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Do socially complex patients seek primary care from clinics specifically designed to meet their needs?

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Objectives

To determine the relationship between known social complexity and model of primary care service delivery

Approach

The impacts of the social determinants of health are well described. To understand the contribution of specific factors on primary care service use we linked social data in the Population Health Research Data Repository at the Manitoba Centre for Health Policy to health system data. We included all patients visiting a Winnipeg clinic at least three times between 2010 and 2013. We allocated each participant to the primary care provider providing the majority of their care; and each provider was assigned to the model of care where they provided the majority of their clinical care. We developed eleven new indicators to describe social complexity such as: children in care, low income quintile, income assistance (welfare), high residential mobility, and involvement with the justice system.

Results

The cohort included 626,264 unique individuals of whom 53.1% were female. The majority of participants received their care from the fee for service (FFS) model (511,763) followed by 76,261 assigned to "reformed FFS". 16,536 and 12,178 were assigned to the 2 team-based care alternative funded models and 9,526 to the teaching clinic model. Patients with social complexities, except for newcomers, were more likely to attend the alternative funded clinics. The patients these clinics served were generally very complex with over 15% having more than 5 complexities compared to less than 5% of those attending the FFS models. Twice as many patients in the FFS models (60%) had no complexities compared to the alternative funded models.

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Conclusions

The availability of social data in population health repositories provides new opportunities to understand the distribution of these social factors amongst care providers and the impact of each on the health of populations. This new understanding can support focused interventions to address specific social risk factors and provide the evidence to support different models of primary care service delivery.

