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M E D I A R E L E A S E

COMPARING MODELS OF PRIMARY CARE SERVICES IN WINNIPEG

Primary care, the first-contact care you receive at your family doctor's office, is key to a patient's overall health and well-being and an integral component of the healthcare system. The physicians and nurse practitioners who provide primary care help prevent and treat disease, and promote well-being directly to people in the community. A new in-depth study released by the Manitoba Centre for Health Policy at the University of Manitoba compared the quality of care provided among primary care models in Winnipeg.

The report: 'A Comparison of Models of Primary Care Delivery in Winnipeg' explored what types of patients visited providers in each model, and measured how well each model performed. Data was collected on all Manitobans who made at least three visits to primary care providers in Winnipeg between 2010 and 2013.

At the time of the study, there were five different models of primary care operating in Winnipeg: fee-for-service clinics (the most common model of primary care in Winnipeg), fee-for-service clinics that receive additional financial incentives for meeting patient care targets, Access Centres, Community Health Clinics, and Teaching Clinics. Each model had a different focus on how it provided care, either to a specific part of the population or to achieve other goals, with providers paid differently according to the type of model in which they worked.

To illustrate the quality of care patients received in each model, the study authors examined four categories of primary care indicators: prevention and screening, managing chronic disease, drug prescribing, and health care services delivery. They also took into account how socially complex patients were by looking at areas of the

patients' lives that might make their care more complicated, such as being a child in care, a teen mom, a newcomer to Canada, or a social housing resident.

The authors found that the most socially complex patients sought care in models that were designed to meet their needs. There were few differences in the quality of care among different models. But as the number of social complexities per patient increased, providing high quality care became more difficult across all models.

“In general, the way we organize primary care in Winnipeg seems to be working well and patients with complex needs are receiving care in models that are designed to support them,” says Dr. Alan Katz, lead author and Professor of Community Health Sciences, Max Rady College of Medicine, Rady Faculty of Health Sciences. “Social complexities seem to have a major impact on quality of care and it is important to have models of care specifically aimed at supporting these complex needs.”

According to Dr. Katz, “It makes sense that a range of different primary care models is needed to provide optimal care to all, because Winnipeg’s patient population is diverse. However, there is room for improvement in all of the models of care.”

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