a doctor because of the cost?



Skipped tests or follow up: differences



Population groups more likely to say they skipped a test, treatment or follow up due to cost

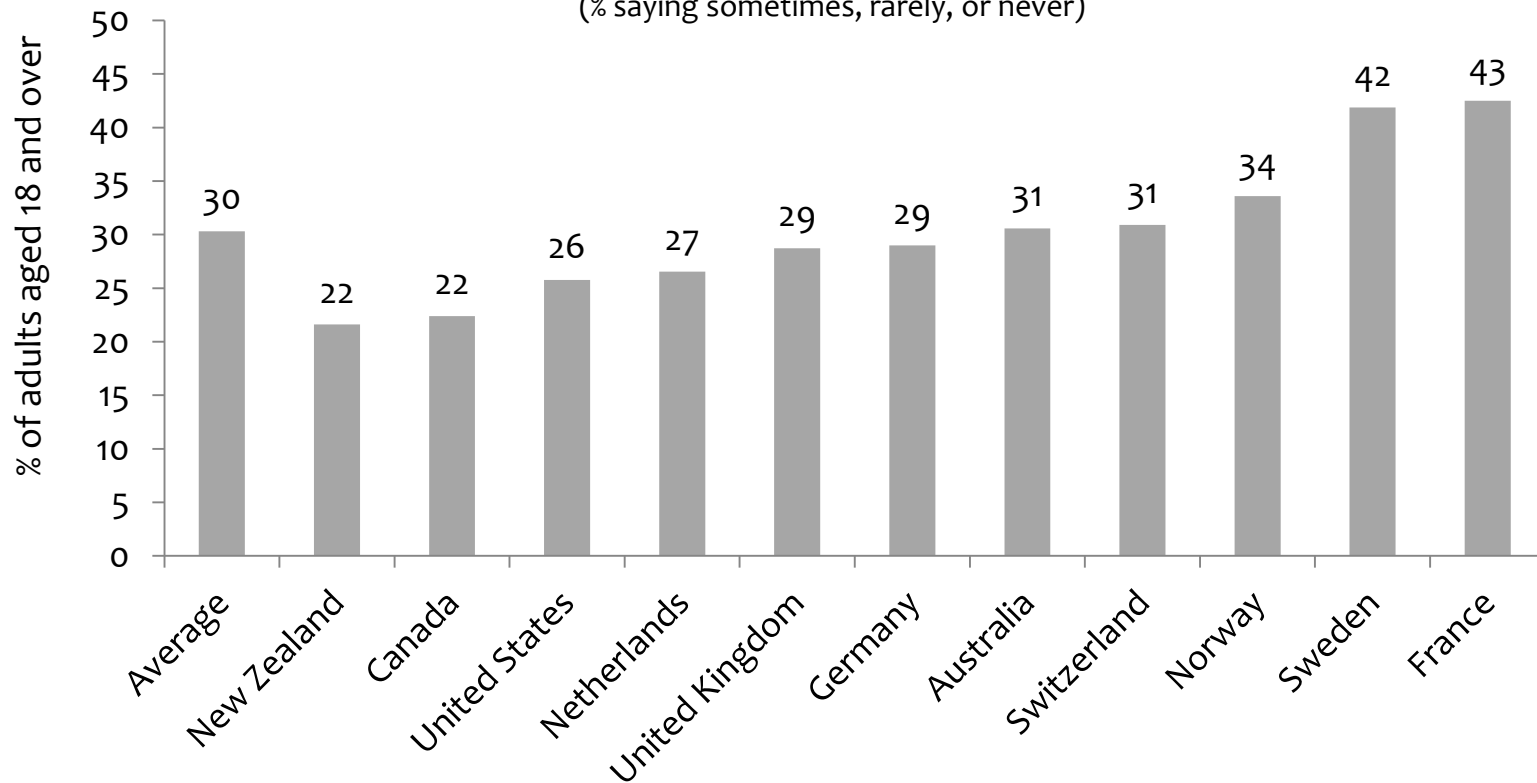
- Adults with a **mental health condition** (with or without a physical condition) more likely to have this barrier than people with no conditions (Australia AOR =5.7, Canada AOR=2.2, range 1.4-5.7)
- Adults with **below-average income** in most countries, however result not significant in Australia after adjusting for age, sex, conditions and service use (Australia AOR=1.9, Canada AOR=2.2 , range = 1.5 - 2.8)

