

# Predictors of Patient Satisfaction with Primary Care for People Living with Chronic Conditions

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## BACKGROUND

- While collecting and reporting on patients' experiences and outcomes is increasingly integrated into acute care,<sup>1</sup> most healthcare services are provided in primary care.<sup>2</sup>
- Capturing what matters to people regarding their health experiences and health outcomes in primary care is essential.<sup>3</sup>
- The OECD Patient-Reported Indicator Survey (PaRIS):
  - aims to provide insight into the quality and outcomes of primary care in Ontario as perceived by people living with chronic conditions
  - is being conducted in 22 countries, and was pilot tested in Ontario, New Brunswick and Saskatchewan

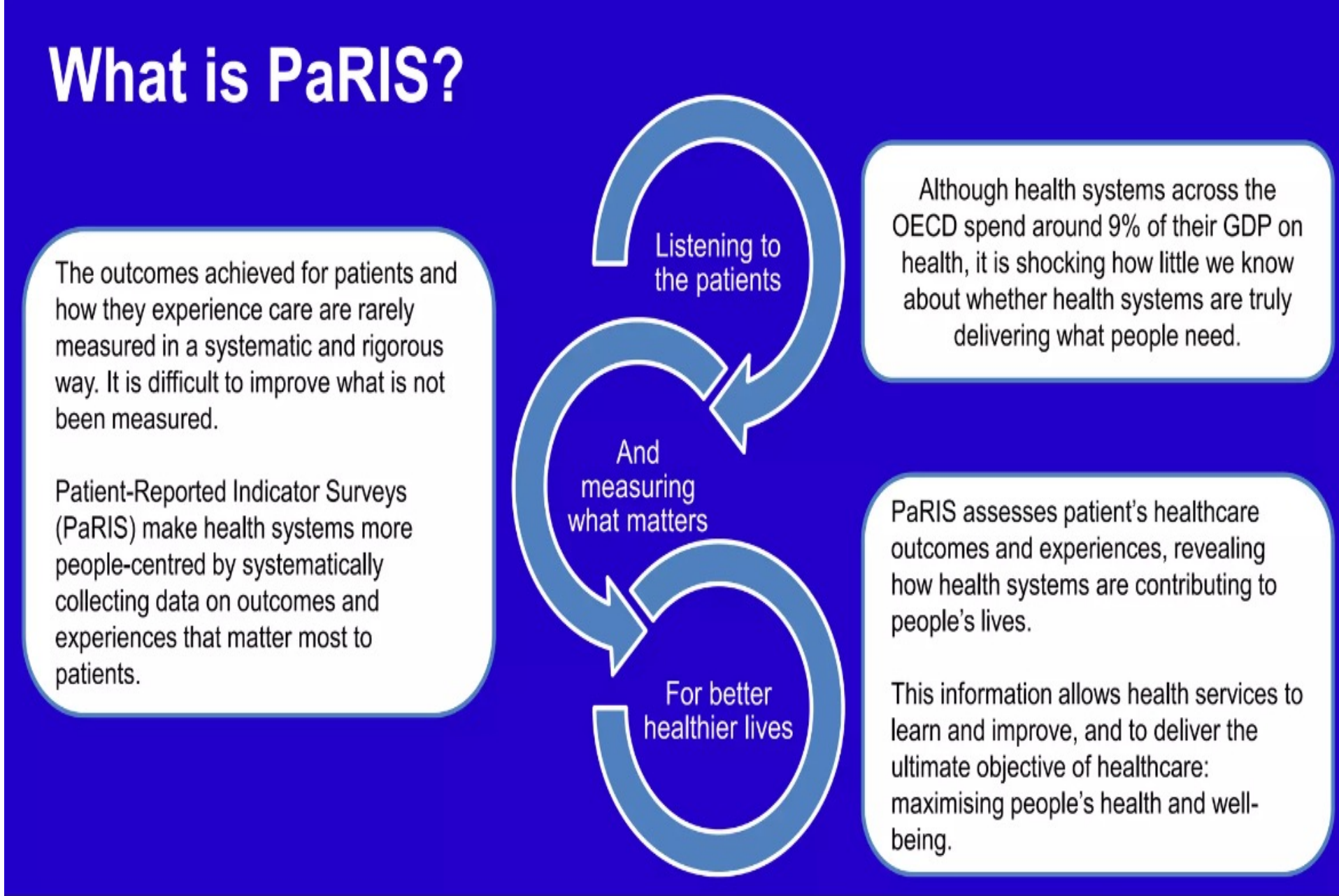


Figure 1: Description of PaRIS<sup>4</sup>

## RESEARCH QUESTION

Which patient-level and practice-level characteristics are significantly associated with satisfaction of health care?

