

Health Ministerial Meeting

23 January 2024

HEALTHCARE THROUGH PATIENTS' EYES

The next generation
of healthcare
performance
indicators

Preliminary results from the Patient-
Reported Indicator Surveys (PaRIS)

PaRIS: revolutionising healthcare assessment

For far too long, we have lacked meaningful insights into people's experiences and outcomes of healthcare. Despite a wealth of global healthcare data, indicators of health system performance have historically focused on inputs and process, rather than on the impact of healthcare on people's lives and well-being. **The Patient-Reported Indicator Surveys (PaRIS) is a first of its kind international survey that fills this gap.** It provides a unique set of indicators that unveil how people of 45 years and older who live with chronic conditions experience healthcare and how this impacts their lives. PaRIS sheds new light on how primary care models deliver for people, regardless of gender, level of income or education.

The PaRIS data collection is in progress in 20 countries. The final dataset will contain more than 100 000 patients receiving care in over 1 500 primary care practices. This brief highlights some early findings from over 60 000 patients and 1 200 primary care practices from 15 countries.



Highlights



People who rate the quality of their primary care highly feel healthier, even when living with multiple chronic conditions.

The proportion of people with three or more chronic conditions who rate their health as good, very good or excellent varies nearly 4-fold between countries, and people's assessment of care quality is closely linked to how healthy they feel.



Ensuring that people feel confident managing their own health and well-being requires more attention.

Over 40% of PaRIS respondents did not feel confident managing their own health and well-being. Confidence in self-management decreases as the number of chronic conditions increase, and in general people with lower levels of education report less confidence in self-management. The link between higher education level and greater confidence in managing their own health reaffirms the importance of tailored policies to empower all individuals in managing their own health and improving healthcare outcomes.



Good experiences with primary care go hand in hand with higher trust in the health system overall.

The level of trust in healthcare systems varies from just 35% to almost 90% across countries. Trust in the healthcare system is closely linked to the experiences people have of primary care, particularly for people with chronic conditions. For most people primary care is the entry point to the healthcare system, shaping their overall experience of care.



People with a longstanding relationship with their doctor have greater trust in their primary care provider, and better experiences of care.

The results show that patients who stay with their doctors for longer periods tend to trust them more and feel that the care they receive is of higher quality.



Trust in primary care providers is high: more than three out of four people trust their primary care provider.

78% of respondents report high confidence in their primary care provider, irrespective of whether care is provided by a solo practitioner or in a group practice.



Effective exchange of health data improves the experiences of care.

Across countries, people with one or more chronic conditions who had to repeat information to healthcare providers that should be in their care record generally reported poorer experiences of care.

The accumulation of chronic conditions has a much stronger impact on people’s assessment of their own health than merely getting older

