

Background

Improving primary healthcare performance measurement in Canada requires developing better methods to report performance data to different stakeholders. Recent consultations across Canada have identified performance priorities for some stakeholder groups but how patients use publicly reported performance data on PHC is still poorly understood.

Research questions:

- ❖ What dimensions of CBPHC are of greatest priority for measurement and public reporting to promote accountability and public engagement in health system decision-making?
- ❖ How is public information on CBPHC performance used by individuals; acting as patients and/or acting as citizens?
- ❖ What is the best way to report performance results to different stakeholders: governance level (clinic, region, province), format, mode?

Methods

Design: Mixed methods study using in-depth interviews with policy-makers and PHC providers, and deliberative dialogues with patients to enable this latter group to undertake a more informed and in-depth engagement with the research questions.

Setting: British Columbia, Ontario, and Nova Scotia, Canada.

Interviews:

6-10 Policymakers and providers will be recruited for each region during our linked policy analysis case study

- They will be presented with regional PHC performance portraits from our study data and asked to:
 - identify useful features,
 - identify potential audiences,
 - suggest useful comparison data; eg similar regions, provincial, other provinces,
 - suggest optimal public reporting strategies for the different data elements and audiences.

Deliberative Dialogues

“Deliberation” refers to discussion that is informed, value-based, and transformative. Participants receive background information on the topic to foster reasoned engagement. Deliberative dialogues are value-based in seeking what *ought* to be done - identifying the tensions among their views and the values underlying them; justifying them to others; and then setting priorities.



2 deliberative dialogues will be held in each of the 3 regions with patients recruited from participating practices.

→ 10 complex patients (3+ chronic conditions) will hold one dialogue together.

→ 10 relatively healthy patients (no chronic conditions) will hold the other dialogue.

Participants will be presented with a definition of the major dimensions of PHC performance and asked to explore in depth the dimensions of Access to care and Patient-Provider Relationship as dimensions with many different indicators used to measure them.

Participants will be asked to prioritise performance dimensions for measurement and reporting purposes; identify most significant indicators and suggest how these should be reported including format and context for optimal use.

Participants will explore how people would use publicly reported PHC performance data, e.g., as a patient for considering their own care vs. as a citizen for considering how the health system is serving the community, use of public resources, etc., and what reporting supports these uses.

Examples of different indicators within Access and Patient-Provider Relationship to prioritise?

- % of population with a regular PHC provider
- % of population with continuous care from a primary healthcare provider.
- % of population, 18 years and over, who experienced difficulties obtaining immediate care for an emergent but minor health problem, from their regular PHC provider, during evenings and weekends.
- % of respondents who rated the main provider they saw as very good or excellent at explaining things in a way that is easy to understand.
- % of patients for which a person (health professional) knows them best at the visit site, and the profession of this individual.

Methods cont.

Data collection:

Deliberative dialogues (n=2 DD per setting ; total n=6)

- Field observer notes
- All data will be recorded and transcribed
- Pre and post surveys for participants (n=10 per DD) to ask:
 - Rank performance domain priorities for public reporting
 - Rank importance of specific indicators for Access and Patient-Provider Relationship

Interviews (n=18-30):

- All data will be recorded and transcribed

Analysis:

Thematic content analysis of qualitative data. We will compare and contrast by DD group and region.

Qualitative data will be triangulated with descriptive statistics of survey data for change in mean ranking to explore the role of informed dialogue on priorities for performance measurement.

Conclusions

Results from the deliberative dialogues with patients, and interviews with policy-makers and providers, are expected to advance our understanding of how to best report PHC performance data for optimal use by different stakeholders to promote accountability, engagement and quality improvement.

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