

Inequities in Access to Primary Care Among Opioid Recipients in Ontario, Canada

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Background

- Primary care is an integral part of healthcare systems across the world, and access to high-quality primary care is associated with increased life expectancy and self-rated health. However, 1 in 6 North Americans do not have regular access to a primary care provider.
- In Ontario, primary care is largely provided through primary care enrolment models (PEMs), under which physicians provide comprehensive primary care to enrolled patients. Physicians practicing in PEMs are prohibited from refusing enrolment due to patient health status or high service need.
- Despite this, opioid recipients in Ontario, including those receiving treatment for opioid use disorder (OUD) and chronic pain, have reported ongoing challenges in securing primary care, likely due to stigma, high healthcare needs, and physicians' lack of comfort prescribing opioids.
- Given their complex healthcare needs and the importance of a stable, positive patient-provider relationship among chronic pain patients and people with OUD, more information is needed to understand barriers this population faces when accessing primary care.

What did we investigate?

The rate of securing a new primary care provider among people with varying histories of opioid use who recently lost their primary care physician, and the rate of all-cause emergency department (ED) visits and healthcare encounters for opioid-related overdose during the period of provider loss.

How was the study conducted?

- We conducted a population-based, retrospective cohort study of Ontario residents who were previously enrolled with a primary care physician and were subsequently unenrolled between January 1, 2016 and December 31, 2017. We classified these people into three groups: 1) opioid agonist therapy (OAT) recipients, 2) people receiving long-term opioid pain therapy (OPT), or 3) people with no opioid exposure in the previous three years.
- To ensure that an ongoing patient-provider relationship existed prior to loss of enrolment, all Ontarians included in the study were enrolled with their physician for at least one year prior to them being unenrolled.
- The primary outcome was new primary care enrolment within one year of termination of enrolment with the previous physician. Secondary outcomes were the rate of all-cause ED visits and healthcare encounters for opioid-related overdose during the period without a primary care provider.

Key points

- People with OUD and chronic pain face gaps in access to primary care. These gaps may be influenced by stigma, discrimination, and financial disincentives due to the perception of high resource use among these populations.
- People who use opioids would benefit immensely from a positive patient-provider relationship and thoughtful continuity of care. There is a need for focused efforts to provide high-quality, accessible care to this population.

For more information

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What did we find?

- Overall, 1,727 OAT recipients, 3,644 people receiving long-term OPT, and 149,599 people with no opioid exposure were included in the study. The majority of people in each group had their enrolment terminated by their physician, including 89% of OAT recipients, 78% of long-term OPT recipients, and 80% of people with no opioid exposure.
- Overall, 450 OAT recipients (0.89 per 1,000 person-days), 2,009 long-term OPT recipients (2.69 per 1,000 person-days), and 63,232 people with no opioid exposure (1.68 per 1,000 person-days) secured a new primary care physician within one year of losing their previous provider.
- Among people who secured a new primary care provider, the majority of long-term OPT recipients (66%) and people with no opioid exposure (75%) became enrolled in a PEM, while OAT recipients most commonly found a fee-for-service physician (44%).
- When considering all types of primary care, the rate of securing a new provider was similar between long-term OPT recipients and those with no opioid exposure (adjusted hazard ratio [aHR] 0.96, 95% confidence interval [CI] 0.92 to 1.01). However, compared to people with no opioid exposure, long-term OPT recipients were significantly less likely to secure a primary care provider when considering enrolment in a PEM only (aHR 0.85, 95% CI 0.80 to 0.90) or enrolment in a PEM or Community Health Centre only (aHR 0.87, 95% CI 0.82 to 0.92).
- Overall, OAT recipients were significantly less likely to secure a primary care provider compared to people with no opioid exposure (aHR 0.55, 95% CI 0.50 to 0.61). This relationship was also consistent when considering enrolment in a PEM only or a PEM or Community Health Centre only.
- During the period without a primary care provider, rates of ED visits increased among people with no opioid exposure (adjusted rate ratio (aRR) 1.20, 95% CI 1.18 to 1.22) and long-term OPT recipients (aRR 1.37, 95% CI 1.28 to 1.48).
- Although the rate of ED visits among OAT recipients did not increase during the period without a provider (adjusted rate ratio (aRR) 1.09, 95% CI 0.97 to 1.22), OAT recipients visited the ED at a much higher rate than people with no opioid exposure both prior to and following the loss of their primary care provider.
- Rates of healthcare encounters for opioid-related overdose were low overall, and did not change during the period without a primary care provider.

Recommendations

Policy makers

- Ensure that primary care practitioners are provided with the education and resources to feel confident prescribing opioids, when clinically necessary.
- Work with primary care physicians, patients, and other stakeholders to address the stigma, discrimination, and financial disincentives that may serve as barriers to enrolling patients who use opioids.

Healthcare professionals

- In the event of a terminated relationship, make efforts to identify alternative primary care providers and to support the patient's continuity of care.