U.PORTO

MESTRADO EM CUIDADOS DE SAÚDE PRIMÁRIOS
MEDICINA FAMILIAR

Determinants of Exclusive Utilization Across Different Consultation Types in Primary Health Care: An Observational Study

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M

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FACULDADE DE **MEDICINA**

Aos meus pais

ABSTRACT

Introduction: Primary healthcare is crucial in maintaining population health by providing comprehensive and continuous care. The utilisation of scheduled and unscheduled healthcare visits in primary care is a critical factor in the efficient delivery of services.

Aim: Identify determinants of utilisation of scheduled or unscheduled visits in primary healthcare.

Methodology: This observational cross-sectional study involved patients from the Local Health Unit of Feira/Arouca, in the north of Portugal, comparing those who attended only unscheduled visits during 2023 with those who sought only scheduled appointments with their doctor. We prospected for the social and medical determinants of utilisation.

Results: A total of 28,213 people were included for analysis (53.0% females), with a median age of 50 years old. Males and patients with dementia, asthma or anxiety were more prone to use unscheduled visits. Being a local resident, being consulted in a Conventional Health Centre, and having diabetes, hypertension, or overweight/obesity are significant determinants of using scheduled visits.

Conclusion: Sociodemographic and health conditions influence the exclusive utilisation of scheduled or unscheduled visits in primary healthcare. Identifying these factors can help make informed health policies to improve patient flow and access to primary care.

INTRODUCTION

Primary healthcare plays a crucial role in maintaining population health by providing comprehensive and continuous care. However, the factors influencing the utilisation of scheduled and unscheduled visits in primary care need to be better understood. The utilisation of primary healthcare services is influenced by various factors, including sociodemographic characteristics, access to care, and patient preferences. Increased patient demand for healthcare services can strain the public health system (1). Additionally, the spatial distribution of family health units and the availability of family doctors/general practitioners can influence lower rates of avoidable hospitalisations for acute conditions (2). Enhancements to scheduling and appointment management approaches have been demonstrated to improve patient satisfaction and care quality (3).

Portugal's healthcare system is organised into local health units, each consisting of a hospital and multiple primary care centres. These primary care centres form the main entry point for the population to access the country's public healthcare system, with general practitioners/family physicians acting as care providers and gatekeepers to specialist secondary care services. Since 2006, primary healthcare units have been organised into two primary models: family health units (FHUs) and conventional primary healthcare centres, with the former possessing greater autonomy and a pay-for-performance remuneration structure (4). They provide scheduled and unscheduled primary care services, including consultations, preventive interventions, and disease management. Scheduled primary care visits are typically arranged in advance, often for routine examinations, follow-up appointments, and non-urgent medical needs. In contrast, patients primarily initiate unscheduled visits in response to immediate healthcare requirements. The patient's assigned family physician typically conducts scheduled appointments, whereas unscheduled visits may be provided by the patient's regular family physician or an on-call provider. The COVID-19 pandemic in 2020 significantly strained the public health system, underscoring the shortage of family physicians within the national health service. According to the National official data published at the Health Service Transparency Portal, as of August 2024, more than 1.6 million individuals in the country lacked a designated primary care provider. Understanding the factors that influence the utilisation of scheduled versus unscheduled primary care visits may provide valuable insights to develop a more effective model for organising primary healthcare services.

Prior studies conducted in Portugal have explored various factors that influence the utilisation of primary healthcare services, including the impact of appointment scheduling models, travel time, and waiting periods, as well as patients' preferences regarding service delivery and visit frequency (1,5). However, no research to date has specifically examined the determinants that drive the exclusive use of either scheduled or unscheduled primary care visits.

To address this gap, the present study aims to characterise the determinants of exclusive utilisation of scheduled or unscheduled visits in primary healthcare.

METHODS

This cross-sectional study investigated a cohort of individuals aged 18 and above who received at least one consultation from a family physician within the local health unit serving the municipalities of Arouca, Oliveira de Azeméis, Santa Maria da Feira, São João da Madeira and Vale de Cambra during the 2023 calendar year. The health unit in northern Portugal's Aveiro district serves a population exceeding 274,000, with over 97% of residents having been assigned to one of the 194 available primary care providers. The primary healthcare infrastructure in this region comprises 8 Conventional Health Centres and 24 FHUs distributed across four municipalities, with secondary care services provided through 3 affiliated hospitals.

