PREDICTING NEED FOR LONG-TERM CARE

Problem

The lack of appropriate and reliable information about health care needs has placed considerable stress on the decision making process in the health care sector (Angus, 1995). Past decisions about the allocation of chronic care resources in the Inuvik Region were believed to have been directed by political influence rather than demonstrated need. Data from the Aged, Disabled and Chronically III Assessment provides an opportunity to examine and predict the chronic care needs of this population.

Purpose and Objective

The goal of this study was to analyze the client summary charts and develop a better understanding of disability and chronic care needs in the Inuvik Region to facilitate the planning of services. The objective was to describe the characteristics of the individuals requiring chronic care and to develop and evaluate two forecasting methods to predict chronic needs to the year 2005.

PREDICTING NEED FOR LONG-TERM CARE

Problem

Chronic care resource planning in the Inuvik Region is not evidence based. Data from the Aged, Disabled, and Chronically Ill Needs Assessment can be used to develop models to project needs and plan services

Purpose and Objective

The goal of this study is to develop a better understanding of chronic care needs in the Inuvik Region and facilitate the planning of service by developing and testing two mathematical models for project chronic care needs.

The objectives are:

1. describe the characteristic of individuals requiring chronic care
2. develop two mathematical models to forecast chronic care needs
3. test the predictive accuracy of each model using data from 1990, and 1995

A Comparison Of Practice Patterns of Fee-For-Service and Salary Physicians

Problem
How should physicians be paid? In 1993, the Department of Health piloted a project to remunerate general practitioners in the Inuvik Region by salary.

Objectives
The objective of this study is to determine if, in the Inuvik Region, the practice patterns of fee for service and salaried physicians differ. The study will consider four practice pattern indicators: service intensity (claims per visit), billing intensity (fees per visit), propensity to recall (the proportion of recall visits of total visits) and recall billings (proportion of recall billings of total billings).

A Comparison Of Practice Patterns of Fee-For-Service and Salary Physicians

Problem
Increasingly, rural and northern regions are adopting alternate payment plans (say as payment by contract, salary or capitation) for general practitioners. A number of studies have compared the practice patterns and resource utilization of fee for service (FFS) and alternate payment plan physicians. We were unable to find studies that examined the impact of the alternate payment plan on the practice patterns of existing FFS general practitioner in rural or remote areas.

Purpose
The purpose of this study is to examine the practice patterns of FFS general practitioners after the introduction of a salary program in the Inuvik Region of the Northwest Territories.

Objectives
The objective of this study is to compare the practice patterns of FFS general practitioners before and after the introduction of a salary program by examining

1. service intensity (claims per visit)
2. billing intensity (dollar billed per visit)
3. propensity to recall (the proportion of recall visits of total visits)
4. recall billings (proportion of recall billings of total billings), and
5. five most frequently billed services.