Patient Preference and Choice in Accessing Health Care within the Interlake-Eastern Regional Health Authority

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Evaluating Patient Preferences and Choice to Access Health Care

Abstract

As of 2008, almost 40% of all Canadians have access to a primary health care team which includes nurses and/or other health care professionals where they access care regularly.[1] In Pinawa and the surrounding towns (Whitemouth and Lac Du Bonnet), patients seen in both clinic (walk-ins) and emergency often mention the need for more health care providers and resources in the area. This is evident as some emergency departments are unable to remain open 24/7.[2] In this study, we surveyed participants from the aforementioned towns to examine their perceptions of their local health care providers. We also asked patients about their satisfaction with access to care and reasons why they may or may not choose to access their local health care teams, to look for areas of improvement.

Introduction

The Interlake-Eastern RHA has a total population of about 126,000 residents, which in many areas expands during the summer months for families and individuals to enjoy the lakes, beaches and natural areas.[3] East of Lake Winnipeg, several health care facilities within Lac Du Bonnet, Pinawa, Beausejour, Pine Falls and Whitemouth serve the dynamic and varied population. People of all backgrounds such as farmers, cottagers, retirees and Mennonite communities' dwell near and around these areas. Many of these communities are smaller in nature and about 30-45 minutes away from each other. Not all communities have direct access to primary health care but even for those who do, a significant fraction of individuals still choose to travel further than their local primary care to another small town or even Winnipeg for regular care.

The aims of this project are to evaluate patients' satisfaction with access to the available care and look for potential areas of improvement. This assessment will contain both quantitative and qualitative questions about preferences, access to care and satisfaction.

Methods

A one-page survey was offered to patients in Pinawa Primary Health Care Centre and Whitemouth Primary Care Centre. The survey was voluntary and did not have any identifying data. It consisted of circling binary choices or using rating scale from 1 to 5, with 1 being least satisfied and 5 being the most satisfied. Qualitative data about patient satisfaction was also obtained.

To expand our search, patient data about home residence and health care provider location was also extracted from Accuro to give a broader scope of where patients choose to access care, although care may be available locally.

Results

Over 2 weeks, 35 surveys were distributed in Pinawa & Whitemouth, 2 were incomplete and 9 had qualitative feedback about improvement in care or why they receive care where they do.

Quantitative

Using the data from Accuro, patients were separated accordingly by health care provider and their residence. Patients residence were then combined by rural municipality (RM) or major centers like Selkirk or Winnipeg for viewing simplicity.

Each pie chart below is specific to a clinic location and displays the distribution of patients by location that choose to access it as their primary health care team. This gives a baseline for comparison to the survey results and a general sense of the crossover between communities and health centres.