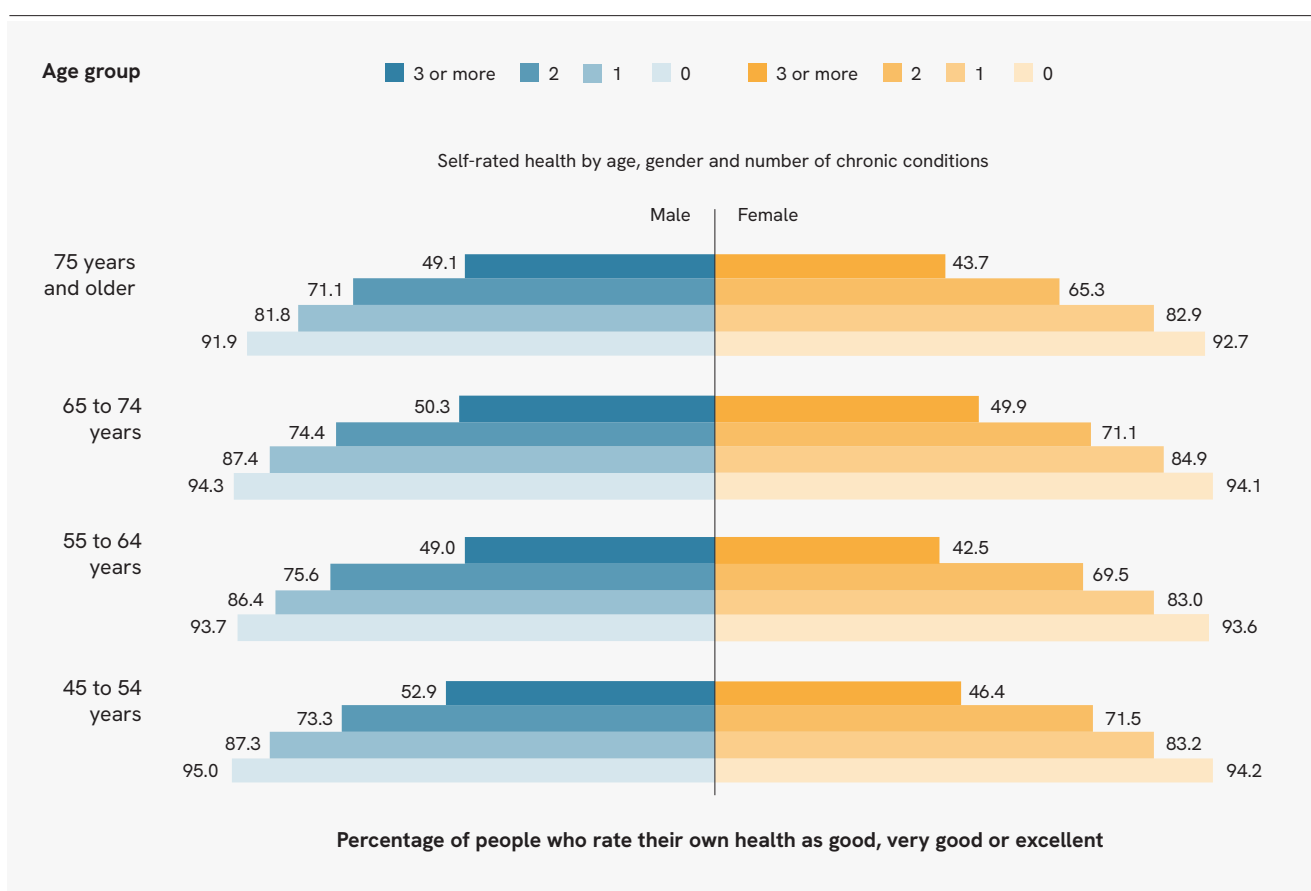
As the world’s population ages, the number of people living with chronic conditions is increasing. Although health and age are related, the number of chronic conditions has a much stronger relationship with how healthy people feel than age itself (Figure 1).

More than 75% of people in the survey, across all age groups, rate their own health as good, very good or excellent. This rating decreases with the accumulation

of chronic conditions, turning this percentage to less than 50% among people with three or more chronic conditions. The biggest differences in self-reported health are between people with three or more chronic conditions and those with fewer than three.

The pattern is similar for men and women.

FIGURE 1 | The impact of the number of chronic conditions on self-rated health is stronger than the effect of age

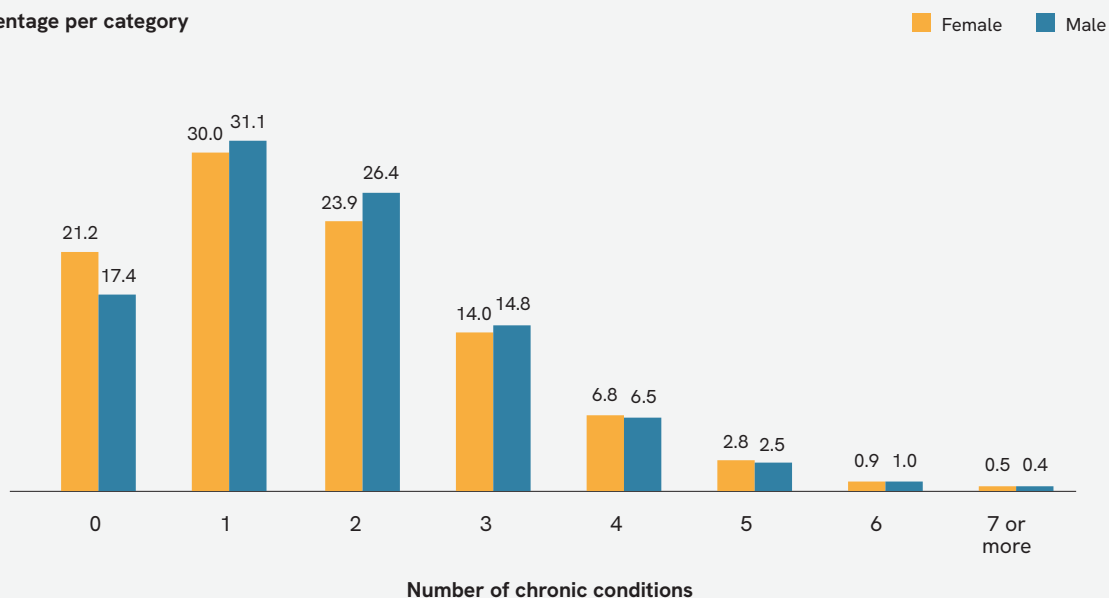


Source: Preliminary data PaRIS survey, 2023.

