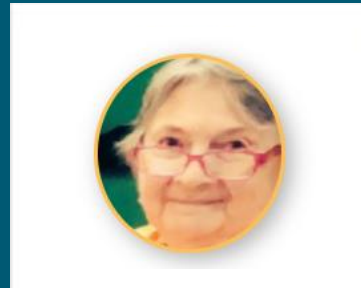
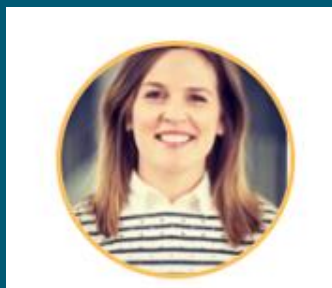


Sharing information about rates of attachment to primary care with the public: working with patients to coproduce visuals using the Primary Care Data Reports (PCDR)



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on behalf of PERC (Patient Expertise in Research Collaboration)

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Trillium Primary Health Care Research Day
October 13th, 2023

Background

- **PERC (Patient Expertise in Research Collaboration)** is a group of patient advisors aiming to promote patient-oriented primary health care research in Ontario and beyond.
- PERC is an INSPIRE-PHC affiliated and Ontario SPOR Support Unit(OSSU)-funded centre, led by Dr. Rebecca Ganann, School of Nursing, McMaster University.
- **Rationale:** Patient expertise can inform how primary care data are conveyed to the public, contributing to data-driven, yet understandable, resource on primary care.
- PERC received Applied Health Research Question (AHRQ) funding to create patient-centred visualizations of Primary Care Data Report Data.



Data source: Primary Care Data Reports

- PCDR provide an understanding of the population attributed to each Ontario Health Team [OHT], including how attributed patients engage with primary care.
- Types of data contained in PCDR:



age, sex, income



Health care use (emergency department visits, hospitalizations)



health status (chronic disease[s])



visits with family doctor

available from:

<https://www.ontariohealthprofiles.ca/ontarioHealthTeam.php>

Background: Strengths and limitations of PCDR

Data include:

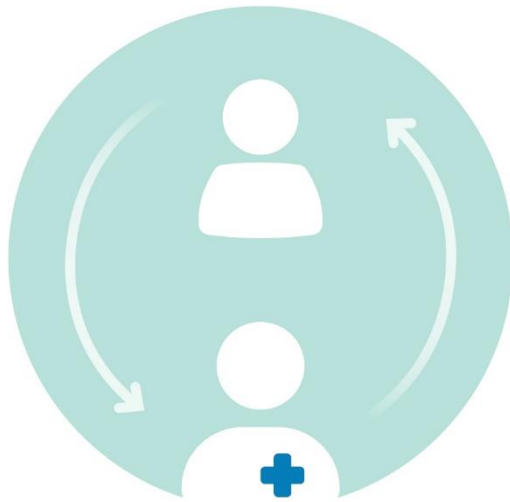
- Over 13 million Ontarians
- 98% of ON population
- 99% of PHC providers

Data **do not** include people('s):

- without valid Ontario health card
- seen by nurse practitioner not affiliated with FHT
- receiving community paramedicine
- living in long-term care
- who identify as First Nations living on a reserve
- race, gender

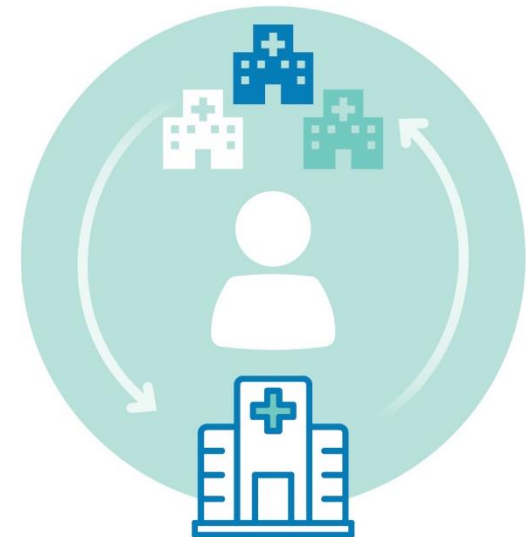
Background

Defining Attachment in the Primary Care Data Reports



Attached patients either:

