ISRCTN17074347 https://doi.org/10.1186/ISRCTN17074347

Defining the quality of primary care delivered to older adults

Submission date
13/12/2022

Recruitment status
No longer recruiting

Registration date
24/01/2023

Overall study status
Completed

Last Edited
22/01/2024

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
In Canada, family physicians are highly involved in caring for older adults aged 65 years old and over. Family physicians provide the most medical services to older adults compared to other types of physicians, and almost one-third of all primary care services are delivered to older patients. However, there are differences in how knowledgeable and skilled family physicians are in caring for older adults since they are a diverse and, often, complex patient group. Therefore, there is a need to understand the quality of primary care that is delivered to older adults. In health research, we use quality indicators to understand the performance of the healthcare system and services. Quality indicators can tell us about how structures, processes, and outcomes impact the type of care that is delivered to patients. However, if we want to understand care quality, we need to collect information about the indicators that we will measure and analyze. Data is generated rapidly about our healthcare system during patient encounters, which can then be used for research and evaluation. In this study, we want to identify ways to measure and examine quality indicators using this large pool of data to better understand the quality of medical care delivered to older patients in primary care settings. Therefore, the primary objective of this study is to establish a set of indicators that characterize the quality of primary care delivered to older adults. The secondary objective will be to operationalize these indicators using population-based data in Ontario.

Who can participate?
Our expert panel will include individuals with extensive knowledge about primary care provision for older patients, evidenced by practice experience, research excellence, or leadership. We will consider multispecialty panellists to reflect their diverse perspectives in the care of older adults, including clinicians, educators, and researchers. Specific qualifications to demonstrate expertise include at least two relevant academic publications related to the primary care of older adults and/or extensive clinical experience or activity with older primary care patients. Based on our intent to operationalize the elected indicators using provincial health data, we are primarily interested in panellists based in Ontario. We will employ purposive/criterion sampling to recruit between 12 and 15 individuals for our expert panel.

What does the study involve?
There are multiple stages of a RAND/UCLA appropriateness study. First, we will conduct a

literature search of academic (peer-reviewed) and grey literature to inform our questionnaire. Using these findings, we will generate a candidate list of quality indicators that our expert panel will formally evaluate. In the first round of the Delphi, the expert panel will complete an asynchronous online questionnaire. The goal of this round is to refine and assess the candidate indicators (identified in the literature review) against our evaluative criteria. Indicators meeting a specified threshold will be considered for the second round.

Between the first and second Delphi rounds, we will reference health administrative data holdings to develop technical definitions for each indicator. We will identify the relevant data set (s) and variable(s) to operationalize the refined list of quality statements. In the face-to-face (second) Delphi round, we will present the technical definitions for each quality indicator for clarification and discussion. A second questionnaire will then be circulated to experts to evaluate the endorsed indicators. The final results will produce the set of quality indicators and their corresponding technical definitions.

The expert panel will evaluate indicators in the first questionnaire items using a nine-point rating scale for the following criteria: appropriateness and importance. We will collect ordinal ratings on a Likert scale and open-ended responses. We will combine the judgements of panellists using statistical integration for ratings and content analysis of open-ended responses.

What are the possible benefits and risks of participating?
The possible benefits to participating are that this research may benefit the scientific literature by determining a set of quality indicators and technical definitions that can be examined in administrative data to better understand primary care for older adults.

We did not identify any known or anticipated risks for experts as a result of participating in this study. We do not anticipate the ranking exercise to be challenging or onerous for experts given their professional and academic backgrounds. Voluntary, written consent will be sought from panellists before participation and at each study phase.

Data collected by the investigators will be analyzed after each Delphi round. McMaster University will act as the sole data custodian, with the lead investigator ensuring appropriate privacy and security standards are upheld. No personal information about panellists or individual-level data will be available to anyone other than the research team.

Where is the study run from?
McMaster University in Hamilton (Canada)

When is the study starting and how long is it expected to run for?
October 2022 to July 2023

Who is funding the study?
The lead investigator is supported by a Canada Graduate Scholarship - Doctoral (CGS-D) award from the Canadian Institutes of Health (CIHR) (Canada)

Who is the main contact?
Rebecca Correia, correirh@mcmaster.ca (Canada)

Contact information

Type(s)

Principal investigator

Contact name
Ms Rebecca Correia

ORCID ID
https://orcid.org/0000-0003-2949-2400

Contact details
McMaster University
10B Victoria Street South
Kitchener
Canada
N2G 1C5
None available
correirh@mcmaster.ca

Type(s)
Scientific

Contact name
Dr Andrew Costa

Contact details
1280 Main Street West
CRL 216
Hamilton
Canada
L8S 4K1
+1 (905) 525-9140 22067
acosta@mcmaster.ca

Additional identifiers

Study information

Scientific Title
Development of process and outcome metrics for the primary care of older adults: A RAND /UCLA appropriateness method study

Study objectives
Current study hypothesis as of 12/05/2023:
The study can achieve consensus on a measurable set of process and outcome-based metrics to define the quality of primary care delivered by family physicians to older adults

Previous study hypothesis:
We aim to develop a set of process and outcome-based metrics to define the quality of primary care delivered by family physicians to older adults

Ethics approval required

Old ethics approval format

Ethics approval(s)
Approved 21/01/2023, Hamilton Integrated Research Ethics Board (HiREB; 293 Wellington Street, Suite 102, Hamilton ON, L8L 8E7, Canada; +1 905 521 2100; eREBhelpdesk@hhsc.ca), ref: 15545

Primary study design
Observational

Study design
Two-phase RAND/UCLA appropriateness method study

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Quality of primary care provided/delivered to older adults by family physicians

Interventions
Current interventions as of 12/05/2023:
This study will use a RAND/UCLA appropriateness methodology to assess the consensus of a technical expert committee through two phases.

