



# PaRIS Provider Report: Saskatchewan

Results from the Organization for Economic Cooperation  
and Development (OECD) Patient Reported Indicator  
Surveys (PaRIS)

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The opinions, results and conclusions included in this report are those of the authors and are independent from the funding sources.

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# PaRIS Provider Report: Saskatchewan

## Overview and Introduction

The Patient-Reported Indicator Surveys (PaRIS) is the OECD's Patient-Reported Indicator Surveys initiative where countries work together on developing, standardizing and implementing a new generation of indicators that measure the outcomes and experiences of health care that matter most to people. (<https://www.oecd.org/health/paris/>)

The International PaRIS Survey of People Living with Chronic Conditions is the first of its kind to assess the outcomes and experiences of patients managed in primary care across countries. The PaRIS survey aims to fill a critical gap in primary health care, by asking about aspects like access to health care & waiting times, as well as quality of life, pain, physical functioning & psychological well-being. The Health System Performance Network (HSPN), with the support of the Ontario Ministry of Health and the Ontario SPOR Support Unit, completed the pilot test in Ontario for the PaRIS survey in the fall of 2022. The roll-out of surveys for the full study began in June 2023.

The following report presents selected results from the Patient-Reported Indicator Surveys (PaRIS) in Saskatchewan.

## Primary Care Practice Recruitment

The study aimed to recruit one primary care provider per primary care practice, where a practice is defined as a geographic location where one (or more) primary care provider(s) work (in collaboration) to serve a shared patient population. Invitation emails were sent through the HSPN list-serve of health system stakeholders who have signed up to receive HSPN updates or have participated in HSPN events such as webinars or symposia. To be eligible for this study, participating primary care practices needed to be able to generate an electronic list of eligible individuals (described below) for the survey and to send an email to those patients with a link to the PaRIS survey.

## Patient Recruitment

The PaRIS survey is intended for individuals with chronic conditions. To simplify recruitment, the eligibility criteria for patients were those aged 45 or older who had visited the primary care practice in the past 6 months. Each participating provider generated an electronic list of eligible patients and sent an email to those individuals that provided a link to the study information page and to the online survey.

## Data Sources

The primary data source for this study was the OECD PaRIS survey which patient respondents completed. Primary care providers also completed a survey about the practice characteristics such as accessibility, services provided and operating hours. Only patient survey results are included in this report. Surveys were distributed and responses were collected from July 2023 to March 31, 2024.

## Research Ethics

This study was reviewed and approved by the University of Toronto Research Ethics Board and the Behavioural Research Ethics Board, University of Saskatchewan.

# Purpose of This Report

The target audience for the data presented in this report are the participating primary care providers with the aim of providing information for prioritizing areas for practice improvement while providing some consideration of the practice' patient population characteristics.

## Results

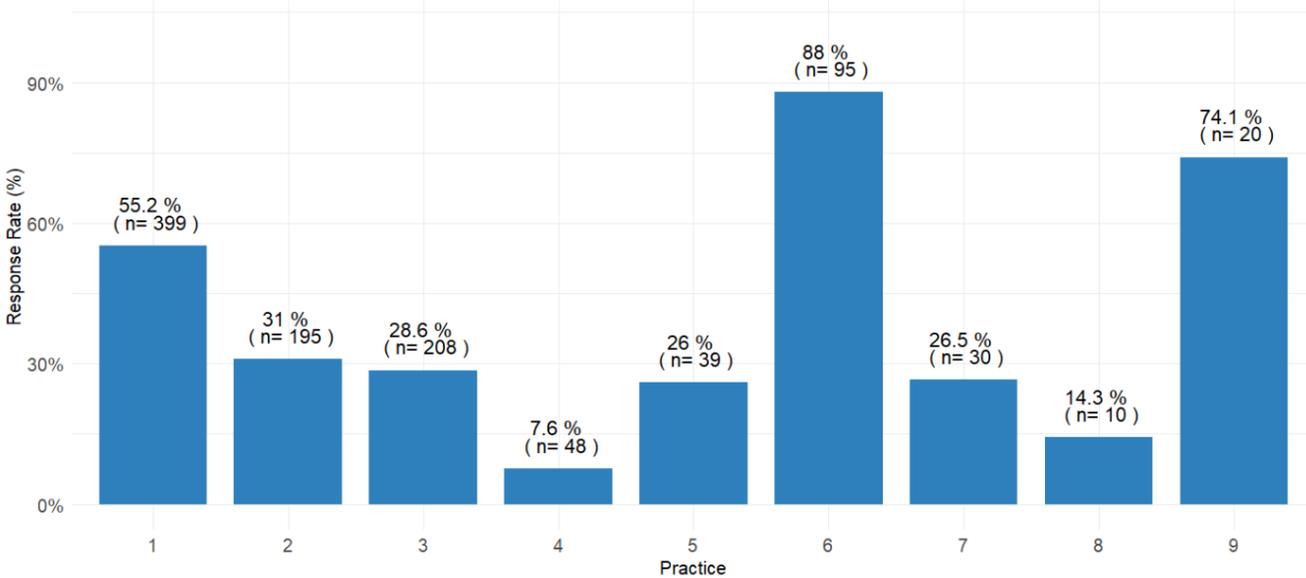
This report provides results for selected measures on the patient survey. We selected measures that provide basic information about respondent characteristics for each practice and social factors that are known to be related to health. Overall patient reported health outcome measures (also known as PROMs) of physical, mental, social well-being and pain are reported. We also report on questions related to patient health behaviours. One practice was excluded from this report due to a low number of responses (n<10).

### I. Response Rates:

Survey response rate is one indicator of the representativeness of the participant sample to the overall practice population. A graph depicting the response rates of the practices included in the analysis is presented in **Figure 1**. The response rate is represented through the blue columns (on the vertical axis), and each column is labeled with the number of patients who completed the survey and the response rate.

The report includes responses of patients from nine primary care practices. The number of respondents from each practice ranged from 10 to 399, with a total of 1,044 respondents across all practices. Practice #6 had the highest response rate (88%) and practice #4, the lowest (7.6%).

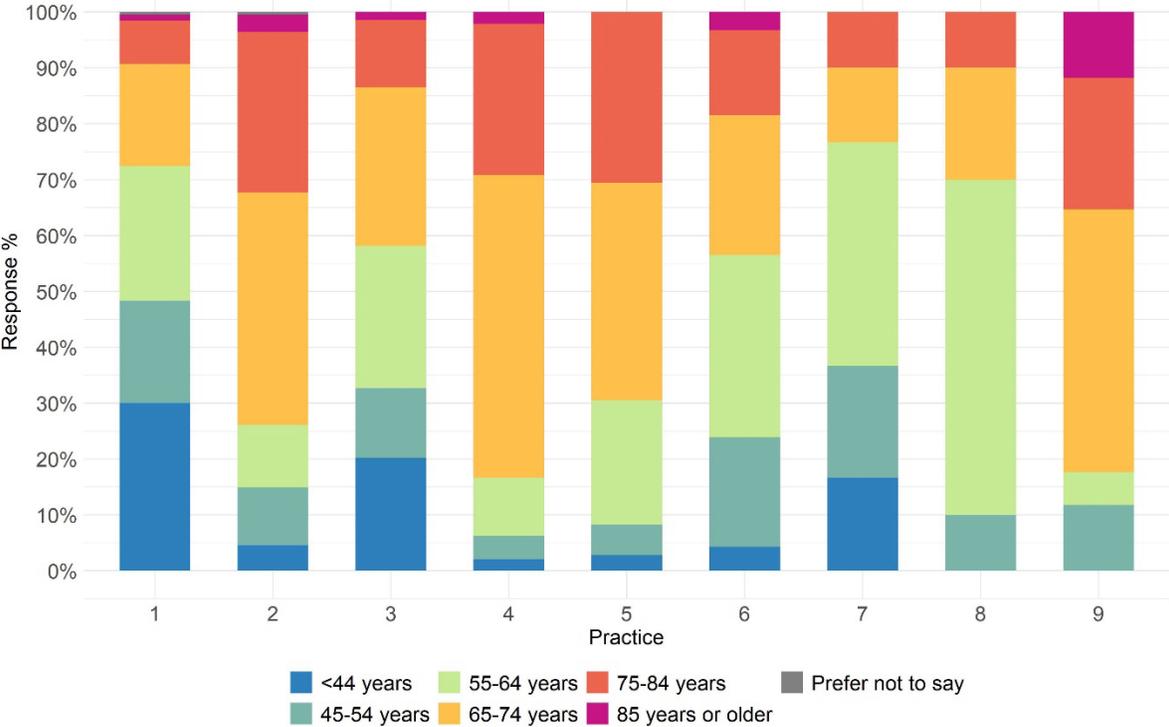
**Figure 1. Survey response rates.**



**II. Participant Characteristics - Demographic Questions:**

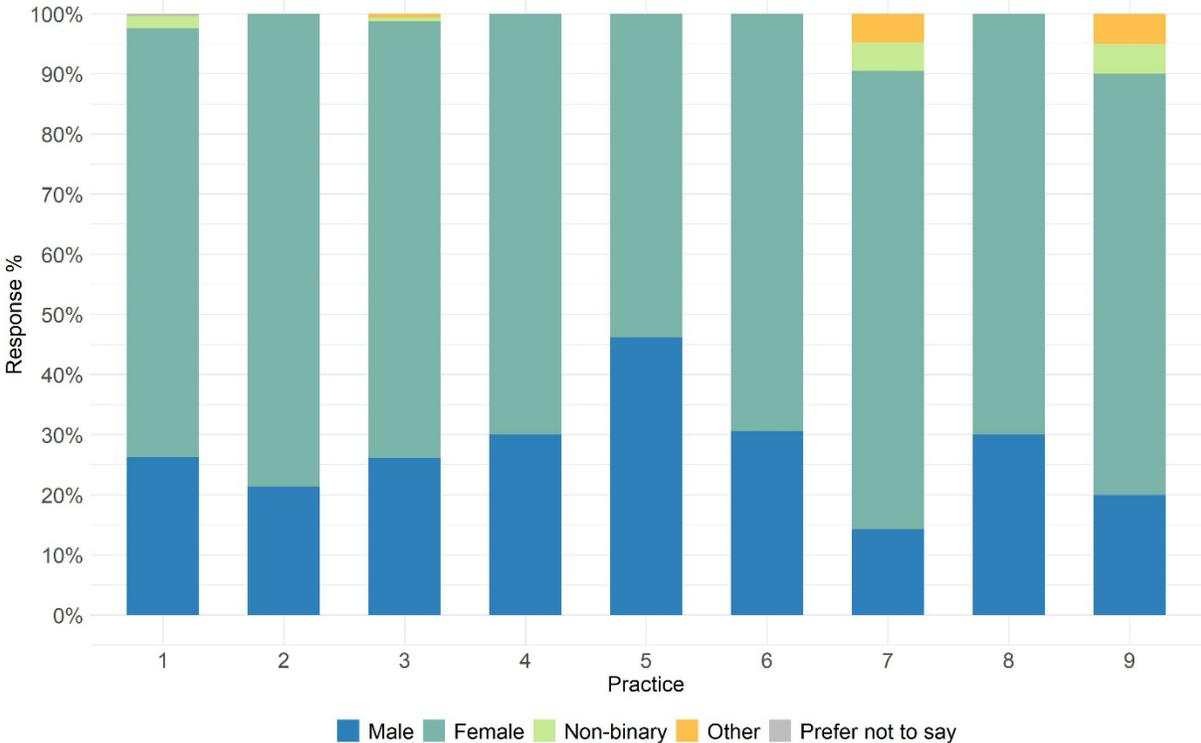
Across all practices, the majority of respondents were under the age of 65 (54.6%). Practices #2, 4, 5 and 9 had relatively older respondent demographics compared to the other practices.

