Development of the WHO Primary Care Patient Experience Survey

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on behalf of:

WHO (HQ, AFRO, Ghana and Zambia country offices), University of Singapore, Ghana Health Services, Zambia Ministry of Health

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Session outline

1. What we are measuring
2. Implementation
3. Results
4. Learning and next steps

1. What we are measuring

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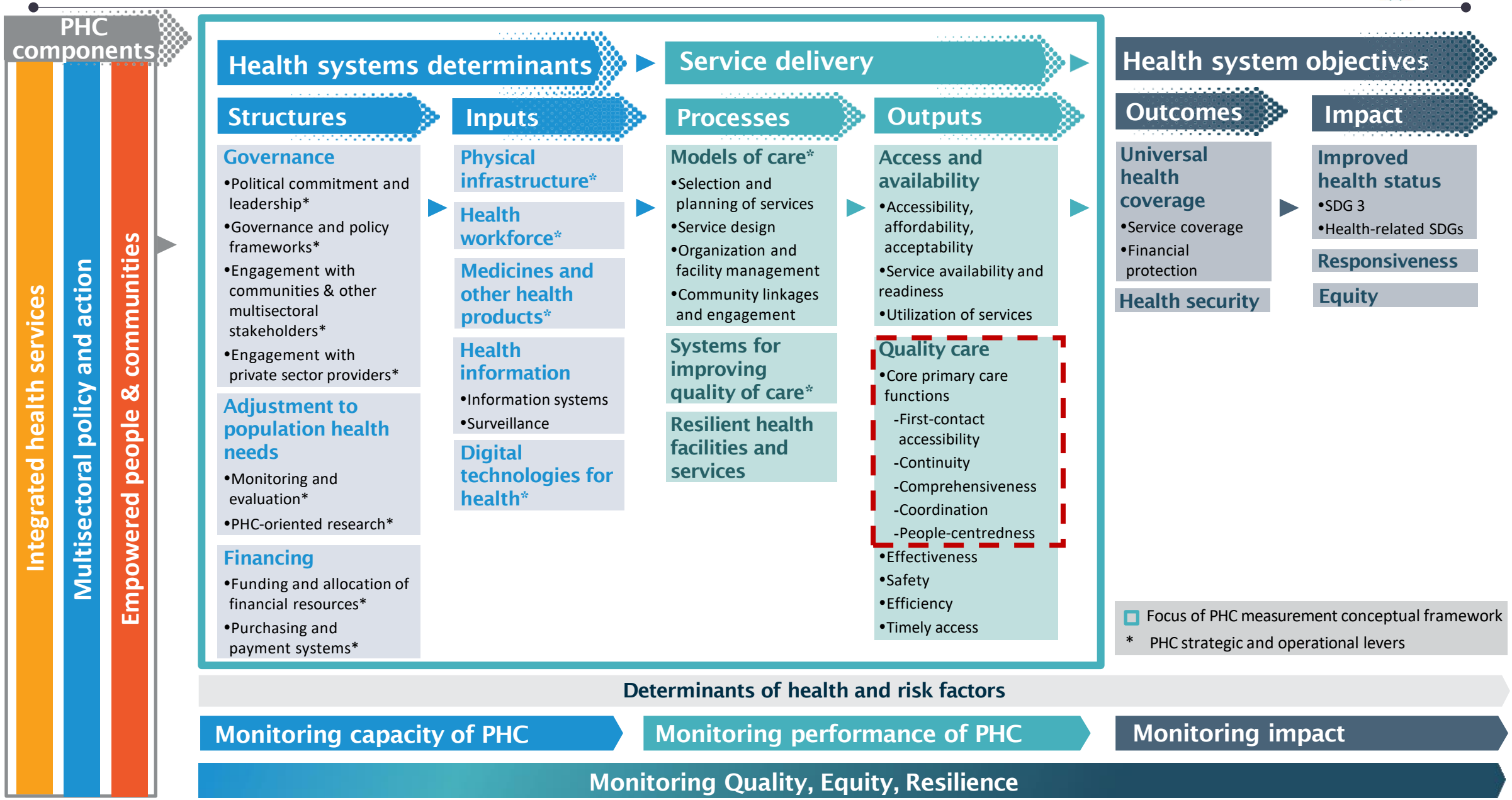
PHC measurement framework



*PHC strategic and operational levers

Why WHO primary care (PC) PREMs?