Eight in ten primary care users aged 45 years or older have at least one chronic condition, a quarter have three or more

80.5% of the patients in the survey (45 years and older and using primary care) reported having at least one chronic condition, and 50% have more than one chronic condition. One quarter live with three or more chronic conditions.

Percentage per category



Most reported conditions

The most often reported conditions (in percentage of the total sample) were:



High blood pressure

41%



Arthritis or ongoing problems with back or joints

31%



Cardiovascular or heart conditions

16%



Depression, anxiety, or other mental health conditions

15%



Diabetes (type 1 or 2)

14%

Source: Preliminary data PaRIS survey, 2023.

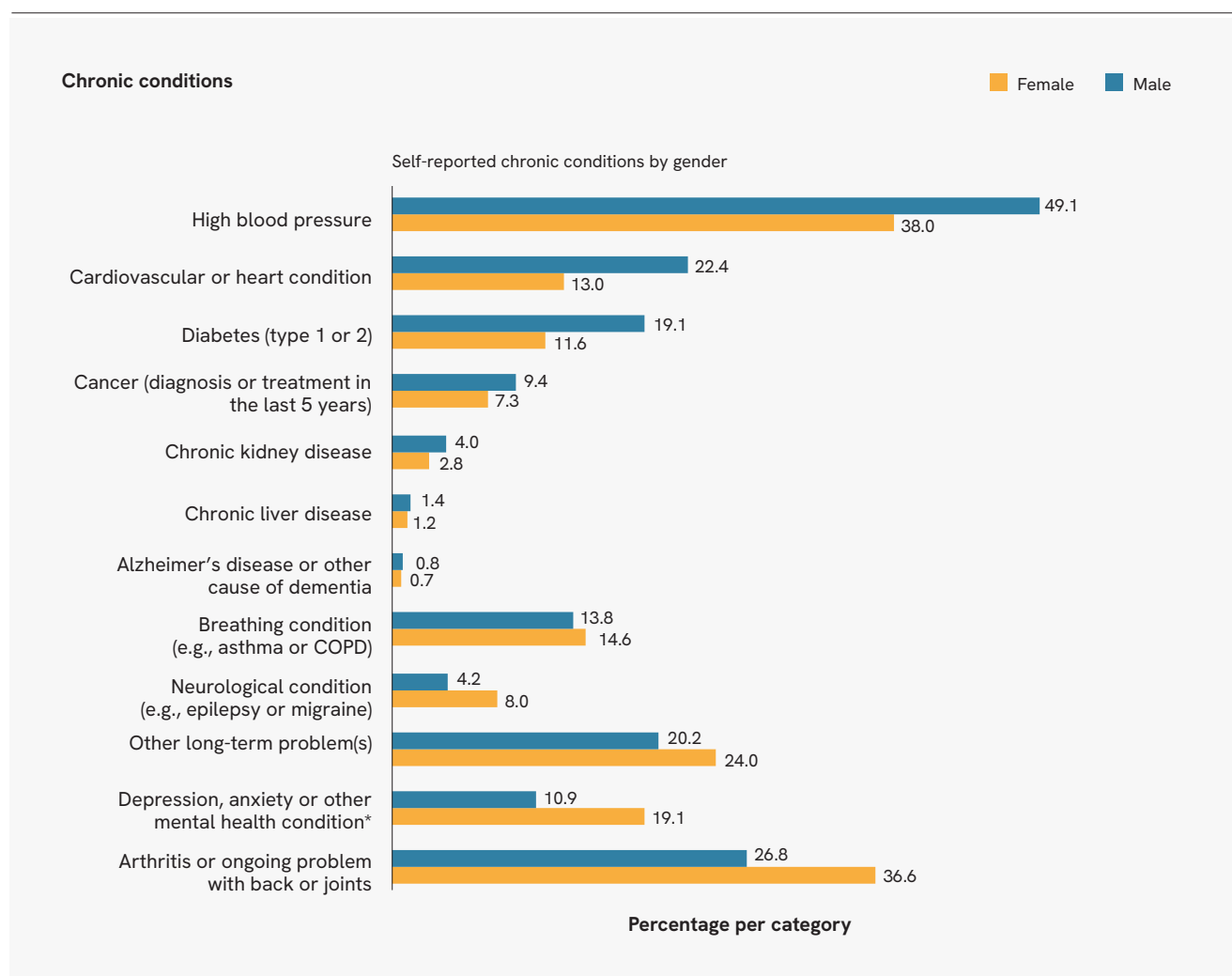
Men more frequently reported high blood pressure and cardiovascular conditions, while women reported higher rates of arthritis and mental health conditions

While the overall number of chronic conditions was comparable between men and women aged 45 years and older, some conditions were significantly more common in men, such as high blood pressure (49% of men versus 38% of women) and cardiovascular and

heart conditions (22% versus 13% of women), while women in the sample were more likely to report arthritis (37% versus 27% of men), and depression or other mental health problems (19% versus 11% of men) (Figure 2).¹

¹ These figures should not be interpreted as population prevalence rates but as a characterisation of the PaRIS sample.