*After controlling for income, age, sex, conditions and service use

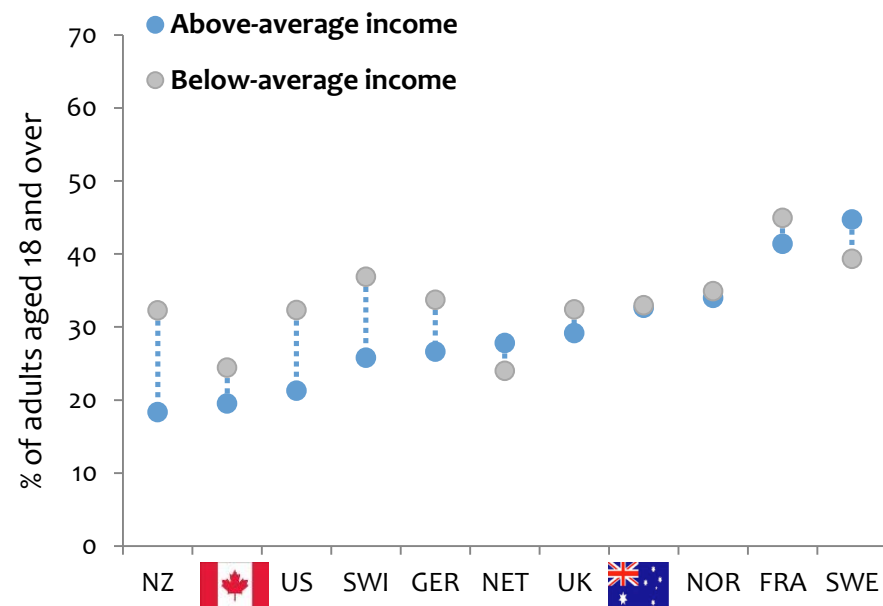
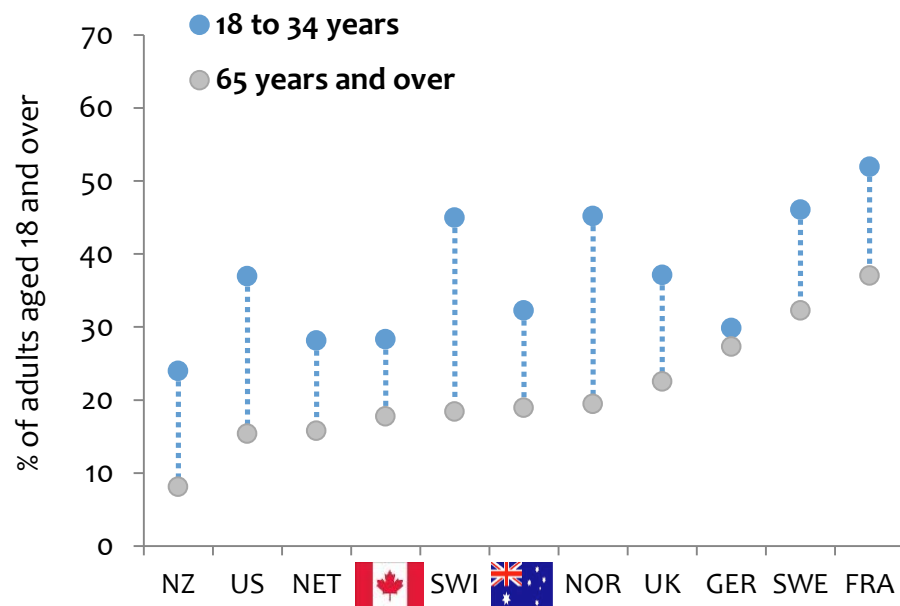
Appropriateness: coordination

How often does your regular doctor or someone in your doctor's practice help coordinate the care you receive from other doctors and places?

(% saying sometimes, rarely, or never)



Lack of care coordination : differences



Population groups more likely to report GP sometimes/rarely/never helps coordinate care:

- **Younger** people (although difference was not significant for Australia)
- **Below-average income** was also a factor in Canada (and in 4 of 11 countries), but not significant in Australia after adjusting for other factors.

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SUMMARY FOR AUSTRALIA AND CANADA

Which access barriers matter in Australia?

