

# IMPACT

Closing the  
equity gap in  
healthcare  
access

Réduire les  
inégalités  
d'accès aux  
soins de santé



**Do patients and providers agree on how healthcare systems perform?  
Comparing healthcare performance assessment in international surveys**

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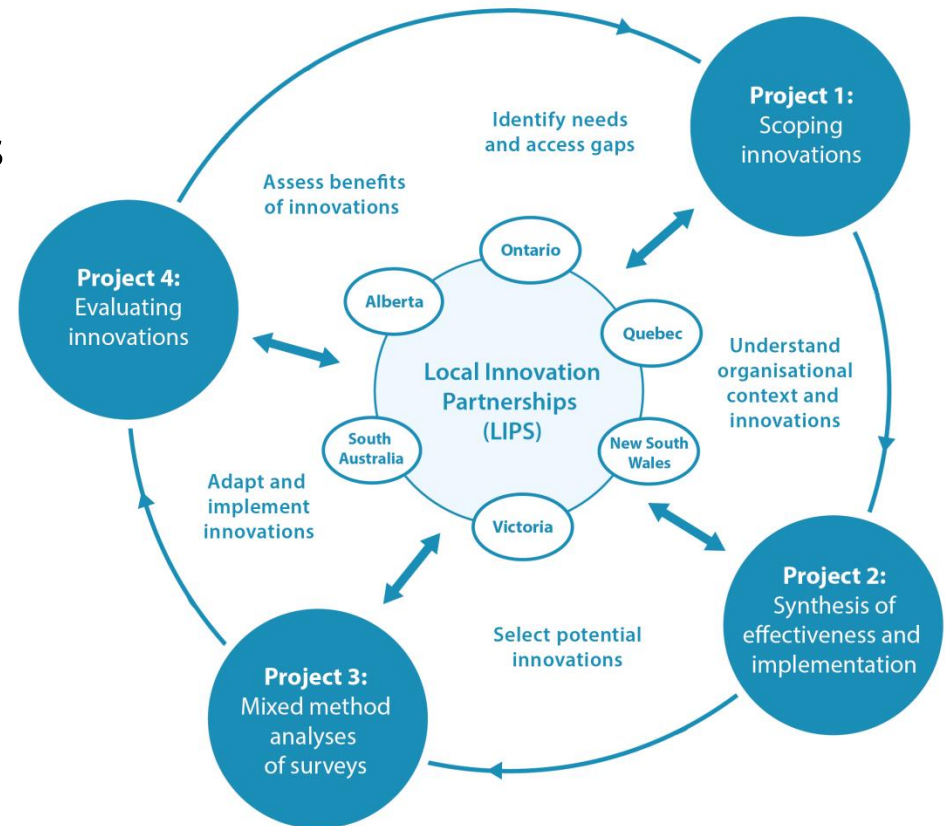
# Objective

