# Factors affecting patient priorities for measurement in primary care

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On behalf of and with thanks to the members of the
Association of Family Health Teams of Ontario
And TUTOR-PHC alumni fellowship
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# Disclosure

- Presenters: Carol Mulder
- No relationships with commercial interests
- No commercial support
- No conflict of interest

*“Patients are smart people -- they know if you are faking it”*

# Purpose

- Relationship between patients and providers is most important aspect of quality in primary care
  - Starfield, Four Principles of family medicine (CFPC)
- Building this relationship into the measurement of quality is difficult.
- AFHTO's response: ask patients what their priorities are and weight quality measurement accordingly
- Survey: May 2017
  - Refresh data from similar survey in Feb 2015
  - Expand data to explore impact of demographics, health and socioeconomic status and perceived performance on patient priorities

# METHODOLOGY

- Data collection: Population-based online patient survey designed with patients
- Setting: 184 interdisciplinary primary care teams that belong to the Association of Family Health Teams of Ontario (AFHTO) serving approximately 25% of Ontario
- Recruitment: email invitations & social media from primary care teams & patients
- Outcome measure: importance of indicator to relationship between patient and primary care provider
- Contributing factors:
  - Patient perception of performance on the indicator
  - Health status of patient
  - Socioeconomic status of patient
  - Demographics of patient

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# Results: sample characteristics

- 218 respondents
- Demographics:
  - Nearly 80% were female
  - 55% were 35 to 64 years
- Socioeconomic status
  - 62% have employment income
  - Nearly 50% have undergraduate or graduate degrees
- Health status
  - Just over 20% had Emergency Department visit in past year
  - Nearly 50% have good health or better

