



**Patient Experience with a Gatekeeping System at Primary Health Care Level
in Armenia: a Research Grant Proposal**

Master of Public Health Integrating Experience Project

Research Grant Proposal Framework

by

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Table of contents

Table of contents	i
List of abbreviations	ii
Executive summary	iv
1. Introduction	1
1.1 Quality in healthcare	1
1.2 Gatekeeping	3
1.3 eHealth	4
1.4 Situation in Armenia	5
1.5 Study rationale and objectives	6
2. Methods	7
2.1 Study design, participants and settings	7
2.2 Sampling methodology	7
2.3 Study variables and instruments	8
2.4 Sample size calculation	10
2.5 Data collection	11
2.6 Statistical analysis	12
3. Budget and timeline	13
References	14
Tables	24
Table 1. The list of the 19 major radiology centers in Yerevan, Armenia	24
Table 2. Answer options belonging to top-box according to the study instrument developers' recommendations.⁶⁸	25
Table 3. Budget	26
Appendices	27
Appendix 1. Study instrument (English version)	27
Appendix 2. Study instrument (Armenian version)	34
Appendix 3. Manual for patients' recruitment (English version)	41
Appendix 4. Manual for patients' recruitment (Armenian version)	42
Appendix 5. Oral Consent Form for Participants' Enrollment (English version)	44
Appendix 6. Oral Consent Form for Participants' Enrollment (Armenian version)	46
Appendix 7. Journal form	49

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Mischief managed.

List of abbreviations

GP	general practitioners
NHS	National Health Services
PCP	primary care provider
HMO	Health Maintenance Organizations
US	United States
ICT	information and communication technologies
BBP	basic benefit package
PHC	primary health care
eReferral	electronic referral
CT	computed tomography
MRI	magnetic resonance imaging
CAHPS	Consumer Assessment of Healthcare Providers and Systems
IRB	Institutional Review Board
AUA	American University of Armenia

Executive summary

Introduction. Patient experience is one of the most critical aspects of quality in healthcare, together with patient safety and treatment effectiveness. As previous studies have demonstrated, patient-related and external determinants are associated with good or bad patient experience. To promote the effective utilization of primary health care services and to enhance optimal management and continuity of care many countries implemented a gatekeeping system. However, there is some evidence proving that patient-related components of quality in healthcare might not always improve with the introduction of gatekeeping mainly due to lack of appropriate coordination between primary and specialty care facilities. The utilization of eHealth solutions can provide tools to improve the coordination between relevant stakeholders in the healthcare system to improve efficiency and quality of care.

After the collapse of the Soviet Union, to optimize the existing regulations and to improve efficiency and quality of care Armenia adopted the gatekeeping system. Then, in late 1990s, to improve regulatory functions over the healthcare quality and to achieve higher cost-effectiveness of state-funded programs, electronic solutions in healthcare started to be implemented step by step. One of such reforms was the introduction of electronic referrals.

Aim. The study aims to find potential factors affecting the patients' experience with the gatekeeping system and explore whether the shift from paper-based referrals to electronic ones can significantly improve patients' experience after adjusting for potential confounders.

Methods. A cross-sectional study will be conducted among patients (n=384) referred from any primary care facility to undergo computed tomography or magnetic resonance imaging in one of the 19 major radiology centers in Yerevan. Sample size for each stratum will be proportionate to the total number of services provided by the radiology centers between January 1st, 2020 and February 29th, 2020. A self-administered questionnaire based on the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey will be used to measure the patient experience.

Analysis. The patients' socio-demographic characteristics will be tested via Chi-square test for categorical variables. A logistic regression analysis will be used to analyze the association between the binary outcome (bad or good experience) and the main independent variables (use of electronic vs. paper-based referrals). All the other independent variables will be then inserted into the multivariable logistic regression model and tested for confounding (in case of at least 10% change in the slope of the outcome variable after taking out one of the independent variables from the model, it will be considered as a confounder).

Significance. Since there is a scarcity of evaluations of reforms done in the healthcare sector of Armenia, this study may become a basis for future implementation and improvement of electronic solutions in the healthcare field of Armenia.

1. Introduction

1.1 Quality in healthcare

Healthcare quality is recognized as a core element of the healthcare system.¹ As more and more literature is available on the patients' expectations and preferences about healthcare services delivery, there is increasing attention towards patient-oriented healthcare provision and strategies to improve it.^{2,3} The definition of healthcare quality varies in the literature.⁴ As per Dr. Avedis Donabedian, healthcare quality is the "care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts."⁵

According to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry in the United States (US), there are six major elements of quality that play a central role in the quality of care: "healthcare needs to be safe, effective, patient-centered, timely, efficient, and equitable".^{3,6} As the demand from the patients' side to participate in the decision-making of treatment and receive personalized health care is increasing, patient-centeredness is becoming more and more relevant as a propulsion to a better treatment outcome, and therefore, to a higher quality of care too.^{2,3} There is an increasing trend on recognizing patient experience as one of the most critical aspects of quality in healthcare (together with patient safety and treatment effectiveness).^{6,7} Patient experience is multidimensional and, as it was suggested by Beryl Institute (an organization that aims to improve the human experience in healthcare), it can be defined as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care."^{8,9} This means that in contrast with the concept of patient satisfaction, where the concept is linked with the subjective expectations of

the patients (people who received the exact same care may rate their satisfaction level differently due to their expectations), the concept of patient experience is more objective and is linked to the components of the treatment process that must happen in the healthcare setting.^{7,10-12} Literature suggests effective patient-provider communication as a crucial component that may influence the patient experience.^{11,13,14} The more informed the patient is, the more empathic and respectful is the physician, the more engaged and interested will be the patient in the treatment decision-making (so-called "therapeutic alliance" with physicians will be developed), the better and quicker will be the diagnostic process.^{7,13,15,16}

Previous studies demonstrated how patient-related and external determinants could be associated with good or bad patient experience.^{7,15,16} These determinants may vary in different countries or different healthcare systems, but, in general, they include demographic characteristics of a patient (age, gender, education), patient's physical and mental health condition, the quality of communication between the patient and the provider, the personal experience in the medical facility (waiting time, satisfaction with the received care).^{4,17-19}

There are various strategies that aim to improve the quality in healthcare: organizational changes, patient and provider education, and policy change.^{20,21} Implementation of the gatekeeping system is also a quality improvement tool used in many countries.^{22,23} However, some studies have suggested that patient-related components of quality in healthcare might not always improve with the introduction of gatekeeping.²³⁻²⁵ For instance, there are some examples of poor patient-provider communication described in the literature (hence, worse patient experience and quality of care) presenting the phenomenon when about 30% of patients with referrals to specialty care facilities did not show up for their appointments.^{13,26,27}

