

CLINICAL INVESTIGATION

PRIMARY CARE GERIATRICS IN BRITISH COLUMBIA: A SHORT REPORT

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Background: To help the Division of Community Geriatrics at UBC respond to the CME and research needs related to care of the elderly, a needs assessment was undertaken. The survey was designed to document the practice patterns of primary care physicians with respect to their elderly patients.

Methods: A population-based self-administered questionnaire survey, with 2 mail-outs and a reminder, was sent to primary care physicians in BC between May and September 1999.

Results: There were 899 respondents eligible for inclusion, for a response-rate of 21.4%. Physicians with an older patient population were more likely to be older males, with a longer time in practice. They saw fewer patients per week and were more likely to spend more time on hospital care, nursing home care and making house-calls. Over 90% of respondents found problems providing care to the elderly, particularly in accessing community-based resources such as home care and nursing homes.

Conclusions: Family physicians with an older patient population tend to provide a broader range of professional services to their elderly patients. Almost all family physicians reported problems in accessing care for their elderly patients.

Key words: Family practice, geriatrics, questionnaire survey, physician's practice patterns

INTRODUCTION

In 1996, the UBC Department of Family Practice, Division of Community Geriatrics, received funding from the Royal Canadian Legion (Pacific Command) for research to support primary care physicians in British Columbia in caring for their elderly patients. A survey of family physicians was undertaken in partnership with the B.C. Association of Geriatric Care Physicians (BCAGCP) to identify research and educational priorities in primary care geriatrics and document practice profiles related to care of the elderly.

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METHODS

A self-administered questionnaire survey was sent to primary care physicians in British Columbia in 1999. Family physicians were identified by the College of Physicians and Surgeons of B.C. database, 1999, as either having a C.C.F.P. and/or having no other specialty certification. Ethics approval was granted by the University of British Columbia Behavioural Ethics Review Board.

The questionnaire asked physicians to report on the type and composition of their practice, to estimate time involved in various care and professional activities and to rate the health-care system in B.C. as it pertains to care of the elderly. Respondents were also asked to rate priorities for possible Research topics and Continuing Medical Education with regard to primary care geriatrics. Basic non-identifying demographic information was sought, with rurality defined by postal codes containing a zero.

The survey was mailed to all B.C. family physicians in May 1999, with a reminder notice in week 3 and a second mailing to non-respondents in week 6. Respondents were excluded from analysis where they were not currently engaged in primary care practice. Locums and those on temporary leave were included in the analysis.

Data was entered onto MS Excel and prepared for analysis on SPSS Version 8.0. Final analysis was performed using SPSS Version 10.0.

RESULTS

The survey was sent to 4,192 physicians with 916 respondents, of whom 899 were eligible for inclusion (21.4%). Respondents ranged in age from 26 to 80 years of age (mean 46.0±10.0) with between 2

and 58 years since graduation (mean 19.3±10.5). A summary of respondent characteristics is presented in Table 1.

Almost 60% of respondents were in a group practice with 23% in solo practice and 11.5% currently engaged in locums (Table 2). Sixty-seven (7.6%) had taken a special skills course or fellowship in care of the elderly.

Respondents estimated that a quarter of their practice was over the age of 65 (mean 26.8±18.3 %, median 20%) (Figure 1). Only 5 respondents (0.6%) did not see patients over the age of 65. Practice composition did not vary with rural or urban practice location. These estimated percentages were categorized into primarily young (<10% over 65), mixed (10-50% over 65) and older (50%+ over 65) patient populations. Those with an older patient population were more likely to be male, older with a longer time in practice and belong to the B.C. Association of Geriatric Care Physicians (Table 3). Membership in the CFPC or participation in a post-graduate special skills course in geriatrics did not differ between the groups. Physicians with

Table 2.. Practice type

Type of Practice	Respondents		Canadian Family Physicians*
	%	N	%
Locum	11.6%	104	3.2%
Solo	23.0%	207	31.3%
Group	59.5%	535	60.0%
Specialized Clinic	2.6%	23	8.7%
Others	3.3%	30	13.8%

*The CFPC National Family Physician Survey Summary Report – October 1998.

an older patient population saw fewer patients per week. With respect to the care of those elderly patients, they were more likely to spend more time in care of hospitalized patients, those in nursing homes or chronic care facilities and making house-calls (Table 4). With the exception of Palliative Care and Medico-Legal work, there were no differences in the estimated percent time involved in various care activities (Table 5), nor in the time spent on other professional activities (Table 6).