Patients were split between those who had at least one scheduled consultation during 2023 and those who called for at least one unscheduled appointment in the same period. Patients who had scheduled and unscheduled visits during the year were excluded from the analysis. Children under 18 are excluded from this study as the specific program for paediatric primary care in Portugal's national health service schedules appointments for children and adolescents.

The variables selected for examination in this study included age, gender, employment status, geographic location, assigned primary care unit type and the presence of specific medical conditions such as various types of cancer (colorectal, stomach, pancreas, thyroid, lung, kidney, bladder, prostate, breast, cervical, or prostate), cerebrovascular events (including transient ischemic attack or cerebrovascular accident), cardiac diseases (including stable angina, unstable angina, or myocardial infarction), weight status, diabetes, hypertension, alcohol and tobacco abuse, dementia, depression, and anxiety.

The data for this study was obtained from electronic clinical files, including several platforms used in Portuguese PHC (Bilhete de Identidade dos Cuidados de Saúde Primários (BI-CSP), Módulo de Informação e Monitorização das Unidades Funcionais (MIM@UF) and SClínico). All data were thoroughly anonymized prior to analysis to safeguard participant confidentiality and privacy.

The analysis employed descriptive and inferential statistical methods. The data were encoded and recorded in a Microsoft Office Excel 2024® database and analysed using IBM SPSS Statistics®, version 29.0. Descriptive statistics were used to characterise the study sample. Logistic regression analysis was conducted to calculate the odds ratios for the determinants. A multivariate model, adjusted for age, gender, and number of appointments, was constructed using backward logistic regression, incorporating significant factors identified in the univariate analysis. The level of statistical significance was set at 0.05.

The Institutional Review Board of the Local Health Unit of Entre Douro e Vouga assessed and approved the study protocol. Due to the use of anonymized data, the requirement for informed consent was waived. The research was conducted following the principles outlined in the Helsinki Declaration and the Oviedo Convention regarding the protection of human rights in biomedical research.

RESULTS

The study population comprised 28,213 individuals, of whom 19,184 had exclusively scheduled primary care visits and 9,029 had exclusively unscheduled visits. Females represented the majority (53.0%), and the mean age was 50.0 (± 18.6) years. The mean number of appointments per participant was 2.6 (± 2.2). Regarding employment status, 52.7% were employed, 19.1% were unemployed, 10.9% were retired, and 7.8% were students. The demographics of the study population are outlined in Table 1.

Table 1 - Social Characteristics

Social Characteristics	N = 28213
Women, N (%)	14,959 (53.0)
Mean Age, years (SD)	50.02 (18.65)
Mean Number Appointments, N (SD)	2.57 (2.25)
FHUs, N (%)	21,798 (77.3)
Residency in the LHU, N (%)	25,005 (92.2)
Employed, N (%)	14,878 (52.7)
Unemployed, N (%)	5,375 (19.1)
Retired, N (%)	3,084 (10.9)
Student, N (%)	2,192 (7.8)