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# Results

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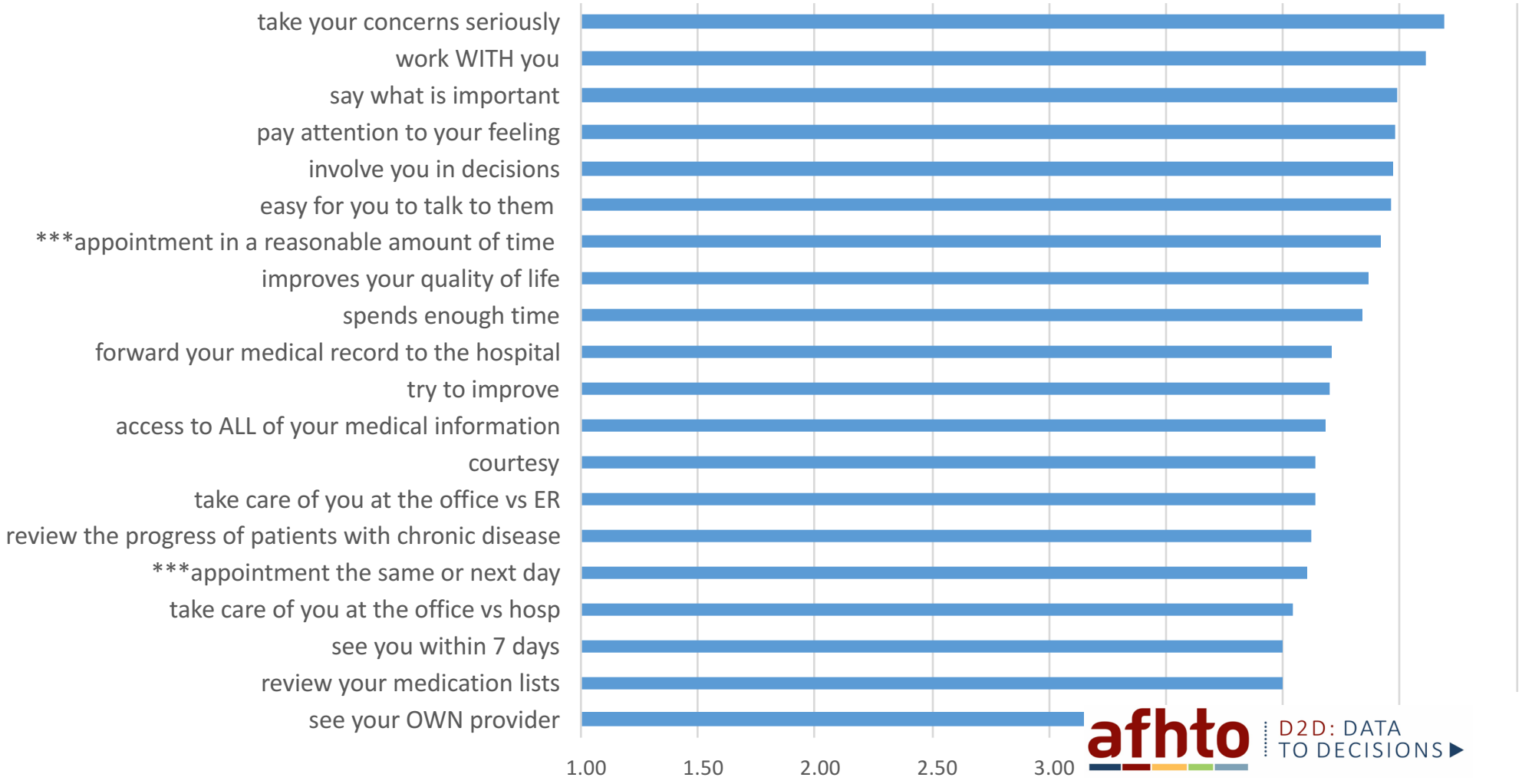