**Figure 2. Age distribution of respondents from each practice.**



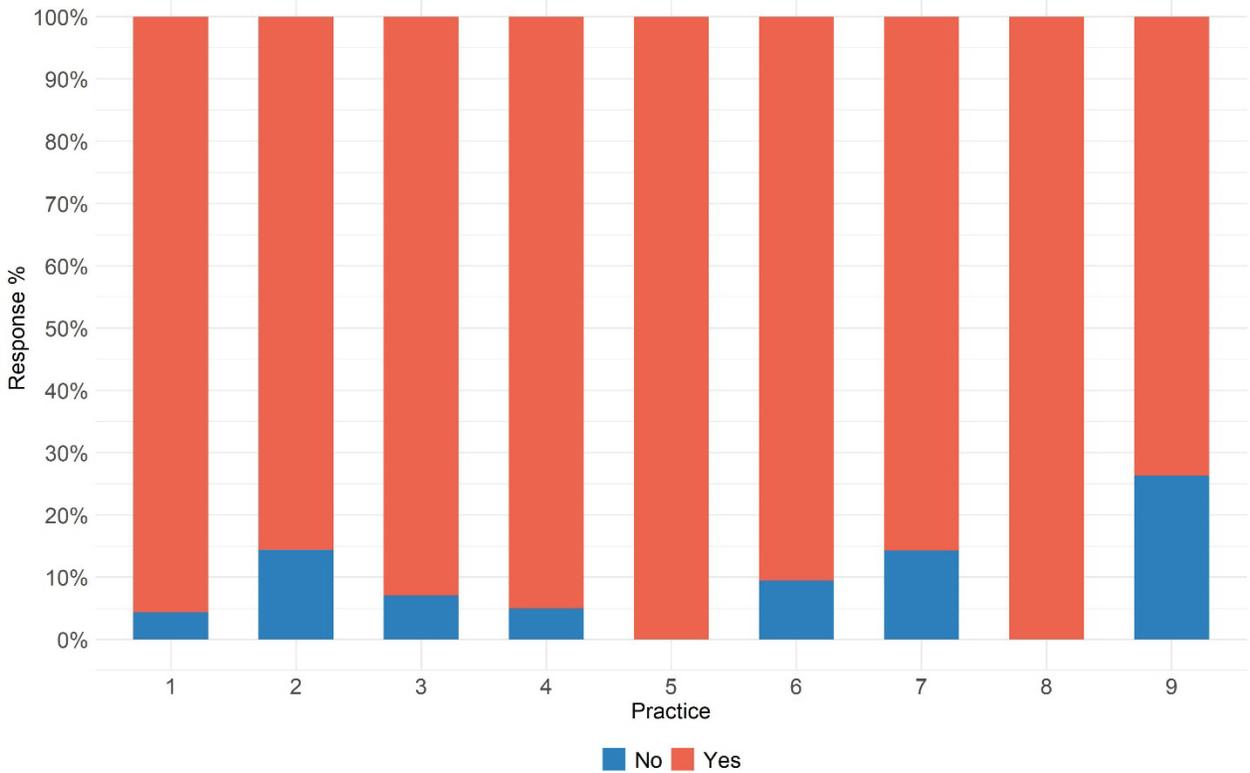
Overall, most respondents identified as female (72.1%). Practice #5 had the highest proportion of respondents who identified as male (46.2%).

**Figure 3. Distribution of respondents' sex assigned at birth for each practice.**



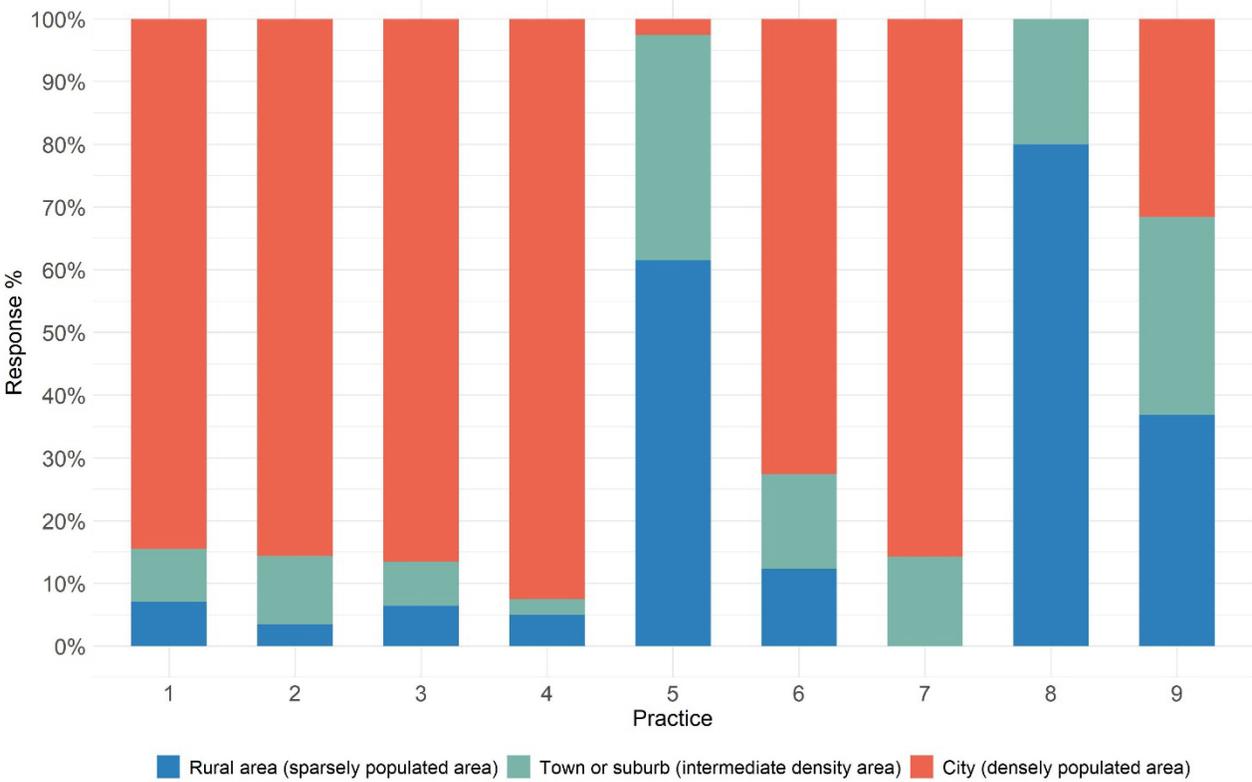
Across all practices, the majority of respondents reported being born in Canada (92.1%). Practices #5 and #8 had no respondents who reported being born outside of Canada.

**Figure 4. Percentage of respondents born in Canada for all practices.**



Most respondents reported living in a city (78.4%). Practices #5 and #8 had a high percentage of respondents who live in a rural area (61.5% and 80.0%, respectively).

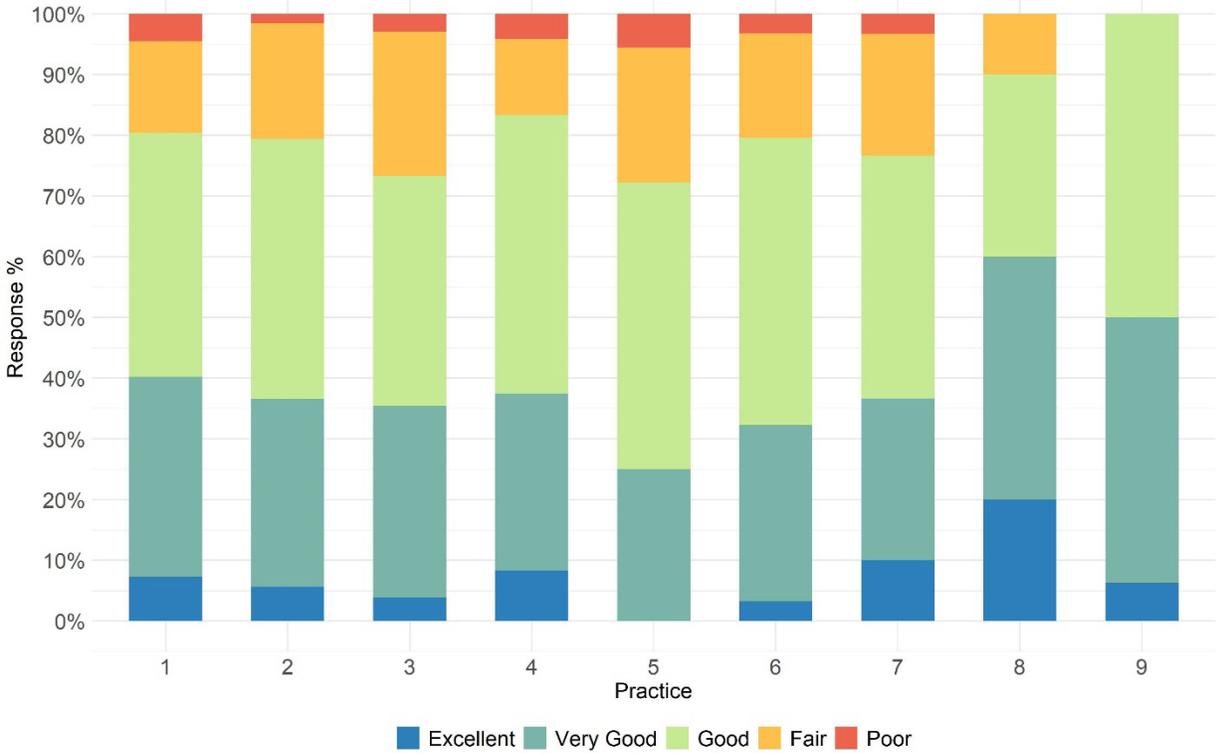
**Figure 5. Distribution of the population density of where respondents reside for all practices.**



### III. Patient Reported Outcome Measures (PROMs): Physical, Mental/Emotional and Social Health Status

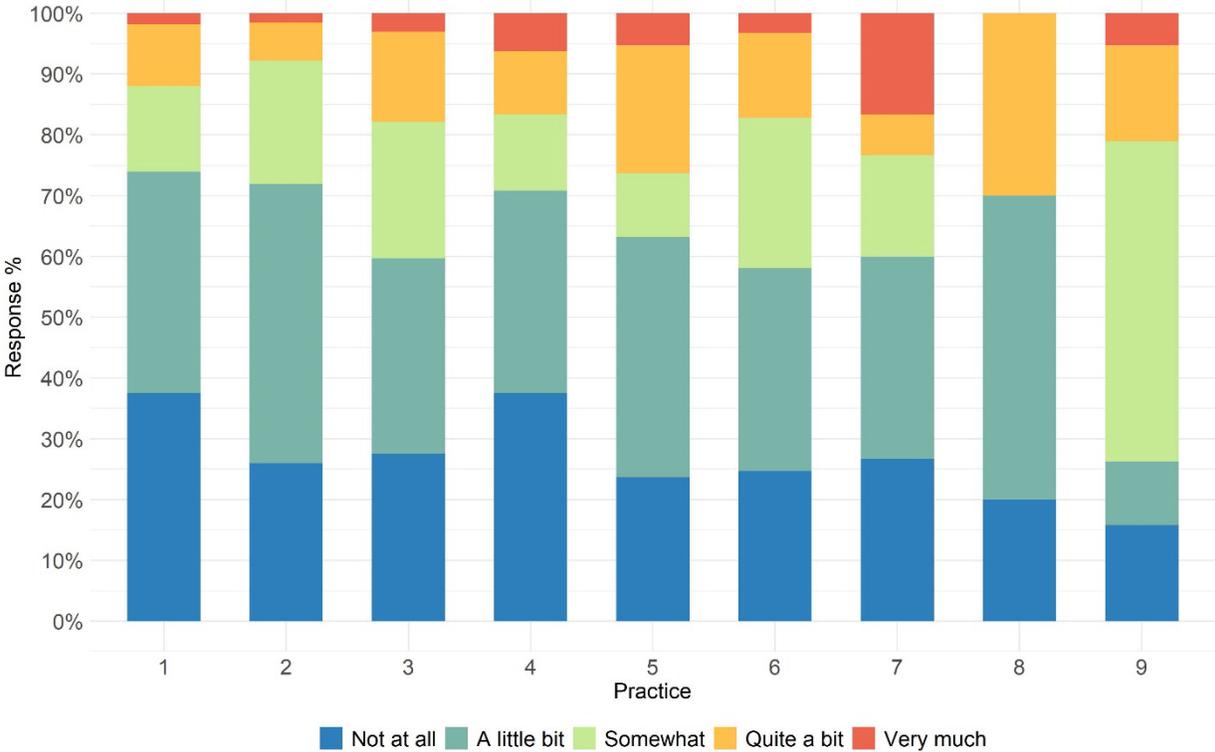
Patients were asked how they would rate, in general, their physical health. The majority of respondents rated their physical health as either good, very good, or excellent (78.8%). Across all practices, a small percentage of respondents rated their physical health as poor (3.4%).

