Highlights from the descriptive report of the population-based survey of care experiences in the Montérégie region

Odette Lemoine, Brigitte Simard, Sylvie Provost, Jean-Frédéric Levesque, Raynald Pineault, Pierre Tousignant

In 2005, the Population Health and Health Services team, a joint team from Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal and Institut national de santé publique du Québec, conducted a study in the two most populated regions of Québec (Montréal and Montérégie) to evaluate the association between primary care organizational models existing at that time and the population's care experiences. A second study was undertaken in 2010 to understand the evolution of primary care organizational models and how they have performed during the healthcare reform process, and to evaluate the organizational and contextual factors associated with these changes.

The study consists of three interrelated and hierarchically nested surveys:

- A population survey of adults randomly selected among the population of both regions to assess patient affiliation with primary care organizations, use of services, various attributes of patient care experience, preventive care received, and perception of unmet needs;
- A survey of primary care organizations to evaluate aspects related to their vision, structure, resources and practice characteristics, as well as primary care service reorganization;
- A third survey of key informants from Health and Social Services Centres to assess the organizational contexts within which various organizational models evolve.

This summary includes highlights of the population survey results on services utilization by people living in Montérégie, unmet service needs and the assessments of care experiences of respondents who have a regular source of primary care. Moreover, the values obtained in 2010 are compared with those for 2005. Detailed results are presented in the report, which is available on the Web sites of Direction de santé publique de l'ASSS de Montréal and Institut national de santé publique du Québec (addresses at the end of the document).

Health services utilization in the past two years

The proportion of individuals hospitalized at least once

- increased from 15.6% in 2005 to 18.2% in 2010;
- increased in four CSSS territories between 2005 and 2010;
- in 2010, varied from one CSSS territory to another, from 13.9% (CSSS Champlain) to 22.1% (CSSS La Pommeraie).

The proportion of individuals who went to an emergency department at least once

- increased from 32.0% in 2005 to 34.2% in 2010;
- in 2010, varied from one CSSS territory to another, from 28.0% (CSSS Champlain) to 47.1% (CSSS du Haut-Saint-Laurent).

The proportion of individuals who saw a physician in a CLSC

- decreased from 22.5% in 2005 to 20.8% in 2010;
- between 2005 and 2010, decreased in two CSSS territories but increased in two others;
- in 2010, varied from one CSSS territory to another, from 10.5% (CSSS de la Haute-Yamaska) to 35.1% (CSSS La Pommeraie).

The proportion of individuals who saw a physician in a medical clinic or private office

- remained stable at 81.9% in 2005 and 82.9% in 2010;
- in 2010, varied from one CSSS territory to another, from 76.9% (CSSS La Pommeraie) to 89.4% (CSSS Richelieu-Yamaska).

Family physician

The proportion of individuals who had a family physician

- increased from 76.3% in 2005 to 79.9% in 2010;
- increased in three CSSS territories between 2005 and 2010;
- in 2010, varied from one CSSS territory to another, from 69.6% (CSSS Champlain) to 89.9% (CSSS Richelieu-Yamaska).

Unmet healthcare needs in the past six months

The proportion of individuals who had unmet healthcare needs

- was identical in 2005 and 2010, at 17.3%;
- was stable in all CSSS territories;
- in 2010, varied from one CSSS territory to another, from 14.1% (CSSS du Haut-Saint-Laurent) to 19.4% (CSSS Champlain).

Care experience in the past two years

Methodological considerations: The results in this section concern only service users who identified a regular source of primary care. Care experience at the regular source of care is assessed in terms of accessibility (first contact, economic, temporal and accommodation), continuity (of affiliation and informational), comprehensiveness, responsiveness, and outcome of care. Scores are obtained by summing responses to items that compose them, rescaled from 0 to 10. The higher the score, the more positive the assessment of the care experience is.

Results by CSSS territory

The following table shows the scores for various indices measuring care experience by CSSS territory in Montérégie as well as the changes observed between 2005 and 2010. The indices are defined below.

