

Uninsured Maternity Patients in Calgary: Local Trends and Survey of Health Care Workers

Fiona M. Mattatall, MSc, MD

Department of Obstetrics and Gynecology Cumming School of Medicine, University of Calgary, Calgary, AB

Abstract

Objective: Uninsured maternity patients comprise a small but complex group of patients and include marginalized Canadians, undocumented immigrants, visitors, and non-Canadians seeking health care and/or citizenship for their newborn. This is the first Canadian study to quantify these patients and to review health care providers' perspectives and practices of care.

Methods: Data for all deliveries in Calgary, Alberta over a 4-year period (2013-2016) were analyzed. All Calgary anaesthesiologists, family physicians, midwives, neonatologists, obstetricians, and pediatricians were surveyed about their care of these patients, ethical perspectives, and knowledge of liability protection when providing such care.

Results: This study found a trend of uninsured deliveries in Calgary (from 0.5% in 2013 to 0.8% in 2016; $P < 0.0001$) that is accounted for by non-Canadian patients. Midwives and physicians agree on provision of emergency care but not preventive care. Across medical specialties, fewer caregivers felt obliged to care for non-Canadian patients seeking citizenship for their newborn. Among physicians, 61% were aware of the Canadian Medical Protective Association's guidelines on liability coverage for non-Canadian patients, and only 28% consistently protected themselves legally. There is large variation regarding whether physicians bill for services when the patient is uninsured.

Conclusion: In Calgary, the study observed an increase in numbers of uninsured maternity patients. Differing ethical perspectives on the care of these patients may lead to conflict within health care teams because of differences on ethical perspectives of care among team members. Health care providers require education to understand the implications and challenges of obstetrical care of non-Canadians.

Résumé

Objectif : Les patientes non assurées des services de maternité forment un groupe petit mais complexe auquel appartiennent notamment les Canadiennes marginalisées, les immigrantes sans

papiers, les femmes en visite et les non-Canadiennes voulant que leur nouveau-né reçoive des soins ou obtienne sa citoyenneté.

Il s'agit ici de la première étude canadienne visant à dénombrer ces patientes et à évaluer les points de vue des fournisseurs de soins de santé ainsi que leurs pratiques de soins.

Méthodologie : Nous avons analysé les données de tous les accouchements survenus à Calgary pendant trois ans (de 2013 à 2016). Tous les anesthésistes, médecins de famille, sages-femmes, néonatalogistes, obstétriciens et pédiatres ont été questionnés sur les soins qu'ils ont prodigués aux patientes à l'étude, leurs points de vue éthiques et leur connaissance de l'assurance responsabilité liée à la prestation de soins dans ces cas particuliers.

Résultats : Cette étude a mis au jour une tendance à la hausse des accouchements non assurés à Calgary (de 0,5 % en 2013 à 0,8 % en 2016; $P < 0,0001$), s'expliquant surtout par les cas de patientes non canadiennes. Les sages-femmes et les médecins s'entendent pour prodiguer des soins d'urgence, mais pas des soins préventifs. Toutes professions confondues, moins de fournisseurs de soins se sentaient obligés de soigner les non-Canadiennes voulant que leur nouveau-né obtienne la citoyenneté canadienne. Soixante et un pour cent des médecins connaissaient les lignes directrices de l'Association canadienne de protection médicale sur la couverture-responsabilité à l'égard des soins prodigués aux non-Canadiennes, et seulement 28 % prenaient constamment des mesures pour se protéger vis-à-vis de la loi. La facturation des services aux patientes non assurées variait grandement d'un médecin à l'autre.

Conclusion : Cette étude a permis d'observer une hausse du nombre de patientes non assurées dans les services de maternité de Calgary. Les divers points de vue éthiques des professionnels de la santé sur les soins à offrir à ces patientes peuvent occasionner des conflits au sein des équipes de soins. Les fournisseurs devraient recevoir une formation qui les aiderait à bien saisir les conséquences et les enjeux des soins obstétricaux prodigués aux non-Canadiennes.

