

# PaRIS Primary Care Practice Questionnaire (PaRIS-PCPQ)





# OECD PaRIS Primary Care Practice Questionnaire (PaRIS-PCPQ)

Version for scripting online survey 2024

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#### **Background**

The OECD's Patient-Reported Indicator Surveys (PaRIS) initiative aims to evaluate healthcare outcomes and patient experiences internationally, focusing on primary care performance. The primary tool utilised in this initiative is a questionnaire designed to assess the experiences and outcomes among individuals aged 45 years and older who are treated in primary care. To provide additional context and insights into patient-reported experiences and outcomes, a complementary questionnaire called the Primary Care Practice Questionnaire (PaRIS-PCPQ) is employed. This questionnaire specifically assesses practice characteristics and characteristics of care delivered, with particular emphasis on care for chronic conditions.

The PaRIS-PCPQ was developed based on the PaRIS conceptual framework following a rigorous process of literature review, a modified Delphi process and stakeholder involvement. The questionnaire was translated into the languages of participating countries, subjected to cross-national cognitive testing and pilot-tested in a field trial.

This document comprises the English source version of the PaRIS-PCPQ for scripting an online survey, which was utilised for data collection between 2022 and 2023. Additionally, it provides the sources for the items incorporated into the PaRIS-PCPQ.

The <u>PaRIS Initiative</u> (Patient-Reported Indicator Surveys) of the OECD aims to develop and implement internationally comparable patient-reported indicators, more specifically patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).

The OECD developed the PaRIS survey instruments with an international consortium of Nivel, Ipsos, University of Exeter, Optimedis AG and Avedis Donabedian Research Institute.

#### **OECD PaRIS-PCPQ for scripting**

**Note to the reader:** The questionnaire for PC providers was administered online only. Accordingly, the questionnaire has a layout as a version for scripting, rather than a paper-based version. Please note following elements for clarification:

- ASK ALL: item is applicable to all respondents
- ASK IF: applicability of the item is conditional on another item
- (SINGLE): items where respondents can give one of the response options
- (MULTI): items where respondents may tick multiple response options
- (LOOP): items consisting of multiple questions, each with the same answering categories
- Terms marked with a \* are defined in a glossary at the end of this document

Thank you for your help with this important research.

This survey is being conducted by <<RESEARCH ORGANISATION>> on behalf of <<NAME OF LEAD ORGANISATION IN COUNTRY>>. It is part of an international survey led by the Organisation for Economic Co-operation and Development (OECD).

The survey aims to understand how your practice manages patients with chronic conditions. It is also being conducted in other countries across the OECD area and will be used to compare how different health care systems work. Participating in this survey will help to strengthen the health care system to better respond to the needs of people with chronic conditions.

The survey is designed to be completed by primary care physicians, nurses, or other allied health care professionals (such as physiotherapists) or practice managers. The questionnaire should be completed by persons who are most familiar with how the practice is organised and operates.

All questions refer to the practice you work in and the current point in time. The term "practice" refers to the practice (solo practice or group practice) or health center or other facility you work in. Answers should reflect as much as possible the views and practices of the entire primary health care medical team.

It should take you about 10 to 15 minutes to take part.

Taking part is voluntary and your answers will be completely confidential. Your answers will be combined with those from other practices and there will be nothing in the results that could identify you.

If you have any queries about the questionnaire, please call our helpline number on [LOCAL NUMBER] or email [LOCAL EMAIL].

CONSENT (SINGLE CODE)

Do you agree to take part in the survey?

