

Maternal-infant Child Health and Environment Research Symposium:
“How Local Research can Influence Policy and Practice”

Thursday, February 26th, 2009, 08:00-17:00 hrs
Maple Leaf Room, Lister Conference Centre, University of Alberta

Poster Presentation:

Patient-Provider Rapport in the Health Care of People Who Inject Drugs

Background. Injection drug users (IDUs) underutilize health services despite significant need. The goals of this research were to (1) explore how provider-patient rapport relates to IDUs' health care experiences and care-seeking behaviour, (2) explore influences on the development of health provider-IDU rapport, and (3) test the hypothesis that perceived autonomy supportiveness of a primary care provider is associated with positive patterns of IDU service utilization.

Design. Mixed methods were used, including focus groups, cross-sectional study, and qualitative interviews.

Setting. Inner city Edmonton, Alberta.

Participants. 9 Edmonton-area IDUs and 7 of their primary care providers took part in focus group sessions. 91 IDUs participated in the quantitative phase, and 8 of these completed a follow-up qualitative interview.

Method. Semi-structured, qualitative focus group interviews were conducted, transcribed, and analysed using paraphrasing and coding techniques. For the quantitative portion, interviews were conducted to obtain self-reported sociodemographic, IDU behaviour, rapport, health status, and health care utilization data. Provincial health numbers from consenting participants were then used to extract retrospective administrative data from regional health facilities. Univariate descriptive statistics, bivariate correlations, and multivariate regressions were calculated to examine the association between rapport (perceived autonomy supportiveness) and each of patient satisfaction with care, disclosure of drug use, and emergency department presentation. Follow-up qualitative interviews were carried out in similar methodological fashion to preliminary focus group sessions.

Main Findings. Rapport is influenced by drugs and addiction, drug use disclosure, provider expertise, patient-centered care, and discrimination. Rapport influences patient compliance, timing of care, and criminal activity. Autonomy supportiveness predicts IDU satisfaction with care.

Conclusion. IDU-provider rapport has several unique determinants and positively influences health outcomes.

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