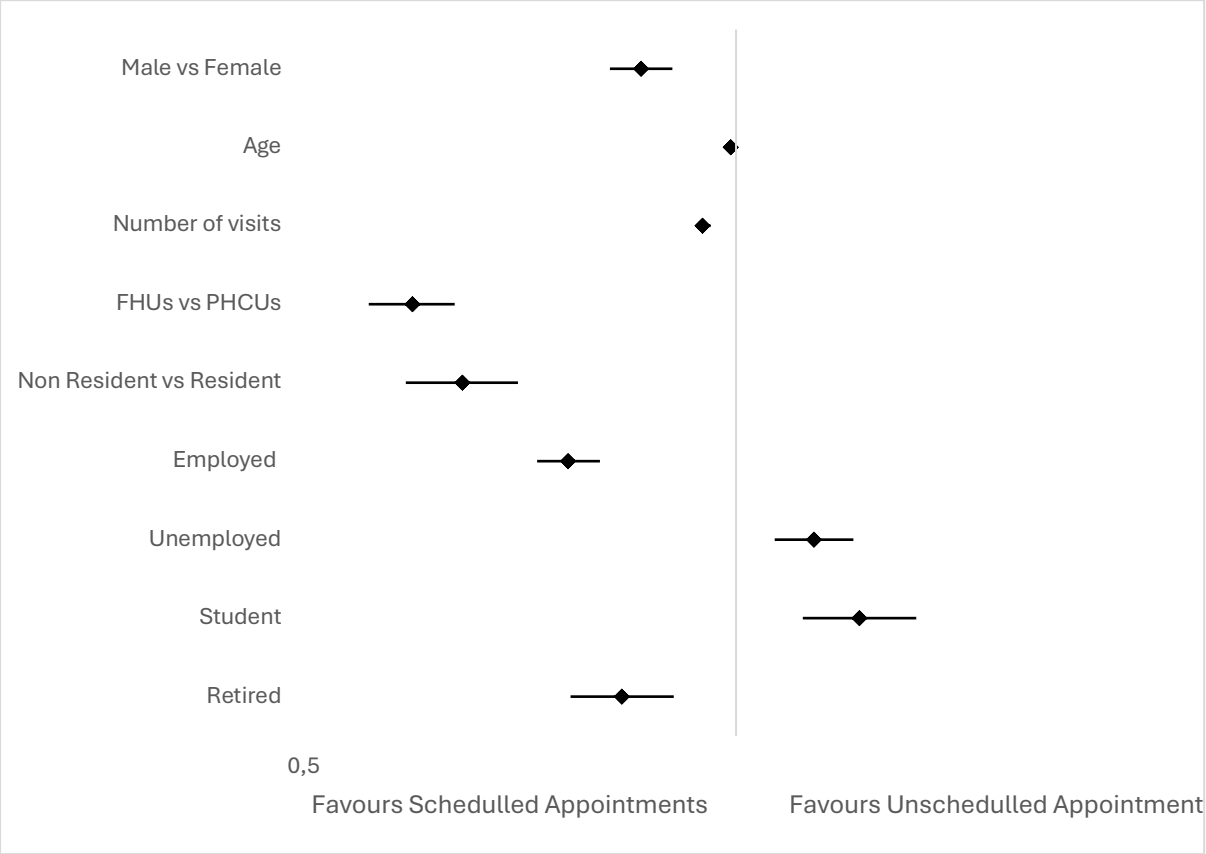
FHUs = Family Health Units; LHU = Local Health Unit

In univariate analysis of social determinants, female and older patients were more inclined to utilise exclusively scheduled primary care appointments. Employed and retired individuals seek more scheduled appointments, while those who are unemployed or studying use unscheduled visits. Patients whose residences were further away from the local health unit seek more in an unscheduled fashion than those living closer. Figure 1 depicts the association between social determinants and the selection of primary care appointment types.

The univariate analysis of health determinants' reveals that individuals with chronic conditions, such as diabetes, hypertension, cancer, and cardiac events, demonstrate a heightened propensity for exclusively scheduled primary care visits. Conversely, individuals who have experienced cerebrovascular events do not clearly prefer scheduled or unscheduled visits. Furthermore, those with

a body mass index exceeding 25 kg/m^2 are more inclined to utilise exclusively scheduled appointments than those with a BMI within the normal range. In contrast, patients diagnosed with asthma exhibit a stronger preference for unscheduled appointments. At the same time, individuals with chronic obstructive pulmonary disease do not demonstrate a distinct preference between scheduled and unscheduled visits. Additionally, individuals with a history of chronic alcohol abuse do not exhibit a clear tendency towards either scheduled or unscheduled primary care visits. In contrast, those with a history of tobacco abuse are more likely to utilise exclusively unscheduled appointments. Moreover, patients diagnosed with dementia or anxiety are more prone to attend unscheduled visits, while those with a depression disorder exhibit a greater preference for scheduled primary care appointments. Figure 2 illustrates the relationship between these health determinants and the utilisation of different types of primary care visits.