**Figure 6. Distribution of the general state of respondents' self-reported physical health.**



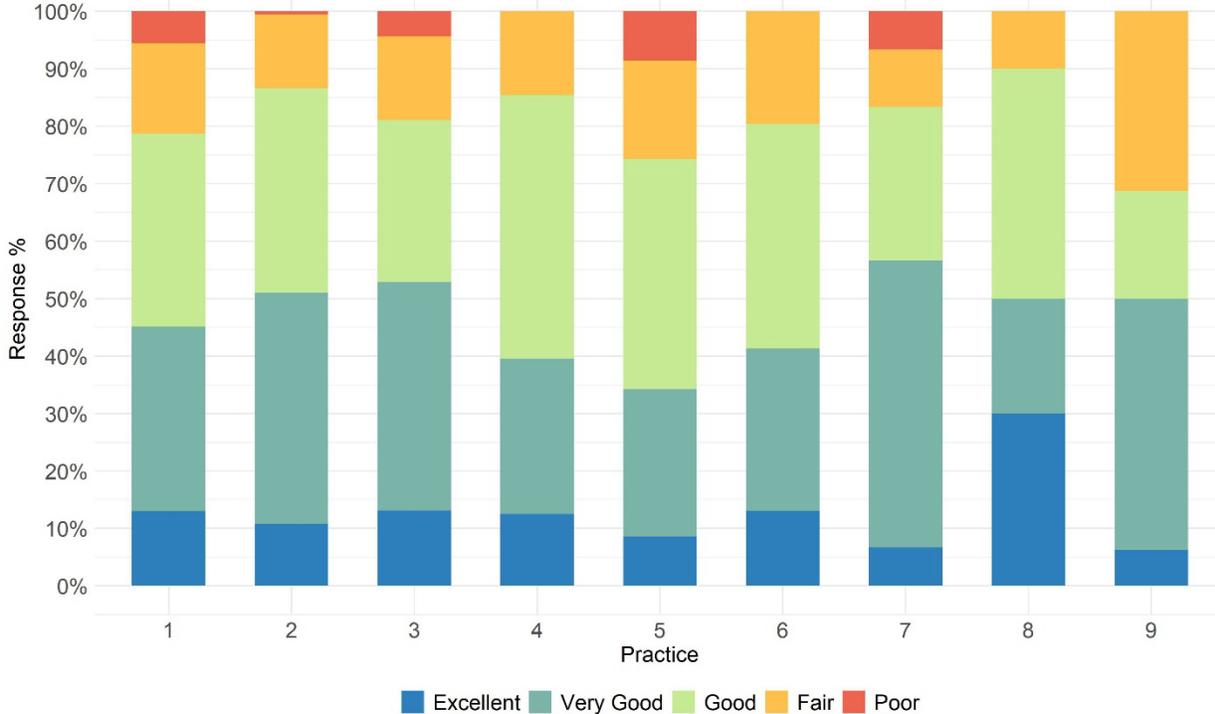
Most respondents reported that pain interfered with their day-to-day activities “not at all” or “a little bit” in the 7 days preceding the survey (67.4%). Across all practices, there is a considerable percentage of respondents who reported that pain interfered with day-to-day activities “very much” or “quite a bit” in the past 7 days (14.3%).

**Figure 7. Distribution of the extent to which pain interfered with respondents' day-to-day activities in the 7 days preceding the survey.**



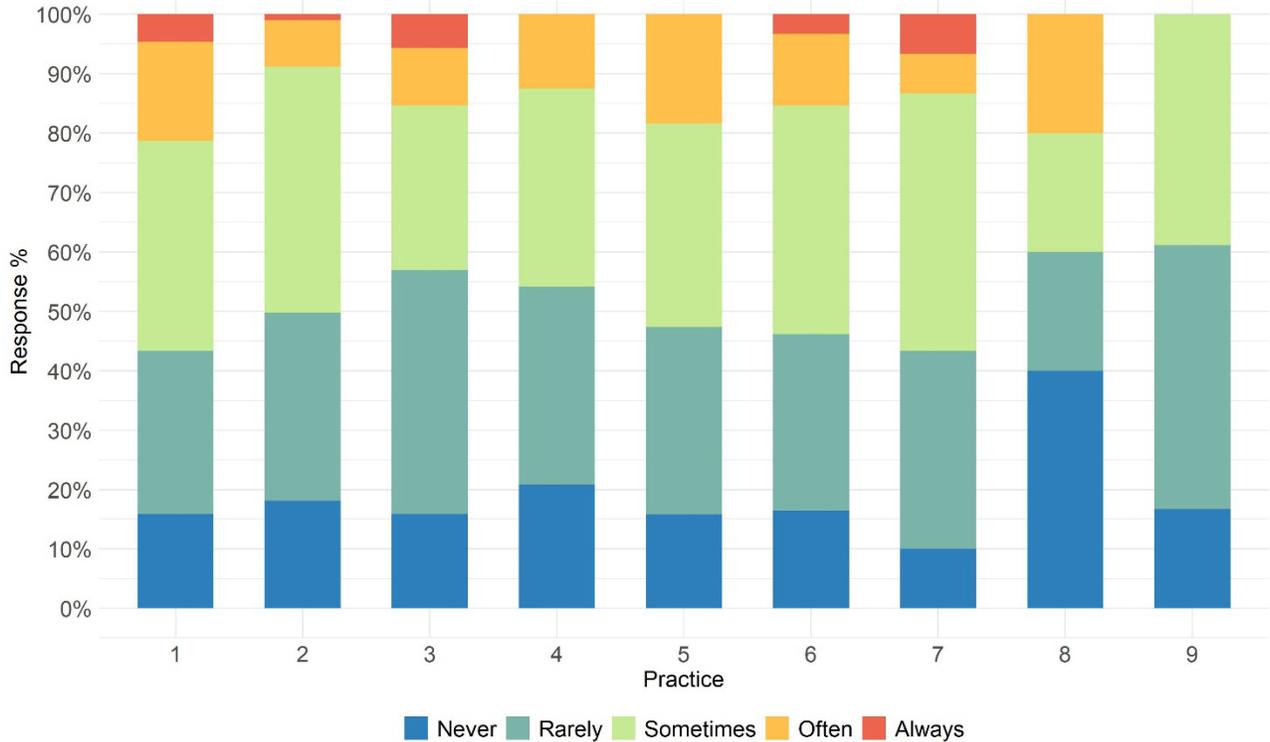
Patients were asked how they would rate, in general, their mental health. The majority of respondents rated their mental health as either good, very good, or excellent (81.1%).

**Figure 8. Distribution of the general state of respondents' self-reported mental health.**



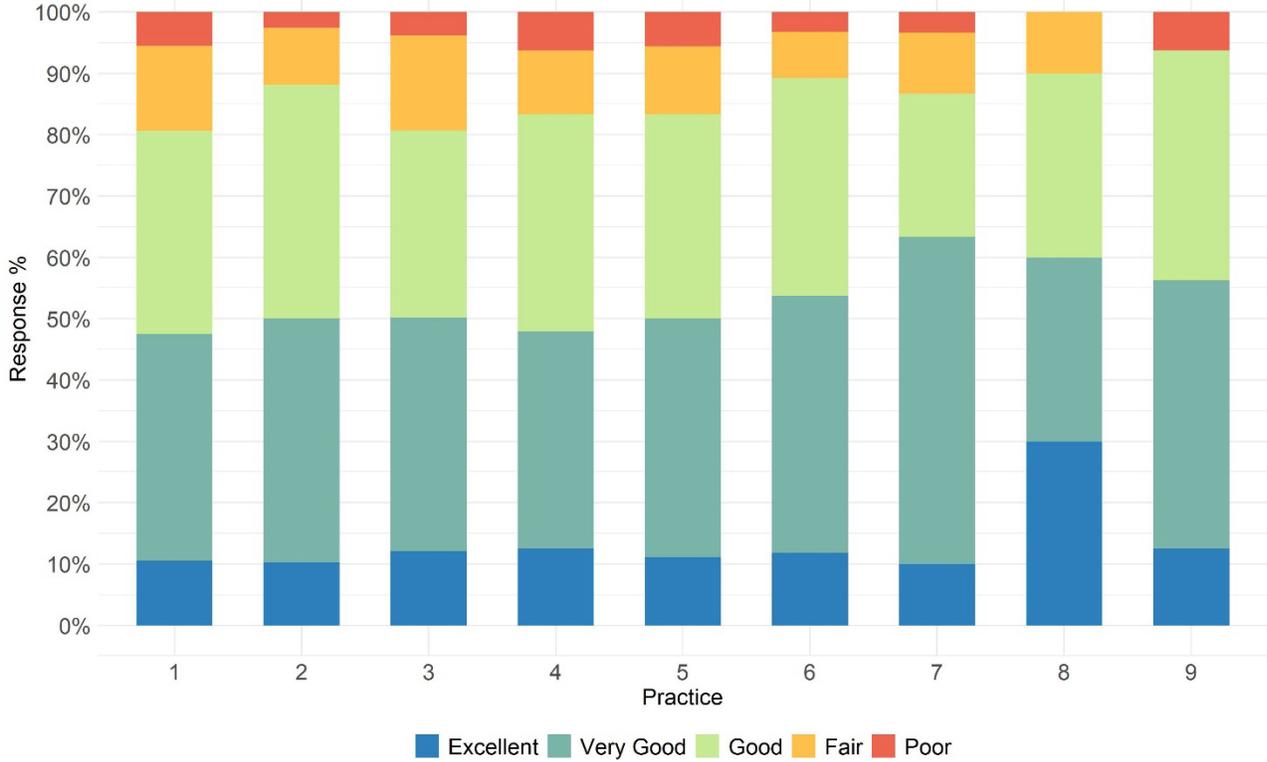
When asked how often they were bothered by emotional problems in the 7 days prior to taking the survey, the most common response was that respondents sometimes felt bothered by emotional problems (35.3%). Rarely was the second most common response (31.9%). Practice #9 had no respondents who reported that they were often or always bothered.

**Figure 9. Distribution of the frequency of which respondents were bothered by emotional problems in the 7 days preceding the survey.**



Patients were asked how they would rate, in general, their satisfaction with their social activities and relationships. Most respondents rated their satisfaction with their social activities and relationships as good (33.6%) or very good (38.7%). Respondents from Practice #8 reported the highest satisfaction with their social activities and relationships with only 10% of respondents reporting fair satisfaction.