## METHODS

- Participants: aged 45 years who visited their PCP in the past 6 months, and their providers
- Convenience sample of patients and their providers were surveyed across 16 practices in Ontario
- Univariate ordinal logistic models were used to identify variables significantly associated with patient reported satisfaction of care ( $p < 0.15$ )
- Significant variables from the univariate analyses were modeled using a random effects multivariate ordinal logistic regression

## RESULTS

### Practice Characteristics (n=16)

Variable	Response Category	N	%
Type of Practice	Solo practice	18	2.73
	Group practice with own patients	529	80.27
	Group practice with shared patients	15	2.28
	Multi-specialty group practice	51	7.74
	Other	46	6.98
Professional Background	Physician in family medicine	509	77.24
	Nurse Practitioner	150	22.76
Location	City	99	15.02
	Town or suburb	435	66.01
	Rural area	125	18.97

Table 1: Practice characteristics

The majority of physicians had a professional background as physicians in family medicine; practices were predominantly group practices with their own patients; and most were located in a town or suburb.

### Patient Characteristics (n=683)

Variable	Response Category	N	%
Race/Ethnicity	Arab	2	0.29
	Indigenous	15	2.20
	Latin	3	0.44
	South Asian or Indo-Caribbean	5	0.73
	Southeast Asian	6	0.88
	White	615	90.04
	Other	6	0.88
Current gender identity	Woman	415	63.85
	Man	231	35.54
	Other	4	0.62
Born in Canada	Yes	559	85.47
	No	95	14.53
Age	44 or younger	3	0.45
	45-54	105	15.89
	55-64	227	34.34
	65-74	216	32.68
	75-84	92	13.92
	85+	18	2.72
	Highest level of education	Primary school or less	3
Some secondary school or high school education		37	5.60
Completed secondary school or high school		82	12.41
Had some community college/ technical college/post-secondary program		79	11.95
Completed a community college, technical college or post-secondary program		187	28.29
Some university, but did not finish		37	5.60
Completed a bachelor's degree		166	25.11
Completed a graduate degree	70	10.59	

Table 2: Patient characteristics

The majority of participants identified as white; women; born in Canada; aged 55-64; and completed community college/post-secondary program.

## Satisfaction with primary care

Question	Response option	Odds Ratio	P-Value	N	%
Annual household income	Prefer not to say vs. <=60,000	0.572	0.02	144	21.9
In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage?	Always vs. Never	0.655	0.01	231	35.4
	Usually vs. Never	0.436	0.02	41	6.3
In general, how would you rate your health?	Very Good vs. Good	1.580	0.01	218	32.0
	Excellent vs. Good	2.508	0.01	44	6.5
To what extent are paper referral letters written in your practice when patients are referred to another medical specialist?	Rarely vs. Never	1.734	0.03	99	15.0
How long after initially trying to book the appointment at your primary care clinic did the appointment take place?	A few days and up to a week later vs. more than one month later	2.70	<0.01	239	37.6
	On the next day vs. more than one month later	5.135	<0.01	31	4.9
	On the same day (5) vs. more than one month later	2.753	0.01	39	6.1

Table 3: Significant associations

- Patients who **preferred not to reveal their income** had significantly lower satisfaction with care compared to those who had an annual income of up to \$60,000.
- Patients who were **always or usually stressed/worried about having enough money to pay rent/mortgage** reported significantly lower satisfaction with care than those who were never worried/stressed.
- Patients who **rated their health as "very good" or "excellent"** had significantly higher satisfaction with care vs those who rated their health as "good."
- Patients who **attended practices where paper referral letters are rarely written (vs. never) when patients are referred to a specialist** had significantly higher satisfaction with care.
- Patients who **had appointments that took place between a few days/up to a week, on the next day, and on the same day after initially booking the appointment** had significantly higher satisfaction with care than those whose appointments took place more than one month later.

## CONCLUSIONS

- Referral letters to specialists in paper form may enhance satisfaction with care
- Particular attention should be paid to patients who experience financial stress and are in poor health
  - Additional supports within primary care are needed for this population
- Timing of appointments is important
  - Policies that enable patients to be seen in a timely way may enhance the patient experience

## NEXT STEPS

- The OECD PaRIS Study will be implemented in 10 Canadian jurisdictions and administered by the SPOR - Canadian Primary Care Research Network
- Results will show how key outcomes and experiences vary across and within countries and enable policymakers to learn from the approaches of others to improve the performance of primary care services for people living with chronic conditions.

## REFERENCES

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