- Few or no agreed standard global PREMs;
- Need for standard global PREMs tools which can capture across health care in an integrated way;
- Can be collected rapidly and minimize measurement burden.

Patient experience domains

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First contact accessibility	Continuity	Coordination	Comprehensiveness
- Usual source of care - Access throughout day & week - Timeliness - Geographical barriers - Affordability - Ease of use	- Interpersonal - Longitudinal - Management - Informational	- Name care coordinator & parallel coordination - Referrals and sequential coordination - Care plan and parallel coordination	- Life course approach - Promotion and prevention – - Home visits - - Conditions and procedures

People-centred care		Professional competence	Patient safety
- Dignity (physical privacy; compassion; courtesy; respect; - Confidentiality - Autonomy and shared decision-making - Choice (facility, provider)	- Access to social support networks - Quality of basic amenities - Sufficient time - Trust	- Communication - Cultural - Technical	**Overall experience**

Questions WHO-PREMS can help answer

- Are health services delivered in a way to meet patient's needs as perceived by patients themselves?
- Are services people-centred and integrated?
- What is the status and performance of the health services as reported by patients?
- What are domains of patient experience requiring improvement to meet patient's needs?

PREMS Instrument

Topic	Description
Number of items in the test instrument	37 questions
Sample items	- Did you see or talk with your usual doctor or nurse each time? - Did you receive health information or advice from your primary care professionals to keep yourself healthy and prevent diseases? - Did your primary care professional coordinate other professionals in managing your health care?
Scoring	Most items measured by 1-5 Scale – Never, Rarely, Sometimes, Often, Always
Reliability testing of the PREMs domains	- Chronbach's alpha (for internal consistency) - Intraclass correlation coefficient (test-retest) for 40 respondents who provided responses to a second administration after 1-2 months.
Validity testing	- Patterns of association with socio-demographic variables - Patient reported outcome measure using the World Health Organisation- Five Well-Being Index (WHO-5)

2. Implementation

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Key features of study design

Feature	Ghana	Zambia
Study languages	English Twi	English Bemba
Mode of interview	Phone Face-to-face (FTF)	Phone
Study districts	**4 districts** 2 districts phone: Twi (1); English (1) 2 districts FTF: Twi (1); English (1)	**4 districts** (all phone) 2 districts Bemba 2 districts English
Study facilities	**Phone districts:** 1 hospital, 2 health centers, and 3 CHPS per district **FTF districts:** 1 hospital, 3 health centers, and 8 CHPS per district	1 hospital, 2 health centers, and 2 health posts per district
Sample size	**150 respondents** per language, per mode	**300 respondents** per language
Sampling	**Phone:** random sample from a list created by facility staff who conducted systematic recruitment of patients and caregivers at study facilities **FTF:** Systematic sample at facilities	Random sample from a list created by facility staff who conducted systematic recruitment of patients and caregivers at study facilities

Key considerations for listing respondents for phone surveys

Sampling frame for listing	Listing that is created specifically for the PREMs assessment by facility staff. Listing area identified by the study team lead (for simplicity 1-2 registrations sites per facility) – e.g. antenatal clinics, OPD
When to list	Days pre-determined by the study team
Eligibility	Adult patient or adult caregiver of a child(ren) or adult patients who are unable to participate in an interview); explain study and ascertain agreement to be listed for a potential interview
Listing method	Online listing form
Listing responsible	Can be a facility staff (if yes, given this is an extra duty recommend a small compensation) or a study team staff (though more expensive)
Training	Online training conducted by in-country study team. Emphasis on systematic listing and not just listing/recruiting certain types of clients with whom they feel comfortable - based on their age, gender, ethnicity and any other characteristics.

