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The REFinE-PHC Report on Patient Experiences of Primary Care

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REFinE PHC
Research Excellence in the Finance and Economics of Primary Health Care

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Introduction

This Report describes the motivation for and results of a number of research projects conducted around consumer experiences in primary care.

Four projects are included in this Report. These use data from a population-based consumer survey of an on-line panel of Australian residents conducted in July 2013. The results of the survey have been used to motivate and inform specific analyses on general practice charges and Medicare bulk billing; whether patients' perceptions of quality vary with the price paid for consultations; the relationship between general practice quality and the use of emergency departments (EDs) and the effect of the patient-General Practitioner (GP) relationship on loyalty.

This Report outlines the major results of the survey, including the socio-demographic and health characteristics of respondents and their responses to a series of questions about the general practice they visited for their most recent consultation. Data were collected regarding the structure and organisation, services available, availability of bulk billing, after-hours care, waiting times for appointments; and at the general practice and their experience at the most recent visit. The final section of the survey asked respondents to rate the importance of various aspects of consulting their GP: making appointments, reminders and out-of-hours services (Arranging to see the GP); time required to travel to the practice and waiting times (Getting to the GP); payment arrangements (Paying for the GP); the physical aspects of the practice (The Practice) and various aspects of the quality of care provided (The Services).

Within the relevant sections of this Report, the results are presented around four themes,

- General practice structure and organisation
- Costs of care
- Quality of care
- The patient-GP relationship.

BACKGROUND

A number of surveys have asked consumers about their experiences of making an appointment with and being treated by a General Practitioner (GP). Some surveys have included questions about respondents' perceptions of the quality of care delivered and the costs associated with GP visits. The Commonwealth Fund surveys track trends in health coverage, access and quality, and general policy/practice issues in the U.S. and internationally. The Fund's biennial survey of 11 countries on health policy focuses on peoples' experiences with their country's health care system, particularly those related to accessing and affording care[1]. The ABS National Health Survey[2] and the Patient Experiences survey[3] include questions about health service use, health-related actions, access and barriers to a range of health care services and aspects of communication between patients and health professionals. However, there is no Australian survey that both captures all these elements and provides detailed individual-level information about personal and health characteristics of respondents to enable analysis of the association between these characteristics; those of the practice and GP consulted by the individual respondent, her or his experiences, out-of-pocket costs and what patients consider to be important attributes of general practice, including their perceptions about quality.

Methods

This survey focused on patient perceptions of GP practice structure, payment methods and patients' experience of using health care services. Where possible, it drew on some elements or items of existing surveys for the purposes of comparisons. Respondents were also asked to provide socio-demographic information. The survey was internet based, with respondents drawn from the PureProfile online panel [4] using the Qualtrics [5]software platform.

Results

2,477 respondents provided completed surveys for analysis.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

The patient characteristics are shown in Figure 1 and Table 1, together with a comparison in terms of the general Australian population. General patient characteristics (age, gender and income) are compared with those from the Census population[6]. Survey participants were comparable with the Australian population with respect to gender and income (median weekly household income for Australia is $1,234, and the median category reported for survey participants was $1,150-$1,529). The youngest and oldest age groups were under-represented in the survey compared with the Australian population. Similarly, the proportion of patients in major city areas was higher in the survey compared with those in the National Health Survey[2].

