

Towards Achieving Balance in Primary Health Care (PHC) Performance Measurement Between Quality and Equity

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Acknowledgements

- **Funding:** CIHR
- **Principal Investigators:**
 - UBC: Annette Browne (NPI), Colleen Varcoe, Victoria Smye
 - UNBC: Josee Lavoie
- **Team members:**
 - Alycia Fridkin, Koushambhi Khan
- **Partnership-Based Research:**
 - Vancouver Native Health Society
 - Central Interior Native Health Society



CENTRAL INTERIOR
NATIVE HEALTH SOCIETY

Objective of this work:

Contribute to the ongoing work of developing and modifying PHC indicators to better reflect the needs of vulnerable populations

Significance

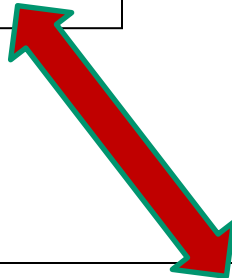
- PHC renewal is key to achieving health equity, particularly for marginalized populations
- Development of PHC indicators has mainly focused on technical aspects of care.
- Most work has not explicitly used an equity lens, creating potential gaps in what is counted as worthwhile to measure.

Why the Focus on PHC Indicators?

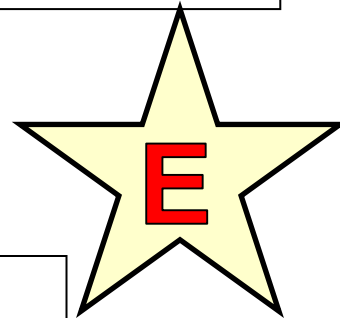
PHC Indicators needed to account for:

- types of services
- quality of care
- impact of services

PHC Indicators: used to assess performance, accountability, “efficiency”



Need to *expand what is “counted” as legitimate, quality PHC* (to make it more visible)



Purpose of the Study

- **Four year study involving two Phases:**

Phase I: *How* PHC services are provided to meet the needs of people most impacted by systemic inequities, and

Phase II: Develop a preliminary set of *PHC Indicators* to reflect the impact of services for “marginalized” populations

Methods

- **Created Indicators based on:**
 - Qualitative data analysis: 4 key dimensions of care-inequity responsive, trauma and violence informed, contextually tailored, and culturally competent care
 - Review of existing indicators
- **Delphi Process with Providers and staff (n=36)**
- **Feedback from Patients attending VNHS or CINHS**

Methods:

Modified Delphi Process

- Completed online or via hard copy
 - Online: Enterprise Feedback Management (EFM), a Canadian-based survey solution hosted by Vovoci Corporation
- Please rate each indicator on a 9-point scale where 1 = not important, and 9 = very important.

Results: Sample Indicators

A total of 42 indicators were created.

Meant to compliment ongoing work.

Vision	2
Funding	5
Staff hiring, orientation, and training and support	5
Referrals	1
Clinic environment	2
Teamwork	2
Clinical work processes	9
Services and programs	5
Outcomes	11

Results: Sample Indicators

- **Funding:** Funding is allocated to support ongoing training (including orientation) of all staff re: (a) cultural competence as it applies to the local context (b) inequity-responsive care (e.g. social determinants of health), (c) trauma-informed care
- **Staff hiring:** Staff have ongoing training in the health effects of trauma and related symptoms, including how to use this knowledge in the provision of care

Results: Sample Indicators

Clinical Work Process

- Staff demonstrate culturally competent care (checking assumptions, taking historical context into consideration, acknowledging and addressing context such as language, religion, spirituality)
- Provides services that address social determinants of health (e.g. residential school healing, women's wellness)

Results

- Round 1 completed
 - 36 participants
 - Score mean ranged from: 6.38 (2.2) to 8.5 (0.70)
- Round 2 about to begin
 - Includes 37 Indicators
 - Indicators were deleted based on low scores (<7.5) *and* negative comments

Discussion

- Obtain patient feedback on importance of indicators
- Next round of Delphi ask about feasibility
- Hold symposium
- Test set of indicators in 2013-part of Health Equity Team grant

Questions?

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