FIGURE 2 | Men frequently reported high blood pressure and cardiovascular conditions while women reported higher rates of arthritis and mental health conditions



Note: Chronic conditions are ordered from top to bottom based on their relative prevalence among genders, with the condition having the highest prevalence among men at the top and the condition having the highest prevalence among women at the bottom.

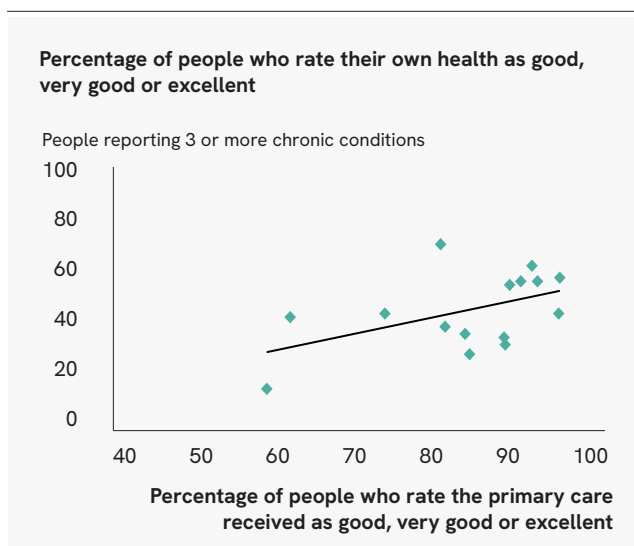
Source: Preliminary data PaRIS survey, 2023.

People who rate the quality of their primary care highly feel healthier, even when living with multiple chronic conditions

In some countries, people with multiple chronic conditions assess their health as better than in others, suggesting that the health system makes a difference to patients' experiences. The proportion of people with three or more chronic conditions who rate their health as good, very good or excellent varies from 18% to 70% across countries.

People with multiple chronic conditions are more likely to report being healthy in countries where primary care is assessed to be of a high quality (Figure 3).

FIGURE 3 | In countries with better-rated primary care people with multiple chronic conditions rate their health as better



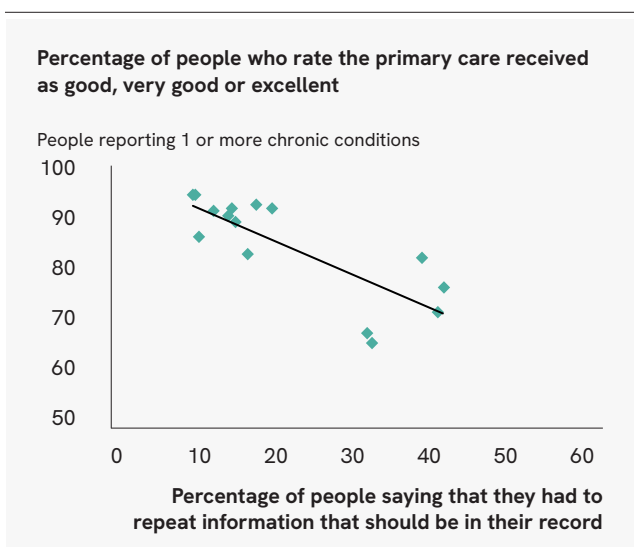
Note: Every dot represents a country, $R^2 = 0.24$.
Source: Preliminary data PaRIS survey, 2023.

Effective exchange of health data helps to improve experiences of care

People with multiple chronic conditions often deal with different healthcare providers, and receive diverse types of medication, treatments and advice in multiple care settings. The more conditions people are managing, the higher the potential risk of fragmentation across multiple care pathways. Coordination and continuity of care are therefore especially important, and good information sharing - through well-maintained patient records that are accessible across the healthcare system - helps providers coordinate care activities and tailor healthcare to the needs of patients.

Figure 4 illustrates how the effective exchange of information between healthcare providers is associated to how people with at least one chronic condition experience the quality of care. In countries where people often need to communicate the same information multiple times when consulting different healthcare providers, the quality of care is rated as lower.

