Agence de la santé et des services sociaux de Montréal / Direction de santé publique
Institut national de santé publique

Health service utilisation by Montrealers suffering from heart failure in 2003-2004

SUMMARY

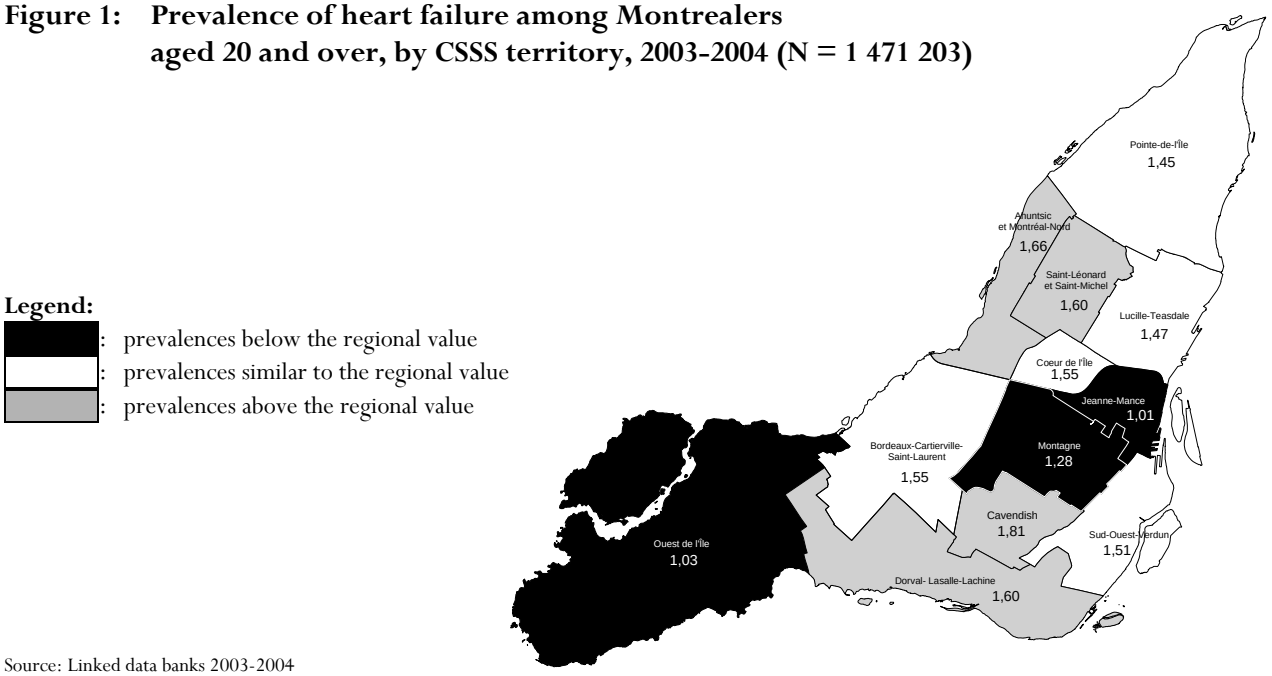
The main objective of this report is to enable decision-makers in Montréal clinical and health administration settings be better informed of health service utilisation by people with heart failure who are living in their territories. The report on heart failure is part of the « Monitorage interprétatif » project conducted by the Équipe Santé des populations et services de santé (ESPSS), a joint team of the Direction de santé publique de Montréal and Institut national de santé publique du Québec. This document is one of a series of reports produced by the team on health service utilisation by Montrealers with chronic diseases.

Prevalence

- In 2003-2004, the prevalence of heart failure among users of health services in Montréal was 1.43%.
- Figure 1 presents the rates by CSSS (Health and Social Services Centre) territory. We note that figures vary between 1.01% for the CSSS Jeanne-Mance territory and 1.81% for that of CSSS Cavendish.
- 76.7% of people suffering from heart failure are 65 years of age and over.

We chose not to standardise the rates for age and sex since our objective is to describe the actual number of people suffering from health failure and the services these individuals use by territory of residence.

Figure 1: Prevalence of heart failure among Montrealers aged 20 and over, by CSSS territory, 2003-2004 (N = 1 471 203)



Source: Linked data banks 2003-2004

Québec

Health service utilisation

- In 2003-2004, many people suffering from heart failure consulted physicians several times and saw several different ones:
  - → 56.8% consulted general practitioners or specialists 10 times or more;
  - → 46.9% saw six or more different general practitioners or specialists;
  - → 13.8% saw three or more general practitioners;
  - → 90.6% consulted a specialist during the year;
  - → almost four times more people consulted only specialists than only general practitioners (19.9% versus 5.7%);
  - → however, 3.7% did not see physicians in ambulatory care settings.

- 38.1% did not consult a cardiologist in 2003-2004.

- People suffering from heart failure were also heavy users of institutional services in 2003-2004:
  - → 77.3% had at least one episode of health care in an institution (visit to emergency or hospitalisation);
  - → 71.6% went to emergency;
  - → 63.0% were hospitalised;
  - → among individuals who had at least one episode of health care in an institution, 11.4% returned to emergency as the site of first contact for care following a health care episode; 55.7% of these individuals returned to emergency within nine days or less.

- People aged 65 and over who suffer from heart failure use institutional services 3 to 4 times more than people in the same age group who do not have this disease.

- A large majority of people suffering from heart failure (89.0%) also have at last one of the three following diseases, which are causal factors for heart failure: diabetes, high blood pressure and coronary heart disease.