Figure 1: Age range of survey respondents

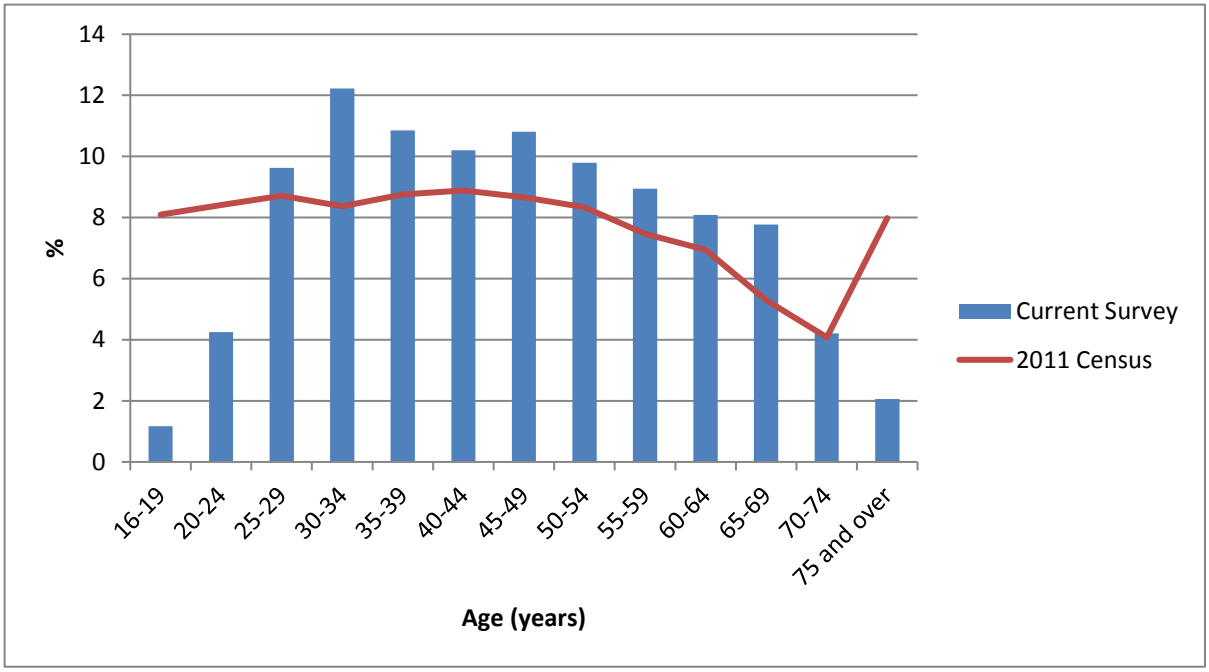


Table 1: Sample characteristics

	CHERE Consumer Survey %	Australian Population %
Chronic disease*	60	45
GP visits past year*		
0-1	22	32
2-3	41	31
4-11	30	27
12 or more	6	10
Female	52	51
Age (years)		
16-24	5	17
25-34	22	17
35-44	21	18
45-54	21	17
55-64	17	14
65-74	12	9
75 or more	2	8
Area**		
Major city	77	63
Inner regional	15	20
Outer regional/Remote	8	17
Private health insurance cover*	23	55*

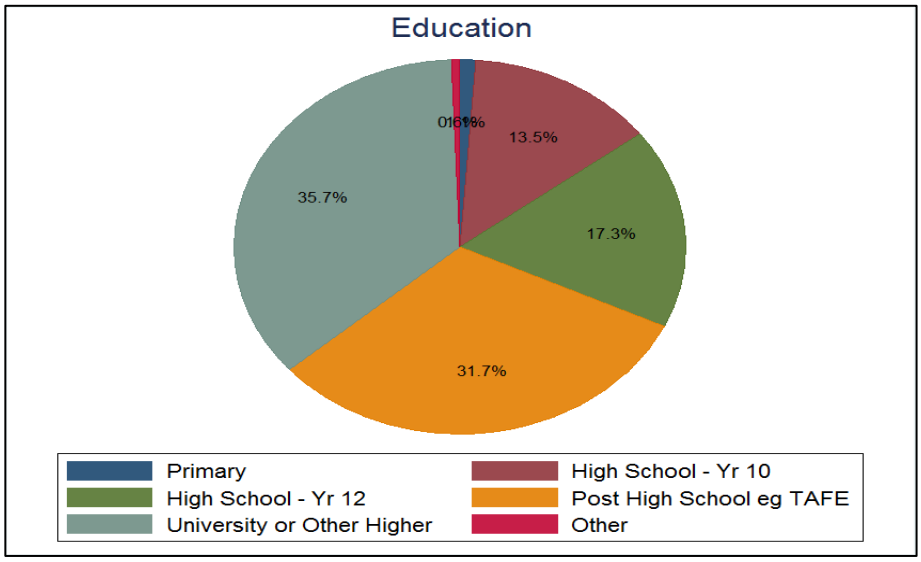
*Note: Comparative data sourced from: *ABS Patient Experiences Survey; and all else the Census; ** ABS National Health Survey*

Patients in this survey were in poorer health compared with those in the National Health Survey in terms of the proportion who reported having an ongoing chronic health issue, and the frequency of GP visits in the previous 12 months. Nearly two thirds of patients (63.8%) reported going to the GP three or fewer times in the last 12 months. The majority of visits (76.2%) were reported as lasting between 5-20 minutes (consistent with a Level B consultation). Fewer patients reported having private health insurance compared with those in the Patient Experiences Survey[3].

The ethnic composition of the sample was in line with the Australian population, 2% of respondents indicated they were of Aboriginal or Torres Strait Islander origin. 73% of respondents were born in Australia, 7% in England, 6% in one of the following: China, Germany, Greece, Italy, Lebanon, The Netherlands, New Zealand, Scotland or Vietnam and 13% in another country. 90% reported that they spoke English at home.

The sample was relatively well-educated; 68% reported having a post-high school qualification (32% from a TAFE or similar institution, 36% a University degree or higher), while 1% reported completing primary school only (Figure 2). The 2011 Australian Census reported that 55% of Australian had completed a post-school qualification[6].