Yes CONTINUE No CLOSE

### **SECTION 1 'About your practice' TIMING START**

#### **ASK ALL**

#### **NEW PAGE**

Quest	tions	Source
First,	we would like to ask you some questions about the practice you	Adapted from
work	in.	Commonwealth
LOCA	TION (SINGLE)	Fund
Where	e is the practice you work located?	
1	City	
2	Town or suburb	
3	Rural area	
4	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

Questi	ons	Source
PRACT	TICETYPE (SINGLE)	Adapted from
What t	ype of practice do you work in?	PCAT
l		
1	Solo practice (a practice that is run by a single physician or health care professional)	
2	Group practice with own patients (two or more physicians or health care professionals who share premises but do not share a common pool of patients)	
3	Group practice with shared patients (two or more physicians or health care professionals who share a common pool of patients)	
4	Multi-specialty group practice (a practice that is run by two or more physicians or health care professionals who have different specialisations)	
5	Other	
6	Not sure	

#### **ASK ALL**

### **NEW PAGE**

SERVICES (SINGLE)

Ques	stions		Source
	s the practice you work in offer medical serv pointment?	ices to patients without	Adapted from Québec Survey
1	Yes		
2	No		
3	Not sure		

#### ASK IF SERVICES =1

### **NEW PAGE**

SERVICES\_OPTIONS (MULTI)

Que	stions	Source
	ch types of patients do you offer medical services to without an ointment?	Adapted from Québec Survey
Sele	ect all the options that apply.	
1	Patients with <b>urgent</b> medical problems <b>who are registered</b> at the practice	
2	Patients with <b>non-urgent</b> medical problems <b>who are registered</b> at the practice	
3	Patients with <b>urgent</b> medical problems <b>who are not registered</b> at the practice	
4	Patients with <b>non-urgent</b> medical problems <b>who are not registered</b> at the practice	

#### **ASK ALL**

#### **NEW PAGE**

CLOSED\_OPTIONS (MULTI)

Quest	tions	Source
Which	n of the following out-of-hours options does your practice provide	Adapted from
•	ur patients? Please do not include services commissioned outside ractice, such as XXX. [SUBJECT TO LOCALISATION TO SPECIFY	Commonwealth Fund,
	ICES commissioned outside the practice, if applicable]	QUALICOPC and
	e select all the options that apply.	PCAT
1	Visiting before or after practice's regular working hours [LOCALISATION TO SPECIFY "REGULAR WORKING HOURS" in	
	the country] (at least once per week)	
2	Visiting the practice on a weekend day	
3	Directly contacting a physician or nurse via remote options (e.g., telephone, online chat/messaging)	
4	Leaving a message on an answering machine, writing an e-mail, or completing an online form with a return call from a physician or nurse shortly afterwards	
5	Other	
6	None of these	
7	Not sure	

#### **NEW PAGE**

HOMEVISITS (SINGLE)

Ques	stions		Source
	s at least one physician or other health care tice make home visits?	professional from the	Adapted from Québec survey
1	Yes		
2	No		
3	Not sure		

### **ASK ALL**

#### **NEW PAGE**

ROLE\_STAFF (MULTI)

Ques	tions	Source
work	are the roles and functions of the staff (other than physicians) ing in your practice in chronic care management?  e select all the options that apply.	Adapted from Québec survey
1	Patient education and counselling (e.g., on tobacco use, diet, or physical activity)	
2	Chronic disease management tasks (e.g., diabetes control, wound care, or measuring blood pressure)	
3	Other roles and functions, please specify	
4	There are no additional staff (other than physicians) in the medical team	
5	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

ONLINE (MULTI)

Ques	tions	Source
	your practice offer phone, video, or other online methods for ultations to patients?	OECD PaRIS
Please	e select all the options that apply.	
1	Phone consultations	
2	Video consultations	
3	Consultations using other remote options (e.g., e-mail, text message, messaging through patient platforms)	
4	None of these	
5	Not sure	

#### **NEW PAGE**

TIME (LOOP)

