

**AN INTERNATIONAL CROSS-SECTIONAL SURVEY ON THE
QUALITY AND COSTS OF PRIMARY CARE (QUALICO-PC):
RECRUITMENT AND DATA COLLECTION OF PLACES
DELIVERING PRIMARY CARE ACROSS CANADA (PUBLICATION)**



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CONTEXT

Performance reporting in primary health care in Canada is challenging because of the dearth of concise and synthesized information. The paucity of information occurs, in part, because the majority of primary health care in Canada is delivered through a multitude of privately owned small businesses with no mechanism or incentives to provide information about their performance. Past work shows that public reporting may improve performance and may also facilitate collaboration among stakeholders as they set a common agenda.

OBJECTIVES

This study aims to report the methods used to recruit family physicians and their patients across 10 provinces to provide self-reported information about primary care; and interpret patterns of recruitment, which could be used to improve recruitment and data collection for future large-scale pan-Canadian and other cross-country studies.

METHODS

Canada participated in an international large scale study-the QUALICO-PC (Quality and Costs of Primary Care) study, in which a total of 34 countries participated. A set of four surveys, designed to collect in-depth information regarding primary care activities was collected from: practices, providers, and patients (experiences and values). Invitations (telephone, electronic or mailed) were sent to family physicians. Eligible participants were sent a package of surveys. Provincial teams kept records on the number of: invitation emails/letters sent, physicians who registered, practices that were sent surveys, and practices returning completed surveys. Response and cooperation rates were calculated. Data were collected in 2013 and early 2014. Once data collection started in each province, it lasted up to 4 months except in Quebec where data collection lasted for 9 months.

FINDINGS

Invitations to participate were sent to approximately 23,000 family physicians across Canada. A total of 792 physicians and 8,332 patients from 772 primary care practices completed the surveys, including 1,160 participants completing a Patient Values survey and 7,172 participants completing a Patient Experience survey. Patient participants who also consented to link their survey data to administrative data ranged from 57% in New Brunswick/Prince Edward Island to 86% in British Columbia. Overall, the physician response rate was very low ranging from 2% (British Columbia) to 21% (Nova Scotia). However, the physician participation rate was high, ranging from 72% (Ontario) to 100% (New Brunswick/Prince Edward Island and Newfoundland & Labrador).

CONCLUSIONS

The difficulties obtaining acceptable response rates by family physicians for survey participation is a universal challenge. This response rate for the QUALICO-PC arm in Canada was similar to rates found in other countries such as Australia and New Zealand. Without a central source for such data, researchers and others must individually seek out family physicians and their patients, as no province keeps an up-to-date list of practicing family physicians. Even though most family physicians operate as self-employed small businesses, they could be supported to routinely submit data through a collective effort and provincial mandate. The groundwork in setting up pan-Canadian collaboration in primary care has been established through this study.

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