1.2 Gatekeeping

The promotion of effective utilization of primary health care (PHC) services enhances optimal management and continuity of care. A gatekeeping system was introduced to achieve optimization in the delivery of primary healthcare services.^{22,28-30} According to David Coady et al., the gatekeeper is "a physician who manages a patient's healthcare services, coordinates referrals to secondary and tertiary levels, and helps control healthcare costs by screening out unnecessary services."³¹ In the vast majority of cases, gatekeepers are physicians working in the primary care sector, such as general practitioners (GP), family physicians, or pediatricians.^{32,33} Its development in the early twentieth century and further implementation helped to overcome healthcare service overutilization in many countries, improve the quality of healthcare, and increase the rate of first-contact care at primary care physicians.^{24,30,34,35} In the literature, there are many studies reporting that in contrast with the free specialty access model, after implementing the gatekeeping system patients had similar (or sometimes even higher) chance to have timely treatment and good health outcomes.^{24,35-37} At the same time, they had lower total amount of visits to the specialty care physicians (in the long term, the number of emergency visits was also reduced).^{22,24,35,38} Moreover, the gatekeeping systems significantly lower mean healthcare expenditures by patients and systems.^{24,35,39-41} Given the information above, it can be concluded that from three main components of healthcare quality, at least one (patient experience) can be improved with the introduction of gatekeeping, and the two others (treatment effectiveness and patient safety) at least will not be worsened.

A classic example of a gatekeeping system exists in the health care system of the United Kingdom. According to the National Health Services (NHS) regulations, to have access to specialty care, the patient needs to have a referral.⁴² Though in the US, different gatekeeping

mechanisms are currently in use, in most cases, the care-seeking patient needs to make a primary visit to his/her primary care provider (PCP).⁴³ Only then will the PCP decide if the patient needs an appointment with a narrow specialist, diagnostic imaging, or medications.^{43,44} The patients under the US Medicare health insurance program and ones enrolled in managed care organizations (like Health Maintenance Organizations (HMO)) have an opportunity to pay less to see their primary care physicians, at the same time, to promote the utilization of primary health care services and to control total expenditures, are forced to make a primary care visit before going to see a narrow specialist.^{43,45} Similar approaches are widespread worldwide, including in Australia, Canada, and France, where GPs are gatekeepers.⁴⁵

Since the coordination of specialty care provision is being organized mainly by the PCPs, the referrals from primary to specialty care have a crucial role.⁴⁶ Some studies have shown that poor coordination between those two levels can lead to lower level of completion of referrals and, hence, to worse health outcomes.^{46,47} Some authors, suggested utilization of eHealth solutions as a tool to improve the coordination process.^{46,48,49}

1.3 eHealth

Availability of new information technologies makes it possible to collect and analyze data and share information more rapidly.⁵⁰ This trend is related to the health care sector as well. Thus, the concept of eHealth has been introduced, which can be generally defined as "the use of information and communication technologies (ICT) for health."⁵¹ As it was planned, this concept included all types of electronic exchange of healthcare-related data between authorized facilities.⁵² By allowing better coordination between relevant stakeholders in the healthcare field, it is creating prerequisites for more efficient and higher quality care.⁵³⁻⁵⁵ Despite all the

challenges with the implementation of such a system (e.g., low acceptance and adherence from the side of medical workers, legal and ethical issues), nowadays, more and more evidence is being reported on the fact that the existence of the electronic administration systems can significantly increase the level of quality of healthcare overall.⁵³⁻⁵⁷

1.4 Situation in Armenia

After the collapse of the Soviet Union, the Armenian health care system aimed to optimize the existing regulations inherited from the soviet times and develop policies to assure access to its citizens and improve efficiency and quality of care.⁵⁸ One of the first steps was adopting a "Law on medical aid and service to the population" in 1996, where the concept of Basic Benefit Package (BBP) was introduced. By the law, citizens eligible to receive treatment under the BBP need to have a referral letter from their primary care physicians.⁵⁹ One of the outcomes of this law was the adoption of a gatekeeping system driven by the goal to increase the efficiency and productivity of the system.^{60,61} PHCs in Armenia are providing to enrolled citizens of Armenia free of charge health maintenance services and most of the preventive services (like vaccinations).^{60,61} Also, in cases when the PHC cannot provide all the necessary services needed for the treatment, they are acting as gatekeepers. To overcome the overutilization of specialty care services, all the enrolled citizens need to be referred by their primary care provider to have an opportunity to be served under the BBP program in the non-emergency specialty care units.^{60,61} Some studies have shown that those healthcare quality improvement measures were quite beneficial and resulted in improved access to care and a significant increase in the number of primary care visits.^{61,62}

To improve its regulatory functions over the healthcare quality and to achieve higher cost-effectiveness of state-funded programs in the late 1990s, for the first time, an electronic information system in healthcare was adopted.⁵⁸ Nowadays, another electronic health system called "Armed" is being utilized, which is coordinating the whole administrative and financial data exchange related to the BBP and, so-called Social Package (a type of health coverage for civil servants).⁵⁸ Improvement of the patient experience while utilizing the BBP services was one of the reasons why, alongside the paper-based referrals, electronic referrals were introduced in January 2020. Electronic referrals (eReferral) are being administered through the national eHealth system and are available in all facilities.⁵⁸ The eReferral module has all the items that have the paper-based ones, but also, they are providing some features to patients: patients, who received a referral, can independently schedule a visit to a specialist without a prior visit to the medical facility where the specialist is located; patients are not required to bring a referral to the hospital, so they will not forget or lose them; electronic referrals provide an opportunity to the funding agency (State Health Agency of the Ministry of Health) to track the BBP expenditures in a real-time mode.⁶³

1.5 Study rationale and objectives

There is a scarcity of evaluations of reforms done in the healthcare sector of Armenia. Besides, there was no research on exploring patient experience while utilizing the gatekeeping system in Armenia. Thus, the study aims to explore if there is a significant improvement in the patient experience with primary healthcare among patients utilizing the gatekeeping system after the implementation of eReferrals compared to those using paper-based ones after adjusting for confounders - other potential determinants of the patient experience.

2. Methods

2.1 Study design, participants and settings

Given the study objectives, a cross-sectional study will be conducted by delivering a self-administered survey among patients referred from any primary care facility to undergo computed tomography (CT) or magnetic resonance imaging (MRI) in one of the 19 major radiology centers in Yerevan.

The target population is people who underwent a CT or MRI scan under the BBP program in one of the 19 major radiology centers in Yerevan, Armenia (Table 1). Considering that the selected centers provide outpatient difficult-to-access diagnostic radiological services to patients with varying health conditions, it was decided to target the eligible study participants in these settings.⁶⁴ The study will include patients who present in one of the radiology centers at the time of the data collectors' visit. The eligible participants should be over 18 years old and fluent in the Armenian language.