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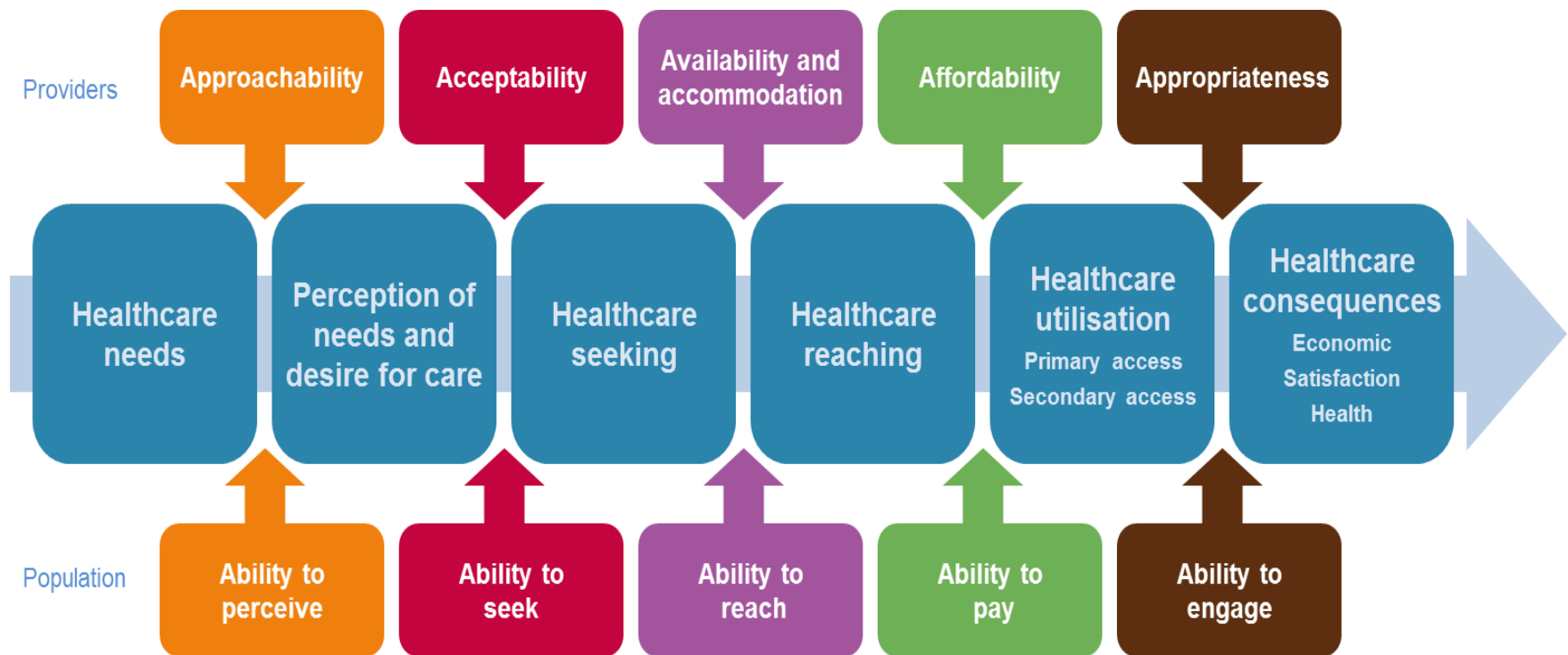
- International surveys are increasingly used to assess the performance of healthcare systems
- While surveys often reflect on the experiences of patients or providers, little information is available about how aggregating such sources of information is a valid process.
- This study aims to assess the agreement between patient and provider perspectives

# A part of the IMPACT CBPHC team

- **Reanalysis of international survey data**
  - How do nations vary in access to primary care?
  - What population groups face challenges with access to primary care?
- **A case-study approach**
  - To identify contextual factors that may explain variations in access



# The Access Framework



- Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*. 2013;12:18.

# Methods

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- Secondary analysis of the 2014 and 2015 Commonwealth Fund International Health Policy Surveys
- Sixteen pairs of questions related to barriers to access to primary care
- Concordance was assessed by comparing the level and ranking of measures between the two surveys, for each country
- In addition, a correction factor was calculated to assess the percentage change in responses needed for a country to have the same rank from both perspectives.

# Results

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- Patients more positive than providers regarding coordination
- Providers more positive regarding after-hours care
- Rankings were positively correlated across countries for five of 16 pairs of measures (Spearman's  $\rho > 0.6$  and  $p < 0.05$ )
- In terms of rankings, percentages and correction factor measures - lack of concordance between patients and providers for measures related to availability of medical records during a visit
- Within countries, levels of concordance varied
  - countries with larger sample sizes, tended to have smaller differences in rankings and smaller correction factors.