3. Results

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Results of listing

	Number of clients	Median time for listing (minutes)
Ghana		
Number of respondents approached	693	1.7
Those who are listed	599 (86%)	1.8
Those who are not listed	94 (14%)	0.7
Zambia		
Number of respondents approached	1122	1.9
Those who are listed	988 (88%)	2.0
Those who are not listed	134 (12%)	0.8

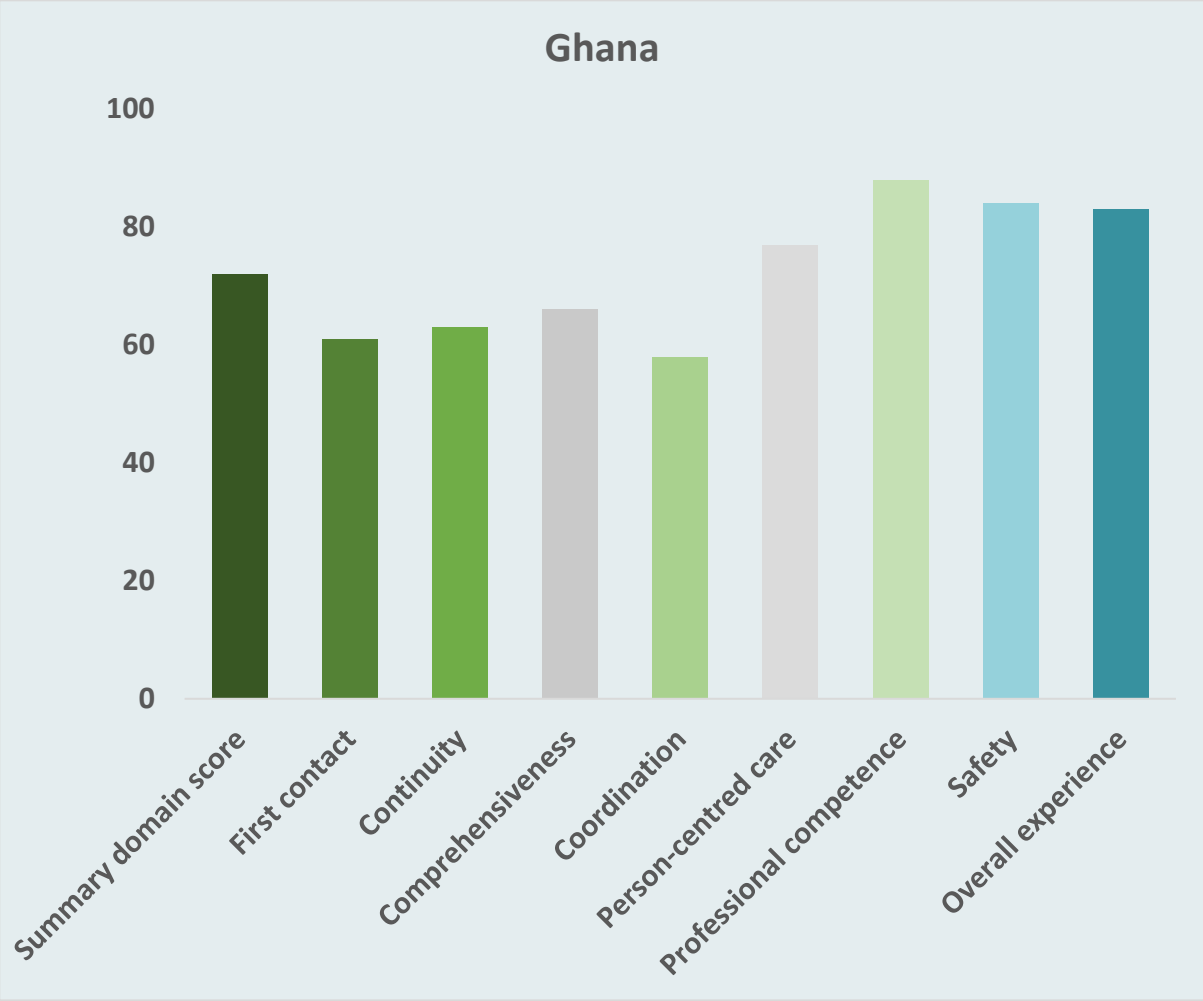
Results of data collection

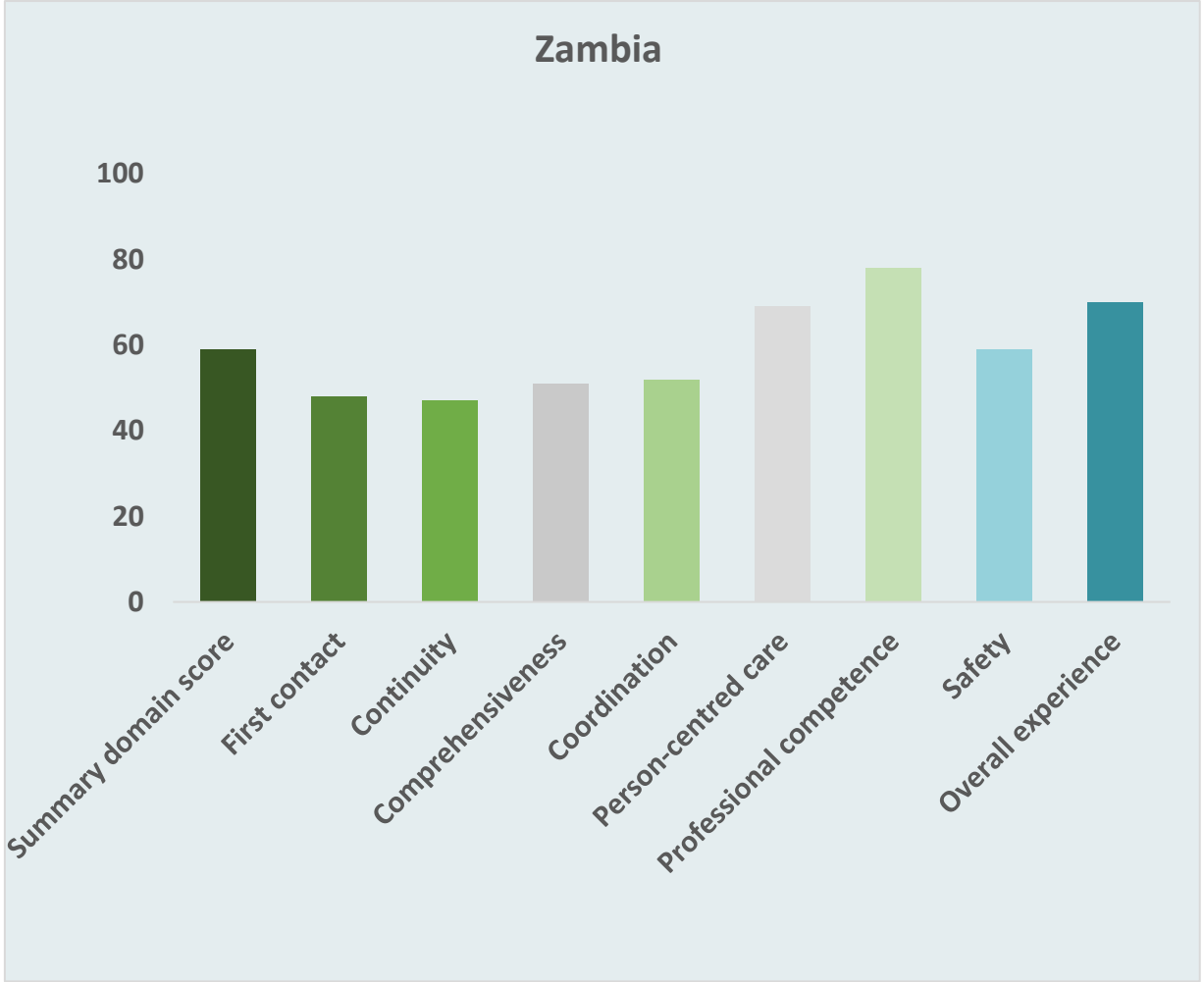
	Ghana		Zambia	
	Assumed in study design	Observed	Assumed in study design	Observed
Among clients who are sampled, successful contact rate	67%	66%	90%	77%
Among clients who are contacted successfully, response rate (i.e., gave consent and completed the interview)	80%	86%	95%	92%

