In Ontario, primary care is mainly provided through primary care enrolment models, under which physicians cannot refuse patients due to health status or high service need.

Opioid recipients, including those receiving treatment for opioid use disorder and chronic pain have reported ongoing challenges in securing a primary care provider, likely due to stigma, high healthcare needs, and physicians’ lack of comfort prescribing opioids.

In North America, 1 in 6 people do not have regular access to a primary care provider.

Between 2016 and 2017, 1,727 people receiving opioid agonist therapy, 3,644 people receiving long-term opioid pain therapy, and 149,599 people with no opioid exposure were unenrolled from their primary care physician.

Primary Care Enrolment after Provider Loss

Within one year of provider loss, 450 opioid agonist therapy recipients (0.89 per 1,000 person-days), 2,009 opioid pain therapy recipients (2.69 per 1,000 person-days), and 63,232 people with no opioid exposure (1.68 per 1,000 person-days) became attached to a new primary care provider.

Overall, people receiving opioid agonist therapy were 45% less likely to secure a primary care provider within one year of provider loss, compared to people with no opioid exposure. We observed no difference among people receiving opioid pain therapy compared to those with no opioid exposure.

Both groups of opioid recipients were less likely to become enrolled in a primary care enrolment model or Community Health Centre compared to people with no opioid exposure.

Healthcare Encounters after Provider Loss

While without a primary care provider, opioid pain therapy recipients and people with no opioid exposure visited the emergency department (ED) 37 times and 20 times more often, respectively. ED visits were stable among opioid agonist therapy recipients, however recipients visited the ED more often than people with no opioid exposure both before and after provider loss.

Opioid overdose events were infrequent and there was no significant increase in overdose events following the loss of a primary care provider.

There is a need for focused efforts to address gaps that people who use opioids experience accessing high-quality primary care.