Figure 2: Education level achieved

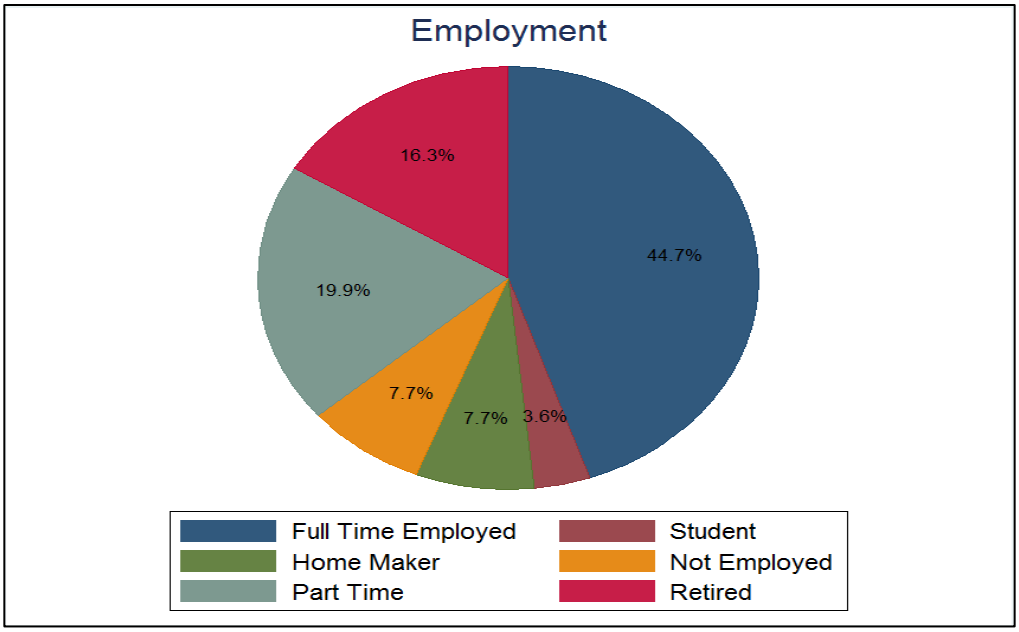


While 54% reported that they did not use any form of concession card, 22% reported using a Pensioner Concession Card and 20% a Health Care Card.

The majority of respondents (65%) reported being either married or living with a partner, 21% were single (never married) and 12% were widowed, separated or divorced. While 88% of respondents reported that they did not provide unpaid care to someone with disability, long-term illness or health problem related to old age, of the 12% who reported providing such care, 56% did so for a person living in their household.

Nearly two thirds of respondents (64.6%) were in full or part-time employment. Retired individuals comprised the next largest group at 16.3% (see Figure 3).

Figure 3: Employment status



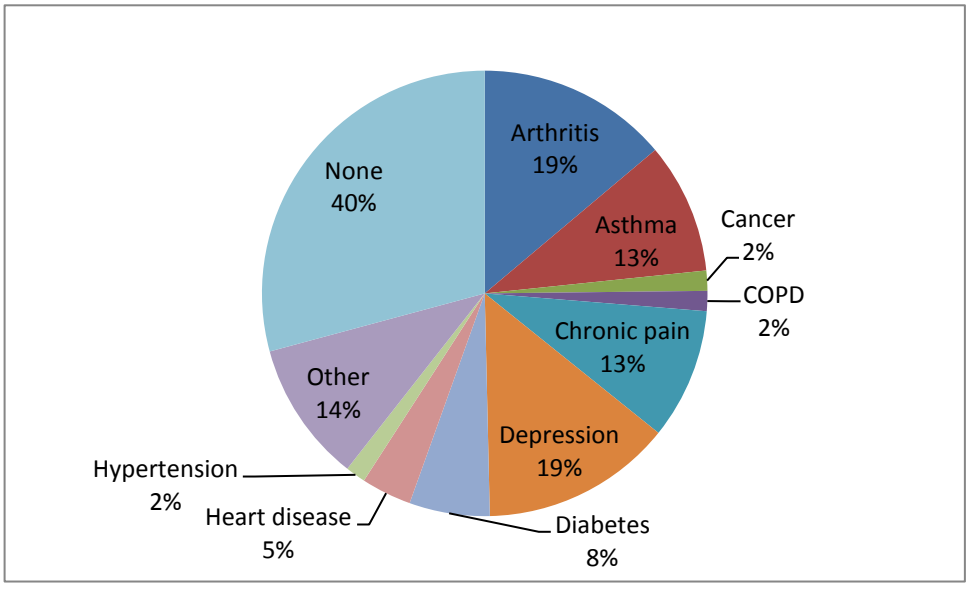
HEALTH STATUS

The majority (81%) of respondents rated their health as excellent, very good or good, 15% as fair and 5% as poor (Figure 4). As a comparison with the Australian population, 43% of respondents rated their health as excellent or very good compared to 55% of respondents to the 2013 National Health Survey[2].

Figure 4: Self-rated general health

The range of reported ongoing conditions is illustrated in Figure 5. While 40% of respondents (n=1033) reported no ongoing medical conditions, depression/mood disorder and arthritis were reported by 19% (n=489), followed by "other" conditions (14%, n=478) and asthma and chronic pain (13%, n=328).