Relative comparison of fieldwork by interview mode in Ghana – holding a unit cost of phone interviews as a reference of 100

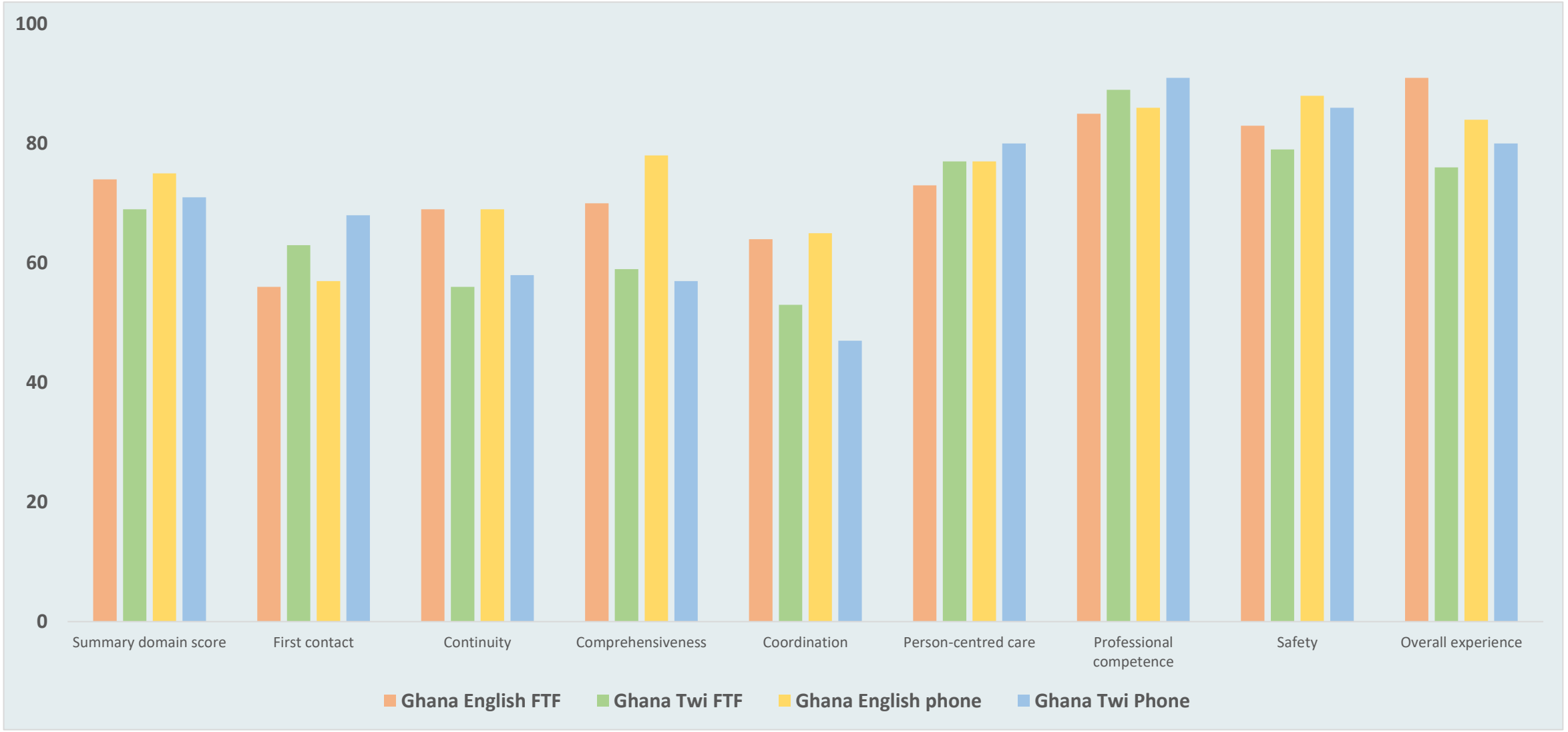
	FTF interviews	Phone interviews
Outreach to pilot study facilities	**6.7**	**7.1**
Interviewer training	**15.4**	**16.2**
Venue and logistics	2.8	3.0
Compensation for study staff		
Interviewers	8.4	8.8
Facilitators	4.2	4.4
Facility staff training		**14.3**
Preparation, including facilitator training	-	0.5
Venue and logistics	-	1.2
Compensation for facility staff	-	12.6
Data collection	**91.4**	**27.8**
Compensation for study staff	72.8	27.8
Supervisors	18.0	15.2
Interviewers	48.1	12.6
Drivers	6.7	-
Transportation	18.6	
Fuel	3.9	-
Vehicle hire	14.7	-
Phone credit	-	7.6
Venue and logistics	-	14.3
Data analysis and report writing	**12.0**	**12.6**
Total	**125.7**	**100.0**