Survey of adults aged 55 years and over (2014)		Survey of primary care physicians (2015)		Concordance				
Question	Average of countries (%)	Question	Average of countries (%)	Difference in averages (percentage points)	Average correction factor (percentage points)	Average rank difference	Spearman rank order test	
							Coefficient	P-value
Healthcare professional makes contact for chronic condition	22	Have staff who contact patient to monitor chronic condition	34	12	11	1.6	0.83	0.00*
Availability of same or next day appointments	66	Almost all patients able to get same or next day appointments	47	19	16	1.6	0.72	0.03*
Waited two months or longer for specialist appointment	15	Patients experience long waits for specialist appointments	47	32	17	1.8	0.7	0.00*
Skipped care due to cost	9	Patient had difficulty paying for medical expenses	24	15	12	1.8	0.68	0.01*
Very easy to get after hours primary care	24	Practice has after-hours arrangements for patients	75	51	16	1.5	0.61	0.01*
Discussed with family, friend, healthcare professional about treatment	44	Had conversations about treatment wishes with older/sicker patients	43	1	25	2.6	0.51	0.08
Health system is working well, only minor changes	46	Health system is working well, only minor changes	39	7	20	2.6	0.51	0.13
Received written plan for management of chronic condition	35	Patients with conditions given written plan to manage care	30	5	23	2.6	0.47	0.83
Medical staff seemed informed about care in hospital	86	Received notification about patient's care in hospital	34	52	12	2.9	0.45	0.35
Received a list of medications	58	Practice can generate list of patient's medications	72	14	15	2.2	0.45	0.75
Medical staff seemed informed about care in hospital	86	Received notification about patient's care in ED	33	53	15	2.9	0.32	0.13
Health system needs a complete rebuild	11	Health system needs a complete rebuild	6	5	18	2.7	0.21	0.31
A test repeated because results unavailable	7	A patient's test was repeated because results unavailable	30	23	36	3.6	0.1	0.11
GP always spent enough time	65	Satisfied with time you have to spend per patient	57	8	32	3.6	0.08	0.51
Experienced care coordination problem	20	Patients had care coordination problems	51	31	30	4	-0.07	0.08
Medical record not available at time of visit	9	A patient's medical record not available at time of visit	65	56	40	4.2	-0.29	0.8

