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POSTER ABSTRACT

Profiling patterns of unattached patients' socioeconomic and clinical characteristics and associated access challenges: A latent class analysis

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Background: Canada is currently facing a primary care crisis marked by substantial access challenges. In the province of Quebec, approximately 31% of the population lacks attachment to a primary care provider—one of the highest rates of unattachment in the country. However, most studies examining the characteristics of these unattached patients and the impact of access difficulties have been small-scale. This study aimed to identify profiling patterns of unattached patients based on socioeconomic and clinical characteristics and assess how these profiles are associated with perceived access difficulties.

Approach: This cross-sectional study was conducted in Quebec's second-largest region between April and July 2024. An e-survey including 72 items was sent to all unattached patients with a valid email address registered on a centralized waiting list for unattached patients in the region. Latent class analysis was used to identify profiles based on unattached patients' socioeconomic and clinical characteristics.

Two patient-reported experience measures (PREM) captured access difficulties: 1) challenges obtaining needed services or advice (yes/no) and 2) worsening health problems due to these access difficulties (yes/no). Logistic regression models were conducted to assess the associations between patients' profiles and access outcomes.

Results: Among the 28,289 respondents who completed the socioeconomic and clinical questions, four distinct profiles were identified: 1) older Canadian-born adults with good mental health status (42%), 2) younger adults with higher social support and good health status (31%), 3) socioeconomically disadvantaged individuals with poor health and limited social support (20%) and 4) highly educated immigrants speaking a language other than French or English at home (7%). Compared to respondents in Profile 2 (younger adults with higher social support and good health status), those in Profile 1 (older Canadian-born adults with good mental health) had lower

odds of reporting difficulties accessing needed care. In contrast, respondents in Profiles 3 (socioeconomically disadvantaged with poor health) and 4 (highly educated immigrants) were more likely to experience difficulties obtaining needed care and were twice as likely to report health deterioration due to access difficulties compared to Profile 2.

Implications: This study identified four distinct profiles of unattached patients in Quebec. Findings show that socioeconomically vulnerable individuals and highly educated immigrants face greater access barriers and are at higher risk of worsening health outcomes. These insights highlight the need for equity-oriented and targeted strategies to improve patient attachment and reduce disparities in access to primary care. The results have international relevance, offering evidence to guide health systems seeking to enhance accessibility and reduce inequalities in primary care delivery.