

PHC Models and Comparability

By

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**PHC Cost-Effectiveness Research
Project Think Tank**

Toronto, March 21 2006

4 ideas

- 1. PHC organisation**
- 2. PHC models**
- 3. Combination of PHC Models**
- 4. Fit of PHC models to context**

PHC organisation

- PHC organisation as organised action system
- Best captured by 4 components
 - 1. Vision**
 - beliefs, values, goals guiding action
 - 2. Resources**
 - Quantity and variety mobilized
 - 3. Structure**
 - Rules governing behaviours and relationships among actors
 - 4. Practices**
 - Process behind services production

PHC Models

- **Model**
 - A specific configuration of characteristics related to vision, resources, organisational structure, practices
- **Limited number of models**
 - Internal coherence between these characteristics
 - For organisations to be empirically viable
- **Examples**
 - From 28 cases in 14 countries: 4 models
 - From 100 cases in Quebec : 6 models

Combination of PHC Models

- **Effects associated to PHC Models**
 - Effectiveness, Accessibility, Continuity, Quality, Responsiveness, Productivity, Equity
- **Effects vary by PHC model**
 - Different models different effects
 - Same effects obtained by different models
- **No single best or worst PHC model (?) on all effects**
 - A better and worst PHC on most effects but not all effects
- **The trust : Combination of PHC models**
 - The issue : how each effect is valued and by whom ?

Ranking of PHC models on effects: 38 studies in industrialised countries

Effects \ Models	Prof. contact model	Prof. Coord. model	Non-integrated community model	Integrated community model
Effectiveness	4	3	2	1
Productivity				
- Cost	3	3	1	1
- Use	4	1	3	2
Continuity	3	4	2	1
Accessibility	1	1	4	3
Equity	3	3	2	1
Responsiveness	1	1	3	3
Quality	3	3	2	1

Fit of PHC models to contexts

- One model never exists alone
- It coexists with other PHC models
- In some form of coherent way

