

# **Population Insights from Patient Reported Data : PREMs and PROMs**

(Patient Reported Experience Measures  
Patient Reported Outcome Measures)

HSPN Monthly Webinar

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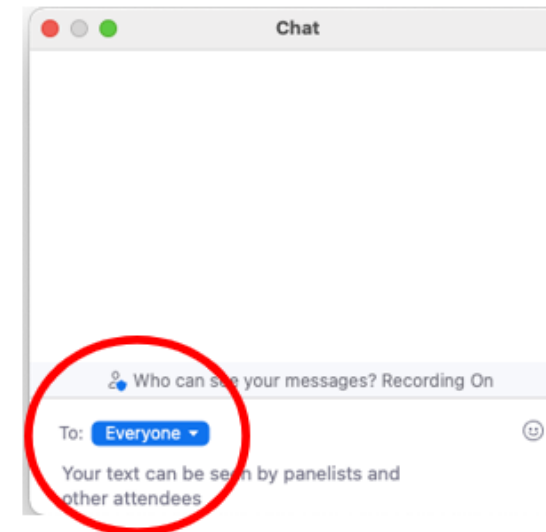
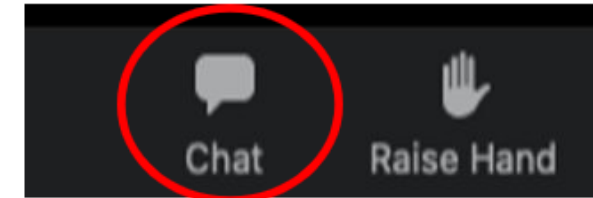
February 25, 2025

# Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

➤ Open Chat

➤ Set response to **everyone** in the chat box



# Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

# Poll 1

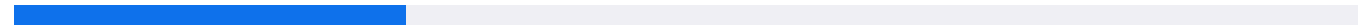
1. Have you joined us for an HSPN webinar previously? (Single choice)

75/75 (100%) answered

Yes. I have participated (53/75) 71%



No. This is my first event (22/75) 29%





# Today's event PREMs and PROMs

Presenters



**Dr. Grace Spiro**  
Post-Doctoral Fellow  
HSPN



**Yasmin Sheikhan**  
Patient Partner  
PhD Candidate, UofT



**Dr. Marie-Eve Poirtras**  
Chaire de Recherche  
Pratiques Professionnelles  
Optimales en Soins Primaires



**Emily Hamovich**  
PhD Student, UofT

Host



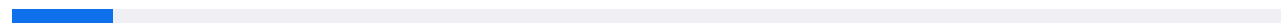
**Dr. Walter Wodchis**  
Principal Investigator  
HSPN

# Poll 2

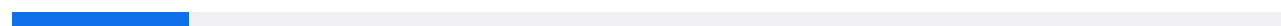
1. What role do you primarily play, or could you primarily play, in a learning health system? [select one option] (Single choice) \*

72/72 (100%) answered

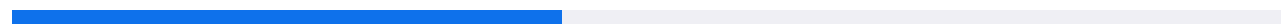
Citizen, patient, caregiver or community leader (6/72) 8%



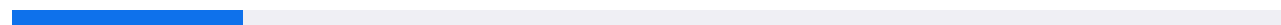
Professional/Clinical leader (10/72) 14%



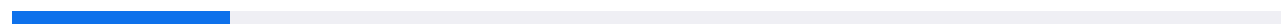
System or organizational leader (31/72) 43%



Government/Agency policymaker (13/72) 18%



Another role – please indicate in the Webinar Chat (12/72) 17%



# Capturing Patient and Caregiver Experience

- The Health System Performance Network (HSPN) has been involved in many efforts to capture and report on patient and caregiver experience:
  - **1999-2009**, the Hospital Report Research Collaborative provided hospital-level reporting on patient satisfaction in an annual **Hospital Report**.
  - **In 2013**, HSPN participated in the Quality and Costs in Primary Care (**QUALICOPC**) in 34 countries
  - **In 2018**, HSPN developed a new **Home Care Client and Caregiver Experience Survey**. Currently fielded to over 9,000 clients each month.
  - **In 2021**, HSPN developed and launched the Ontario Health Team (**OHT**) **Patient Survey** to collect Patient Reported Outcome (PROM) and Experience (PREM) data.
  - **In 2023**, HSPN joined the OECD Patient Reported Indicator Survey (PaRIS) international survey in primary care.

# We all know how poorly Canada performs

## Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
OVERALL RANKING	1	7	5	9	2	4	6	8	3	10
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	—	4	5	9
Health Outcomes	1	4	5	9	7	3	6	2	8	10

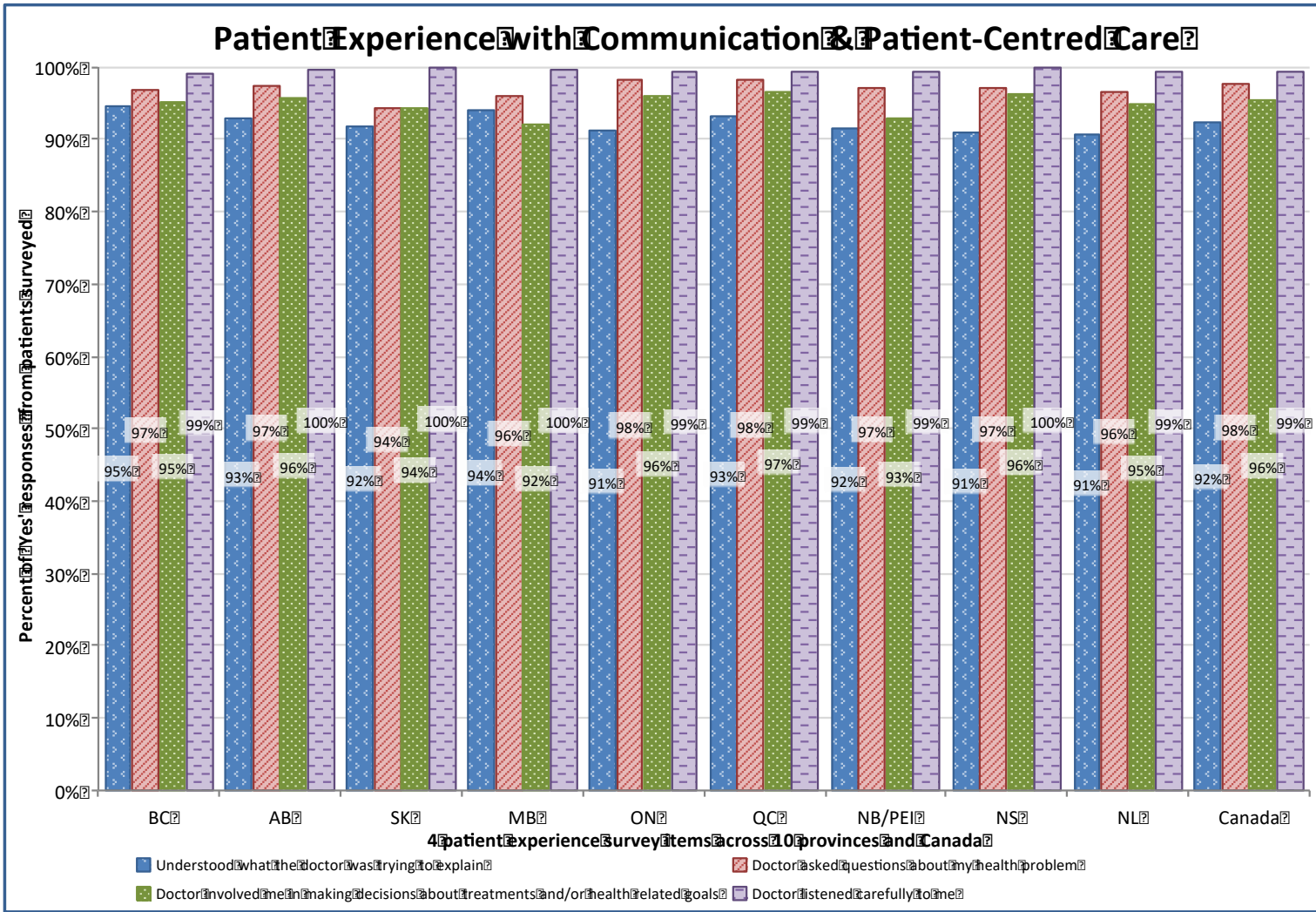
Source: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the ailing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp>



# But maybe it depends on what questions you ask?

	AustraliaBelgiumCanadaCzechiaFranceGreeceIcelandLuxembourgNetherlandsNorwayPortugalRomaniaSaudi ArabiaSloveniaSpainSwitzerlandWales																
Access to care	not reported																
Care Process	4	3	4	2	7	11	11	5	6	6	13	10	8	8	9	1	12
Administrative Efficiency	not measured																
Equity	3	1	6	7	9	16	12	5	8	11	17	15	4	14	10	2	13
Health Outcome	5	6	2	10	4	8	11	7	9	10	14	13	1	11	12	3	11
Well Being	6	5	3	5	7	7	2	5	1	2	8	6	6	4	5	1	8

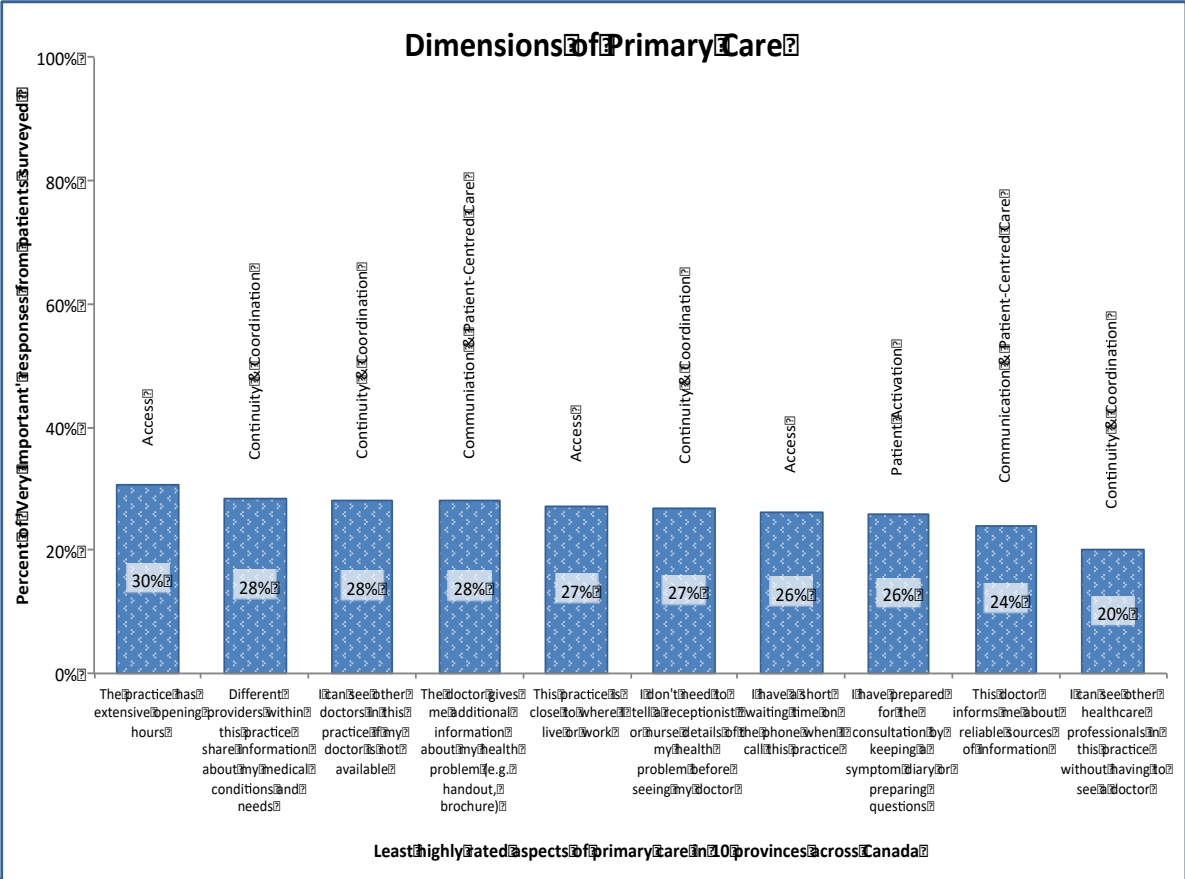
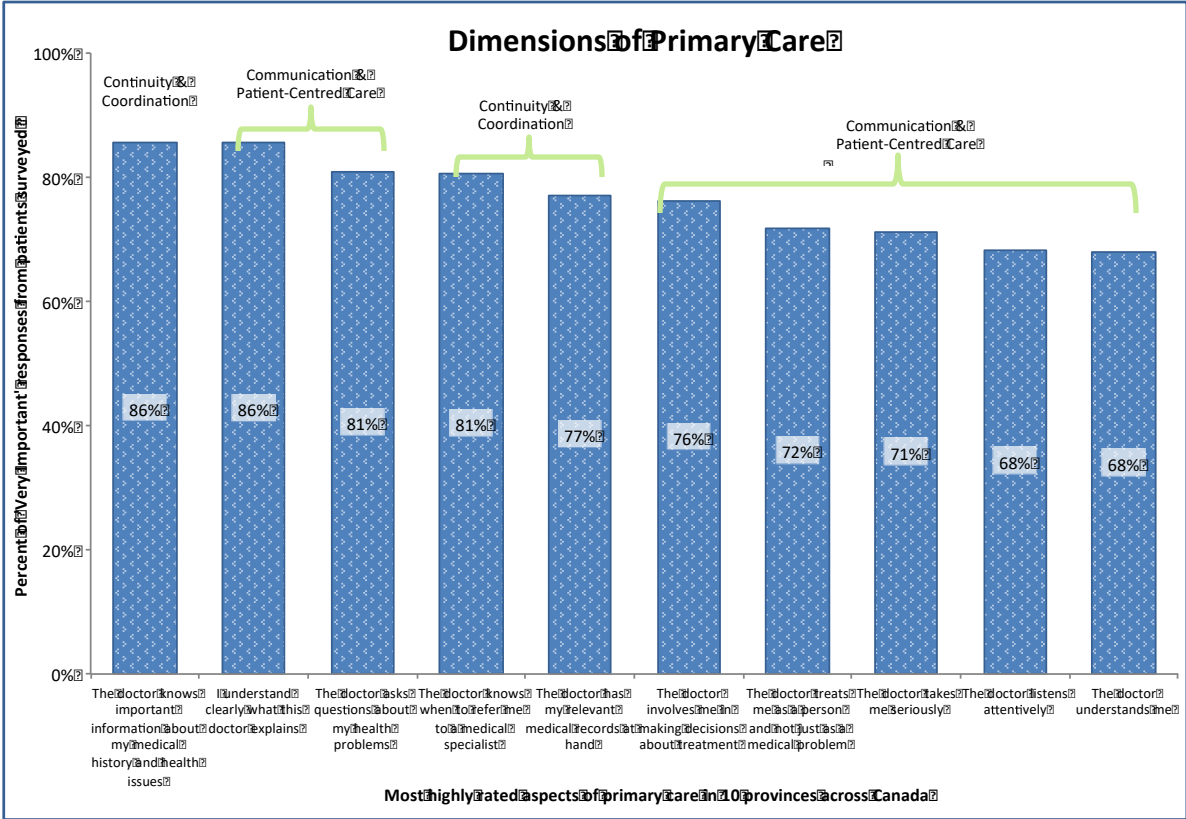
# QUALICOPC – How well did we do in 2013?