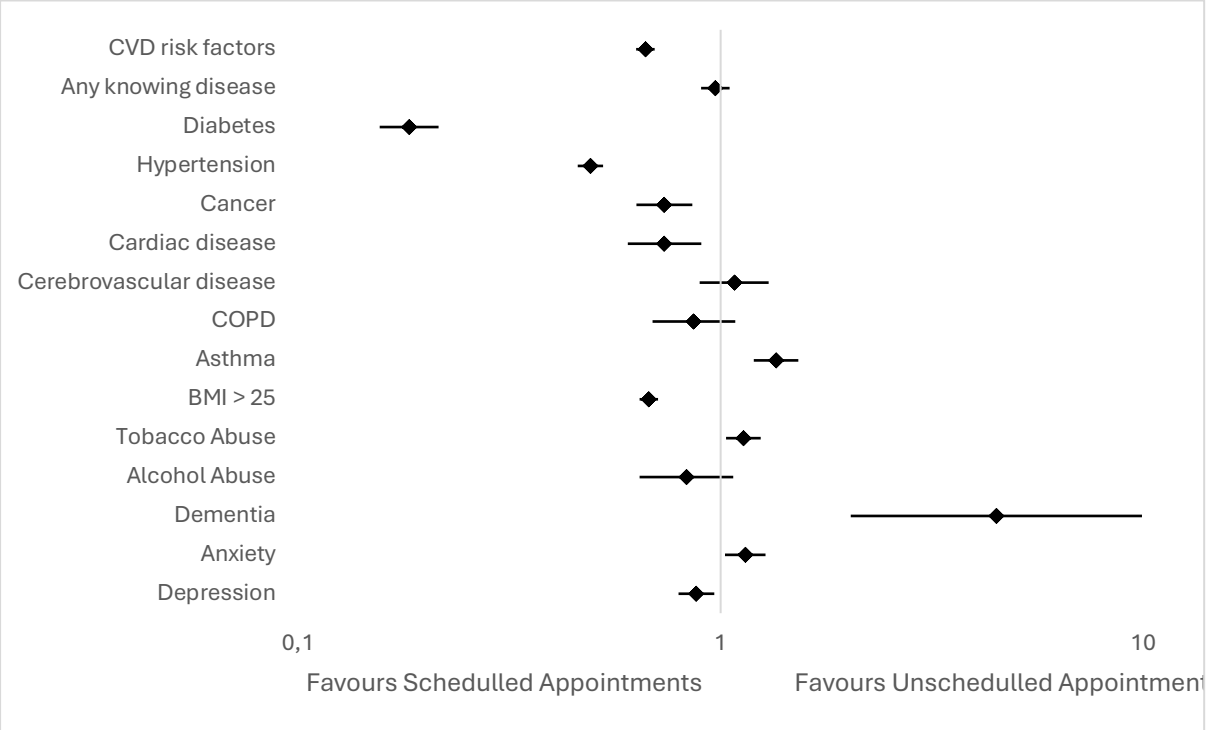
Figure 1 - Social Determinants' association with exclusive appointment selection



The univariate logistic regression analysis displayed the odds ratios with 95% confidence intervals for the association between social variables and the utilisation of exclusively scheduled (under 1) or unscheduled primary care visits (over 1).

FHUs = Family Health Units; PHCUs = Conventional Health Centres

Figure 2 - Health determinants' association with exclusive appointment selection



The univariate logistic regression analysis displayed the odds ratios with 95% confidence intervals for the association between health variables and the utilisation of exclusively scheduled (under 1) or unscheduled primary care visits (over 1).

CVD = Cardiovascular Risk Factors; COPD = Chronic Obstructive Pulmonary Disease; BMI = Body Mass Index

CVD risk factors include hypertension, diabetes, BMI over 25 Kg/m^2, tobacco and alcohol use. Any knowing disease included patients with the history of transient ischemic attack, stroke, stable angina, unstable angina, acute myocardial infarction, cardiac insufficiency, cancer, COPD or Asthma. Cardiac disease includes the history of stable angina, unstable angina, acute myocardial infarction or cardiac insufficiency. Cerebrovascular disease consists of the history of transient ischemic attack or stroke.