1. Receive care from a family doctor;
2. Receive care from a Community Health Centre;
3. Repeatedly see the same pediatrician (children); or
4. Repeatedly visit a walk-in style provider



Uncertainly attached patients either:

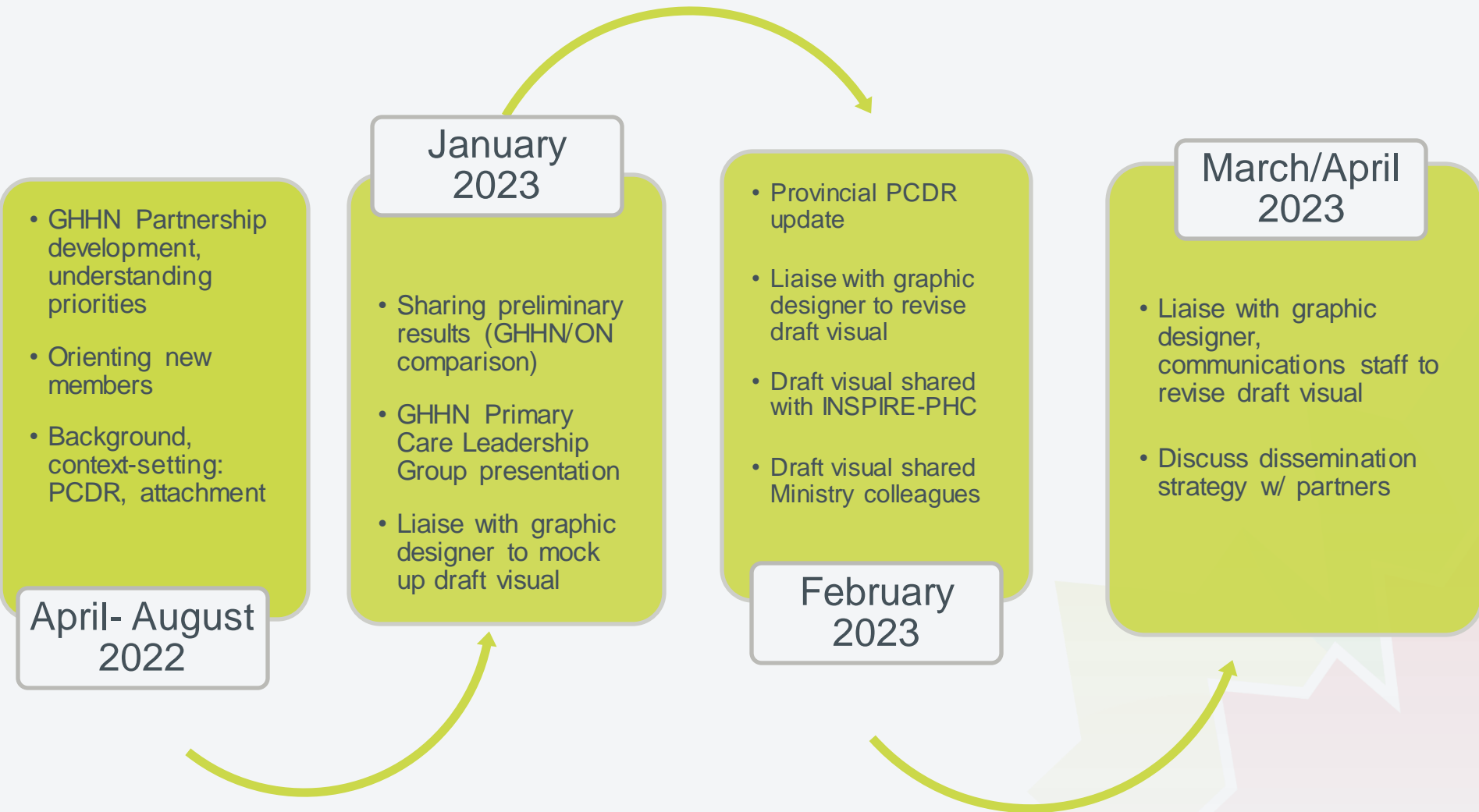
1. Only sought health care by visiting the emergency department e.g., following an accident; or
2. Received primary care from an inconsistent source e.g., someone who visited multiple walk-in style clinics