Questic	ons	Source
	uch time is scheduled in your practice for each of the following	Adapted from
actions	(performed by physicians)?	Québec survey
Α	Consultations for a newly registered patient	
В	Regular and follow-up consultations	
С	Urgent consultations	
D	Home visits (excluding travel time)	
ASK E	IF ONLINE = 1	
Е	Phone consultations	
ASK F	IF ONLINE = 2	
F	Video consultations	
ASK G	IF ONLINE = 3	
G	Consultations using other remote options (e.g., e-mail, text	
	message, messaging through patient platforms)	
Respon	ses (SINGLE)	
1	Up to 5 minutes	
2	6-10 minutes	
3	11-15 minutes	
4	16-20 minutes	
5	21-30 minutes	
6	More than 30 minutes	
7	Not pre-specified	
8	Not sure	
9	Does not apply	

#### **ASK ALL**

#### **NEW PAGE**

FUNDING MODEL (MULTI)

Ques	tions	Source
low a	are physicians paid in your practice?	Adapted from
Pleas	e select all the options that apply.	Québec survey
1	Fee for service*	
2	Sessional fees *	
3	Fixed salary*	
4	Pay for performance*	
5	Capitation fee *	
6	Other	
7	Not sure	
*Defin	ned in the glossary	

#### **NEW PAGE**

ADD\_PAYMENTS (MULTI)

Quest	ions	Source
circun	your practice receive dedicated payments in the following nstances?  select all the options that apply.	Adapted from QUALICOPC
1	Achievement of targets for screening or prevention	]
2	Meeting targets for referring patients	11
3	Having disadvantaged patients (e.g., individuals who are socially unprotected and/or financially vulnerable) in your practice	
4	Working in a specific area (rural or disadvantaged)	
5	Achievement of other targets related to cost containment	
6	Achievement of clinical or health process or outcome indicators	
7	Management of patients with specific chronic conditions (e.g., diabetes, COPD) by bundled payment	
8	Management of patients with specific chronic conditions (e.g., diabetes, COPD), not by bundled payment	
9	[should remain blank]	
10	Other (PLEASE WRITE IN)	
11	None of these	
12	Not sure	

SECTION 1 'About your practice' TIMING END SECTION 2 'Organisation of care' TIMING START

#### **ASK ALL**

#### **NEW PAGE**

The next questions are about the organisation of care in your practice.

#### FORMAT\_RECORDS (MULTI)

	your practice?	Adapted from
In which formats do you keep patient medical records* in your practice? Please select all the options that apply.		QUALICOPC
edical records are kept electronically		
edical records are kept in paper format		
ot sure		
(	ledical records are kept electronically ledical records are kept in paper format ot sure ne glossary	edical records are kept in paper format ot sure

#### **NEW PAGE**

KEPT\_RECORDS (MULTI)

Questi	ions	Source
For wh	nich types of patients are medical records kept in your practice?	Adapted from
Please	select all the options that apply.	QUALICOPC
_		
1	Medical records are kept for non-regular attending patients	
2	Medical records are kept for regular attending patients	
3	Medical records are kept for registered patients	
4	Medical records are kept for all patients	
5	Not sure	

#### **ASK ALL**

NEW PAGE INFO RECORDS (MULTI)

_	CORDS (MOLTI)	
Questio		Source
patients	f any, of the following information is normally included in 'medical record? elect all the options that apply.	Adapted from QUALICOPC
1	Reasons for the consultation	
2	Family medical history	
3	Living situation (alone, partner, family)	
4	Employment situation	
5	Ethnicity	
6	Smoking habit	
7	Substance use (alcohol and/or drug use)	
8	Weight and height	
9	Clinical parameters (such as blood pressure)	
10	Test results	
11	Diagnosis	
12	Prescribed medications	
13	Other information	
14 TO 17	[should remain blank]	
18	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

AVAIL\_RECORDS (SINGLE)

Quest	tions	Source
Are m	nedical records available when patients are seen?	Adapted from PCAT
1	Yes, always	
2	Yes, sometimes	
3	No	
4	Not sure	