Adult respondents (2013)

- Difficulty getting medical care after work, evenings and weekends
 - people with conditions, lower income and younger adults
- Skipping care due to cost was the next most common barrier in Australia

Adults aged 55 and over with a chronic condition (2014)

- Not consulting a doctor due to cost, or skipping any care due to cost
 - people with mental health conditions and lower income groups

Which access barriers matter in Canada?

Adult respondents (2013)

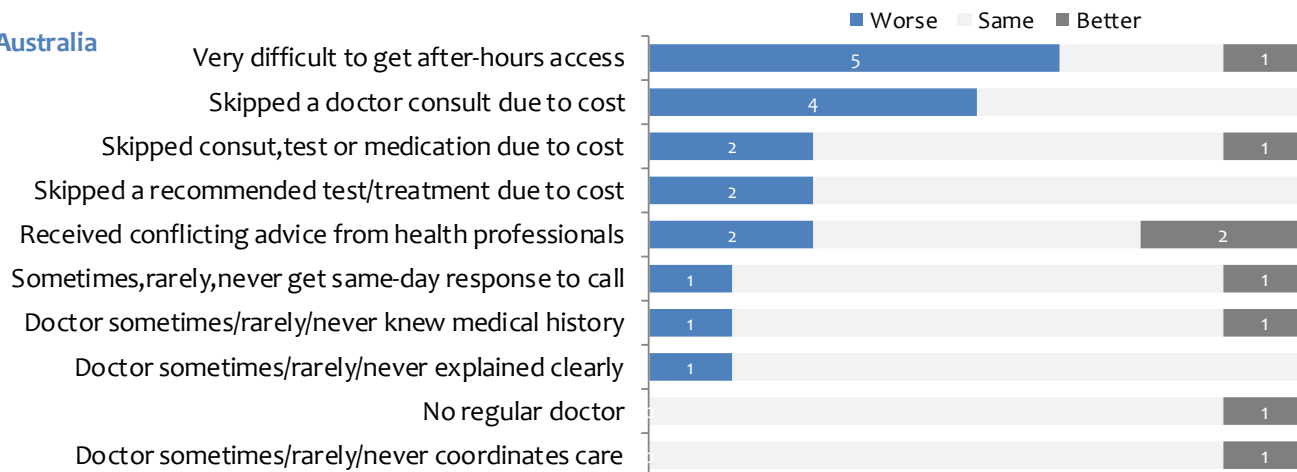
- Approachability of care, having a doctor or place of care, a barrier across many groups
- Approachability better for populations with higher needs, such as older people and those with conditions
 - Seems to reflect greater needs having greater coverage

Adults aged 55 and over with a chronic condition (2014)

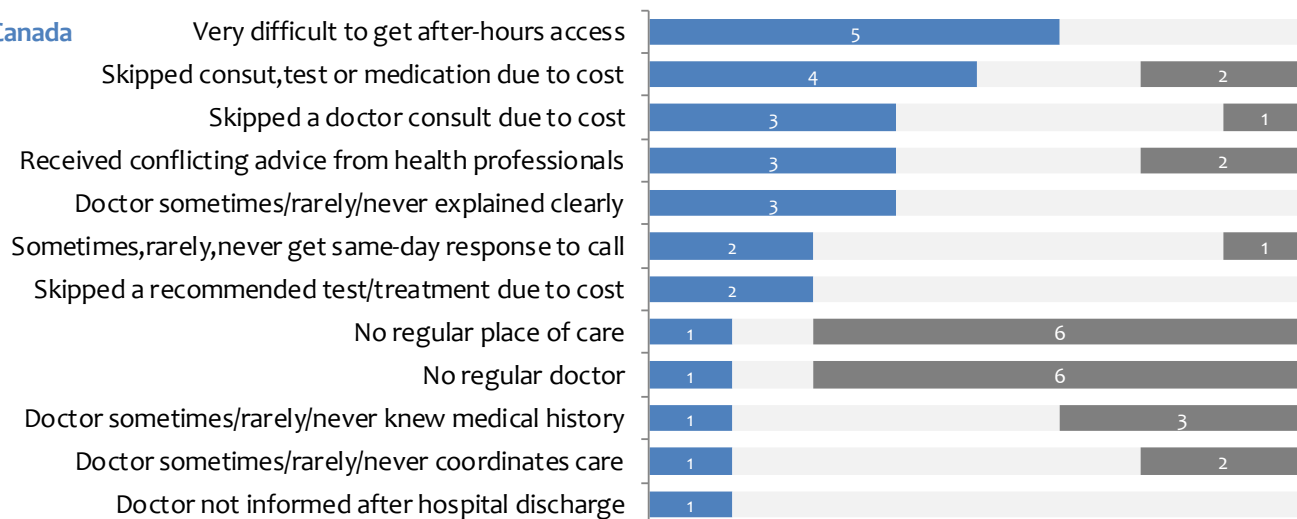
- Affordability of care, and acceptability (unclear explanations, not being encouraged to ask questions) main barriers