■ Low agreement  
 ■ Moderate agreement  
 □ Moderate-High agreement

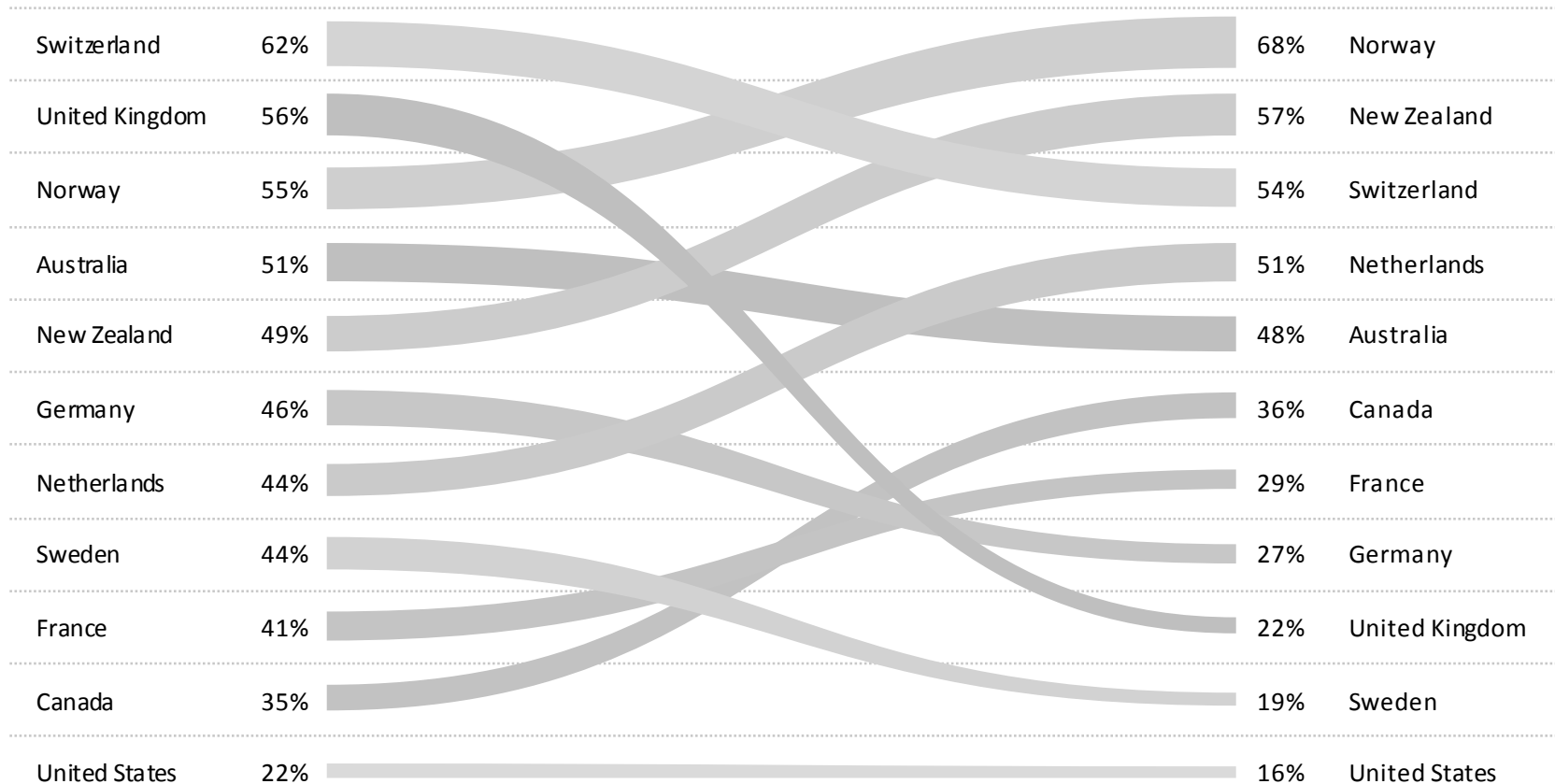
# Results

## Patient perspective

On the whole, the system works well and only minor changes are necessary to make it work better.

## Provider perspective

On the whole, the system works well and only minor changes are necessary to make it work better.





# Results

## Patient perspective

In the past two years, when receiving care was there ever a time when test results or medical records were not available at the time of your scheduled medical care appointment? ( Yes, this happened)

France	3%
Australia	6%
New Zealand	7%
Norway	7%
Switzerland	7%
Netherlands	8%
United Kingdom	8%
Germany	9%
Sweden	9%
Canada	13%
United States	16%

## Provider perspective

During the past month, did the following occur: a patient's medical record or relevant clinical information was not available at the time of

54%	Germany
58%	France
59%	Netherlands
59%	Switzerland
61%	Canada
62%	Sweden
62%	United States
69%	United Kingdom
74%	Australia
76%	Norway
77%	New Zealand

# Results

## Patient perspective

How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital emergency department? (Very easy)

Netherlands	39%
New Zealand	39%
United Kingdom	35%
Germany	28%
Switzerland	28%
Norway	23%
United States	21%
Australia	20%
France	13%
Canada	13%
Sweden	6%

## Provider perspective

Does your practice have an arrangement where patients can see a doctor or nurse if needed when the practice is closed without going to the hospital emergency department? (Yes)

95%	Netherlands
92%	New Zealand
89%	United Kingdom
87%	Germany
81%	Norway
78%	Australia
75%	Sweden
73%	France
69%	Switzerland
48%	Canada
40%	United States