#### **NEW PAGE**

PREV\_RECORDS (MULTI)

Questio	ns	Source
records	ew patients join your practice, do you receive their medical from their previous practice? select all the options that apply.	Adapted from QUALICOPC
1	Yes, they can be accessed electronically without directly requesting them	
2	Yes, when we request them from the previous practice	
3	Yes, when the patient brings them	
4	No	
5	Not sure	

### **ASK ALL**

#### **NEW PAGE**

COMPUTER\_PROCESS (MULTI)

Questi	ions	Source
Can yo	our practice produce the following information about the patients	Adapted from
in you	r practice using a computerized system (e.g., clinical information	Commonwealth
systen	n*)?	Fund
Please	select all the options that apply.	
1	List of patients by diagnosis	
2	List of patients who are due or overdue for tests or preventive care	
	(e.g., flu vaccine due)	
3	List of patients taking a particular medication which have been	
	prescribed in <b>your practice</b>	
4	List of patients taking a particular medication prescribed <b>outside</b>	
	your practice	
5	List of all laboratory results for an individual patient ordered by	
	your practice	
6	List of all laboratory results for an individual patient ordered	
	outside your practice	
7	A clinical summary of each visit	
8	None of this information can be produced using a computerized	
	system	
9	Not sure	
*Define	ed in the glossary	
	<b>5</b> ,	

#### **NEW PAGE**

COMPUTER\_ROUTINE (MULTI)

practi syste	n, if any, of the following tasks are routinely performed in your ice using a computerized system (e.g., a clinical information	Source Adapted from Commonwealth Fund
1	Booking appointments	]
2	Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or Glycated Haemoglobin for diabetic patients)	
3	Orders for laboratory tests are tracked until results reach the practice	
4	Health care professionals receive an alert or prompt to provide patients with test results when they reach the practice	
5	Health care professionals receive a reminder for guideline-based interventions and/or screening tests	
6	None of these	
7	Not sure	]
*Defin	ed in the glossary	

#### **ASK ALL**

#### **NEW PAGE**

INFO EXCHANGE (MULTI)

Quest	ions	Source
nforn	our practice electronically exchange any of the following nation with any health care professionals outside the practice? e select all the options that apply.	Adapted from Commonwealth Fund
1	Patient clinical summaries	
2	Laboratory and diagnostic test results	
3	Electronic medical records	
4	None of this information can be exchanged with health care professionals outside the practice	
	professionals outside the practice	

#### **ASK ALL**

#### **NEW PAGE**

REVIEW\_DATA (MULTI)

Questi	ons	Source
Does your practice review indicators on the following aspects of your		Adapted from
patients' care?		Commonwealth
Please	Please select all the options that apply.	
1	Clinical outcomes (e.g., percent of diabetics or asthmatics with good control)	

2	Patient satisfaction or patient experiences with care, collected
	through surveys
3	Patients' hospital admissions or emergency department use
4	Percent of patients who have received recommended preventive care (e.g., immunizations, faecal occult blood test, cervical screening test, etc.)
5	Adherence to prescribed drugs
6	None of this information is reviewed
7	Not sure

### **SECTION 2 'Organisation of care' TIMING END**

**SECTION 3 'Chronic care management' TIMING START** 

#### **ASK ALL**

#### **NEW PAGE**

The following questions are about chronic care management and the follow-up of patients in your practice.