Scale Effects when we only ask Yes or No

(here showing percent Yes)

# QUALICOPC – What mattered to Canadians in 2013?



# Poll 3

1. How have you included patient experience measurement in your plans? (check all that apply) (Multiple choice) \*

51/51 (100%) answered

Measuring patient experience is included in our OHT  
TPA agreement (10/51) 20%

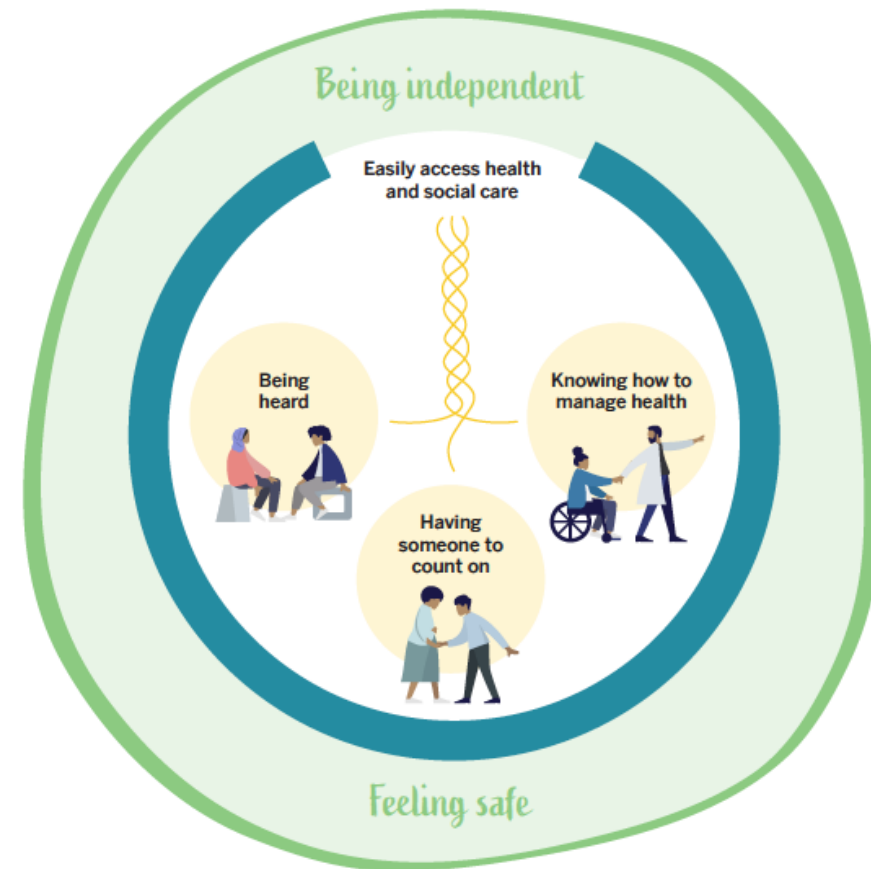
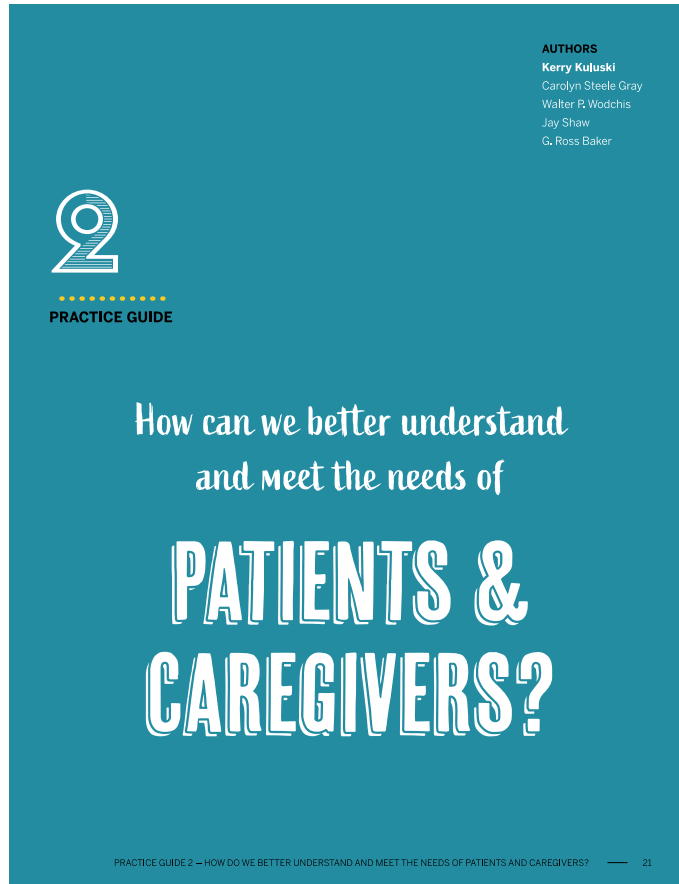
Measuring patient experience is part of our Quality  
Improvement Plan (QIP) (31/51) 61%

Measuring Patient experience is part of our internal  
measurement and monitoring (27/51) 53%

We are not using an experience survey yet (7/51) 14%

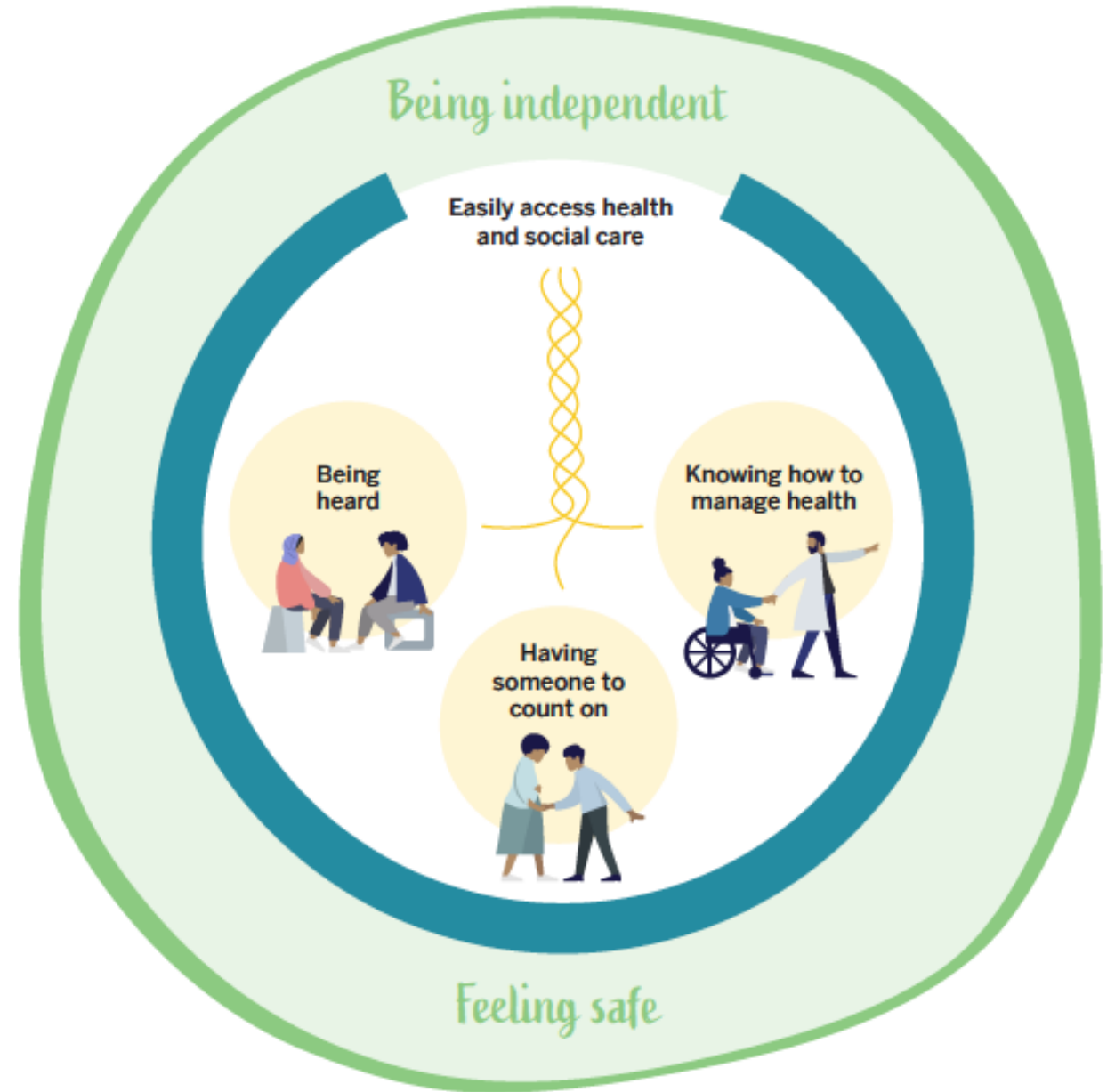


# What is important to patients & caregivers ?



<https://hsprn.ca/hsprn-practice-guide-on-implementing-integrated-care/>

# Measuring Patient Experience the HSPN Patient Experience Survey





# Quadruple Aim- Patient Experience

HSPN Presentation – April 26, 2022

Sara Grace Bebenek

# South Georgian Bay Survey Response

**38164**

SURVEYS EMAILED  
SECURLY THROUGH OCEAN

**350**

SURVEYS SENT BY MAIL TO  
THOSE WITH NO EMAIL

**6018**

SURVEY ENTRIES/CLICKS

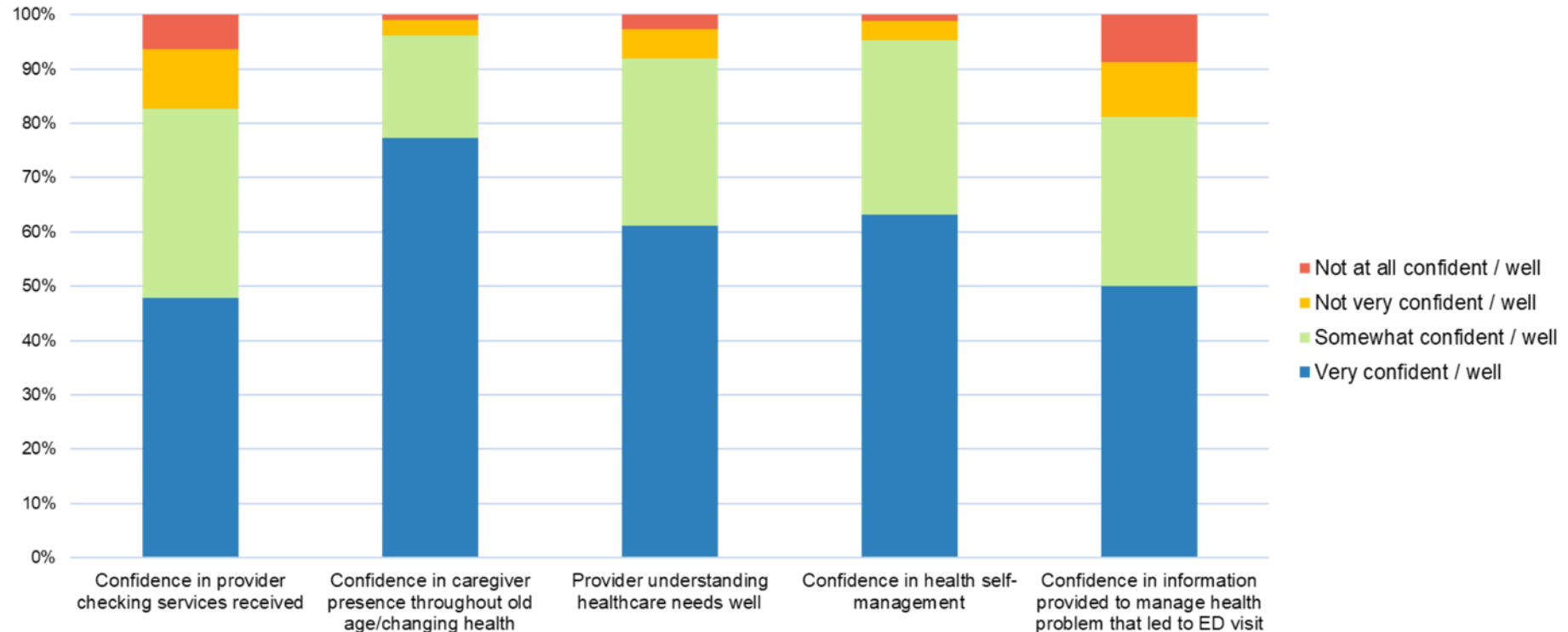
**3600+**

COMPLETE SURVEY  
RESPONSES

# How will the data be used?

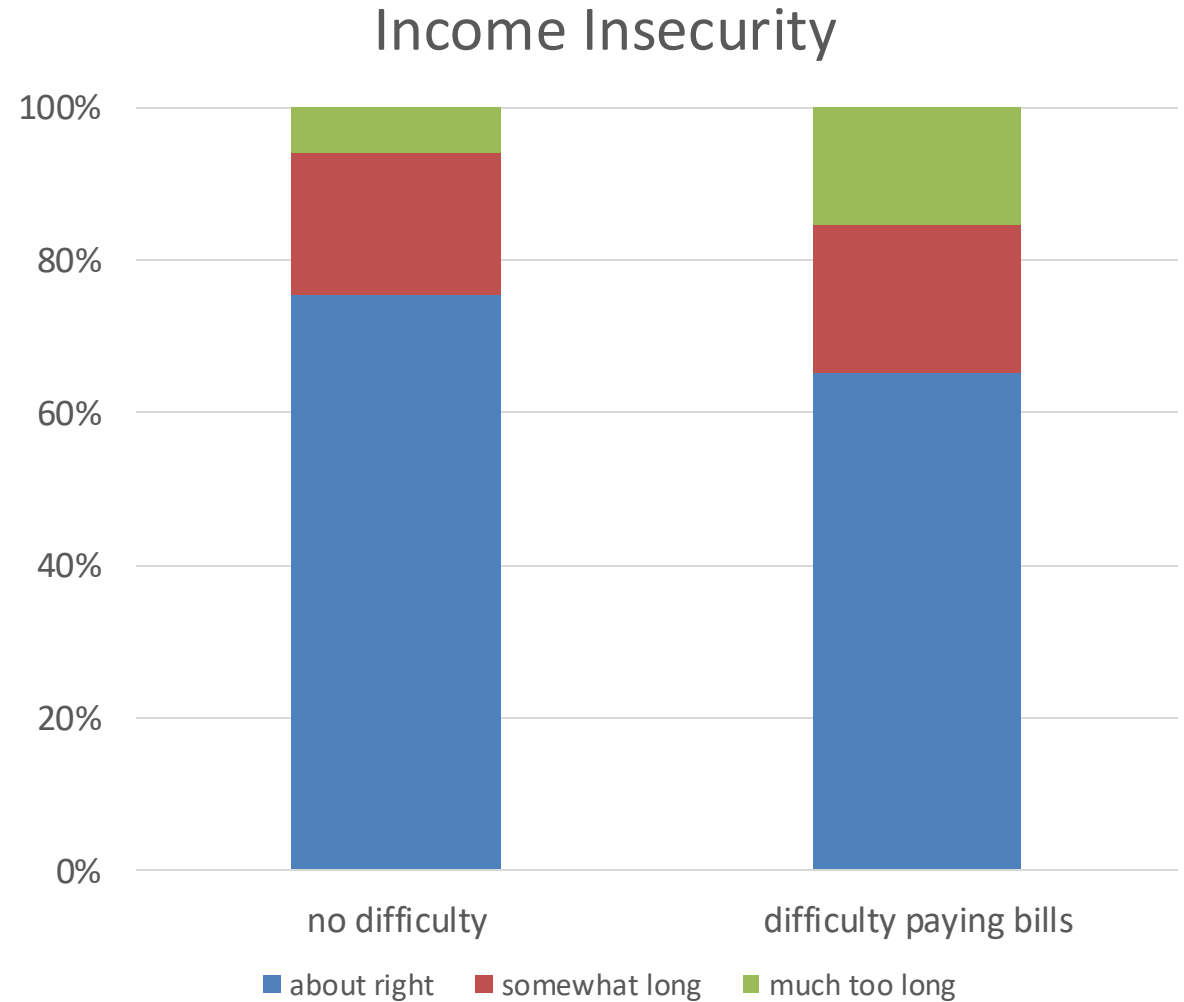


## Someone to Count On



# Equity assess all measures

e.g.  
**Income  
&  
Access**





# **Applying an equity lens to patient reported experience and outcomes in an integrated care setting**

Grace M. Spiro, PhD

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February 2025

# Background

- Measuring patients' experiences of care is one of the aims of the Quadruple Aim Framework.
- By collecting Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs), OHTs can identify and address patient experiences and fill the gaps in care.
- Measuring social determinants of health (SDOH) will allow OHTs to better address health inequities.



