

**PRIMARY CARE PATIENT
EXPERIENCE SURVEY**

Methodology

July 2023

The Health Quality Council of Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.

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BACKGROUND

The Health Quality Council of Alberta (HQCA) has a legislated mandate to engage with Albertans on their experience and satisfaction with patient safety, person-centred care and health service quality.

The HQCA's Primary Care Patient Experience survey (PCPE) uses a questionnaire developed by the HQCA, originally adapted from the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Clinician & Group Survey version 3* (CAHPS-CG). The CAHPS-CG survey is a 31-question self-report tool that assesses the experience of care with a primary care physician. Selection of the CAHPS survey came after an extensive review of existing English-language patient experience surveys widely available in Canada.

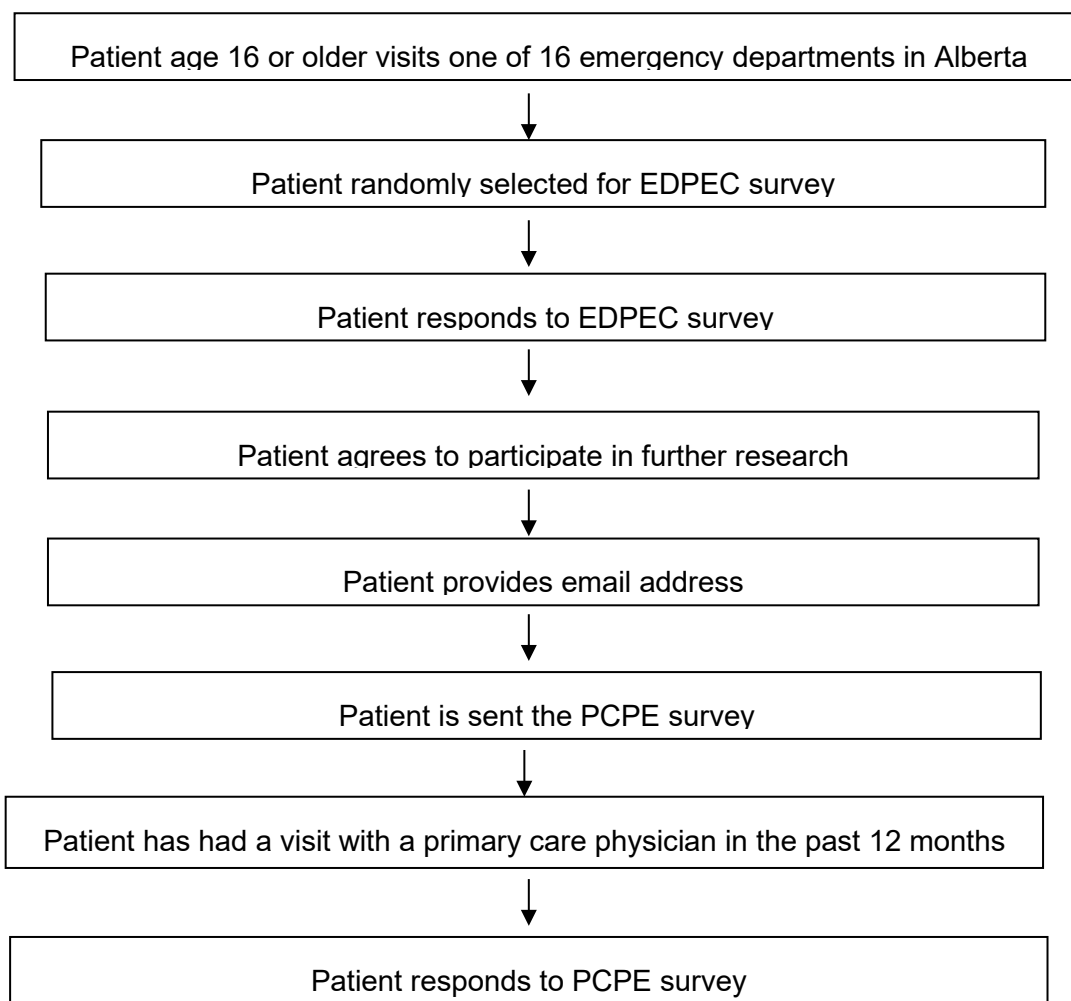
The HQCA conducted an initial pilot test of the CAHPS-CG survey in 2016. Analysis of that test showed a number of areas in which the survey had not performed as well as hoped. For example, responses from patients were overwhelmingly positive, so much so that a four-point word anchored response scale (Always/usually/sometimes/never) could not sufficiently differentiate between patient experiences. The HQCA worked with patients and clinicians to modify the CAHPS® survey to best suit the needs of Albertans and stakeholders (see below for the questionnaire).

