

Uncovering inequities in access to health care among adult Canadians with chronic back disorders

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Low Back Disorders

- **Public Health Problem/ High Costs**
 - Leading cause of morbidity worldwide (Vos,2012)
 - \$4-6 billion health care costs in Canada (Bone & Joint Canada, 2011)
 - Indirect costs 2-3 x healthcare costs
- **Physician Care Utilization**
 - 14% of all encounters with GP (25% for MSK in general) (Jordan, 2010)
 - High proportion of ortho/neuro surgeon caseload (Mackay, 2010)



Health Care Use

- Family physicians may not be most appropriate care provider to manage low back disorders:
 - relatively little MSK training (Pinney, 2001; Freedman, 2002)
 - low measured and self-perceived competence (Freedman, 2002 & Day, 2007)
- Physiotherapists and chiropractors have specialized training re. management of low back disorders
 - Manual therapy & exercise prescription- cost effective (Lin, 2011)
 - Early use of PT → less opioid use and imaging (Frogner, 2018)
 - Access may be limited due to current funding models

Gaps and Research Rationale

- Little is known regarding the comparative use of family physician, chiropractic and physiotherapy services in Canada
- Exploring these differences may help to identify potential gaps in access to care and may assist in the development of strategies to optimize equitable access

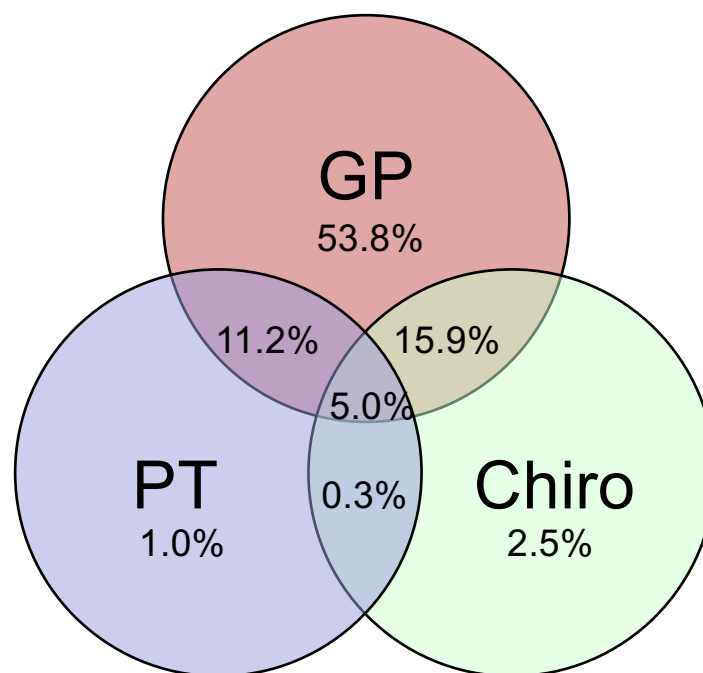
Objectives

- 1) Explore patterns of use of community-based family physician, chiropractor and physiotherapy services among adults with CBD
- 2) Profile the sociodemographic, lifestyle, and health factors associated with use of different health care providers among adults with CBD

Methods

- 2010 & 2011 Canadian Community Health Surveys
 - Statistics Canada's Research Data Centre
- Sample: Adults (18+) who self-report having: "...back problems, excluding fibromyalgia and arthritis" for 6 months or more (i.e. CBD) with no hospitalization in past year (N=22,106)
- Dependent variable: self-reported use of: family physician/ GP; chiropractor; physiotherapist in the past 12 months
- Independent variables: sociodemographic, lifestyle & general health
- Descriptive and multiple logistic regression analysis (bootstrap weights)

Patterns of Health Care Use Among Adult Canadians with CBD*



*11.3% had no self-reported health care use in past 12 months

Select factors associated with self-reported health care use

Variable	Family Physician (only)	Chiropractor (any)	Physiotherapist (any)
Age: 18-34 (ref)	-	-	-
35-49	↑1.22	-	0.84
50-64	↑1.42	-	↓0.76
65+	↑2.18	-	↓0.59
Sex: Female	↑1.19	-	↑1.28
Income: 1-lowest (ref)	-	-	-
2	↓0.72	↑1.64	↑1.50
3	↓0.67	↑1.99	↑1.57
4	↓0.68	↑2.10	↑1.91
5 (highest)	↓0.59	↑1.97	↑2.40

Select factors associated with self-reported health care use (cont'd)

Variable	Family Physician (only)	Chiropractor (any)	Physiotherapist (any)
Education	-	-	-
- less than secondary (ref)			
- secondary graduation	0.87	↑1.48	1.14
- some post-secondary	0.93	↑1.40	1.03
- post-secondary graduation	↓0.82	↑1.41	↑1.49
Residence	-	-	-
- CMA or CA (urban)(ref)			
- strongly influenced MIZ	-	-	↓0.62
- moderately influenced MIZ	-	-	↓0.71
- weak, uninfluenced MIZ & territories	-	-	↓0.72

Select factors associated with self-reported health care use (cont'd)

Variable	Family Physician (only)	Chiropractor (any)	Physiotherapist (any)
No. of co-morbidities	-	-	-
- none (ref)			
- 1-2	↑1.27	0.87	-
- 3+	↑1.89	0.51	-
Pain / Function	-	-	-
- no pain (ref)			
- pain prevents no activities	↓0.77	↑1.29	↑1.46
- pain prevents a few activities	↓0.71	↑1.64	↑2.15
- pain prevents some activities	↓0.73	1.18	↑2.57
- pain prevents most activities	↓0.73	1.10	↑3.56

Factors associated with use of each health care provider group

Family Physician	Chiropractor	Physiotherapist
<ul style="list-style-type: none">• Older• Women• Lower education• Lower income• Immigrant• Current smoker• More co-morbidities• Less pain limited function• Lower stress• Lower overall health	<ul style="list-style-type: none">• Higher education• Higher income• Caucasian• Non-smoker• No co-morbidities• More active• Moderate pain limited function• Higher stress• Higher overall health	<ul style="list-style-type: none">• Younger• Women• Higher education• Higher income• Urban• Other ethnicity• Non-smoker• Lower BMI• More active• More pain limited function

Considerations

- Potential need \neq health care use
 - People with high potential needs (e.g. older age, lower income, rural) may not be able to access chiropractic or physiotherapy services
- Unable to determine reason for health care use
- Number of visits not captured
- Survey does not include Indigenous people living on reserves

Conclusions

- Differential patterns of **self-reported use** among those with CBD are evident between provider groups
- Differences highlight potential inequities in access

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