

Faculty of Medicine
Department of Family Medicine
Impacting Communities



MAAP: Models and Access Atlas of Primary Care Providers in Nova Scotia, Prince Edward Island, Newfoundland & Labrador

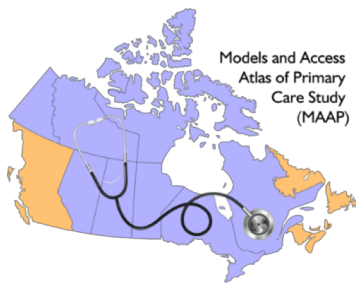
Presenter: Emily Gard Marshall

Dalhousie Family Medicine

Research Team Members:

Jean Cook, Laura Samson, Colleen O'Connell, Jessica Pinkham, Peter MacKean, Frederick Burge, Beverley Lawson, Rick Gibson, Ruth Martin-Misener



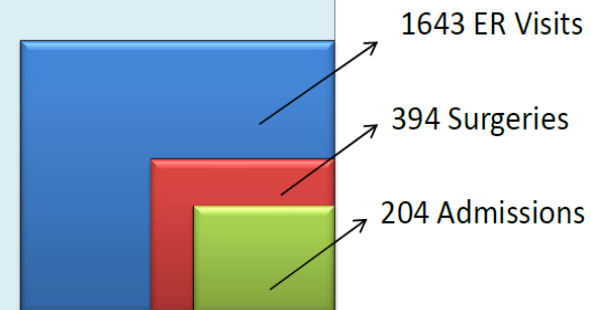


Background

An Average Day in Nova Scotia

- Majority of health care contact in Nova Scotia (population 940,592) is primary care provided by family physicians and a growing # of NPs
- Little empirical evidence on how primary care providers model their practices or what accessibility is like in Nova Scotia

8,941 Family Physician and
219 Nurse Practitioner Visits Daily



(NS Department of Health and Wellness BIAP Division, based on MSI Billing Data 2013-2014 and 2014-2015; Nova Scotia Health Authority 'About Us' <http://www.nshealth.ca/about-us>)

Objectives

Investigate:

- **Access** to family physicians and primary care nurse practitioners
- **Models** of primary care and provider characteristics
- **Link** characteristics of practitioners and practices to health care outcomes for the population

NSHRF Establishment Grant: MAAP-NS

- \$145,000 over 3 years
- Includes collecting data for every family physician and primary care nurse practitioner in NS
- Linking this provincial dataset to administrative health care utilization (billing) data

Growing beyond NS → PEI, NL, BC

Methods: 4 NS Population Surveys

Prospective Patient
n= 354
FP Office Numbers

- Does SES and the presence or absence of a chronic condition affect the response when seeking a family physician?

After Hours
N= 369; 100% RR
FP/NP Office Numbers

- What are the experiences of patients calling primary care provider offices after hours? What resources, if any, are provided?

Practice Survey
N=741; 85% RR*
Individual
(587 FP/ 39 NP)

Asking the receptionist/office manager about the primary care provider's information, details regarding access & organizational model.

FP/NP Fax Survey
N=722 (674 FP)
60% RR

- Base fax survey + additional questions to fill in gaps from previous surveys. Completed by the provider.



**Linking to
Billing Data**



MAAP-Atlantic Canada

Methods: Surveys by Province

Nova Scotia	Prince Edward Island	Newfoundland & Labrador
<ul style="list-style-type: none">• Provider survey by fax• After hours survey by telephone• Practice survey by telephone	<ul style="list-style-type: none">• Provider survey by fax (ongoing)• After hours survey by telephone• Practice survey by telephone	<ul style="list-style-type: none">• Provider survey on-line, fax
Response rate: <ul style="list-style-type: none">• provider survey 60%• practice survey 85%	Response rate: <ul style="list-style-type: none">• practice survey 72.5%	Response rate: <ul style="list-style-type: none">• provider survey 43%

