

Development of the Algerian PCAT Version and Assessment of Primary Care Quality from Patients' Perspective Among the Five Geographical Regions in Algeria

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Abstract

Despite the central role of primary care in Algeria's healthcare system, few studies have assessed services quality, and validated assessment tools remain scarce. This study aimed to develop and validate an Algerian version of the Johns Hopkins Primary Care Assessment Tool, adapted to local healthcare system characteristics, and to evaluate primary care quality across different geographical and socioeconomic regions of Algeria. Methods: PCAT was translated into Arabic using forward-backward translation procedure to obtain a stable and reliable Algerian version (Dz-PCAT). Following pre-testing and experts' consultations, the questionnaire items were adapted to the Algerian health system. A cross-sectional stratified, multi-stage sampling approach was used to sample 715 adult consumers (≥ 18 years) from 20 primary care facilities across five regions in Algeria, and face-to-face interviews were conducted using Dz-PCAT. Reliability and validity of the adapted Dz-PCAT were assessed using Cronbach's coefficient and internal consistency analysis. The main dimensions of Dz-PCAT were scored using Likert scale, and PC quality was tested using the mean scores of each domain. A total of five main dimensions have been analysed: First Contact, Continuity, Coordination of care, Comprehensiveness, and Community orientation. Univariate analysis between dimensions was performed using ANOVA and chi-square analysis. Multiple linear regression was performed to assess the association between health care settings (EPSPs) and the quality of primary care while controlling sociodemographic characteristics. Results: A total of 702 effective samples were included for data analysis. Dz-PCAT is a valid and reliable tool to assess the PC quality in Algeria from patient's perspective. Respondents reported the highest score for First contact accessibility and comprehensiveness services available, while comprehensiveness services provided, ongoing care, and longitudinality showed poor scores. Community orientation was the weakest link in Algeria's primary health care. Conclusion: Currently, Dz-PCAT is the first adapted and validated measurement tool in Algeria based on universal and internationally accepted indicators. Our results

showed that PC services in Algeria are close to residents and accessible at any time of need, and culturally well-adapted. Respondents reported a high evaluation of the accessibility of care and the comprehensiveness of services available. However, continuity of care, comprehensiveness of services provided, and family-centredness showed comparatively lower performance, indicating the need to be emphasized. Dz-PCAT total scores among the five regions were significantly different, and further measures are needed to deal with regional disparities. The gap in community orientation is an important finding of our research that calls for rethinking and improvement.

Keywords

Primary Health Care, PCAT, Dz-PCAT, Questionnaires, Quality measurement, Assessment, Evaluation, Algeria