# Background



## OHT Case Example:

Attributed Population = 50-100k

Racialized Population = 3%

Low Income Population = <5%

Unemployment Rate = 11%

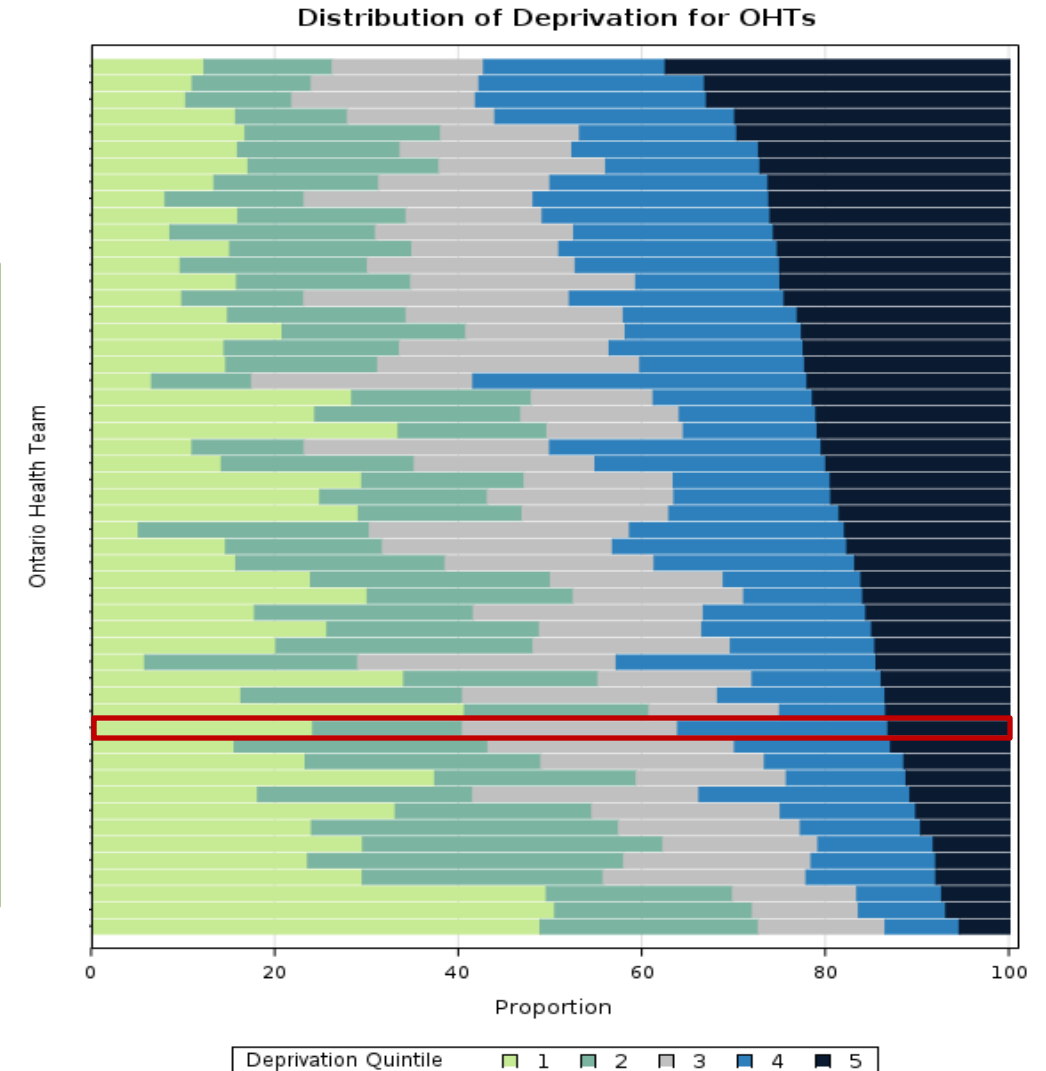
Population Density = 51/km<sup>2</sup>

# Background

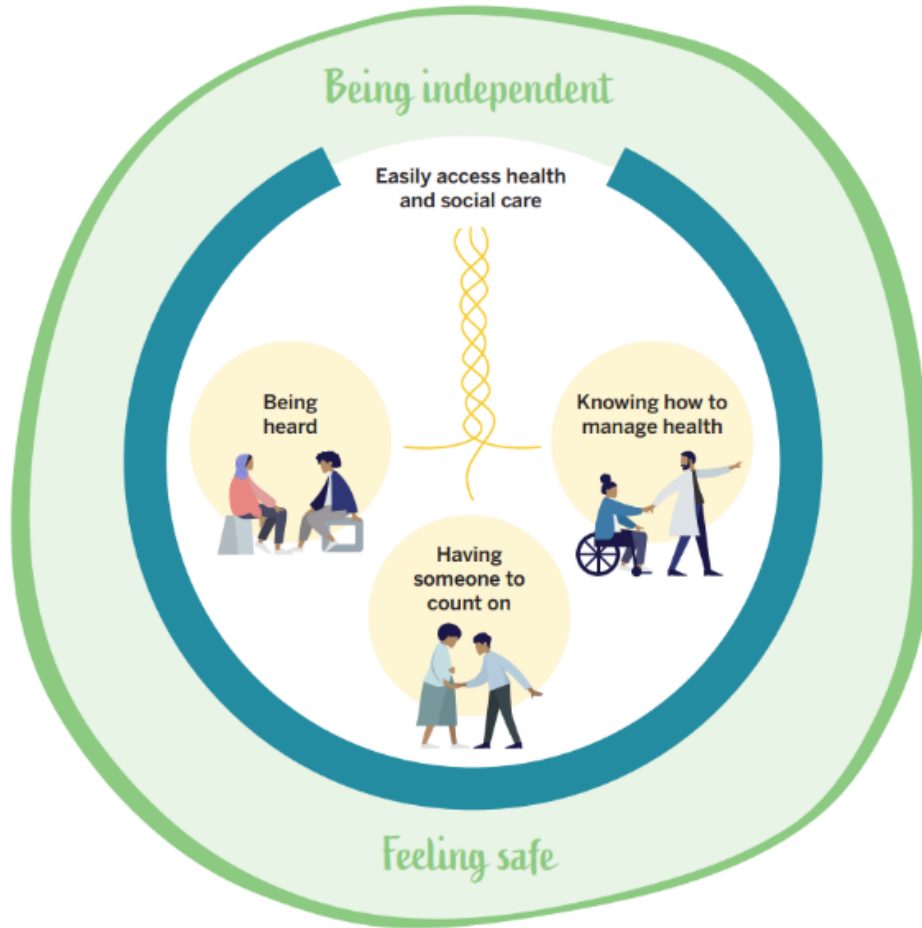
We use the Material Deprivation Score from the Ontario Marginalization Index to assess equity in OHT indicators across socioeconomic status.

## Indicators

- Proportion of the population aged 25 to 64 without a high-school diploma
- Proportion of families who are lone parent families
- Proportion of total income from government transfer payments for population aged 15+
- Proportion of the population aged 15+ who are unemployed
- Proportion of the population considered low-income
- Proportion of households living in dwellings that are in need of major repair



# Survey Development



## Six Attributes of Patient Centredness:

- 1) To be heard, appreciated and comfortable;
- 2) To have someone they can count on;
- 3) To know how to manage health and what to expect;
- 4) To easily access health and social care;
- 5) To be independent; and
- 6) To feel safe.

## Other Measures:

- 1) Health services and digital use
- 2) Transitions in care
- 3) Age, gender, race/ethnicity, sexual orientation
- 4) Income, food and housing security

# Variable of Interest

## Equity

- Age
- Race
- Gender
- Sexual Orientation
- Income Security
- Food Security
- Housing Security

## Patient Reported Experience Measures

- Overall Experience (Health Services)
- Length of Time (Healthcare Provider)
- Coordination of Care
- Confidence (Healthcare Provider)
- Confidence (Managing Health)
- Needs Understood (Healthcare Provider)
- Listens Carefully (Healthcare Provider)

## Patient Reported Outcome Measures

- Self-Reported Health

# Methods

## Data Collection

- Surveys were distributed electronically via Family Health Team registry
- Paper surveys were sent to patients without email on file
- Timeframe: December 2023 – March 2024

# Methods

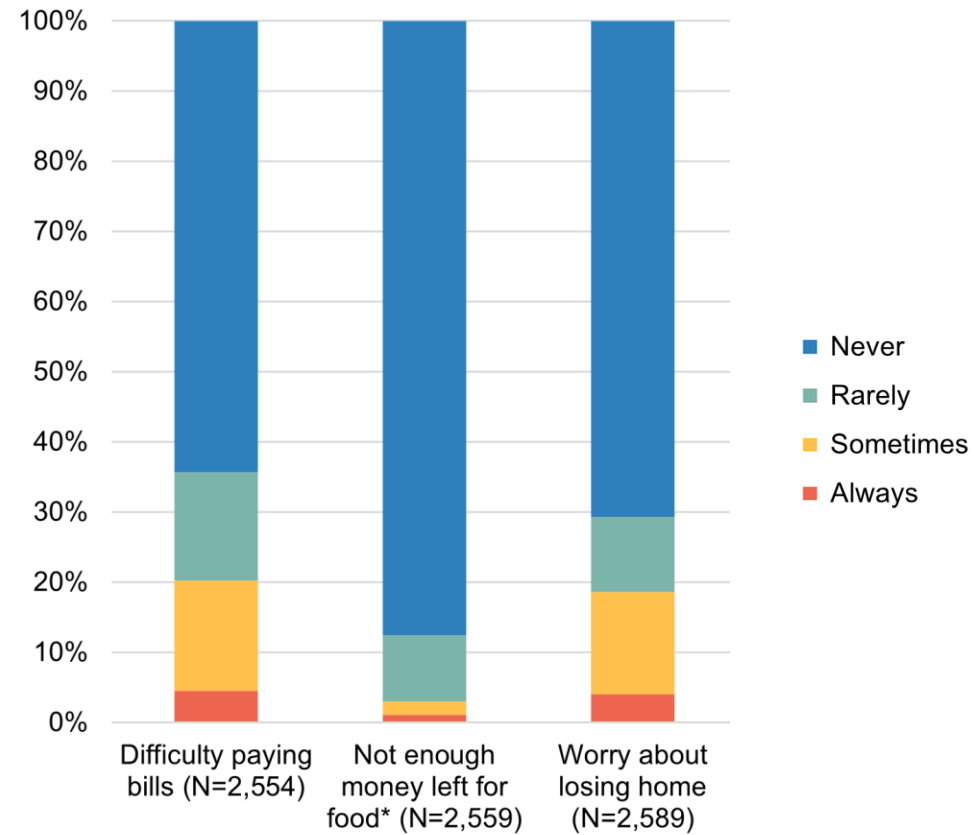
## Data Analysis

- Descriptive statistics
- Multivariable logistic regression

# Results

Characteristic	Frequency	% of Respondents
<b>Age (N=2,673)</b>		
18-44 years old	285	10.7
45-64 years old	713	26.7
65+ years old	1668	62.4
N/A or Missing	7	0.3
<b>Gender identity (N=2,638)</b>		
Woman	1,613	60.3
Man	1012	37.9
N/A or Missing	48	1.8
<b>Sexual orientation (N=2,574)</b>		
Heterosexual (Straight)	2,484	92.9
LGBTQA2+	82	3.1
N/A or Missing	107	4.0
<b>Race/Ethnicity (N=2,746)</b>		
White	2,466	92.3
Multi race	107	4.0
Non-white	50	1.9
N/A or Missing	50	1.9

# Results

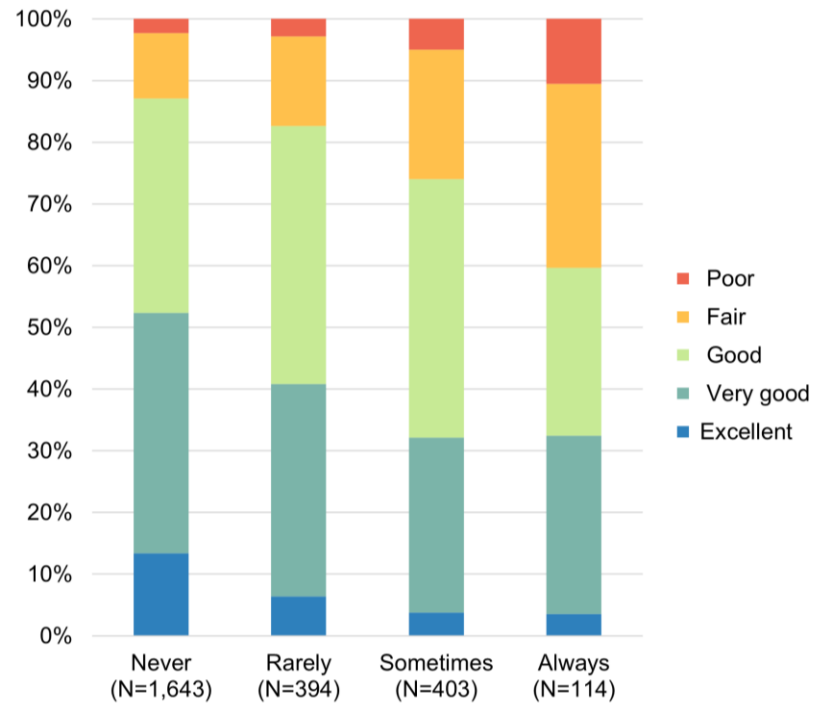




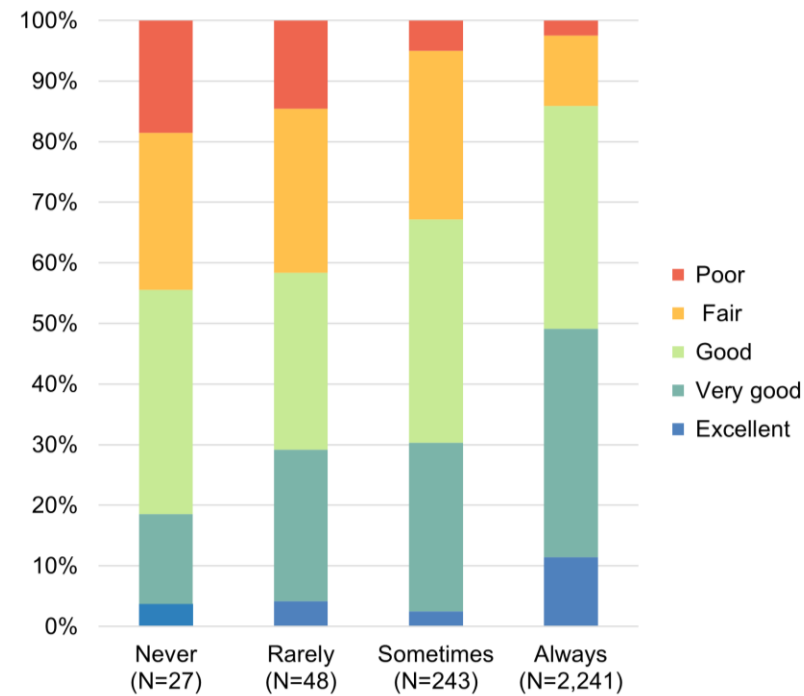
# Results

## Self-reported health by:

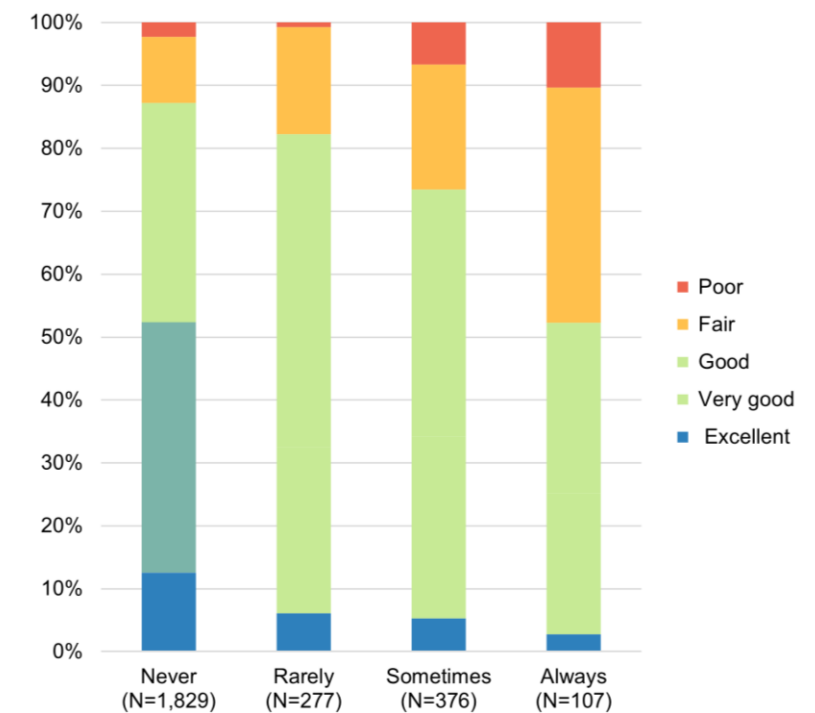
### Income Security\*



### Food Security



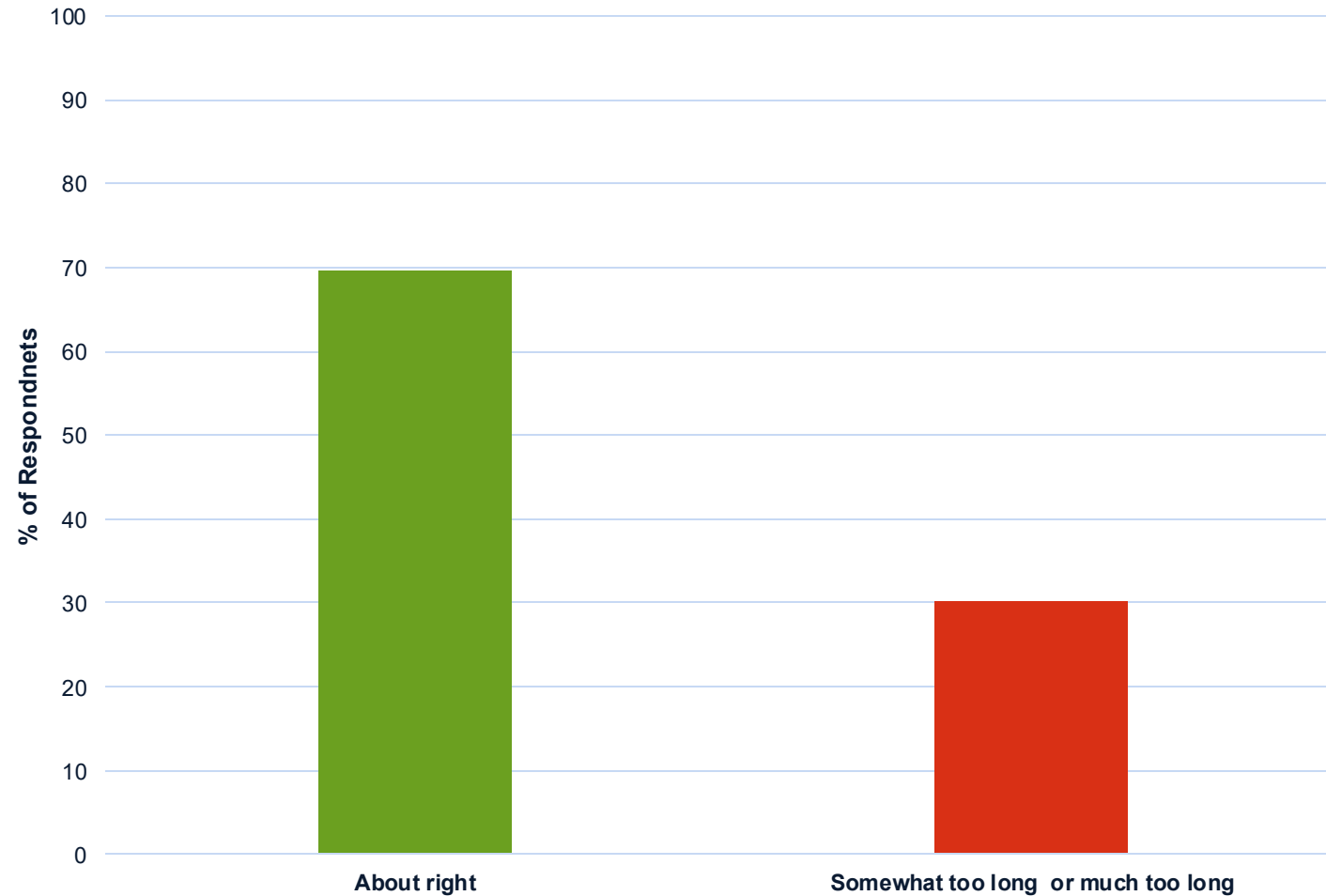
### Housing Security



# What factors are associated with patient experience with 8 aspects of primary care?

1. In the last 12 months, how would you describe the **length of time** it took to access your regular healthcare provider?
2. In general, how well do you feel your healthcare providers **understand** your healthcare needs?
3. In general, would you say your regular healthcare provider or other healthcare professionals **listen carefully** to you?
4. When you consider how you and all your healthcare providers help you take care of your health, how **coordinated** would you say your overall healthcare is?
5. In general, how confident are you that your regular healthcare provider or other healthcare professional **checks to make sure** you receive the healthcare you need?
6. In general, how **confident** are you that you know the things that you need to do to **take care of and manage your health**?
7. Overall, how was your **experience accessing** those services?
8. In general, how would you describe **your own health**?