#### **ASK ALL**

#### **NEW PAGE**

FOLLOW\_UP (MULTI)

Questio	ns	Source
Do you	provide care in your practice (e.g., regular appointments, tests,	Adapted from
and revi	ews) for any of the following chronic conditions?	Québec survey
Please s	elect all options that apply.	
Α	Cardiovascular conditions	
В	Diabetes (type 1 or 2)	
С	Arthritis or other musculoskeletal conditions	
D	Respiratory conditions (e.g., Asthma or COPD)	
Е	Alzheimer's disease or other cause of dementia	
F	Mental health conditions (e.g., Depression, anxiety, bipolar disorder, schizophrenia)	
G	Neurological conditions (e.g., epilepsy or migraine)	
Н	Chronic kidney disease	
	Chronic liver disease	
J	Cancer	
K	Other	

#### **ASK ALL**

#### **NEW PAGE**

COORDINATE\_CARE (LOOP)

Quest	ions	Source	
How p	How prepared is your practice to coordinate care with other health and		
social	care providers for the following groups of patients?	Commonwe	ealth
Α	Patients with one or multiple chronic condition(s)	Fund	
В	Patients with severe mental health problems, such as depression,		
	bipolar disorder, or schizophrenia		
С	Patients with issues of addiction/substance misuse		
D	Patients in need of palliative care		

Е	Patients in need of coordination of long-term care (e.g., home-based
	support services such as nursing or personal care)
F	Patients in need of coordination of social services in the community
	(e.g., housing, meals, and transportation)
G	Patients in need of translation service during consultations
Respon	ses (SINGLE)
1	Well prepared
2	Somewhat prepared
3	Not prepared
4	Not sure
5	Does not apply

### **NEW PAGE**

MANAGEMENT (MULTI)

Quest	ions	Source
condi	s in charge of coordinating care* for patients with chronic tions at your practice? e select all the options that apply.	Adapted from PCMH-A
1	Care coordination is provided by a health care professional in the practice team	
2	Care coordination is provided by a health care professional outside the practice	
3	Care coordination is provided by specialized external services	
4	Care coordination services are provided in another way	
5	Care coordination services are not available	
	Not sure	

## ASK ALL NEW PAGE

CARE\_PLANS\_PATIENTS (MULTI)

Questio	ns	Source
Are patie	OECD PaRIS	
	wing patient groups?	
Please s	elect all the options that apply.	
1	Patients with any chronic conditions	
2	Patients with specific chronic conditions	
3	Patients with specific needs (e.g., patients with nutritional needs or	
	complex care needs)	
4	Other patients	
5	Patient care plans are not routinely developed	
6	Not sure	

#### ASK if CARE\_PLANS\_PATIENTS (MULTI) =1,2,3,4

CARE\_PLANS\_USE (MULTI) N

You said that patient care plans are routinely developed at your practice for the following patient groups:

## INSERT RESPONSE CODES FROM CARE\_PLANS\_PATIENTS - CODES 1-4 LISTED AS RELEVANT

Que	stions	Source
	what extent are care plans being used (i.e., discussed, agreed, ated) in appointments with these patient groups?	OECD PaRIS
1	They are used with all patients, at least once a year	
2	They are used with all patients, but less than once a year	
3	They are used with some patients, at least once a year	
4	They are used with some patients, but less than once a year	
5	They are not used in consultation with patients	
6	Not sure	

#### **NEW PAGE**

#### ASK IF CARE\_PLANS\_PATIENTS = 1,2,3,4

CARE\_PLANS\_DEVELOPED (MULTI)

Ques	tions	Source
Which of the following are typically involved in the development of		Adapted from
patie	nt care plans*? Please select all the options that apply.	ACIC
1	Patients	
2	Patient's caregivers and/or family members	
3	Health care professionals working at your practice	
4	Health care professionals working outside your practice	
5	Someone else	
6	Not sure	

#### **NEW PAGE**

#### ASK IF CARE\_PLANS\_PATIENTS = 1,2,3,4

CARE\_PLANS\_INCLUDED (MULTI)

Ques	stions	Source
Which of the following are typically included in the patient care plans*		OECD PaRIS
deve	loped at your practice? Please select all the options that apply.	
1	Summary of patient's medical history	
2	Patient's diagnoses	
3	Patient's medication	
5	Clinical goals (e.g., monitoring/control/reduce blood pressure)	