FIGURE 4 | Effective exchange of health data improves experience of care



Note: Every dot represents a country, people with 1 or more chronic conditions: $R^2 = 0.64$.
Source: Preliminary data PaRIS survey, 2023.

Over 40% of respondents do not feel confident in managing their own health and well-being

While healthcare providers provide essential care, much of the day-to-day management of chronic conditions is undertaken by patients themselves. Effective management of their own condition – from medication management to setting and attending healthcare visits, understanding and responding to changes in symptoms, or managing diet and physical activity – happens not in the doctors’ office, but in people’s homes. Empowering individuals to manage their own health is therefore a vital component of healthcare, especially for those living with chronic conditions.

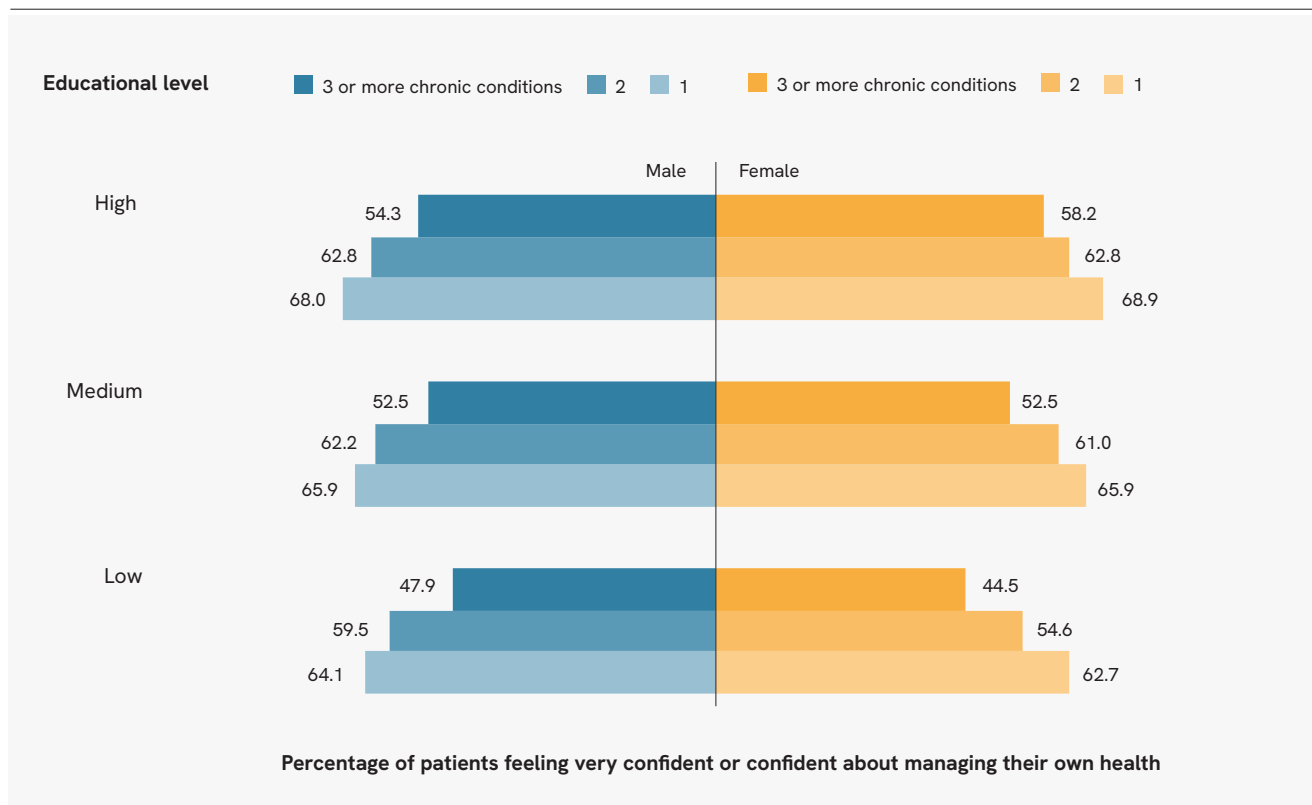
Successful self-management hinges on a range of factors, including an individual’s health status, the complexity of their health and care needs, their

personal capabilities, and the effectiveness of the information and support that they receive from their care providers.

Understandably, people’s confidence in managing their own health and well-being tends to decrease as the number of chronic conditions increases (Figure 5).