# In the last 12 months, how would you describe the length of time it took to access your regular healthcare provider?



# In the last 12 months, how would you describe the length of time it took to access your regular healthcare provider?

Variable	Length of time to access(n(%))	Unadjusted OR	95% CI
<b>Gender</b>			
Male	1012 (37.9)	1.096	0.9-1.335
Female	1613 (60.3)	Reference	
<b>Age</b>			
18-44	285 (10.7)	0.714	0.516-0.989*
45-64	713 (26.7)	0.517	0.410-0.627**
65+	1668 (62.4)	Reference	
<b>Race</b>			
Multirace	107 (4.0)	1.384	0.838-2.287
Non-white	50 (1.9)	0.740	0.381-1.438
White	2466 (92.3)	Reference	
<b>Sexual Orientation</b>			
LGBT2A+	82 (3.1)	0.610	0.372-1.002
Heterosexual	2484 (92.9)	Reference	
<b>Income Security</b>			
Insecure	517 (19.3)	0.791	0.609-1.026
Secure	2031 (76.0)	Reference	
<b>Food Security</b>			
Insecure	483 (18.1)	1.111	0.595-2.069
Secure	2031 (76.0)	Reference	
<b>Housing Security</b>			
Insecure	74 (2.8)	0.750	0.575-0.977*
Secure	2479 (92.7)	Reference	

\* significant at  $p < 0.05$ , \*\* significant at  $p < 0.01$

## In the last 12 months, how would you describe the length of time it took to access your regular healthcare provider?

- Compared with those aged 65+, younger adults were more likely to indicate that the length of time was somewhat or much too long. (Age 18-44 were 39% more likely and age 45-64 were 49%)
- Compared with those who rarely/never worried about having a place to live, those who sometimes or always worried about housing were 25% more likely to indicate that the length of time was somewhat or much too long.

# Results - Age

Statistically significant regression results for 8 experience items by equity stratifier:

- *Younger adults* had **lower odds** of:
  - perceiving their wait time as “about right”
  - feeling that their healthcare provider understood their health needs
  - reporting that their healthcare provider listened carefully to them sometimes, often or always
  - perceiving their healthcare as coordinated
  - being confident that their healthcare provider checks to ensure they receive needed care
  - feeling confident in managing their health
  - reporting ease of accessing healthcare services
  - describing their health as good, very good, or excellent

# Results - SES

Statistically significant regression results for 8 experience items by equity stratifier:

- Those **insecurely housed** had **lower odds** of:
  - perceiving their wait time as “about right”
  - feeling that their healthcare provider understood their health needs
  - feeling confident in managing their health
- Those with **lower income security** had **lower odds** of:
  - reporting that their healthcare provider listened carefully to them sometimes, often or always
  - feeling confident in managing their health
  - reporting ease of accessing healthcare services
  - describing their health as good, very good, or excellent
- Those with **lower food security** had **lower odds** of:
  - feeling that their healthcare provider understood their health needs
  - feeling confident in managing their health

# Results – Gender & Sexuality

Statistically significant regression results for 8 experience items by equity stratifier:

- **Men** had **lower odds** of:
  - feeling that their healthcare provider understood their health needs
- No statistically significant associations between sexual orientation and PREM/PROMs included



# Limitations

- Generalizability to the greater population
- Non-response bias
- Lack of diversity

# Discussion

- Given the current widespread focus on addressing the social determinants of health to achieve greater equity, understanding the patient experience within integrated care setting is critical.
- Focusing on PREM/PROMs in the context of integrated care promotes person-centered health care.
- Policymakers are increasingly recognizing the value of PREM/PROMs in many future trends of health systems, such as personalized care, shared decision-making, quality improvement, health systems efficiency, and transparency.
- More attention should be placed on the barriers and enablers to strengthening the collaboration of primary care and community support services in order to narrow the equity gap and reduce current prevalent social inequalities in the health system.

# Questions?

- [grace.spiro@utoronto.ca](mailto:grace.spiro@utoronto.ca)
- [oh.t.evaluation@utoronto.ca](mailto:oh.t.evaluation@utoronto.ca)

# OECD PaRIS Results

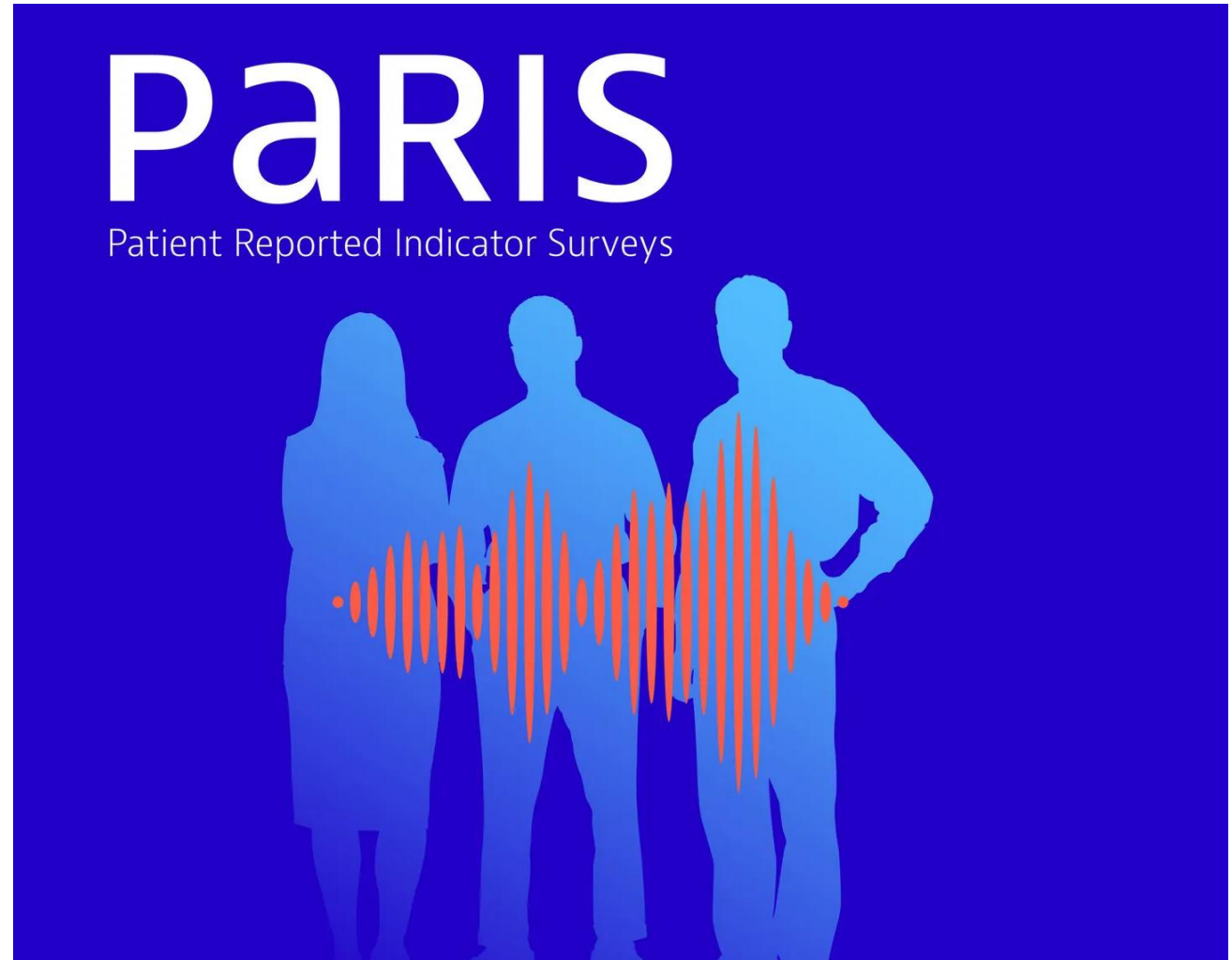
Patient Reported Information System



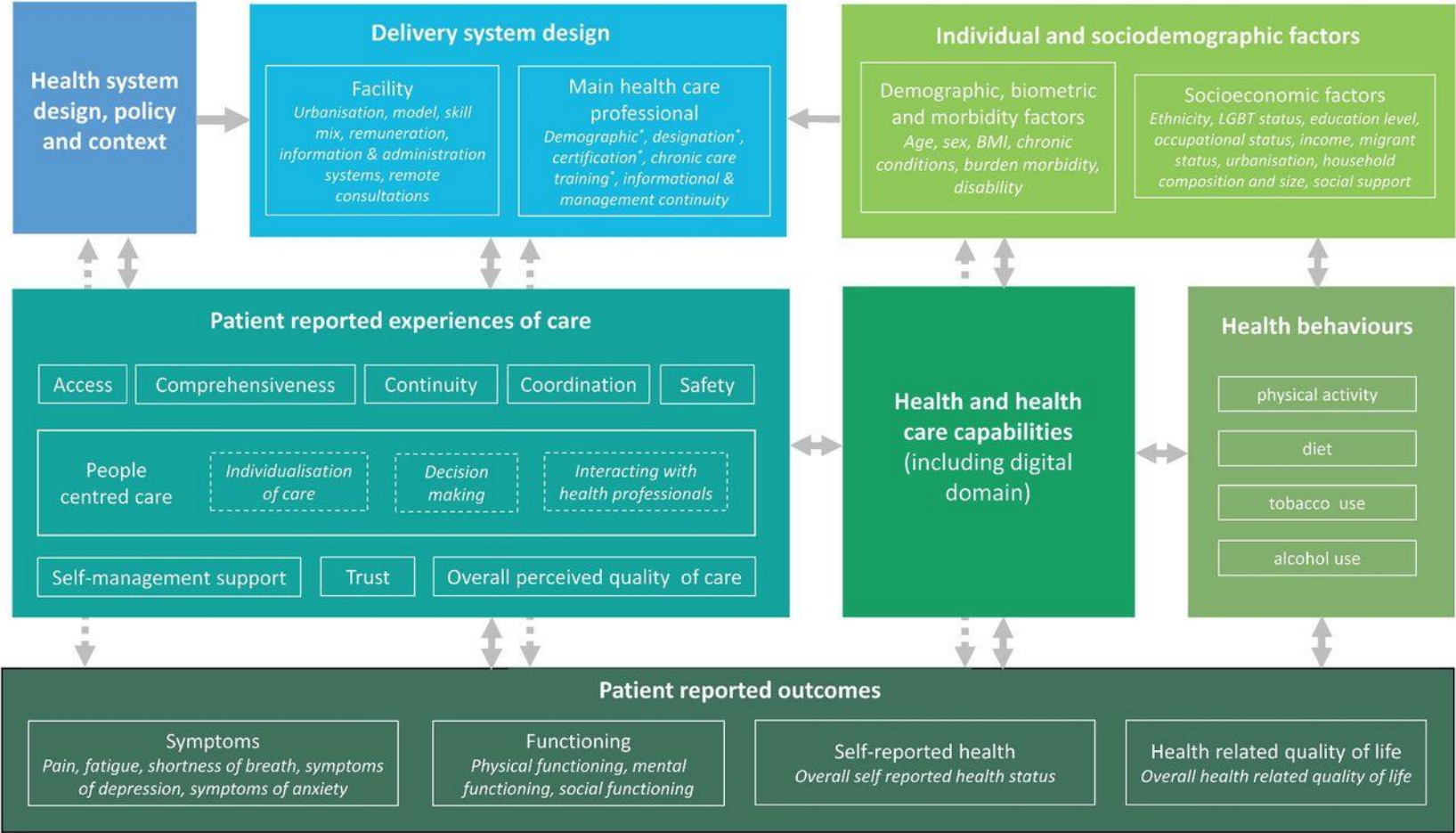
# PaRIS

**PaRIS** is the Organization for Economic Cooperation and Development (OECD)'s **Patient-Reported Indicator Surveys** initiative where countries work together on developing, standardising and implementing a new generation of indicators that measure the outcomes and experiences of healthcare that matter most to people.

PaRIS fosters a dialogue with policy makers, healthcare providers, and patients about how to improve performance and people-centred of primary care services.



# Patient Reported Indicator Surveys (PaRIS) conceptual framework.



Very comprehensive

Final survey ~ 137 items



Jose M Valderas et al. *BMJ Qual Saf* doi:10.1136/bmjqs-2024-017301

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# The PaRIS10 Indicators

<b>Patient Reported Outcome Measures</b>	<b>Patient Reported Experience Measures</b>
Physical Health	Confidence to Self-Manage
Mental Health	Experienced co-ordination
Social Functioning	Person-centred Care
General Health	Experienced Quality
Well Being	Trust in Healthcare System



# The PaRIS10 Indicators

Patient Reported Outcome Measures	
<b>Physical Health</b>	ability to carry out everyday physical activities, degree of pain and fatigue
<b>Mental Health</b>	perception of quality of life, mood and ability to think, satisfaction with social activities and relationships, emotional distress
<b>Social Functioning</b>	extent to which a person can carry out their usual social activities and roles
<b>General Health</b>	degree to which a person feels positive in terms of their mood, vitality and fulfilment
<b>Well Being</b>	overall measure of general health



# The PaRIS10 Indicators

## Patient Reported Experience Measures

<b>Confidence to Self-Manage</b>	degree of confidence to manage one's own health and well-being
<b>Experienced Co-ordination</b>	extent to which a person experiences a seamless and continuous journey through different healthcare practices and settings
<b>Person-centred Care</b>	extent to which a person's health needs are managed holistically, ensuring their preferences and needs are central to the care received
<b>Experienced Quality</b>	overall measure of how a person rates the care they have received over the past 12 months
<b>Trust in Healthcare System</b>	degree to which a person trusts the healthcare system overall

# Some summary descriptive statistics:

- OECD Results span 107,014 primary care users (aged 45 years and older) and 1814 primary care practices in 19 countries.
- 19 countries, of which 17 were OECD members: Australia, Belgium, Canada, Czechia, France, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Slovenia, Spain, Switzerland, United States and Wales (United Kingdom). Romania and Saudia Arabia also participated.
- Canada does not have a national registry of practising primary care practices and therefore, patient responses were drawn with a census approach from a convenience sample of practices.
- 81% of respondents reported having at least one chronic condition, with 52% having multimorbidity (two or more conditions)

# Canada and Ontario Participation in PaRIS

- Health Canada agreed to participate in OECD PaRIS Survey and supported the program through 1) research coordination office and 2) data management support.
- Data collection within each province was supported by local funding. In Ontario, HSPN and the Ontario SPOR Support Unit (OSSU) provided support for data collection.
- In Canada, a total of 4,490 patients either partially (n=738) or entirely (n=3,752) completed the survey from 52 practices.

# Results



**53 people involved  
across the country**

from research, clinical settings,  
the community, organisations  
and political bodies

**72 practices  
Over 31,000  
patients invited  
from which 4,910  
participated**



**Results:  
4,490 patients  
(52 practices) who  
answered within the  
time period**

# PaRIS: National, Provincial and Practice Reports

## PaRIS Provider Report: National Report

Results from the Organization for Economic Cooperation and Development (OECD) Patient Reported Indicator Surveys (PaRIS)

Sabrina T. Wong  
Marie-Eve Poitras  
Gillian Bartlett  
Kris Aubrey-Bassler  
Shelley Doucet  
Andrea Gruneir  
Gayle Haas  
Nazeem Muhajarine  
Vivian Ramsden  
Vanessa Tremblay-Vaillancourt  
Vijay Kunaratnam  
Jessica Morgan  
Walter P. Wodchis

## PaRIS Provider Report: Ontario

Results from the Organization for Economic Cooperation and Development (OECD) Patient Reported Indicator Surveys (PaRIS)

Vijay Kunaratnam  
Jessica Morgan  
Walter P. Wodchis

### PaRIS Study Ontario Practice #1



#### Your dashboard

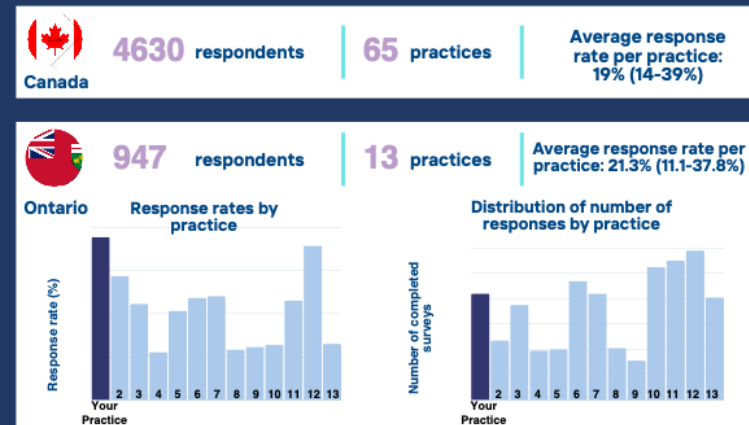
Here is the first dashboard showing results for your practice, based on data collected between June 2023 and March 31, 2024, during the PaRIS study. The results presented here must be interpreted with several parameters in mind:

- The sample size (number of respondents) influences the representativeness of the results.
- Surveys were distributed to patients aged 45 and over. Therefore, the results do not necessarily represent all patients at your clinic.
- People who participate in surveys have a different profile than those who don't. They are generally better educated and more likely to be involved in the health care system. They are generally better educated and have higher levels of literacy.
- The results in this report are descriptive only; no statistical analysis has been carried out at this stage.
- The elements presented have been selected by the Canadian study team.