Logistic regression analysis adjusted for age, gender, and number of appointments revealed that several factors were significantly associated with the exclusive utilisation of scheduled or unscheduled primary care visits. Males, asthmatic patients, and those with a history of cerebrovascular disease, dementia, or anxiety were more likely to utilise exclusively unscheduled visits. At the same time, individuals with chronic conditions like diabetes and hypertension, local residents of the PHC, and with a BMI over 25 kg/m^2 were more likely to utilise exclusively scheduled visits (Table 2).

Table 2 - Factors related to the type of appointment selection

Determinants	OR (95% CI)	p-value *
Female vs Male	1.272 (1.207-1.341)	<0.001
Age	1.002 (1.000-1.004)	0.037
FHUs vs Conventional Health Centres	0.557 (0.518-0.598)	<0.001
Non-Resident vs Resident	0.853 (0.775-0.938	0.001
Employed	0.601 (0.548-0.658)	<0.001
Unemployed	0.709 (0.638-0.787)	<0.001
Student	0.654 (0.576-0.742)	<0.001
Retired	0.812 (0.713-0.924)	0.002
Diabetes	0.216 (0.182-0.257)	<0.001
Hypertension	0.578 (0.532-0.629)	<.0.001
Cerebrovascular disease	1.631 (1.321-2.014)	<0.001
Asthma	1.447 (1.274-1.643)	<0.001
BMI > 25	0.781 (0.739-0.826)	<0.001
Dementia	3.291 (1.397-7,754)	0.006
Anxiety	1.383 (1.230-1.554)	<0.001

Multivariate logistic regression of appointment selection adjusted for age, gender, and number of appointments (CI: confidence interval; OR: odds ratio; p-value was set at <0.05); CVD = Cardiovascular Risk Factors; COPD = Chronic Obstructive Pulmonary Disease; BMI = Body Mass Index; FHUs = Family Health Units

CVD risk factors include hypertension, diabetes, BMI over 25 Kg/m^2, tobacco and alcohol use. Any knowing disease included patients with the history of transient ischemic attack, stroke, stable angina, unstable angina, acute myocardial infarction, cardiac insufficiency, cancer, COPD or Asthma. Cardiac disease includes the history of stable angina, unstable angina, acute myocardial infarction or cardiac insufficiency. Cerebrovascular disease consists of the history of transient ischemic attack or stroke.

DISCUSSION

This study's results indicate that social and health-related factors influence the patterns of utilisation of scheduled and unscheduled primary care appointments in the Portuguese healthcare system. Males have a 27% greater likelihood to utilise unscheduled primary care appointments, which may be associated with greater availability of scheduled appointments for their participation in female-specific healthcare programs, including cervical cancer screening and maternal health initiatives (6). Studies have shown that female patients often prefer continuity of care with the same healthcare practitioner, an attribute commonly associated with scheduled primary care consultations (7). Existing research has likewise recognised that male patients often demonstrate a propensity for unscheduled primary care consultations (8,9).

Age emerged as a significant determinant, with older individuals exhibiting a slight preference for unscheduled primary care visits. This finding contradicts previous research (6–10) that identified older age as a predictor of scheduled appointment utilisation. The increased reliance on unscheduled care among older adults may be attributed to the complexities of managing multimorbidity, requiring more immediate attention from healthcare providers. An alternative explanation may be that older patients encounter more barriers to accessing emergency care, such as transportation challenges, given that most emergency care patients are younger (11).

Our study also found hypertension, diabetes and overweight/obese (BMI > 25 kg/m^2) significant predictors of scheduled primary care visits. These conditions represent some of the risk factors for cardiovascular disease (12). Patients with these conditions may be more inclined to proactively engage in scheduled care to monitor their health status and manage their conditions effectively (13,14). Family doctors/general practitioners have a vital role in preventing possible complications of these diseases. Guidelines for hypertension and diabetes management recommend close monitoring and timely intervention to ensure adequate control of these chronic conditions and prevent adverse health outcomes (15,16), which could contribute to the higher likelihood of scheduled appointments among these patient groups.

