Patient priorities regarding relationships with their providers only marginally affected by socioeconomic and health status

Trillium Primary Care Research Day
June 6, 2018 | Toronto, ON

Authors/Presenters

Sarah Burrows, Patient Representative;

Carol Mulder DVM MSc DBA CUTL – Provincial Lead, Quality Improvement and Decision Support, Association of Family Health Teams of Ontario

Purpose

Incorporating patient-provider relationship into primary care performance measurement is difficult. Ontario's primary care teams worked with patients to describe patients' measurement priorities, considering demographics, socioeconomic status (SES), health status and perceived performance on indicators.

Methodology

Population-based online survey of patients responding to email and social media invitations. Outcome measure was patient priority, according to the factors above.

Results

218 respondents. Top 10 priority indicators concerned:

- involvement in decisions
- quality of life
- time spent with patients
- attention to feelings
- taking concerns seriously
- reasonable wait for appointment
- patients saying what is important
- primary care-hospital record integration (not for lower SES)
- collaboration (not for low SES)
- approachability (not for lower SES, poor health)

Patients with lower SES (17 of 145 responses) and poor health (49 of 99 responses) had similar priorities to all patients (7 and 9 of the top 10 priorities for all patients, respectively). Availability was more important but otherwise, they had similar priorities for remaining domains of patient-provider relationship. Impact of demographics was not explored -- data were too homogenous. Perceived performance and priorities were correlated with some exceptions: immunizations (high performance, low priority) and time spent with patients (low performance, high priority).

Conclusions

SES and health status have limited impact on patients' priorities regarding patient-provider relationship, possibly due to homogeneity of sample. Correlation between performance and priorities suggests patients might NOT be deprioritizing biomedical indicators simply because they assume that performance on these is adequate, as is commonly believed.