Approach: Participatory design

(Spinuzzi, 2005)

Stage	Aim	Activities
Initial exploration of work [meeting 1]	Learn how 'users' conceive status quo	<ul style="list-style-type: none">• partnership development• orienting team members; defining key terms: e.g., attachment
Discovery processes [meetings 2-3]	Cooperatively make meaning of the work, clarify goals and values	<ul style="list-style-type: none">• understanding priorities/parts of the data to highlight (for patients, OHT partners, clinicians)• clarify values, goals of project• refine the audience and scope of work• sharing preliminary findings (GHHN/ON comparison)
Prototyping [meetings 3-4]	Iteratively shape outputs, using mock ups	<ul style="list-style-type: none">• sharing mock up visuals• walking members through drafts (using virtual break out groups) to:<ul style="list-style-type: none">- identify aesthetic infographic design features,- co-create key messages, and- consider/agree on dissemination strategy

Approach: April 2022- April 2023



Results: What we heard

Patient Advisors	PHC Clinicians/Staff
<ul style="list-style-type: none">• Attachment & <u>related concepts</u> (quality/continuity of care, access, impact of attachment, PHC/provider/impact, comorbidity, sex/gender, billing codes)• Importance of <u>health equity</u> data, be open about what PCDR data can/can't tell us• Include <u>actions uncertainly attached</u> patients can take• Highlight <u>benefits/risks of uncertain/attachment</u> with careful framing: ↓ individual responsibility	<ul style="list-style-type: none">• Welcome good quality primary care data to <u>guide local decision-making</u>• Don't lose sight of the goal of '<u>Attachment for all</u>'• How PCDR <u>data will drive policy</u>• PCDR data as <u>public-facing measure</u> of attachment- access may worsen before it improves

Results- Next Steps

Comparing Greater Hamilton Health Network & Ontario: Attachment to primary care

GHHN

614,818
total patients

92%
attached

8%
uncertainly attached
(49,338 patients)



ONTARIO

14,632,575
total patients

88%
attached

12%
uncertainly attached
(1,778,022 patients)

Differences between most and least attached patients

Primary Care Data Reports (PCDR) consider a patient 'attached' if they received most of their care from a family doctor or nurse practitioner.

	Greater Hamilton Health Network		Ontario	
	Attached to primary care provider	Inconsistent primary care provider	Attached to primary care provider	Inconsistent primary care provider
Number	565,480 people	25,433 people	12,854,553 people	631,553 people
Average age	41 years old	45 years old	41 years old	45 years old
Sex	49% male	53% male	48% male	53% male
Low income ^a	21%	27%	19%	26%
New to Ontario ^b	6%	14%	8%	18%
Visible minority ^c	13%	20%	29%	33%
Housing instability ^d	18%	27%	21%	30%
Mental health diagnosis	20%	27%	20%	26%

- **Knowledge mobilization**
 - Conferences: Canadian Association on Health Services and Policy Research (CAHSPR); North American Primary Care Research Group (NAPCRG)
 - Knowledge user presentations: GHHN Engagement Community of Practice; GHHN Primary Care Leadership Group
- **Developing explainer video**

Scan to see full visuals



Key Messages

- **Patient advisors have an important role to play** prioritizing PCDR data, crafting key messages and **ensuring knowledge products are oriented to the public.**
- The PCDR provide a deeper understanding of an OHT's attributed population, as it relates to PHC delivery.
- We will continue to promote the **centering of lived experience** (through patient engagement) as an **important component to discussions about attachment** to primary care locally and provincially.

Thank you!

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