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MODEST IMPROVEMENTS RESULT FROM FAMILY-MEDICINE IMPROVEMENT PROGRAM.

A new report by the Manitoba Centre for Health Policy (MCHP) on the Physician Integrated Network (PIN) program shows that the program is producing modest improvements in disease prevention and screening.

The report, *Physician Integrated Network: A Second Look*, evaluates whether PIN is improving the quality of healthcare Manitobans receive from their family doctors—specifically through an aspect of the program that gives clinics extra funding for meeting certain targets in providing preventative and chronic-disease care to appropriate patients. The program was initiated by Manitoba Health in 2006. Lessons learned from this study will inform ongoing changes to primary care in Manitoba.

The study analyzed results from 12 clinics, involving over 180 physicians and 163,000 patients. It looked at 23 indicators of primary-care quality related to prevention and screening, disease management, and healthcare delivery. Clinics were studied before and after the initiative was implemented, and also compared to a control group.

Three aspects of care tied to incentive funding showed clear improvement: older adults and people with respiratory illness were more likely to receive annual flu shots; rates of immunizations for pneumonia and related infections also improved among older adults; and more patients suffering from heart failure started to take recommended medication.

The study also revealed an increase in the continuity of care patients received at clinics participating in PIN. Increasing the number of patients who receive care from one family doctor over time is a positive development because patients often have better health outcomes when one person manages their care. PIN clinics also reduced the number of non-recommended "routine" electrocardiograms for patients who didn't have heart disease. "Doing unnecessary tests can produce false positives and lead to unexpected negative consequences" says family doctor Alan Katz, the study's author and Manitoba Chair in Primary Prevention Research.

The study results are not all good news. Even among the positives, there were large differences in quality between clinics. In some areas, such as immunizations for two-

year-olds, all clinics and comparison groups fared poorly: only 50% to 80% of two-year-old children had received all the immunizations recommended (and fully covered in Manitoba) for newborns and toddlers.

"While some of these results may appear disappointing, it's important to bear in mind that primary care is one of the most complex areas of healthcare. The evidence is clear that a single intervention like this is unlikely to bring about dramatic improvements in care overnight," says Katz. "Moreover, this analysis addressed only one component of PIN—improving the quality of family practice in Manitoba—and does not address the other parts of the program." Perhaps as importantly, the program also succeeded in engaging practicing physicians in the process, which was also one of the major goals from the outset.

The full report can be downloaded from the MCHP website at: umanitoba.ca/medicine/units/mchp.

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