

## Multi-Center Study of Primary Care Services rendered among Pangasinan Patients using the Johns Hopkins University-Starfield PCAT Consumer/Client Survey (Adult – Short Version)\*

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**Background:** *Kalusugang Pangkalahatan* is the premium program of the Philippine government to help address the Millennium Development Goals (MDGs) set by the United Nations. Strong Primary care is one of its main components. Increasing Primary care services utilization all over the world is a strong evidence of improvement of both the health care facility and health care provider. How the patient-client received this kind of services is a necessary factor to evaluate this system. Assessment tools come in handy to evaluate these many services.

**Objectives:** This study was conducted to 1) Field validate the PCAT, and 2) assess the extent and adequacy of delivery of Primary Health Care services as measured from Primary Care Assessment Tool with responses from patients. The various domains analyzed were extent of affiliation with a place/doctor, first contact utilization and access, continuity (ongoing care), coordination and information systems, comprehensiveness (availability and provision of services), family-orientation, community orientation, cultural competence, insurance provision, and health assessment.

**Method:** Interview and self-administered questionnaire using the Primary Care Assessment Tool for consumer/client (PCAT - Short version) developed by Barbara Starfield of Johns Hopkins University was used. It assessed the kind and extent of primary care services received by the patients. Comments on the applicability and appropriateness of the instrument were also generated from the interviewers and patients. The patients interviewed and surveyed came from multi-centers (1 government OPD of a medical center and a private General Hospital) and 2 private OPD clinics) of the Province of Pangasinan conducted January to April 2012.

**Results:** A total of 236 patients randomly picked were interviewed. There were 73 males and 163 females. Fifty six percent had full-time and part-time employment while 28 % were unemployed. A good 80 % had at least a high school diploma. Of all the domains, the respondents gave very good scores (50 % or more definite) on extent of affiliation with a place/doctor, first contact utilization and access, continuity (ongoing care), comprehensiveness (service availability and provision) family-orientation, cultural competence, insurance provision, and health assessment (Forty percent rated themselves with excellent health and 50 % good health). The portion with low score was on the availability and access to health records, and low on community orientation. If about 50 % of the respondents answered definitely in the positive on the different domains when asked and the next percentage of respondents answered probably (about 20-30 %), then the primary care services they received maybe fair.

**Conclusion:** The PCAT instrument was helpful in validating the different domains. The North Luzon experience showed a fair to good primary care services being offered to patients in the area but certainly there were areas of the domains needed to be improved in this Philippine setting.

**Key Words:** PCAT, Consumer-client survey, Primary Care Services

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## INTRODUCTION

Several researches have demonstrated the association of primary care with good health results and quality in health. In the Philippines, the government tries to address the Millennium Development Goal set forth by the United Nations for 2015. In 2000, 189 nations made a promise to free people from extreme poverty and multiple deprivations. The United Nations crafted the Millennium Development Goals to assist nations to have a benchmark and target development along such areas as health. The President of the Philippines now embarked on the Universal Health Care or *Pangkalahatang Pangkalusugan* anchored on Strong Primary Care for the Filipinos.

Starfield defines Primary Care as a provision for an accessible, comprehensive, curative, preventive care for all of the most common health needs of the population with a coordinated link for cases for referral as the need arises.<sup>1,2</sup> WHO reports showed that a healthcare system anchored on Primary Care produces more cost efficient care at real lower costs. Shi, Farmer, et al<sup>3</sup> noted that there are better health outcomes in areas with higher primary care physician : population ratio after controlling for lifestyle and socio-demographics. A survey form for health providers, facility, and recipients of services or consumer are necessary as assessment tools.

Samaniego et al<sup>4</sup> in their study using the PCAT (Primary Care Assessment Tool) Facility Survey version noted the Manila Health Cluster of public health centers as needing improvement in the areas of access, cultural orientation, services that are available and provided. On the other hand, Espallardo<sup>5</sup> assessed the primary care orientation of PAFP Residency Training Programs of 24 residents from 8 hospitals. Results showed the program to be strong on family-centeredness and cultural competence. But recommended that they be more patient-centered and to determine the needs and wants of the patients.