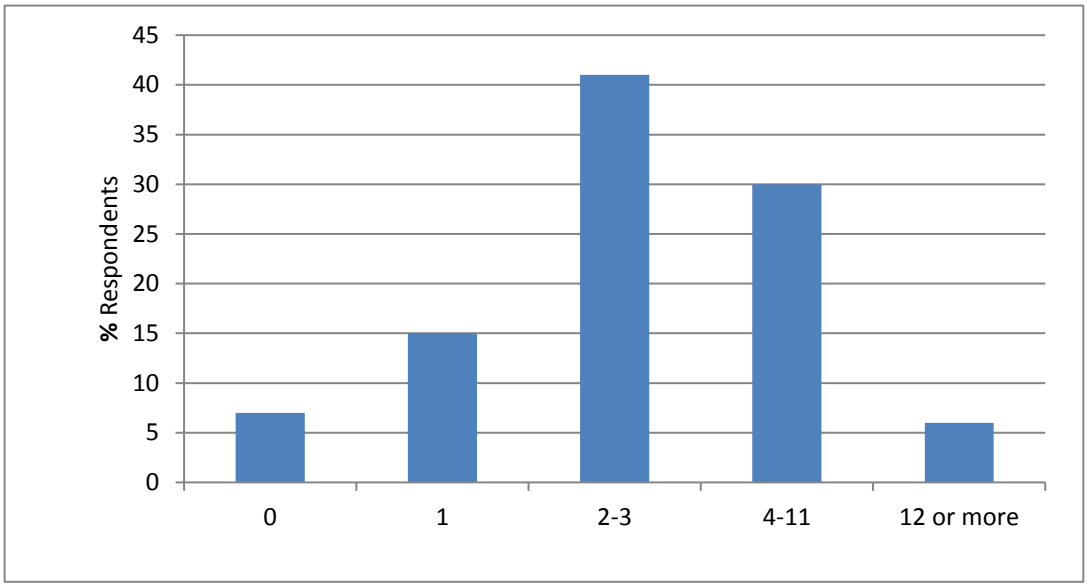
Figure 5: Self-reported ongoing medical conditions



GP VISITS

Figure 6 shows that 41% of respondents (n=1044) reported visiting their GP 2-3 times in the past 12 months and 30% (n-= 765) reported between 4 and 11 visits in the past year.

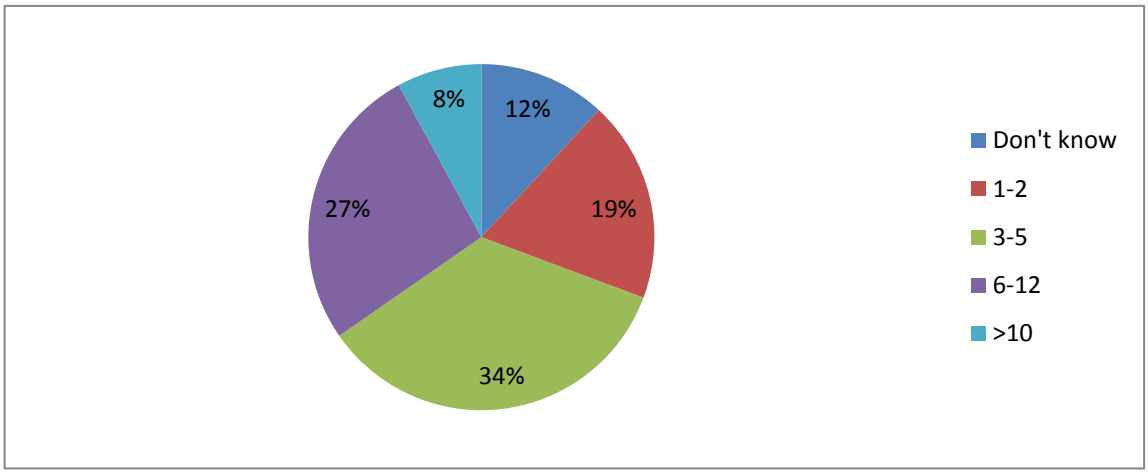
Figure 6: Self-reported number of visits to the GP in the past year



GENERAL PRACTICE STRUCTURE AND ORGANISATION

A series of questions asked respondents about the structure and organisation of the general practice they visited for their most recent consultation. Figure 7 shows respondents' reports about the numbers of GPs working in the practice. Thirty-four percent (n=889) reported that 3-5 GPs worked in the practice, 27% (n=682) reported between 6 and 12 doctors and 12% (n=296) did not know how many doctors worked in their usual general practice.