**Figure 10. Respondents' satisfaction with their social activities and relationships.**

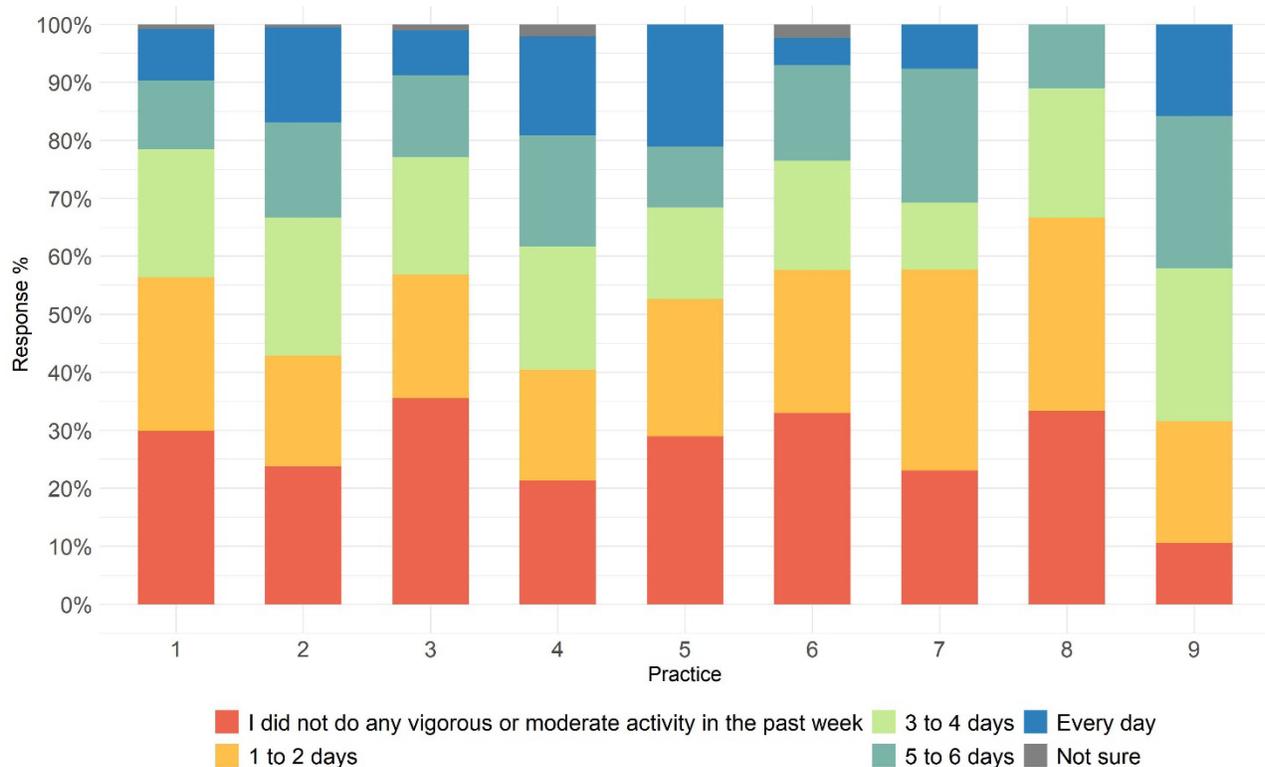


#### IV. Health Behaviours

The PaRIS survey asked patients to identify the extent to which they participated in health behaviours. For those patients who were less active in health-promoting behaviours or partook in harmful activities, they were asked to indicate whether they had discussed these behaviours with their primary care provider. We selected the established health behaviours physical activity, tobacco use and alcohol use.

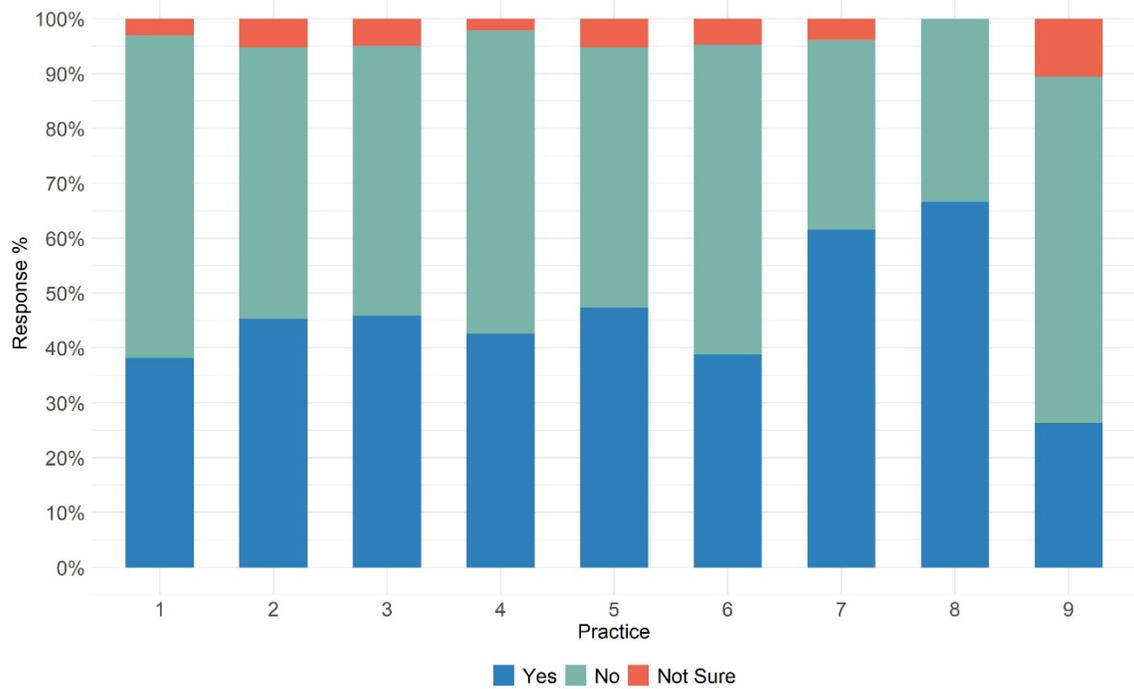
With respect to physical activity, respondents most commonly reported that they did not do any vigorous or moderate activity in the past week (29.0%). Practice #9 had the highest percentage of respondents who reported doing at least 30 minutes of vigorous or moderate activity every day, or close to every day, in the week leading up to the survey (42.1%).

**Figure 11. Distribution of frequency of respondents' physical activity in the week preceding the survey.**



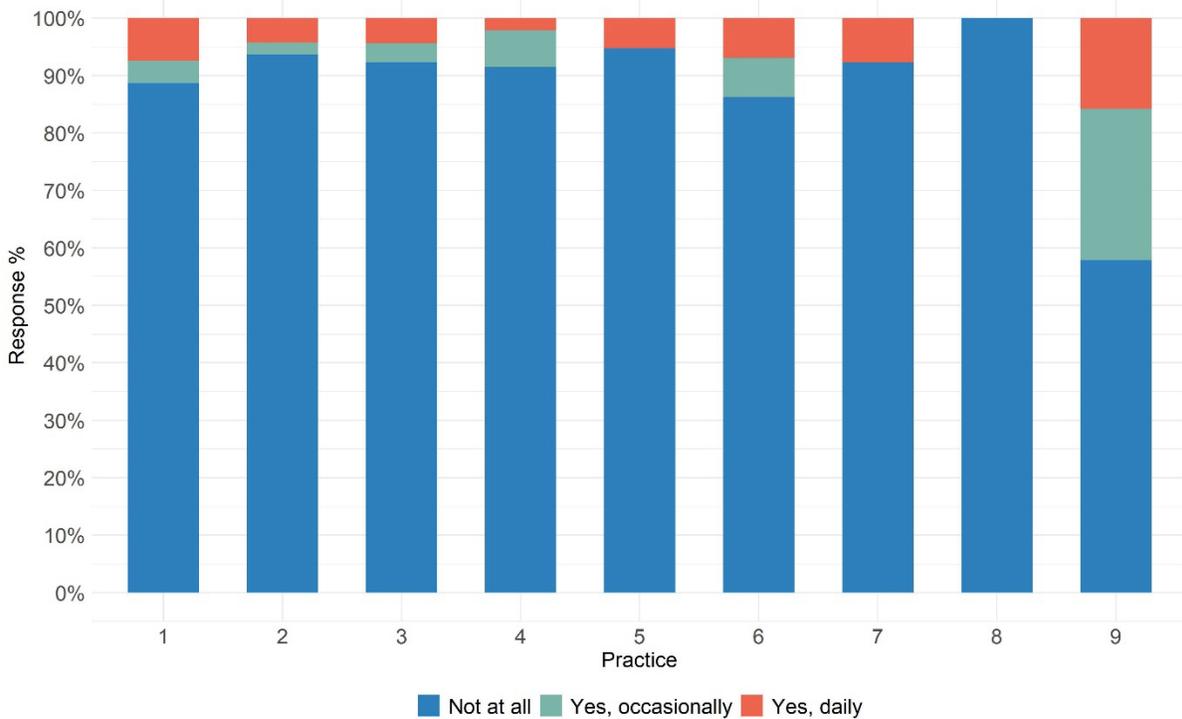
Across all practices, 42.3% of respondents reported that they had spoken to a health professional about their physical activity in the 12 months leading up to the survey. The majority of respondents (53.5%) reported that they had not discussed their physical activity.

**Figure 12. Distribution of respondents who have discussed their physical activity with a health professional in the 12 months preceding the survey.**



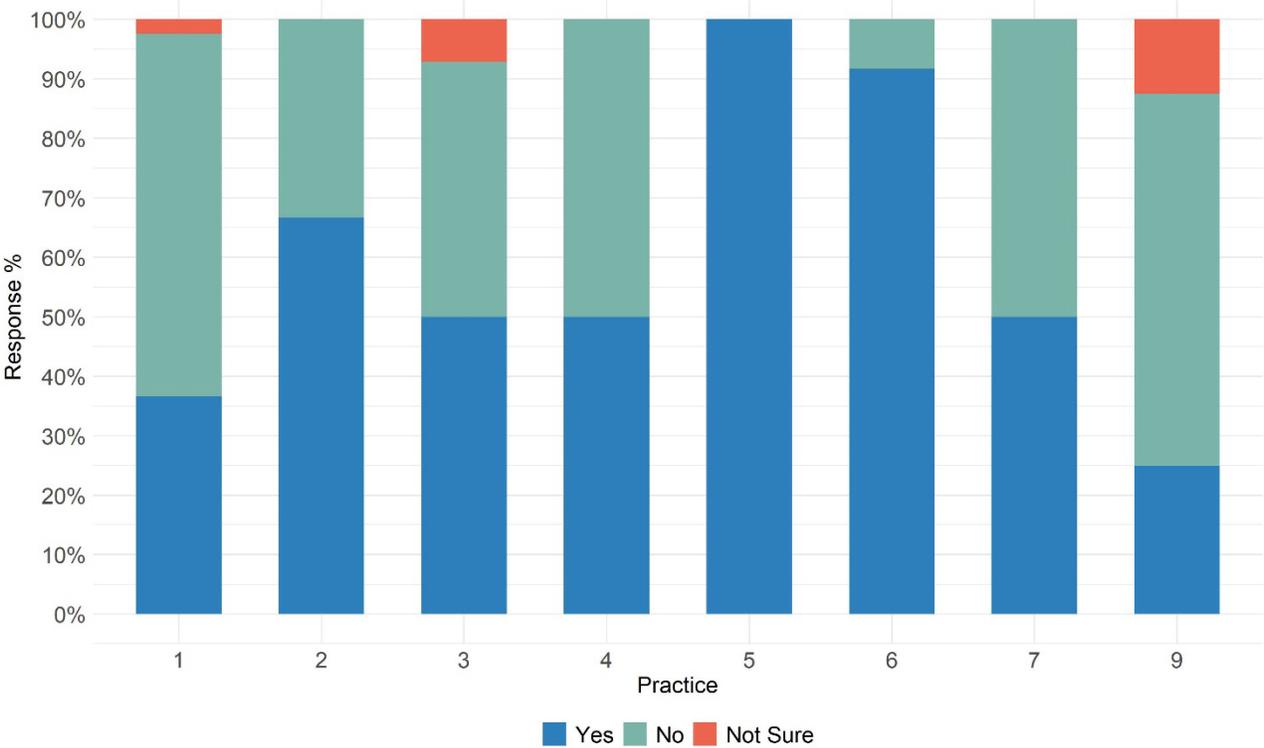
Respondents most commonly reported that they do not smoke tobacco products at all (excluding electronic cigarettes or similar electronic devices). Across all practices, the percentage of respondents who reported to not smoke at all was 90.1%. Practice #9 had the highest percentage of patients who reported that they smoke occasionally (26.3%) or daily (15.8%).

