



Health services utilisation by Montrealers aged 40 and over with chronic obstructive pulmonary disease in 2003–2004

SUMMARY

The main objective of this report is to enable decision makers in clinical and administrative health settings in Montréal to be better informed of the utilisation of ambulatory care and institutional services by people in their territories who suffer from chronic obstructive pulmonary disease (COPD). This report on COPD is part of the “Monitoring interpretative” project conducted by the Équipe Santé des populations et services de santé (ESPSS), a joint team of the Montréal Public Health Department and the Institut national de santé publique du Québec. It is one of a series of reports produced by the team on health services utilisation by Montrealers with chronic diseases.

It should be noted that services received within the integrated services network for people with COPD are not analyzed in this report. These services will be the subject of a specific document to be published in the coming year.

Prevalence

- In 2003–2004, the prevalence of COPD among health services users aged 40 or over was 3% in Montréal (26,870 people).
- Figure 1 presents the rate by CSSS territory. Rates vary from 1.7% for CSSS de la Montagne to 4.5% for CSSS du Sud-Ouest–Verdun.
- 68.4% of people aged 40 and over who suffer from COPD are 65 years old or over.

We have chosen not to standardise the rates for age and sex because our goal is to describe the true number of individuals with COPD and the services they use by territory of residence.

Health services utilisation

- In 2003–2004, many people with COPD consulted physicians several times, and many consulted a number of different ones:
 - 52.8% had 10 visits or more with general practitioners or specialists;
 - 56.4% saw three different specialists and more; 25.3% saw six different ones or more;
 - 18.4% consulted three different general practitioners or more;
 - 86.3% saw at least one specialist during the year, but 63.2% did not see a pneumologist;
 - 17.8% did not consult a general practitioner, 13.7% did not see a specialist, and 3.1% saw no physician in ambulatory care during the year.
- People with COPD were also heavy users of institutional services in 2003–2004:
 - 61.9% went to emergency and 52.5% were hospitalised;
 - Among individuals who had experienced at least one episode of care in an institution, 11.8% (2,192 people) returned to emergency as a point of first contact with health services following an episode of care; 54.3% of these people returned to emergency within 9 days or less;
 - 35.2% of hospitalisations were not followed by a medical exam in an outpatient or private clinic in the 30 days following discharge from the hospital.
- In 2003–2004, people with COPD aged 65 years and over used institutional services about two to three times more than people of the same age who did not have this disease.

Profile of health services utilisation by people with COPD

Results obtained for the 12 CSSS territories were grouped into a Summary Table based on three categories of indicators: characteristics of the population in CSSS territory; utilisation of ambulatory care services; and utilisation of institutional services. We ranked the proportions obtained for each indicator from 1 to 12, with 1 being the lowest value and 12 the highest. We note that in regard to characteristics of a territory's population, CSSS de l'Ouest de l'Île had the lowest proportion of people aged 65 and over (rank = 1) as well as the lowest deprivation index (rank = 1). On the other hand, the proportion of people with COPD who saw a general practitioner at least once is quite high (index = 9) while the proportion for use of institutional services is one of the lowest (rank for visits to emergency and hospitalisation = 1). We also note that the territory of CSSS de St-Léonard et de St-Michel had some of the least favourable population characteristics and the highest proportion of people with COPD who consulted a general practitioner at least once (rank = 12).

Data in the Summary Table enable us to categorise CSSS based on health services utilisation by people with COPD in each territory. This approach uses statistical methods that can identify and group territories that are most similar in terms of the variables presented in the Summary Table; these variables are likely to be linked to services utilisation by individuals with COPD or to the organisation of these services. The aggregations obtained reveal a statistical association among some of the characteristics of these territories. They do not, however, indicate a causal relationship among these characteristics. The aggregations are illustrated on the map of Montréal territories in Figure 1.

