RESEARCH MEASURES AND INDICATORS IN PRIMARY HEALTH CARE EVALUATION

Workshop Module for
Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC)

A collaborative initiative by

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Institutes of:
Aging; Aboriginal Peoples Health; Gender and Health; Health Services and Policy Research; Nutrition, Metabolism and Diabetes; Population and Public Health

Compiled June 19, 2007
Objectives

1. to become familiar with recent Canadian data and evaluations of primary health care
2. to read about and discuss primary health care indicators/attributes
3. to read and discuss concepts and measures of primary health care quality

Reading Assignments

Pre-reading
Canadian Institute of Health Information report entitled “Health Care in Canada: 2003” chapters 2, 3 and 4.

Days 1-3

Days 4-12
Operational Definitions of Attributes of Primary Healthcare to be Evaluated: Consensus among Canadian Experts (work in progress); Haggerty and Burge et al.

Days 13-19
Safran DG, Kosinski M, Tralov AR, Rogers WH, Taira DA, Lieberman N, Ware JE. The Primary Care Assessment Survey: Tests of data quality and measurement performance. Medical Care 1998, 36(5); 728-739.
Shi L, Starfield B, Xu, J. Validating the Adult Primary Care Assessment Tool. The Journal of Family Practice 2001; 50(2);161-175.

Tasks/Exercises:

Days 1-3
Discuss “Structure, Process and Outcome” as key concepts in Primary Health Care Evaluation

Days 4-12
After reading Haggerty and Burge et al’s “Operational Definitions of Attributes of Primary Healthcare to be Evaluated”, participants rank attributes as either essential, important, or relevant to primary care. Participants then comment on each other’s rankings.

Days 13-19
Examine three primary care assessment instruments and compare their prioritization of attributes to those identified in the previous week’s discussion.

Discussion Summary

Number of Participants: 7
Total number of messages: 92
Number of facilitator posts and comments: 10

Days 1-3 – Original Facilitator post
Welcome to the Workshop on Measures and Indicators in Primary Health Care Evaluation!
I would like the discussions in the following weeks to be led by all of us—please feel free to ask questions and comment on each other’s posts as well as answering my questions on the readings.

The first reading is a classic paper by the father of Health Services Research (HSR) Avedis Donabedian. Some of you may be familiar with this work and some perhaps not. What is important is the language and conceptual framework of HSR in terms of evaluating: Structure; Process; and Outcome. Reflect on the extent to which the research reported in the CIHI chapters cover structure, process and outcome.

When we move on to consider the indicators/attributes and measures of Primary Health Care, we can ask ourselves: Are the indicators/attributes and measures we read about focused on Structure or Process or Outcome?

Please comment on:

- The extent to which the research reported in the CIHI chapters cover structure, process and/or outcome.

Number of participant posts 15
Number of facilitator comments: 3

Selected facilitator comments

- I, like you, appreciated Donabedian’s broad view of the many dimensions of health services. It fits with primary health care’s (PHC) view of health care with an emphasis on the patient as a whole person in context.

I heard some of you say that the policy-oriented CIHI report seemed to focus more on structure than process and outcome. It makes me wonder if policy-makers (and policy-oriented researchers) are more interested in structures, like: working on teams; payment mechanisms; composition of staff. I find that clinicians (and potentially clinician researchers) are usually more interested in the process measures such as were the pap smears done? Were the flu shots given? Were patients give the fecal occult blood tests to take home? Perhaps no one is really championing the outcome measures as much as they should be. What are the goals of PHC and can we measure the extent to which we meet them? For example, Did the patients recover? Is the older patient able to stay at home after the episode of illness? Was the cost of care reduced? Did the hospitalization rate decrease? Did the perinatal mortality rate decrease?

Days 4–12—Original Facilitator post

For the next few days you will read and discuss the report on “Attributes of Primary Healthcare to be Evaluated”.

Step 1: read the attributes and their definitions.

Step 2: suggest modifications to definitions, add any missing attributes and propose an operational definition and rate the importance of the dimension in primary care with the following scheme

1 = essential to core function in all PHC models
2 = important but not essential in all PHC models
3 = relevant to some PHC models of care

I would like everyone to complete the ratings by **Monday June 12** so all the ratings can be summarized and posted for discussion June 13.

**Step 3: comment on each other’s postings**

As a condition of allowing me to use a draft document, Haggerty and Burge have asked that your discussion of the attributes be provided to them for possible inclusion in the final document.

Tuesday to Friday will entail comparing and discussing the results of your prioritization with the Haggerty and Burge preliminary findings. Leslie will post those findings as well as a summary of your results on the morning of June 13th.

I look forward to your comments!

**Number of participant posts: 38**
**Number of facilitator comments: 4**

**Selected facilitator comments**

- Well, what a great week you have had! You have really engaged with this material. For all the questions and nuances you have raised, there are really no right or wrong answers. Therefore as researchers, we have several things we should consider seriously in our selection of indicators/attributes in our studies. One approach would be to choose attributes which were found in this exercise to be both clear and agreed-upon. I will list these below. The second approach, if you research question requires that you use an attribute that your discussion revealed to be unclear and/or lacking in consensus, requires you to be extra careful to define clearly your meaning/definition in your project. The reader of your paper can then place your results in the right place within the wider context of the other related definitions.

**Days 13-19– Original Facilitator post**

We now have our list of indicators/attributes. Please read the three papers listed for June 19-23 by researchers who have developed measures.

Please comment on:

- the extent to which the dimensions in these measures correspond to the attributes identified last week.

- the psychometric properties of these measures.

**Number of participant posts: 29**
**Number of facilitator comments: 2**

**Selected facilitator comments**

- First let me compliment you on the thoroughness of the treatment of the papers. The charts were a great idea. These will help you very much in the future as you think about whether and how you may use these measures in your collaborative studies. Your work here in the course has created a little critical literature review of these three measures.

Several points stood out for me. First was the funny reversal of the table...the southern hemisphere version and the northern hemisphere version!!! All kidding aside these two did show some different emphases that are illuminating.

The new curve that Alain threw, to use a baseball analogy, was to prioritize...
the attributes in different ways. First, was in terms of the consensus attained by CIHI and us. Second was by asking which attributes had been shown to be effective in terms of patient outcomes. These may well be ways to choose which attributes to study further.

Participant Feedback
Average workshop rating (1=poor, 5=excellent): 4.6
Selected comments

Comments related to the instructor
○ She is very well organized and presents subject matter in a structured way. She is a good role model . . .
○ [The facilitator] engaged us in a very ‘cutting edge’ exercise that I felt privileged to be a part of.

The most useful part of this workshop was
○ The most useful part of this workshop was the reading material. I really appreciated the historic perspective linked to present day research practice. Overall I found these readings very helpful in my current research formulations.
○ The subject matter and the discussion of the third week: the three instruments to measure quality of care.

Suggestions for improvement
○ Participants didn’t post very often near the beginning of the weeks and so I feel that the conversation never really carried on very long after each of us posted. This happened to a greater extent as the three weeks went by. I’m not sure what could change that . . . perhaps people are very busy with other commitments this time of year?

This workshop module was offered in November 2005, June 2006, and June 2007. For more information, please contact the TUTOR-PHC program manager at tutor@uwo.ca.