



## Interpretive notes

- a. The performance shown on these indicators in D2D 1.0 is based only on patients either currently in the office or having just had a recent visit. It is possible that this may not be representative of patients who did not have appointments either at the time of the survey or chose to go elsewhere (e.g. walk-in clinic, Emergency Department, other provider) or nowhere at all.
- b. There appears to be little difference in performance between the 3 questions and all of them show a high percent of patients with positive experiences. This may be real and it may also be what is known as “ceiling effect” (i.e. bunching of responses at the top end of the scale), possibly because patients want to be positive about their experience with their provider (i.e. social bias).
- c. Teams that do not feel able to do anything to improve patient experiences in these areas may decline to ask these questions to avoid setting false expectations among patients that their input will prompt changes. As a result, the performance level may represent teams that would consider interventions to improve patient experience in these areas and thus may not be representative of all teams. It could be an over-estimate of actual patient experience if one assumes that teams with good patient experience are more likely to be consider interventions. Or it could be an under-estimate if one assumes that teams for whom patient experience is not good are more likely to be considering interventions to improve their performance in this regard.