- **“High specialist – Low general practitioner” profile**

- Territories in this group: CSSS Cavendish, CSSS de la Montagne, CSSS Bordeaux-Cartierville–St-Laurent, CSSS Dorval-Lachine-LaSalle and CSSS Jeanne-Mance.
- People with COPD's use of the services of general practitioners is low in these territories while their use of the services of specialists is high (except for CSSS Jeanne-Mance).

- **“High general practitioner – Low institutional” profile**

- Territories in this group: CSSS de l'Ouest-de-l'Île, CSSS Pointe-de-l'Île and CSSS Lucille-Teasdale.
- People with COPD's use of the services of general practitioners is high in these territories and their use of institutional services is low.

- **“High general practitioner – High deprivation” profile**

- Territories in this group: CSSS Sud-Ouest-Verdun, CSSS Cœur-de-l'Île, CSSS St-Léonard et St-Michel and CSSS Ahuntsic et Montréal-Nord.
- People with COPD's use of the services of general practitioners is high in these territories. Deprivation in these territories is also high.

The CSSS territory of a person with COPD is determined by place of residence and not territory where the service was used. However, we know that Montrealers, except for those in Ouest-de-l'île, only use just over 50% of the primary care services in the territory where they live. Therefore, we must be careful not to attribute people with COPD's evaluation of services used directly to the services of a territory. These results highlight the challenge faced by CSSS in planning health services from a population health angle.

Summary Table: Ranking of CSSS territories, according to the characteristics of their populations, and use of ambulatory care and institutional services by Montrealers aged 40 and over who have COPD, 2003–2004

	Regional value	Range	Ranking of CSSS territories											
			Ouest-de-l'Île	Dorval-Lachine-LaSalle	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 of CSSS territories*														
Population aged 65 and over (%)	31.7	25.0 - 37.5	1	6	4	11	8	12	10	5	2	9	7	3
Deprivation index	--	1.64 – 4.78	1	5	11	2	4	7	10	9	3	12	6	8
Utilisation of ambulatory care services **														
Consultation with at least one general practitioner	82.2	70.0 – 87.8	9	6	5	3	2	4	7	10	1	12	11	8
Consultation with at least one specialist	86.3	81.0 – 92.1	6	9	8	12	10	11	7	4	1	5	3	2
Utilisation of institutional services ***														
Visits to emergency	61.9	51.9 – 67.5	1	11	8	9	5	4	12	10	6	7	3	2
Hospitalisation	52.5	40.6 – 59.1	1	7	5	11	6	10	12	9	3	8	2	4

* Ranking of CSSS territories is performed by arranging the values from lowest (=1) to highest (= 12).

