Survey suggests geographic inequalities in patient registration can exclude patients from comprehensive care access

July 25 2023

Indicator of Local PCP Supply	Present	Registering Patients for Office Visits	Registering Patients for Home Visits	*P* Value[a]
Block has ≥1 PCP of this type, No. (%)	2,905 (55.4)	2,004 (38.6)	1,008 (19.4)	<.001[b]
Number of PCPs of this type per block per 10,000 inhabitants, mean (SD)	7.59 (18.4)	3.32 (6.10)	1.31 (9.20)	<.001[c]

Comparison of PCP Presence and Willingness to Register Patients for Visits (N = 5,188 Census Blocks) PCP = primary care physician.Notes: The binary indicators (block has vs does not have at least 1 PCP of given type) reflect the minimum ability of patients to find a physician; the continuous indicators (numbers of PCPs of given type per number of inhabitants) reflect patients' possible ability to choose among several physicians. See Methods for details. ↵a Indicators of local PCP supply were compared by using empty mixed models (i.e., those without any independent variables) with a random intercept and 2 levels (block level and municipality level, to take into account possible municipal policies related to primary care supply). ↵b The 3 binary indicators were compared with a log-binomial model. ↵c The 3 continuous indicators were compared with a Poisson model containing as an offset the logarithm of the number of inhabitants in the block, to take physician density into account.

Credit: *The Annals of Family Medicine* (2023). DOI: 10.1370/afm.3001

French researchers conducted a large, simulated study to examine the relationship between the presence of primary care physicians (PCPs) and the ability of patients to register with a PCP. The study aimed to analyze local PCP supply based on various indicators, including PCP presence, patient registration availability for office visits, and patient registration availability for home visits.

Out of 5,188 census blocks, 55.4% had at least one PCP, with 38.6% of those blocks allowing registration for office visits and 19.46% allowing registration for home visits. The research revealed that geographic inequalities in patient registration were more significant than those related to PCP density, challenging the assumption that patients could easily find and register with a PCP.

They found that doctors were less likely to accept new patients who required time-consuming procedures including home visits and complicated services. Additionally, they were also less likely to accept new patients if they worked in areas that required them to take on the highest work loads (lowest PCP density in the most disadvantaged areas).

The authors argue that policy decisions mandating patient registration with a PCP to access health care may unintentionally exclude individuals who are unable to register with a PCP, preventing them from benefiting completely from the health care system.

Finding a PCP with whom to register in France is a prerequisite for benefiting fully from the health care system, access to which can be undermined by substantial PCP refusal to register new patients. PCPs

can also refuse appointments to unregistered patients.

The findings from the study suggest that the number of primary care doctors in a specific area does not correlate with a patient's ability to register for care from any of those doctors. Patients who requested more complex services or were located in more disadvantaged areas were more likely to be denied registration for a PCP.

The researchers contend that the inability of patients to register with a PCP may result in the exclusion of certain patient groups from accessing health care services that require PCP registration. These observations highlight the need for a more nuanced approach in developing policies to ensure equitable health care access for all individuals.

The work is published in *The Annals of Family Medicine* journal.

More information: Raphaëlle Delpech et al, Presence of Primary Care Physicians and Patients' Ability to Register: A Simulated-Patient Survey in the Paris Region, *The Annals of Family Medicine* (2023). DOI: 10.1370/afm.3001

Provided by American Academy of Family Physicians