**Figure 13. Distribution of frequency of respondents' tobacco use.**



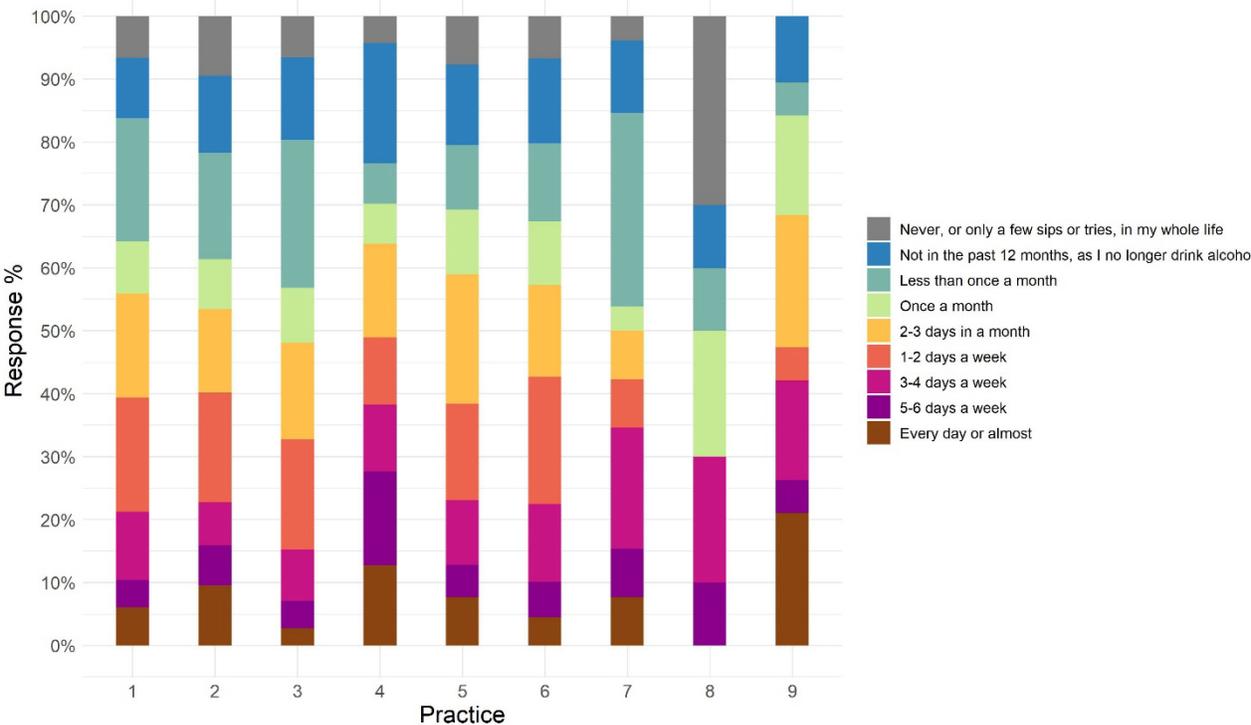
Patients who reported smoking daily or occasionally were asked if a health professional talked with them about the health risks of smoking in the past 12 months. Accordingly, only 9.1% of those who took the survey responded to this question. Among those who responded, 50.5% reported that a health professional had talked to them about the health risks of smoking or tobacco use.

**Figure 14. Distribution of respondents who discussed smoking or tobacco use with a health professional in the year preceding the survey.**



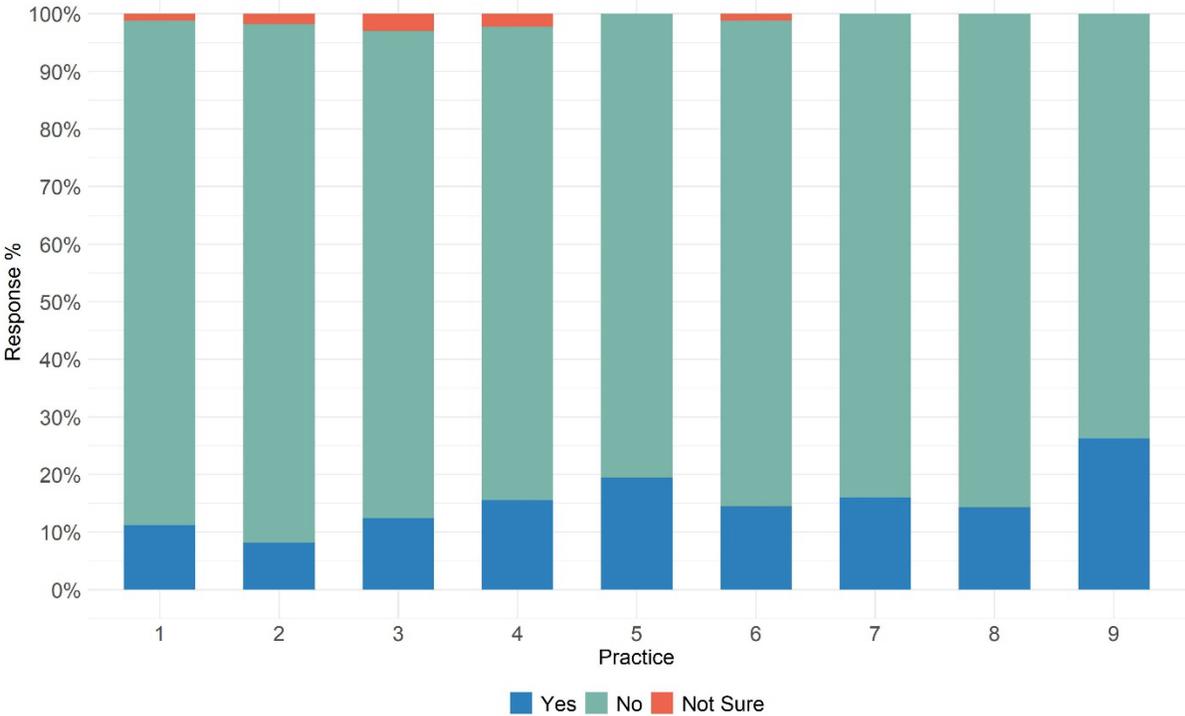
Alcohol use was more common and frequent than smoking. Overall, respondents most commonly reported that they drink 1-2 days per week (16.9%). Practice #8 had 40% of their respondents report that they never have or no longer drink alcohol and 50% report drinking once a month or less. Over 45% of respondents from the other practices all reported drinking 2-3 days in a month or more. Practice #9 had 26.4% of respondents reporting that they have an alcoholic drink daily or almost daily (5+ days a week).

**Figure 15. Distribution of frequency of respondents' alcohol use in the year preceding the survey.**



Patients who reported using alcohol in the past 12 months were asked whether they had discussed alcohol use with a healthcare professional in the year preceding the survey. Among those who were asked, the majority of patients at every practice reported that a health professional had not talked with them about alcohol use in the last year.

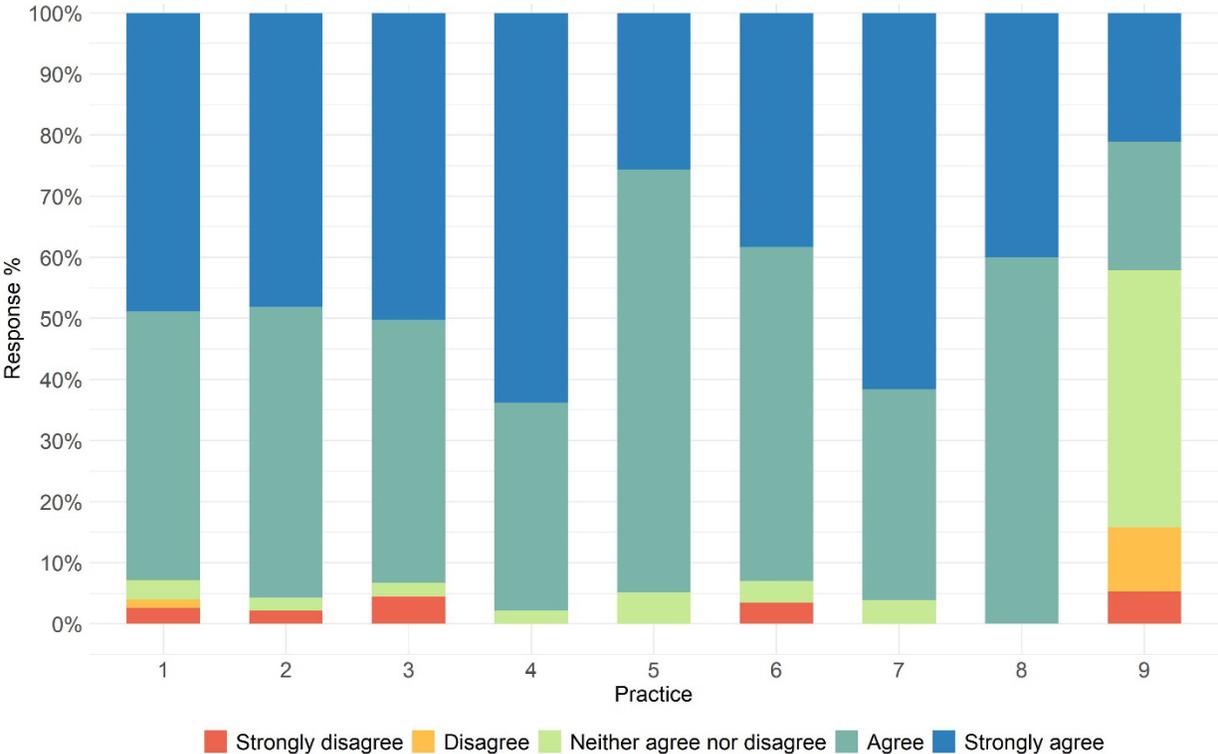
**Figure 16. Distribution of respondents who discussed alcohol use with a health professional in the year preceding the survey.**



