THE POPULATION'S EXPERIENCE OF CARE: PORTRAIT OF INTRA-REGIONAL VARIATIONS IN MONTRÉAL AND MONTÉRÉGIE

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Primary care services have undergone significant changes in Québec. It is in this context that a study of primary care in Québec was conducted. More specifically, the study looked at accessibility of health services and continuity of care in two health and social services regions in the province, Montréal and Montérégie. The study included a telephone survey on service utilisation, identification of the regular source of care, accessibility and first contact, affiliation and continuity, comprehensiveness, responsiveness, and perceived outcomes of services. Over 9 200 people answered the survey.

The main objective of the study is to identify organisational models for primary care services that are best adapted and most likely to meet the population's needs and expectations concerning medical services. Through the presentation of unpublished and policy-relevant data, this report offers a unique chance to inform decision makers and clinicians about the populations' experiences of health care

This study is conducted by researchers from the population health and health services team, in partnership with researchers from the Charles LeMoyne hospital research centre. The population health and health services research team includes researchers from the Direction de santé publique de Montréal and the Institut national de santé publique du Québec. The team is engaged in the monitoring and evaluation of the effects that transformation of health services has on the health of the la population.

HIGHLIGHTS OF THE REPORT

Based on the indicators described, the report suggests that:

- A large majority of the population (86.6%) had had contacts with the health system in the two years preceding the study. While 15% of individuals reported being hospitalised and 31% going to an emergency department, 51% of individuals said they visited primary care organisations only.

- In the six months preceding the survey, 18% of interviewees reported that some of their perceived need for health care were not met, that is, they felt they needed to see a physician but did not seen one. The proportion of unmet health care needs varied from one CSSS territory to another. We observe a decreasing gradient from relatively high proportions of unmet needs in central Montréal (24.3% at CSSS de Jeanne-Mance) to decreasing proportions of unmet needs as we move towards more rural CSSS territories and smaller regional towns in Montérégie. Indeed, the proportion of unmet needs for the CSSS de la Pommeraie and CSSS du Haut-Saint-Laurent is below 12%.

- When both regions are grouped together, 69% of individuals reported having a family physician. This proportion is lower in CSSS territories in central Montréal and much higher in the rural areas and small towns in Montérégie. Less than 60% of people living in the territories of the CSSS de la Montagne, Cœur de l'Ile and Jeanne Mance have family physicians, while the figures range from 69% to nearly 88% for Montérégie CSSSs.

- It appears that the proportion of unmet needs is inversely related to the percentage of people who report having a family physician.

- Regular sources of primary care also vary between CSSS territories in Montréal and those in Montérégie. For example, more people living in Montérégie than in Montréal reported a private practice as their regular source of primary care (72.1% vs. 62.5%).

- Overall, individuals rated favourably their experience of care at their regular source, especially with regards to responsiveness, that is, response to people's expectations of how they should be treated. A total of 86% of users reported that they are well respected at their regular source of primary care. However, despite high overall satisfaction in both regions, respondents in Montérégie perceived their experience of care to be better than those in Montréal, where the indicators for some territories were below the overall average (see Summary Table).

- With regards to accessibility of health services from the regular source of care, we note that one out of four people had to wait more than 4 weeks for an appointment (32.0% in Montérégie vs. 19.2% in Montréal). Access through appointments, in terms of the period of time elapsed between taking an appointment and the actual medical consultation, is not as good in Montérégie as it is in Montréal. Furthermore, it is difficult to talk to a physician over the telephone, even when the clinic is open. Two-thirds of individuals reported being in this situation. Finally, a sizeable proportion of people had to pay for laboratory tests (29.1%) or medical services (25.6%). Close to 40% of these individuals considered the amounts paid to be high.

- In terms of comprehensiveness of services, the level of satisfaction with services received from the regular source of primary care is lower than for other concepts analysed. For example, while 73% of participants said they could see a physician at their regular source of care for a chronic problem, only 59% considered that all their health problems are looked after.

- A few indicators suggest results of care received from regular sources should be improved. Indeed, only 56% of users reported that the services delivered enabled them to prevent certain health problems; 68% stated that the professionals at their regular source inspire them to adopt a healthy lifestyle. Accordingly, primary care clinical prevention practices could be improved.

- A synthesis of 84 indicators presented in this report and broken down by 23 CSSS territories under study suggests that the experience of primary care is best for people living in more rural areas and small regional towns compared with those of residents of urban and suburban areas. Interestingly, the impact of life circumstances also seems to have an influence on the relationship between being economically disadvantaged and experiences of care. Indeed the best experiences of care observed were those reported by people living in rural areas of Montérégie, where poverty levels are rather high. On the other hand, results for residents in low-income areas of Montréal were not as good.