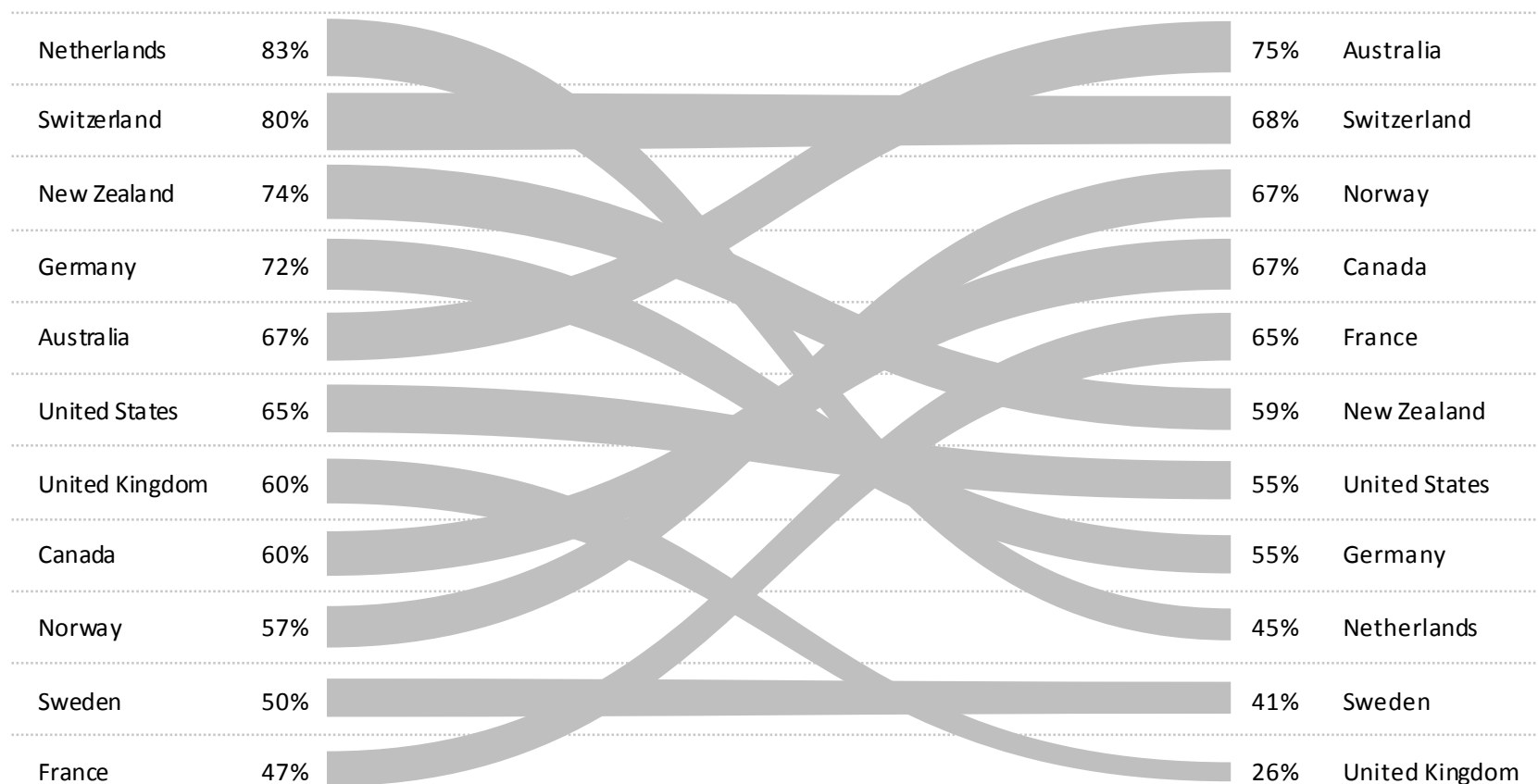
# Results

## Patient perspective

When you need care or treatment, how often does your regular doctor or medical staff you see spend enough time with you? (Always)

## Provider perspective

Please indicate how satisfied you are with the time you have to spend per patient? (Satisfied)



# Results

## Average measures of concordance

	Average difference between patient and provider responses (percentage-point)	Average rank difference	Average correction factor
Sweden	29	1.9	17%
United States	24	2.1	23%
Canada	29	2.3	18%
Australia	29	2.6	18%
Switzerland	26	2.6	18%
France	28	2.7	23%
New Zealand	25	2.8	20%
Germany	29	2.9	22%
Netherlands	19	2.9	26%
Norway	30	3.1	21%
United Kingdom	22	3.3	26%

# Strengths and limitations

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- Strengths
  - Standardised questionnaires
  - The number of older adult respondents ranged from 928 to 7,206 and the number of primary care physician respondents ranged from 502 to 2,905
  - Sample representative of age, sex, education and regional population distribution in each country.
- Limitations
  - Secondary analysis of surveys
  - Questions not made to be comparable
  - No clear gold-standard

# Conclusion

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- Certain aspects of care were evaluated similarly by patients and providers, regardless of country context
- Other measures highlights aspects of care that are not equally rated by patients and providers within countries
- Point to areas for further development regarding which combination of perspectives, question or response categories, is most salient for use in performance reporting.

# Our Partners



# Funding Agencies