Adult respondents who were consulting a primary care physician as their regular health care provider had lower subsequent mortality and more cost effective after controlling for differences in demographic characteristics & health insurance

status, health perceptions, diagnosis and smoking status<sup>6,7,8</sup>

Primary care may decrease the adverse effects of income inequality on health and health outcomes.<sup>9,10</sup>

There are evidences showing primary care features such as person focused care over time, accessibility, comprehensive care such as meeting common needs, coordination with other health services elsewhere are shown to improve both effectiveness as well as efficiency of health care.<sup>11,12</sup>

In this study, Primary Care Assessment Tool (PCAT Consumer/client Survey) prepared by Barbara Starfield of Johns Hopkins University (Department of Health Policy and Management) was used to assess the services received by the patients in Pangasinan. Primary health care can be defined through its domains 1. Extent of affiliation with a place/doctor (PCP Orientation), 2. First contact utilization and access, 3. Continuity (ongoing care), 4. coordination and information systems, and 5. Comprehensiveness (availability and provision of services), family-orientation, community orientation, cultural competence, insurance provision, and health assessment.

With demonstrated reliability and convergent validity such as the PCAT instrument by Starfield, we assessed what kind of Primary Care services the patients received.

The study focused on patients who received their health care services from two medical centers in the cities of Dagupan (private and government) and Urdaneta (government) and in a private primary care OPD clinic in Asingan, Pangasinan.

## Significance

There is no known research in the province that assesses Primary health care service delivery from the point of the view of the clients, the patients themselves. Primary health care can be defined through its domains as described earlier.

The results of the study showed the assessment and probably the contentment of the patients as to the primary care services afforded to them, both private and government. In this research, 'primary care' refers to the first level of care provided in the health system and to refer to government health clinics and some private clinics in Pangasinan.

## Objectives

The main objective of this study is to assess the extent care or satisfaction of the patients as to the delivery of primary care services given to them by health facilities in their area using the PCAT – AS survey form on different domains as presented. Thus, it determines which of the nine domains and subdomains were effectively being delivered and which are not.

## Methodology

This study used the Primary Care Assessment Tool- AS Short Version and was self-administered by some of the patient-respondents but done by the interviewers in most of them. The questionnaire used was developed and validated with respect to accepted domains in primary care.<sup>11</sup>

The PCAT - AS survey has five Core Domains. They are Person-Focused Care over Time (affiliation with a provider and strength of interpersonal relationships), First Contact (accessibility and utilization), Continuity of care, Coordination (information systems and integration of services), and Comprehensiveness (range of services available and services provided), and There were additional scales – the Derivative Domains that were used as well. They were Community Orientation, Family-Centeredness, Cultural Competence, Insurance, and Mental Health Assessment. Parts of the Demographics (N3-N5) were not used as they were inappropriate.

## Subject

Two hundred thirty-six (236) subjects were randomly chosen from those consulting at the OPD clinics in Region 1 Medical Center, Dagupan Doctors Hospital, Urdaneta General Hospital and OPD private clinic in Asingan. The period covered from January to April 2012. For some of them, they were followed up even in their community of residence.

## Data Processing and Analysis

The PCAT AS instrument has 3-5 item responses for the different domain questions. The aim of the analysis was to determine the adequacy and satisfaction of primary care services received by North Luzon (Pangasinan) Philippine patients using basically descriptive statistics.

## Result

The following shows the results of the 5 core domains which also define its good field validation as to its applicability to the Philippine setting.

## A. Extent of Affiliation with a Place/Doctor

Question	Yes Freq ( % )	No Freq ( % )	TOTAL Freq ( % )			
A.1.Is there a doctor or place that you usually go if you are sick or need advice about your health	183 (77.54)	53 (22.46 )	236 ( 100 )			
A2. Is there a doctor or place that knows you best as a person?	YES Same place as above Freq ( % )	YES Different place from above Freq ( % )	No	TOTAL Freq %		
	177 (75)	39 (16.5)	20 (8.5)	236 100		
A3. Is there a doctor or place that is most responsible for your health?	YES same as A1 and A2 Freq ( % )	YES same as A1 only Freq ( % )	Yes same as A2 only Freq ( % )	Yes Different from A1 and A2 Freq ( % )	NO Freq ( % )	
	128 (54.24)	44 (18.64)	58 (25)	3 (1.27)	3 (1.27)	
A8. About how many times total have you been there	1-10X Freq ( % )	11-20X Freq ( % )	21-30X Freq ( % )	30-40X Freq ( % )	More than 40X Freq ( % )	
	13 (5.51%)	20 (8.47)	5 (1.7)	4 (1.69)	194 (82.2)	
A9. How long have you been going there?	Less than 6 months Freq ( % )	Between 6 months and one year Freq ( % )	1-2 years Freq ( % )	Three to Four years Freq ( % )	5 or more years Freq ( % )	
	63 (26.7)	21 (8.9)	15 (6.36)	10 (4.24)	11 (4.66)	
A9. How long have you been going there?	Too variable to specify Freq ( % )	Not Sure/Don't Remember Freq ( % )				
	3 (1.27)	113 (47.88)				