#### Contents of this dashboard

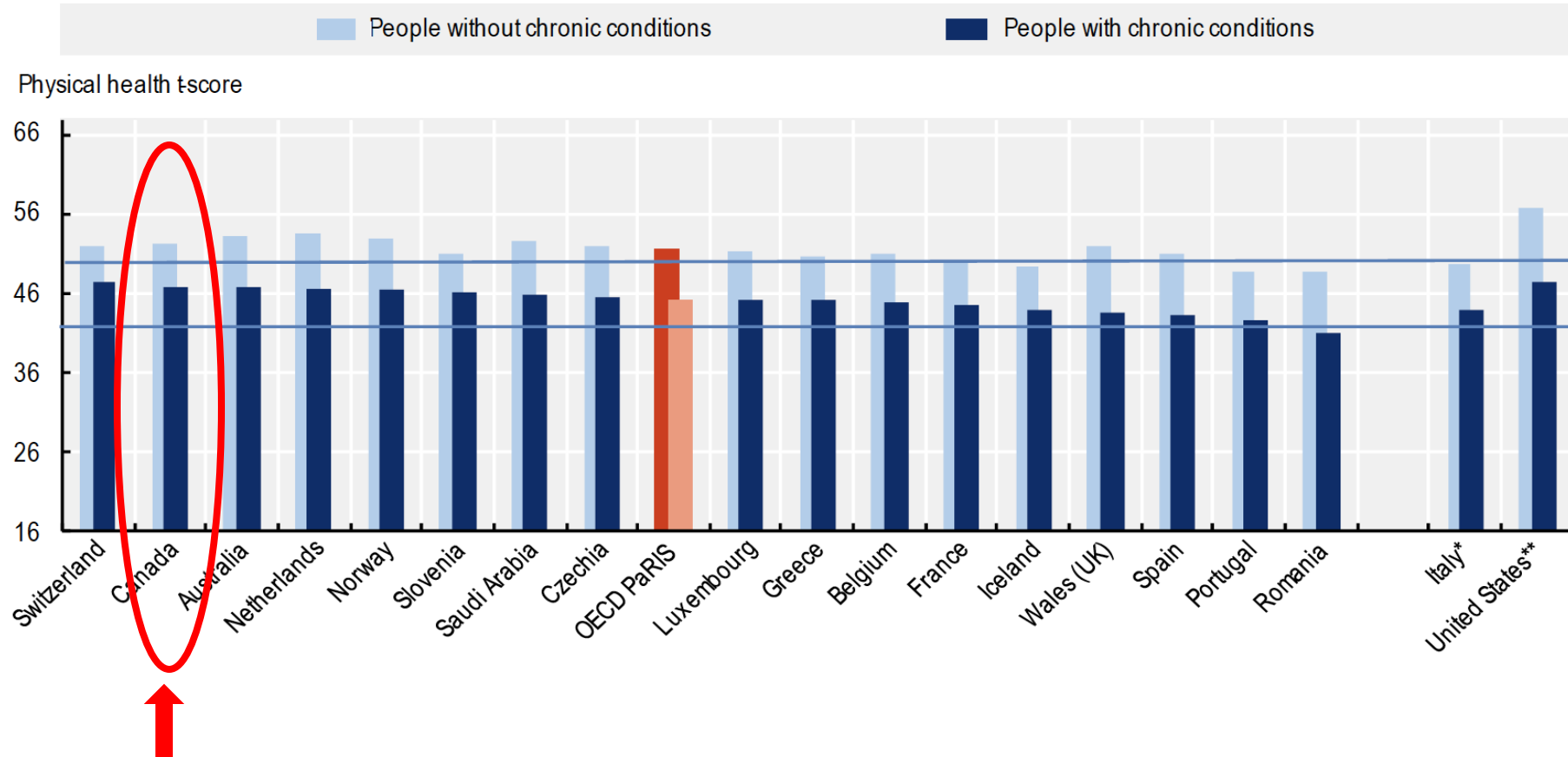
Page 1: Presentation of the dashboard and the Canadian and Ontario participation and response rates  
Page 2: Overall portrait of respondents  
Page 3: PREMs and PROMs results  
Page 4: Interpretation

#### Survey Participation and Response Rates



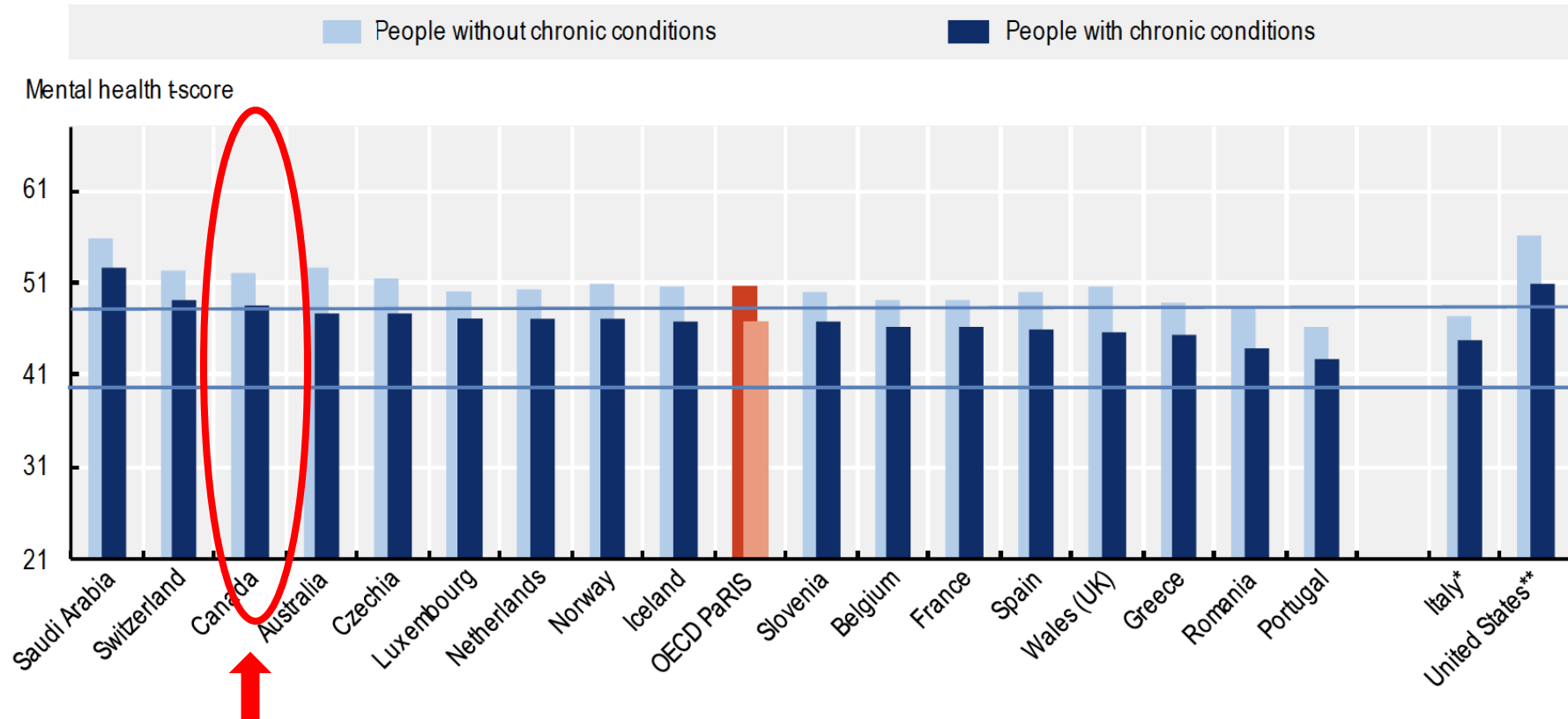
# OECD PaRIS Results

Figure 2.9. Physical health – average score for people with and without chronic conditions

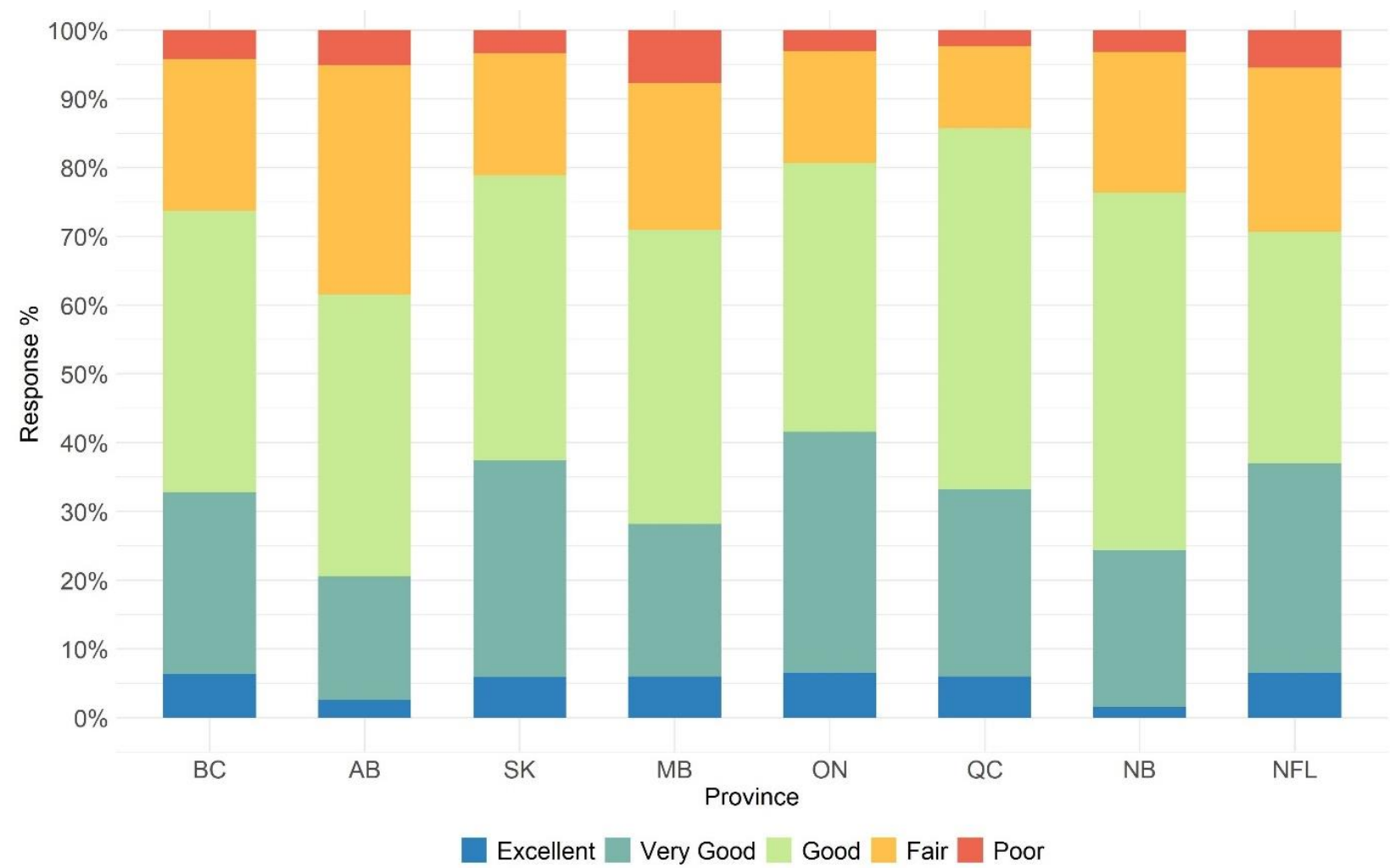


# OECD PaRIS Results

Figure 2.11. Mental health – average score for people with and without chronic conditions

