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The supply of physicians and care for breast cancer in Ontario and California, 1998 to 2006

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Introduction: We examined the differential effects of the supply of physicians on care for breast cancer in Ontario and California. We then used criteria for optimum care for breast cancer to estimate the regional needs for the supply of physicians.

Methods: Ontario and California registries provided 951 and 984 instances of breast cancer diagnosed between 1998 and 2000 and followed until 2006. These cohorts were joined with the supply of county-level primary care physicians (PCPs) and specialists in cancer care and compared on care for breast cancer.

Results: Significant protective PCP thresholds (7.75 to \geq 8.25 PCPs per 10 000 inhabitants) were observed for breast cancer diagnosis (odds ratio [OR] 1.62), receipt of adjuvant radiotherapy (OR 1.64) and 5-year survival (OR 1.87) in Ontario, but not in California. The number of physicians seemed adequate to optimize care for breast cancer across diverse places in California and in most Ontario locations. However, there was an estimated need for 550 more PCPs and 200 more obstetrician-gynecologists in Ontario's rural and small urban areas. We estimated gross physician surpluses for Ontario's 2 largest cities.

Conclusion: Policies are needed to functionally redistribute primary care and specialist physicians. Merely increasing the supply of physicians is unlikely to positively affect the health of Ontarians.

Introduction : Nous avons étudié les effets différentiels de l'offre de médecins sur le soin du cancer du sein en Ontario et en Californie. Nous avons ensuite utilisé les critères de soin optimal du cancer du sein pour estimer les besoins régionaux en médecins.

Méthodes : Les registres de l'Ontario et de la Californie ont fourni 951 et 984 cas de cancer du sein diagnostiqués entre 1998 et 2000 et suivis jusqu'en 2006. Ces cohortes ont été reliées à l'offre de médecins de première ligne (MPL) et de spécialistes en soin du cancer au niveau des comtés et comparées en termes de soin du cancer du sein.

Résultats : On a observé des seuils protecteurs importants de MPL (7,75 à \geq 8,25 MPL pour 10 000 habitants) dans le cas du diagnostic du cancer du sein (rapport de cotes [RC] 1,62), de la réception d'une radiothérapie d'appoint (RC 1,64) et de la survie à 5 ans (RC 1,87) en Ontario, mais non en Californie. Le nombre de médecins semblait suffisant pour optimiser le soin du cancer du sein à divers endroits en Californie et à la plupart des endroits en Ontario. On a toutefois estimé qu'il fallait 550 MPL de plus et 200 obstétriciens-gynécologues de plus dans les régions rurales et les petites villes de l'Ontario. Nous avons estimé l'excédent brut en médecins dans les deux plus grandes villes de l'Ontario.

Conclusion : Des politiques s'imposent pour redistribuer de façon fonctionnelle les médecins de première ligne et les médecins spécialistes. Il y a peu de chances que le simple fait d'augmenter l'offre de médecins ait un effet positif sur la santé de la population de l'Ontario.

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