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

- take your concerns seriously
- work WITH you
- say what is important
- pay attention to your feeling
- involve you in decisions
- easy for you to talk to them
- ***appointment in a reasonable amount of time
- improves your quality of life
- spends enough time
- forward your medical record to the hospital
- try to improve
- access to ALL of your medical information
- courtesy
- take care of you at the office vs ER
- review the progress of patients with chronic disease
- ***appointment the same or next day
- take care of you at the office vs hosp
- see you within 7 days
- review your medication lists
- see your OWN provider
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

<table>
<thead>
<tr>
<th>Type of indicator</th>
<th>Risk due to poor health status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Higher risk</td>
</tr>
<tr>
<td>Interaction</td>
<td>6</td>
</tr>
<tr>
<td>Access</td>
<td>3</td>
</tr>
<tr>
<td>Clinical</td>
<td>1</td>
</tr>
</tbody>
</table>
Priorities according to health risk

- 0-1 risk factors
- 2 or more risk factors
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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