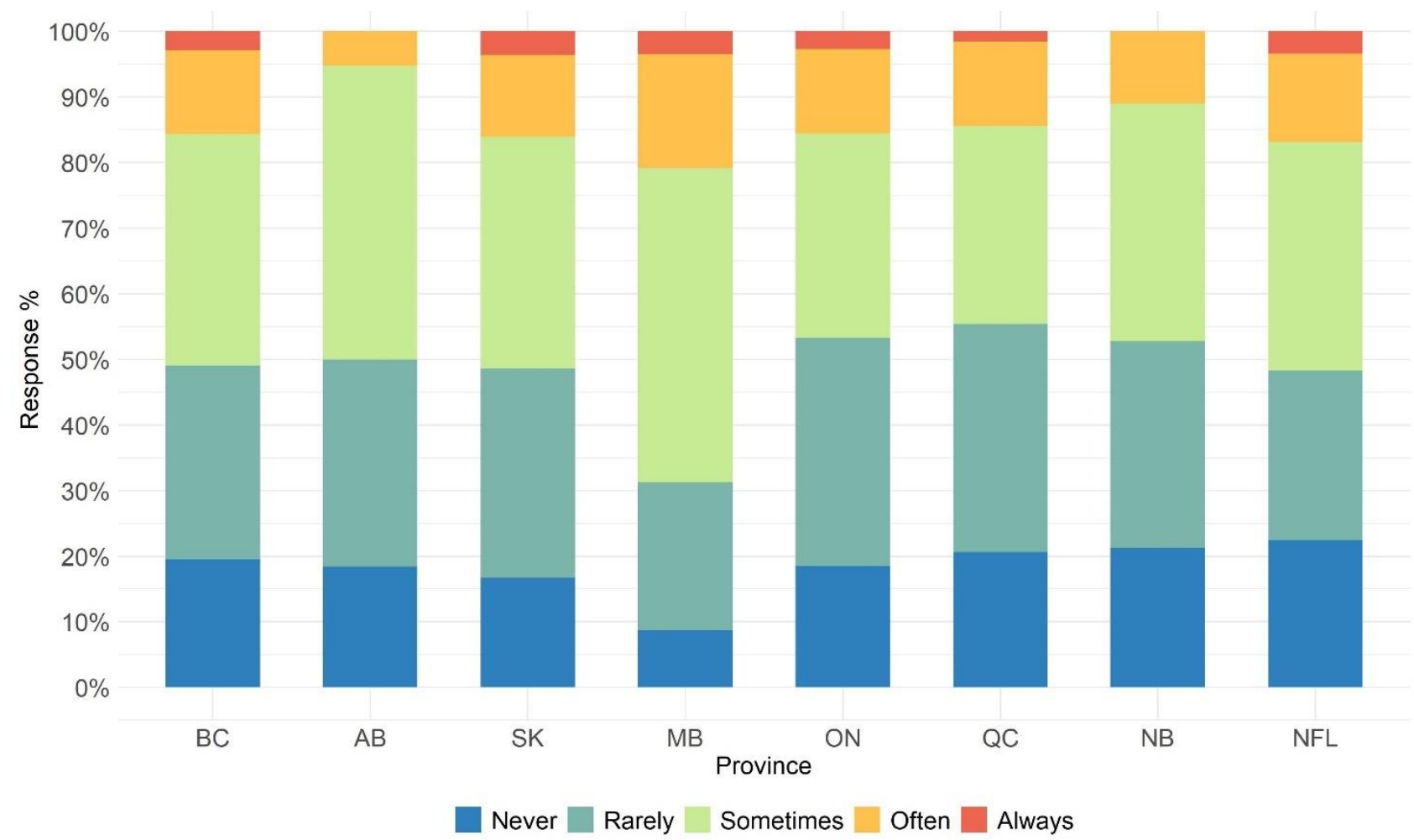


# National Results: Self-Reported Physical Health



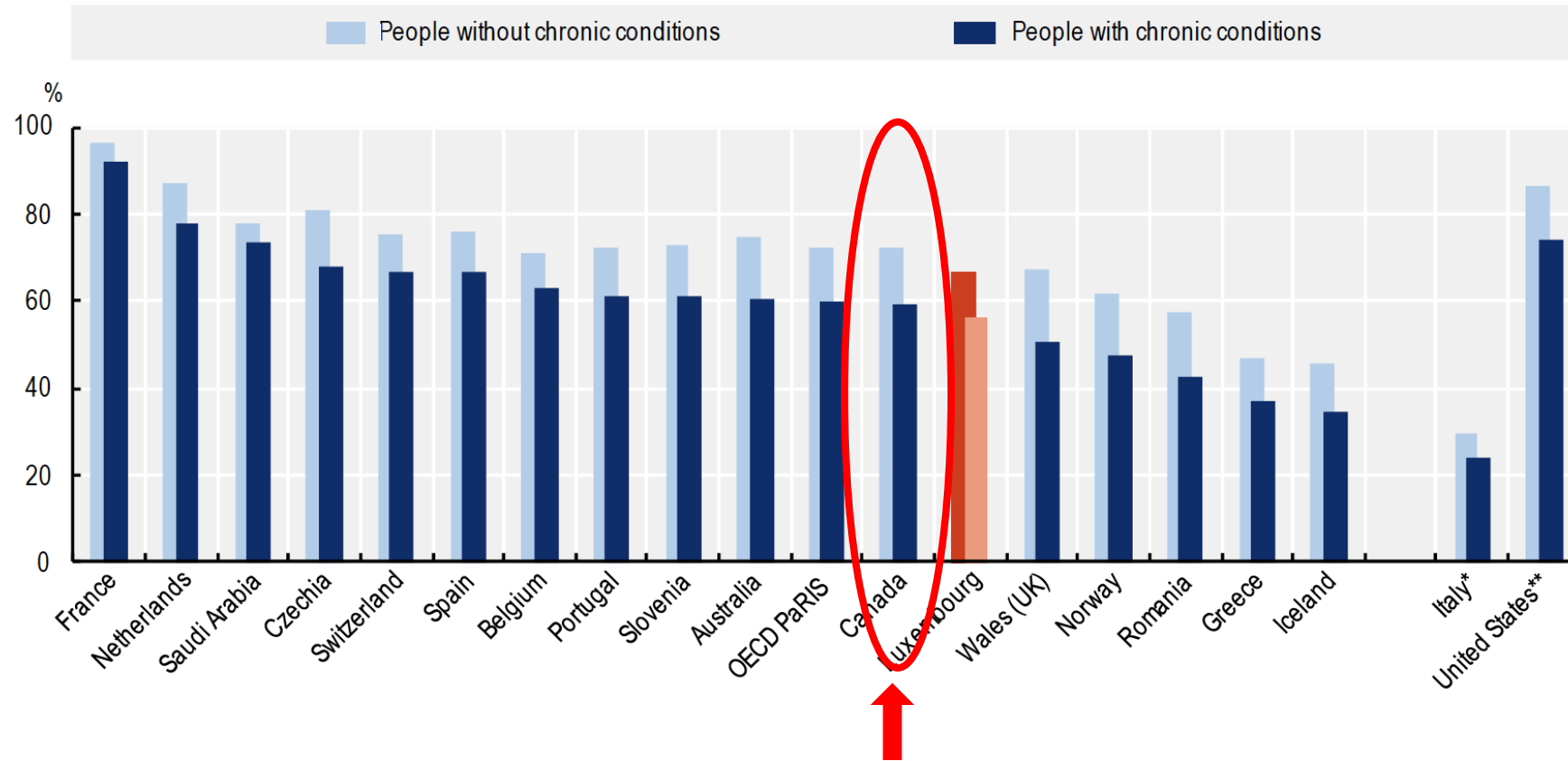


# National Results: Bothered by Emotional Problems



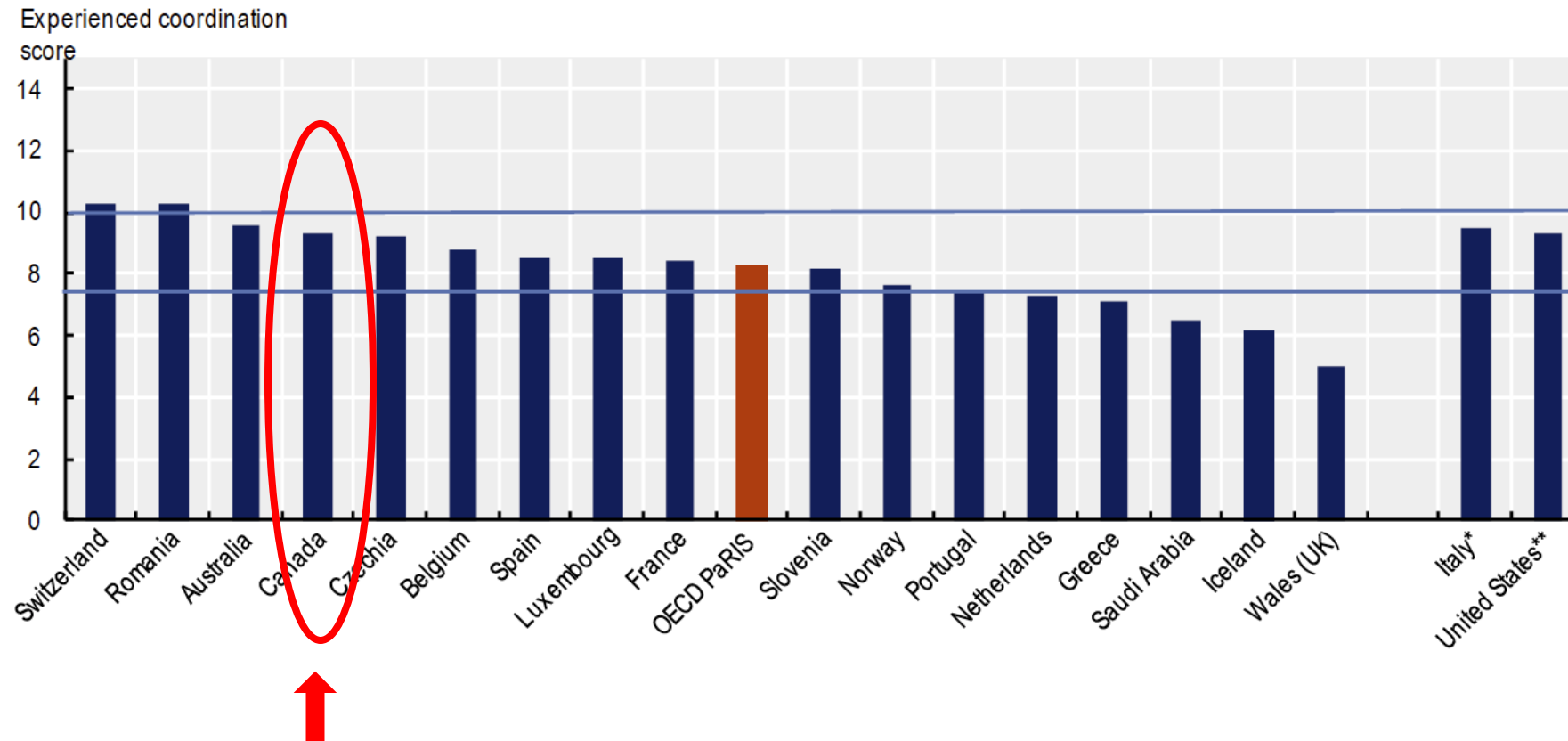
# PaRIS Results

Figure 2.19. Confidence to self-manage – people with and without chronic conditions reporting positive experiences

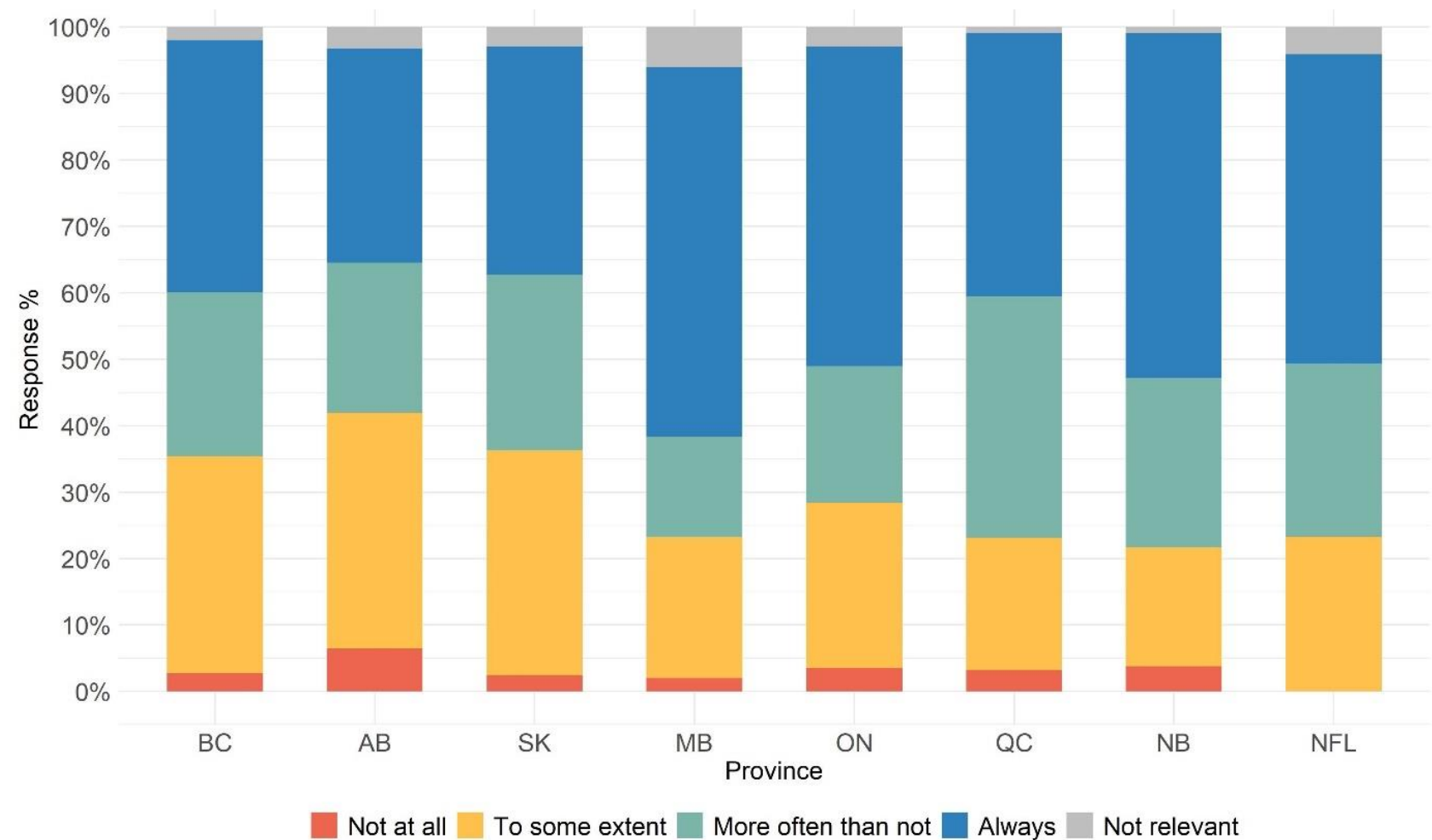


# PaRIS Results

Figure 2.21. Experienced coordination – average score for people with chronic conditions



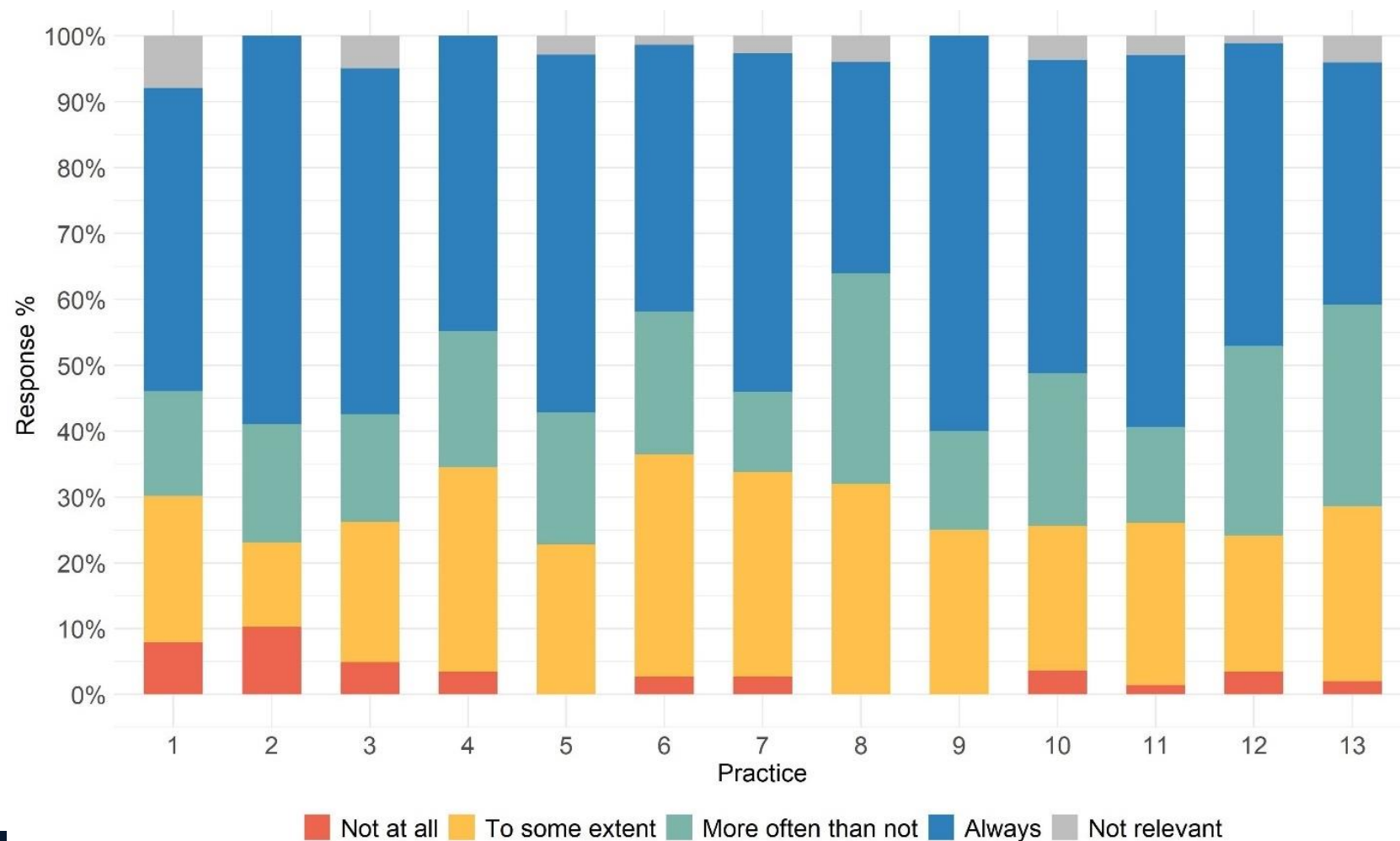
# National Results: Patients discussed what is most important to managing health and well-being.



# Ontario Provincial Results: Patients discussed what is most important to managing health and well-being.

Some practices are engaging with patients more than others:

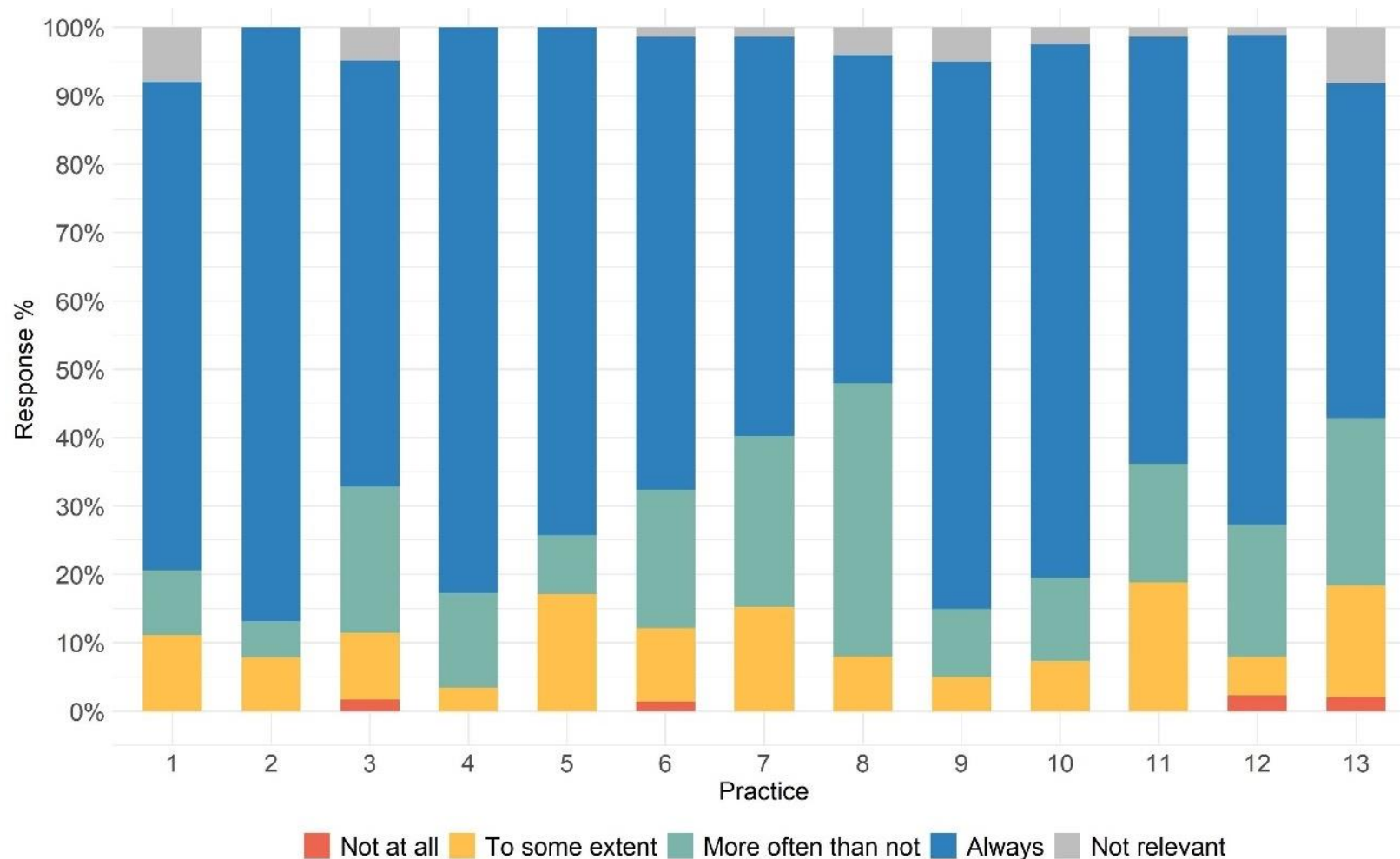
- Practice #2 ~ 58% Always
- Practice #8 ~ 35% Always



# Ontario Provincial Results: Patients Are Involved “as much as they want to be” in care decisions

Some practices are engaging with patients more than others:

- Practice #2 > 85% Always
- Practice #8 ~ 45% Always



# Patient Partner Reflection





JOIN US FOR A COMMUNITY DISCUSSION:

## WHAT'S HEALTH GOT TO DO WITH IT?

How can patient and caregiver experience best be captured and used to inform health system improvements? Come join us to share your ideas as we explore recent research findings and engage in discussions.



*Tuesday, November 26th, 2024  
6:00 pm - 8:00 pm*



*YMCA  
20 Grosvenor St, Toronto, ON,  
M4Y 2V5*

*This will be an in person event with light refreshments provided*



# Themes Arising From First Patient Engagement

- 1. Surveys as a valuable feedback tool in primary care**
- 2. The need for systemic and organizational accountability**
- 3. Promoting transparency and data sharing**



## For Patients, Caregivers, Citizens

JOIN US FOR A COMMUNITY DISCUSSION:

# WHAT'S HEALTH GOT TO DO WITH IT?

How can patient and caregiver experience best be captured and used to inform health system improvements? Come join us to share your ideas as we explore recent research findings and engage in discussions.