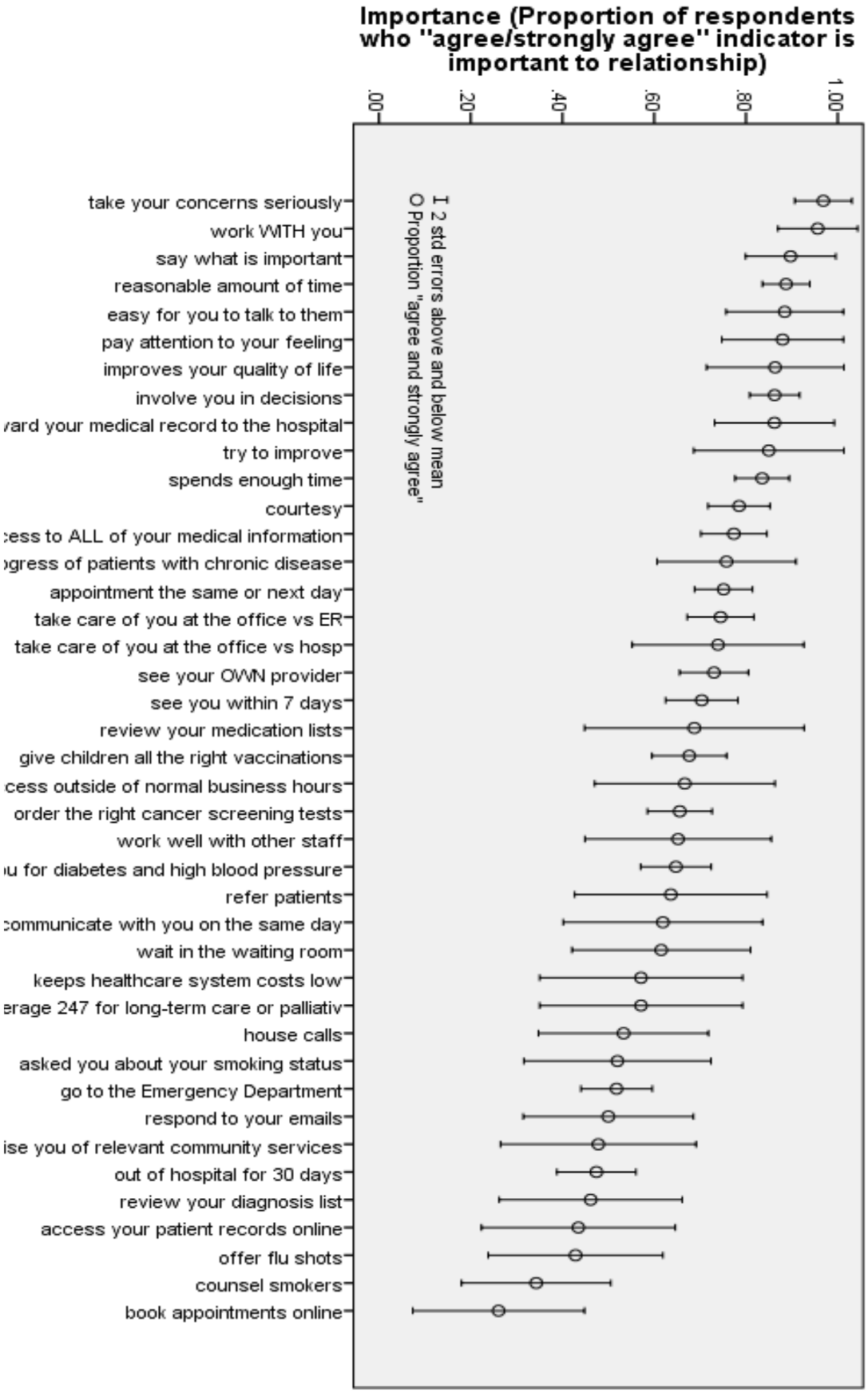
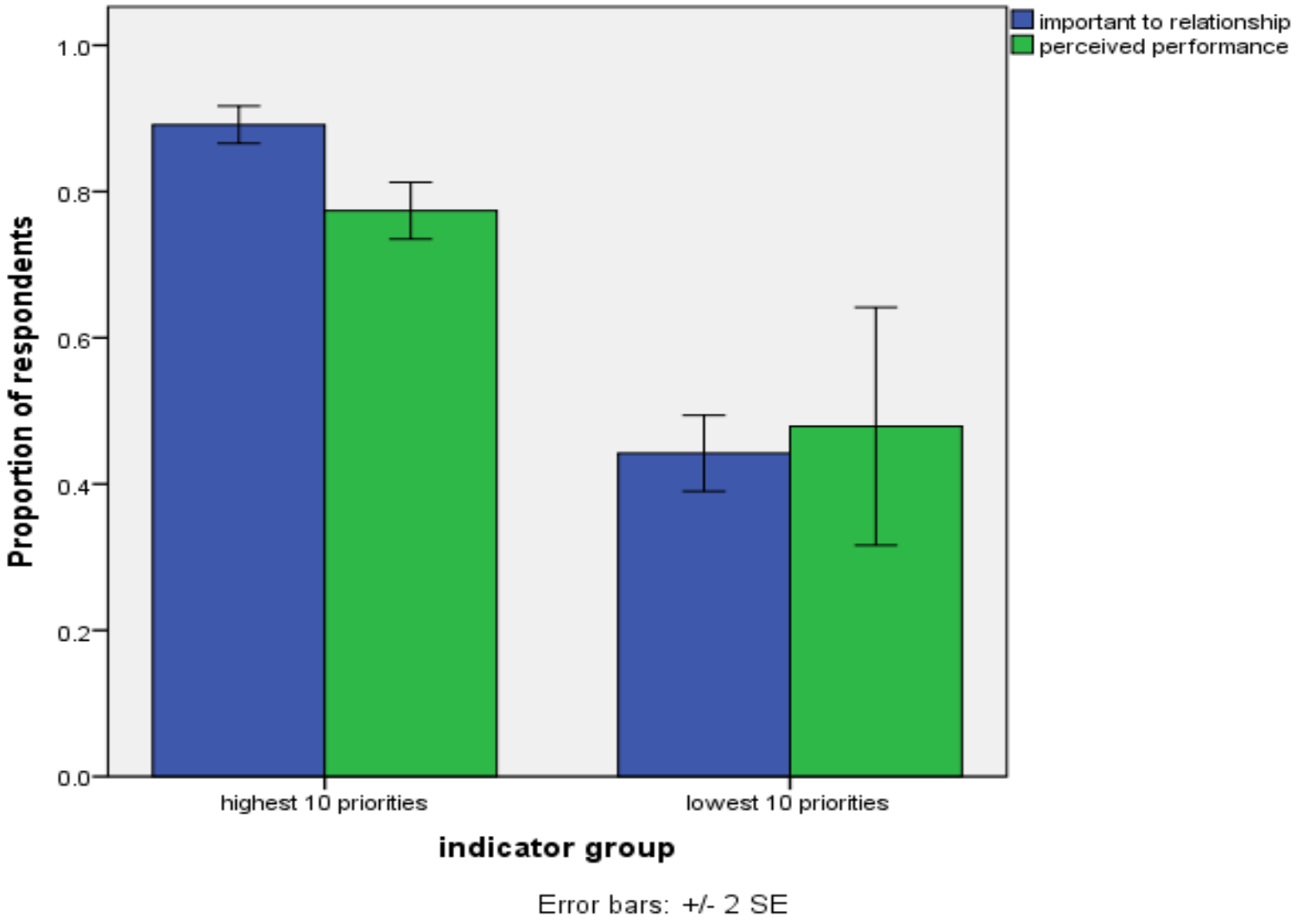
# Top 20 patient priorities for primary care measurement (II)