To modify the survey for the Alberta context, the HQCA partnered with the Department of Family Medicine at the University of Calgary Cumming School of Medicine to interview patients. Interviews were conducted with 66 patients at two large, urban primary care clinics operated by the Department of Family Medicine. Both clinics serve extremely diverse populations, with wide variations in education, income, and ethnicities. Patients were interviewed to ensure question topics were relevant to them, that question wording was easy to understand, and response options reflect natural responses. Stakeholders then provided feedback on the questionnaire to ensure it met their needs. For example, patients had told us that co-location of primary care services was important to them (that is, having multiple members of their healthcare team in a single location). However, when this was discussed with stakeholders they indicated it often was not feasible, or was out of their control, to have co-located services. Therefore, questions regarding co-location were removed. In addition, some topics of importance to stakeholders, such as required reporting measures for primary care networks, were also added.

Sample

The PCPE survey is typically administered in conjunction with a given primary care clinic or clinics. Reporting is aimed at the individual care providers, and province-wide reporting is not included. However, this approach is not viable for producing a sample that is representative of Albertans who visit primary care. Because only self-selected clinics participate, systematic bias is introduced into the sample. While respondents can be considered representative of a certain clinic, they may or may not be representative of Albertans who visit primary care across the province. To mitigate this issue, the sample for this survey is drawn from the population of patients who responded to the HQCA Emergency Department Patient Experience of Care (EDPEC) survey. For a complete description of the sample design and methodology of that survey, please [check out this link](#).

At the conclusion of the EDPEC survey, participants are asked if they would be willing to participate in further research. If they agreed, they were then asked to provide an email address at which they could be contacted. Those email addresses were then used to invite Albertans to participate in the HQCA's Primary Care Patient Experience survey. Only patients age 16 or older were included. The full inclusion criteria are below.



Email addresses are inputted into REDCap survey software, which sends an automated invitation to complete the survey.

Calculation of Sample Weights

Differences were found between the respondents to the survey and the population of Albertans who have visited a primary care physician in the province. To correct for known differences between the sample of respondents who participated in the survey and the population of patients they were drawn from (Albertans who visit primary care), sample weights are used. Differences between the sample and the population of Albertans who have visited primary care are likely the result of the sampling method employed. In this case, ‘weights’ were applied for three key demographic measures: respondent age, respondent gender, and geographic region (as indicated by Alberta Health Services Zone). Differences between population and sample percentages are as follows, as of March 2021:

ZONE %	SURVEY SAMPLE	ALBERTA POPULATION	GENDER %	SURVEY SAMPLE	ALBERTA POPULATION
Calgary	42	39	Man	27	50
Central	10	11	Woman	72	50
Edmonton	32	33			
North	6	10			
South	10	7			
AGE %	SURVEY SAMPLE	ALBERTA POPULATION			
16-24	0.4	11			
25-34	5	15			
35-44	10	16			
45-54	14	13			
55-64	29	12			
65-74	31	9			
75 or older	10	7			

Sample weights are calculated as follows:

$$\text{weight} = \frac{P_{\text{pop}}}{P_{\text{samp}}}$$

Where P_{pop} is proportion of patients amongst those who have visited primary care in the past year, and P_{samp} is proportion of respondents.



APPENDIX I

PRIMARY CARE PATIENT EXPERIENCE SURVEY QUESTIONNAIRE

HQCA Primary Care Patient Experience Survey



This survey asks questions about your experiences with your family doctor and their clinic. The survey is conducted by the Health Quality Council of Alberta (HQCA), an independent organization that measures, monitors and assesses patient safety and health service quality.

Your anonymous input provides important information to help improve the quality of care and services you receive.

Your privacy is protected. Your responses to this survey are completely confidential, and it will not be possible to identify you in any report.

Your participation is voluntary. It is your choice whether or not to participate, and your decision will not impact the healthcare you receive.

If you want to know more about this survey, please call the HQCA at 1-855-508-8162 or reach us by email at Surveys@hqca.ca.

Survey instructions

Answer each question by clicking the box corresponding to your answer.

Thank you!

These questions will ask about your regular family doctor. That is, the doctor you normally see if you need a check-up, want advice about a health problem, or get sick or hurt. We will refer to your doctor as "this doctor" or "your doctor" .

These questions ask about your own health care.

Do not include care you got when you stayed overnight in a hospital, visited an emergency department, or saw another doctor.

