

Context

Long-term care (LTC) physician commitment has been proposed as a predictor of quality, as part of a theoretical model linking physician practice to quality.

There is no accepted standard for measuring physician commitment in LTC to understand how commitment impacts the quality of care residents receive.

What is commitment?



There are different conceptualizations. Generally speaking, it is the percentage of a physician's practice devoted to LTC and the amount of time (average) spent per LTC resident encounter. It may also include time spent within a LTC home and time working with the interprofessional team.

Objective

Use available data sources to develop a proxy measure of commitment to understand associations with resident quality of care outcomes.

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Developing A Measure Of Ontario Long-Term Care Physician Commitment And How Commitment Influences Resident Outcomes

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Approach

- Create a proxy measure using secondary data sources from Ontario health administrative databases.

- Engage with a physician expert panel guiding development and interpretation.

Initial commitment framework

Commitment = % of residents in a timeframe minus physicians workload in the same timeframe

Considering workload to include a roster of:

- LTC residents (ideal caseload 250)
- Community patients (ideal caseload ?2500?)

Expert Opinion

The operationalization of commitment was satisfactory and acceptable to the expert panel. They suggested describing other factors to contextualize commitment.



Urban or rural practice

Describe primary care compensation model



Adjust for resident complexity

Describe practice in primary care, hospital, and ED



Next steps

- ① Refine the proxy measure of commitment and describe factors as suggested by the expert panel.
- ② Measure associations of commitment with quality of care resident outcomes.

Quality of care outcomes to be used

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- **Primary outcomes:** prescribing of antibiotics, antipsychotics, benzodiazepines, 3+ CNS active medications
- **Secondary outcomes:** falls, restraints, ED visits, hospitalizations, and transfers

Conclusions

This proxy measure could be used to understand changes in practice characteristics across LTC providers to collectively understand ways to improve and monitor the medical provider workforce. Ultimately this work will establish how commitment is associated with quality of care measures.