

**Time With PHC Provider for Patients With Chronic Conditions
(Indicator Set: Policy)**

Descriptive Definition	Percentage of population, age 18 and older, with chronic conditions who reported having had enough time and the opportunity to ask questions in most visits with their primary health care (PHC) provider.	
Method of Calculation	Numerator	<p>Number of individuals in the denominator who reported having had enough time and the opportunity to ask questions in most visits with their PHC provider.</p> <p>Inclusions</p> <ul style="list-style-type: none"> • Individual is in the denominator • Individual reported having enough time in most visits with his or her PHC provider • Individual reported having the opportunity to ask questions about recommended treatment in most visits with his or her PHC provider <p>Exclusions</p> <p>None</p>
	Denominator	<p>Number of respondents age 18 and older with at least one chronic condition.</p> <p>Inclusions</p> <ul style="list-style-type: none"> • Age of individual is at least 18 years • Individual reported having at least one chronic condition <p>Exclusions</p> <p>None</p>
Data Source	Commonwealth Fund International Health Policy Survey of Adults ¹	
Notes	<p>Definitions of Terms</p> <ul style="list-style-type: none"> • “In most visits” is defined as a response of “always” or “often” to questions on spending enough time and being given an opportunity to ask questions about recommended treatment. • Having a chronic condition is defined as having at least one of the following conditions: arthritis; asthma or chronic lung disease, such as chronic bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or other mental health problems; diabetes; heart disease, including heart attack; hypertension and high blood pressure; and high cholesterol.² 	



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<p>Interpretation</p>	<ul style="list-style-type: none"> • A high rate for this indicator can be interpreted as a positive result. <p>Further Analysis</p> <ul style="list-style-type: none"> • This indicator can be modified to measure time with PHC providers for all patients regardless of morbidity status to measure this indicator for the general population.
<p>Indicator Rationale</p>	<p>For approximately 9 million Canadians, or 33% of the population, living with one or more chronic health conditions is a daily reality.³ The number of individuals affected by chronic disease in Canada is expected to increase as the population ages and as a result of the rise in contributing risk factors, such as overweight and obesity and physical inactivity.⁴</p> <p>Most Canadians with chronic health conditions have a regular PHC provider. Research indicates that individuals with chronic conditions use the health care system more often and more intensively, and that the intensity of use increases in relation to the number of chronic comorbidities.³ Individuals diagnosed with chronic health conditions in Canada account for approximately 51% of visits to PHC physicians (family physicians or general practitioners), 55% of visits to specialists, 66% of nursing consultations and 72% of nights spent in a hospital.³</p> <p>A recent Canadian study reported that the quantity of time spent with a PHC provider impacts the level of patient engagement in his or her care, thus influencing a patient’s ability to maintain and improve his or her health.⁵ Patients were more engaged when they spent more time talking with their regular provider, had less hurried communication or had test results explained. Individuals with chronic conditions were more engaged the more time they spent with their PHC provider.⁵ In a 2008 survey, almost two-thirds (65%) of Canadians reported that they always had enough time during visits with their regular doctor to discuss their feelings, fears and concerns about their health.⁶</p> <p>Individuals with chronic conditions often require complex interventions tailored to their individual needs.⁷ If PHC patients are provided with sufficient time in their visit, they may more accurately and thoroughly discuss their medical history and symptoms, share questions and concerns about medical decisions or procedures, and be more engaged in their own health care.</p>

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References

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7. Temmink D, Francke AL, Hutten JB, Van Der Zee J, Abu-Saad HH. Innovations in the nursing care of the chronically ill: a literature review from an international perspective. [Review] [40 refs]. *Journal of Advanced Nursing*. June, 2000;31(6):1449-1458.

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