How long have you been going to your regular family doctor?

- ☐ Less than 6 months
- ☐ At least 6 months but less than 1 year
- ☐ At least 1 year but less than 3 years
- ☐ At least 3 years but less than 5 years
- ☐ 5 years or more
- ☐ I don't have a regular family doctor

In the last 12 months, how many times did you visit your doctor to get care for yourself?

- ☐ None
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

When was your most recent visit to your doctor?

- ☐ Less than 1 week ago
- ☐ At least 1 week but less than 1 month
- ☐ At least 1 month but less than 3 months
- ☐ At least 3 months but less than 6 months
- ☐ At least 6 months but less than 1 year
- ☐ More than 1 year ago

Which of the following best describes the type of visit you had on your most recent visit?

- ☐ I saw my doctor in their office
- ☐ I saw a different doctor in their office
- ☐ I had a phone visit with my doctor
- ☐ I had a phone visit with a different doctor
- ☐ I had email, text message, or secure message contact with my doctor
- ☐ I had email, text message, or secure message contact with a different doctor
- ☐ I had a video call with my doctor
- ☐ I had a video call with a different doctor
- ☐ I had a different type of visit

For this section, please think only about your most recent visit to your doctor's office.

How would you rate the amount of time your doctor gave you in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you rate the way your doctor listened to you in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you rate the way your doctor explained things in a way you could understand in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you rate the way your doctor involved you in decisions about your care in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you rate your doctor's knowledge of your medical history in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you rate the way your doctor showed respect for what you had to say in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Virtual healthcare, like phone, video, email, or text message, connects patients with care providers who are not in the same place. For phone or video virtual healthcare visits they are often scheduled like in-person appointments.

During the COVID-19 pandemic there has been an increase in the use of virtual healthcare visits by health care providers, including doctors, nurses, and psychiatrists. This does NOT include phoning Health Link (8-1-1).

Was your most recent visit the first time you received medical advice through a virtual visit?

- ☐ Yes
☐ No

Overall, how easy or difficult was it for you to participate in your virtual healthcare visit?

- ☐ Very difficult
☐ Difficult
☐ Neither easy nor difficult
☐ Easy
☐ Very easy

Did you have any technical problems during your virtual healthcare visit? (Don't include the health problem you were seeking advice about) Please choose all that apply

- ☐ No, I did not have any problems
☐ Yes, I had equipment problems (such as computer glitches)
☐ Yes, I had connectivity problems (such as poor cell phone service or internet coverage)
☐ Yes, I was not familiar with using the technology
☐ Yes, there were not many virtual healthcare options available
☐ Yes, I had a different problem

Please specify:

Did you have any privacy concerns related to your virtual healthcare visit?

- ☐ Yes, definitely
☐ Yes, somewhat
☐ No

Was the care advice you received during your virtual healthcare visit helpful to you?

- ☐ Very unhelpful
☐ Unhelpful
☐ Somewhat helpful
☐ Helpful
☐ Very helpful

Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, overall, how would you rate your experience with your most recent virtual healthcare visit?

- ☐ 0 (Worst experience possible)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Best experience possible)

Due to the COVID-19 pandemic more appointments with care providers are being conducted by virtual healthcare visits. Do you think virtual healthcare visits are a good alternative to in-person visits for you personally in the future?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

Overall, how would you rate the care you received in your most recent visit?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

For these questions, please think of all the visits you have had to your doctor in the last 12 months.

In the last 12 months, how would you rate the availability of your doctor?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

In the last 12 months, where did you go when your doctor was unavailable? (Check all that apply)

- ☐ My family doctor was always available when I wanted
- ☐ I made an appointment with my family doctor for another day or time
- ☐ I saw a different doctor at my family doctor's office
- ☐ I saw a nurse or nurse practitioner at my family doctor's office
- ☐ I went to an emergency department or hospital
- ☐ I went to a walk-in clinic or medicentre
- ☐ I called the Health Link phone line for advice
- ☐ I didn't go anywhere
- ☐ Other

Please specify:

Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate your doctor?

- ☐ 0 (Worst doctor possible)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Best doctor possible)

Which of the following best describes how you have used the healthcare system in the last 12 months?

- ☐ I have no health issues, and hardly ever use healthcare services
- ☐ I had minor health issues that were fixed quickly and weren't life threatening, or I only used routine healthcare services. This might include a routine visit or check-up
- ☐ I had a more serious health issue that might have required surgery, a hospital stay, or care and treatment from a specialist
- ☐ I have serious ongoing or long-term health issues, which require regular use of the healthcare system, and that affect my quality of life.