2.2 Sampling methodology

Taking into consideration that generally all the health facilities providing BBP services are trying to evenly arrange their annual schedule of services to be done under the BBP program, we can assume that the number of services a radiology center have done between January 1st, 2020 and February 29th, 2020 is a good predictor of the average number of patients served per day. Thus, to have a representative sample of a population receiving care under the BBP

program, we will utilize stratified random sampling method proportionate to the total number of CT and MRI scans done in January and February 2020 in each center. In order to reach the required sample size for each of the 19 major radiology center, data collectors should individually approach all the patients present in the reception or waiting areas of those radiology centers at the time of their visit. Information about the number of services done by each of the 19 major radiology centers is available in the National eHealth Operator website.⁶⁴ Table 1 presents the total number of CT and MRI scans done under the BBP during the two-month period (January and February 2020) in each of the 19 major radiology centers and the calculated sample size for each stratum proportionate to the total number of services provided. Participants will be recruited from the above-mentioned 19 centers providing radiological services. It is decided that data collectors should approach patients leaving the radiology center and suggest to fill the questionnaire (Appendices 1 and 2). First, the interviewer should introduce himself and briefly tell the study purpose to the patient (Appendices 3 and 4). After ascertaining the eligibility of the respondent, the interviewer will ask for his/her consent to participate in the survey (Appendices 5 and 6). The manual for patients' recruitment and the oral consent form for participants' enrollment were developed based on such documents previously been used in Armenia.⁶⁵ After receiving the consent, the survey tool will be handed to the study participant. Upon finishing, the interviewer should collect the completed questionnaire from the participant, and repeat the same steps with the next leaving patient.

2.3 Study variables and instruments

The dependent variable will be patients' dichotomized experience with referral services assessed with a self-administered questionnaire.

The main independent variable will be the use of electronic vs. paper-based referrals. Other covariates will include experience with primary healthcare services, socio-demographic (sex, age, education level, monthly income) and the patients' health-related characteristics (self-reported physical, mental and emotional health status).

The student investigator developed a self-administered questionnaire based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey, a validated and publicly available instrument to assess the patient experience in the primary care sector.^{66,67}

The study instrument consists of 36 items with different types of scaling (a 4-point frequency scale of "Never, Sometimes, Usually, and Always" and "Strongly agree, Agree, Disagree and Strongly disagree," a "Yes/No" scale, a "0-10" scale to rate the provider). Questions are divided into five main domains. The first domain (item 1) is related to the type of referral. The second domain (items 2-18) measures different aspects of patients' experience with healthcare services in primary care facilities. Since patient's experience in the primary care facilities also depends on the administrative staff of the facility, the third one (items 19-20) is dedicated to the patients' experience with receptionists' work in the primary care facilities during their visit. The fourth domain (items 21-30) was developed to evaluate the patient's experience with referrals and evaluates some potential affecting factors previously identified in the literature.^{4,17-19} Finally, the fifth domain (items 31-36) was based on the instruments previously used during research in Armenia and contains questions about the self-reported health status and the socio-demographic characteristics of study participants (sex, age, education level, monthly income).⁶⁸ Appendices 1 and 2 present the English and Armenian versions of the instrument respectively. The outcome variable will be dichotomized (good vs. bad patient experience). It

will be done according to the study instrument developers' recommendations.⁶⁹ The student investigator will calculate what proportion of answers in each question category belongs to the top box (in case of dichotomous questions to the top box belong answers "Yes," in case of questions using 4-point response scale only answers "Always," and in case of questions with 1-10 answer scale only the answer "10"). Then, to decide whether the patient has good experience or not, the student investigator will calculate the total proportion of responses from the top box (Table 2 presents detailed information relating to the top box score calculation).

Some items were edited or deleted to adapt the instrument to the local context: first domain, which originally contains questions identifying the primary care provider of the participant, was replaced with questions whether the interviewee was referred to the radiologic center and about the type of the referral (paper-based vs. electronic). In the second and third domains the words "provider's office" were replaced with a more local wording "polyclinic." The 36th item in the fourth domain relating to the education level was also edited to comply with the Armenian educational hierarchy. An item was added to the fourth domain to assess the monthly household income. The 28th and 29th items from the original survey relating to participants' race and ethnicity and the 30th and 31st items asking whether someone was helping the study participant during the survey completion were deleted as they were not applicable to the proposed study.

2.4 Sample size calculation

Given that the outcome is a binary variable (good vs. bad patient experience), the sample size calculation was done using the formula for the one-sample proportion tests:⁷⁰

$$n = \frac{z_{1-\alpha/2}^2 P(1 - P)}{d^2}$$

$Z_{1-\alpha/2}$ = standard normal variate

α = type 1 error

d = precision level

P = expected proportion of variable in the population

Because of the lack of data in the literature about the patient experience with the gatekeeping systems, it was decided to go with the most conservative approach in sample size calculation and assume that the proportion of people with good experience in the population is 50%. Considering the type 1 error of 5% and a precision level of 5%, the calculated sample size was 384.

2.5 Data collection

For feasibility and effective time management purposes, it is planned to have three data collectors who will conduct the self-administered surveys in the 19 major radiology centers mentioned above. They will be trained in advance on recruiting participants. They will be provided with the "Manuals for patients' recruitment," English and Armenian versions of which can be found in Appendices 3 and 4. For all eligible participants, oral consent (Appendices 5 and 6) will be obtained, and the questionnaires will be given to the ones who agree to participate. Data collectors will fill the journal form after each attempt made to the potential study participants to record the results of the attempts (Appendix 7).

2.6 Statistical analysis

The research team will conduct double data entry using SPSS version 22, then will analyze the data using STATA/SE version 13. Study team will carry out descriptive analysis by reporting categorical variables using frequencies and percentages. The patients' socio-demographic characteristics association with their experience with the referral system will be tested via Chi-square test.

To analyze the association between the binary outcome (bad or good experience) and the main independent variable (use of electronic vs. paper-based referrals) a logistic regression analysis will be used after checking for test assumptions. All the other independent variables (patient experience with primary health care, sex, age, education level, monthly income, self-reported physical, mental, and emotional health status) will be then inserted into the multivariable logistic regression model. Then each of the independent variables will be tested for confounding. If the coefficient of the main independent variable in the logistic regression model changes significantly (at least by 10%) after taking out one of the other independent variables from the model, it will be considered as a confounder.⁷¹ Identified confounding variables will remain in the final model.

3. Ethical considerations

The study protocols comply with the requirements of the Institutional Review Board (IRB) at the American University of Armenia (AUA). All the potential study participant will be informed in details about the study purposes, their rights and will be assured in complete confidentiality. After the informed consent they will be obtained by the questionnaire which will not contain any

identifying information. A personal ID number will be generated for each participant. Only the principal project coordinator will have access to all the paper surveys and electronic database. Data collectors will pass the sealed envelopes with filled questionnaires to the principal project coordinator after each working day. The envelopes will be kept in the personal office of the principal project coordinator and after the completion of the study will be archived following the AUA IRB policies.

4. Budget and timeline

It is planned to have three data collectors who will attempt to recruit the potential study participants in the reception or waiting areas of the 19 major radiology centers in Yerevan. The same staff will conduct the double data entry. For feasibility and effective time management purposes data entry process will be done simultaneously with the data collection process. The principal project coordinator will conduct the management of those processes and further data analysis and reporting.