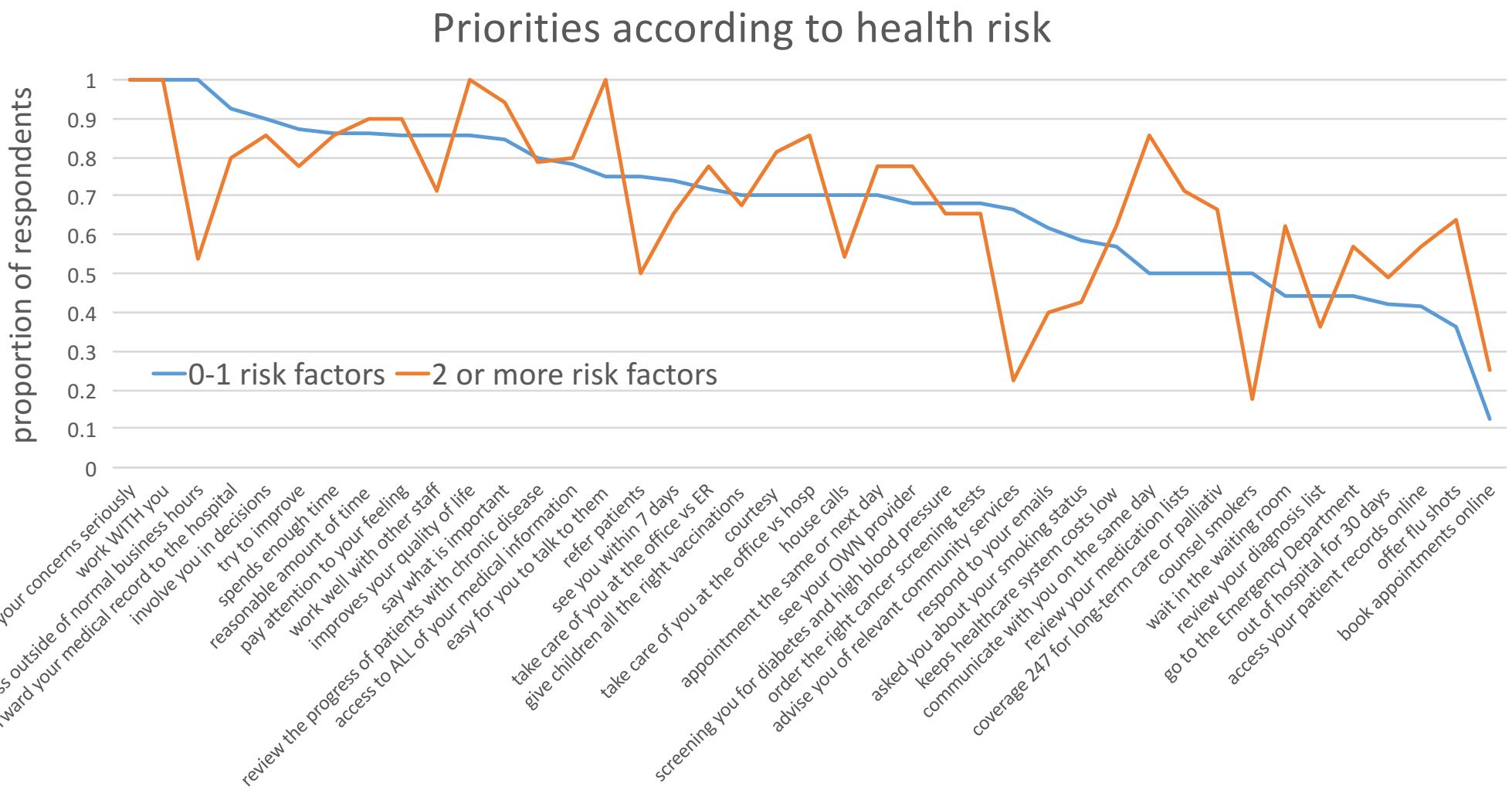

Importance (Proportion of respondents who "agree/strongly agree" indicator is important to relationship)
.00
.20
.40
.60
.80
1.00
I 2 std errors above and below mean
O Proportion "agree and strongly agree"
take your concerns seriously
work WITH you
say what is important
reasonable amount of time
easy for you to talk to them
pay attention to your feeling
improves your quality of life
involve you in decisions
vard your medical record to the hospital
try to improve
spends enough time
courtesy
:ess to ALL of your medical information
)gress of patients with chronic disease
appointment the same or next day
take care of you at the office vs ER
take care of you at the office vs hosp
see your OWN provider
see you within 7 days
review your medication lists
give children all the right vaccinations
cess outside of normal business hours
order the right cancer screening tests
work well with other staff
)u for diabetes and high blood pressure
refer patients
:ommunicate with you on the same day
wait in the waiting room
keeps healthcare system costs low
erage 247 for long-term care or palliativ
house calls
asked you about your smoking status
go to the Emergency Department
respond to your emails
ise you of relevant community services
out of hospital for 30 days
review your diagnosis list
access your patient records online
offer flu shots
counsel smokers
book appointments online


important to relationship
perceived performance
Proportion of respondents
1.0
0.8
0.6
0.4
0.2
0.0
highest 10 priorities
lowest 10 priorities
indicator group
Error bars: +/- 2 SE

# Priorities according to health status

- ***Takes your concerns seriously***
- ***Works WITH you***
- ***Involves you in decisions***
- ***Appointment in reasonable amount of time***
- ***Pays attention to your feeling***
- Improves your quality of life
- Lets you say what is important
- Makes it easy for you to talk to them
- Takes care of you at the office vs hospital
- Communicates with you on the same day

| Type of indicator | Risk due to poor health status | |
|---|---|---|
| | Higher risk | Lower risk |
| Interaction | 6 | 6 |
| Access | 3 | 3 |
| Clinical | 1 | 1 |


Priorities according to health risk
proportion of respondents
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
0-1 risk factors
2 or more risk factors
take your concerns seriously
work WITH you
access outside of normal business hours
forward your medical record to the hospital
involve you in decisions
try to improve
spends enough time
reasonable amount of time
pay attention to your feeling
work well with other staff
improves your quality of life
say what is important
review the progress of patients with chronic disease