Using a scale of 1 = Poor to 5 = Excellent, respondents gave the health-care system in B.C. an average rating (mean 2.8 ± 0.8, median 3). Over 90% of respondents found problems providing care to the elderly, particularly in accessing community-based resources such as home care and nursing homes. There were no differences in opinion based on estimated practice composition (Table 7).

Table 1. Respondent characteristics

	Respondents		All BC primary Care Physicians	
	N	%	%	
Total	899	21.4%		
Age				
<35 years (5)	117	13.0%	16.3	1
35-54 years (%)	583	64.8%	60.1%	
55+ years (%)	175	19.5%	23.4%	
Unknown	21	2.7%	0.2%	
Gender				
Female	298	33.1%	30.8%	2
Male	582	64.7%	69.2%	
Unknown	19	2.1%		
Member of CFPC				
Yes	413	37.7%	31.5%	1
No	465	51.7%	68.5%	
Unknown	21	2.3%		
Member of BCAGCP				
Yes	61	6.8%	2.1%	3
No	819	91.1%	97.9%	
Unknown	19	2.1%		
Practice Location				
Urban	622	69.2%		
Rural	104	11.6%	89.8%	
Unknown	91	19.2%	10.1%	

1 - Rollcall 99. Based on full, temporary and special register, non-post-graduate physicians.

2 - Roll call 99. Based on full, temporary and special register GPs & FPs.

3 - Personal Communication. Office of B.C. Association of Geriatric Care Physicians.

DISCUSSION

The response rate was low but appeared to be representative of the target population based on other data sources. Female physicians were slightly over-represented as were younger physicians. There appears to be an understandable response bias in favour of those with an interest in geriatrics. There

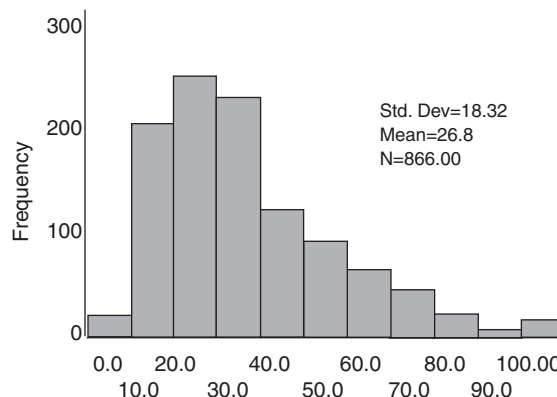


Figure 1. Percent of patients over 65 years of age.

Table 3. Physician characteristics based on Practice Composition

		Primarily Young (<10% over 65) N=201	Mixed Practice (10-50% over 65) N=597	Older (50%+ over 65) N=101	P-value
Gender	% Male	50	70.9	70.1	.000
Age (years)	Mean±SD	43.3 (9.2)	46.3 (9.8)	49.3 (12.1)	.000
Years since graduation	Mean±SD	16.5 (9.5)	19.7 (10.4)	22.2 (12.2)	.000
CCFP Member	%	51.3	46.1	44.3	.385
BCAGCP	%	1.5	7.2	16.3	.000
Speical skills course	%	6.2	7.5	11.3	.285
Patients per week	Mean±SD	115.4 (47.8)	122.5 (41.0)	98.3 (47.2)	.000

Table 4. Site of Health-Care Activities by Practice Composition. “With respect to your elderly patients, what percent of your time is given to...?”

		Primarily Young (<10% over 65) N=201	Mixed Practice (10-50% over 65) N=597	Older (50%+ over 65) N=101	P-value
Office care	Mean±SD	84.4 (19.6)	76.3 (20.0)	64.7 (31.0)	.000
Nursing home/Chronic care	Mean±SD	5.4 (10.5)	8.5 (10.9)	14.0 (20.7)	.000
Care of hospitalized patients	Mean±SD	6.9 (13.1)	8.6 (9.9)	12.1 (21.1)	.005
Housecalls	Mean±SD	2.6 (5.7)	4.1 (6.0)	4.8 (11.1)	.011
Other	Mean±SD	0.6 (7.2)	2.6 (14.5)	4.4 (18.3)	.070

Table 5. Care Activities, by Practice Composition. “With respect to services provide to your elderly patients, what percent of your time is given to...?”