6	Patient's personal goals (e.g., going on a trip or and maintaining hobbies)	
7	Self-management tasks (e.g., improve/reinforce physical exercise)	
8	Contact details of caregivers and/or family members	
9	Documentation of other involved care providers	
10	Visits scheduled with other care providers (including outside your practice)	
11	Other	
12	Not sure	

#### **NEW PAGE**

#### ASK IF CARE\_PLANS\_PATIENTS = 1,2,3,4

CARE\_PLANS\_SHARED (MULTI)

Que	stions	Source
	patient care plans shared with any of the following at your practice	OECD PaRIS
(eith	ner electronically or on paper)? Please select all the options that apply.	
1	Patients	
2	Patient's caregivers and/or family members	
3	Health care professionals working at your practice	
4	Health care professionals working outside your practice	
5	Someone else	
6	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

SELF\_MANAGEMENT (MULTI)

Quest	ions	Source
suppo	of the following statements describe how self-management ort* is provided to patients with chronic conditions? e select all the options that apply.	Adapted from PCMH-A
1	Self-management support is provided by verbal information during or after the consultation	
2	Self-management support is provided by distributing information (pamphlets, booklets, internet/web-based information)	
3	Self-management support is provided by referral to self- management classes or educators	
4	Self-management support is provided by explicit goal setting and action planning with members of the practice team	
5	Self-management support is provided by members of the practice team trained in patient empowerment and problem-solving methodologies	
6	Self-management support is not provided in any of these ways	
7	Not sure	1

#### **NEW PAGE**

GOALS (SINGLE)

Questi	ions	Source
	ften are the self-management goals of your patients with chronic ions recorded in their medical records?	Adapted from Commonwealth Fund
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
6	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

WRITTEN (SINGLE)

Quest		Source
	often are your patients with chronic conditions given w	
	ctions (either electronically or on paper) about how to	
	own care at home (e.g., instructions on what to do to co	
sympt	toms, prevent flare-ups, or monitor their condition at h	ome)? Note:
Do not	t include prescriptions.	
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
6	Not sure	

#### **ASK ALL**

#### **NEW PAGE**

REFERRAL (LOOP)

Quest	ions	Source
	at extent are referral letters (including details on provisional	Adapted from
_	osis and possible test results) written in your practice when	Québec survey
patien	ts are referred to another medical specialist?	
Α	Electronic referral letters	
В	Referral letters on paper	
Respo	nses (SINGLE)	
1	Always	
2	Often	
3	Sometimes	

4	Rarely
5	Never
6	Not sure

#### **NEW PAGE**

SPECIALIST (LOOP)

Questions		Source
praction	the follow-up visit to another specialist, how often does the ce receive timely referral information from this specialist in the ing ways?	Adapted from PCAT
Α	Electronic referral letters	
В	Referral letters on paper	
Respo	nses (SINGLE)	
1	Always	
2	Often	
3	Sometimes	
4	Rarely	
5	Never	
6	Not sure	
7	Does not apply	

#### **ASK ALL**

### **NEW PAGE**

Finally, we would like to ask you some information about yourself.

## ASK ALL NEW PAGE

PROFESSION (SINGLE)

Questions		Source
What is	s your professional background?	Adapted from PCAT
1	Physician in family medicine	
2	Physician in general internal medicine	
3	Physician in general internal medicine with sub-specialty focus	
4	Physician in specialist medical training	
5	Nurse practitioner	
6	Nurse practitioner specialized in family medicine	
7	Practice nurse	
8	Physician's assistant	
9	Allied health care professional, such as a physiotherapist, dietician, or podiatrist	
10	Practice manager (non-medical)	
11	Other	

Thank you for taking part.