access to ALL of your medical information
easy for you to talk to them
refer patients
see you within 7 days
take care of you at the office vs ER
give children all the right vaccinations
courtesy
take care of you at the office vs hosp
house calls
appointment the same or next day
see your OWN provider
screening you for diabetes and high blood pressure
order the right cancer screening tests
advise you of relevant community services
respond to your emails
asked you about your smoking status
keeps healthcare system costs low
communicate with you on the same day
review your medication lists
coverage 247 for long-term care or palliativ
counsel smokers
wait in the waiting room
review your diagnosis list
go to the Emergency Department
out of hospital for 30 days
access your patient records online
offer flu shots
book appointments online

# Results: Bottom line

- Perceived performance
  - Mostly correlated with priorities
  - ***Maybe*** measures prioritized lower by patients are actually a lower priority
- Patients with poor health
  - Top priorities are about personal interactions, as with all patients
  - Some measures more important to patients with higher health challenges

# Limitations/next steps

- Homogenous data:
  - Not possible to explore impact of demographics and socioeconomic status
- Non-representativeness of sample
  - Recruitment strategy biases towards patients actively engaged with health system and/or patient advocacy
- Difficult questionnaire
  - Contributes to (lack of) representativeness of sample

Nonetheless….

***“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!”***

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

# Thank you

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Sarah Burrows

# Appendix

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Important in relationship
(proportion agree/strongly agree)
100.00
80.00
60.00
40.00
20.00
.00
improves your quality of life_agree
advise you of relevant community services_agree
wait in the waiting room_agree
forward your medical record to the hospital_agree
take care of you at the office vs hosp_agree
pay attention to your feeling_agree
keeps healthcare system costs low _agree
house calls_agree
respond to your emails_agree
take your concerns seriously_agree
say what is important_agree
book appointments online_agree
easy for you to talk to them _agree
offer flu shots_agree
out of hospital for 30 days _agree
access to ALL of your medical information_agree
take care of you at the office vs ER_agree
reasonable amount of time _agree
spends enough time_agree
go to the Emergency Department_agree
appointment the same or next day_agree
indicators in order of appearance in questionnaire