Your Healthcare Team

Your healthcare team includes everyone at your doctors's clinic, as well as other healthcare providers you see outside of this clinic, such as nurses, dieticians, and pharmacists, who could also be within your family doctor's clinic.

In the last 12 months, how often did your healthcare team seem to effectively coordinate your care?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

In the last 12 months, how would you rate your overall experience with the reception staff at this clinic?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Treatment Plans and Care Priorities

A treatment plan is a set of actions your family doctor or nurse designs with you to manage your health problems.

In the last 12 months, has someone from your healthcare team worked with you to create or review a treatment plan?

- ☐ Yes
☐ No

In the last 12 months, how well did someone from your healthcare team adapt your treatment plan to your personal needs?

- ☐ Very well
☐ Well
☐ Somewhat well
☐ Not very well
☐ Not well at all

In the last 12 months, how often were members of your healthcare team consistent with what they told you about your treatment plan?

- ☐ Always
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

In the last 12 months, how often did someone from your doctor's office discuss your main goals and priorities in caring for your health?

- ☐ Always
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

In the last 12 months, how often did you have difficulty managing your health?

- ☐ Always
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

In the last 12 months, why did you have difficulty managing your health? Choose all that apply.

- ☐ I was not able to afford my medications or other treatments
☐ I have difficulty getting to appointments
☐ I have difficulty eating well
☐ I have difficulty exercising
☐ I am not sure how to prevent problems with my health
☐ I don't understand my health problems or how to treat them
☐ I don't have enough help from family or friends to manage my condition
☐ I don't have enough help from my healthcare team to manage my condition
☐ Other

Please specify:

In the last 12 months, how often did your family doctor or nurse discuss with you the difficulties you had in managing your health?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

In the last 12 months, how often did your family doctor or nurse discuss with you supports for managing your health?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

In the last 12 months, did your doctor order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No

In the last 12 months, when your doctor ordered a blood test, x-ray, or other test for you, how often did someone from your doctor's office follow up to discuss those results with you?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

In the last 12 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No

In the last 12 months, how often did you and someone from your doctor's office talk about all the prescription medicines you were taking?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time



Please click the ONE box that best describes your health today.

Mobility

- ☐ I have no problems in walking
- ☐ I have slight problems in walking
- ☐ I have moderate problems in walking
- ☐ I have severe problems in walking
- ☐ I am unable to walk

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Please click the ONE box that best describes your health today.

Self Care

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dressing myself

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Please click the ONE box that best describes your health today.

Usual Activities (e.g., work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

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Please click the ONE box that best describes your health today.

Pain/Discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Please click the ONE box that best describes your health today.

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

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100 means the best health you can imagine.
0 means the worst health you can imagine.
Please click on the scale to indicate how your health
is TODAY.

[illegible]

(Place a mark on the scale above)

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About You

This section asks question about you. Remember that you may skip any question that you'd prefer not to answer.

In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

What is your age?

- ☐ 16 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

Which of the following best describes your gender identity?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Transgender
- ☐ I prefer to self-describe

Please tell us your gender identity:

What is the highest level of education that you have completed?

- ☐ Grade school or some high school
- ☐ Completed high school
- ☐ Post-secondary technical school (including Trade School)
- ☐ Some university or college
- ☐ Completed college diploma
- ☐ Completed university degree
- ☐ Post-grad degree (masters or PhD)

What language do you mainly speak at home?

- ☐ English
- ☐ Other

Please specify:

People living in Canada come from many different cultural and racial backgrounds. Are you ... ? (check all that apply)

- ☐ Arab
- ☐ Black (e.g., African, Haitian, Caribbean)
- ☐ Chinese
- ☐ Filipino
- ☐ Indigenous (e.g., First Nations, Metis, Inuit)
- ☐ Latin American
- ☐ South Asian (e.g., Indian, Pakistani, Sri Lankan)
- ☐ Southeast Asian (e.g., Indonesian, Vietnamese)
- ☐ White (e.g., United Kingdom, European)
- ☐ Other

Please specify:

Which one of the following categories best describes the total annual income, before taxes, of all members of your household?

- ☐ Less than \$25,000
- ☐ \$25,000 to just under \$50,000
- ☐ \$50,000 to just under \$75,000
- ☐ \$75,000 to just under \$100,000
- ☐ \$100,000 to just under \$150,000
- ☐ \$150,000 to just under \$200,000
- ☐ \$200,000 or more

Which of the following best describes your financial situation?

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Modestly comfortable
- ☐ Tight
- ☐ Very tight
- ☐ Poor



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