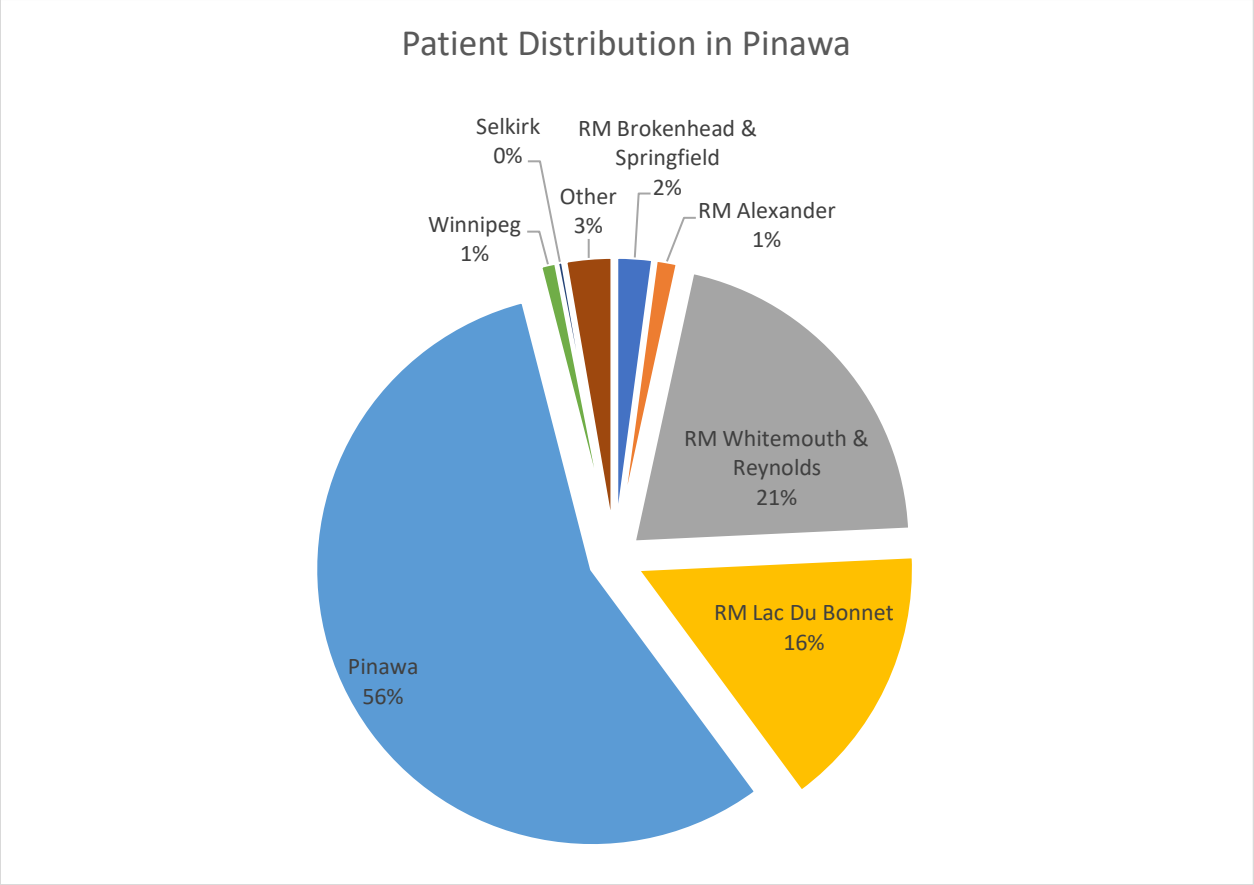

Figure 1: Out of 1171 patients accessing care at the Pinawa Primary Health Care Centre, about 56% of patients are local, whereas the remaining 44% are from the RM of Lac Du Bonnet, Brokenhead, Whitemouth, Reynolds and Alexander. A minority of patients from Winnipeg and other locations also access care here, perhaps because their permanent residence is in the city.