There is very good extent of affiliation of the patients (77 % - 50 %) to their doctor/clinics consulting there several times (>40X) for health reasons.

## B. First Contact Utilization

B1. When you need a regular general check up or you go to your PCP before going somewhere else?	Definitely	Probably	Probably not	Definitely not	Not sure/ don't Remember
Frequency Percentage	138 (58.5 %)	87 (36.9%)	6 (2.54 %)	4 (1.7%)	1 (0.42 %)
B2 .When you have a new health Problem do you go to your PCP before going somewhere else?					
Frequency Percentage	7 (37.71%)	110 (46.61%)	29 (12.30%)	4 (1.7 %)	6 (2.34%)
B3 .When you have to see a specialist, does your PCP have to approve or give you a referral?					
Frequency Percentage	106 (45 %)	80 (34 %)	28 (11.86 %)	12 (5.08 %)	10 (4.20%)

About 60 % of the respondents definitely go first to their PCP (37 % probably go) when they need a regular check up and 37 % definitely go and 46 % probably go to their PCP before going somewhere else when sick. About 80 % definitely and probably give referrals to their patients when they need specialist care.

## C. First Contact Access

C3. When your PCP is open and you get sick, would someone from there see you the same day?	Definitely	Probably	Probably Not	Definitely not	Not sure/don't Remember
FREQUENCY PERCENTAGE	133 56.36%	75 31.78%	10 4.24 %	7 2.97 %	11 4.66 %
C4. When your PCP is open, can you get advice quickly over the phone if you need it?					
FREQUENCY PERCENTAGE	131 55.5 %	66 27.97 %	23 9.75 %	4 1.70 %	12 5.08 %
C5. When your PCP is closed, is there a phone number you can call when you get sick?					
FREQUENCY PERCENTAGE	111 47.03 %	91 38.56 %	14 5.93 %	7 2.97 %	13 5.51 %
C6. When your PCP is closed and you get sick during the night, would someone from there see you that night?					
FREQUENCY PERCENTAGE	25 10.6 %	84 35.6 %	103 43.64 %	7 2.97 %	17 7.20 %

Half of the total respondents have definitely good contact access to their PCP when they are sick even over the phone. However, night calls were very limited at 10 %.

## D. Ongoing Care

D1. When you go to your PCP's, are you taken care of by the same doctor or nurse each time?	Definitely	Probably	Probably not	Definitely not	Not sure/ don't Remember
FREQUENCY PERCENTAGE	111 47.03 %	89 37.71 %	14 5.93 %	6 2.54 %	16 6.78 %
D4. If you have a question, can you call and talk to the doctor or nurse who knows you best?					
FREQUENCY PERCENTAGE	95 40.25 %	90 38.14 %	18 7.63 %	11 4.66 %	22 9.32 %
D7. Does your PCP know you very well as a person, rather than as someone with a medical problem?					
FREQUENCY PERCENTAGE	129 54.66 %	80 33.9 %	6 2.54 %	3 1.27 %	18 7.63 %
D9. Does your PCP know what problems are most important to you?					
FREQUENCY PERCENTAGE	114 48.31 %	95 40.25 %	12 5.08 %	1 0.42 %	14 5.93 %

From the table above, roughly half of the sample respondents (40.25 % - 54.66 %) definitely are seen and known by the same PCP or staff and know them as a person and their important problems. (Doctors having definitely and probably more personal care on their professional relationship with their patients.)

## E. Coordination

E2. Have you ever had a visit to any kind of specialist or special service?	YES		NO		Not Sure Don't Remember	
	FREQ	PERCENTAGE	FREQ	PERCENTAGE	FREQ	PERCENTAGE
	81	34.32	50	21.2	105	44.5

Only about 1/3 of the respondents had a visit to a specialist or special service.

