

Patient Satisfaction Assessment

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

Part 3 – Results by assessment area, number of pathologies and some sociodemographic data – November 2013

1. Problem-solving/Contextual

(94% of respondents answered yes or always to the questions relating to this dimension)**

When these results are cross-referenced with the five variables below, the satisfaction rate is very high, even when a patient has several pathologies. The satisfaction rate is exceptional among patients with asthma and COPD, which can be attributed to the deployment of these two care pathways and the presence of a respiratory therapist on the interdisciplinary team.

- **Number of diseases:** Satisfaction decreases as pathologies are added to the patient's health condition: one disease (98%), two diseases (96.4%), three diseases (91.5%), four diseases (90.3%).
- **Type of pathology:** Satisfaction is higher among patients with asthma (97.2%) and COPD (96.7%). It is also high for the following pathologies: diabetes (93.8%), dyslipidemia (92.8%), high blood pressure (91.7%), chronic renal and heart failure (90.9%) (undeployed care pathways).
- **Gender:** Satisfaction is very high, with men slightly higher (95.3%) than women (93.6%).
- **Age group:** 30 to 39 years (100%), 40 to 49 years (96.4%), 50 to 59 years (94.3%), 60 to 69 years (94.3%), 70 to 79 years (92.4%), 80 to 89 years (81.3%).
- **Living alone or not:** Not living alone (95%), living alone (92.7%).

2. Delivery system design/Decision support

(89.8% of respondents answered yes or always to the questions relating to this dimension)**

Very high scores were given to this dimension, even though the percentages are slightly lower than for the previous dimension. It is worth noting that the satisfaction rate for how care is organized in the clinic is higher among patients with several diseases and those who have COPD and asthma.

- **Number of diseases:** Although the difference is not very significant, the satisfaction rate is higher among patients with four chronic diseases (93.6%) and only one chronic disease (91.2%) than among those with three diseases (89.5%) and two diseases (87.1%).
- **Type of pathology:** Satisfaction is higher among patients with COPD (97.8%) and asthma (92.6%). Satisfaction remains high for the following pathologies: diabetes (89.6%), dyslipidemia (89.1%), high blood pressure (89%). It is slightly lower for the undeployed care pathways for chronic renal failure (88.9%) and chronic heart failure (77.5%).
- **Gender:** Female (88.8%), male (82.1%).

- **Age group:** 30 to 39 years (100%), 40 to 49 years (92.9%), 60 to 69 years (92.5%), 80 to 89 years (91.7%), 50 to 59 years (86%), 70 to 79 years (83.9%).
- **Living alone or not:** Living alone (92.5%), not living alone (89.3%).

3. Whole person care and access

(82% of respondents answered yes or always to the questions relating to this dimension)**

This dimension shows quite a high satisfaction rate. However, patients with two chronic diseases, patients with chronic heart failure and COPD, and people between 40 and 60 years of age cause the satisfaction rate to drop below 80%. These results show that the people concerned were not always helped when they needed it, or they did not get a response in an urgent situation.

- **Number of diseases:** One disease (91.3%), three diseases (85.5%), four diseases (85.4%) and two diseases (68.4%).
- **Type of pathology:** Chronic renal failure (100%), diabetes (84.1%), high blood pressure (82.6%), dyslipidemia (83.1%), asthma (81.5%), chronic heart failure (78.6%), COPD (76.2%).
- **Gender:** Male (84%), female (81.3%).
- **Age group:** 30 to 39 years (100%), 80 to 89 years (100%), 70 to 79 years (88.6%), 60 to 69 years (80.9%), 40 to 49 years (76.2%), 50 to 59 years (75.9%).
- **Living alone or not:** Living alone (87.5%), not living alone (80.5%).

4. Follow-up/Coordination

(80.2% of respondents answered yes or always to the questions relating to this dimension)**

This dimension shows a high satisfaction rate. However, patients with two or three chronic diseases cause the satisfaction rate to drop below 70%. The same is true for people in their forties, and those with chronic heart failure (undeployed care pathway).

- **Number of diseases:** Six diseases (100%), one disease (78.7%), four diseases (78.5%), three diseases (67.7%), two diseases (66.1%).
- **Type of pathology:** COPD (76.9%), chronic renal failure (74.1%), dyslipidemia (71.5%), diabetes (71.4%), high blood pressure (70.4%), asthma (70.4%), chronic heart failure (69.8%).
- **Gender:** Male (74.3%), female (69.1%).
- **Age group:** 30 to 39 years (90.9%), 80 to 89 years (78.1%), 70 to 79 years (72.4%), 50 to 59 years (70.4%), 60 to 69 years (70.1%), 40 to 49 years (68.3%).
- **Living alone or not:** Living alone (73.3%), not living alone (72.3%).

5. Goal-setting/Tailoring

(78.1% of respondents answered yes or always to the questions relating to this dimension)**

This dimension has the lowest satisfaction rate among the five dimensions measured. It can be seen that people with chronic renal failure are not very satisfied, given that this care pathway was not deployed.

- **Number of diseases:** One disease (80%), two diseases (80%), three diseases (77.5%), four diseases (74%).
- **Type of pathology:** COPD (89%), chronic heart failure (84.6%), diabetes (78.7%), dyslipidemia (76.9%), high blood pressure (76.6%), asthma (76.1%), chronic renal failure (60%).
- **Gender:** Male (79.9%), female (77.2%).
- **Age group:** 30 to 39 years (85%), 60 to 69 years (81.5%), 40 to 49 years (77.1%), 50 to 59 years (75.2%), 70 to 79 years (74.5%), 80 to 89 years (73.7%).
- **Living alone or not:** Living alone (83.9%), not living alone (76.9%).

Also read

[Part 1 – Data collection and analysis methodology* – November 2013](#)

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

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

*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.groupeconcerto.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.

** 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).