

Patient Satisfaction Assessment

Patients with concomitant chronic diseases managed by a primary care interdisciplinary team

Part 1 – Data collection and analysis methodology – November 2013

Context*: Quebec health and social services network and Concerto Health Group showcase project, from January 2011 to March 2013

Interdisciplinary care pathways deployed and adapted for multiple pathologies: Diabetes, high blood pressure, dyslipidemia, COPD, asthma

Number of participating family physicians in two family medicine groups (FMGs): 25

Composition of the interdisciplinary team: Nurses (8), pharmacist (0.4), nutritionist (0.8), social workers (2), respiratory therapist (1)

Questionnaire design:** Concerto Health Group with the support of Claude Sicotte, Ph.D., Expert advisor in health care evaluation, full professor in the Department of Health Administration in the Faculty of Medicine at Université de Montréal and regular researcher in the interdisciplinary health research group (Groupe de recherche interdisciplinaire en santé - GRIS) at Université de Montréal.

Questionnaire administration period: Between the 9th and 18th month of the start of the showcase project

Number of respondents: 145 **Average patients registered:** 1,902 **Number of interventions:** 12,681

Data collection methodology: Signature of a specific consent form by patients already registered in the two FMGs participating in the program. Non-nominal questionnaire and envelope, given to patients by the secretary when they had an appointment at the FMG. Questionnaire completed in the waiting room or returned at the next appointment, placed in the sealed envelope and left in the location indicated by the secretary.

Respondents' characteristics

- **Gender:** Slightly higher proportion of men (53.1%) than women (42.1%)
- **Average age:** 61.4 years
- **Education:** Majority of secondary education (44.2%)
- **Not living alone:** Majority (75.2%)
- **Distribution by number of concomitant diseases:** Four diseases (11%), three diseases (33.1%), two diseases (24.1%), one disease (27.6%)
- **Presence of three or more concomitant chronic diseases:** 44.8%
- **Specific diseases:** Diabetes (79.3%), high blood pressure (55.9%), high cholesterol (53.8%), asthma (12.4%), COPD (10.3%), chronic renal failure (2.1%), chronic heart failure (9.7%)

The results were analysed based on all the pathologies specified by the patient. Readers should nevertheless note that the care pathways for chronic renal and heart failure were not deployed in the context of the showcase project.

*As part of a showcase project carried out in two family medicine groups for two years, pursuant to a collaboration agreement between the Centre de santé et des services sociaux du Sud de Lanaudière, the Agence de la santé et des services sociaux de Lanaudière, the Ministère de la Santé et des Services sociaux and Concerto Health Group, a group of experts in medicine, nursing, and management (www.groupesanteconcerto.com). The showcase project was supported by technology partner Bell Canada, and by five pharmaceutical partners: Sanofi, Astra Zeneca, Pfizer, Bristol-Myers Squibb and Shire.

Database structure and cross-referencing of results: Céline Durand, M.A. (Bioethics), Research professional, Centre hospitalier de l'Université de Montréal, Ethics consultant.

Confidence interval of 95%. Proportion of 50% (most common). Margin of error: 7.822%.

Analysis and writing: Guylaine Chabot, B.Sc. Psychosociology of Communication, M.P.A. (Master of Public Administration), Vice-President, Strategic and Administrative Affairs, Concerto Health Group.

ASSESSMENT AREAS

1.	Problem-solving/Contextual
2.	Delivery system design/Decision support
3.	Whole person care and access
4.	Follow-up/Coordination
5.	Goal-setting/Tailoring

VARIABLES STUDIED

1.	Number of diseases
2.	Type of pathology
3.	Gender
4.	Age group
5.	Living alone or not

See the results and analysis

[Part 2 – Results by five assessments areas – November 2013](#)

[Part 3 – Results by assessment area, number of pathologies and some sociodemographic data – November 2013](#)

[Part 4 – Highlights, successful aspects to include and needs to fill – November 2013](#)

** The patient satisfaction assessment questionnaire was structured according to the dimensions and questions validated as part of two research efforts. 1. Pan-Canadian study in chronic diseases and primary health care: *Patient Assessment of Chronic Illness Care* or PACIC, Cameron N. McIntosh, Statistics Canada, 2008. 2. Measurement of the effects of the *Patient-Centered Medical Home* models (Jaén et al., 2010 & Nutting et al., 2010).