	Accessibility				Continuity		Comprehensiveness	Responsiveness	Outcome of care
	First contact	Economic	Temporal*	Accommodation	Affiliation	Informational			
Haut-Saint-Laurent	5.9	9.0 ↓	38.0% ↓	8.0 ↓	9.3 ↑	7.9	8.5 ↓	9.2	8.9
du Suroît	5.9	8.9 ↓	39.4%	7.4	9.0 ↑	8.1	8.4	9.0	8.9
Jardins-Roussillon	6.0	8.7 ↓	41.5%	7.1	8.6 ↑	7.3	8.1 ↓	9.0	8.6
Champlain	5.7	8.7 ↓	37.3% ↓	6.8 ↓	8.5 ↑	7.6	7.8 ↓	8.8	8.3
Pierre-Boucher	5.9	8.7 ↓	34.3%	6.4 ↓	8.7	7.3	7.9 ↓	8.9	8.5
Haut-Richelieu-Rouville	5.8	8.6 ↓	40.4%	6.2 ↓	8.6	7.2	8.2 ↓	8.9	8.7
Richelieu-Yamaska	6.5	8.5 ↓	25.8%	6.2 ↓	8.5	7.1	8.1 ↓	8.9	8.6 ↓
Sorel-Tracy	5.6 ↑	9.0 ↓	30.4%	7.6	9.3 ↑	7.7	8.5 ↓	9.3	9.0
La Pommeraie	7.0	8.8 ↓	21.0% ↓	7.9	8.9 ↑	7.7	8.5 ↓	9.3 ↑	9.0
Haute-Yamaska	7.0	8.5 ↓	27.4%	7.2	8.8 ↑	7.0	8.4	9.0	8.8
Vaudreuil-Soulanges	6.0	8.3 ↓	47.1% ↓	6.7 ↓	8.5	7.4	8.0 ↓	8.7	8.5
Montérégie	**6.1**	**8.6 ↓**	**35.2% ↓**	**6.7 ↓**	**8.7 ↑**	**7.4**	**8.1 ↓**	**8.9**	**8.6 ↓**

↓ indicates a significant decrease between 2005 and 2010

↑ indicates a significant increase between 2005 and 2010

* Results for a single item (and not a score) are presented to describe this measure. It indicates the proportion of respondents who could get an appointment with a doctor at their regular source of care in less than two weeks.

Definition of indices

Accessibility: A health organization is considered to be accessible if it can be easily used, that is, if there are few geographical, organizational, economic or cultural barriers to its use.

- **first-contact**
  This refers to first medical visit following the person's identifying a service need and seeking care.
- **economic**
  Good economic accessibility means that people do not have to pay fees to receive primary care services.
- **temporal**
  Only the distribution of respondents by waiting time for an appointment with the doctor is presented here to qualify temporal accessibility.
- **accommodation**
  This refers to ease of access to the source of care (e.g. adequate opening hours, ease with which a person can be reached by telephone).

Continuity of affiliation: This refers to stability over time of the relationship between the patient and professionals at the regular source of care.

