

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

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Context:

Incorporating aspects of the patient-provider relationship into mainstream, quantitative primary care performance measurement is difficult. Ontario's primary care teams worked with patients to ask patients what their measurement priorities are related to this relationship.

Objective:

Describe patients' measurement priorities, considering demographics, socioeconomic status (SES), health status, perceived performance on indicators.

Study Design:

Population-based quantitative online survey.

Setting:

184 interdisciplinary primary care teams serving approximately 25% of Ontario, Canada.

Patients:

Self-selected respondents to email and social media survey invitations.

Main Measures:

Priority indicators, according to patients' SES, health status and perceived performance on indicators

Results:

- Top 10 priority indicators from the 218 respondents related to:
 1. involvement in decisions
 2. quality of life
 3. time spent with patients
 4. attention to feelings
 5. taking concerns seriously
 6. reasonable wait for appointment
 7. patients saying what is important
 8. primary care-hospital record integration (not for lower SES)
 9. collaboration (not for low SES)
 10. being approachable (not for low SES, poor health)

- **Patients with lower SES (17 of 145 complete responses):** 7 of top 10 priorities in common with other patients – remaining 3 related to same/next day appointment, referral process and office-staff courtesy.
- **Patients with poor health (49 of 99 complete responses):** 9 of top 10 priorities in common with other patients, remaining related to medication review. Both patient sub-groups prioritized “availability” but otherwise had similar priorities for remaining patient-provider relationship domains: knowledge, trust, sensitivity, commitment and collaboration. Demographics not explored (too homogenous). Generally high correlation between perceived performance and priorities. Some exceptions were 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 with respect to patient-provider relationship, possibly due to homogeneity of sample. Correlation between performance and priorities questions conventional wisdom that patients deprioritize biomedical indicators because they assume that providers are already performing well on these.

Learning objectives:

1. List indicators that patients feel are most important in reflecting patient-provider relationship in primary care performance measurement
2. Describe the impact of socioeconomic and health status on patient priorities related to patient-provider relationship
3. Challenge conventional wisdom that the reason patients rank “experience” measures higher than biomedical measures is because patients believe good performance on biomedical aspects of care is a “given”.