Moreover, people with lower levels of education also report lower confidence in managing their own health and well-being. Overall, 61% of those with higher education report confidence in managing their health and well-being, compared to 54% of those with lower levels of education. This education gap becomes more pronounced as the number of chronic conditions increases (Figure 5).

FIGURE 5 | People with a lower level of education have less confidence in managing their own health and well-being



Source: Preliminary data PaRIS survey, 2023.

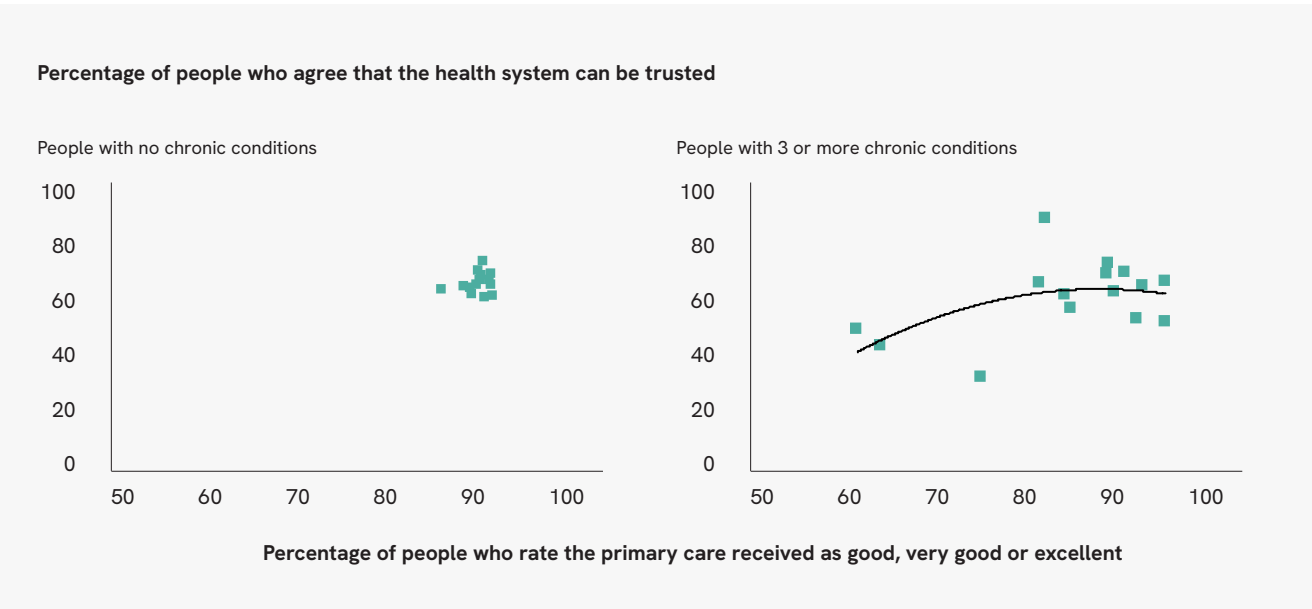
Trust in the healthcare system is higher when people rate their primary care highly

Trust in healthcare providers and the healthcare system influences people’s willingness to follow health advice and can therefore lead to better health outcomes.

Overall trust in individual primary care providers is high: 78% of patients in all countries have a high level of trust and confidence in their primary care professional. However, trust in the healthcare system varies from almost 35% in the lowest-trusting countries to 90% in the highest-trusting countries, with no clear correlation with the number of chronic conditions people live with.

Although trust in healthcare systems is also influenced by trust in institutions, actual experience of care also plays a key role. Figure 6 shows that for patients with chronic conditions, trust in the system varies considerably from country to country, while this is not the case for patients with no chronic conditions. Among people with multiple chronic conditions, trust in the healthcare system is correlated with how they rate the quality of care that they receive from their primary care provider.

FIGURE 6 | In countries with better-rated primary care, people with multiple chronic conditions are more likely to trust the healthcare system