**SECTION 3 'Chronic care management TIMING END** 

#### **Glossary for terms in the PaRIS-PCPQ**

- **Capitation fee** is a form of remuneration for medical services, which pays for the services provided during a certain period of time as a blanket sum per patient or insured person or per treatment case.
- **Care coordination** is a patient-centered approach to synchronize the delivery of a patient's health care from multiple providers and specialists while helping them to navigate effectively and efficiently through the health care system.
- **Clinical information system (CIS)** is a computer-based system that is designed for collecting, storing, using and making clinical information available to the health care delivery process.
- **Fee for service** is a form of remuneration in which each individual medical service is evaluated and rewarded, in contrast to the flat rate per case or complex service remuneration.
- **Fixed salary** is a fixed amount of remuneration from which taxes and social security are directly deducted before the person receives it.
- **Guideline-based** interventions are based on clinical guidelines which aim to give recommendations on how to diagnose and treat a medical condition. Clinical guidelines summarize the current medical knowledge, weigh the benefits and harms of diagnostic procedures and treatments, and give specific recommendations based on this information. They should also provide information about the scientific evidence supporting those recommendations.
- **Health care provider** is the primary/ambulatory care facility (e.g., practice, clinic) in which ambulatory health care services are provided to the community by health care professionals working either single-handedly or within a team of **health care professionals** (e.g., medical doctors, nurse practitioners, physician assistants, certified nurse specialists trained in a particular field, pediatric or diabetic nursing, certified nurse midwives, clinical social worker, physical therapists).
- **Immunizations** can be rendered as vaccinations.
- **Medical record** is a record of a patient's medical information (as medical history, care or treatments received, test results, diagnoses, and medications taken).
- **Out-of-hour** arrangements give patients the opportunity to see a doctor or nurse of another practice without going to the hospital emergency room or department
- **Patient care plan** is an agreement between the patient and health care professionals detailing the type of health care the patient receives and how the care will be given over an extended period of time (written document).
- Patient empowerment refers to a process through which people gain greater control over decisions and actions affecting their health.
- Pay for performance in health care comprises payment model that attach financial incentives/disincentives to provider performance in relation to metric-driven outcomes, best practices or patient satisfaction/experience.
- **Prevention** includes a wide range of activities and targeted measures to prevent diseases or threats to health, to reduce the risk of the disease or to delay its occurrence. Preventive measures can be classified as primary, secondary or tertiary prevention according to the time at which they are applied.
- **Screening:** The examination to detect health risks or problems in usually asymptomatic individuals to detect those with a high probability of having or developing a given disease, typically by means of an inexpensive diagnostic test.
- **Self-management** is the active participation by a patient in his or her own health care decisions and interventions. With the education and guidance of professional caregivers, the patient promotes his or her own optimal health or recovery.
- **Self-management support** includes a portfolio of techniques and tools that help patients take a more active role in the management of their condition, including self-care monitoring

lifestyle change, communicating with healthcare professionals, dealing with the consequences of a chronic condition in daily life, etc.

**Sessional fees** comprise payment mechanisms where a payment is linked to the completion of a time—limited therapeutic or counselling session (this payment model is frequently used in the field of mental health care or rehabilitation).

# Annex A. Source questionnaires of the PaRIS-PCPQ

Source Questionnaire	Reference	
QUALICOPC (Quality and Costs of Primary Care)	Schäfer et al. QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care. BMC Fam Pract. 2011;12:115.	
ACIC (Assessment of Chronic Illness Care)	Bonomi AE, Wagner EH, Glasgow RE, VonKorff M. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. Health Serv Res. 2002;37(3):791-820.	
PCMH-A (Patient-centered Medical Home Assessment)	MacColl Center for Health Care Innovation, Group Health Research Institute. Version 4.0 (2014) (http://www.improvingchroniccare.org/index.php?p=PCMH-A&s=319)	
Québec Survey	Levesque JF, Pineault R, Provost S, et al. Assessing the evolution of primary healthcare organizations and their performance (2005-2010) in two regions of Québec province: Montréal and Montérégie. BMC Fam Pract. 2010;11:95.	
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