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INTRODUCTION

Uninsured patients who seek medical care in Canada comprise a poorly studied group.¹ They include marginalized Canadian residents, undocumented immigrants, visitors who travel without insurance, and medical

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Corresponding Author: Dr. Fiona M. Mattatall, Department of Obstetrics and Gynaecology Cumming School of Medicine, University of Calgary, Calgary, AB. fmattat@ucalgary.ca

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tourists (those who travel with intent to seek medical care in the country they are visiting). Caring for this uninsured group of patients, particularly when these patients are pregnant, is challenging.²

A working group of health care providers (2015) was established to address issues specific to uninsured maternity patients in Calgary, Alberta. Care of these patients was causing intra- and interdisciplinary conflict. This working group represents all four maternity hospitals in Calgary (Foothills Medical Centre, Peter Lougheed Centre, Rockyview General Hospital, and South Health Campus) with engagement from midwifery and physicians in the departments of anaesthesiology, family medicine, obstetrics, and pediatrics.

The goals were as follows:

1. Quantify the number of uninsured maternity patients being cared for in Calgary.
2. Survey midwives and physicians regarding:
 - a. How they are delivering care to uninsured mothers and newborns.
 - b. Whether and how they are billing for uninsured medical services.
 - c. Their perspectives on the challenges of care for uninsured mothers and newborns.

METHODS

Data Integration, Measurement, and Reporting (DIMR) from Alberta Health Services was used as the data source for all in-hospital deliveries in Calgary from January 2013 until December 2016 to quantify the number of uninsured maternity patients. DIMR reports data on insurers for patients: Alberta government, other province or territory, other federal government (Royal Canadian Mounted Police, Department of National Defence, penitentiary, refugee), Canadian resident self-pay, and other country resident self-pay. The last two categories were collected for this study. DIMR captures hospital deliveries but not out of hospital deliveries. The data for home births on the basis of insurance status were not available for this study.

Calgary health care providers were surveyed and study data were collected and managed using Research Electronic Data Capture (REDCap³), hosted at the University of Calgary. All active department members from anaesthesiology, family medicine, midwifery, neonatology, obstetrics, and pediatrics were approached. Providers were invited by email to participate in an online anonymous survey.

Table 1. Annual deliveries of uninsured patients in Calgary

| Year | Total deliveries | Uninsured deliveries | Percentage |
|------|------------------|----------------------|------------|
| 2013 | 17 549 | 87 | 0.5 |
| 2014 | 18 492 | 109 | 0.6 |
| 2015 | 18 659 | 135 | 0.7 |
| 2016 | 18 626 | 156 | 0.8 |

Question formats included yes/no, categorical, and slider scale. To ensure that only those providers directly involved in the care of maternity patients were included, the role played by the health care provider was identified, and those providers not involved in either maternal care or newborn care were removed from the remainder of the survey.

The Cochran-Armitage test was used for linear trend in number of patients over time. Either the chi-square test or the Fisher exact test was used for analysis of categorical variables. ANOVA was used to analyze continuous variables.

This study was reviewed and approved by the University of Calgary Conjoint Health Research Ethics Board (RED15-1365).

RESULTS

Data for Calgary Deliveries

Data identified an increase in the number of uninsured maternity patients who were delivered in Calgary from 2013 to 2016 (Table 1). This was a statistically significant trend ($P < 0.0001$). DIMR captured whether patients were Canadian or non-Canadian and demonstrated that the increase in uninsured patients was for non-Canadians only (Table 2). Uninsured Canadian patients include those whose provincial or territorial health insurance has not been maintained. Provinces and territories (other than Quebec) have reciprocal agreements for insured patients so these Canadians are insured outside of their province. Uninsured non-Canadian patients include undocumented

Table 2. Breakdown of uninsured patients

| Year | Canadian uninsured deliveries (%) | Non-Canadian uninsured deliveries (%) |
|------|-----------------------------------|---------------------------------------|
| 2013 | 19 (22) | 68 (78) |
| 2014 | 20 (18) | 89 (82) |
| 2015 | 17 (13) | 118 (87) |
| 2016 | 12 (8) | 144 (92) |

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