E8. Did your PCP discuss with you different places you could have gone to get help with that problem?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
FREQUENCY PERCENTAGE	113 47.88 %	81 34.32 %	17 7.20 %	9 3.81 %	6 6.78 %
E9. Did your PCP or someone working with your PCP help you make the appointment for that visit?					
FREQUENCY PERCENTAGE	130 55.08 %	74 31.36 %	13 5.51 %	4 1.70 %	15 6.36 %
E10. Did your PCP write down any information for the specialist about the reason for the visit?					
FREQUENCY PERCENTAGE	118 50 %	67 28.40 %	24 10.17 %	10 4.28 %	17 7.20 %
E12. After you went to the specialist or special service, did your PCP talk with you about what happened at the visit?					
FREQUENCY PERCENTAGE	121 51.27 %	52 22.03 %	18 7.63 %	17 7.20 %	28 11.90 %

Roughly half of the respondents definitely were helped by their PCPs in coordinating, talking, and discussing specialist visit, appointment and care.

#### F. Coordination (Information System)

F1. When you go to your PCP, do you bring any of your own medical records, such as shot records or reports of medical care you had in the past?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
FREQUENCY PERCENTAGE	10 4.24 %	6 2.54 %	100 42.7 %	65 27.54 %	55 23.31 %
F2. Could you look at your medical record if you wanted to?					
FREQUENCY PERCENTAGE	42 17.80 %	98 41.53 %	19 8.05 %	5 2.12 %	72 30.51 %
F3. When you go to your PCP, is your medical record always available?					
FREQUENCY PERCENTAGE	86 36.44 %	82 34.75 %	23 9.75 %	10 4.24 %	35 14.83 %



The patients normally do not bring any past records or charts to their PCP when they make a visit (about 4 %). Medical charts or records are not usually asked by them (17.8 %) but are available to most of them (36.44 %) when asked.

### G. Comprehensiveness (Services Available)

G2. Immunizations (Shots)	Definitely		Probably		Probably Not		Definitely Not		Not sure/Don't Remember	
	Freq	Percentage	Freq	Percentage	Freq	Percentage	Freq	Percentage	Freq	Percentage
	130	55.08	65	27.54	19	8.05	13	5.51	9	3.81
G6. Family Planning of Birth Control	119	50.42	66	28	33	14	10	4.24	8	3.40
G8. Counseling for Mental Health Problems	123	52.11	60	25.42	29	12.30	13	5.51	11	4.66
G10. Sewing up a cut that needs stitches	123	52.11	57	24.15	23	9.75	15	6.44	18	7.63

Services like immunization, family planning and birth control, counseling for mental health, and suturing of wounds are *definitely* available to half of the respondents when they visit their PCPs and roughly 25 % probably available. But then, some of them go to the OPD of surgery for some more suturing and the OB-Gyne department.

### H. Comprehensiveness (Services Provided)

H1. Advice about healthy foods and unhealthy foods or getting enough sleep	Definitely		Probably		Probably Not		Definitely Not		Not sure/Don't Remember	
	Freq	Percentage	Freq	Percentage	Freq	Percentage	Freq	Percentage	Freq	Percentage
	137	58.05	71	30.08	8	8.05	4	5.51	16	3.81
H2. Home safety, like getting and checking smoke detectors and storing medicines safely	119	50.42	66	28	33	14	10	4.24	8	3.40
H4. Ways to handle family conflicts that may arise from time to time	123	52.11	60	25.42	29	12.30	13	5.51	11	4.66
H5. Advice about appropriate exercise for you	123	52.11	57	24.15	23	9.75	15	6.44	18	7.63
H7. Checking on and discussing the medications you are taking										



Fifty to 80 % of the respondents definitely and probably received advice on health foods, appropriate exercise, ways to handle family conflicts, adequate sleep, home safety devices, and intake of medications.

## I. Family-Centeredness

I1. Does your PCP ask you about your ideas and opinions when planning treatment and care for you or a family member?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	139 59 %	57 24.2 %	14 5.9 %	20 8.47 %	6 2.54 %
I2. Has your PCP asked about illnesses or problems that might run in your family?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	108 45.8 %	91 38.6 %	10 4.2 %	7 3 %	20 8.4 %
I3. Would your PCP meet with members of your family if you thought it would be helpful?					
TOTAL :	47 % 111	34.7 % 82	7.2 % 17	3.4 % 8	7.6 % 18

Forty five to 60 % of the respondents considered their PCPs to be *definitely* and *probably* family-centered; exchanging ideas with family in planning for treatment and care of their members, discussing heredo-familial illnesses and considering family meetings, as appropriate.