- Future analyses will look at the degree to which these observations are due to the organisation of primary care service, to the regular sources of care provision to which people have access, or to other characteristics linked to individuals' life circumstances.

- A degree of caution is required when interpreting this cross-sectional study results. The indicators presented here reflect the experience of care experience of residents in different CSSS territories and not those of users of the primary care services in these territories. This is largely due to the fact that in numerous cases, a substantial proportion of individuals refer to a regular source of primary care that is located in a territory other than the one in which they live.

Summary Table: Number of favourable (+) and unfavourable (-) indicators, CSSS territories, Montréal and Montérégie, population aged 18 years and over, 2005

	de l'Ouest-de-l'Île	de Dorval-Lasalle-Lachine	du Sud-Ouest-Verdun	Cavendish	de la Montagne	de Bordeaux-Cartierville St-Laurent	d'Ahuntsic et Montréal-Nord	du Cœur-de-l'Île	Jeanne-Mance	de Saint-Léonard et Saint-Michel	Lucille-Teasdale	de la Pointe-de-l'Île	MONTRÉAL
Affiliation and continuity	2-	1+ 1-	1+	2+	3-	1-	1+ 2-	1-	1+ 1-		1+ 3-		3-
First contact	1-	1-	1+	2-			1-		1+	1+ 1-	2+ 1-	1+	
Accessibility	2+ 3-	2+		4+ 2-	1-	2+ 1-	1+ 1-	1+	1-	1+ 1-	2+	2+	2+
Responsiveness	1-			1+				2-	1-	3-			1-
Comprehensiveness	1-			2+	1-	1-		1-			1-		
Outcomes of care	3-										1-		
Total	2+ 11-	3+ 2-	2+	9+ 4-	5-	2+ 3-	2+ 4-	1+ 4-	2+ 3-	2+ 5-	5+ 6-	3+	2+ 4-

		de Sorel-Tracy	la Pommeraie	de la Haute-Yamaska	Haut-Richelieu-Rouville	Jardins-Roussillon	Richelieu-Yamaska	Champlain	Pierre-Boucher	du Haut-Saint-Laurent	du Suroît	de Vaudreuil-Soulanges	MONTÉRÉGIE
Affiliation and continuity		3+ 2-	5+	3+ 2-		1+	5+ 1-	2+		4+ 2-	4+ 1-	2+ 1-	4+
First contact		4-	4+	3+			2+ 1-	1-	1+ 1-	1+ 2-	1+	2+	1+
Accessibility		2+ 2-	3+ 1-	1+ 3-	1+ 1-		1+ 3-	1+	2-	5+	1+ 3-	3-	2+ 2-
Responsiveness		6+	4+	2+			3+			3+	1+		2+
Comprehensiveness		2+	5+	1+			3+		1+	5+	1+		1+
Outcomes of care		3+	4+	1+			4+			2+	3+		3+
Total		16+ 8-	25+ 1-	11+ 5-	1+ 1-	1+	18+ 5-	3+ 1-	2+ 3-	20+ 4-	11+ 4-	4+ 4-	13+ 2-

(+) Indicators considered favourable in the primary care experience, that is, when the proportion is significantly above than the overall average
(–) Indicators considered unfavourable in the primary care experience, that is, when the proportion is significantly below than the overall average
Empty boxes represent categories for which no indicator stood out from the overall average for the given territory
The following indicators were inverted—being above the overall average corresponds to an unfavourable indicator, and being below corresponds to a favourable indicator—in this Table: [qb1fin - urgence]; [B10]; [B14]; [B25]; [B26]; [B27]; [B28]; [B28A]; [B15] (See full report for more details).

CONCLUSION

Through an analysis of indicators related to experiences of primary care in the regions of Montréal and Montérégie, we note that there is considerable variation among CSSS territories in both regions. While users' overall experiences of health care are positive, some indicators related to affiliation to a family physician and to certain aspects of care received in regular sources of care suggest the need to improve people's experience of care.

Moreover, favourable indicators tend to be concentrated in the same territories. Overall, care experiences are more positive in Montérégie than in Montréal (13 indicators above the average vs. 2), particularly in CSSS territories in rural or peripheral areas. However, CSSS territories that are adjacent to Montréal do not differ greatly from those in suburban areas on the island of Montréal.

This report looks at individuals' care experiences but does not provide an evaluation of the quality of the care received or health services coverage for populations in the different CSSS territories under study. Despite this limitation, the report has the advantage of identifying and shedding light on CSSS territories where primary care experiences deserve particular attention.

Future reports will present characteristics of these territories as well as of the organisation of their primary care services to determine strategies to improve the quality of individuals' primary care experiences.

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