The overall duration of the study is planned to be two months (one month for the data collection and data entry and one month for the data analysis and completion of the final report). The overall budget of the study is planned to be 1,067,600 AMD, including salaries, transportation, and administrative expenses. It is proposed that the project coordinator will be paid monthly, and the data collectors and data entry specialists based on the number of completed questionnaires or data entry. Calculations of other costs (office rent, stationery, transportation) are based on the average prices present in the market. Table 3 presents more detailed information about the study budget.

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Tables

Table 1. The list of the 19 major radiology centers in Yerevan, Armenia

Medical Center	Number of services provided between January 1st, 2020 and February 29th, 2020	Number of participants to be selected for the study
"Surb Grigor Lusavorich" Medical Center CJSC	288	63
Wigmore Clinic LLC	28	6
MIBS LLC	290	63
"Vardanants" Center for Innovative Medicine	59	13
"Surb Astvatsamayr" Medical Center CJSC	54	12
"Shengavit" Medical Center LLC	29	6
Armamax LLC	292	63
Yerevan State Medical University Foundation	69	15
"Ultramaging" Scientific-Methodological Center of Radiology	86	19
"Astghik" Medical Center	147	32
"Armenia" Republican Medical Center CJSC	160	35
"Diagnostica" medical Corporation OJSC	88	19
"Erebuni" Medical Center CJSC	60	13
Slavmed LLC	5	1
Hematology Center after professor R. Yeolyan CJSC	8	2
"Arabkir" Joint Medical Centre and Institute of Child and Adolescent Health	41	9
"Izmirlyan" Medical Center CJSC	21	5
"Nork-Marash" Medical Center CJSC	18	4
Medical Center after V. Avagyan LLC	23	5

Table 2. Answer options belonging to top-box according to the study instrument (CAHPS Clinician & Group Survey) developers' recommendations.⁶⁸

Response Scale	Non-Top Box Score	Top Box Score
Dichotomous Questions with only "Yes" or "No" options	No	Yes
Global rating Questions with options from 0 to 10	0-9	10
4-point response scale Questions with options "Never," "Sometimes," "Usually," and "Always."	Never, Sometimes, Usually	Always
4-point response scale Questions with options "Strongly disagree," "Disagree," "Agree," "Strongly agree."	Strongly disagree, Disagree, Agree	Strongly agree

Table 3. Budget

Cost type	Unit cost (AMD)	Number of units	Total cost (AMD)
1. Personnel			
Project coordinator	250000	1	250000
Data collector	1000	384	384000
Data enterer	200	384	76800
2. Transportation			
Public transport	100	200	20000
3. Administrative costs			
Office rent	100000	2	200000
Paper/printing/envelops	200	384	76800
Pencils/notepads	1000	10	10000
Other expenses			50000
Total			1067600

Appendices

Appendix 1. Study instrument (English version)

The questionnaire about the patient experience with primary healthcare while utilizing the gatekeeping system

Interviewer ID -----

Interview N -----

Interview date ----- (DD/MM/YYYY)

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens, you will see a note that tells you what question to answer next, like this:

- Yes **If Yes, go to #1**
- No

Referrals		
1.	Please indicate, by what type of referral have you been referred by your primary care provider to this radiology center?	1 <input type="checkbox"/> Paper-based 2 <input type="checkbox"/> Electronic
<p>Your care from your primary care provider in the last six months</p> <p>These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits</p>		
2.	In the last 6 months, how many times did you visit your polyclinic to get care for yourself or a referral?	1 <input type="checkbox"/> 1 time 2 <input type="checkbox"/> 2 times 3 <input type="checkbox"/> 3 times 4 <input type="checkbox"/> 4 times 5 <input type="checkbox"/> 5 to 9 times 6 <input type="checkbox"/> 10 or more times
3.	In the last 6 months, did you contact your polyclinic to get an appointment for an illness, injury, or condition that needed care right away ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #5
4.	In the last 6 months, when you contacted your polyclinic to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
5.	In the last 6 months, did you make any appointments for a check-up or routine care with your primary care provider?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #7
6.	In the last 6 months, when you made an appointment for a check-up or routine care with your primary care provider, how often did you get an appointment as soon as you needed?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
7.	In the last 6 months, did you contact your polyclinic with a medical question during regular office hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #9

8.	In the last 6 months, when you contacted your polyclinic during regular office hours, how often did you get an answer to your medical question that same day?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
9.	In the last 6 months, how often did your primary care provider explain things in a way that was easy to understand?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
10.	In the last 6 months, how often did your primary care provider listen carefully to you?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
11.	In the last 6 months, how often did your primary care provider seem to know the important information about your medical history?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
12.	In the last 6 months, how often did your primary care provider show respect for what you had to say?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
13.	In the last 6 months, how often did your primary care provider spend enough time with you?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
14.	In the last 6 months, did your primary care provider order a blood test, x-ray, or other test for you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #16
15.	In the last 6 months, when your primary care provider ordered a blood test, x-ray, or other test for you, how often did someone from your polyclinic follow up to give you those results?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always

16.	Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate your primary care provider?	<input type="checkbox"/> 0 Worst provider possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best provider possible
17.	In the last 6 months, did you take any prescription medicine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #19
18.	In the last 6 months, how often did you and someone from your polyclinic talk about all the prescription medicines you were taking?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
Receptionists		
19.	In the last 6 months, how often were receptionists at your polyclinic as helpful as you thought they should be?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
20.	In the last 6 months, how often did receptionists at your polyclinic treat you with courtesy and respect?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always
Gatekeeping process		
21.	You were properly informed on how you will arrange an appointment in the radiology center using the referral.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree

22.	The waiting time from the referral day till the today's appointment day was .	1 <input type="checkbox"/> More than a month 2 <input type="checkbox"/> From 2 weeks to a month 3 <input type="checkbox"/> From 1 to 2 weeks 4 <input type="checkbox"/> Less than a week
23.	The receptionists in the radiology center today were as helpful as you thought they should be.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree
24.	Physicians in the radiology center today spend enough time with you.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree
25.	Physicians in the radiology center today listened you carefully and explained things in a way that was easy to understand.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree
26.	In the last 6 months have you had any services in this radiology center without a referral?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If No, go to #31
27.	The receptionists in the radiology center today were helpful as they did when you had services in this radiology center without a referral.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree
28.	Physicians in the radiology center today spend as much time with you as they did when you had services in this radiology center without a referral.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree

29.	Physicians in the radiology center today listen to you and explain things as they did when you had services in this radiology center without a referral.	1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly agree
30.	The waiting time till the appointment day when you had services in this radiology center without a referral was .	1 <input type="checkbox"/> More than a month 2 <input type="checkbox"/> From 2 weeks to a month 3 <input type="checkbox"/> From 1 to 2 weeks 4 <input type="checkbox"/> Less than a week
About You		
31.	In general, how would you rate your overall health?	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
32.	In general, how would you rate your overall mental or emotional health?	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
33.	What is your age?	_____ years
34.	What is your gender?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
35.	Which one best describes your household's total monthly income?	1 <input type="checkbox"/> Less than 50,000 AMD 2 <input type="checkbox"/> From 50,001 – 100,000 AMD 3 <input type="checkbox"/> From 100,001 – 200,000 AMD 4 <input type="checkbox"/> From 200,001 – 300,000 AMD 5 <input type="checkbox"/> Above 300,001 AMD 6 <input type="checkbox"/> Don't want to answer

36.	What is the highest grade or level of education that you have completed?	1 <input type="checkbox"/> School (less than 10 years) 2 <input type="checkbox"/> School (10 – 12 years) 3 <input type="checkbox"/> Professional technical education 4 <input type="checkbox"/> Institute / University 5 <input type="checkbox"/> Post-graduate
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Thank you for taking the survey.