## J. Community Orientation

J1. Does anyone at your PCP's office ever make home visits?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	8 3.4 %	31 13.1 %	74 31.4 %	101 42.8 %	22 9.3 %
J2. Does your PCP know about the important health problems of your neighborhood?					
TOTAL :	24 10.2%	82 34.74 %	19 8.04 %	7 2.96%	104 44.06 %
J3. Does your PCP get opinions and ideas from people that will help to provide better health care?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	105 44.50 %	73 30.93 %	28 11.86 %	8 3.39 %	22 9.32 %

Home visits among the PCPs are definitely low (3.4 %) and knowledge of community health problems is also low (10 %) but getting other opinions for patient care is high at 45 %

## K. Culturally Competent

K1. Would you recommend your PCP to a friend or relative?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	122 51.69 %	66 27.97 %	21 8.9 %	15 6.36 %	12 5.08 %
K2. Would you recommend your PCP to someone who does not speak English well?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	119 50.42 %	64 27.12 %	24 10.17 %	11 4.67 %	18 7.62 %
K3. Would you recommend your PCP to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	Definitely	Probably	Probably not	Definitely not	Not sure/don't Remember
TOTAL :	119 50.42 %	53 22.45 %	26 11.02 %	13 5.6 %	25 10.60 %

Table K. Culturally competent. Half of the respondents would definitely recommend their PCPs to their friends and relatives, to non-English speakers, and to those who use folk medicines or herbs. While, roughly a fourth would probably recommend.

## L. Insurance Questions

L1. How much of the past 12 months were you covered by any type of health insurance, including Philhealth?	All Year	Most Months	Only a few months or weeks	Never	Not sure/don't remember
TOTAL :	62 26.27 %	31 13.14 %	6 2.54 %	6 2.55 %	131 55.5 %
L2. HMO (health maintenance organization)	YES	NO	NOT SURE/ Don't remember		
TOTAL :	94 39.83 %	97 41.10 %	45 19.06 %		
L3. Some other private health insurance company	YES	NO	NOT SURE/ Don't remember		
TOTAL :	83 35.17 %	107 45.34 %	46 19.49 %		
L4. Medicaid or Medical Assistance	YES	NO	NOT SURE/ Don't remember		
TOTAL :	87 36.7 %	95 40.2 %	54 23%		
L5. Some governmental health department clinic	YES	NO	NOT SURE/ Don't remember		
TOTAL :	117 50 %	92 39 %	27 11 %		
L6. Personal income (cash, check, credit card)	YES	NO	NOT SURE/ Don't remember		
TOTAL :	125 53 %	73 31 %	38 16 %		
L8. Any other way (Specify.) _____	YES	NO	NOT SURE/ Don't remember		
TOTAL : Out of 236, only 136 answered this portion	8 3.4 %/236	45 19 %	83 35.1 %		

About ¼ (26.3 %) of the respondents use insurance all year round while about one half are not sure or don't remember. Forty percent use HMO and Philhealth, while 50 % use the government clinics and 50 % also use personal income (check, credit cards) for the last 12 months for health bills. The respondents answered all the items, except on L8 where only 136 answered out of 236.

### M. Health Assessment

M1. Would you say your health is	Excellent	Very Good	Good	Fair	Poor
TOTAL :	98 41.52 %	124 52.54 %	7 2.98 %	2 0.84 %	5 2.12 %

M2. Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?	YES	NO	NOT SURE/ Don't remember
TOTAL :	25 10.60 %	100 42.37 %	111 47.03 %

Table M. Forty percent would rate themselves having excellent health and 50 % having good health. And a low percentage (10.59 %) of the respondents acknowledged having health problems.