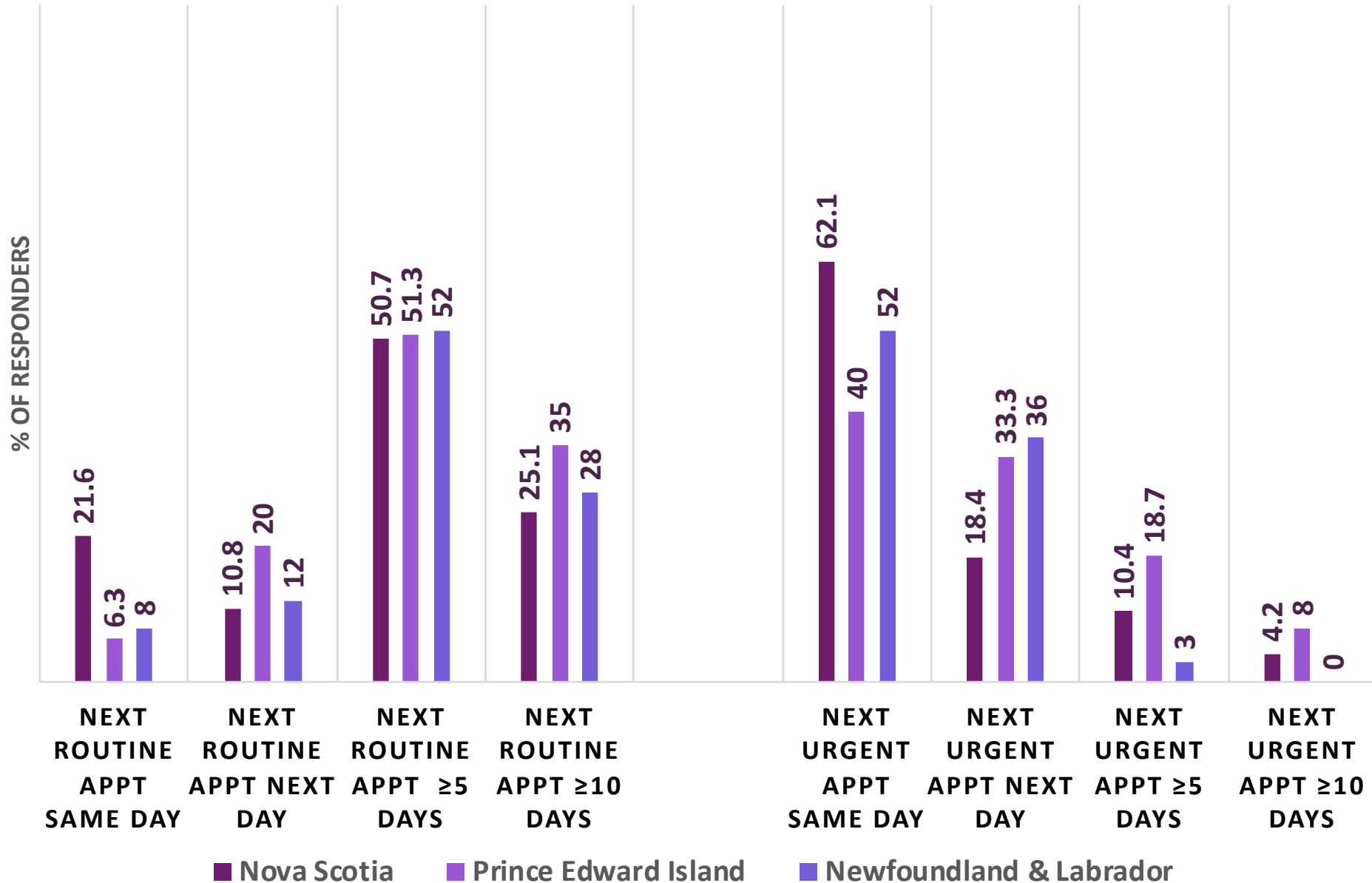
Outcomes by Province

	Nova Scotia N=total of 676 FP & NP	Prince Edward Island N=84 FP & NP	Newfoundland & Labrador N=209 FP
Practice structure			
Solo	28%	36.9%	12%
Inter-disciplinary component	46%	58.3%	20%
Nurse in practice	36.2%	68.2%	25%
Uses EMR	84.7%	34.5%	32%
Solely walk-in clinics	1.2%	1.2%	5%
Estimated practice population	Mean=1858.9 (SD=1433.8) Median=1500 (IQR =1000-2500)	N/A yet	Mean= 1672