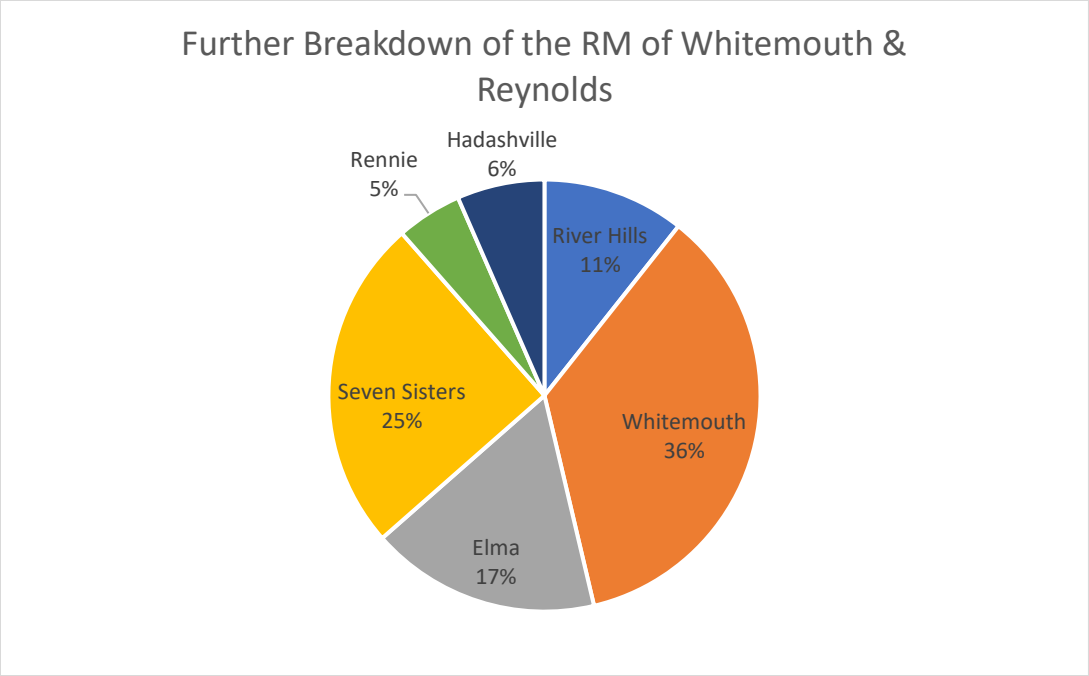

Figure 2: A further look into patients from the RM of Whitemouth or Reynolds that access care at the Pinawa Primary Health Care Centre suggests that places with a larger base population like Whitemouth and Seven Sisters prefer to come to Pinawa for care.

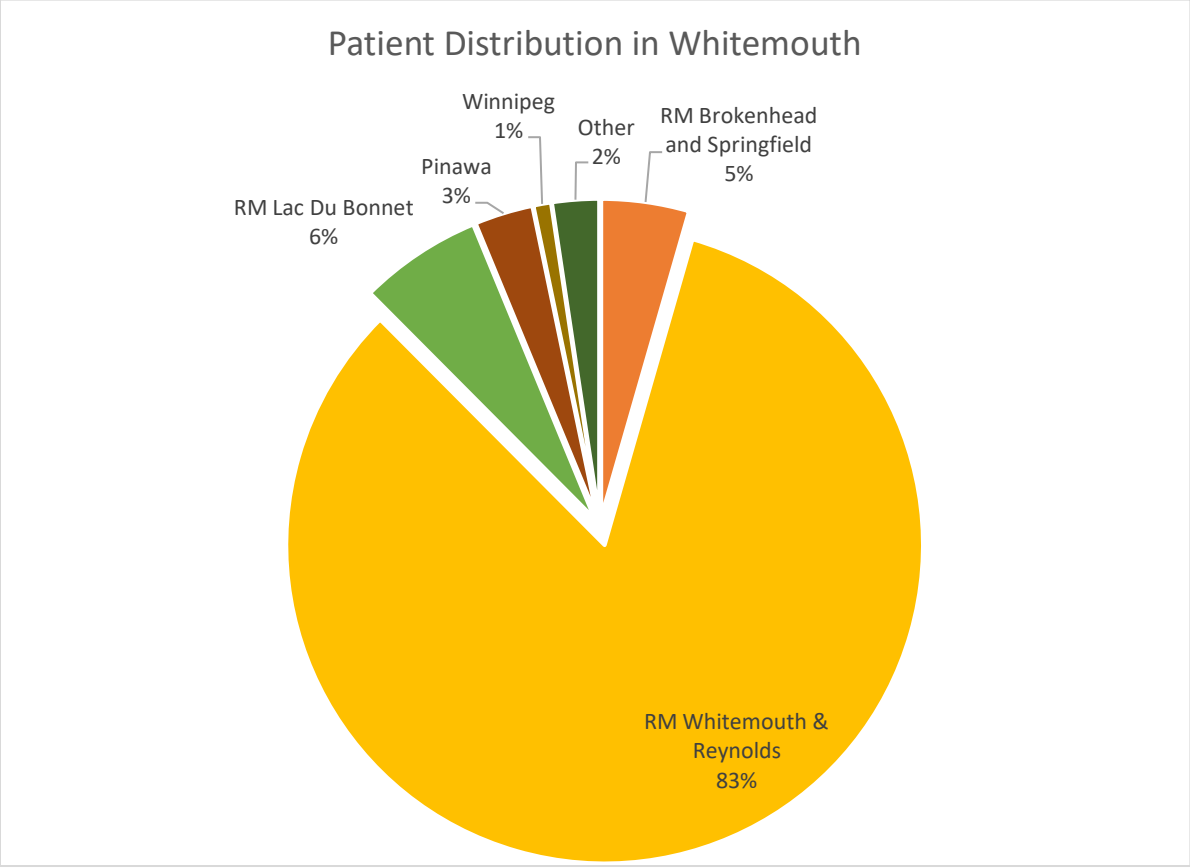

Figure 3: Of 337 Patients that access care in Whitemouth, the majority (83%) are local residents.