### N. Demographic/Socioeconomic Characteristics

N1. Gender	Male : 73 30.9 %	Female : 163
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N2. Age	15 -25	8 (10.95 %)	10 (6.14 %)
	26 – 35	10 (13.7 %)	18 (11.04 %)
	36 -45	14 (19.18 %)	47 (28.83 %)
	46 -55	24 (32.88 %)	55 (33.74 %)
	56 -65	12 (16.44 %)	23 (14.12 %)
	Above 65 years	5 (6.85 %)	10 (6.13 %)

N7. Occupation	Employed(Full time)	Employed(Part Time)	Not Employed	Retired/In School	Other
TOTAL :	99 41.95 %	35 14.83 %	66 27.96 %	15 6.36 %	21 8.9%

N8. Educational Attainment	Did not finish School	Got a High school Diploma or GED	Had some college or vocational school	Finished college or graduate school
TOTAL :	46 19.50 %	75 31.78 %	45 19.06 %	70 29.66 %

Respondents commented that part-time employment is less appropriate for them, and they suggested also that OFW be included.

N9. Annual Income (Most Refuse to Declare, thus excluded for the analysis -)

## DISCUSSION/SUMMARY

The responses to the various domains are summarized here.

### A. Extent of Affiliation with a Place/Doctor

There is very good extent of affiliation of the patients (77 % - 50 %) to their doctor/clinics consulting there several times (>40X) for health reasons.

### B. First Contact Utilization

About 60 % of the respondents definitely go first to their PCP (37 % probably go) when they need a regular check up and 37 % definitely go and 46 % probably go to their PCP before going somewhere else when sick. About 80 % definitely and probably give referrals to their patients when they need specialist care.

### C. First Contact Access

Half of the total respondents have definitely good contact access to their PCP when they are sick even over the phone. However, night calls were very limited at 10 %.

### D. Ongoing Care

Roughly half of the sample respondents (40.25 % - 54.66 %) definitely are seen and known by the same PCP or staff and know them as a person and their important problems. (Doctors having definitely and probably more personal care on their professional relationship with their patients).

### E. Coordination

Only about 1/3 of the respondents had a visit to a specialist or special service. Roughly half of the respondents definitely were helped by their PCPs in coordinating, talking, and discussing specialist visit, appointment and care.

### F. Coordination(Information System)

The patients normally do not bring any past records or charts to their PCP when they make a visit (about 4 %). Medical charts or records are not usually asked by them (17.8 %) but are available to most of them (36.44 %) when asked.

### G. Comprehensiveness (Services Available)

Services like immunization, family planning and birth control, counseling for mental health, and suturing of wounds are *definitely* available to half of the respondents when they visit their PCPs and roughly 25 % probably available

### H. Comprehensiveness (Services Provided)

Fifty to 80 % of the respondents definitely and probably received advice on health foods, appropriate exercise, ways to handle family conflicts, adequate sleep, home safety devices, and intake of medications.

### I. Family-Centeredness

Forty five to 60 % of the respondents considered their PCPs to be *definitely* and *probably* family-centered; exchanging ideas with family in planning for treatment and care of their members, discussing heredo-familial illnesses and considering family meetings, as appropriate.

### J. Community Orientation

Home visits among the PCPs are definitely low (3.4 %) and knowledge of community health problems is also low (10 %) but getting other opinions for patient care is high at 45 %

### K. Culturally Competent

Half of the respondents would definitely recommend their PCPs to their friends and relatives, to non-English speakers, and to those who use folk medicines or herbs. While, roughly a fourth would probably recommend.

### L. Insurance Questions

About ¼ (26.3 %) of the respondents use insurance all year round while about one half are not sure or don't remember. Forty percent use HMO and Philhealth, while 50 % use the government clinics and 50 % also use personal income (cash, check, credit cards) for the last 12 months for health bills.

### M. Health Assessment

Forty percent would rate themselves having excellent health and 50 % having good health. And a low percentage (10.59 %) of the respondents acknowledged having health problems.

### N. Demographic, Socio-Economic Characteristics

Age, gender, entries are appropriate. Occupation should include self-employed, employed government and private, including overseas employment for Filipino respondents.

## CONCLUSION

PCAT Consumer/Client Survey is an international validation tool used and validated already by researchers in several countries. It is a very extensive tool and comprehensive, appropriate for assessing Primary Care Services and field validated among Pangasinan (North Luzon) patients which showed its robustness in this area of assessment.

## RECOMMENDATION

It would be very enlightening if respondents will have been classified based on the availability or none of a department of primary care or Family Medicine and their responses compared across the different domains. Future studies may do so.

Certain items on chronic care maybe incorporated and some parts of the socio-demographics can be modified to make it more appropriate for our clients. Income declaration has always been an issue among surveys like in this case and a more discreet and novel way for its completion may be crafted.

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