Appendix 2. Study instrument (Armenian version)

Հարցաշարն ուղեգրման համակարգն օգտագործելիս
պոլիկլինիկական օղակում պացիենտի փորձի
վերաբերյալ :

Հարցազրույցավարի ID -----

Հարցազրույցի հերթական համար -----

Հարցազրույցի ամսաթիվ ----- (OO/UU/SSSS)

Հարցազրույցն անցնելու ուղեցույց

Խնդրում ենք պատասխանել հարցերին նշում կատարելով
ձեր ընտրած պատասխանի ձախկնումն առկա դեպքերում:

Հարցաթերթի ընթացքում կարիք կլինի
շրջանցել որոշ հարցեր: Նման դեպքերում դուք
կտեսնեք նման ցուցում, թե որ հարցին է պետք
պատասխանել հաջորդը .

- Այո Եթե Այո, անցեք #1 հարցին
- Ոչ

Ուղեգրեր		
1.	Խնդրում եմք նշել Ձեր պոլիկլինիկայի կոդից տրված ուղեգրի տեսակը դեպի այս առայժմիկ նոցիակն կլինիկա:	1 <input type="checkbox"/> Թղթային 2 <input type="checkbox"/> Էլեկտրոնային
<p>Նախորդող 6 ամիսների ընթացքում Ձեր պոլիկլինիկայում ստացած բուժօգնությունը</p> <p>Այս հարցերը Ձեր ստացած բուժօգնության մասին են:</p> <p>Հիվանդանոցային պայմաններում ստացած բուժօգնությունը պետք է ներառել: Պետք է ներառել նաև ստոմատոլոգիական այցերը:</p>		
2.	Նախորդող 6 ամիսների ընթացքում քանի անգամ եք այցելել Ձեր պոլիկլինիկա բուժօգնություն ստանալու համար:	1 <input type="checkbox"/> 1 անգամ 2 <input type="checkbox"/> 2 անգամ 3 <input type="checkbox"/> 3 անգամ 4 <input type="checkbox"/> 4 անգամ 5 <input type="checkbox"/> 5-ից 9 անգամ 6 <input type="checkbox"/> 10 կամ ավելի անգամ
3.	Նախորդող 6 ամիսների ընթացքում դիմել եք արդյոք Ձեր պոլիկլինիկայի հիվանդանոցային վնասվածքի կամ այլ հանգամանքների վերաբերյալ անհասպաղ խնամքի կարիք ունեցող այցրանցելու համար:	1 <input type="checkbox"/> Այո 2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #5 հարցին
4.	Նախորդող 6 ամիսների ընթացքում, երբ դիմել եք Ձեր պոլիկլինիկային անհասպաղ խնամք ստանալու համար, ինչքան հաճախ եք այցը գրանցվում հնարավորինս նույնիսկ:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
5.	Նախորդող 6 ամիսների ընթացքում ունեցել եք արդյոք բուժօգնման կամ հերթական ստուգման նպատակով այց Ձեր առջնային օղակի բժշկի մոտ:	1 <input type="checkbox"/> Այո 2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #7 հարցին

6.	Նախորդող 6 ամիսներին ընթացքում, երբ դիմել էք Ձեր առաջնային օղակի քիմիա քննությանն կամ հերթական ստուգմանն պատակով այցի րականացնելու նպատակով, ինչքան հաճախ էր այցը գրանցվում հնարավորինս շուտ:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
7.	Նախորդող 6 ամիսներին ընթացքում աշխատանքային ժամերին դիմել էք արդյոք Ձեր պոլիկլինիկանրևէ քիմիական հարցի վերաբերյալ:	1 <input type="checkbox"/> Այո 2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #9 հարցին
8.	Նախորդող 6 ամիսներին ընթացքում, երբ աշխատանքային ժամերին դիմել էք Ձեր պոլիկլինիկա, ինչքան հաճախ էր ստացվում այն քիմիական հարցի պատասխանը, որի համար դիմել էիք, նույն օրվա ընթացքում:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
9.	Նախորդող 6 ամիսներին ընթացքում ինչքան հաճախ է Ձեր առաջնային օղակի քիմիա քննությանը բացատրել երևույթները այնպես, որ դրանք հրարավորինս հասկանալի լինեն Ձեր համար:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
10.	Նախորդող 6 ամիսներին ընթացքում ինչքան հաճախ է Ձեր առաջնային օղակի քիմիա քննությանը նույն աղիքի ևս էլ Ձեզ:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
11.	Նախորդող 6 ամիսներին ընթացքում, ըստ Ձեզ, ինչքան հաճախ է Ձեր առաջնային օղակի քիմիա քննությանը տիրապետել ձեր առողջությանը վերաբերող կարևոր տեղեկատվությանը:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
12.	Նախորդող 6 ամիսներին ընթացքում ինչքան հաճախ է Ձեր առաջնային օղակի քիմիա քննությանը ցույց տվել հարգալից վերաբերմունք Ձեր կողմից տրամադրված տեղեկատվությանը:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
13.	Նախորդող 6 ամիսներին ընթացքում ինչքան հաճախ է Ձեր առաջնային օղակի քիմիա քննությանը տրամադրել Ձեզ բավարար ժամանակ:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար

		4 <input type="checkbox"/> Միշտ
14.	Նախորդող 6 ամիսների ընթացքում Ձեր առաջնային օղակի բժիշկը նշանակել է արդյոք Ձեզ նշված հետազոտություններին, ռենտգեն քննություն կամ այլ հետազոտություն:	1 <input type="checkbox"/> Այն 2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #16 հարցին
15.	Նախորդող 6 ամիսների ընթացքում, երբ Ձեր առաջնային օղակի բժիշկը նշանակել է Ձեզ արդյոք նշված քննություն կամ որևէ այլ հետազոտություն, ինչքան հաճախ է Ձեր պոլիկլինիկայից որևէ մեկը կապվել Ձեր հետ հետազոտությունների արդյունքները հայտնելու նպատակով:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
16.	Գնահատեք Ձեր առաջնային օղակի բժիշկին՝ օգտագործելով 0-ից 10 թվերը, որտեղ 0-ն հնարավոր ամենավատ բժիշկն է, իսկ 10-ը՝ հնարավոր ամենալավը:	<input type="checkbox"/> 0 Հնարավոր ամենավատ բժիշկը <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Հնարավոր ամենալավ բժիշկը
17.	Նախորդող 6 ամիսների ընթացքում օգտագործել էք արդյոք որևէ նշանակված դեղորայք:	1 <input type="checkbox"/> Այն 2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #19 հարցին
18.	Նախորդող 6 ամիսների ընթացքում ինչքան հաճախ եք խոսել Ձեր պոլիկլինիկայից որևէ մեկի հետ այն բնույթի նշանակված դեղորայքների մասին, որոնք Դուք օգտագործում եք:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ