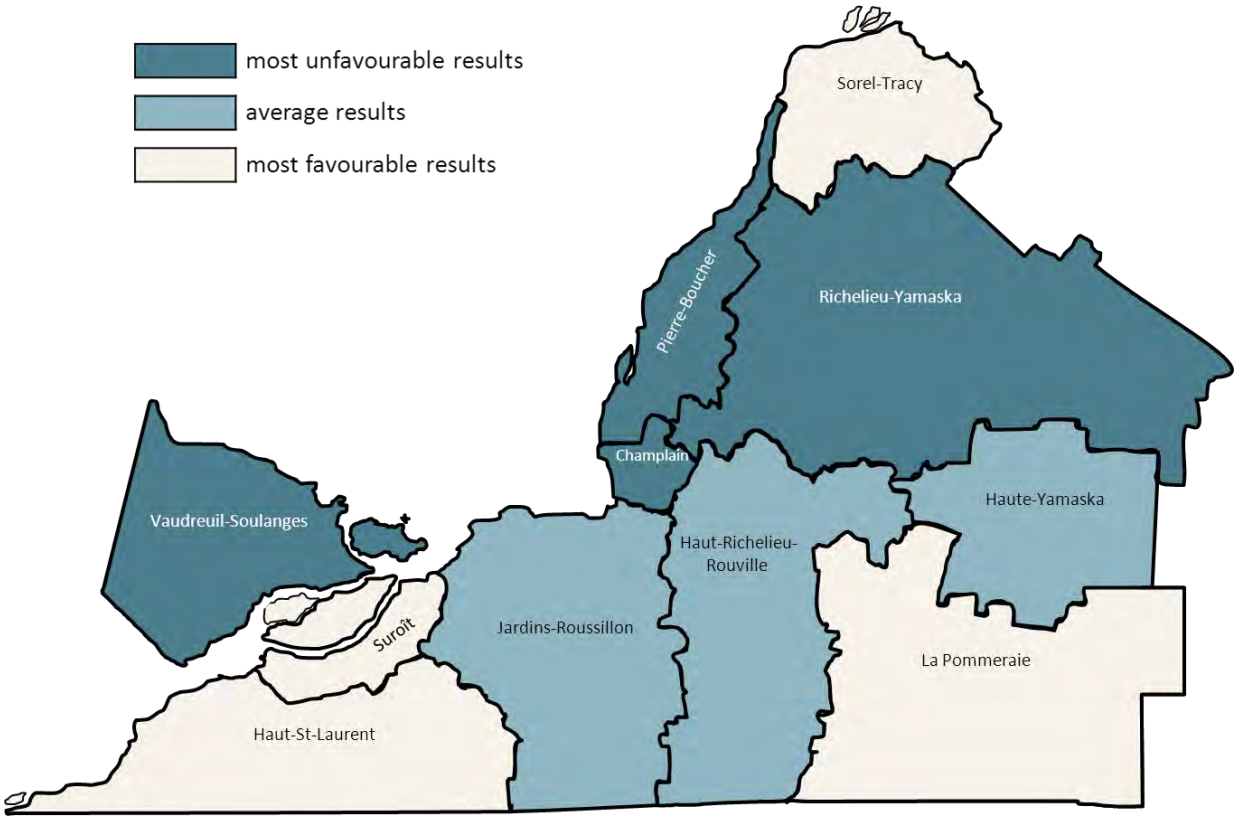
Informational continuity: This qualifies how information circulates between care episodes or among various sites where services are provided; it only concerns individuals who have had laboratory tests or who have seen specialists to whom they were referred by their physicians (about 40% of users of primary care services who have a regular source of care).

Comprehensiveness: This corresponds to all the services required to meet the majority of a community's everyday healthcare needs. It is generated by the availability of all services needed for a patient within an organization or by the assurance that other services are accessible in other organizations.

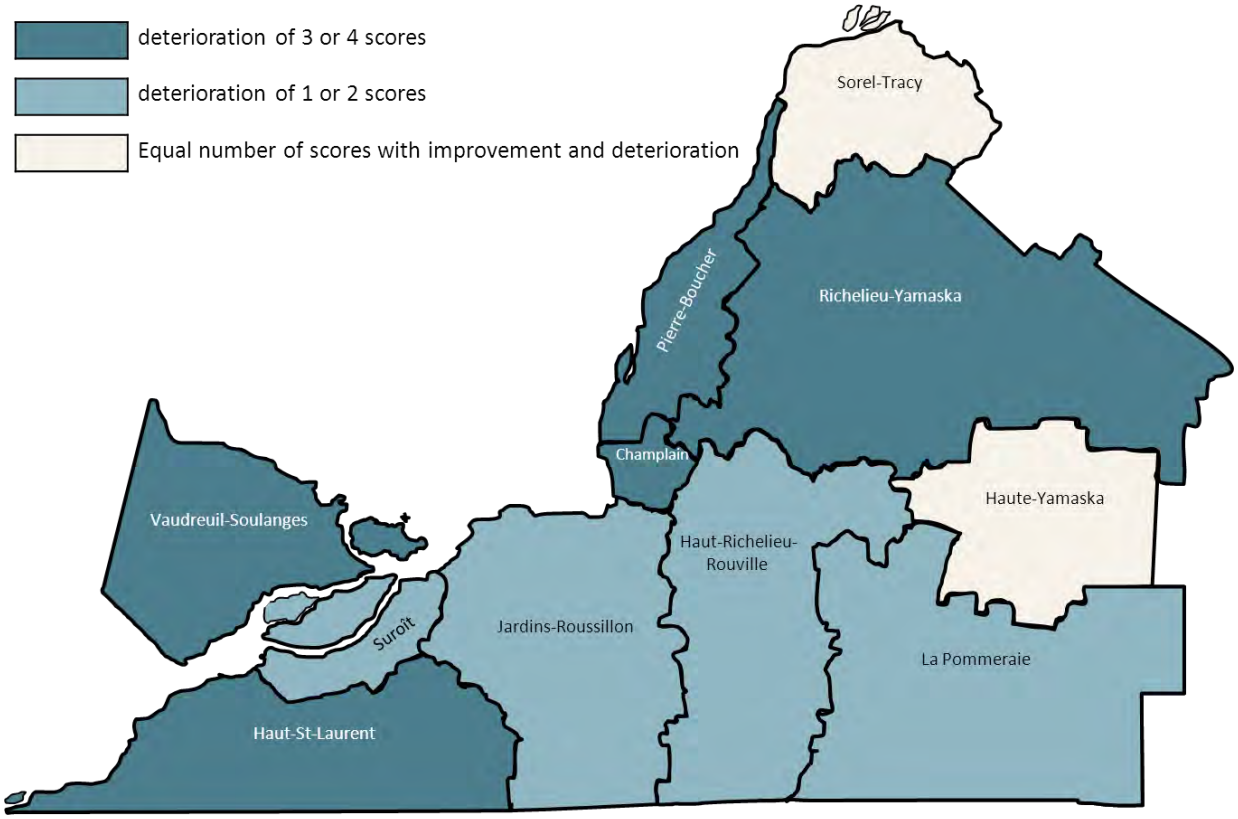
Responsiveness: This is defined as the response to a person's legitimate expectations regarding elements or actions unrelated to the technical aspects of treatment such as respect shown and attention given to patients.

