About the Data: Primary Care

Primary Care (PC): 2011/12 to 2012/13

Introduction

About the Data: Primary Care Attachment and Continuity in Relation to Health Care Use
Purpose: This study aims to analyze patterns of primary care enrolment and continuity in relation to health care use.
Data Sources: The datasets to be used include the Registered Persons Database (RPDB), Ontario Health Insurance Plan (OHIP) physician claims, Client Agency Provider Enrolment (CAPE) tables, Canadian Institute for Health Information (CIHI) Discharge Abstract Database (DAD), Ontario Mental Health Reporting System (OMHRS), National Ambulatory Care Reporting System (NACRS), Ontario Cancer Registry (OCR), Cytobase, Ontario Breast Screening Program (OBSP), Ontario Drug Benefit (ODB) Program, and Community Health Centre (CHC) data. Chronic conditions will be identified according to validated datasets on diabetes, COPD, asthma, hypertension, CHF, MI and a validated algorithm on identifying mental health primary care visits. These datasets will be linked using unique, encoded identifiers and analyzed at the Institute for Clinical Evaluative Sciences (ICES).

Phase I of Data Analysis: The first phase will be the development and description of a typology of primary care enrollment and continuity. The typology will be developed for individual physicians. The typology will be developed hierarchically, starting with those enrolled to a Patient Enrolment Model or actively registered as a CHC primary care client. The remaining population will be classified according to their contact with primary care physicians over the previous two years. The categorization of visits will include: no visits; 1-2 visits; 3+ visits.

The group with 3+ visits will be further divided into those with high (>80%), medium (50-80%) and low (<50%) continuity of care according to the proportion of visits to their most frequent primary care group during April 1, 2009 - March 31, 2013. Alternative groupings will be explored depending on the distribution of visits. The Continuity of Care Index will be used to further categorize the 3+ visits group according to the dispersion of their visits across a number of primary care providers and groups. Patients in each of these categories will be compared by age, sex, income quintile (using postal code), recent immigrant (using first OHIP registration in past 10 years), rurality (using the Rurality Index of Ontario), chronic conditions, LHIN, Health Links (where applicable) and neighbourhood (where applicable).

More information will be added soon.