CSSS territory: main findings

Results obtained for the 12 CSSS territories were grouped in a summary table (Table 1) by four categories of indicators: characteristics of the population in CSSS territories; characteristics of individuals with heart failure in CSSS territories; utilisation of ambulatory care services; and utilisation of institutional services.

The profile of service utilisation by people with heart failure does not differ greatly from one CSSS territory to another. To better characterise these profiles, more analytical work is required to explore factors such as intensity of service utilisation or to analyse in greater depth care trajectories among the different services.

Table 1: Summary table of results for CSSS territories according to the characteristics of their populations and of individuals with heart failure, and utilisation of ambulatory care and institutional services by Montrealers aged 20 and over suffering from heart failure, 2003-2004

	Regional values	Ouest-de-l'Île	Dorval – LaSalle – Lachine	Sud-Ouest – Verdun	Cavendish	Montagne	Bordeaux – Cartierville – St-Laurent	Ahuntsic et Montréal-Nord	Coeur-de-l'Île	Jeanne-Mance	St-Léonard et St-Michel	Lucille-Teasdale	Pointe-de-l'Île
Characteristics of the population in CSSS territories													
Prevalence of heart failure (%)	**1.43**	1.03	1.60	1.51	1.81	1.28	1.55	1.66	1.55	1.01	1.60	1.47	1.45
Proportion of the population aged 65 and over (%)	**19.1**	16.3	20.7	17.6	23.3	18.7	23.3	22.9	16.1	12.3	20.7	20.2	18.7
Depravation index	--	1.64	2.84	3.44	2.29	2.62	2.98	3.31	3.24	2.34	4.78	2.98	3.00
Characteristics of individuals suffering from heart failure in CSSS territories													
Proportion of individuals aged 65 and over (%)	**76.7**	74.4	75.3	74.0	85.5	81.7	82.8	79.0	72.1	71.9	74.1	76.1	70.4
Proportion of individuals also suffering from the three other diseases (%)	**19.2**	14.3	21.3	23.5	17.1	17.3	19.4	17.8	18.5	21.6	20.5	21.5	19.2
Proportion of deaths (%)	**17.7**	17.3	19.3	19.5	21.8	19.3	18.2	17.4	14.7	16.4	14.4	18.4	15.1
Utilisation of ambulatory care services													
Consultation with a general practitioner (%)	**76.4**	80.9	77.9	72.8	72.4	66.2	75.8	81.7	83.2	63.5	83.6	76.1	81.5
Consultation with a specialist (%)	**90.6**	87.9	89.9	90.7	91.4	90.5	89.7	90.4	92.4	91.1	90.3	89.8	93.3
Consultation with a cardiologist (%)	**61.9**	57.6	56.8	63.2	60.5	62.2	57.7	60.7	67.1	61.1	62.7	62.1	69.7
Utilisation of institutional services													
Visit to emergency (%)	**71.6**	67.0	74.4	78.1	71.4	73.3	70.2	71.8	71.4	74.0	69.4	71.6	66.8
Visit to emergency followed by hospitalisation (%)	**49.1**	42.3	51.6	55.7	53.4	51.5	45.9	52.3	48.7	50.5	46.0	48.3	43.2
Hospitalisation (%)	**63.0**	57.3	65.1	69.4	64.4	63.8	60.0	64.3	61.4	65.3	59.7	64.5	60.2

: significantly lower than the regional value
: similar to the regional value
: significantly higher than the regional value

Nonetheless, some CSSS territories stand out. Proportions at the CSSS de l'Ouest-de-l'Île are among the lowest in the region when it comes to comorbidity among people suffering from heart failure (diabetes, high blood pressure and coronary heart disease), consultations with specialists and cardiologists, and utilisation of institutional services. Conversely, proportions for the territory of CSSS du Sud-Ouest–Verdun are higher than regional values for people who also have the three diseases listed earlier and for utilisation of institutional services.

Finally, in the territory of CSSS de la Pointe-de-l'Île, proportions are among the highest for ambulatory service utilisation, and among the lowest for institutional services.

We should note that the CSSS territory for people suffering from heart failure is determined by place of residence rather than by territory of the service utilised. We know that aside from those in the West Island, Montrealers use only about 50% of the primary care services in their territory of residence. A similar situation is observed for consultations in hospitals by individuals with heart failure for all CSSS territories except those that include university hospital centres. Descriptions of service utilisation given throughout the report are not necessarily attributable to services in the territories themselves. These results highlight the challenges faced by the CSSS in planning their health services based on a population approach.

These findings raise questions concerning health service organisation and utilisation by people suffering from heart failure. Does the fact that almost 20% of individuals with heart failure only consult specialists indicate that there is a problem related to service continuity between institutional and clinical settings, of greater severity of the disease, of a shortage of family physicians, or of a need for better training for family physicians to ensure they can follow these patients? In Montréal, is heart failure a disease that is treated by specialists and for which the role of general practitioners is one of management? What about the sizeable proportion (38%) of people with heart failure who have not consulted a cardiologist when the latter is the professional the Canadian Cardiovascular Society recommends for medical follow-up? Is the very high number of visits to emergency and of hospitalisations a reflection of the unavoidable evolution of this disease, or of a lack of continuity and accessibility of ambulatory services? Finally, is the high proportion of hospitalised patients who have no follow-up within 30 days after an episode of care and the high proportion of patients returning to emergency after an episode of institutional care the reflection of a coordination and continuity of services issue, or an accessibility problem? Additional analyses and consultations with experts in this field will help provide answers to these questions.

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