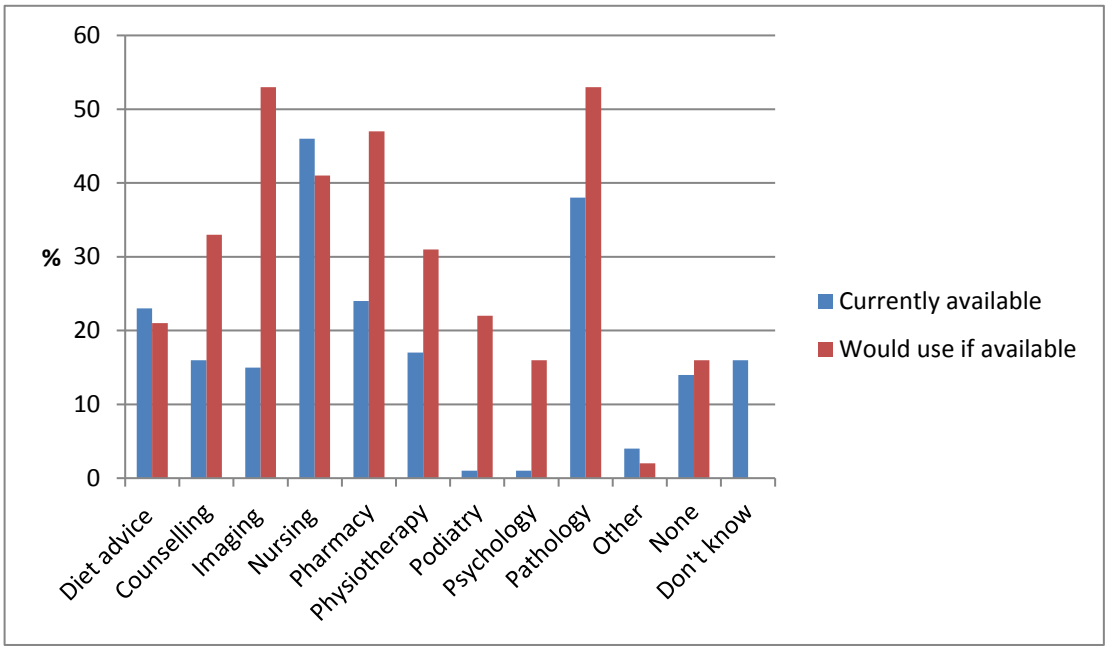
Figure 7: How many GPs work in the practice?



Respondents were asked which services were available within or in the same building as their usual GP practice and which they would use if they were available (Figure 8 below). While responses indicate that availability would result in an overall increase in use, fewer respondents indicated they would use diet or nutrition advice and nursing services than currently report these services as being available. On the other hand, there seems to be a significant level of unmet demand for imaging and pathology services. Imaging was reported as being available by 15% (n=372) of respondents and pathology by 38% (n=980), but 53% (n=1332) indicated they would use these services if they were available. Further, while 1%

of respondents reported that podiatry and psychology services were currently available, 22% (n=561) and 16% (n=407) respectively of respondents indicated they would use such services if they were available.

Figure 8: Percentage of respondents reporting currently available services and which services which would be used if available



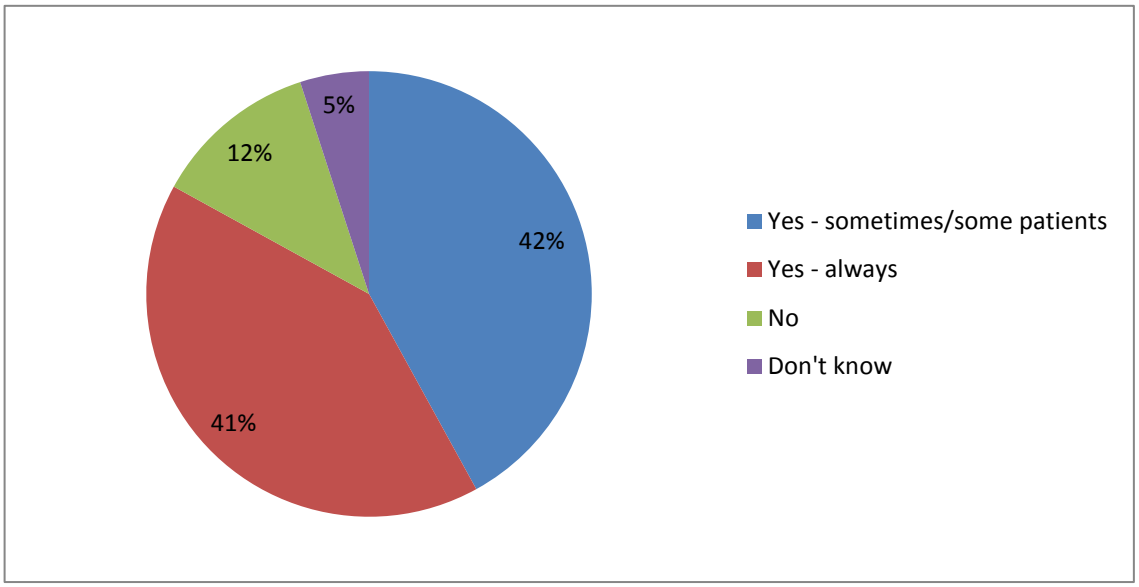
COSTS OF CARE

Very few respondents reported issues with the cost of care. Fewer than 3% of respondents reported that medication was prescribed or tests ordered that were either too costly or not obtained, that a referral was made to a specialist that the individual could not afford to visit or decided not to visit for another reason.