Thursday March 27<sup>th</sup>  
9:30 – 11:30 PST  
12:30 - 14:30 EST  
13:30 – 15:30 AST

**Register  
Now**





CRMUS CHAIR ON OPTIMAL  
PROFESSIONAL PRACTICES  
IN PRIMARY CARE



OECD

## PaRIS – Canada

Shaping primary care through  
incorporating patient-reported  
experiences and outcomes into  
performance reporting

**Marie-Eve Poitras RN. Ph.D.**

Associate Professor, Junior Researcher 2 Université de Sherbrooke,  
Department of Family and Emergency. Holder of the CRMUS Research  
Chair on optimal professional practices in primary care

S T. Wong, V T. Vaillancourt, Émilie Morneau-Guérin, Amélie Fournier and PaRIS-  
Canada team

# Background

- **Achieving the quintuple aim in primary care is challenging due to limited patient-reported data on experiences and outcomes**
- **Targeted interventions, including professional education and patient engagement tools, are needed to eliminate low-value practices and improve care<sup>1</sup>**
- **Despite their high potential, PREMs and PROMs remain underutilized in primary care<sup>2,3,4,5</sup>**
- **Canada participates in the OECD PaRIS survey, assessing patient outcomes and experiences in chronic disease management<sup>6</sup>**



# Objectives and methods

## Objectives

- Identify opportunities for improving primary care practices
- Create reports based on patient-reported experience and outcomes to enhance clinical practice

## Study Design (June 2023 - March 2024)

**Populations studied:** Patients (>45 years, ≥1 contact in 6 months), healthcare professionals

**Recruitment:** Through the Canadian Primary Care Research Network

**Tools:** Patient surveys (121 items) & practice surveys (34 items)

## Data Collection & Analysis

**Methods:** Surveys, coordinator logbook, national meetings, learning sessions

**Evaluation:** (RE-AIM & ECO-normalization frameworks): Impact, challenges, solutions

**3-month follow-up:** PREMs/PROMs applications, engagement, barriers

### Analysis

**Qualitative:** Identifies barriers & facilitators for dashboard integration

**Quantitative:** Assesses session acceptability & professional engagement



# Creation of the dashboard

- **65 practices and 4,630 patients** participated across Canada, contributing data to create dashboards
- **National coordinator and principal investigators** selected dashboard items based on relevance and priority for healthcare and quality improvement
- List was **submitted for review** to the national team (*research assistants, patient partners, and investigators*)
- National coordinator updated the list and, with a scientific graphic designer, co-created a **bilingual (French-English) template** using Canva
- **End user reviewed the template** and provided recommendations on layout, graph types, and content length to enhance provider clarity
- **4-page final template** was shared with each participating province



# Virtual or in-person learning session overview

- **Scientific committee** created the PowerPoint slides to support **reflective practice**
- One province requested an **accredited learning session (60-90 minutes)** for continuous education credits
- **Providers received a paper copy** of the dashboard just before the learning session





# Dashboard template: Example from the Quebec province

## PaRIS Study

[name and # of the practice]



### Your dashboard

Here is the first dashboard showing results for your practice, based on data collected between [start date] and [end date] during the PaRIS study. The results presented here must be interpreted with several parameters in mind:

- The sample size (number of respondents) influences the representativeness of the results.
- Respondents are aged 45 and over. Therefore, the results do not necessarily represent all patients at your clinic.
- People who participate in surveys have a different profile than those who don't. They are generally better educated and more likely to be involved in the health care system. They are generally better educated and have higher levels of literacy.
- The results in this report are descriptive only; no statistical analysis has been carried out at this stage.
- The elements presented have been selected by the Canadian study team. You will receive a document containing all the results from your practice and our province.

### Contents of this dashboard

Page 1: Presentation of the dashboard and the Canadian and [province] recruitment landscape  
Page 2: Overall portrait of respondents  
Page 3 : PREMs and PROMs results  
Page 4 : Interpretation

## Enrollment and response rate



Canada

4630 respondents

65 practices

Average response rate per practice: 19% (14-39%)

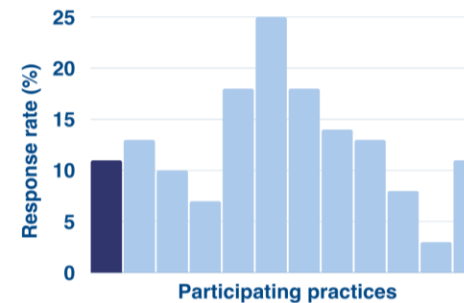


1468 respondents

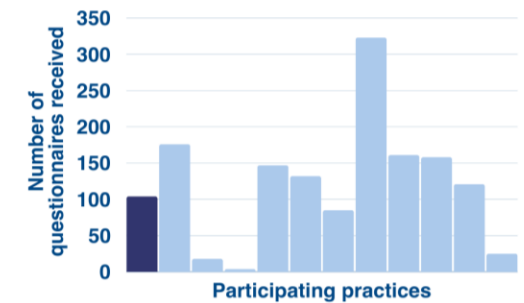
12 practices

Average response rate per practice: X% (X-X%)

### [Province] Response rates by practice



### Distribution of number of responses by practice





# Dashboard template

## General information

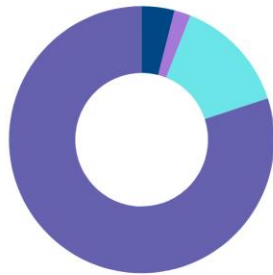
N = 101 respondents



♀ = 78%    ♂ = 22%

Evaluation of overall care received in the last year at your practice

■ Poor  
■ Fair  
■ Good  
■ Very good or Excellent



Over 65 years old



Live in a suburban or rural area



Born outside Canada

6.6%  
VS  
8.2%

of respondents at your practice take **10 or more medications**, compared with 8.2% of respondents at other practices.

**14%** of respondents describe their **financial situation** as "Very tight" or "Tight".

**27%** of respondents from your practice have been told by a doctor to have a **depression, anxiety or other mental health condition** (e.g., bipolar disorder or schizophrenia).

**34%** of respondents have **3 or more chronic illnesses**.

Average number of chronic diseases diagnosed in respondents.

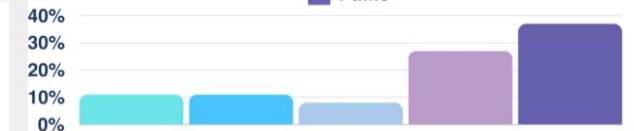
1.9



said they had consulted a physician 3 or more times in the past year.

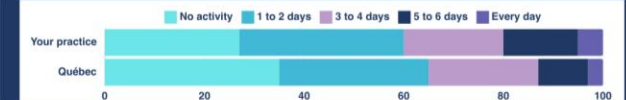
## Number of consultations in the last year

■ 5 times or +    ■ 4 times    ■ 3 times    ■ 2 times  
■ 1 time

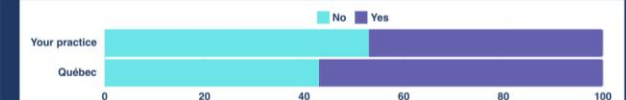


## Physical activity

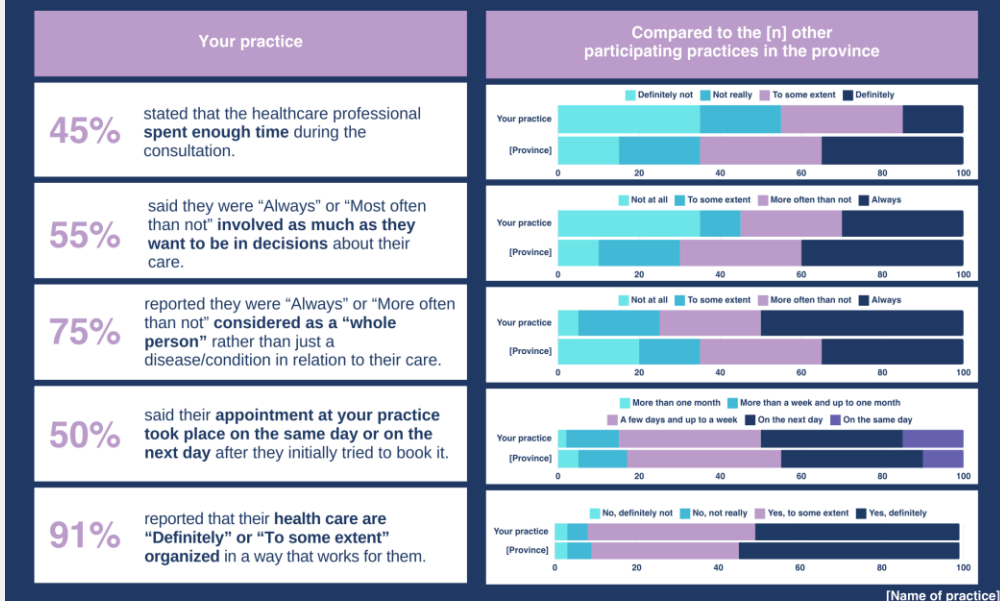
**40%** reported they had not done **any intense or moderate physical activity** in the past week.



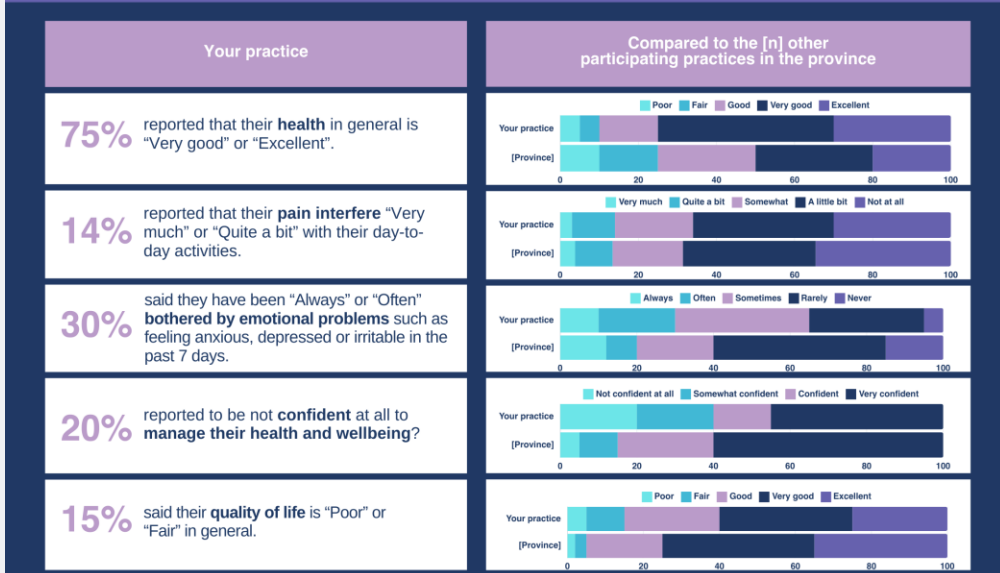
**39%** said that in the past 12 months, no healthcare professional has **talked with them about their physical activity**.



## Experience of care (PREMs)



## Health outcomes measures (PROMs)



## Interpretation

Our team has conducted an in-depth analysis of the results in your clinic's dashboard. We have identified a few highlights and some food for thought to kick-start and nurture your continuous quality improvement process.

### HIGHLIGHTS

...  
...  
...  
...

### AVENUES OF THOUGHT (TO BE DETERMINED BY PROVINCIAL TEAMS, HERE ARE SOME EXAMPLES)

#### Actions you can do in your practice:

- Investigate the number of drugs prescribed for patients to lower than 15 medications
- Increase services and tools related to mental health care (link to community organizations, etc.)
- Review the length or flow of consultation to improve efficiency and care



#### Actions you can make to patient care:

- Provide more resources to support self-management
- Ask patients more about their quality of life
- Promote physical activity

#### Actions to use this report:

- Review and compare your data to the provincial data and over time.
- Strategize with other team members to set goals and targets for certain outcomes
- Celebrate the success!



# Overview of feedback and observations from the research team

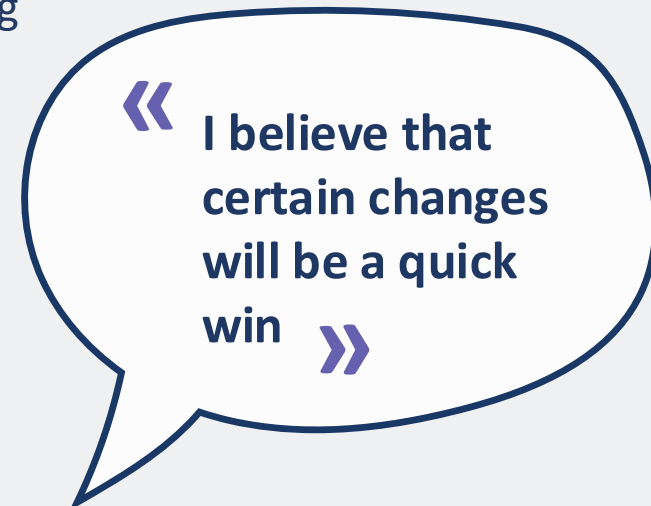
- **Accreditation** was a key factor in motivating participation in learning sessions
- The providers question the relevance of creating an identical framework for all practices. Their needs vary, and the **relevant items are different** for all
- In **95%** of cases, the explanations and support offered to the people we met **helped them to understand and reflect** on the elements reported

« We always like to receive input on the services we provide and especially appreciate the avenues for improvement that your approach has offered us. »



# Overview of feedback and observations from the research team

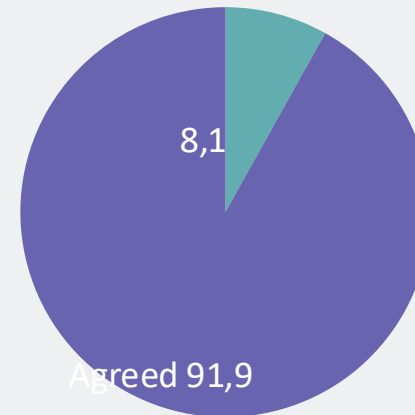
- A **diversity of healthcare professionals** participate in the learning sessions
- Few providers could name a change of practice to be made, but **92%** did select **one to prioritize** from among the courses of action we presented to them
- Providers could identify **quality improvement actions** in training students



# Overview of feedback and observations from the research team

- **Improving care coordination** for complex patients could enhance follow-ups and clarify roles among healthcare professionals
- Increasing **patient awareness and education** could support engagement and better health outcomes

Plan a change in practice to commit to quality improvement



# Discussion and conclusion

- PDF **dashboards are appreciated** by providers and are effective in illustrating PREMs and PROMs data
- Even if providers are interested in PREMs and PROMs data, **they need support in identifying** courses of action and mechanisms for transposing these data into their professional practice and the organization of services within their practice
- **Improving patients' experiences** in primary care can be facilitated by providing **PREMs/PROMs** back to practices
- Other **learning sessions or tools** are needed to support providers in taking concrete actions







# Thank you For your commitment!

---

For any questions or additional information,  
please contact

Dr Marie-Eve Poitras

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# E.G. Ontario Practice Reports

## Experience of care (PREMs)

### Your practice

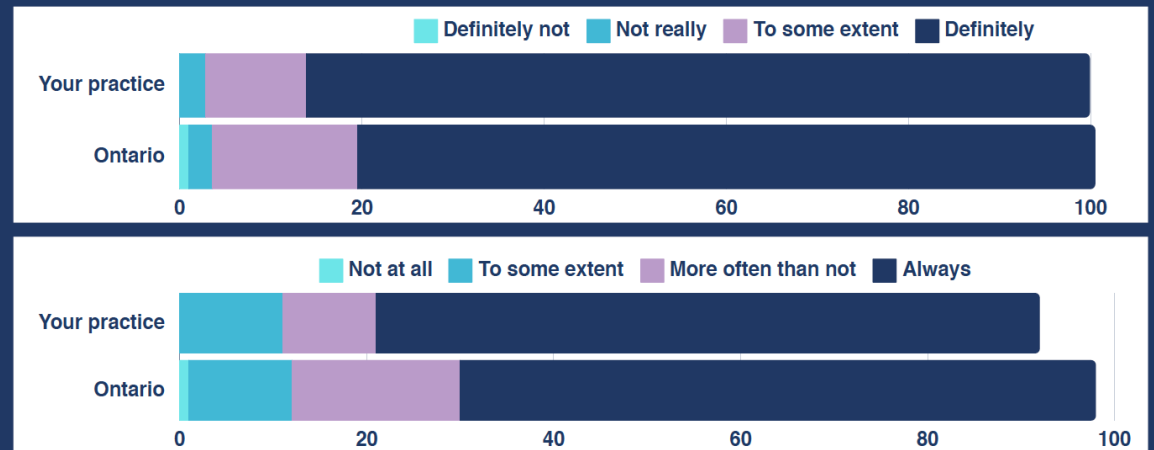
86%

stated that the healthcare professional **spent enough time** during the consultation.

81%

said they were “Always” or “More often than not” **involved as much as they want to be in decisions** about their care.

### Compared to the 12 other participating practices in the province



This practice had more individuals reporting that their provider “Definitely” spent enough time and that they were “Always” involved as much as they wanted to be in decisions about their care compared to other participating practices in Ontario.