Which access barriers matter most often?

Australia



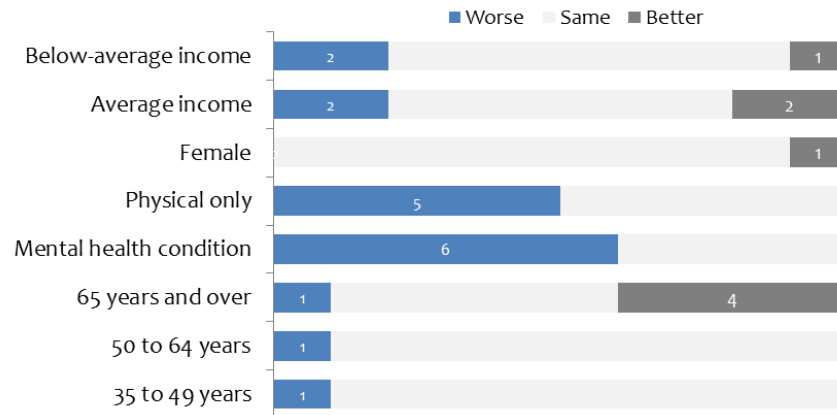
Canada



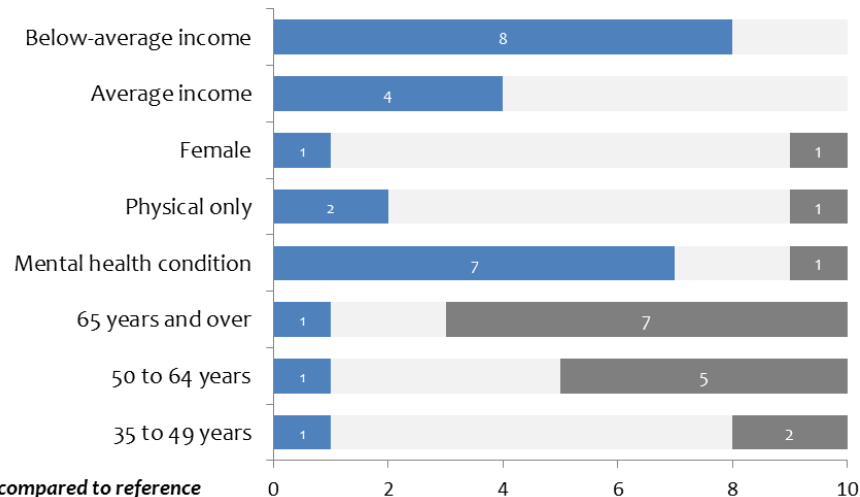
Number of population group differences compared to reference

Which population groups has most barriers?

Australia



Canada



Number of access barriers (of 10) compared to reference

Note: Results for common questions with sufficient sample in 2013. Due to sample size differences (Canada 5,412, Australia 2,200) the power to detect differences in Canada is much greater