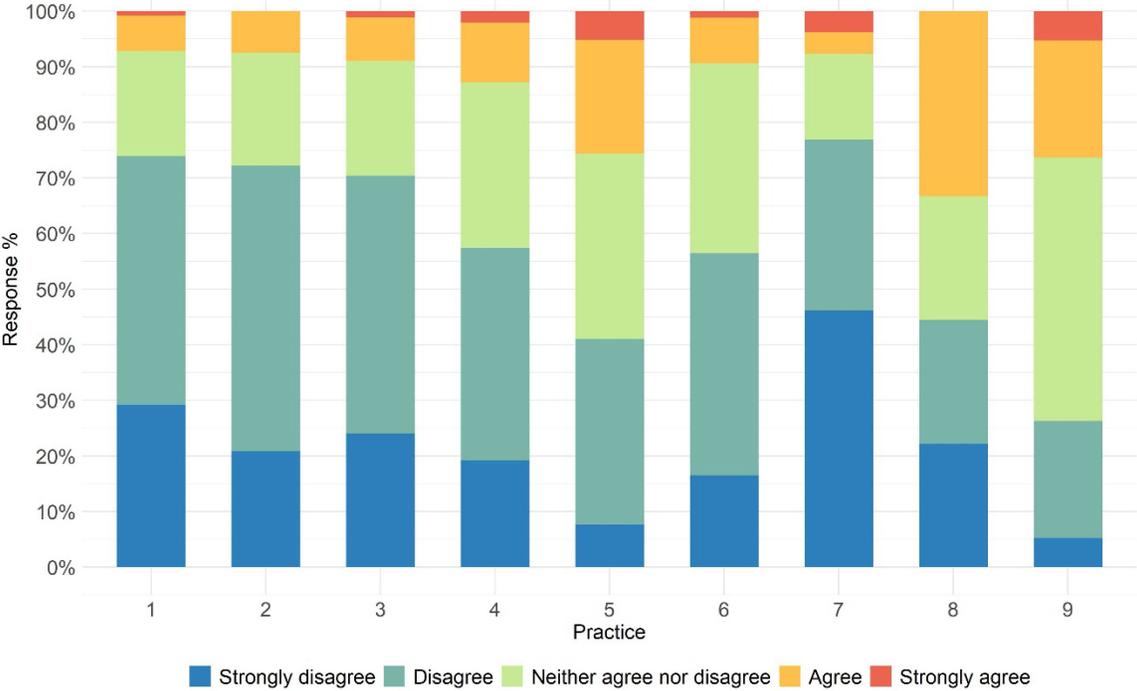
### V. Managing Health and Health care

Patient self-management is an essential aspect of health which requires patient interest and knowledge. Patients were asked whether it was important for them to be informed about health issues, and overall, 93% of respondents either agreed (45.5%) or strongly agreed (47.5%) (Figure 17). They were also asked whether they have difficulty understanding the health information that they read. The most common response was that respondents disagreed that they have difficulty understanding a lot of health information they read (44%) or strongly disagreed (23.9%) (Figure 18).

**Figure 17. The extent to which respondents agree or not that it is important they are informed about health issues.**

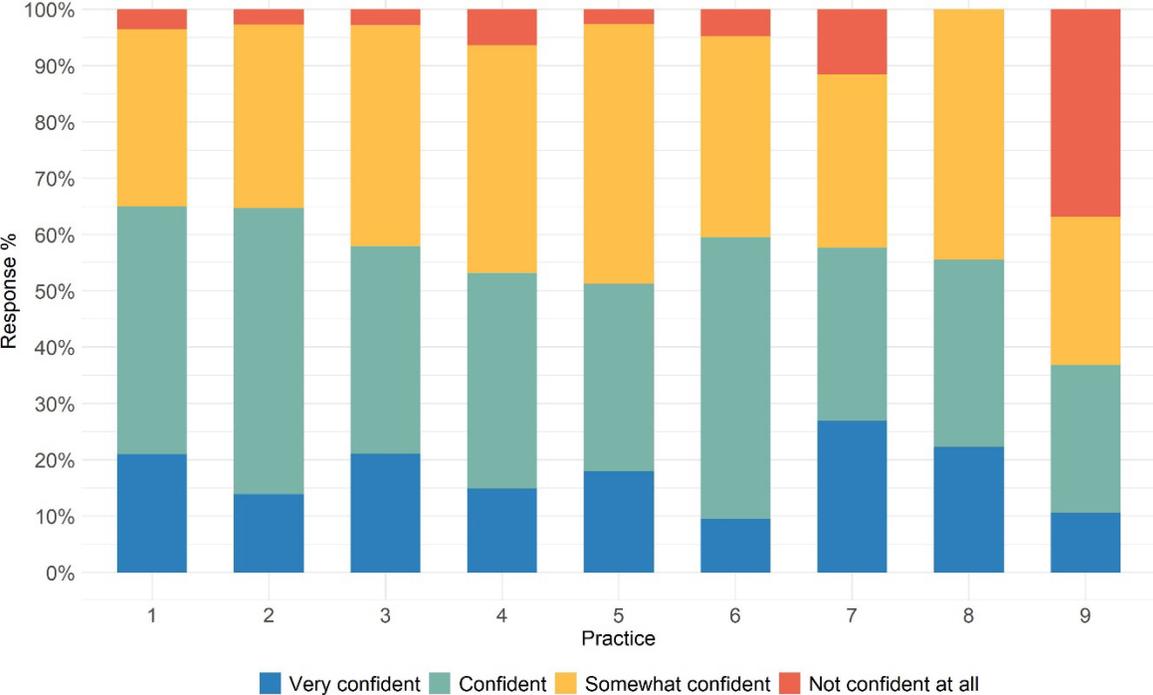


**Figure 18. The extent to which respondents agree or not that they have difficulty understanding the health information they read.**



Patients were asked how confident they were about their ability to manage their own health and wellbeing. Respondents most frequently reported that they are either confident (43%) or somewhat confident (34.6%) that they can manage their own health or wellbeing. Practice #9 had the highest percentage of respondents report that they were not confident at all that they could manage their own health and wellbeing (36.8%).

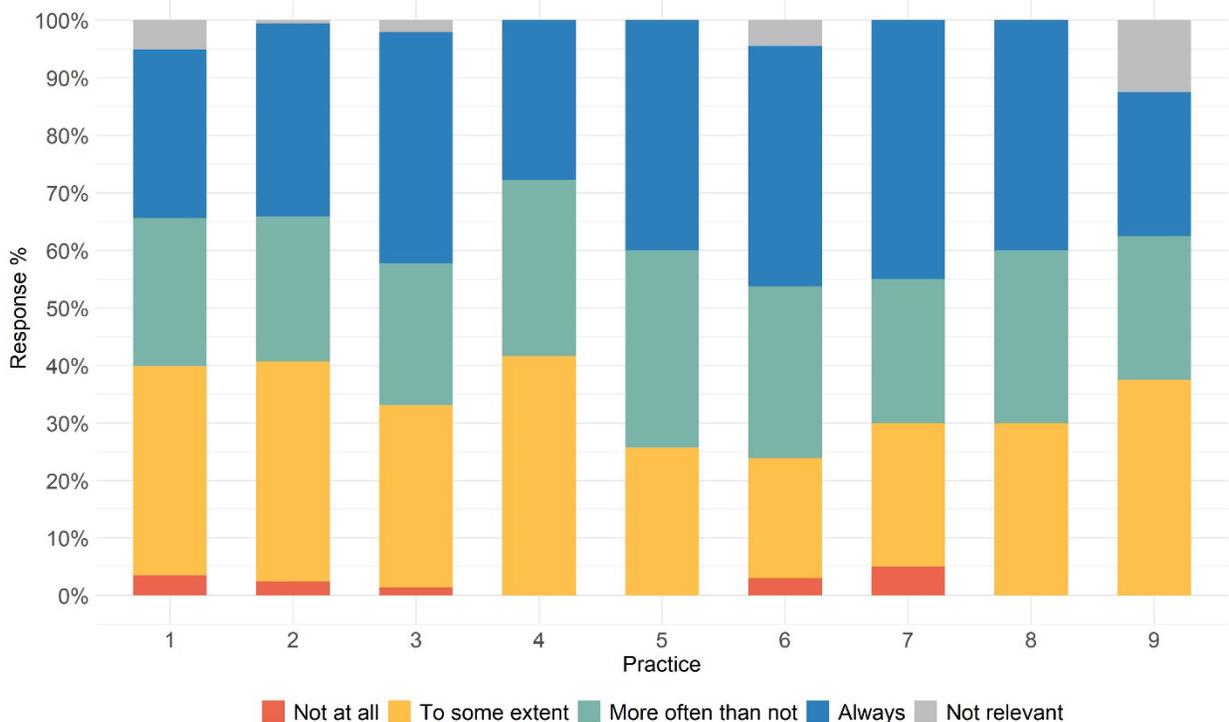
**Figure 19. Respondents’ self-reported confidence in their ability to manage their own health and wellbeing.**



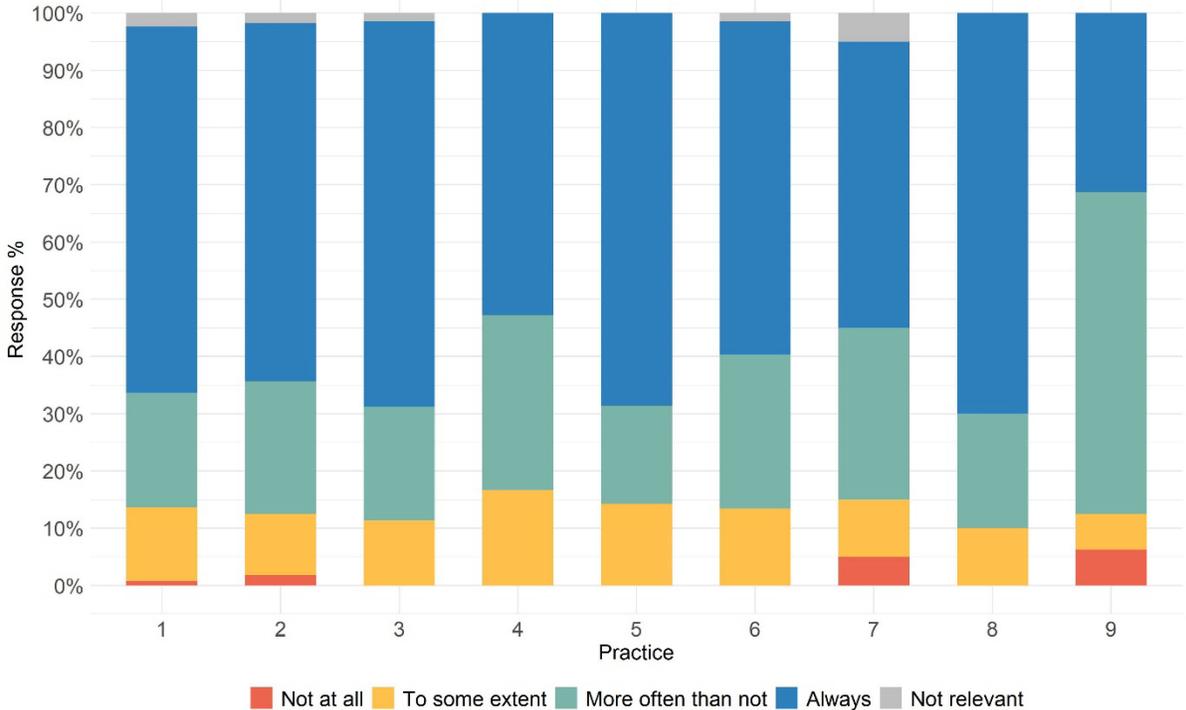
### VI. Patient Reported Experience (PREM): Involvement in Decision Making

Patients were asked about their involvement in the decision-making surrounding their own health care. Respondents most frequently reported that they to some extent (34.0%) or always (34.3%) discuss with the health professionals involved in their care what is most important for them in managing their own health and wellbeing (Figure 20). They also most frequently reported that they are always involved as much as they want to be in decisions about their care (62.5%) (Figure 21).