Outcome of care: This refers to the effects or consequences of services on a person's health, as perceived by the individual. It includes perceived direct consequences on health as well as consequences on health-related knowledge, and intermediary results such as adoption of healthy behaviours.

CSSS territory ranking by care experience scores, Montréal, 2010 (weighted data)



CSSS territory ranking by number of care experience scores that deteriorated between 2005 and 2010, Montréal (weighted data)



Conclusion

In light of these results, we note an existing disparity between CSSS territories in Montérégie relative to the evaluation of the care experiences of primary care services users. Some CSSS territories have the least favourable results (CSSS Champlain, CSSS de Vaudreuil-Soulanges, CSSS Richelieu-Yamaska and CSSS Pierre-Boucher), while others have more favourable results (CSSS Sorel-Tracy, CSSS du Suroît, CSSS du Haut-Saint-Laurent and CSSS La Pommeraie).

Moreover, we observe the same trends between 2005 and 2010 in a majority of CSSS territories as those outlined in the overall study results[1]. We can see that in many CSSS territories, more patients have a regular family physician and there is greater loyalty to the regular source of primary care. However, accessibility to this source of care, especially economic and of accommodation, also appears to decline in most CSSS territories. Only first-contact accessibility, which is more favourably evaluated, remained stable between these two years. In addition, we have noted a decrease in perception of comprehensiveness, again in a majority of CSSS territories.

It is interesting to note that the CSSS Sorel-Tracy territory is not only one of the most favourably ranked in 2010 but it is also among the ones that posted a status quo between 2005 and 2010. Conversely, the four CSSS territories with the least favourable results for care experience in 2010 are also among those with a greater number of deteriorated care experience scores.

Ongoing analyses of primary care organizational models will complete these data. They will enable us to better describe primary care organizational models in Montérégie's CSSS territories and to determine the degree to which changes observed in care experience are attributable to changes in primary care services organization.

[1] Lemoine O, Simard B, Provost S, Levesque J-F, Pineault R, Tousignant P, "Descriptive report of the population-based survey of care experiences in Montréal and Montérégie regions" Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal et Institut national de santé publique du Québec, Report of September 2011.

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The project has received ethical approval from the research ethics committee of the Agence de la santé et des services sociaux de Montréal, the main committee. The multicentre nature of the research project requires ethical approval from research ethics committees in each health and social services centre in the territories under study.

This document is available on the Web sites of the Direction de santé publique (www.dsp.santemontreal.qc.ca/dossiers_thematiques/services_preventifs/thematique/sante_des_populations_et_services_de_sante/documentation.html) and the INSPQ (www.inspq.qc.ca/publications/).

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