

Application of the Canadian Grouping Methodology to Assess Population Use of Primary Care Services: A Planning Support Tool.

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Introduction

Populational responsibility aims to assume the obligation to maintain and improve the health and well-being of the population of a given territory. At the local level, network managers therefore need to be equipped to adequately plan the service offer, taking into account the characteristics and health status of their population. With this in mind, The National Institute for Excellence in health and social services (INESSS) produces local portraits of the use of front-line services based on a segmentation by health profiles based on the Grouper population grouping methodology developed by the Canadian Institute for Health Information (CIHI).

Methods

The study includes all persons covered by the public health insurance plan of the Quebec in 2022-2023. Based on clinical-administrative data, first-line visits are defined as:

- family medicine visits by family physicians (MDFs) or primary care nurse practitioners (PHCNPs);
- priority P4-P5 medical visits in the emergency department with return home, which are likely to be covered by family medicine.

The number of visits during the year is reported based on population demographics, registration with an MDF, and health profiles developed using the Grouper methodology. This methodology, adapted to the clinical-administrative banks of Quebec, determines the presence of different health conditions for each individual based on the diagnoses recorded over the previous 3 years. It distributes policyholders into 16 categories of health profiles, grouped into 4 main segments. From this information, metering models are developed to predict the use of 1st line services.

Results

The results [INESSS, 2024] show that 1 in 4 people, or about 2.1 million individuals, is not registered with an MDF and that of these, nearly 0.5 million have major or moderate health problems listed by Grouper. In total, 17.6 million visits were made in the 1st line by the population, i.e. an average of 2 visits per person. 40% of these visits are made by people who are said to be 'healthy' according to the segmentation taken from Grouper. The average number of visits to an MDF or emergency department varies greatly depending on the health profile of the individuals (from 1 to 4 visits annually) and their registration with an MDF (2.5 visits for registered individuals versus 0.8 for nonregistrants). A model, built from the use of people registered with an MDF, was built to evaluate the services required to serve the entire population at an equivalent level. The annual number of visits to the 1st line would then increase from 17.6 to 19.6 million visits, i.e. 11% more visits.

Discussion/Conclusions

The dissemination of these results makes it possible to enlighten decision-makers on the use of 1st line services with regard to the state of health of its population. The Ministry of Health and Social Services (MSSS) aims to use this work to support proactive planning of services and staff at the local level.

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