Bulk billing

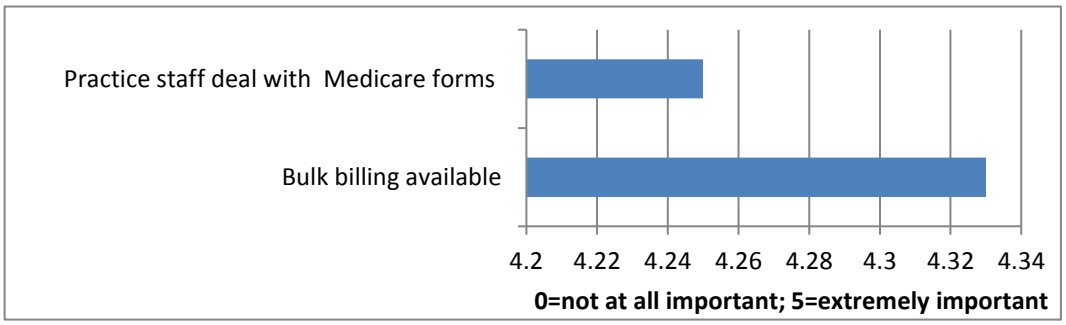
Two questions were asked about bulk billing; how it applies at the practice level and whether the respondent was bulk billed at their most recent visit. Figure 9 shows the responses to the first of these questions; 42% of respondents (n=1081) indicated that their general practice bulk billed some services or some patients and 41% (n=1039) indicated that their practice always bulk billed. While these responses indicate that more than 80% of GP services may be bulk billed, in response to the second question, 71% (n=1774) of respondents reported that they were bulk billed at their last visit.

Figure 9: Does the practice bulk-bill?



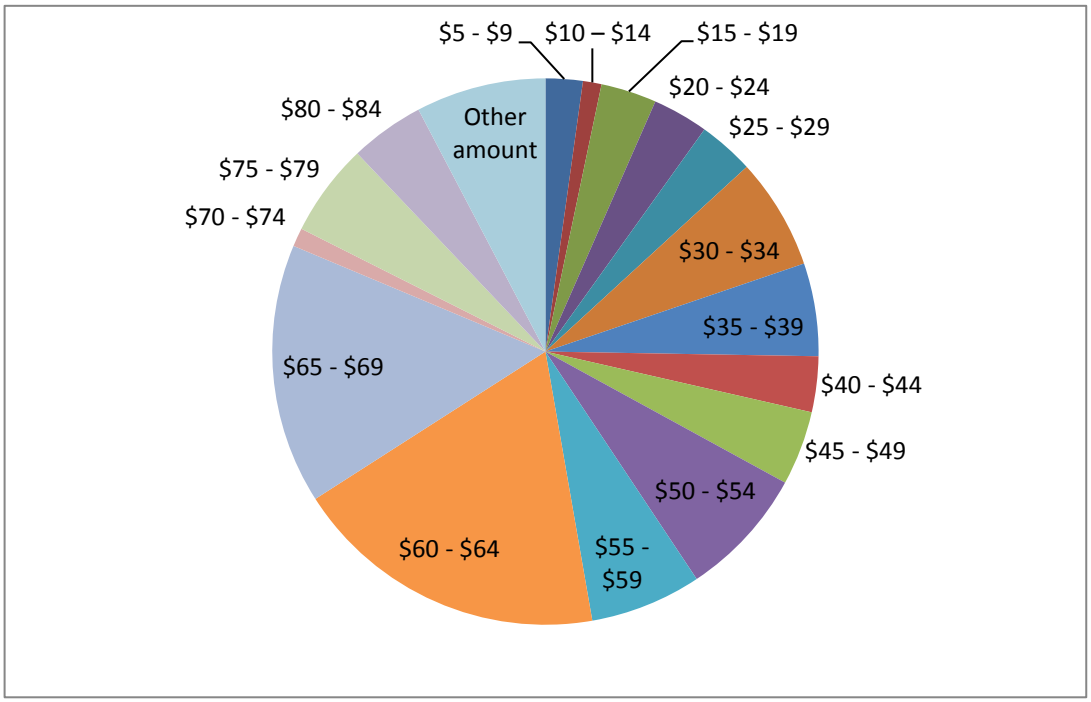
Of those respondents who reported not being bulk billed at their last consultation (n=714), 64% reported that they paid the clinic fee but the practice staff submitted their Medicare claim, while 23% reported that they paid the clinic fee then submitted their own claim to Medicare. Two percent reported that the visit was related to a Workcover claim and 11% could not recall how they paid for their most recent visit (Figure 10).

Figure 10: Paying for the GP consultation



Respondents reported that they paid between $5 and more than $80 at their most recent visit to the GP. More than 40% reported they paid between $60 and $79 for the consultation, indicating that for a Level B consultation (lasting 5-20 minutes), these patients paid out-of-pocket costs of between $24 and $43 per visit. Figure 11 shows the payments reported for the most recent visit.