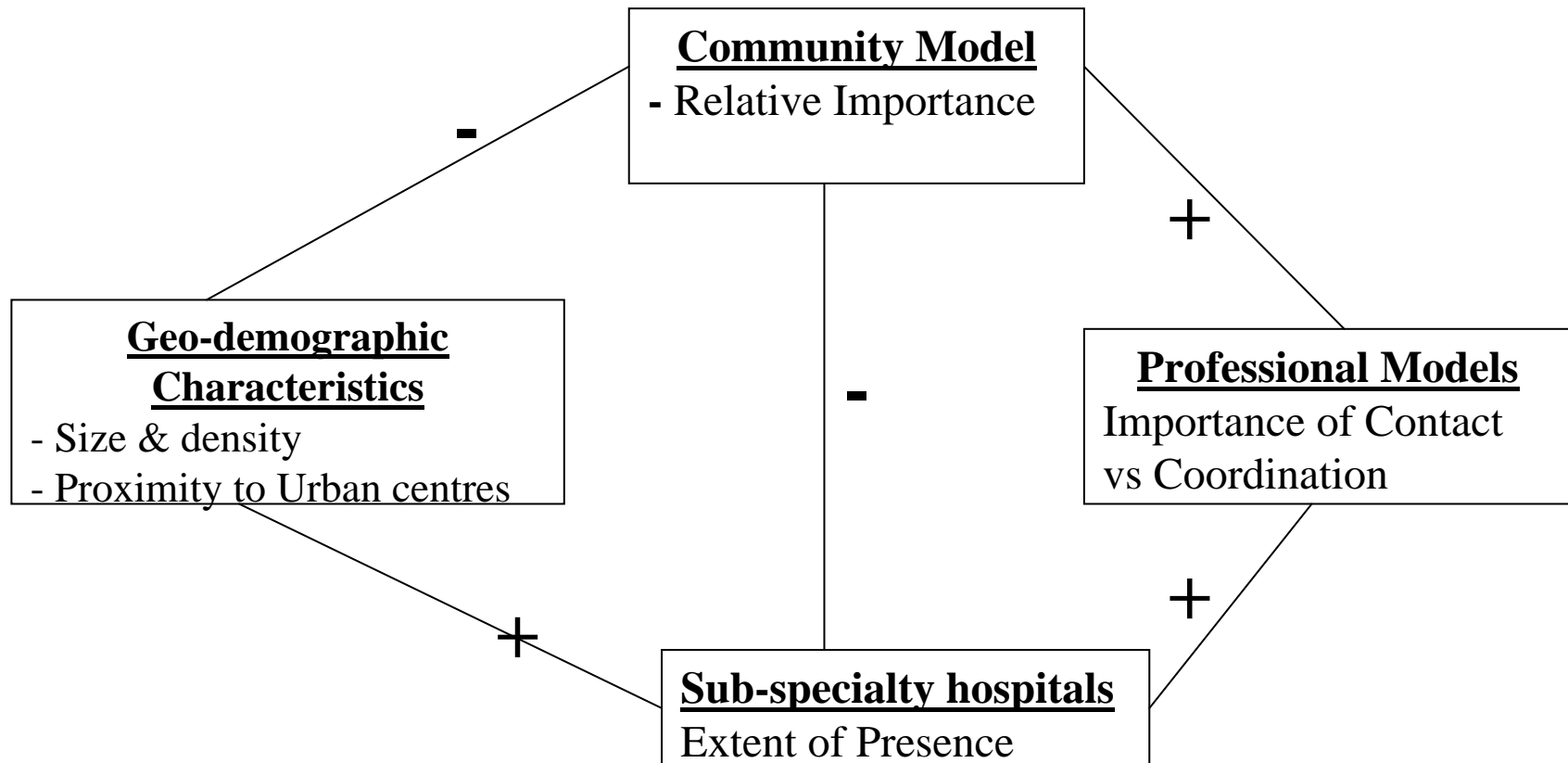
PHC Models & Regions

Régions	Contact solo closed	Contact group closed	Contact group open	Coord.- 1st levels	Coord. all levels	Comm. Integrated
Bas St-Laurent	0%	19%	0%	44%	37%	0%
Cote-nord	19%	19%	19%	0%	0%	43%
Gaspésie	33%	24%	0%	24%	19%	0%
Montréal	42%	14%	20%	14%	3%	8%
Montréal	40%	9%	30%	7%	11%	2%
Total %	38%	12%	24%	12%	10%	4%

PHC models & Nb of Sub-specialty hospitals in proximity

No Hosp	Professional Contact			Professional Coordination		Community	Total
	Solo closed	Group closed	Group open	1st level	all levels	Integrated	
none	5,3%	18,2%	4,2%	33,3%	30,0%	20,0%	13,0%
Few	0,0%	0,0%	4,2%	16,7%	0,0%	20,0%	4,0%
More	94,7%	81,8%	91,7%	50,0%	70,0%	60,0%	83,0%

Factors related to configuration of PHC models



Fit of PHC models to contexts

- Effects of models vary according to context
- Key issue may not be the Models but the Fit

Effects Contexts & Combination PHC Models

Observed Ranks minus Ranks Expected

Observed minus Expected ranks	Gaspésie	Bas St-Laurent	Cote-Nord	Monteregie	Montréal
ACCESSIBILITY	0	3	2	-3	-2
Ease of contact	0	2	1	-1	-2
Access in urgent situation	1	0	0	-1	0
CONTINUITY	0	0	2	-1	-3
Relational	0	2	0	0	-2
Care Management	0	-2	-1	-3	-4
Informational	1	-1	1	1	0
Responsiveness	0	1	2	0	-3
Quality of the relation	1	2	1	-1	-2
Waiting time	1	-1	1	0	-1
Use of Services	1	-1	2	-2	-1
GPs	0	-2	-2	-1	-2
Specialists	-1	-1	-1	-4	0
ER	2	-1	2	0	-1
RANG	0	2	2	-1	-3

Effects Subspec. Hosp. & PHC Models

Observed Ranks minus Ranks Expected

No Sub specialty hospitals < 60 min	None	Few	More
ACCESSIBILITY	0	0	-2
Ease of contact	1	1	-1
Access in urgent situation	1	1	1
CONTINUITY	0	1	-2
Relational	1	1	-2
Care Management	0	1	-1
Informational	0	1	-1
Responsiveness	0	1	-2
Quality of the relation	1	1	-1
Waiting time	0	1	0
Use of Services	0	0	0
GPs	0	-1	-1
Specialists	0	0	0
ER	0	0	0
RANG	0	1	-1
Total discrepancy	0	2	-6

Implications for Economic Evaluation of PHC

1. Need to capture dominant & emerging PHC models in Canada

- Need to agree on the 4 components of PHC organisation
 - vision, resources, structure, practices
- Need to agree on what a PHC Model is
 - A specific configuration of characteristics **related to vision, resources, structure, practices**
 - Revisit NEQ to ensure the 4 main components of PHC models covered
- Need to limit the number of PHC Models that best capture variation in Canada :
 - Large enough to capture difference
 - Small enough the difference is significant
 - 4-8 different, coherent and significant PHC models
 - Comprehend the **internal coherence** of each PHC Model
 - Primary care models and Primary Health Care Models

2. Focus combinations PHC Models which populations exposed to

- PHC system, p.11 Carmen's paper
- Limited number of combinations

Implications for Economic Evaluation of PHC

- 3. Need to agree on a finite set of expected outcomes of PHC**
 - Effectiveness, Accessibility, Continuity, Quality, Responsiveness, Productivity, Equity
 - The weight to each outcome by different actors
 - Assess from population members perspective not only patients/users perspective

- 4. Need to capture main characteristics of context**
 - Socio-demo--Geographic characteristics
 - Health care resources availability
 - Revisit NEQ to ensure the 4 main components of PHC models covered

- 5. Focus on the fit of combination of PHC models to the context**
 - Not on Models independently
 - Not on single characteristics of Models