**Figure 20. Distribution of respondents who discussed what is most important to managing their own health and wellbeing with the healthcare professionals involved in their care.**

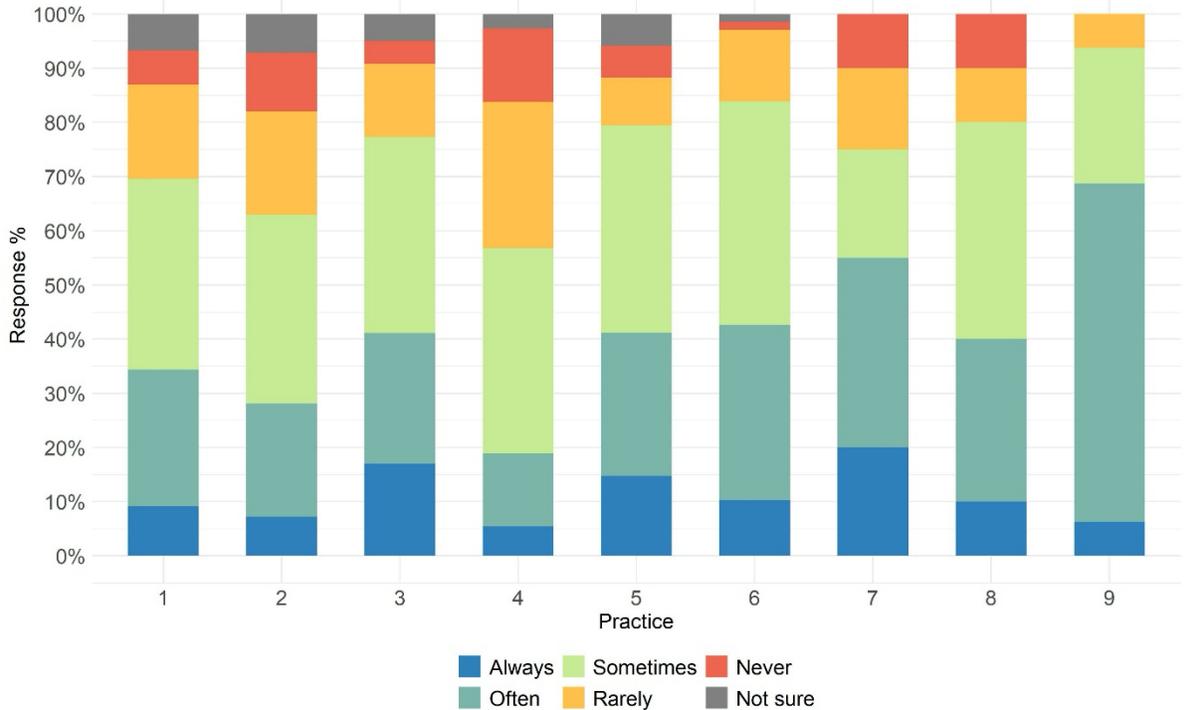


**Figure 21. The extent to which patients are involved as much as they would like to be in decisions surrounding their own care.**



Patients were asked how often a healthcare professional speaks with them about their specific health goals. The most frequently reported response was that someone at their primary care centre sometimes (35.5%) talks to them about specific goals for their health. The second most common response was often (25.3%).

**Figure 22. Frequency with which providers spoke with respondents about respondent’s health goals.**

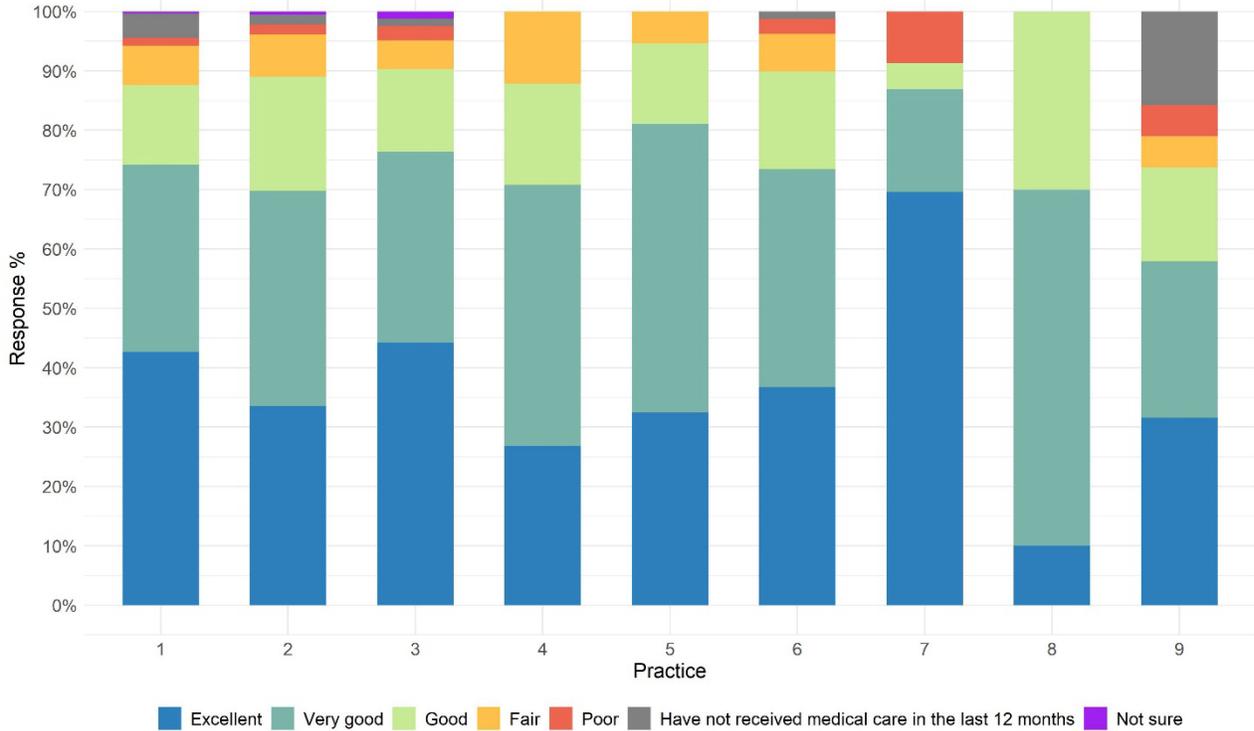


**VII. Patient Reported Experience (PREM): Overall Experience of Health Care**

There are many questions in the PaRIS survey that relate to patient experience of care. We have selected here questions regarding overall experience with their primary care clinic, overall experience with the organization of their healthcare including care outside of the primary care clinic, access to care in the primary care clinic and safety.

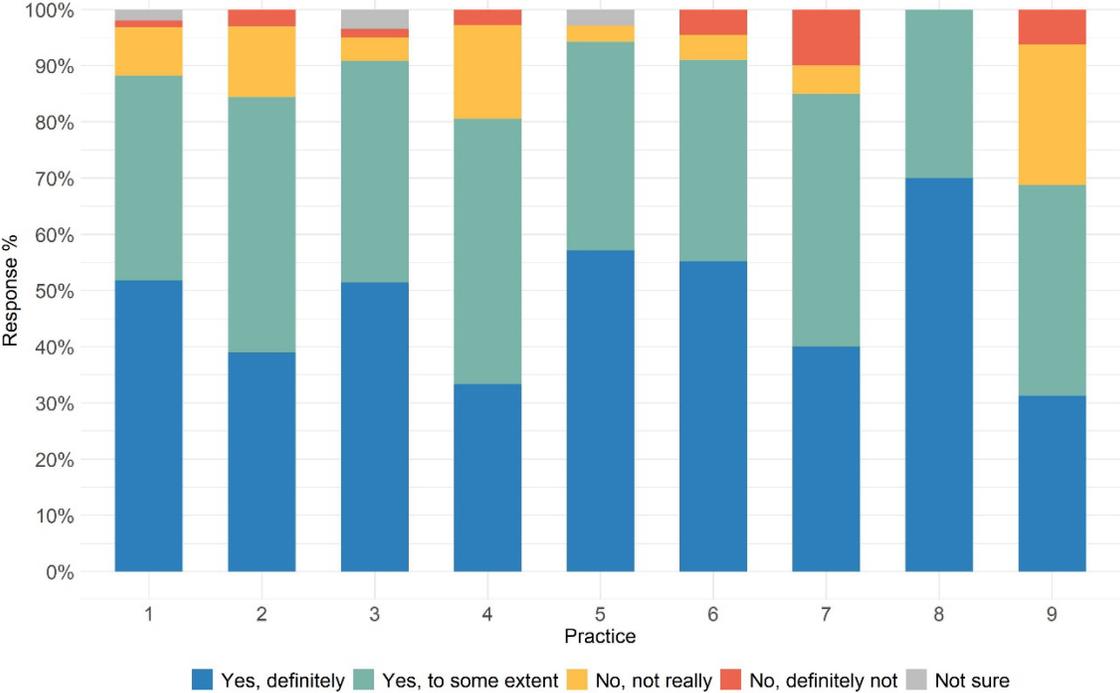
Respondents most frequently reported that overall, they rated their medical care that they received in the past 12 months from their primary care clinic, as excellent (39.4%). Across all practices, the majority of patients (70% or more) rated the medical care they have received as excellent, very good or good.

**Figure 23. Overall rating of medical care that respondents received in the past 12 months.**



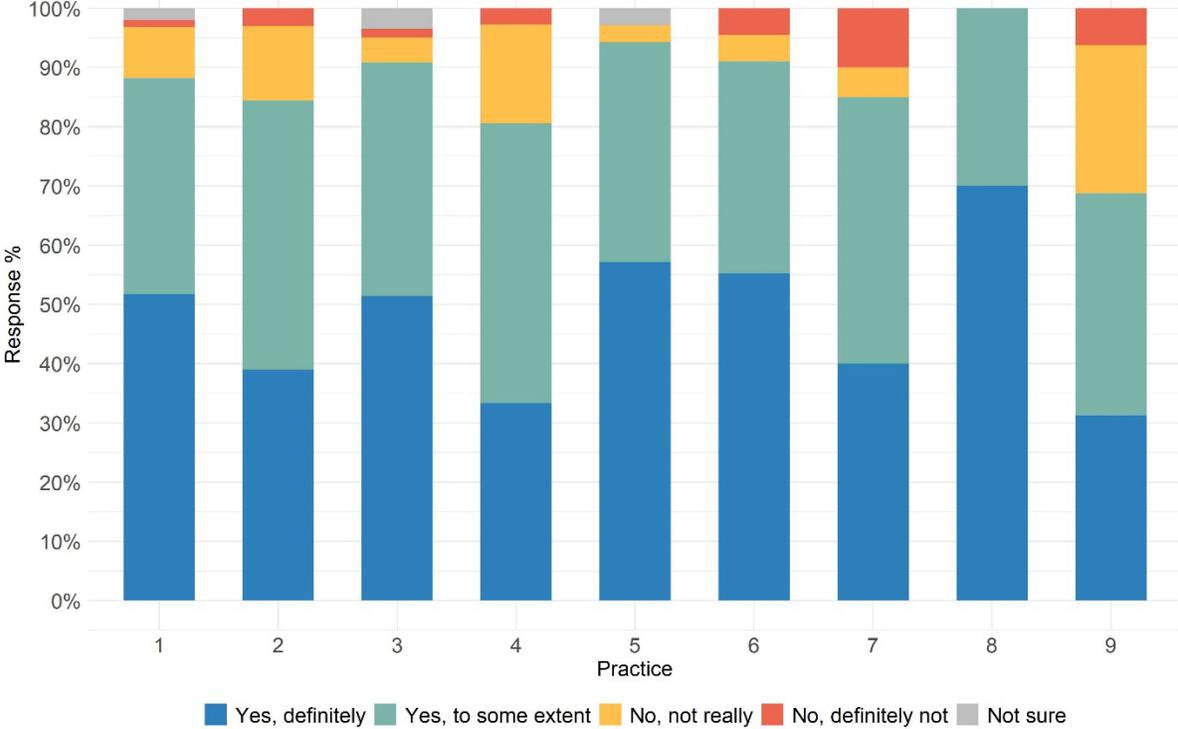
When asked whether their healthcare was organized in a way that works for them, the majority of respondents reported “yes, definitely” (48%). The second most common response was that health care was organized to some extent in a way that works for them (39.7%). Practice #9 had the highest percentage of respondents that reported the healthcare was not organized in a way that worked for them (31.2%).