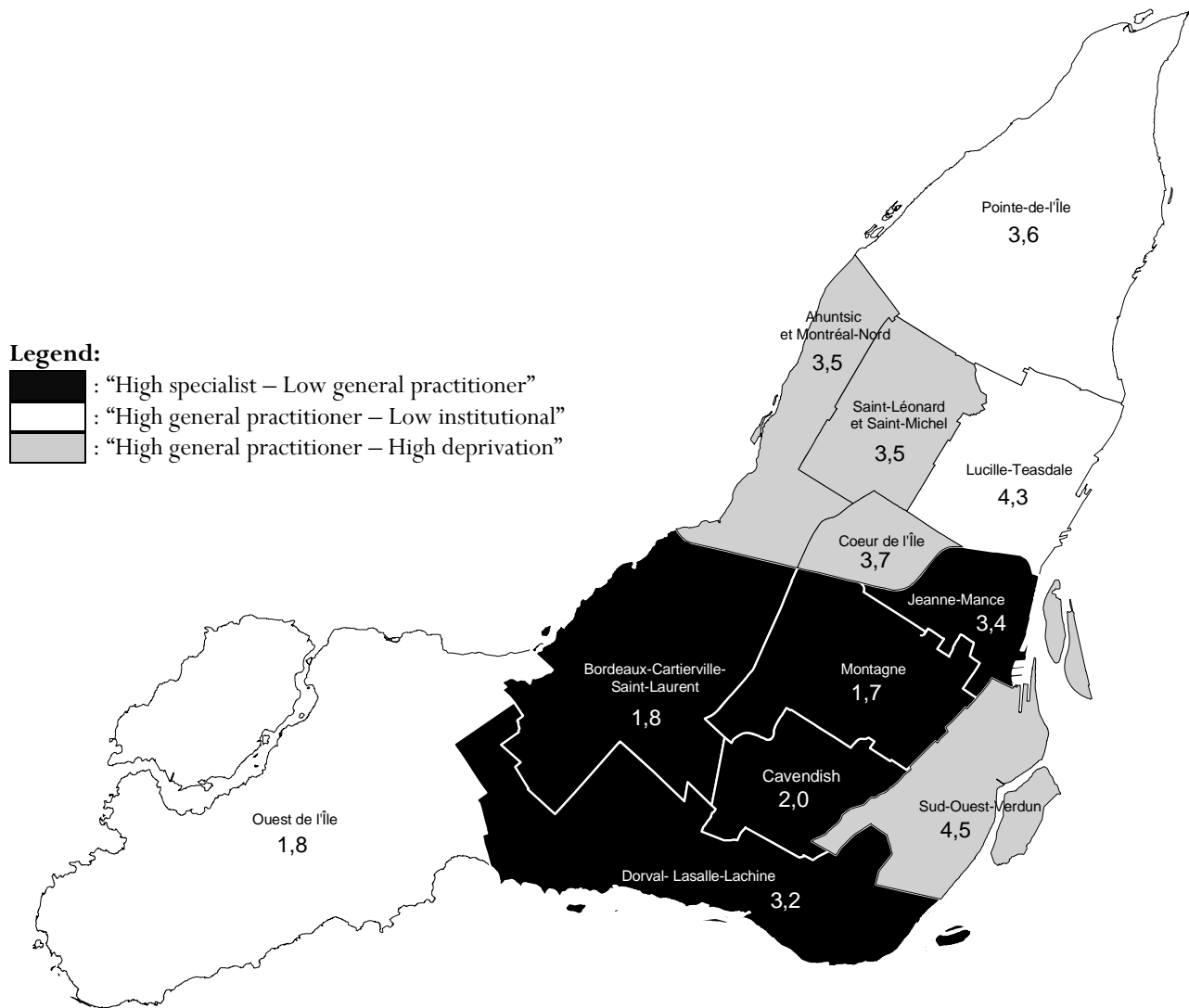
** Ranking is performed by arranging the proportions of people with COPD who consulted a general practitioner or specialist the least (=1) to the most (=12).

*** Ranking is performed by arranging the proportions of people with COPD who used institutional services the least (= 1) to the most (= 12).

These findings raise questions concerning organisation and utilisation of health services by people with COPD. What should we make of the fact that 18% of people with COPD did not see a general practitioner in 2003–2004 while the CTS (Canadian Thoracic Society) states that family physicians have a pivotal role in COPD management? Does the fact that 15% of individuals with COPD only see specialists reflect greater severity of illness, a lack of family physician, or an issue of continuity of care between institutional and ambulatory services or between specialists and general practitioners? Should we worry about the fact that 63% of people with COPD did

not see a pneumologist during the year? Does the high number of episodes of institutional care reflect the unavoidable course of the disease or the need to improve continuity and accessibility of ambulatory services as well as support for the person with the disease? Finally, do the high proportion of visits to emergency departments following an episode of institutional care and high proportion of hospitalisations that do not include medical follow-up within 30 days indicate an issue of coordination and continuity of care or an accessibility problem? Other analyses are needed to answer these questions.

Figure 1 : Prevalence of COPD among Montrealers aged 40 and over, by CSSS territory and ranking of CSSS territories, according to their health services utilisation profile in 2003–2004



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Written by:

Odette Lemoine, Dominique Lesage, Cristine Leroux, Sylvie Provost, Pierre Tousignant, Brigitte Simard, Yves Roy, Ginette Beaulne

ESPSS

Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal
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