



# Balancing patient priorities in a measure of primary care quality

(formerly: Patient Priorities Regarding Relationships With Their Providers Only Marginally Affected by Socioeconomic and Health Status)

Carol Mulder, Provincial Lead, Quality Improvement Decision Support

On behalf of and with thanks to the members of the Association of Family Health Teams of Ontario

Nov 12, 2018

# Disclosure

- No commercial interests
- Carol Mulder is on salary from AFHTO and leads the QI program which implemented the Data to Decisions initiative



“It is very nice

to see  
anyone  
interested

in asking  
patients

what they  
would like to  
see

from their  
physicians”

# Learning objectives

- List indicators that patients feel are most important in reflecting patient-provider relationship in primary care performance measurement
- Describe the impact of socioeconomic and health status on patient priorities related to patient-provider relationship
- 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”.

# Study Design

- Population-based quantitative online survey
  - distributed by email, social media
- Setting
  - Primary care sector in Ontario, population of approximately 13 Million
  - Members of the Association of Family Health Teams of Ontario (virtually all of the 184 Family Health Teams, some Nurse-Practitioner Led Clinics)
  - Serve approximately 25% of Ontario's population
- Participants
  - Patients, self-selected respondents to invitations

# Questionnaire design: Indicators examined

- Total of 43 indicators balancing:
  - Meaningfulness to patients
  - Possible for providers to measure
  - Relevance to existing reporting requirements
- Section 1: 14 indicators used in existing primary care reporting
- Sections 2 and 3: Indicators used in previous pilot\* and patients' Key Performance Indicators\*\*
- Additional questions: patient demographics, health status and socioeconomic factors

\*Southey and Heydon, 2014

\*\*Patients Canada, 2015

# Questionnaire design: Question format

1. Do you agree that your primary care team/doctor orders the right cancer screening tests at the right time? (5 point Likert)
  
2. Does the extent to which they order cancer screening at the right time make a difference to how you feel about your primary care team/doctor? (5 point Likert)
  
3. How does ordering cancer screening affect how you feel about
  - a. How available they are,
  - b. How knowledgeable they are
  - c. How trustworthy they are
  - d. How sensitive they are to your feelings
  - e. How committed they are to you
  - f. How much they will work with you as a partner

# Results:

## Demographics, health & socioeconomic status

Parameter	Number of respondents	Percent of respondents
Respondents	218	100.0
Females	173	79.7
35-64 years	133	61.3
English-speaking preference	194	89.0
Employment from income	136	62.3
Annual income >\$60,000 (CAN)	147	89.8
University-level education	189	69.3
Excellent or very good self reported health	119	58.7
High level of social determinants of health*	143	88.3

\*English speaking, income from employment, annual income \$60,000+, someone to depend on, trust for advice, count on in emergencies