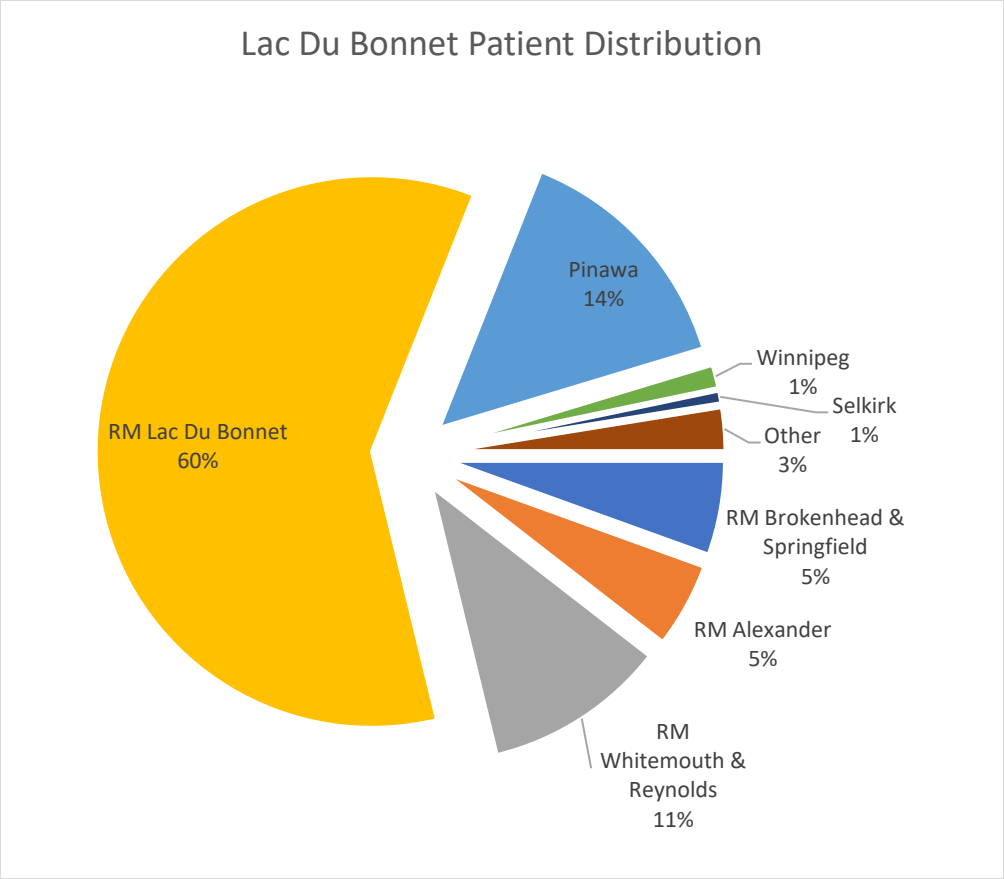

Figure 4: In Lac Du Bonnet (Patient population 943), only 60% of patients are local residents (including Seddons Corner). A significant portion of patients travel from other RMs such as Whitemouth & Reynolds (such Seven Sisters), and the local government district of Pinawa. Lac Du Bonnet appears to have a more general intake of patients from surrounding RMs than Pinawa and Whitemouth, perhaps due to its centralized location.

These pie charts give a perspective of what proportion of patients are local or from other rural municipalities. It suggests that patients will generally access their local health care resources but some will continue to travel elsewhere for varies reasons which will be discussed below using survey results.

Table 1: Demographics of Patients Surveyed in Pinawa and Whitemouth

Age (years)	<18	1
	18-29	1
	30-49	2
	50-69	12
	70+	17
Home Community	Pinawa	24
	Whitemouth	7
	River Hills	1
	Lac Du Bonnet	1
Gender	Male	14
	Female	19

All of the patients (33 respondents or 100%) that completed the survey were satisfied with their current health care provider. Only 8 (24.2%) of patients said that level of intimate health issues (such as sexual or mental health) played a role in their provider selection and of those, all (100%) of them were females. The majority of patients (87.8%) were comfortable having their health care needs meet by a team of health care professionals, rather than one sole provider. When asked if patients preferred locally or internationally trained physicians, 87.8% (29 respondents) had no preference and the remaining 12.2% (4 respondents) preferred locally trained physicians. Of all the respondents, 10 (30.3%) thought that health care provider selection is limited in the region sampled.

Qualitative

Table 2: Qualitative responses to the question, "why do you receive health care where you do?"

