Enhancing the effectiveness of health care for Ontarians through research

ICES Institute for Clinical Evaluative Sciences

At A Glance

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Monthly highlights of ICES research findings for stakeholders

Study shows wide disparities in effectiveness of anti-smoking laws across Canada

Rosenfield D, Manuel D, Alter D. The Smoking Regulatory Index: a new way to measure public health performance. *CMAJ*. 2006; 174 (10): 1403-1404.

Issue Reporting on the availability and performance of health services is now routine for many parts of the health care system. Public health is a glaring exception, despite many warnings about the state of public health services in Canada.

Study Because environmental tobacco smoke exposure is recognized as a threat to public health, scientists developed the "Smoking Regulatory Index" (SRI) – a measure which can be applied across different jurisdictions to produce a score reflecting the degree of an individual's or a community's protection against tobacco smoke in public places. SRIs were estimated for local municipalities across Canada using by-law information and estimated environmental tobacco exposure in different settings, such as workplaces and restaurants.

Key Findings There are wide disparities in public health protection against environmental tobacco smoke across Canadian municipalities.

Implications The SRI is an important tool that could be applied nationally and internationally to rank anti-smoking laws, to monitor progress in curbing the negative community effects of smoking, and to support broader efforts to evaluate public health interventions.

Mental health care use is unequal between socioeconomic groups

Steele L, Glazier R, Lin E. Inequity in mental health care under Canadian universal health coverage. *Psychiatr Serv*. 2006; 57 (3): 317-324.

Issue Previous research has produced conflicting evidence about disparities in mental health care use among socioeconomic groups, despite universal health coverage in Canada.

Study Examined over 700,000 Toronto residents who had a health visit in 2000 to compare rates of mental health visits to family physicians and psychiatrists across socioeconomic groups.

Key Findings Individuals from neighbourhoods with the highest socioeconomic status (SES) were 1.6 times more likely than those from neighbourhoods with the lowest SES to use psychiatric care. Among persons who received psychiatric care, individuals from the highest SES neighbourhoods had significantly more psychiatric visits than those from neighbourhoods with the lowest SES.

Implications In attempting to reduce disparities in mental health care use between socioeconomic groups, strategies such as actively targeting low SES groups and limiting the frequency of visits for some conditions might be needed, in addition to universal health care coverage.

Women and low income earners more likely to have dangerous colorectal cancer complications

Rabeneck L, Paszat L, Li C. Risk factors for obstruction, perforation or emergency admission at presentation in patients with colorectal cancer: a population-based study. *Am J Gastroenterol*. 2006; 101 (5): 1098-1103.

Issue No studies have evaluated the factors that put people at greater risk for being diagnosed with more advanced colorectal cancer (CRC). Identifying these factors could be useful in targeting screening and diagnostic services.

Study Tracked Ontario adults 20 years of age and older who were newly diagnosed with CRC between 1996 and 2001. The proportion of people who had an acute bowel obstruction, a perforation at the site of the tumour, or who required emergency admission to hospital, all of which signal more advanced disease, was calculated, and factors associated with these poor outcomes were identified.

Key Findings During the study period, 41,356 people were diagnosed with CRC and 7,739 (19%) of these patients were diagnosed because they experienced dangerous complications. Women had 7% higher odds compared with men, and low income individuals had 22% higher odds compared with the higher income group for experiencing these complications.

Implications These results reaffirm the need for a much greater emphasis on CRC screening and, in particular, the implementation of an organized, population-based CRC screening program that targets high risk populations to prevent the disease or catch more cases early on when the cancer is easier to treat.

Wait times not growing, but inequities still exist, ICES report shows

Tu J, Pinfold P, McColgan P, Laupacis A, editors. Access to Health Services in Ontario: ICES Atlas 2nd Edition. Toronto: Institute for Clinical Evaluative Sciences; 2006.

Issue It is important to update the findings of the 2005 ICES Atlas, *Access to Health Services in Ontario*, in order to examine how rates of service provision and wait times for the five key health services identified in the Ontario Wait Times Strategy have changed since the original report.

Study Focused on changes in rates of service and wait times between 2003/04 and 2004/05. In addition, the 2nd edition of the Atlas included wait times by age and gender and socioeconomic status, as well as patient outcomes for joint replacement surgery, cardiac bypass surgery and cataract surgery.

Key Findings Over the past decade, and between 2003/04 and 2004/05, rates of service provision increased for all of the key services, namely: cancer, cataract and cardiac surgeries, hip and knee replacements and CT and MRI scans. Wait times for cancer, cataract and joint replacement surgeries did not change, while wait times for cardiac procedures decreased. Once again, province-wide data was not available to assess wait times for CT and MRI scans.

There continue to be significant variations in rates of service provision across Local Health Integration Networks (LHINs), with some LHINs having rates of service that are more than twice as high as rates in other LHINs. Compared to 2003/04, individuals from wealthier neighbourhoods were more likely to access services in 2004/05. Wealthier individuals were also more likely to receive nine out of the 12 procedures examined.

Implications Particular attention should be focused on expanding the services for which valid data are collected. This should include measuring indicators of appropriateness, monitoring inequities in access by socioeconomic status and region, and tracking the impact of resource allocation decisions based on rates of service provision and wait times.

Physician prescribing patterns are improving for diabetes patients with hypertension

McAlister F, Campbell N, Duong-Hua M, Chen Z, Tu K. Antihypertensive medication prescribing in 27,822 elderly Canadians with diabetes over the past decade. *Diabetes Care*. 2006; 29 (4): 836-841.

Issue Previous studies have been unable to define whether the care gap in hypertensive individuals with diabetes is due to physician factors, patient factors or a combination of these.

Study Identified 27,822 patients 66 years of age and older who had diabetes and were newly treated for hypertension between 1995 and 2001 in Ontario. These patients were followed for two years after their initial antihypertensive prescription to examine whether prescribing practices for elderly individuals with diabetes and hypertension have changed.

Key Findings Between 1995 and 2001, physician prescribing practices changed: antihypertensive prescribing increased by 46%, the proportion of initial antihypertensive prescriptions that were for angiotensin-converting enzyme (ACE) inhibitors increased from 54% to 76%, and the use of multiple antihypertensive agents within the first two years of diagnosis increased from 21% to 32%.

Implications Although some prior research has attributed suboptimal control of blood pressure in individuals with diabetes and the lack of improvement over time with physician factors, this study suggests that the prescribing practices of Ontario physicians for their hypertensive elderly patients with diabetes have improved as evidence has accumulated.

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