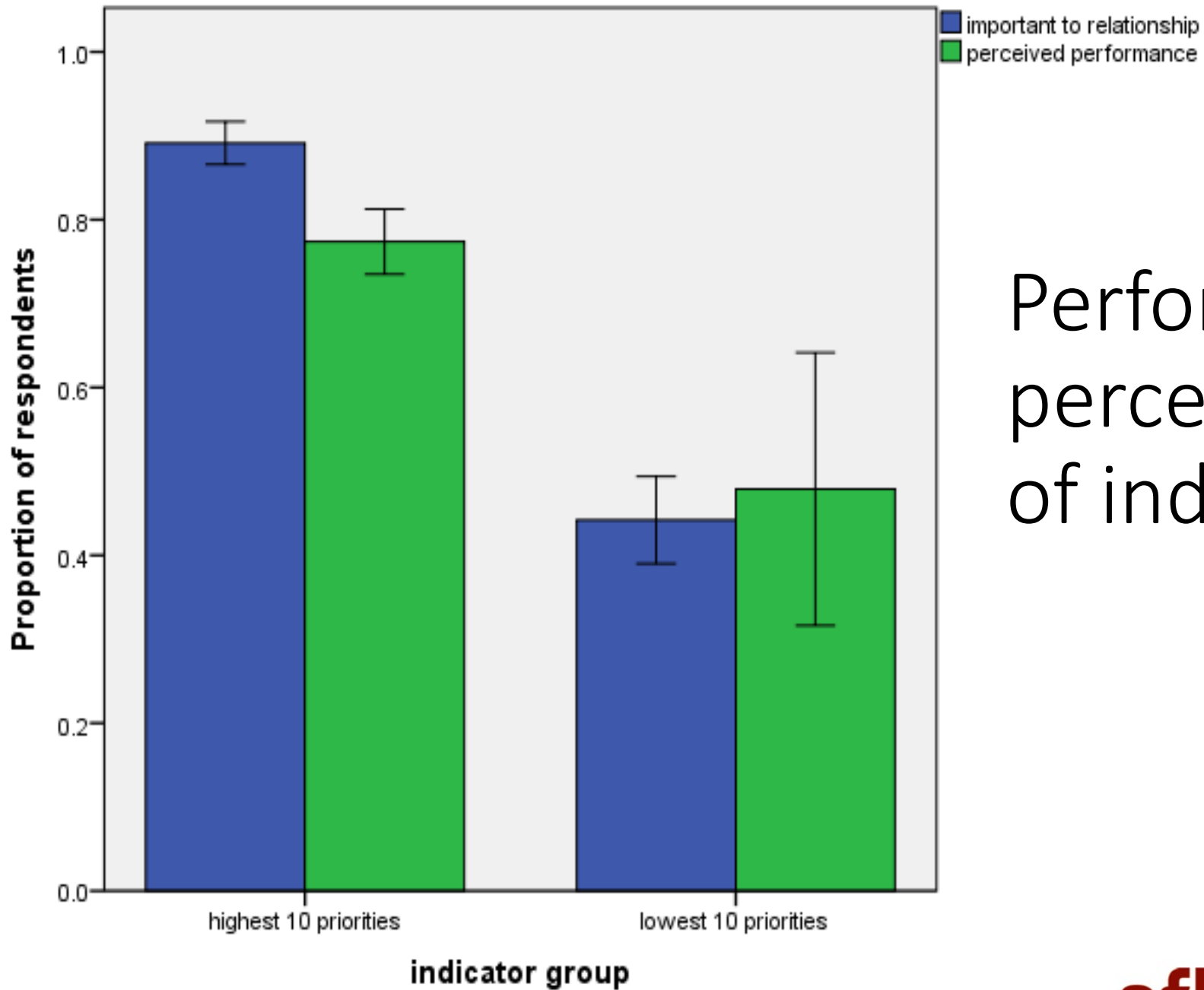
# Patient priorities

Measure: The extent to which the patient's provider...	Respondents	Proportion agreeing "important"
provides appointment in reasonable amount of time	151	0.89
involves you in decisions about your care	160	0.86
spends enough time	158	0.84
[office staff are] courteous	149	0.79
has access to ALL of your medical information	137	0.77
provides appointment on the same or next day	189	0.75
takes care of you at the office vs emergency department	145	0.74
makes it possible for you to see your OWN provider	141	0.73
sees you within 7 days of discharge from hospital	135	0.70
gives children all the right vaccinations	133	0.68
orders the right cancer screening tests	183	0.66
screens you for diabetes and high blood pressure	156	0.65
has few patients who have to go to the Emergency Department	166	0.52
has few patients readmitted to hospital within 30 days of discharge	135	0.47

proportion of patients agreeing or strongly agreeing that the measure is important in their relationship with their provider

# Priorities according to health risk





Performance on and perceived importance of indicators

Error bars: +/- 2 SE

# Limitations (aka learning for next time)

- Completeness and representativeness: probably affected by the long, complicated questionnaire
  - Reduce indicators, reduce “domains”, change mode to oral or group approach
- Homogenous demographics: impeded understanding of impact of health or socioeconomic status
  - Increase diversity in recruitment strategy

# Conclusions

- Pattern of patient priorities suggests a need to balance medical/technical with interactional indicators when measuring quality of primary care
- Health status may affect individual patients' priorities, although the pattern of higher priority for interactional indicators seems independent of health status
- Perceived performance mostly correlates with priorities
  - Patients did not prioritize indicators lower because they assume there is already excellent performance in these aspects of care.
- Domains: No evidence of distinction between indicators in terms of relevance to availability, knowledge, trust, sensitivity, commitment and collaboration.

The last word...