		Primarily Young (<10% over 65) N=201	Mixed Practice (10-50% over 65) N=597	Older (50%+ over 65) N=101	P-value
Health promotion	Mean±SD	13.9 (13.3)	12.8 (10.1)	11.3 (11.1)	.192
Diagnosis/Assessment	Mean±SD	49.6 (20.1)	47.6 (19.2)	46.4 (19.7)	.377
Treatment/Procedures	Mean±SD	16.7 (13.9)	17.7 (2.9)	1.7 (2.5)	.437
Medico-Legal	Mean±SD	0.8 (2.2)	1.7 (2.9)	1.7 (2.5)	.001
Caregiver/Family	Mean±SD	7.1 (7.3)	6.6 (5.1)	6.4 (5.6)	.502
Referral to Comm. Services	Mean±SD	3.7 (3.9)	4.1 (3.7)	3.1 (3.5)	.058
Palliative Care	Mean±SD	3.7 (4.5)	5.1 (6.7)	7.6 (17.4)	.001
Administration	Mean±SD	3.2 (4.0)	4.2 (4.3)	3.9 (3.8)	.023
Other	Mean±SD	1.1 (10.3)	0.3 (1.9)	0.2 (1.3)	.118

Table 6. Professional Activities by Practice Composition. “What percent of your time do you typically spend on the following activities?”

		Primarily Young (<10% over 65) N=201	Mixed Practice (10-50% over 65) N=597	Older (50%+ over 65) N=101	P-value
Patient Care	Mean±SD	83.2 (15.9)	85.6 (12.7)	83.1 (18.1)	.064
Research	Mean±SD	1.1 (4.6)	0.6 (2.5)	0.9 (2.9)	.223
Teaching	Mean±SD	2.7 (6.1)	1.9 (4.3)	1.9 (4.7)	.127
CME	Mean±SD	5.0 (4.9)	5.0 (4.5)	5.9 (5.7)	.213
Administration	Mean±SD	5.9 (7.3)	5.2 (7.6)	5.9 (10.0)	.515
Other	Mean±SD	2.1 (10.7)	1.6 (6.7)	2.2 (9.3)	.701

Table 7. Rating of B.C. Health-Care, by Practice Composition. "Regarding care for the elderly in your community..."

		Primarily Young (<10% over 65) N=201	Mixed Practice (10-50% over 65) N=597	Older (50%+ over 65) N=101	P-value
Any problems providing care	% Yes	93.7	90.6	93.5	.321
Problems accessing medical care					
Number of FPs	% Yes	21.4	16.9	43.5	.183
Number of Specialists	% Yes	39.1	42.0	43.5	.714
Problems accessing community resources					
Nursing Homes	% Yes	74.0	75.8	83.7	.179
Home Care	% Yes	66.7	65.5	7.07	.623
Other	% Yes	6.8	7.5	9.8	.664
Problems in health system communication	% Yes	41.7	39.4	44.6	.600
Overall Rating of B. C. Health Care					
1=Poor, 5=Excellent	Mean±SD	2.7 (0.8)	2.8 (0.8)	2.9 (0.7)	.265

was a response rate of 68% from members of the B.C. Association of Geriatric Care Physicians who co-sponsored the study. In addition, while <1% of respondents to our survey indicated that they saw no patients >65 years old, the CFPC National Family Physician Survey indicated that only 82.3% of family physicians undertook geriatric care.¹ We excluded those whose practice was confined to a specialty such as sports medicine or emergency medicine who were included in the national survey.

It is not unexpected that older physicians and those who have been in practice longer tended to have an older patient population. Those with a demonstrated interest in geriatrics, by membership in the BCAGCP or completion of additional geriatric training, also tended to care for more elderly patients. Nevertheless, fewer than 15% of those with a large geriatric practice had taken additional training in care of the elderly.

There was considerable variability in the services provided by those with practice composed of primarily older persons. It is probable that this is a heterogeneous group of physicians, some with an older but otherwise typical family medicine practice and some who participate in specialized geriatric services, such as long-term care "house physicians", a psychogeriatric outreach service or geriatric assessment teams.

Those with a primarily young patient population tended to see the geriatric patients primarily in an office setting, and less often in nursing homes or acute care than those with a primarily older practice. This may reflect a transfer of care to physicians more experienced in primary care geriatrics as the patients become increasingly frail. If so, it is still unclear if this is due to lack of comfort or expe-

rience in dealing with the frail elderly or other financial or logistical barriers to continuity of care.

Finally, it is evident that most family physicians experience problems in providing care for the elderly in their community. This is especially evident in access to community-based resources such as long-term care facilities and home care. Again, this may reflect a response bias in favour of those who are particularly interested in care of the elderly. However, 75% of those with a primarily young patient population have expressed concern about access to nursing home resources for their frail, elderly patients.

CONCLUSIONS

Family physicians continue to provide care to the elderly, but the majority have experienced problems in accessing care for those patients. Family physicians with an older patient population tend to provide a broader range of professional services to their elderly patients.

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