Perspectives of family physicians on the care of uninsured pregnant women in Montreal, Canada

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Context of the study

- Program of study on medically uninsured pregnant women in Montreal, Canada
  - Literature review *(Munro et al. 2012)*
  - Retrospective chart review *(Jarvis et al. 2011)*
    - Uninsured pregnant women were more likely to receive inadequate prenatal care
  - Two qualitative studies
    - Physician perspectives
    - Patient perspectives
Background

- Healthcare in Canada based on principle of universal coverage

- No official provisions for medically uninsured
  - Out-of-pocket payment for health services
  - Inadequate access to health services

  \[(Rousseau et al. 2008; ter Kuile et al. 2007; Gagnon 2002)\]

- Uninsured pregnant women are particularly vulnerable
  - Limited access to prenatal and obstetrical services that favor maternal & child health

  \[(Magalhaes et al. 2009; Bernhard et al. 2007; Wolff et al. 2005)\]
Study objective

To explore the perspectives of family physicians who provided care to medically uninsured pregnant women in Montreal, Canada between 2004 and 2007
Methods

- Participants
  - Family physicians involved in obstetric care recruited from two primary care clinics
  - Affiliated to the same hospital for deliveries

- Data collection
  - Semi-structured interview guide

- Data analysis
  - Thematic analysis (Braun & Clark, 2006)
Results: Participants

- Eight family physicians: 5 women, 3 men
- Years in practice: 5 - 33 years
- Number of obstetric patients: 20-150
  - Uninsured obstetrics patients: 5-36
Results: 1) Perceptions of care

- Who are these women?
  - Uninsured mainly as a result of precarious immigration status
  - Uninsured women as vulnerable

“They usually are not wealthy people, they are usually illegal, they are being, often being exploited in some way. It is part of a whole constellation of poverty, exploitation and marginalization. So their uninsuredness is kind of a symptom of all that.”
Results: 1) Perceptions of care

- Providing care a professional obligation as a family doctor

“I think it is part of our, you know, it is just part of the job. Sometimes we do things because it is the right thing to do, not because it is an expectation we are going to get paid for it.”
Results: 1) Perceptions of care

- Barriers to care: financial, logistic, cultural
- Perceived outcome: altered standard of care

“And so, if I think that you cannot afford that, then I am going to try and think about ways that I can save you money, but then I am not doing what I would normally do. I am altering my standard of care and the reason that I do all those tests is that hopefully because, not because it is expensive, but because I think that that is what I should be ordering based on good evidence.”
Results: 2) Impact on the physician

- Psychological
  - Providing adequate care to a marginal population
    “I think it worries all of us that here we have somebody who is marginal to the system and difficult to get standard of care for.”

- Discomfort discussing monetary issues
  “I think, you know, it speaks to the strength of our system, that we do not have to speak about money. And those few times when we do have to ask for money it makes us so uncomfortable.”
Results: 2) Impact on the physician

- Workload
  “I think the way I feel as a doctor is that I am like doing more work for a patient who is uninsured, by trying to coordinate things and doing all these routines that are unfamiliar to me.”

- Relationships
  “We work in a group so if I am unable to attend the delivery it would be someone else from my group and, like I said, often these women do not end up paying for the delivery so that may create some tensions.”
Results: 3) Coping strategies

- Navigating the system
  - Private clinics & community organizations

“There is a lot more navigating that has to be done to figure out how you can provide them the kind of care you would like to provide, and would provide.”
Results: 4) Proposed solutions

- Multidisciplinary care
- “Absorb” into healthcare system

“I think that as a community we could put in place more resources for these women so that they do not have to be shuffling around the system and trying to find loopholes because, at the end of the day, it is their health and it is their baby’s health.”
Discussion

- Uninsured pregnant women
  - Precarious immigration status, vulnerability

- Family physicians who provide care to this population
  - A professional obligation
  - Challenging, resulting in several types of stressors
  - Left to navigate the healthcare system

- Solutions
  - Ensure access to care for this population
  - Discussions with various stakeholders
Future perspectives

- Medically uninsured population will likely increase
  - Global migration
  - Cuts to the Interim Federal Health Program

- Impact on individuals
  - Patients, but also healthcare providers

- Impact on public health
  - Preventive role of prenatal and perinatal health care
  - Future generations of Canadians
Thank you!

Questions?
References