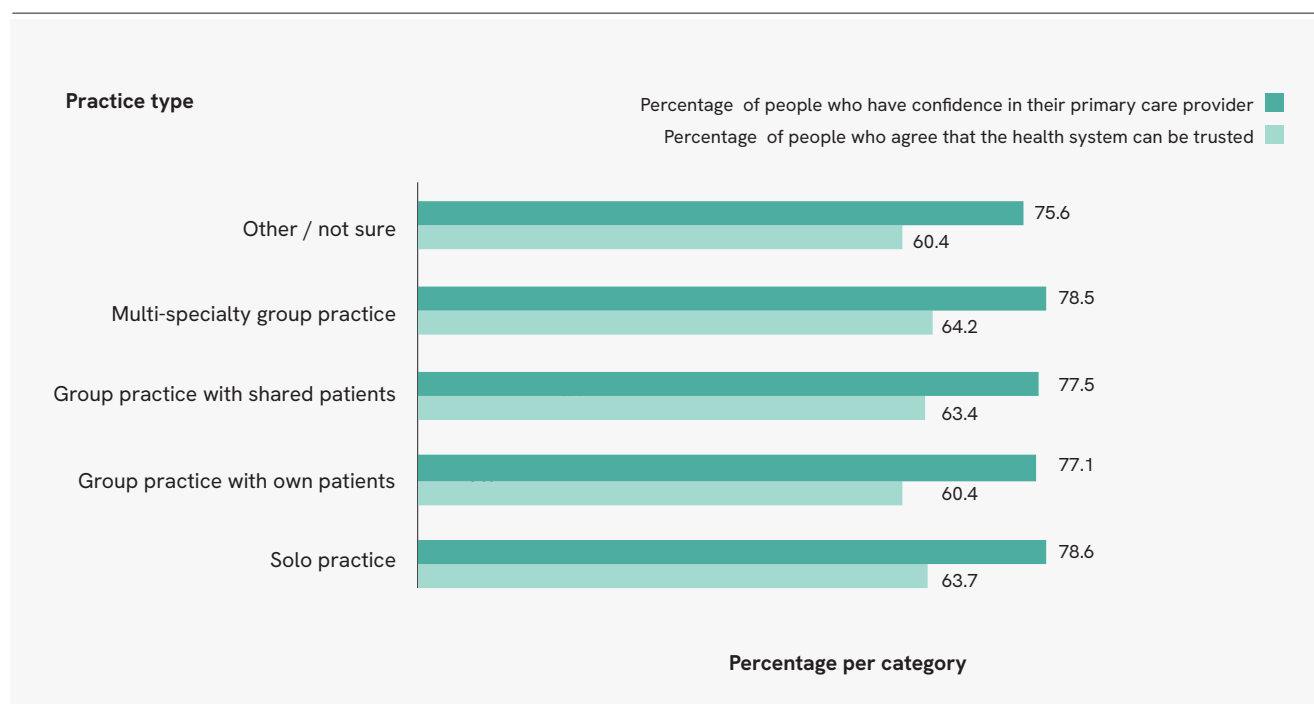
Note: Every dot represents a country, R²: people with no chronic conditions: 0.05; people with 3 or more chronic conditions: 0.27.
Source: Preliminary data PaRIS survey, 2023.

Around 80% of patients trust their primary care providers regardless of the organisation of practice, and they trust them more than they trust the health system as a whole

Primary care can be delivered in a multi-specialty group practice, a group practice where patients see a single named provider or where they see multiple different providers, or in solo practices where only one primary care provider is present. While each organisational setting has advantages and disadvantages, there is no relation between the type of primary care structure and the level of trust people have in their primary care provider or in the healthcare system as a whole.

In all organisational settings, the trust in primary care providers is high: around 78% of primary care users answer 'definitely' to the question on whether they have confidence in their primary care provider, and this does not differ between people using different primary care settings. For trust in the healthcare system, this percentage is lower, varying between 60% and 65%.

FIGURE 7 | Trust in primary care providers is high, regardless of the way primary care delivery is organised



