CONTINUITY OF CARE BEST OPTION FOR HEALTHCARE, BUT NOT ALWAYS THE CASE IN MANITOBA

Report finds that family doctors who know their patients best are not always the source of referrals to specialists

A new study by The Manitoba Centre for Health Policy (MCHP) at the University of Manitoba has found that Manitobans with chronic conditions visit doctor’s offices about seven times each year. The majority of the visits are to a family doctor.

The study, Understanding the Patterns of Ambulatory Care in Manitoba, looked at ambulatory care: any medical care given outside of hospitals and personal care nursing homes. MCHP used data on 356,557 Manitobans between 2007 and 2010, looking at people who have one or more of six chronic conditions: hypertension, total respiratory morbidity, depression, diabetes mellitus, ischemic heart disease and congestive heart failure. This group had more than seven million visits to ambulatory care facilities during this period.

The study looked at which doctor patients received their care from; four out of every five visits are provided by their main or assigned family doctor. However, many referrals to specialists were not made by a person’s main family doctor, but by another family doctor.

“For the most part, the ambulatory care system is working as it should,” says lead author of the study Dr. Alan Katz of community health science at the University of Manitoba Faculty of Medicine. “However, further study is needed to explain patterns of care provided by non-assigned primary care doctors. This is at odds with medical evidence that an ongoing doctor-patient relationship is best for health outcomes.”

Universal access to healthcare is a source of national pride for Canadians, built upon the concept of primary care, where a family doctor or nurse practitioner has ongoing relationship with their patients, and refers a patient to more
specialized care when needed. It is thought that a single provider giving routine medical care is best for providing both preventative care and judging when someone may require specialized medical care. And when others need to be involved in providing care, a family doctor is essential in relaying knowledge of his or her patient and providing follow-up care.

The report asks: “If we truly believe that primary care results in better health, is there a better way to encourage people to see their main primary care providers? And should this encouragement be directed at the users of the system, or to doctors who provide care, or both?”

Katz notes: “This report suggests that primary care does indeed provide a solid foundation by which the health of Manitobans is maintained. By understanding how visits are organized, this report gives us some hints on how to make the system better and provides policymakers with the evidence needed to address any weaknesses in the system in an intelligent and timely manner.”

The report, *Understanding the Patterns of Ambulatory Care in Manitoba*, can be downloaded from the MCHP website at: umanitoba.ca/medicine/units/mchp

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