The impact of income

Adjusted odds ratios of below-average vs above-average income group	Australia	Canada	France	Germany	Netherlands	New Zealand	Norway	Sweden	Switzerland	United Kingdom	United States
No regular doctor	0.6	1.8						1.3		0.9	2.9
No regular place of care		2.1						1.8			3.5
No chronic care contact between visits	0.7	1	1.1	0.9	1.3	2.5	0.6	0.7	1.3	0.6	1.1
Doctor doesn't explain things clearly	1.0	2.0	1.5		1.1		1.4	1.5	1.6		2.4
Not always encouraged questions (of those with CC)*	1.9	1.4	0.7	1.5	1.8	2.8	0.9	1.2	0.8	0.9	2.4
No discussion of goals for chronic condition*	0.7	1.2	1	1.5	0.9	1	0.9	1.1	0.9	0.5	1.4
No same-day response to call to doctor	1.1	1.4	1.1		0.7	1.5	1.8	1.1	2.5	1.0	1.8
Very difficult to get after-hours access	0.8	1.1	0.9	0.9	1.8	1.9	1.5	1.1	2.4		2.1
No one to easily contact about condition*	1.3	1.1	0.5	1	1.4	2.1	1.7	1.2	1.3	1.1	3.2
Skipped a doctor consult due to cost	2.7	2.3	3.4		2.1	1.8					2.5
Skipped a test or treatment due to cost	1.9	2.2	1.8		1.5	2.8					2.6
Skipped care due to cost	1.6	2.8	3.6	2.5	2.1	2.0		3.5	2.6		2.4
Doctor doesn't always know medical history	1.9	1.5	2.0			2.7	1.1	1.0	2.1		2.1
Received conflicting advice	0.6	1.3	0.8	1.2	0.8	1.6	1.2	1.4	1.8		1.4
Doctor doesn't always coordinate care	1.3	1.5	1.2	1.3	0.9	3.3	1.1	0.8	1.7	1.2	1.6

Note: models also adjusting for age, sex, chronic conditions, and hospital and ED service use.

*Source: CWF IHP 2013 and 2014**

Adjusted odds ratio significantly higher than above-average income group

Adjusted odds ratio significantly lower than above-average income group

The impact of mental health issues

Adjusted odds ratios for people with a mental health condition vs no chronic condition	Australia	Canada	France	Germany	Netherlands	New Zealand	Norway	Sweden	Switzerland	United Kingdom	United States
No regular doctor	1.1	0.6						0.5		1.9	0.6
No regular place of care		0.4						0.3			0.7
No chronic care contact between visits	1.1	0.8	0.8	0.8	0.6	0.6	0.8	1.0	0.5	0.8	0.9
Doctor doesn't explain things clearly	1.2	1.7	1.3		1		2.9	1.8	2.9		1.5
Not always encouraged questions (with CC)*	0.9	1.3	1.2	2.4	0.8	1.4	1.6	1.4	0.7	1.1	1.2
No discussion of goals for condition*	1.1	0.9	0.5	1.2	1.7	1.0	1.1	1.0	0.9	2.2	1.0
No same-day response to call to doctor	2.2	1.4	1.4		1.3	2	1	2.4	0.8	1.6	1.1
Very difficult to get after-hours access	3.0	1.3	1.5	1.7	2	1.7	1.9	1.4	0.9		1.8
No one to easily contact about condition*	1.1	1.1	0.8	0.8	1.2	0.4	0.9	1.2	1.1	0.8	1.2
Skipped a doctor consult due to cost	5	1.8	2		2	2.6					2.4
Skipped a test or treatment due to cost	5.7	2.2	1.4		3.6	1.7					2.7
Skipped care due to cost	5.1	2.9	2.2	3.4	2.7	2.2		3.6	3.8		2.8
Doctor doesn't always know medical history	0.9	1.4	2.1			0.5	1.1	0.9	0.9		1.1
Received conflicting advice	3.5	2.7	2.3	1.8	2.2	2	1.7	2.4	3.6		2.4
Doctor doesn't always coordinate care	1	1	1.4	1.8	2	1.3	0.9	1.9	1.1	1.2	0.9

Note: models also adjusting for age, sex, income, physical health condition, and hospital and ED service use.

Source: CWF IHP 2013, and 2014* (for 2014 comparison is to people with a physical health condition)

Adjusted odds ratio significantly higher than for people with no condition

Adjusted odds ratio significantly lower than for people with no condition

Limitations

- Small sample of entire countries
- Varying sample sizes affecting capacity to detect differences
- Secondary use of existing survey tools
- Self-report
- Possible under-representation of certain vulnerable groups

Key findings

- After-hours care and skipping care due to costs important barriers in both Canada and Australia
- Approachability barriers an issue for people with higher needs
- People living with mental health issues particularly vulnerable in the Australian context
- People below-average income particularly vulnerable in Canada across many types of barriers
- Vulnerable factors protectors for affiliation in Canada with older age less vulnerable to barriers in Canada

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Our Partners



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