

SUMMARY:

Hospital Care for All

An equity report on differences in household income among patients at Toronto Central Local Health Integration Network (TC LHIN) hospitals, 2008-2010.

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What is in the report?

“Hospital Care for All” documents differences in household income among patients admitted to hospitals in Toronto Central Local Health Integration Network (TC LHIN) during the period 2008-2010. To better understand the relationship between Toronto hospitals and the communities they serve, we also report on whether patients lived inside or outside the geographical boundaries of TC LHIN. Detailed findings, methods and data used are described in the full report.

Why did we produce the report?

Understanding the socioeconomic status of our patients is an essential step toward ensuring that hospitals in TC LHIN provide excellent care for all patients, regardless of who they are, where they come from, where they live or what they earn.

The Centre for Research on Inner City Health and Institute for Clinical Evaluative Sciences, in collaboration with the Hospital Collaborative on Marginalized and Vulnerable Populations, produced the report to establish standardized, baseline evidence about the socioeconomic status of patients receiving care in TC LHIN hospitals. This evidence will enable many hospitals and health care stakeholders in TC LHIN to see the socioeconomic profile of patients for the first time. It provides an empirical basis for planning, implementing and evaluating equity-focused health care services within and across hospitals. It is our aim for these data (and the methods for collecting them) to be incorporated into the TC LHIN Hospital Equity Reporting process.

Discussion

1. Observation: TC LHIN hospitals admitted patients who lived both inside and outside of TC LHIN in equal numbers. For some services, the hospitals admitted more non-LHIN residents than local residents.

That TC LHIN provides health care to non-residents has been widely documented and is to be expected; Toronto is a major health care hub for the GTA and Ontario. Many Toronto teaching hospitals offer specialized services that are unavailable in some other areas.

Health equity questions: What are the health equity implications of serving patients from beyond the geographical boundaries of TC LHIN?

- ▶ Was the likelihood of being referred into TC LHIN for specialized services related to patient income?
- ▶ Did patients from outside of TC LHIN have higher, lower or similar household incomes as TC LHIN residents?
- ▶ What was the influence of non-TC LHIN patients on patient income profiles for individual hospitals and for hospitals overall in TC LHIN?
- ▶ What was the influence of non-TC LHIN patients on patient health profiles for individual hospitals and for hospitals overall in TC LHIN?
- ▶ Did referrals into TC LHIN from outside affect access to hospital care for local residents?

Download this summary and the full report, including detailed findings, at www.crich.ca.

- 2. Observation:** Although low income groups tend to have more health care needs, low and high income patients were admitted to TC LHIN hospitals in about the same numbers.

There is ample evidence to show that in Ontario, as in other jurisdictions, lower income groups are exposed to greater health risks, have more complex, co-morbid health conditions, and underutilize preventative health care compared to higher income groups. For these reasons, we can reasonably expect a greater need for hospital care among people with low incomes, compared to high income earners.

If levels of hospitalization matched patient need, we should expect to an inverse relationship between income and hospitalizations (i.e. higher income, lower hospitalizations). However, the income gradients for most TC LHIN hospitals and most admissions categories were distinctly U-shaped, rather than sloped, with fewest hospitalizations for middle income groups, and more hospitalizations for high and low income earners.

At least on the surface, these results suggest higher than expected hospital utilization for high income earners.

Health equity questions: Do high income earners enjoy better access to health care in TC LHIN, compared to other patients?

- ▶ Did low income patients have unmet needs for hospital care? What barriers did they face?
- ▶ Did low income patients use other health care providers/services (e.g. Community Health Centres), rather than hospitals?
- ▶ If high income patients had better access to hospital care, what were the reasons for better access?

- 3. Observation:** High and low income patients were hospitalized for different reasons.

For many hospital services, low income patients were predominant (e.g. mental health, ALC, less/non urgent emergency and urgent care, and complex continuing care). In contrast, more high income patients were admitted for same-day surgery. In every hospital, the income profile of surgical inpatients was higher than the income of medical inpatients. The finding that low income patients were less often admitted for surgery compared to higher income patients is supported by the research literature describing upstream (i.e. socioeconomic) and downstream (i.e. health care system-related) barriers to surgical referrals.

Health equity questions: Was income a barrier to receiving hospital services in TC LHIN?

- ▶ Did patient income affect access to specialists and/or surgical referrals?
- ▶ Was there a relationship between patient income and use of elective surgery?
- ▶ Was income a barrier to discharging ALC patients to home and community care?
- ▶ How if at all did the course or quality of treatment differ for patients in different income quintiles?

- 4. Observation:** Patients from different income groups were admitted to different hospitals in TC LHIN.

TC LHIN hospitals showed three distinct patient income profiles, which may reflect the socioeconomic characteristics of the neighbourhoods in which they are situated and the referral patterns for communities and patient groups they have historically served.

- ▶ More low income patients than high income patients.
- ▶ More high income patients than low income patients.
- ▶ Similar numbers of low and high income patients.

Health equity questions: Was there a relationship between quality of care and patient income?

- ▶ Did patient income affect cost of care?
- ▶ Did patient income affect resource utilization patterns?
- ▶ Did patients experience income-related barriers to receiving care at TC LHIN hospitals?