Ը ն դ ու ն ար ան ի աշ խատակ ի ց ն ե ր ր

19.	Նախորդող 6 ամի սնեքի ընթացքում Ձեր պոլիկլինիկայի ընդունարանի աշխատակիցները ինչքան հաճախ են օգնել Ձեզ համապատասխան Ձեր սպասելիքներին:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
20.	Նախորդող 6 ամի սնեքի ընթացքում Ձեր պոլիկլինիկայի ընդունարանի աշխատակիցները ինչքան հաճախ են հարգելից վերաբերվել Ձեզ:	1 <input type="checkbox"/> Երբեք 2 <input type="checkbox"/> Երբեմն 3 <input type="checkbox"/> Սովորաբար 4 <input type="checkbox"/> Միշտ
Ուղեգրման գործընթացը		
21.	Դուք պատշաճ կերպով տեղեկացված եք եղել, թե ուղեգրի մշտնջուր ինչպես է պետք հերթագրվել նադիոլոգիական կլինիկայում:	1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ 2 <input type="checkbox"/> Համաձայն չեմ 3 <input type="checkbox"/> Համաձայն եմ 4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ
22.	Սպասել աժամանակը ուղեգրում մինչև այցելել է.	1 <input type="checkbox"/> Մեկ ամսից ավելի 2 <input type="checkbox"/> Երկու շաբաթից ավելի ամիս 3 <input type="checkbox"/> Մեկից երկու շաբաթ 4 <input type="checkbox"/> Մեկ շաբաթից պակաս
23.	Ռադիոլոգիական կենտրոնի ընդունարանի աշխատակիցները Ձեզ այսօր օգնել են համապատասխան Ձեր անընկալիքներին:	1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ 2 <input type="checkbox"/> Համաձայն չեմ 3 <input type="checkbox"/> Համաձայն եմ 4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ
24.	Ռադիոլոգիական կենտրոնի բժիշկը տրամադրել է Ձեզ բավարար ժամանակ այցելել ընթացքում:	1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ 2 <input type="checkbox"/> Համաձայն չեմ 3 <input type="checkbox"/> Համաձայն եմ 4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ

25.	<p>Ռադիոլուգիական կենտրոնի բժշկը այցի ընթացքում ուշադիր լսել է Ձեզ, ապա քննարկել երևույթները այնպես, որ դրանք հրարավորինս հասկանալի լինեն Ձեր համար:</p>	<p>1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ</p> <p>2 <input type="checkbox"/> Համաձայն չեմ</p> <p>3 <input type="checkbox"/> Համաձայն եմ</p> <p>4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ</p>
26.	<p>Նախորդող 6 ամիսներին ընթացքում օգտվել էք արդյոք այս ռադիոլուգիական կենտրոնի ծառայություններին ցառանց նախապես ուղեգրված լինելու:</p>	<p>1 <input type="checkbox"/> Այո</p> <p>2 <input type="checkbox"/> Ոչ Եթե Ոչ, անցեք #31 հարցին</p>
27.	<p>Ռադիոլուգիական կենտրոնի ընդունարանի աշխատակիցներն այս օրօգնել են Ձեզ այնպես, ինչպես այն անգամ, երբ օգտվել էք այս ռադիոլուգիական կենտրոնի ծառայություններին ցառանց նախապես ուղեգրված լինելու:</p>	<p>1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ</p> <p>2 <input type="checkbox"/> Համաձայն չեմ</p> <p>3 <input type="checkbox"/> Համաձայն եմ</p> <p>4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ</p>
28.	<p>Ռադիոլուգիական կենտրոնի բժշկը այցի ընթացքում տրամադրել է Ձեզ մոտայնքան ժամանակ, որքան այն անգամ, երբ օգտվել էք այս ռադիոլուգիական կենտրոնի ծառայություններին ցառանց նախապես ուղեգրված լինելու:</p>	<p>1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ</p> <p>2 <input type="checkbox"/> Համաձայն չեմ</p> <p>3 <input type="checkbox"/> Համաձայն եմ</p> <p>4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ</p>
29.	<p>Ռադիոլուգիական կենտրոնի բժշկը այցի ընթացքում ուշադիր լսել է Ձեզ, ապա քննարկել երևույթները այնպես, որ դրանք հրարավորինս հասկանալի լինեն Ձեր համար, ինչպես այն անգամ, երբ օգտվել էք այս ռադիոլուգիական կենտրոնի ծառայություններին ցառանց նախապես ուղեգրված լինելու:</p>	<p>1 <input type="checkbox"/> Ընդհանրապես համաձայն չեմ</p> <p>2 <input type="checkbox"/> Համաձայն չեմ</p> <p>3 <input type="checkbox"/> Համաձայն եմ</p> <p>4 <input type="checkbox"/> Ամբողջությամբ համաձայն եմ</p>
30.	<p>Սպասել աժամանակը ուղեգրումից մինչև այցայն անգամ, երբ օգտվել էք այս ռադիոլուգիական կենտրոնի ծառայություններին ցառանց նախապես ուղեգրված լինելու եղել է.</p>	<p>1 <input type="checkbox"/> Մեկ ամսից ավելի</p> <p>2 <input type="checkbox"/> Երկու շաբաթից մեկ ամիս</p> <p>3 <input type="checkbox"/> Մեկից երկու շաբաթ</p> <p>4 <input type="checkbox"/> Մեկ շաբաթից պակաս</p>
Ձեր մասին		
31.	<p>Ընդհանուր առմամբ ինչպես է կգնահատեք Ձեր առողջությունը:</p>	<p>1 <input type="checkbox"/> Գերազանց</p>

		<input type="checkbox"/> 2 Շատ լավ <input type="checkbox"/> 3 Լավ <input type="checkbox"/> 4 Բավարար <input type="checkbox"/> 5 Վատ
32.	<p>Ընդհանուր առմամբ ինչպե՞ս կգնահատեք Ձեր հոգեկան կամ հուզական առողջությունը:</p>	<input type="checkbox"/> 1 Գերազանց <input type="checkbox"/> 2 Շատ լավ <input type="checkbox"/> 3 Լավ <input type="checkbox"/> 4 Բավարար <input type="checkbox"/> 5 Վատ
33.	<p>Ձեր տարիքը:</p>	<p>_____ տարեկան</p>
34.	<p>Ձեր սեռը:</p>	<input type="checkbox"/> 1 Արական <input type="checkbox"/> 2 Իգական
35.	<p>Նշվածներին քանի անգամ էլ լավ քննադատում եք ընտանիքի անսական ծախսերի չափը.</p>	<input type="checkbox"/> 1 Մինչև 50,000 ՀՀ դրամ <input type="checkbox"/> 2 50,001 – 100,000 ՀՀ դրամ <input type="checkbox"/> 3 100,001 – 200,000 ՀՀ դրամ <input type="checkbox"/> 4 200,001 – 300,000 ՀՀ դրամ <input type="checkbox"/> 5 300,001 ՀՀ դրամից ավելի <input type="checkbox"/> 6 Չեմ ցանկանում պատասխանել
36.	<p>Ձեր ստացած կրթությունն անենարար ձևով աստիճանը:</p>	<input type="checkbox"/> 1 Դպրոց (մինչև 10 տարի) <input type="checkbox"/> 2 Դպրոց (10 – 12 տարի) <input type="checkbox"/> 3 Միջին մասնագիտական <input type="checkbox"/> 4 Բարձրագույն (բակալավորիատ, մագիստրատուրա) <input type="checkbox"/> 5 Հետքուհական (ասպիրանտուրա)
<p>Շնորհակալություն հարցմանը մասնակցելու համար:</p>		

