Should we customize primary care for specific sub-populations?

This synopsis explores how primary care is delivered to specific sub-populations. Poverty is widely recognized as a major factor for poor health outcomes. In addition, clinical evidence frequently indicates that patients from minority, underserved and vulnerable populations are less likely to receive the health services they need, including clinically necessary procedures, than the general population. A search from 2000 to present of peer reviewed and grey literature in western countries guided this review.

Current Context

Homelessness is a serious social issue that affects a large number of people in urban centres around the world. Homeless people have poorer health than the general population and often experience **a higher number of acute and chronic health issues**, including **mental health** and **substance abuse** problems. They also have significantly **higher mortality rates** than the general population. The lack of access to a regular family doctor also impacts the health outcomes and continuity of care of homeless people.

Migrant and ethnic minority groups are also a vulnerable group as they generally have the **lowest proportion of registration with a primary care physician** and are likely to be those with the highest health needs. They also have a higher occurrence of diabetes and higher mortality rates than the general population. **Challenges** to the delivery of healthcare include **language barriers and lack of awareness of available services**.

Rural communities tend to have more **limited access** to primary and specialty health care that is critical for managing chronic care.

There are several ways that **practices** have been organized to serve diverse or vulnerable populations:

- **Regional Health Collaborative** - population-based practices that align services to meet the needs of

Key Considerations

- *Family physicians are a vital source of care for disadvantage groups*
- *Aligning services to meet the health needs of the local community by incorporating cultural competency can improve health outcomes*
- *Collaborative care improves access, satisfaction and outcomes for marginalized individuals in urban settings*
- *Home care can provide timely and coordinated care to patients*
- *Non-medical roles can help change the health behaviours of disadvantaged groups*

a specific local community by integrating cultural awareness and understanding.

- **Shared Care Program -** targets marginalized individuals with high rates of psychiatric disorders who have difficulty obtaining the help they need. The service includes community outreach, emergency shelters, transitional housing and drop-in centres.
- **Home-Based Primary Care -** provides coordinated, multidisciplinary, timely, and patient-centered care in the patient's home. Home-based care can improve the health outcomes of medically complex patients while reducing the use of acute and long-term care services.
- **Non-Medical roles** such as health trainers, patient liaison officers and patient navigators help change and facilitate healthy behaviour in socially disadvantaged and vulnerable groups. They can also provide support for vulnerable and diverse communities by improving communication and help with care planning and delivery.
- **Peer Health Coaching** involves the use of peer educators and coaches, usually volunteers that generally focus on providing support for self-management to a small group of patients that have similar healthcare requirements.

To **reduce racial and ethnic disparities** in healthcare, providers should:

- Provide **quality of care to all patients** irrespective of race or ethnicity
- Ensure inappropriate considerations do not affect clinical judgement
- **Eliminate biased behaviour** from other healthcare professionals towards patients
- **Encourage participatory decision making** with all patients
- Take into account **linguistic factors**
- **Increase diversity** in the physician workforce
- Address healthcare disparities in medical school curricula

Strategies surrounding **disease-targeted interventions** can also improve health outcomes in underserved and vulnerable populations. Most frequently, the services focus on:

- Diabetes Care
- Hypertension
- HIV
- Asthma
- Mental Health

These strategies can improve identification of candidates for intervention, increase responsiveness to the needs in the community and support integration of support groups into health services.

Discussion questions:

1. How can primary care physicians better serve the disadvantaged and underserved populations?
2. Are other disease-targeted interventions required in your community?
3. What is the best strategy for primary care practices to serve vulnerable populations?