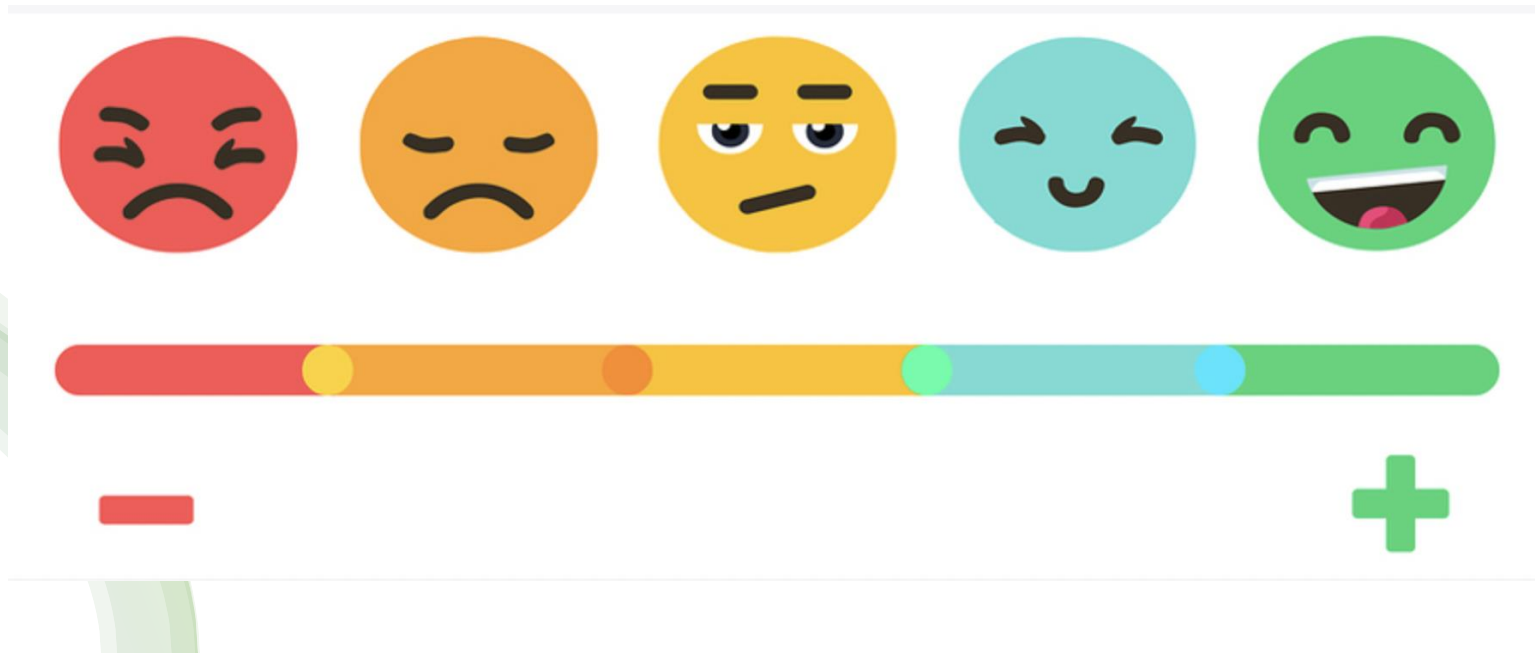




# Factors Associated with Patient Satisfaction In Primary Care Settings

# Background

- **Patient-reported outcome and experiences** are well-recognized for quality monitoring and improvement.
  - **PROMs** gather information related to health, functioning, and quality of life (QOL)
  - **PREMs** focus on patients' experiences while receiving care, which reflect organizational care processes
  - Address inconsistencies between patients' and healthcare providers' assessments of patient needs
- However, such measurement is limited in primary care



# Satisfaction with Care

- The OECD launched the Patient-Reported Indicators Surveys (PaRIS) to build capacity for PROMs and PREMs in primary care
- → Allows for capturing patient satisfaction with care
- Research needed on practice-level and other provider level factors that influence both outcomes and experiences and contribute to satisfaction with care
- This research explores **patient and practice-level characteristics associated with satisfaction with health care**



# Sample

- Convenience sample of patients and their providers were surveyed across 16 practices in Ontario
- Eligibility criteria for patients: aged 45 years + who visited their provider in the past 6 months
- 1 representative from each practice was surveyed to collect practice-level data
- **Distribution:** patient surveys were sent through a generic link via their practice



# Data Collection

- **Practice survey:** 34 questions about practice characteristics (e.g. location; practice type; funding model; team composition; and services provided)
- **Patient survey:** 121 items covering four domains: (1) health status and symptoms; (2) managing health; (3) experiences of primary health care services; and (4) experiences of other health care services, and sociodemographic characteristics

PREMS	PROMS
<ul style="list-style-type: none"><li>• Access</li><li>• Comprehensiveness of care</li><li>• Quality of care</li><li>• Person-centredness</li><li>• Care continuity</li><li>• Self-management support</li><li>• Safety</li><li>• Trust</li></ul>	<ul style="list-style-type: none"><li>• Symptoms</li><li>• Functioning</li><li>• Self-reported health status</li><li>• Mental health</li><li>• Pain</li><li>• Sleep disturbance</li><li>• Fatigue</li><li>• Physical functioning</li><li>• Satisfaction in social roles</li><li>• Self-management capacity</li></ul>

# Data Analysis

## Exposures:

- Sex
- Income
- Health status
- Wait times for appointments,
- Ability to pay rent
- Ability to buy healthy meals
- Ability to pay for electricity
- Physician's professional background
- Development of care plans

## Outcome:

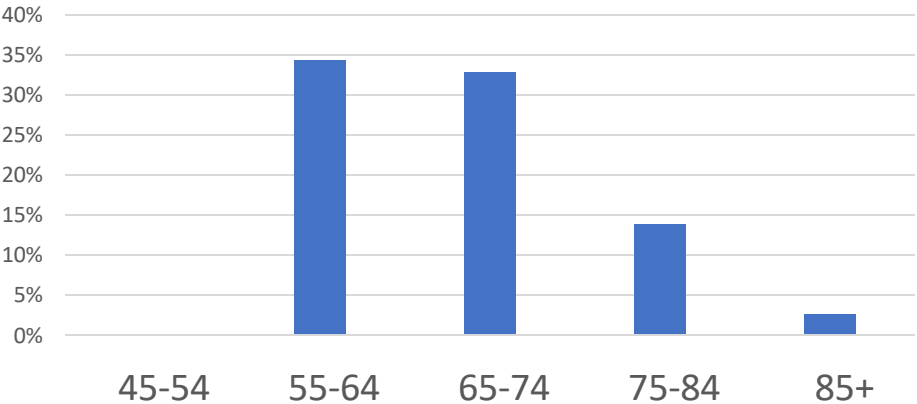
### Satisfaction with Care

("When taking all things into consideration in relation to the care you have received, overall, how do you rate the medical care that you have received in the past 12 months from your primary care clinic?")

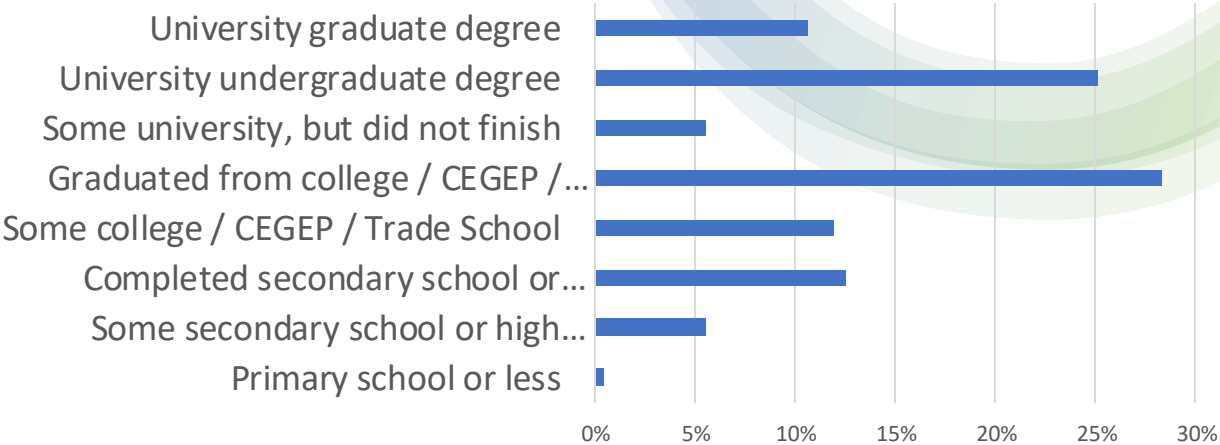
Model= random effects multivariate ordinal logistic regression

# Results: Patient Demographics

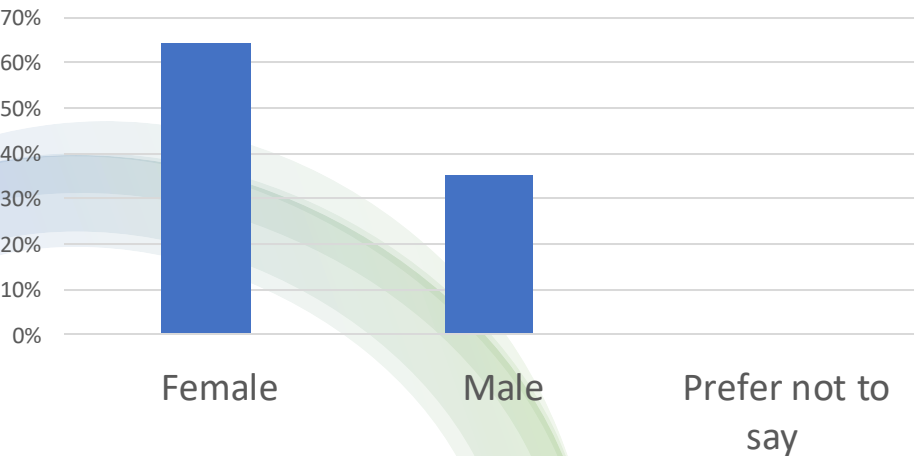
Age



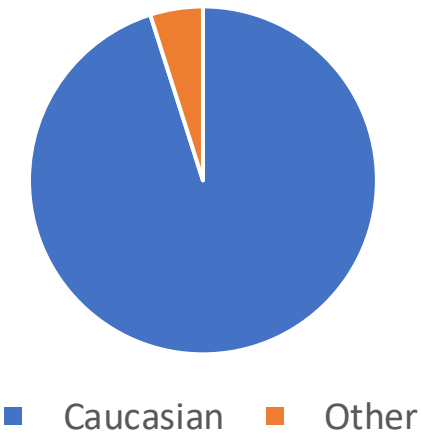
Highest Level of Education



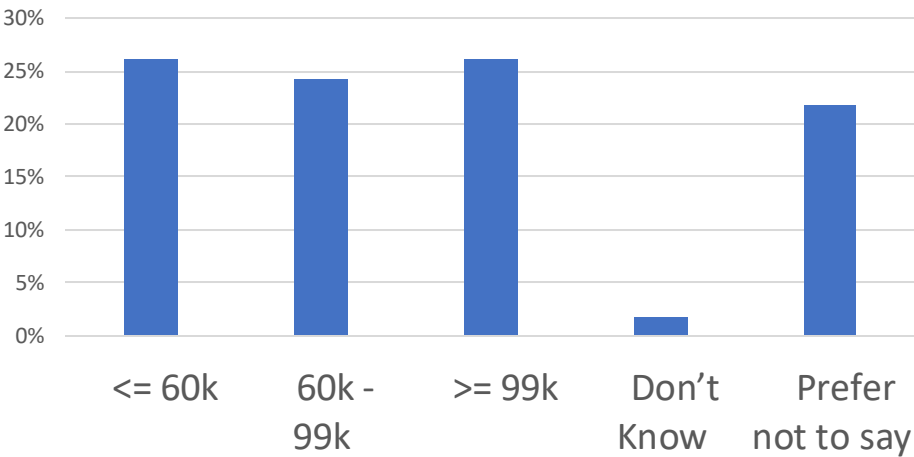
Gender



Race



Income



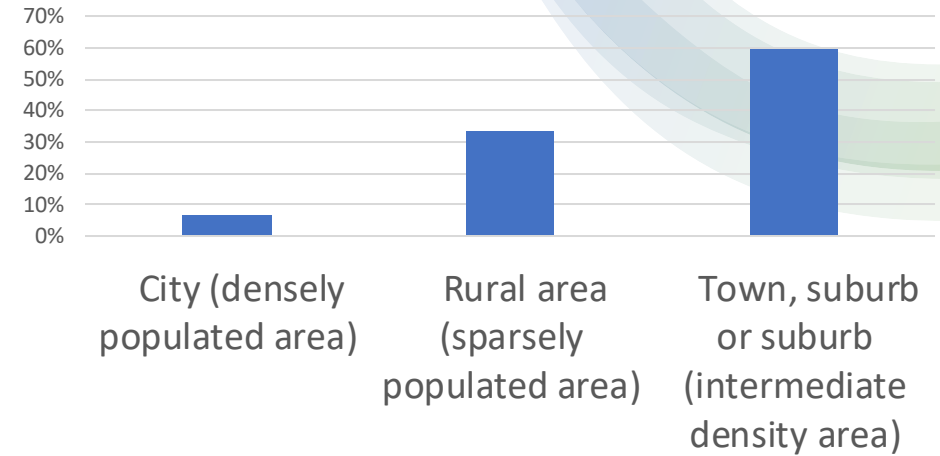
# Results: Provider Demographics

## Professional Background

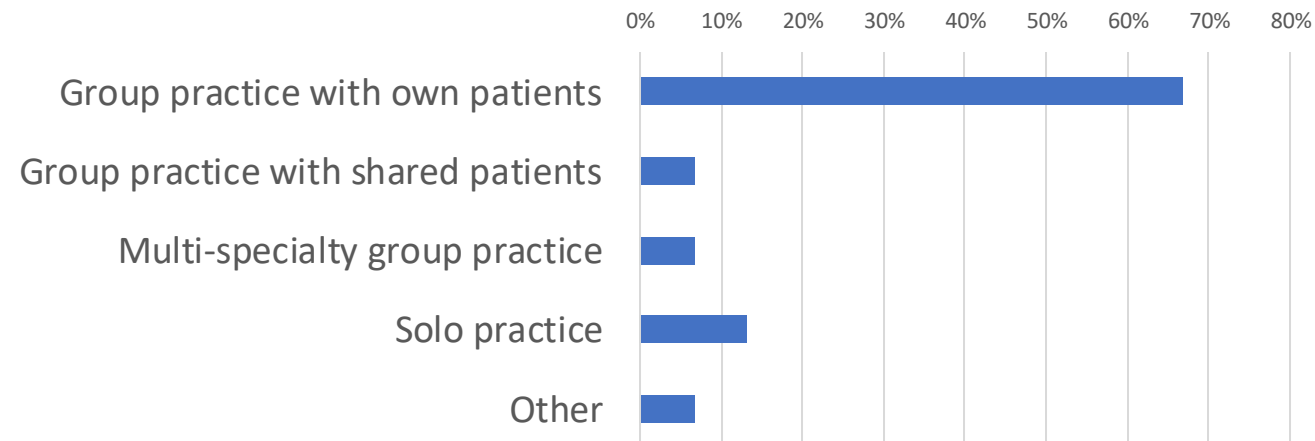


■ Physician in Family Medicine ■ Nurse practitioner

## Location



## Type of Practice





# Regression Results

Predictor	Response option	Odds Ratio [95% CI]	P-Value
Annual household income Ref category: <=60,000	\$60,000-\$99,000	0.935 [0.599, 1.461]	0.769
	\$99,000 or more	0.745 [0.476, 1.168]	0.199
	Don't know	0.806 [0.261, 2.494]	0.709
	Prefer not to say	0.606 [0.383, 0.959]	0.033**
Frequency of being worried or stressed about having enough money to pay rent or mortgage Ref category: Never	Always	0.659 [0.470, 0.925]	0.016**
	Usually	0.469 [0.231, 0.954]	0.037**
	Sometimes	0.967 [0.458, 2.039]	0.929
	Rarely	0.911 [0.472, 1.758]	0.782
Self-reported health Ref category: Good	Poor	0.613 [0.239, 1.576]	0.310
	Fair	0.918 [0.583, 1.446]	0.712
	Very Good	1.563 [1.092, 2.237]	0.015**
	Excellent	2.533 [1.270, 5.052]	0.008***
Length of time that appointment took place after booking Reference category: More than one month later	More than a week and up to one month later	1.403 [0.858, 2.293]	0.177
	A few days and up to a week later	2.577 [1.558, 4.263]	<0.001****
	On the next day	4.711 [1.997, 11.111]	<0.001****
	On the same day	2.772 [1.274, 6.033]	0.010**
	Can't remember	2.109 [0.901, 4.937]	0.085*
Professional background Ref category: Physician in family medicine	Nurse Practitioner	1.768 [1.176, 2.657]	0.006***

# The role of financial instability in primary care

- Financial instability → low patient satisfaction
- Potential primary care interventions to address poverty as a social determinant of health:
  - Screening tools to assess social needs
  - Welfare rights services (social prescribing)
  - Food insecurity interventions
  - Promoting healthcare's involvement in affordable housing.
- The potential of such interventions is limited → primary care lacks strong linkages with social services, and navigating such systems can be complex

# Wait Times

- Shorter wait times → higher satisfaction
- Accessibility and availability are important characteristics of efficient and effective primary healthcare systems.
- Strategies to address the problem:
  - Incentives for family physicians to provide additional services on evenings and weekends
  - Advanced access/ open access scheduling
  - Use of teams in primary care practices (include nurse practitioners and allied workers)
  - Use of electronic/telephone follow-ups



# Provider Background

- Patients who were seen by a nurse practitioner had significantly higher satisfaction scores than those who saw a physician
- Other research shows that higher satisfaction scores for nurse practitioners were found for items relating to length of consultation, reassurance about symptoms, information on coping with disease and attention to the impact of disease on daily life
- Nurse practitioners have been integrated into primary care settings
  - → incorporate activities to target SDH vulnerable populations
  - → Increased access to care & cost savings

# Conclusion



Structuring primary care in ways that address the following may enhance patient satisfaction:

- Social determinants of health
- Drawing on the skills and leadership of multidisciplinary teams
- Creating efficient systems for reducing wait times
- Attending to patients' perceptions of their health and ability to function in their daily lives

## Discussion Topic

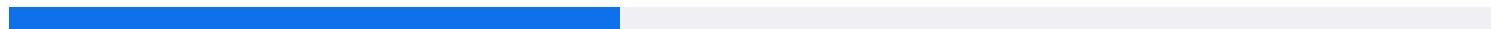
1. What questions do you have about adopting Patient Reported Measurement to advance your OHT priorities?
2. What challenges do you foresee in implementing Patient Reported Measurement in you OHT?

# Poll 4

1. Upcoming March 2025: What topics are you most interested in ?  
(Single choice) \*

32/32 (100%) answered

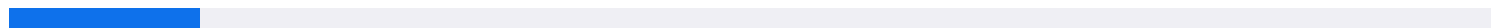
More on PREMs and PROMs? (13/32) 41%



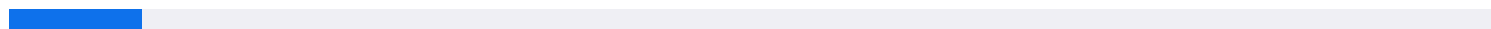
Leading Projects in Home Care? (12/32) 38%



Governance and Leadership? (4/32) 13%



Other topics of importance : Use the chat and post-event survey comments (3/32) 9%



# Up Next

- HSPN webinar series
  - 4<sup>th</sup> Tuesday of the Month: 12:00 – 1:30 pm

Upcoming March 2025:

What do you think?

- More on PREMs and PROMs?
- Leading Projects in Home Care?
- Governance and Leadership?
- Other topics of importance : Use the chat and post-event survey comments



# THANK YOU!



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The Health System Performance Network



hspn.ca