The study does not involve an intervention or observation. Rather, members of the technical expert panel will rate a list of quality indicators derived from the literature in two rounds using a set of evaluative criteria. The TIDieR checklist was referred to describe this evaluation in more depth:

There are multiple stages of the chosen RAND/UCLA modified Delphi study. First, a literature search is conducted to generate a candidate list of quality indicators that the expert panel will formally evaluate.

In the first Delphi round, an asynchronous questionnaire will be developed and distributed to expert panellists to evaluate items (indicators) in a questionnaire using a rating scale for the following criteria: importance, relevance, and feasibility. Ordinal ratings are collected using a nine-point Likert scale. Indicators meeting the specified threshold will be considered for the second round after further refinement and wording clarification.

Between the first and second rounds, health administrative data holdings at ICES is referenced to develop technical definitions for each candidate indicator. The second round allows for an opportunity to rate the endorsed indicators and their corresponding technical definitions. In this second Delphi round, we will utilize a fourth criterion – “appropriateness” of the proposed technical definitions for each indicator – for panellists to assess.

Previous interventions:
This study will use a RAND/UCLA-modified Delphi methodology to assess the consensus of a technical expert committee through two phases.

The study does not involve an intervention or observation. Rather, members of the technical expert panel will rate a list of quality indicators derived from the literature in two rounds using a

set of evaluative criteria. The TIDieR checklist was referred to describe this evaluation in more depth:

There are multiple stages of the chosen RAND/UCLA modified Delphi study. First, a literature search is conducted to generate a candidate list of quality indicators that the expert panel will formally evaluate.

In the first Delphi round, an asynchronous questionnaire will be developed and distributed to expert panellists to evaluate items (indicators) in a questionnaire using a rating scale for the following criteria: importance, relevance, and feasibility. Ordinal ratings are collected using a nine-point Likert scale. Indicators meeting the specified threshold will be considered for the second round after further refinement and wording clarification.

Between the first and second rounds, health administrative data holdings at ICES is referenced to develop technical definitions for each candidate indicator. The second round allows for an opportunity to rate the endorsed indicators and their corresponding technical definitions. In this second Delphi round, we will utilize a fourth criterion – "appropriateness" of the proposed technical definitions for each indicator – for panellists to assess.

Intervention Type
Other

Primary outcome(s)
Current primary outcome measures as of 12/05/2023:
The eligible quality indicators (Round 1) and their corresponding technical definitions (Round 2) will be rated using a nine-point Likert scale for two criteria – appropriateness and importance.

Previous primary outcome measures:
The eligible quality indicators will be rated using a nine-point Likert scale for each criterion – importance, relevance, and feasibility – in the first Delphi questionnaire. Each endorsed quality indicator will then be rated using a nine-point Likert scale for "appropriateness" in the second Delphi questionnaire.

Key secondary outcome(s)
Current secondary outcome measure as of 12/05/2023:
The consensus of the technical expert committee on the technical definitions of these metrics using secondary health administrative data

Previous secondary outcome measure:
The consensus of the technical expert committee on the technical definitions of these metrics using secondary health administrative data sources

Completion date
30/07/2023

Eligibility

Key inclusion criteria
1. Individuals who have extensive knowledge of primary care for older patients, evidenced by practice experience, research excellence, or leadership
2. Individual demonstrates at least one of the following characteristics:

2.1. Has at least two relevant academic publications related to the primary care of older adults
2.2. Has extensive clinical experience or activity with older primary care patients.
3. Primarily works or practices in Ontario, although national leaders situated elsewhere in Canada will be considered

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
10

Key exclusion criteria
The individual is not working/practising or is based in Canada

Date of first enrolment
10/04/2023

Date of final enrolment
30/04/2023

Locations

Countries of recruitment
Canada

Study participating centre
McMaster University
1280 Main Street West
Hamilton
Canada
L8S 4L8

Sponsor information

Organisation
McMaster University

ROR
https://ror.org/02fa3aq29

Funder(s)

Funder type
Government

Funder Name
Canadian Institutes of Health Research

Alternative Name(s)
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available to maintain the confidentiality of our small sample of technical expert panellists. However, to provide more transparency, the IPD that will be collected as part of our study are specified in the data collection form attached.

The data collected from the technical expert committee will be analyzed and published as aggregate results; no individual scores will be reported. Each expert participant will be assigned a unique identification (ID) number, and all data will be stored under this ID. No participant-level data will be shared with anyone outside of the participant themselves, and all other data from this study will be presented as aggregate. No personal information or patient-level data is to be transferred within the study. All participants of this study will have their anonymity maintained by the researchers. All documents will be stored securely and are only accessable by the investigators.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		19/01/2024	22/01/2024	Yes	No
Protocol article			05/09/2023	Yes	No
Other files		05/01/2023	06/01/2023	No	No