New Brunswickers' Experiences With Primary Health Care

2011 Survey Results

Executive summary

New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

Engage. Evaluate. Inform. Recommend.
Engager. Évaluer. Informer. Recommander.

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Who we are:

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to health system partners.

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Executive summary

Primary health care is key to maintaining and improving Canadians' health, and to the quality and sustainability of the health care system.[1] Understanding New Brunswickers' experiences with primary health care services is extremely important in order to appreciate areas of focus and move the primary health care reform agenda forward.

The New Brunswick Health Council (NBHC) has released the results of its 2011 Primary Health Care Survey. This telephone survey was conducted with the general population of New Brunswick aged 18 years or older. The most comprehensive health care survey undertaken in New Brunswick has resulted in a sample of 14,045 completed surveys, which represents a margin of error of ± 0.8%. Important elements in effective primary health care services are: accessibility, continuity, coordination of care, preventative care/health promotion with a patient centeredness and equity focused underpinning.

Accessibility/Continuity

Although 93% of New Brunswickers have a personal family doctor (compared to 86% for Canada), only 22% reported that their family doctor has an after-hour arrangement when the office is closed, and only 30% can get an appointment with their family doctor on the same day or next day when sick or in need of care. New Brunswick fares poorly when comparing same day/next day access to the rest of Canada. In a recent international study, 45% of Canadians can get an appointment with their family doctor on the same day or next day, and even at 45% Canada ranked lowest of eleven countries.[2]

Improving accessibility to personal family doctors can potentially reduce unnecessary visits to emergency departments or after-hours or walk-in clinics, which in turn can improve continuity of care especially for patients with complex or chronic conditions.[3] Establishing an ongoing relationship with a primary care provider is believed to be important in maintaining health and ensuring appropriate access to health services.

When comparing wait times across NB for hospital emergency departments, New Brunswickers are at par if not slightly better (75% compared to 73%) with the rest of Canada who wait less than four hours. Where there is room for improvement is that 42% of individuals in NB are visiting emergency departments in the run of a year compared to 24% in Canada. In New Brunswick, shorter wait times are mainly in the rural areas, since 77% wait less than 4 hours compared to 73% in the larger urban centres.

Telephone help lines in New Brunswick provide symptom-specific information for self-care, when appropriate, or offer information that assists the caller in choosing an appropriate source of care for their symptoms or situation such as making an appointment with the caller's doctor, going to a clinic, contacting a community service or going to a hospital emergency room.[4] They help individuals use the right care at the right time with the right provider. Unfortunately, only 10% of New Brunswickers use the help lines in the run of the year compared to 24% in the rest of Canada.

Coordination of Care

Coordination of care is an important element of primary health. It leads to more appropriate care (for example, through fewer medical errors, more appropriate medication and less re-hospitalization); cost efficiency and cost effectiveness will be enhanced as well.[5] Only 59% of citizens reported that their personal family doctor "always or usually" helps them coordinate the care from other healthcare providers and places when they needed it (compared to 68% in Canada).

The creation of primary health care teams can have an influence in providing comprehensive services to their clients (including coordination with other levels of care);[1] 34% of New Brunswickers, compared to 39% in Canada, have such access.

Patient Centeredness

More New Brunswickers are involved in making decisions about their care (74% compared to 71% in Canada) but there is room for improvement as only 76% of patients are given enough time to discuss their feelings, fears and concerns about their health compared to 81% in Canada.

Preventative Care / Health Promotion

Nearly half (49%) of citizens in New Brunswick have 1 or more of seven selected chronic health conditions (among arthritis, cancer, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, high blood pressure, and mood disorders, including

depression) compared to 33% in Canada. This contributes to a population who self rate their general health lower than the rest of Canada (53% "very good or excellent" compared to 59%).

Twenty nine percent of New Brunswickers with 3 or more chronic health conditions reported that they "rarely or never" talk with a doctor, nurse, or other health professional about things they could do to improve their health or prevent illness. This is better than the Canadian average of 40%, but since management of chronic diseases is a key priority of primary health care, this should remain as an area for improvement.

Two areas of prevention need greater focus and attention in order to improve the overall health of New Brunswickers and reduce demands on the health care system: (1) increased prevention of risk factors for chronic diseases such as smoking, physical activity, obesity, high blood pressure, alcohol, stress, diet at the population health level, and (2) increased education for individuals with chronic diseases to help them self-manage their disease and prevent further illness.

Equity

Having a personal family doctor: In New Brunswick, 93% of adults have a personal family doctor. Those more likely to have a family doctor are women, citizens living in a rural area, those who prefer French as their language of service, older New Brunswickers and non-Aboriginals. There was no significant difference by education level or income.

Emergency room services: In New Brunswick, 12% use the emergency room as their regular place of care. Men, those living in a rural area, younger New Brunswickers, lower income individuals, citizens with a lower education level and those who prefer French as their language of service use the emergency room more often as their regular place of care. There was no significant difference for Aboriginals.

Satisfaction/Experiences with personal family doctor: In New Brunswick, 81% of adults gave their personal family doctor a rating of 8, 9 or 10 on a scale of zero to 10. Older New Brunswickers, those with higher income and non-Aboriginals are more satisfied with the services received from their personal family doctor. There was no significant difference by gender, education level, urban/rural area or preferred language of service.

Satisfaction/Experiences with overall health care services: Overall, 93% of New Brunswickers have used at least one primary health care service in the last 12 months. When asked about the overall health care services they have received in New Brunswick, 62% of

adults gave a rating of 8, 9 or 10 on a scale of zero to 10. Men, older New Brunswickers, citizens with a lower income, those with a lower education level, and those who prefer French as their language of service are more satisfied with their experiences with overall health care services. There was no significant difference by urban/rural area and for Aboriginals.

Responsiveness to community needs is also a key element of primary health care. Twenty-eight (28) New Brunswick primary health care communities were created from the large sample size to provide information that will allow decision makers to respond to the needs of smaller communities. The analysis of the configuration of primary health care services used for their primary health care needs for these 28 communities revealed a huge variation in models of primary care. Although improving certain elements of primary care will enhance the quality of the care being delivered, the challenge will be in identifying the models of primary health care delivery systems, the governance and funding models which are delivering the best health outcomes.

References:

1 – Health Canada, *Primary Health Care*, (2011), [online], from < http://www.hc-sc.gc.ca/hcs-sss/prim/index-eng.php >.

2 – The Commonwealth Fund, *2010 Commonwealth Fund International Health Policy Survey*, (2010), [online], from < http://www.commonwealthfund.org/Content/Surveys/2010/Nov/2010-International-Survey.aspx >.

3 - James M. Gill, MD, MPH; Arch G. Mainous III, PhD; Musa Nsereko, BDS, "*The Effect of Continuity of Care on Emergency Department Use*", *MPHArch Fam Med.* 2000;9:333-338.

4 – Government of New Brunswick, *Frequently Asked Questions about Tele-Care 811 Télé-Soins*, (2011), [online], from < http://www.gnb.ca/0217/faq-e.asp >.

5 – M. Hofmarcher, H. Oxley, and E. Rusticelli, Organisation for Economic Co-operation and Development, *Improved Health System Through Better Care Coordination*, (2007), [online], from < http://www.oecd.org/dataoecd/22/9/39791610.pdf >.