Figure 11: Amount paid at the most recent visit to a GP



GP charges and Medicare bulk-billing

A more detailed investigation of these results has been published (De Abreu Lourenco et al, 2015; reference 7 listed below). Taking into account the duration of visits and the corresponding Medicare Benefits Schedule (MBS) rebate, the mean out-of-pocket costs for those who were not bulk billed was $34.09. Univariate and multivariate analyses were used to investigate the relationship between bulk billing and a number of variables thought to be associated with it, including having a chronic condition, income, eligibility for a concession card, private health insurance status, region of residence, sex and duration of visit.

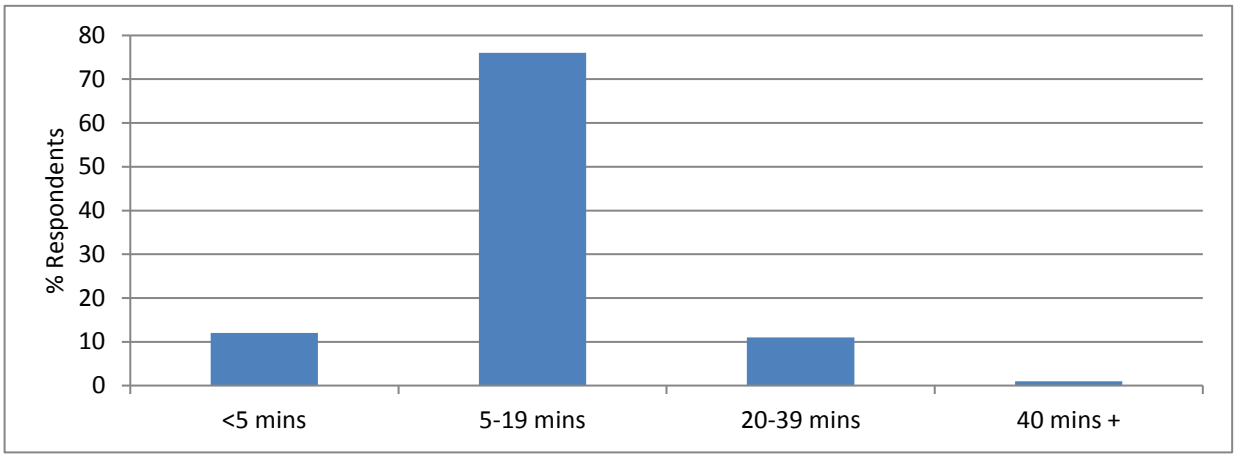
The univariate analysis showed that all factors other than gender and duration of visit were associated with bulk billing. The multivariate analysis showed that the odds of being bulk billed were higher for those with a chronic condition, a concession card and private health insurance, but were lower for those with higher incomes or who lived in inner or outer regional areas. Those who reported having an appointment at their last visit or who visited a general practice with more than two GPs were less likely to be bulk billed [7].

However, few people have problems with the cost of care. Although a third of survey respondents (n=813) reported that in the preceding 12 months, they needed to visit a GP but did not, only16% of these reported the reason as being an inability to afford the cost of the visit and/or follow-up care and 3% reported it as being due to the cost of transport to the practice.

QUALITY OF CARE

Overall, respondents reported that they received high quality care at their most recent consultation with a GP. Fewer than 3% of respondents reported that medical records or test results were not available at the time of their scheduled GP visit, or that the GP did not perform a physical examination even though the patient believed one was needed. Almost 99% reported that the GP spent sufficient time on the consultation, knew their medical history, listened to their concerns and needs, explained the condition and proposed treatment in an understandable way and involved them in any decision making. Figure 12 shows the reported length of consultations.

Figure 12: Self-reported length of time spent with the GP



Perceptions of quality and price

In the Australian health care system, patients are entitled to receive a fixed rebate to cover the cost of GP consultations. However, GPs can determine their own fees and patients pay any gap between the Medicare rebate and the GP fee through out of pocket (OOP) costs, which, by law, cannot be covered by private health insurance. The high level of price competition among GPs in Australia, particularly in highly populated areas, is an important safeguard; for more than 80% of general practice services, the GP fee is equivalent to the Medicare rebate, implying that the patient faces no OOP costs.

There is a widely held view that bulk billing is associated with poorer quality care. The Australian Medical Association (AMA) has argued that excessive price competition results in shorter consultations which in turn may discourage GPs from focusing on preventive care and the proper management of chronic conditions[8]. Using two questions from the REFinE-PHC consumer survey, an in-depth study of the relationship between bulk billing and patients' perceptions of GP quality was undertaken[9]. The two questions focused on i) eight factors relating to patients' experiences at GP consultations over the last 12 months and ii) five factors related to their most recent GP visit. The key independent variable is patients' bulk billing status at their last GP visit.

More than 71% of respondents reported being bulk billed at their last consultation with a GP. There are no differences in perceptions of quality of care between bulk billed and non-bulk billed patients; nor are bulk-billed consultations shorter. Those living in lower income households, who have a concession card and are older, with worse self-reported health and more chronic conditions are more likely to be bulk billed. Positive perceptions of quality are associated with being older, female, in poorer health and living in a major city.

