

Patient Priorities for Primary Care Performance: Changing Measurement to Reflect the Patient-Provider Relationship

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Background

The relationship between patients and primary care providers is crucial to good patient experiences, clinical outcomes *and* a sustainable healthcare system. To date, patient perspectives have largely been represented through qualitative “patient story” data or quantitative PREMs and PROMs data. Neither approach ensures that performance measurement reflects patient priorities on *equal footing* with medical or system measures. It is undoubtedly time to rethink this quantitative, medical approach to measuring quality in primary care. Meanwhile, it may be useful to quantify patients’ perspectives about their relationship with providers to make it easier to consider these perspectives in current mainstream (i.e. numeric) primary care performance measurement.

Methods

Engage patients to design and implement 2 online population-based patient surveys. Patients were asked to prioritize commonly used indicators according to their influence on the relationship patients had with their primary care providers. Patients were invited via email and social media. Follow-up was done via patient focus groups to confirm the value of *numeric* data for patient priorities and find ways for ongoing data capture besides using surveys.

Setting

Interdisciplinary primary care teams who are members of the Association of Family Health Teams of Ontario (AFHTO) which provides care to approximately 25% of Ontarians (184 teams).

Results

Survey: About 250 patients responded to each survey. Patient-experience indicators (e.g., involvement in decisions) were considered more important than clinical indicators (e.g., cancer screening). The survey questions were considerably abstract (“how important is XX to the relationship with your provider” vs “how often does your provider do XX”). Therefore, the questionnaire was difficult to

complete. This might partly explain why the respondents were mostly middle-aged, healthy, highly-educated and employed females.

Focus group: Focus groups were held with 15 patients in three Ontario communities to get advice about if and how better to collect patient priorities data. They confirmed that “having that caring gut relationship that [their provider] really wishes you well and is in your court.... I think it’s critical”. They agreed that change is necessary: “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!”. They suggested small-group discussions such as the nominal group technique (our term, not theirs) as a better or additional approach to repeating the complex survey.

Conclusion

“Patients are smart -- they know if you are faking it.” They want patient perspectives considered on par with medical/system measures when tracking progress in primary care. They are willing and able to help with that, even though it is difficult. We owe it to them to keep trying.

Relevance Statement

We are trying to insert patient perspectives into the way that quality is currently measured in primary care. We hope this might help shift the focus of measurement towards what matters to patients.