Appendix 3. Manual for patients' recruitment (English version)⁶⁵

Patients should be recruited inside the receptions or waiting areas of one of the 19 major radiology centers in Yerevan after their appointment . Use the text below to start the recruitment process.

“Hello, my name is _____. The Turpanjian School of Public Health of the American University of Armenia is conducting a study on Patient Experience with Gatekeeping System at Primary Care Level in Armenia. I would like to ask several brief questions to see if you are the type of respondent we are seeking.

1. Do you have a referral from the polyclinic you are enrolled in?

(If the participant has a referral, continue the interview. If not stop the interview and thank the participant)

2. Are you over 18 years old?

(If the participant is over 18 years old, continue the interview. If not, stop the interview and thank the participant)?

After selecting the participant, please provide the oral consent form . Then, if the participant agrees to continue, please provide the questionnaire and ask the participant to fill it. If no, stop the interview and thank the participant.

Please provide sealable envelop with each questionnaire and ask the participant to put the completed questionnaire into the envelop and seal it immediately after completion.

Please, fill the Journal form after each participant, mentioning the corresponding recruitment code next to the participants' number.

Please, pass the sealed envelopes with completed questionnaires to the student-investigator daily immediately after completing the interviews.

Appendix 4. Manual for patients' recruitment (Armenian version)⁶⁵

Պացիենտն ենք ըստ պետք է հրավիրվեն մասկանց ելու էրևան
քաղաքում մասկա 19 նախիկը նգիական կենտրոններին
ընդունանք անենք ու կամ սպասարաններում նրանց
ընդունելու թյունից հետո: Օգտագործեք այս տեքստը նրանց
հրավիրելիս:

Բարև Ձեզ, ես _____ եմ: Հայաստանի Ամերիկյան
Համալսարանի (ՀԱՀ) Թրփան ճեան Հանրային Առողջապահության
Ֆակուլտետն անց է կացնում հետազոտությունը Հայաստանում
ուղեգրման համակարգի հետպացիենտների փորձի վրա ազդող
գործոններին:

Ես կցանկանայի մի քանի կարճ հարց ուղղել Ձեզ՝
հասկանալու համար, թե արդյոք Դուք համապատասխանում եք
հարցմանը մասնակցելու պահանջներին:

**1. Դուք ունե՞ք ուղեգիր պոլիկլինիկայից որտեղ կցագրված
եք:**

(Եթե մասնակցն ունի ուղեգիր, շարունակեք հարցումը; եթե՝
ոչ, ընդհատեք հարցումը և շնորհակալություն հայտնեք
մասնակցին:)

2. Լրացել է արդյոք Ձեր 18 տարին:

(Եթե մասնակցը 18 տարեկանից մեծ է, շարունակեք հարցումը;
հակառակ դեպքում՝ ընդհատեք հարցումը և շնորհակալություն
հայտնեք:)

Մասնակցին ընտրելու ցուցահետևանքայնացրեք քանակոր
իրագրել համաձայնություն և:

Այնուհետև, եթե մասնակիցը համաձայնություն և 2 արևայնակել
հարցում և, անհրաժեշտ է տրամադրել նրան Հարցաթերթիկը և
խնդրել լրացնել այն: Հակառակ դեպքում ընդհատեք հարցում և
շնորհակալություն հայտնեք:

Հարկավոր է յուրաքանչյուր հարցաթերթիկի հետ
մասնակցին տրամադրել նաև սոսնձվրդ (կնքվող) ծրար և խնդրել,
որպեսզի նա հարցաթերթիկը լրացնելուց անմիջապես հետո
տեղադրի ծրարի մեջ և փակցնի այն:

Խնդրում է նաև, յուրաքանչյուր մասնակցից հետո լրացրեք
մատյանի և ձևը՝ նշելով համապատասխան հավաքագրման կորը
մասնակցի համարի դիմաց:

Խնդրում է նաև, յուրաքանչյուր օր լրացված
հարցաթերթիկները փակցված ծրարներով փոխանցել
հետագոտող թիմին անմիջապես հարցում և ավարտելուց հետո:

Appendix 5. Oral Consent Form for Participants' Enrollment (English version)⁶⁵

American University of Armenia

Turpanjian School of Public Health

Institutional Review Board #1

Oral Consent Form for Participants' Enrollment

Title of Research Project: Patient Experience with Gatekeeping System at Primary Care Level in Armenia: a Research Grant Proposal.

Hello, my name is _____(the name of the data collector). This survey is part of a master's Thesis Project. It is conducted by a student of the Turpanjian School of Public Health and guided by Professors of the American University of Armenia. The aim of the study is to assess determinants affecting patient experience with primary healthcare while utilizing the gatekeeping system in Armenia.

You are one of the 384 invited participants of the study because you are an adult patient living in Armenia, who was referred to one of the radiology centers in Yerevan for the CT or MRI scan. It is onetime participation, and we will not contact you again in the future. Your participation in this study is completely voluntary. Your decision to participate or refusal to do so will have no consequences on you or on the services provided to you in this clinic and in your polyclinic.

The survey will be conducted using a self-administered questionnaire. The questionnaire you complete contains 36 questions about your experience as a patient and also asks a few questions about your demographic data. Questions will be about the experience you had in your polyclinic and this radiology center while utilizing the gatekeeping system. Vast majority of questions will have answer options, and you will need to choose just one of them. You may refuse to answer any of the questions or stop completing the questionnaire at any time. The information you

provide will pose no risk for you and will not leave consequences on the services provided to you. However, your honest answers are very important for the research team and may be used for improving the gatekeeping system in Armenia. The survey is completely confidential, that is any identifiable information will not be recorded on the questionnaire and will not appear in any presentation of the project. Only the research team can have access to the collected data, and it will be used only for research purposes without revealing your identity. It will take approximately 10 minutes to complete the questionnaire.

If you have any questions about this study, you can contact Varduhi Petrosyan, the dean of Gerald and Patricia Turpanjian School of Public Health. (+374 60) 61 25 92. If you think that you have not been treated properly or you have been hurt by participating in this survey, you can contact Varduhi Hayrumyan, the Human Protections Administrator of the American University of Armenia (+374 60)61 25 61.

