afhto association of family health teams of ontario

Patient Priorities Questionnaire 2017

Frequently Asked Questions

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1. Who designed this survey?

A working group of 3 patients, 1 researcher (working in patient-centered measurement of mental health care) and 1 AFHTO staff member. The questionnaire was based on the first survey done 2 years ago (also designed with patients) and refined based on feedback from respondents and others since then.

2. Why is AFHTO doing this survey?

The data will refresh the Quality Roll-Up indicator which is used to measure quality in a way that reflects what matters to patients. D2D used the Quality Roll-Up indicator to show that AFHTO members deliver high quality and that this quality is related to lower healthcare system costs. Refreshing patient priority data will help address questions like "do people who are sicker/older/more geographically isolated/etc. have different priorities, and how does this affect the what quality means for them?"

3. Is 200+ responses *really* enough?

To be honest, we don't know. We do know that we have a larger number of responses than we did last time. We're doing what we can with the responses we've received. And 200 is far more patients than the number who contribute to other measurement design processes – most of which don't even ask for patient input!

4. Did anyone preview this survey before it was sent out?

Yes. The survey was pre-tested by a sample of people from a range of backgrounds. They were able to answer the questions and confirmed that they understood the point. Some had done the first survey and found this one much clearer. All the same, nobody said it was an EASY survey.

5. What did you do to make sure it was readable?

We tried. We used words that were at about a Grade 6-8 level. And still, it is a hard survey to get through. The design makes it hard to follow. Simpler designs reduced the reading level – and missed the point of what we were asking, so we are left with a survey that not everyone can read.

6. What do patients think of this survey?

They agree it is long and complex. And they still think it is important. Most responses so far (and for the first iteration 2 years ago) are from patients referred by other patients. We are so very grateful they are willing to take this important work on. Many of them say they are grateful too -- for the invitation to make a difference in the way the healthcare system takes patients into account when measuring performance.

7. Why are there so many questions asking the same thing over and over?

There are 3 questions for each of the 24 indicators in the survey. Even if we feel that some of these indicators are of limited value, we need to ask about each one to get the concrete data to make a solid argument to this effect. For example, AFHTO has used the data from the first survey to show that patients do NOT value the "same/next day" indicator as much as other ways to measure access.

8. How can people who don't smoke (or don't have children or haven't been hospitalized etc.) answer questions about these issues?

A person can simply say "N/A" under these circumstances. Regardless, they can STILL have an opinion about how important it is that the primary care provider provides good care for smokers/children/people who have been in hospital/etc. Having said that, we know very well that this is the hardest part of the survey, even after making the changes suggested from the first iteration. It's hard to ask these questions – and we still need to try. If you have a better way to do it, we would really love to hear it!

9. How can patients be expected to know how their providers treat others?

We don't expect they will know this. We expect many will answer "N/A" or "don't know." This is not a problem. We only asked this first question (in each set of 3) because we learned the hard way last time that it was too hard to explain the nature of the second question (the one about importance) without first asking the one about what the provider actually does. It's still hard to follow. Next time we will have to do even better. If you have ideas to help with that, please do let us know!

10. Is there no other way to get this information?

Well yes! We are pleased to be partnering with Dr Nadiya Sunderji whose team has just been awarded a tightly-contested CIHR SPOR grant to seek similar information about measuring mental healthcare. We will be working with her and her team to explore the kinds of questions asked in the survey in a different way through focus groups. If your team would like to volunteer to host one of those focus groups as your way of inviting patients to contribute their insight to this important work, please let us know!