

Erratum

After publication, we found a mistake within the text of “Describing Patient Populations for the *My Health Team* Initiative.”

In the Report Overview (page 7) under the section, ‘High Use of Health Services’, and in Section 4. High Use of Health Services (page 23), the text should say: “Less than 2% of Manitobans account for 30% of hospitalizations.”

The web version of the report has been updated.

The updated deliverable pages are below.

Report Overview

Primary care, provided by family physicians and nurse practitioners, is the initial access point to healthcare services for residents of Manitoba. Manitoba Health, Seniors and Active Living (MHSAL) regularly engages in initiatives to improve the care given by these professionals by providing resources and updating policies. An ongoing initiative to improve primary care is the development of My Health Teams (MyHTs). As suggested by the name of the initiative itself, the goal is to improve care by developing teams of healthcare professionals who will work together to address primary care needs of Manitobans.

Methods

In order to describe the patient population comprising each MyHT, we assessed the most recent three-year period for which the wide variety of data we used were available (April 1, 2011 – March 31, 2014). Individuals must have resided in the province for a period long enough to have reliable data to characterize them. We looked at the MyHT patient population in two ways:

1. Residence-Based Cohort

All Manitobans who live within the boundaries of a specific MyHT.

2. Provider-Based Cohort

All Manitobans who receive the majority of their care from a primary care provider who practices within the boundaries of a specific MyHT.

Within these cohorts, we characterized patients who were likely to benefit most from the MyHT model of care. We examined patients who had high use of health services, patients who were medically complex, and patients who were socially complex.

Key Results

Patient Populations

- Almost one in three community-dwelling (i.e., not living in institutions like personal care homes or prisons) Manitobans do not see a primary care provider regularly.
- Of those who see a primary care provider regularly, approximately 40% travel outside their MyHTs for care.

High Use of Health Services

- Half of all Manitobans use 87% of all primary care visits.
- Less than 2% of Manitobans account for 30% of hospitalizations (updated November 29, 2017).
- High users are much more likely to be older than the average Manitoban, more likely to be female, and more likely to reside in a low-income area.

Medical Complexity

- We divided medical complexity into issues related to physical health and issues related to mental health.
- Approximately 5% of the population has been dispensed 10 or more different prescription drugs within a one-year period.
- Winnipeg has higher rates of individuals defined as medically complex based on mental health concerns than other parts of the province.
- People with mental health medical complexities are younger and from lower income areas than people with physical health medical complexities.

Social Complexity

- Approximately 13% of Manitobans have three or more social factors that pose challenges to their health.
- Many Manitobans who are socially complex are young (more than 25% are under 18).
- Downtown/Point Douglas MyHT has higher rates of patients with social complexities than other Winnipeg MyHTs.
- Poverty is a key contributor to social complexity, with over half of socially complex Manitobans living in the poorest areas.

Section 4. High Use of Health Services

- Less than 2% of Manitobans account for 30% of hospitalizations (updated November 29, 2017)
- 25% of Manitobans account for 75% of specialist visits
- Primary care visits are less concentrated, but the top 20% of patients account for almost half of all visits to primary care providers
- High users of health services tend to be female, older than the average Manitoban, and residing in a low-income area

Ambulatory Visits to Primary Care

The primary care visit is the most frequent healthcare contact in Manitoba; there are about 4.4 million ambulatory visits (i.e., not in hospital) made each year. Here we examined the number of visits that each individual in our cohorts made during the study period (April 1, 2011 – March 31, 2014), not including pregnancy-related or well-baby visits. Some people had no visits to primary care providers during the entire study period, while others had many more than average. We used a *concentration curve* to show how the visits are distributed amongst the population of our *residence-based cohort*.

In Figure 16, everyone is sorted by the number of visits that they made to primary care providers in 2013/14, with the lowest frequency group (the people with no visits) to the far left and the group with the highest number of visits at the far right. The numbers of visits are summed for each group of individuals (i.e., those with one visit, those with two visits, those with three visits, etc.), and are graphed as the proportion of all visits in the population. As we move from the left to the right, the visits are accumulated and graphed until, when we've accounted for 100% of the population, 100% of all visits are also accounted for. Included in the figure is the 'line of equality', which runs from the bottom left to the top right. The closer the curve is to that line, the more equal the delivery of care is across the population (i.e., as if everyone in the province saw their provider the exact same number of times).

You may have seen concentration curves presented in other reports from the Manitoba Centre for Health Policy, but they are fundamentally different from these. In those cases, individuals were sorted by income, rather than by the health service itself. While those concentration curves show how the services are distributed across the income spectrum, the concentration curves in this report show how services are concentrated among individuals who use the service the most.

Looking at Figure 16, when about 13% of the population is accounted for, the line is still at 0% of visits, meaning that these people did not make a single visit to a primary care provider in 2013/14. At 50% of the population, only 14% of all visits are accounted for. Half the population, therefore, makes relatively few visits to primary care providers.

High use was defined as making ten or more visits, and this cut-off is marked on the figure. In 2013/14, about 13% of people were high users of ambulatory care visits, and they accounted for almost 45% of all visits.

Figure 16: Concentration Curve for Ambulatory Visits to Primary Care in Manitoba

Residence-based cohort

