

The True Complexities of “Standard” Family Medical Practice Unmasked: An Observational Cross-Sectional Study in Regina

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INTRODUCTION

- Previous research states that on average, >2 concerns are addressed per primary care visit ^{1,2,3,4,6,7,9}
- Each additional concern addressed in a patient encounter with a family physician increased visit length by a mean of 2.5 minutes ($p < 0.001$) ⁴
- Addressing multiple concerns per visit is “associated with 3.4% lower overall resource use, consistently better scores for the available clinical quality metrics, and comparable patient experience (except for worse wait time ratings)” ⁵
- General practice patients value the ability to address all the health concerns they have in a single visit ³

OBJECTIVES

- Examine whether family physicians routinely address multiple different concerns for their patients during a single visit despite only being able to report one to the ‘data pool’ in Canada
- Examine whether patient demographics influence how many concerns a patient presents with



Image 1. Photo of Regina's Victoria East Medical Clinic's staff and physicians.

METHODS

- Retrospective analysis of clinical encounter notes from 2500 general practice visits in Regina, SK
- 5 family physicians contributed their 500 most recent charts from in-person visits that were by patients over 18 years old, billed as regular appointments, without additional billing for procedures, not walk-in appointments, and between November 8, 2022 and June 1, 2023
- Charts were analyzed for the number of discrete concerns addressed in the visit
- A concern was defined as “an issue requiring physician action in the form of a decision, diagnosis, treatment or monitoring” ^{3,4} and “if separate problems merged into one at the end of the visit (e.g., fever and chest pain merging into pneumonia), then only one was listed” ²
- SPSS version 28 was used to perform descriptive analysis and to perform multiple logistic regression to determine if age, sex and provider were predictors of visits with multiple concerns

RESULTS

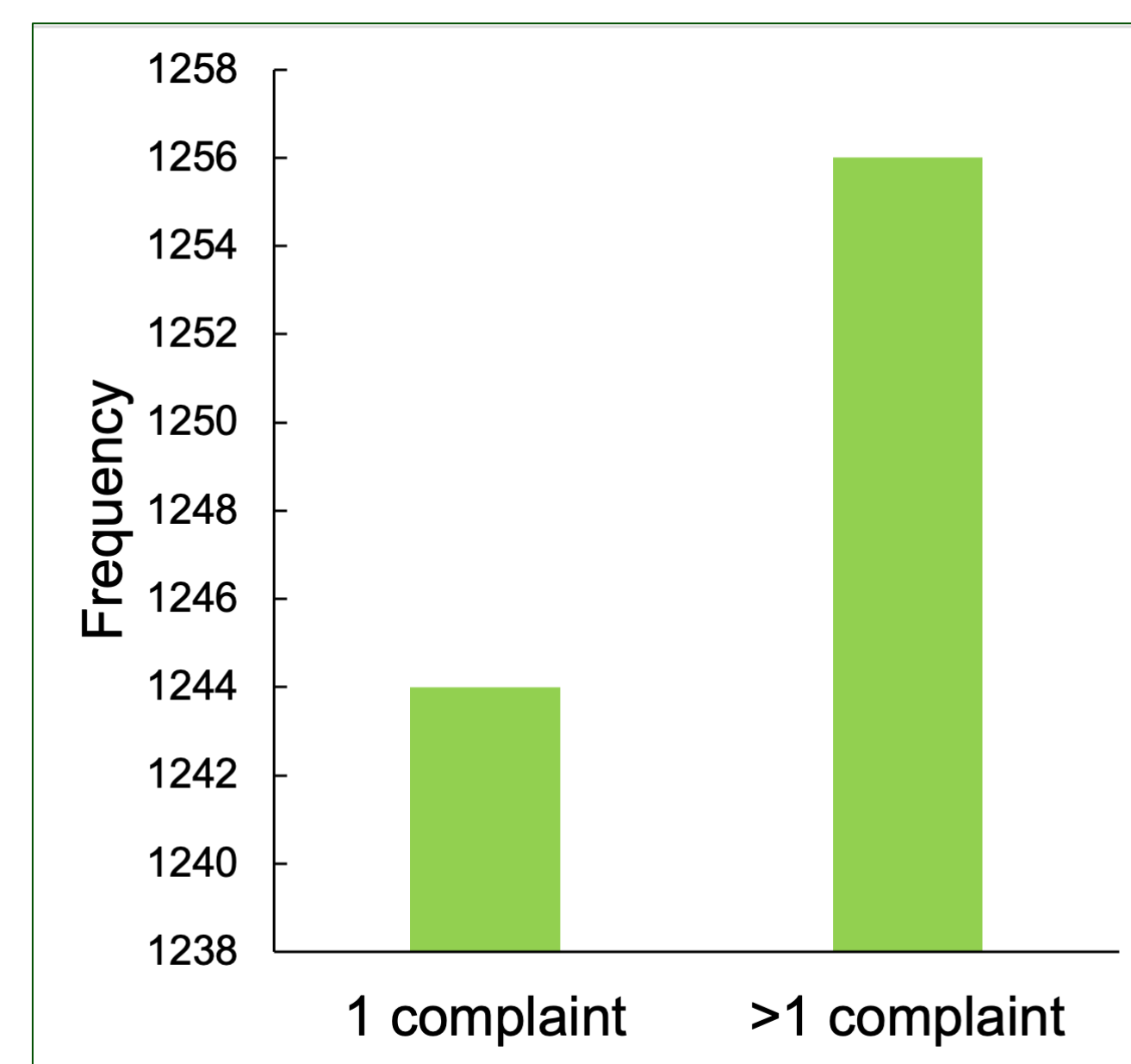


Figure 1. Concerns per family medicine visit.