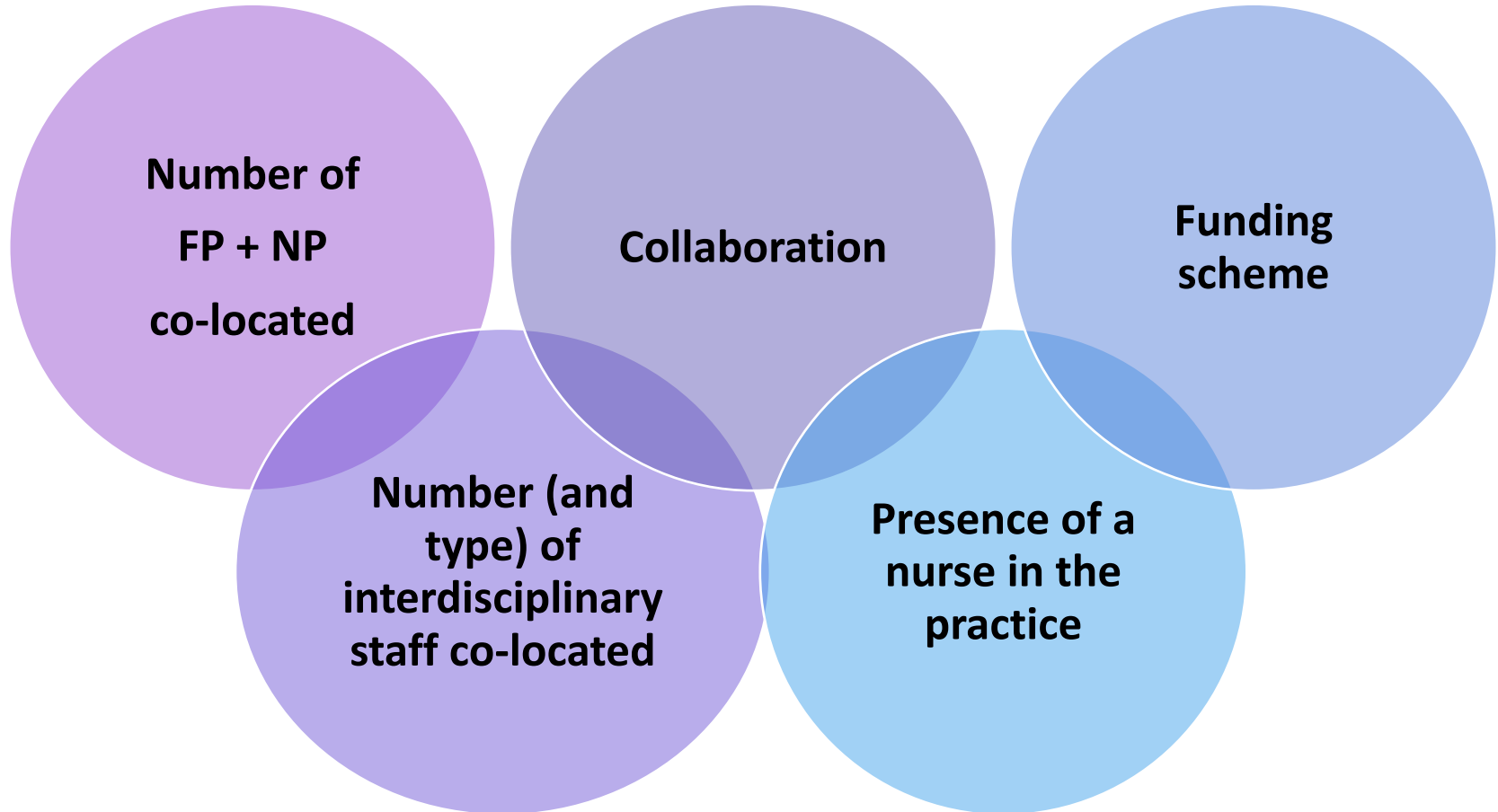
Outcomes by Province

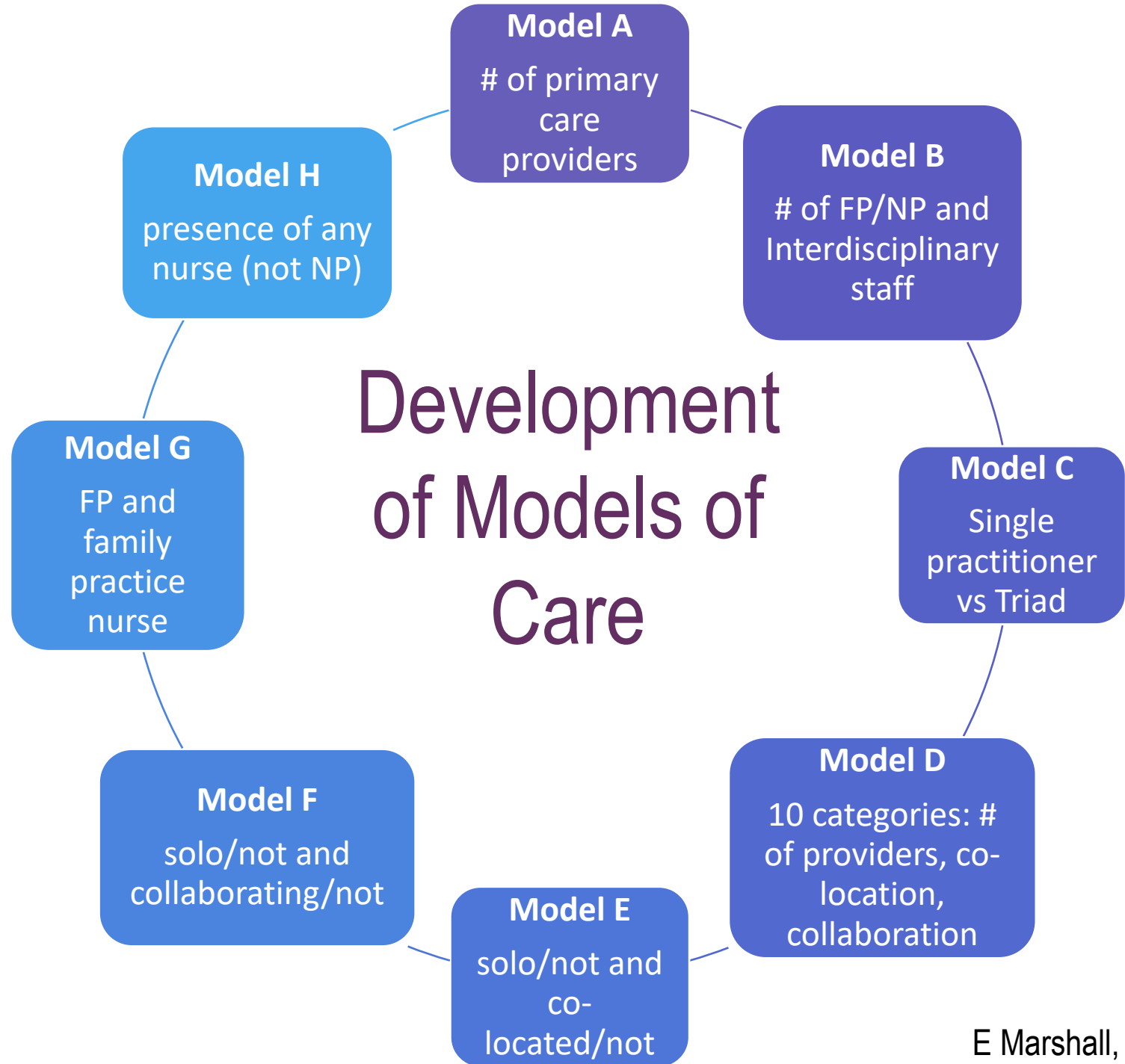
	Nova Scotia N=total of 676 FP & NP	Prince Edward Island N=84 FP & NP	Newfoundland & Labrador N=209 FP
Accessibility			
Accepting patients unconditionally	9.6%	9.4%	18%
Accepting patients under certain conditions	53.4%	68.2%	39%
Not accepting new patients at all	36.9%	22.4%	42%
After hours on-call	42.5%	3.6%	28%