**Figure 24. The extent to which healthcare was organized in a way that worked for the respondents.**



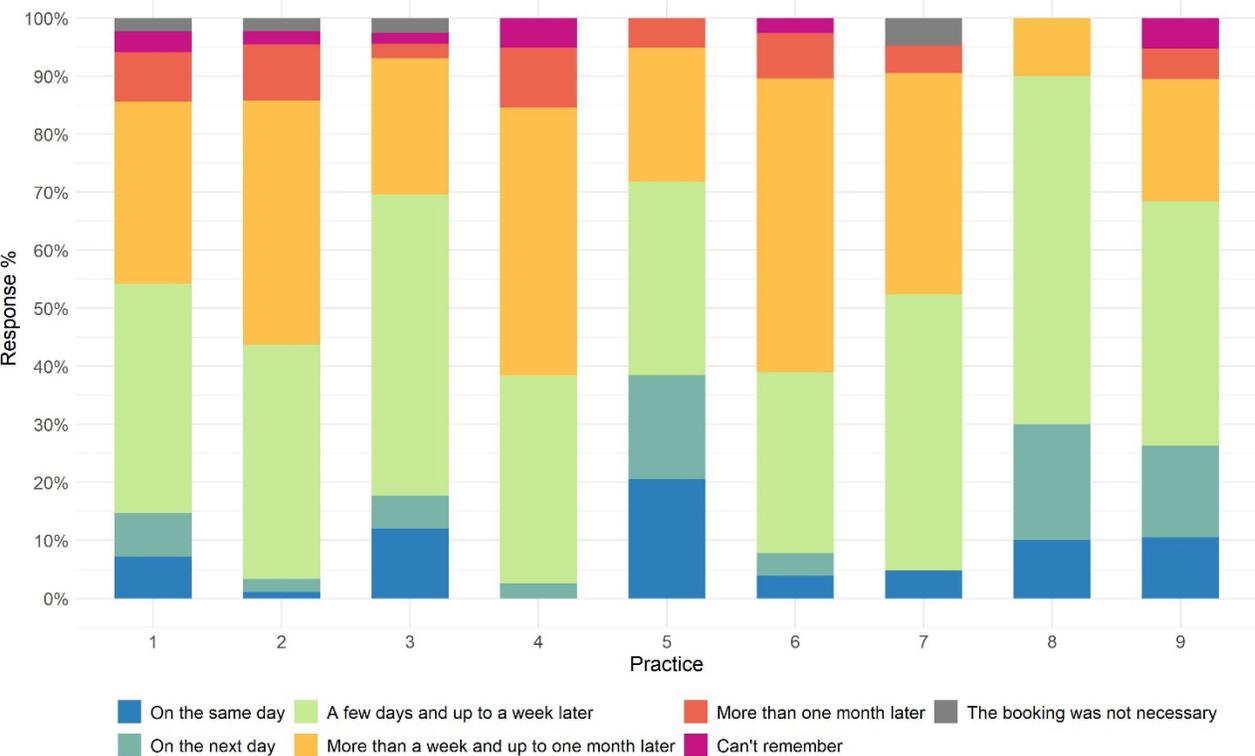
Patients were asked whether they believed they had any safety-related problems in their primary care centres. Respondents most frequently reported that they never believed they had a safety problem (54.8%). Practices #8 and #9 had relatively high proportions of respondents who reported often or always having safety concerns (22.2% and 26.4%, respectively).

**Figure 25. The frequency with which respondents believed there was a safety problem in their primary care centre.**



Patients were asked about the availability of appointments at their primary care clinic. Most respondents had to wait a few days to a week for an appointment (41.3%) or more than a week and up to one month later (33.8%).

**Figure 26. Availability of appointments.**



## Summary

The PaRIS surveys represent an important new international initiative in collecting and reporting on patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) in primary care. The undertaking of this project by the OECD supports the international movement toward triple aim measurement of health system performance. It also represents the largest initiative to enable international comparisons of health system performance on PROM and PREM measures. By working through primary care practices, this survey can be more representative of population health than other surveys (e.g., those focused on hospitalized patients). Although present data may not be representative of all practices in Saskatchewan, the number of participating practices and number of responses support the validity of these data. Comparable implementation across all practices participating in this survey supports the use of these data for comparative purposes across the participating practices. In the future, international data from this study will become available to support comparisons.

Across all practices most respondents were under the age of 65, identified as female, were born in Canada and lived in cities.

While most respondents reported good, very good or excellent health, there were a substantial percentage of respondents (~20%) who reported poor or fair health. While mental, emotional and social health status was generally better, there were still practices with substantial challenges in these domains.

More than 30% of respondents in all practices reported no more than two days of physical activity in the week leading up to their survey response. Smoking rates were generally low, notably Practice #8 had no respondents report that they smoked. The majority of patients who reported challenges related to health behaviours, reported that they discussed these topics with their primary care health professional, except in the case of alcohol use.

In general, there is room to increase the proportion of patients who felt they were as involved as they wished to be in decisions about their care and in discussing specific goals for their health.

The majority of respondents reported that their primary care clinic provided excellent or very good care, that their care was organized in a way that worked well and that they rarely or never had safety concerns. Still there are opportunities to improve in these areas. In most practices, a small proportion of respondents reported accessing an appointment on the same or next day, with a significant proportion reporting waiting more than one week for an appointment. It is hoped that these results will be useful to primary care practices participating in this survey to understand their patients' needs and hopefully identify some opportunities to target improvements.

## Appendix A. Supplementary Tables on Patient Characteristics

The following tables illustrate the percentage of patients from each practice who report having specific health conditions; the number of conditions that each patient reported, and the number of medications that they are prescribed.

**Table 1. Have you ever been told by a doctor that you have any of the following health conditions?**

	1 (N=399)	2 (N=195)	3 (N=208)	4 (N=48)	5 (N=39)	6 (N=95)	7 (N=30)	8 (N=10)	9 (N=20)
<b>High blood pressure</b>	106 (26.6%)	82 (42.1%)	78 (37.5%)	21 (43.8%)	29 (74.4%)	40 (42.1%)	12 (40.0%)	7 (70.0%)	6 (30.0%)
<b>Cardiovascular or heart condition</b>	35 (8.8%)	40 (20.5%)	30 (14.4%)	12 (25.0%)	9 (23.1%)	13 (13.7%)	5 (16.7%)	1 (10.0%)	3 (15.0%)
<b>Diabetes (type 1 or 2)</b>	46 (11.5%)	23 (11.8%)	35 (16.8%)	7 (14.6%)	10 (25.6%)	16 (16.8%)	1 (3.3%)	3 (30.0%)	1 (5.0%)
<b>Arthritis or ongoing problem with back or joints</b>	105 (26.3%)	104 (53.3%)	68 (32.7%)	24 (50.0%)	22 (56.4%)	36 (37.9%)	9 (30.0%)	4 (40.0%)	8 (40.0%)
<b>Breathing condition (e.g., asthma or COPD)</b>	60 (15.0%)	36 (18.5%)	34 (16.3%)	8 (16.7%)	6 (15.4%)	17 (17.9%)	2 (6.7%)	2 (20.0%)	3 (15.0%)
<b>Alzheimer's disease or other cause of dementia</b>	0 (0.0%)	3 (1.5%)	2 (1.0%)	1 (2.1%)	0 (0.0%)	0 (0.0%)	1 (3.3%)	0 (0.0%)	2 (10.0%)
<b>Depression, anxiety or other mental health condition</b>	118 (29.6%)	45 (23.1%)	47 (22.6%)	7 (14.6%)	8 (20.5%)	27 (28.4%)	8 (26.7%)	4 (40.0%)	5 (25.0%)
<b>Neurological condition</b>	31 (7.8%)	6 (3.1%)	9 (4.3%)	2 (4.2%)	3 (7.7%)	6 (6.3%)	4 (13.3%)	0 (0.0%)	2 (10.0%)
<b>Chronic kidney disease</b>	8 (2.0%)	6 (3.1%)	13 (6.2%)	2 (4.2%)	2 (5.1%)	1 (1.1%)	1 (3.3%)	0 (0.0%)	2 (10.0%)
<b>Chronic liver disease</b>	2 (0.5%)	2 (1.0%)	4 (1.9%)	0 (0.0%)	1 (2.6%)	3 (3.2%)	0 (0.0%)	0 (0.0%)	1 (5.0%)
<b>Cancer (diagnosis or treatment in the last 5 years)</b>	30 (7.5%)	17 (8.7%)	17 (8.2%)	7 (14.6%)	0 (0.0%)	11 (11.6%)	2 (6.7%)	1 (10.0%)	2 (10.0%)
<b>Other long-term problem(s)</b>	63 (15.8%)	46 (23.6%)	30 (14.4%)	11 (22.9%)	10 (25.6%)	6 (6.3%)	10 (33.3%)	2 (20.0%)	1 (5.0%)
<b>I have never been told by a doctor that I have any of these problems*</b>	75 (18.8%)	19 (9.7%)	29 (13.9%)	8 (16.7%)	3 (7.7%)	12 (12.6%)	6 (20.0%)	0 (0.0%)	2 (10.0%)

**Table 2. Number of chronic conditions amongst respondents.**

	1 (N=399)	2 (N=195)	3 (N=208)	4 (N=48)	5 (N=39)	6 (N=95)	7 (N=30)	8 (N=10)	9 (N=20)
<b>0 Conditions</b>	143 (35.8%)	27 (13.8%)	67 (32.2%)	10 (20.8%)	3 (7.7%)	27 (28.4%)	11 (36.7%)	0 (0.0%)	2 (10.0%)
<b>1 condition</b>	96 (24.1%)	49 (25.1%)	42 (20.2%)	11 (22.9%)	6 (15.4%)	21 (22.1%)	6 (20.0%)	5 (50.0%)	8 (40.0%)
<b>2-4 conditions</b>	144 (36.1%)	108 (55.4%)	85 (40.9%)	22 (45.8%)	26 (66.7%)	39 (41.1%)	8 (26.7%)	4 (40.0%)	9 (45.0%)
<b>5-7 conditions</b>	16 (4.0%)	11 (5.6%)	14 (6.7%)	5 (10.4%)	3 (7.7%)	8 (8.4%)	5 (16.7%)	1 (10.0%)	1 (5.0%)

**Table 3. Number of different medications as prescribed by a doctor or a nurse taken on a regular or ongoing basis.**

	1 (N=399)	2 (N=195)	3 (N=208)	4 (N=48)	5 (N=39)	6 (N=95)	7 (N=30)	8 (N=10)	9 (N=20)
<b>No medication</b>	30 (12.1%)	16 (9.7%)	11 (7.9%)	2 (5.6%)	1 (2.9%)	4 (6.5%)	0 (0.0%)	0 (0.0%)	1 (6.7%)
<b>1-2 medications</b>	91 (36.7%)	58 (35.2%)	40 (28.6%)	10 (27.8%)	5 (14.7%)	18 (29.0%)	9 (45.0%)	2 (22.2%)	5 (33.3%)
<b>3-4 medications</b>	64 (25.8%)	51 (30.9%)	49 (35.0%)	14 (38.9%)	16 (47.1%)	17 (27.4%)	5 (25.0%)	6 (66.7%)	4 (26.7%)
<b>5-9 medications</b>	57 (23.0%)	35 (21.2%)	33 (23.6%)	9 (25.0%)	10 (29.4%)	22 (35.5%)	4 (20.0%)	0 (0.0%)	4 (26.7%)
<b>10 or more medications</b>	6 (2.4%)	5 (3.0%)	7 (5.0%)	1 (2.8%)	2 (5.9%)	1 (1.6%)	2 (10.0%)	1 (11.1%)	1 (6.7%)