

# A cohort-based study of models of primary care among marginalized people who use drugs in Ottawa, Canada

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## BACKGROUND

- People who use drugs (PWUD) experience significant comorbidity, disability, and premature mortality, and could benefit from team-based care
- Previously we found that 44% of PWUD are not adequately engaged in primary care
- More disadvantaged patients are less likely to access care that falls under interdisciplinary primary care models

## OBJECTIVE

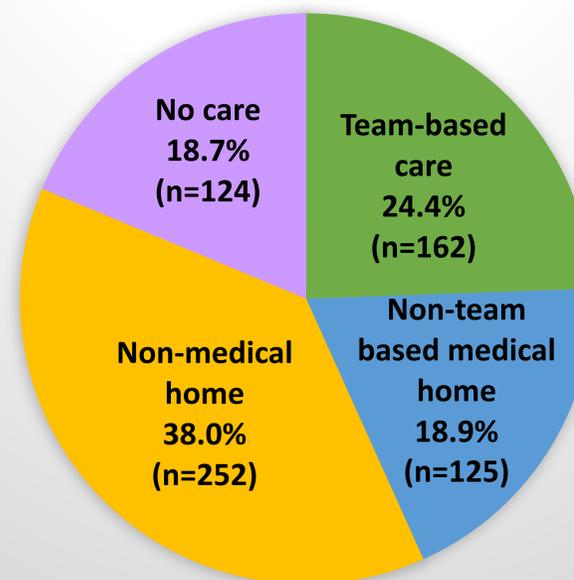
- To describe attachment to a team-based model of care among PWUD, and to determine factors associated with receipt of team-based care.

## METHODS

- Community-based research conducted by the Participatory Research in Ottawa: Understanding Drugs (PROUD) study team
  - Engaged people with lived experience at every step of the process
  - Survey of 858 people who use illicit drugs
  - Consent to linkage to health administrative data at ICES, with 663 participants successfully linked
- We assigned participants to physicians based on rostering or visits and costs data (excluding opioid substitution therapy), then assigned to primary care models based on the practice model of their family physician, categorized as:
  - Interdisciplinary team-based medical home (Family Health Teams and Community Health Centres)
  - Non-team-based medical home (non-team-based capitation models)
  - Non-medical home (non-rostered fee-for-service)
  - No care
- We conducted a complete case multivariable analysis (n=533), combining non-medical home and no care as the reference group

## RESULTS

Primary care models among PWUD (n=663)



**Only 24.4% of people who use drugs received care in team-based models. This was less likely among those who had a recent overdose and more likely among people living with HIV**

## Characteristics associated with team-based care

Characteristic	AOR (95% CI)*
High school education	2.18 (1.13-4.20)
Receiving disability benefits	2.47 (1.22-5.02)
Comorbid HIV	2.88 (1.28-6.52)
Recent overdose	0.49 (0.25-0.94)

\*AOR: adjusted odds ratio; CI: confidence interval

## CONCLUSIONS

- We found that few individuals were receiving care in team-based, integrated models explicitly designed for people with comprehensive needs.
- Corroborating previous studies, we found both team-based and non-team-based medical homes, despite their intended outcomes, are less likely to care for those who need them most.
- Policy makers should extend the reach of team-based care specifically for patients with health and social complexity
- This would mitigate barriers to physicians' commitment to caring for these populations and to improve integration across health and social service needs.



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**29<sup>th</sup> Annual Canadian Conference on  
HIV / AIDS Research**

**29<sup>e</sup> Congr s annuel canadien de recherche  
sure le VIH/sida**

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## **Conflict of Interest Disclosure**

In the past 2 years I have been an employee of: **University of Ottawa**

In the past 2 years I have been a consultant for: **Canadian Foundation for Healthcare Improvement**

In the past 2 years I have held investments in the following pharmaceutical organizations, medical devices companies or communications firms: **None**

In the past 2 years I have been a member of the Scientific advisory board for: **Ontario HIV Treatment Network Cohort Study**

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I agree to disclose approved and non-approved indications for medications in this presentation: **No**

I agree to use generic names of medications in this presentation: **Yes (n/a)**

There are relationships to disclose: **No**