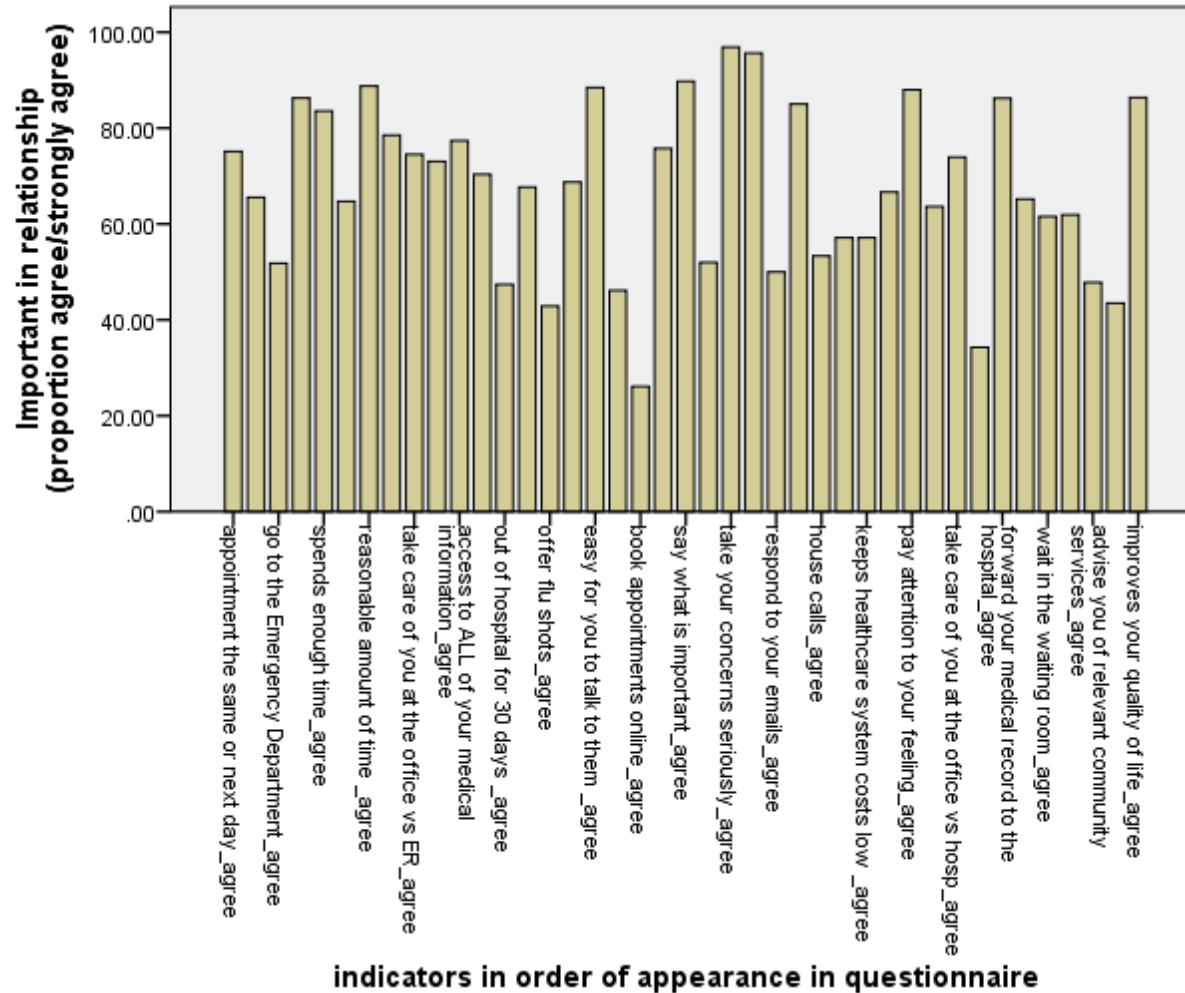
“You can’t keep asking what matters to patients but not changing in response to that.

If you want to say you care about me, you need to do something about it!”

# Thanks!

- For more information: [Carol.mulder@afhto.ca](mailto:Carol.mulder@afhto.ca)

# Survey fatigue?





### Importance (Proportion of respondents who "agree/strongly agree" indicator is important to relationship)