Patient experience domain scores in Ghana and Zambia

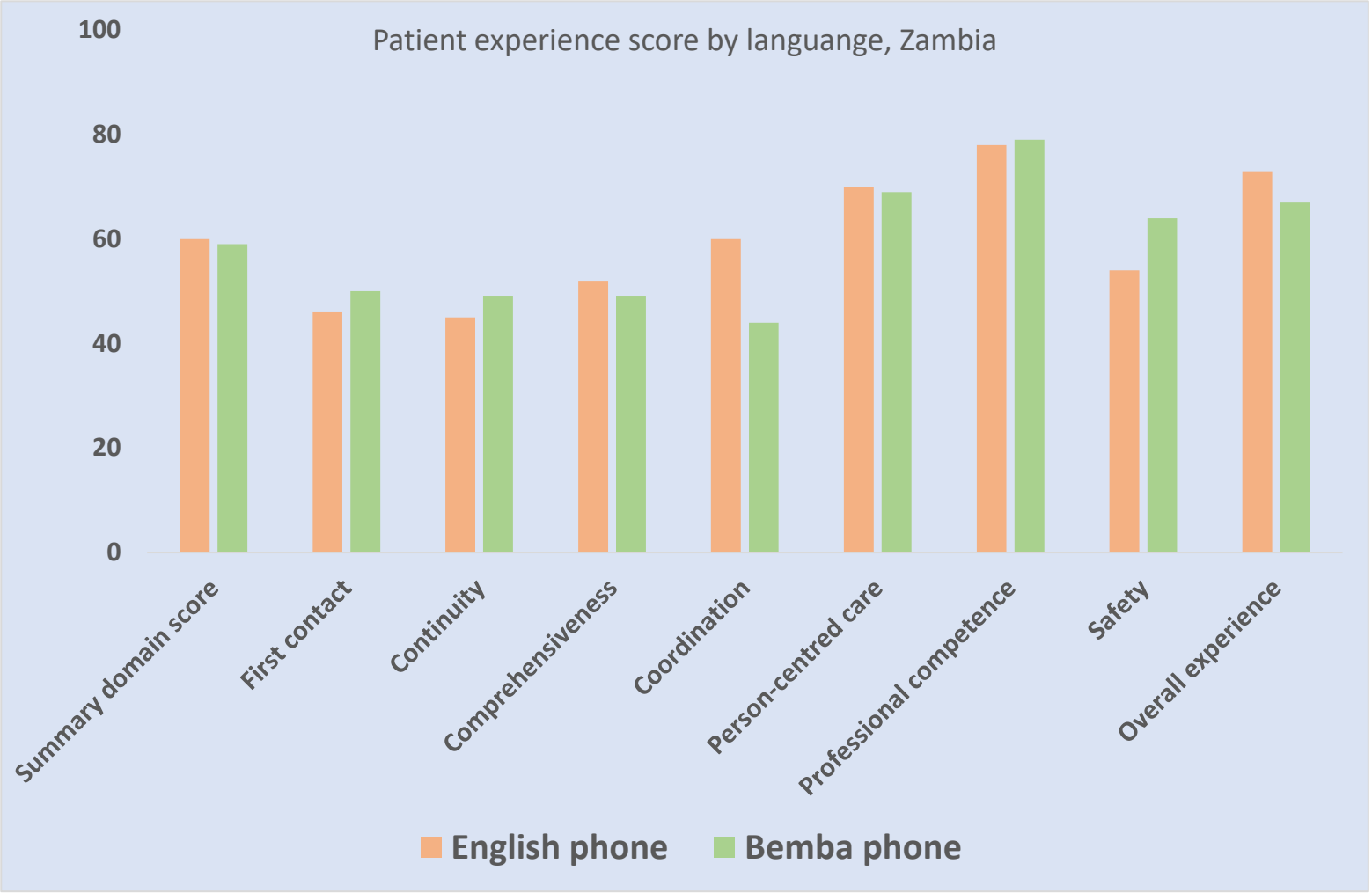




Patient experience overall and domain scores by language and implementation mode, Ghana



Patient experience overall and domain scores by language, Zambia



Comparison of overall domain scores by background characteristics and WHO-5

	Ghana	Zambia
Gender	No observed difference	No observed difference
Age	No observed difference	No observed difference
Language	No observed difference	Respondents speaking Bemba had higher PREMs scores
WHO-5 (mental health well-being index)	1st and 2nd WHO-5 quintiles had higher PREMs scores	1st and 2nd WHO-5 quintiles had higher PREMs scores
Educational status	Higher education had higher PREMs scores	Higher education had higher PREMs scores

5. Learning and next step

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Key considerations for sampling and implementation

Issues	Key considerations
Expected contact rate among clients who are sampled - (who are eligible, listed/gave phone numbers, and sampled)	Reasons for non-contact such as -- incorrect phone numbers, poor cell phone connections, clients not picking up call, client not available – have to be taken into account. Most common reasons: • Phone turned off or clients did not pick up the phone • Incorrect numbers after double entry – likely clients did not want to decline to be included in person and provided incorrect numbers
Expected response rate among clients who are contacted	Non-response after being contacted
Expected daily number of clients	Utilization data by facility (if available) or by facility type for the selected district. In lower-level facilities, client volume was low and often a small number of clients were eligible.