Our study indicates that patients receiving care from FHUs are more likely to utilise unscheduled primary care appointments. The conversion of Conventional Health Centres into FHUs has been associated with a reduction in the average waiting time for medical appointments and an increase in the average number of medical and nursing consultations (17). This enhanced accessibility may make patients more inclined to seek care through unscheduled appointments.

Individuals closer to the local health unit were more likely to utilise scheduled primary care visits. Studies have shown that geographical distance to the unit is a significant factor in patient appointment keeping, with people who live further away keeping their appointments (18,19). Patients living further away from the health unit may perceive unscheduled care as more accessible, resulting in a preference for this mode of care utilisation.

The study found that tobacco users demonstrate a greater propensity to utilise unscheduled primary care appointments. This may be attributed to their higher rate of missing scheduled appointments (18,20). Furthermore, research indicates that tobacco users exhibit improved attendance for the same day scheduled appointments, which aligns with the definition of unscheduled visits employed in this study (18).

The predisposition of individuals with asthma to utilise unscheduled primary care appointments may be linked to the symptomatology and risk of exacerbations characteristic of their respiratory condition. Asthma is often marked by acute and unpredictable episodes, prompting these patients to seek care to address their immediate healthcare needs (21). This pattern suggests that asthma patients who rely more on unscheduled visits may have poorer management of their condition, as those with worse-controlled symptoms are more likely to require more urgent care (22). An asthma disease program focusing on scheduled care integration may help improve these patients' continuity of care and health outcomes (23).

Patients with dementia tended to utilise unscheduled primary care appointments. Studies conducted in Portugal have reported challenges in managing individuals with dementia, including difficulties in accessing the roles of the Family Health Unit team, lack of knowledge to effectively address the needs of people with dementia, and a limited understanding of the quality of life and autonomy of this patient population (24). This could explain the preference for unscheduled appointments, where patients with dementia only seek care when urgent needs arise rather than utilising scheduled appointments for preventive care. Efforts to encourage and facilitate scheduled primary care visits may result in more effective chronic disease management, reduced emergency department utilisation, and improved health outcomes.

Screening for complications and unmet needs is a crucial short-term and long-term element of post-stroke care (25). Our findings indicate that post-stroke care is often delivered through unscheduled appointments. This tendency may be attributed to the need for comprehensive discharge information provided to patients, as prior research has shown a reduction in certain types of care following inadequate post-discharge guidance (26). Furthermore, studies suggest that post-stroke patients are

more likely to attend scheduled primary care appointments if they have comorbidities such as hypertension, which are typically managed through planned visits (27). Strategies to promote scheduled follow-up care, such as structured discharge planning and coordination with primary care providers, may be beneficial in improving post-stroke outcomes.

The study found that individuals with anxiety disorders, whether diagnosed or subclinical, are common in primary care and experience significant clinical severity and substantial psychosocial impairment (28). The research indicates a 38% greater tendency towards unscheduled primary care appointments among those with anxiety. Previous studies have identified mental health conditions as a precursor to more frequent utilisation of primary care services, particularly without a pre-arranged appointment (8,29). One possible explanation for this pattern may be the substantial impairment that anxiety disorders can cause in patients (30,31), prompting them to seek quicker responses through unscheduled visits to help mitigate the impact of their condition.

The cross-sectional study design limits our ability to infer causal relationships, as it cannot evaluate temporal associations between variables. A longitudinal research approach would have been more appropriate to assess the temporal dynamics underlying the patterns of primary care utilisation observed in this study.

CONCLUSION

The findings underscore the significance of understanding the factors driving patterns of primary care utilisation. This study helps us grasp how different social and health characteristics can influence whether patients choose scheduled or unscheduled appointments in the context of primary healthcare services. Identifying these determinants provides essential insights for designing targeted interventions and policies to optimise primary care delivery and improve overall health outcomes. Strategies to promote scheduled care, such as enhanced access, care coordination, and patient education, may be particularly beneficial for populations prone to relying on unscheduled visits. Further research is needed to explore the causal mechanisms underpinning the observed relationships and to evaluate the long-term impacts of interventions aimed at shifting patients towards more scheduled primary care utilisation.