Table 1. Characteristics of visits.

		Frequency	Percent
Sex	Male	797	31.9%
	Female	1703	68.1%
Age (years)	<25	140	5.6%
	25-44	773	30.9%
	45-64	890	35.6%
	65-84	635	25.4%
	>84	62	2.5%

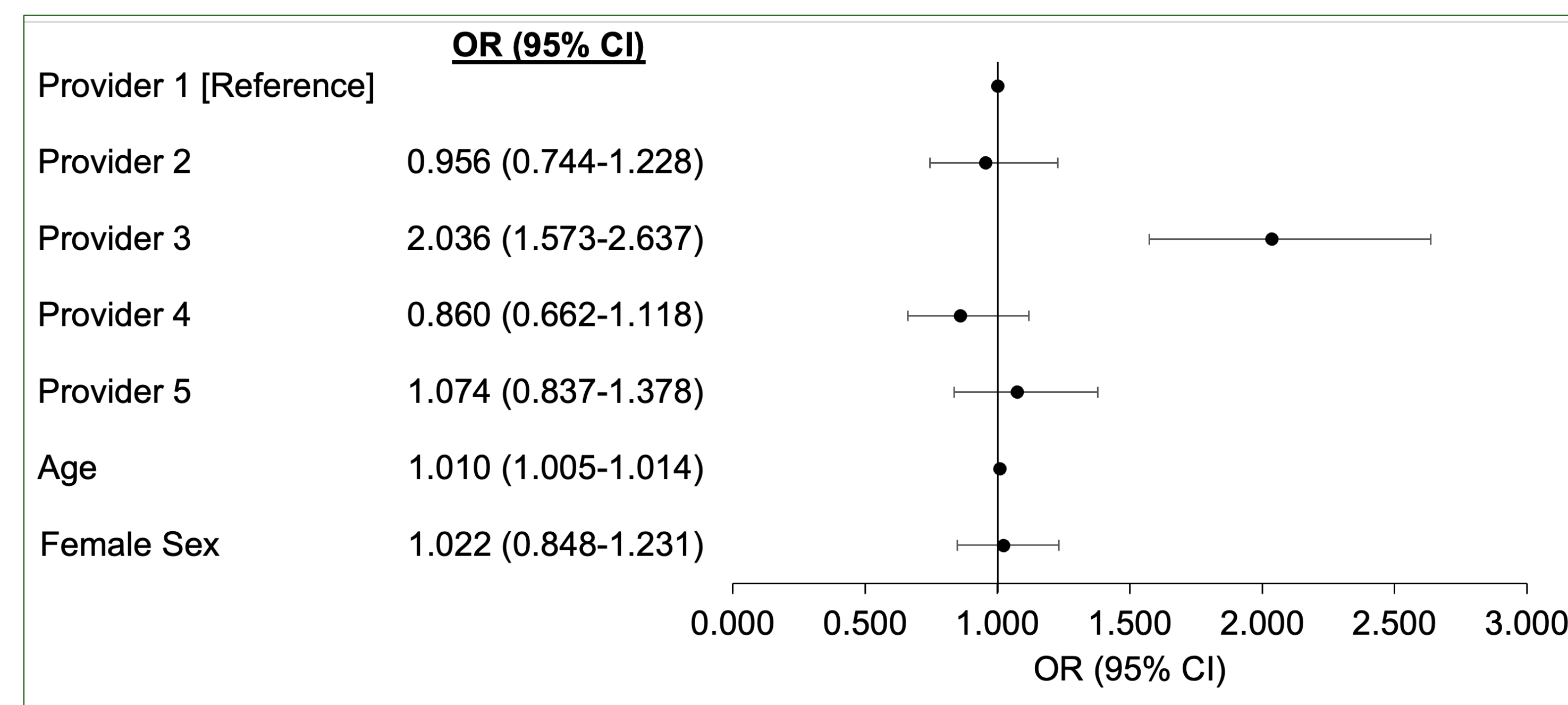


Figure 2. Results of multiple logistic regression with multiple concerns (>1 concerns) as the dependent variable. The reference category for providers was Provider 1.

CONCLUSIONS

- Most standard family medicine visits address more than one concern
- More than one concern per visit was associated with increased age but sex was not a significant predictor
- Physician underreporting is well researched and could account for a falsely low percentage of visits addressing multiple concerns ^{2,4}
- Canadian medical system should adapt billing style and increase appointment length to accommodate multiple concerns per visit to cater to patient need
- The Patient's Medical Home vision could be a valuable tool, in conjunction with changes in billing practices, to help physicians better address more than one complaint per visit ⁸

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ACKNOWLEDGEMENTS

Thank you to the University of Saskatchewan College of Medicine, the Saskatchewan Health Authority, and Regina's Victoria East Medical Clinic for their support.