Do you agree to participate? (YES or NO)

Thank you. If yes, shall we continue?

Appendix 6. Oral Consent Form for Participants' Enrollment (Armenian version)⁶⁵

Հայ աստանի ամերիկյան համալսարան

Թրփան ճեան Հանրային առողջապահություն ֆակուլտետ

Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով

Մասնակցներին ներառման բանավոր իրազեկ համաձայնություն

ձև

Հետազոտական ծրագրի վերնագիրը .

Հայ աստանի պոլիկլինիկական օղակում ուղեգրման համակարգն

օգտագործելիս պացիենտի փորձը

Բարև Ձեզ, իմանունն է

(հարցազրույցավարի անունը): Տվյալ հետազոտությունը կատարվում է Հայ աստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփան ճեան Հանրային առողջապահություն ֆակուլտետի ավարտական կուրսի ուսանողի կողմից մագիստրոսական թեզի շրջանակներում և համակարգվում է ՀԱՀ-ի պրոֆեսորներին կողմից: Հետազոտությունն պատակն է գնահատել Հայ աստանի պոլիկլինիկական էրի ուղեգրման համակարգի վերաբերյալ պացիենտներին փորձի վրա ազդող գործոնները:

Ռուբերավորված 384 մասնակցներին մեկնեք, ովքեր նորվել է հարցմանը մասնակցելու և պատակով, քանի որ չափահաս եք և ուղեգրվել եք պոլիկլինիկայի կողմից Երևան քաղաքի նախնական դպրոցի կենտրոններին մեկնում համակարգչային տոմոգրաֆիա (ՀՏ) կամ մագնիսառեզոնանսային տոմոգրաֆիա

(ՄՌՏ) հե տազ ոտու թյ ու ն ան ց ն ե լ ու : Ձե ր մ աս ն ակ ց ու թյ ու ն ը
կ ւ ա հ մ ան ա փակ վ ի մ ի այ ն մ ե կ հ ար ց մ ամ ք ն հ ե տազ այ ու մ Ձե գ
ն ո ր ի ց չ ե ն ք դ ի մ ե լ ու : Ձե ր մ աս ն ակ ց ու թյ ու ն ն այ ւ
հ ե տազ ոտու թյ ան ը լ ի ո վ ի ն կ ամ ավ ո ր է : Ձե ր մ աս ն ակ ց ե լ ու կ ամ
մ ե ր ժ ե լ ու ո ր ո շ ու մ ը ո ր ն է ք ա ց աս ակ ան հ ե տն ան ք չ ի ու ն ե ն ա Ձե ր
կ ամ այ ւ կ լ ի ն ի կ այ ու մ ն Ձե ր պ ո լ ի կ լ ի ն ի կ այ ու մ Ձե գ
տ ր ամ ա դ ր վ ո դ ծ առ այ ու թյ ու ն ն ե ր ի վ ր ա :

Հ ար ց ու մ ը ի ր ե ն ի ց ն ե ր կ այ ա ց ն ու մ է ի ն ք ն ու ր ու յ ն
լ ր ա ց վ ո դ հ ար ց ա շ ար : Այ ն ք ա դ կ ա ց ա ծ է 36 հ ար ց ե ր ի ց , ո ր ո ն ք
վ ե ր ա ք ե ր ու մ ե ն Ձե ր փ ո ր ձ ի ն ո ր պ ե ս պ ա ց ի ե ն տ, ի ն չ պ ե ս ն ա ն
ժ ո դ ո վ ր դ ա գ ր ակ ան տ վ յ ա լ ն ե ր ի ն : Հ ար ց ե ր ը կ վ ե ր ա ք ե ր ե ն
ն ու դ ե գ ր մ ան գ ո ր ծ ը ն թ ա ց ի ը ն թ ա ց ք ու մ Ձե ր պ ո լ ի կ լ ի ն ի կ այ ու մ ն
այ ւ ո ա դ ի ո լ ո գ ի ակ ան կ ե ն տ ր ո ն ու մ ու ն ե ց ա ծ Ձե ր փ ո ր ձ ի ն :
Հ ար ց ե ր ի մ ե ծ ամ աս ն ու թյ ու ն ը կ ու ն ե ն ան պ ա տ աս ի ան ն ե ր ի
տ ար ք ե ր ակ ն ե ր , ն Դ ու ք պ ե տ ք է ը ն տ ր ե ք դ ր ան ց ի ց ո ր ն է մ ե կ ը :
Դ ու ք կ ար ո դ ե ք հ ր ա ժ ար վ ե լ պ ա տ աս ի ան ե լ ու հ ար ց ա շ ար ի
ց ան կ ա ց ա ծ հ ար ց ի կ ամ ց ան կ ա ց ա ծ պ ա հ ի ը ն դ հ ա տ ե լ այ ն : Ձե ր
տ ր ամ ա դ ր ա ծ տ վ յ ա լ ն ե ր ը ո ր ն է ք ա ց աս ակ ան հ ե տն ան ք չ ե ն ու ն ե ն ա
Ձե ր կ ամ Ձե գ տ ր ամ ա դ ր վ ո դ ծ առ այ ու թյ ու ն ն ե ր ի վ ր ա : Մ ակ այ ն
հ ե տազ ոտ ո դ թ ի մ ը շ ա տ կ ար ն ո ր ու մ է Ձե ր պ ա տ աս ի ան ն ե ր ի
ան կ ե դ ծ ու թյ ու ն ը ն Ձե ր տ ր ամ ա դ ր ա ծ տ ե դ ե կ ա տ վ ո թյ ու ն ը
կ ծ առ այ ի ի ն պ ա ս տ Հ այ աս տ ան ու մ ու դ ե գ ր մ ան հ ամ ակ ար գ ի
ք ար ե լ ավ մ ան ը : Հ ար ց ու մ ը լ ի ն ե լ ու է ամ ք ո դ ջ ու թյ ամ ք գ ա դ տ ն ի ,
ի ն չ ը ն շ ան ակ ու մ է , ո ր Ձե ր ի ն ք ն ու թյ ու ն ը ք ա ց ա հ այ տ ո դ ո ր ն է

Appendix 7. Journal form

Interviewer code _____ **JOURNAL FORM** Date (ddmmyy) _____

Patient ID	Eligible	Agreed to participate	Completion status (If agreed)	Reason for refusal (If not agreed)	Notes (Other reason for refusal)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<input type="checkbox"/> Busy <input type="checkbox"/> Doesn't want <input type="checkbox"/> Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<input type="checkbox"/> Busy <input type="checkbox"/> Doesn't want <input type="checkbox"/> Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<input type="checkbox"/> Busy <input type="checkbox"/> Doesn't want <input type="checkbox"/> Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<input type="checkbox"/> Busy <input type="checkbox"/> Doesn't want <input type="checkbox"/> Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<input type="checkbox"/> Busy <input type="checkbox"/> Doesn't want <input type="checkbox"/> Other	