AVAILABILITY

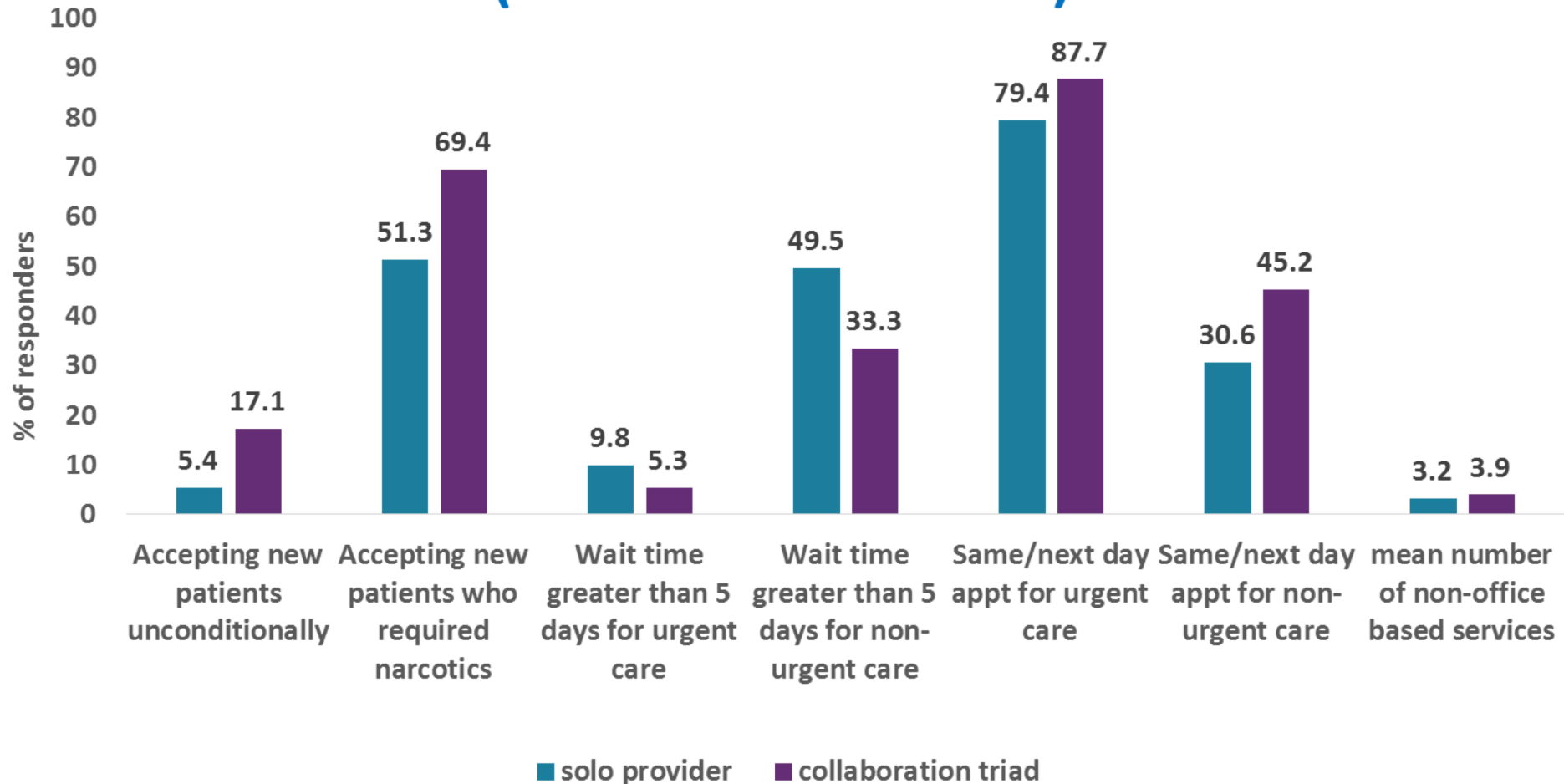


Elements of Models of Care in MAAP





Solo Providers vs Triad (FP + NP + FPN)

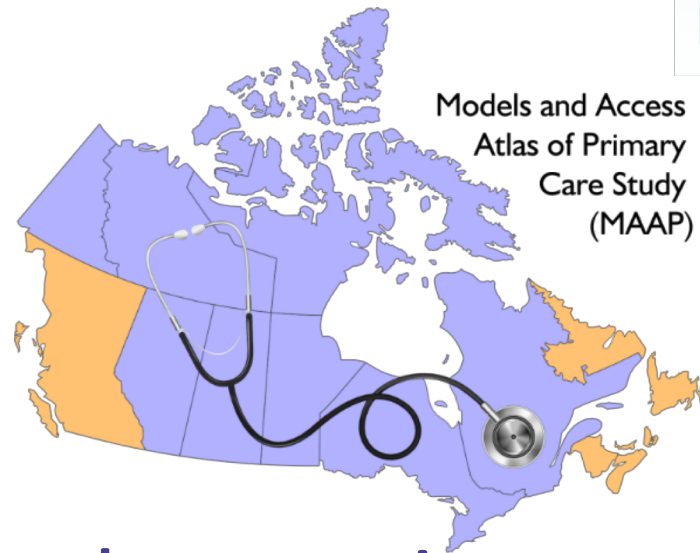


Future Work in Atlantic Canada

- Synthesize information & create a database (Atlas) of all family physicians and nurse practitioners
 - Accessibility of their services
 - Models of care
 - Provider characteristics
- Link atlas to administrative health databases
 - models of practice or accessibility to outcomes (e.g., ED use, chronic disease prevention and management)
- Mixed methods: qualitative follow up
- Repeat surveys: building on the foundation

Keys to MAAP success: Vision & Collaboration

- Partnered with knowledge users from start
 - Relevance, asking the right questions, legitimacy
- Response Rates:
 - Networking with partner organizations
 - taking time/multiple methods for data collection
- Feasibility:
 - Working with MSSU [Maritime SPOR Support Unit] for data linkage & KT support
- Growth & potential:
 - Sharing findings to knowledge users, conferences, peer review publications, KT plan



Thank you!

For more information, please contact
Emily.Marshall@dal.ca