Receive care mostly at home but medical clinic is too limited.
"Winnipeg – long time doctor. Like the continuity & she's female!"
Close to home.
"I'm happy with the care I receive & the close proximity to that care. I was able to get an appointment right away when I called…"
"Convenience"
Receive care at clinic away from home because the doctor is awesome.

Discussion

Patients will invariably travel outside their local communities for care even when available locally. Reasons include past health care experiences or wanting continuity of care with less physician turnover. The survey results also suggest that recruitment of international medical graduates (IMGs) or the level of intimate health issues play little role in where patients choose to receive medical care. Approximately 1/3 of patients thought that health care provider selection was limited but only one respondent received care elsewhere because of it.

Within the region, patients may also have difficulty accessing care at one of the hospitals including Beausejour, Pine Falls and Pinawa causing further travel. There is often lack of 24/7 coverage which can be due to physician availability or even full hospital beds. This can lead to unnecessary use of resources and diversion of ambulances to other centres.

If one reflects on the changes that occurred in Saskatchewan in the 1990s, health districts could be reformed based on specific criteria to increase efficiency and efficacy of the system. The criteria that Saskatchewan used included the following: a minimum population within a continuous land area accounting for geographic barriers, population distribution, trading and commuting patterns, location of current facilities and population health status.[4]

Community rivalries and friendships, and perceptions about the best alliances to maintain local services were also factors in in boundary decisions. Ultimately, rural hospitals and integrated

facilities were closed or converted into community health centres.[4] Public health services provided by the provincial government are then delivered on a service area basis. These service areas have coterminous boundaries with the districts and contiguous landmass. The new regional structure was designed to make a more integrated system, that is adaptable and flexible to the local priorities.[4]

On a smaller scale within the IERHA, several of the smaller hospitals could be converted to PCHs and open a larger centre with more beds and resources. The increase in PCHs would accommodate the current demand due to the significant number of patients waiting to be paneled and an aging population.

These suggestions also follow the design that Boundary Trails has adopted, by consolidating both Morden and Winkler.[5] These areas have a larger population catchment than say Lac Du Bonnet or Pinawa, so further changes within the IERHA would have to be population specific, given supply and demand of services.

Limitations

The query search and data collection from Accuro is only an estimate of the percentage of patients that choose to travel to other communities for health care. This is because several physicians in the area will occasionally travel for clinics in other communities, such as Dr. Garg, who does clinics in Whitemouth and Pine Falls two times per month each (rotates every week on Tuesdays).

The survey also did not reach all clinics in the area of the Interlake-Eastern region that were targeted, so a significant portion of the patients were excluded from the study and limited sample size of patients surveyed may not be an accurate representation of the population.

Conclusion

The majority of patients are content with their current providers and do not choose to travel to other centres for care due to local physician characteristics. However, patients still choose to travel which may be related to current organization of the region or due to long lasting relationships patients have with their care providers. Therefore, travel within the Interlake-Eastern region is common for patients despite several of the small communities offering local care. Considering patients will continue to travel for care, perhaps a larger, more centralized center similar to Boundary Trails or reorganization of the health regions and services (like Saskatchewan did in the 1990s), may provide increased resources to serve the catchment communities more efficiently and effectively.

References

1. Khan S, Statistics Canada. *Primary Health Care Teams and Their Impact on Processes and Outcomes of Care*. Ottawa: Statistics Canada; 2008.

2. Interlake-Eastern Regional Health Authority - Emergency department schedules. https://www.ierha.ca/default.aspx?cid=17136&lang=1%27. Accessed August 15, 2018.

3. 26048_IERHA_Region_at_a_Glance_-_FINAL_Sept_2015.pdf. https://www.ierha.ca/data/2/rec_docs/26048_IERHA_Region_at_a_Glance_-_FINAL_Sept_2015.pdf. Accessed August 15, 2018.

4. Reorg_Sask_Health_Labour_Relations.pdf. http://www.publications.gov.sk.ca/freelaw/documents/misc-publications/Reorg_Sask_Health_Labour_Relations.pdf. Accessed August 15, 2018.

5. Province of Manitoba | News Releases | New Boundary Trails Health Centre Opens. Province of Manitoba. https://news.gov.mb.ca/news/index.html?item=25138&posted=2001-05-10. Accessed August 15, 2018.