Telephone penetration among primary care clients	Among those who showed interest, most had phone access (94% in Ghana and 98% in Zambia) – as the study districts and facilities were purposefully selected. However, phone access among clients from a representative sample of facilities may be lower. Still, they have higher phone access than the general population, due to background characteristics associated with care-seeking.

Final instrument item retention

Based on psychometric testing, reliability and validity analysis, some items were dropped:

- Final instrument retained 34 out of 37 items
- The safety domain was not retained
- A new domain – care planning – emerged during the factor analysis

New domains:

- First contact
- Comprehensiveness
- Continuity
- Coordination
- Person-centred care
- **Care planning**
- Professional competence

PREMs instrument suite

Version	Tool name	Considerations
Full reference instrument	**WHO-PREM-PC 34**	While it provides the most comprehensive coverage of the PREMs domains, it takes longer to administer (has implications for cost, respondent attrition, etc.). Recommend to implement this full version the first time, if possible. Provides more granular baseline on PREMs.
Compact version with 16-items	**WHO-PREM-PC 16**	To be used if length of time of interview (e.g. it is part of another survey) or cost is a critical consideration (and the loss of granularity and potential limitations with interpretability have been carefully considered.
Rapid version with 10-items	**WHO-PREM-PC 10**	The instrument of choice when the overall performance is the focus and being able to pick up strong signals in terms of variation in performance. However, there are no domain-specific scores, only an overall score

Next steps

- PREMs suite in publication process
- Will be important to test in more countries
- Linking demand side with supply side (with facility survey)
- Can work together to implement
- Ghana interested in how they can institutionalize PREMs

THANK YOU FOR LISTENING

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