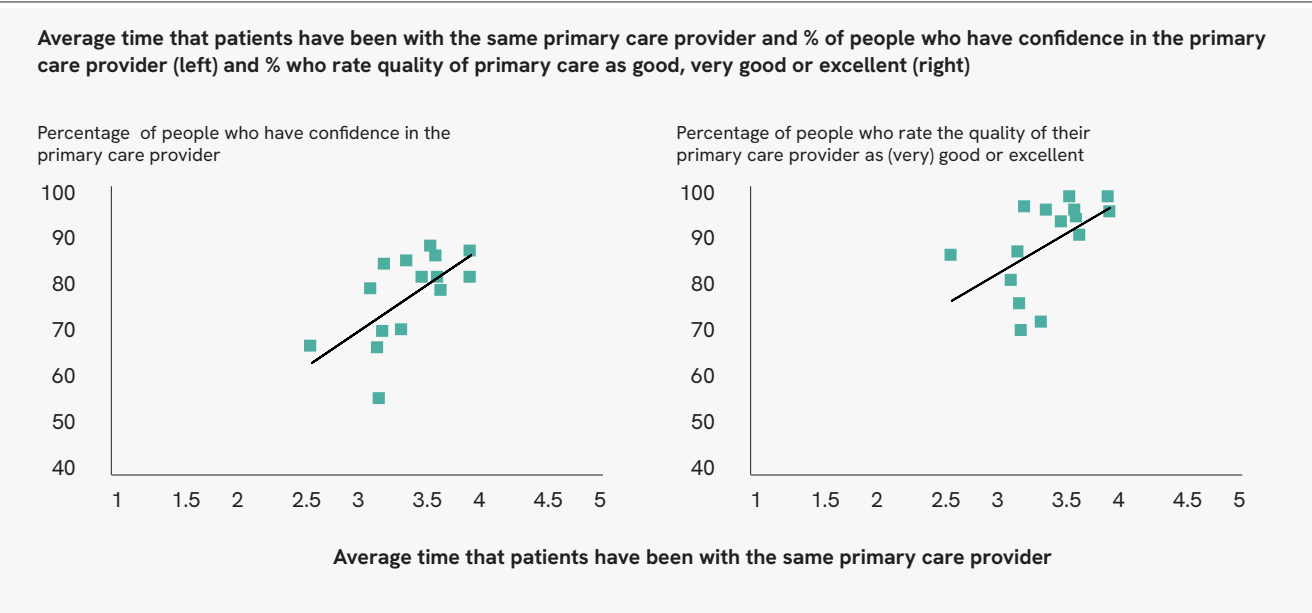
Source: Preliminary data PaRIS survey, 2023.

A longstanding relationship with a primary care provider increases trust and assessed quality of care

As shown in Figure 8, in countries where patients stay with the same primary care provider longer, they trust their provider more and rate their care as better. This is probably because building trust takes time, and when people do not trust their primary care provider or are unhappy with their care, they

might switch to a different provider. A longstanding relationship helps create trust and open communication between patients and their primary care providers, and helps primary care providers understand their patients’ medical history, lifestyle, and preferences, so they can provide better care.

FIGURE 8 | Countries with longer primary care provider-patient relationships show higher levels of trust and rate the quality of primary care more highly



Note: Question: “How long have you been seeing this doctor or other health professional?” (1=1 year or less/ 2=More than 1 year but no more than 3 years/ 3=More than 3 years but no more than 5 years/ 4=More than 5 years but no more than 10 years/ 5=More than 10 years).
 R^2 for trust in provider: 0.40; R^2 for experience quality: 0.29.
Source: Preliminary data PaRIS survey, 2023.

About the PaRIS Survey

The Patient-Reported Indicator Surveys (PaRIS) provides much-needed insights into the outcomes and experiences of primary care as rated by users aged 45 years and older. The survey consists of two questionnaires: one for primary care providers, and one for their patients. Through the two surveys, patient outcomes and experiences can be linked to characteristics of primary care practices. Patients in the survey have had at least one contact with their primary care provider in the six months prior to the survey and self-reported their chronic conditions using a validated tool. People who did not report any chronic conditions were asked a shorter list of questions and these answers were used to compare certain outcomes, such as quality of life for those people living with chronic conditions.

Twenty countries participate in the first cycle of the PaRIS survey. This brief offers a preview of aggregated results of preliminary data pooled from 61 126 patients in 1 218 primary care practices in 15 participating countries: Australia, Belgium, Canada, Czechia, Greece, Italy, Luxembourg, Netherlands, Norway, Portugal, Saudi Arabia, Slovenia, Spain, United States and Wales (United Kingdom), and collected between January and November 2023. Numbers of patients per country varied from 903 to 11 715. Numbers of primary care providers varied from 33 to 251. Data from five other countries will be added to the PaRIS analyses in 2024: France, Romania, Switzerland, Israel and Iceland. The indicators presented in this brief form a small selection of 'headline indicators' and aim to demonstrate the different types of patient-reported indicators in the rich database of PaRIS, such as Patient-Reported Outcome Measures (e.g. self-reported health), Patient-Reported Experience Measures (e.g. experienced quality of primary care) and trust.

The PaRIS survey is the largest international study of adult patients in primary care to date. The analysis of the complete dataset will merge characteristics of patients and providers collected through the survey in participating countries with the extensive dataset of health systems indicators regularly gathered by the OECD. The aim is to produce novel policy insights on health systems performance, focusing on aspects that matter most for patients. The OECD will release a comprehensive flagship report in late 2024, based on data from more than 1 500 primary care providers and over 100 000 patients. The report will contain in-depth analyses, including variation across and within countries and population groups, exploring the rich datasets that are currently under collection.

More information, including a collection of relevant publications, can be found at www.oecd.org/health/PaRIS.

Disclaimer

Not all countries participating in PaRIS are included in this brief. Data presented are preliminary.