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Anexos

Parecer da Comissão de Ética para a Saúde e
Autorização do Conselho de Administração
da Unidade Local de Saúde Entre Douro e Vouga

Doc 11

Miguel Paiva
Presidente do Conselho de Administração
Unidade Local de Saúde de Entre Douro e Vouga

Unidade Local de Saúde de Entre Douro e Vouga
Reunião do Conselho de Administração
13/06/2024
Deliberado autorizar.

Presidente (Miguel Paiva)		
Vogal Executiva (Rita Moutinho)	Vogal Executivo (Paulo Diz)	
Diretor Clínico-CH (Carlos Carvalho)	Diretora Clínica-CSP (Marisa Carvalho)	Enfermeira Diretora (Sara Pereira)

Exmo. (a) Senhor (a)
Presidente do Conselho de Administração,

ASSUNTO:

Pedido de autorização para a realização de trabalho de investigação

Registo CES N.º 26_2024

Santa Maria da Feira, 06 de junho de 2024

Designação do trabalho de Investigação

Determinants of Exclusive Utilization Across Different Consultation Types in Primary Health Care: An Observational Study.

Proponente(s)

Dr. João Nuno Romano Carneiro;

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Parecer da Comissão de Ética

Favorável, mas condicionado à conclusão do parecer da relatora.

Anabela Carneiro

Secretariado da Comissão de Ética para a Saúde do USLEDV

Proposta de Parecer da Comissão de Ética para a Saúde do CHEDV - EPE

1-Do pedido nº 26/2024 (19/04/2024)

1.1-**Título da investigação:** Determinants of Exclusive Utilization Across Differents Consultation Types in Primary Health Care: An Observational Study
1.2-**Nome dos Investigadores**: João Carneiro (Interno de MGF da USF Cuidar)
1.3-**Nome do Orientador**: Prof. Dr. Paulo Santos
1.4- **Serviço onde será realizada a investigação**: ULSEDV.
1.5-**Principal objetivo**: Definir os determinantes de utilização exclusiva da consulta aberta ou da consulta programada nos cuidados de saúde primários.
1.6-**População a estudar**: Critérios de inclusão: População da ULSEDV que utilizam exclusivamente a consulta aberta ou consulta programada (SI, HTA, DM, PF, SM, SA, Rastreio CC) de janeiro a final de dezembro de 2023. Critérios de exclusão: Utentes sem médico de Família atribuído; Utente não residentes em Portugal.
1.7- **Período de tempo no qual se vai realizar a investigação:** de maio a setembro de 2024
1.8-**Variáveis consideradas:** idade, género, IMC, habilitações literárias, estado civil, rendimentos, disfunção familiar, distância da habitação à USF.
1.9-**Instrumento de recolha de dados**: mim@uf
1.10- **Não existem riscos para os utentes. Benefícios:** A divulgação dos resultados deste trabalho de investigação pretenderá promover uma maior sensibilização dos Médicos de Família para a implementação de medidas que permitam uma maior uniformização da consulta de cuidados de saúde primários, pelos utentes. Assim, esta avaliação poderá levar a um ajustamento das Unidades de Saúde Familiar, indo ao encontro do perfil de utilização dos seus utentes.
1.11- **Propriedade dos dados**: É garantida a confidencialidade e o pseudo-anonimato. Será utilizado um código aleatorizado, atribuindo um número a cada doente. Será criada uma base de dados a que apenas o investigador terá acesso, através de palavra-passe.

2- O Parecer- Trata-se de um estudo académico, retrospetivo, por isso não necessita de consentimento dos utentes. O investigador garante a confidencialidade e o pseudo-anonimato dos dados. Não envolve gastos para os utentes nem para a instituição.
Está prevista a publicação dos resultados do trabalho. É assegurado que todos os dados se destinam exclusivamente para este fim e serão guardados até à sua publicação.
Como até ao momento, apesar de vários e-mails enviados, apenas foi entregue a informação da autorização para a realização do trabalho do Coordenador da USF Cuidar somos de opinião que deve ser dado parecer favorável à realização deste estudo, na USF Cuidar por, não existirem impedimentos éticos à realização do mesmo.

Reunião da Comissão de Ética: 04/06/2024

O relator, _____

Soledade Ferreira (A.H.G. Ginecologia/Obstetrícia)