The relationship between general practice quality and the use of EDs

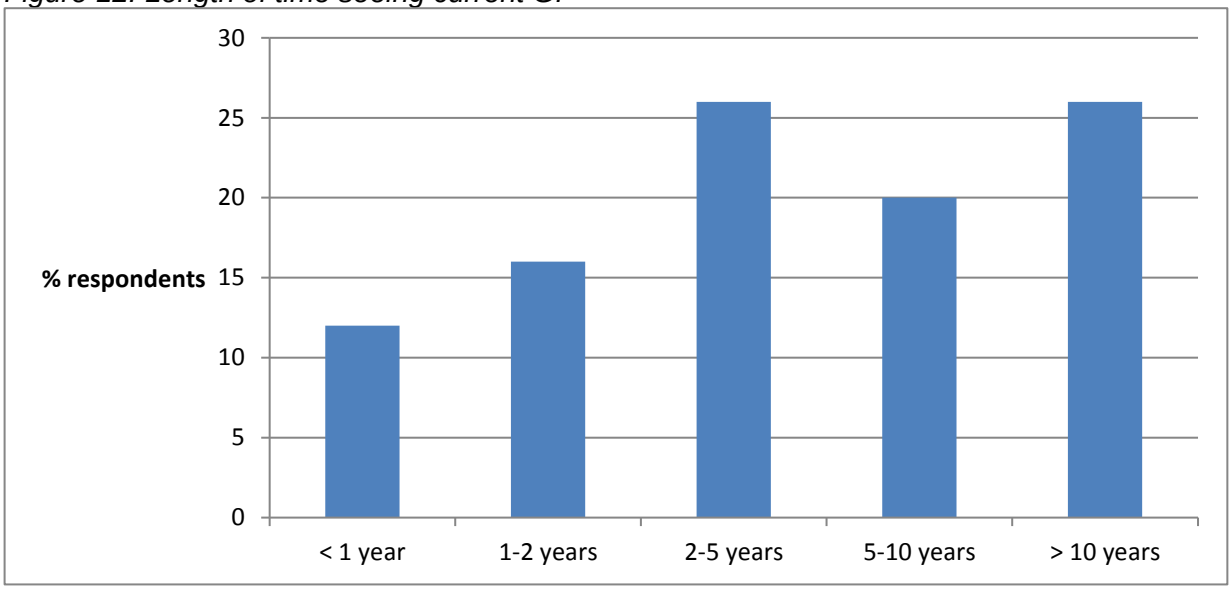
The role of primary care in reducing avoidable hospital use is an international policy issue. While much attention is focused on admissions, primary care can also influence ED use. While strategies have been introduced to improve access to out of hour GP care, very little attention has been paid to the quality of GP care and whether that influences attendance at the ED. The REFinE-PHC consumer survey data were used to investigate the influence of patient-reported experience of GP care on the probability of ED attendance. Respondents answered Yes or No to questions about whether, at their most recent GP visit, they felt the GP listened to their concerns and needs, gave an understandable explanation about their condition and any treatment required, knew their medical history well enough, spent enough time with them and involved them in any decisions about available treatments.

The results from a logit model show that people who are young, older, of Aboriginal/Torres Islander origin and have a low household income have a higher probability of using ED, as do those living in inner and outer regional areas. Treated independently, all patient experience indicators are insignificant; when either the sum of the scores for the five variables or the binary variable for high quality GP care are used, the results indicate that those who have high quality experiences tend to report lower ED use. When the marginal effects are estimated, they show that the probability of attending ED by an average respondent is 8% lower for those who experience high quality GP care compared to those who experience low quality GP care. This effect is largest for older people, but also significantly higher for females, those who are single, have low income and worse self-reported health status[10].

PATIENT-GP RELATIONSHIP

A series of questions asked respondents for information about the extent to which they are loyal to a GP and/or practice. 89% of respondents (n=2274) reported that they usually visit the same practice when consulting a GP and 80% (n=2043) reported that they usually see the same GP in that practice. Reinforcing this information, 71% of respondents reported that on the last occasion they were sick or needed care they were seen by their usual GP; 19% had been seen by a GP in their usual practice. Six percent reported they consulted a GP at another practice and 3% reported visiting the Emergency Department (ED). Figure 12 shows how long respondents reported they had been seeing their GP.

Figure 12: Length of time seeing current GP



Twenty-eight percent of respondents (n=708) reported that they had been to more than one practice in the last 12 months. Of these, 43% reported that the reason was because the GP they wished to consult was not available, 28% reported that the location or opening hours were more convenient and 21% wished to take advantage of bulk billing.

The influence of general practice characteristics on patient loyalty

Understanding the factors that influence how patients choose to engage with their GP is important in order to assess policies that affect access to primary care. Changes to how payments are structured (e.g. programs such as enrolment and capitation designed to encourage continuity) or to costs to patients (e.g. the introduction of co-payments) are likely to influence patients' behaviour, including whether they choose to be loyal to a GP or

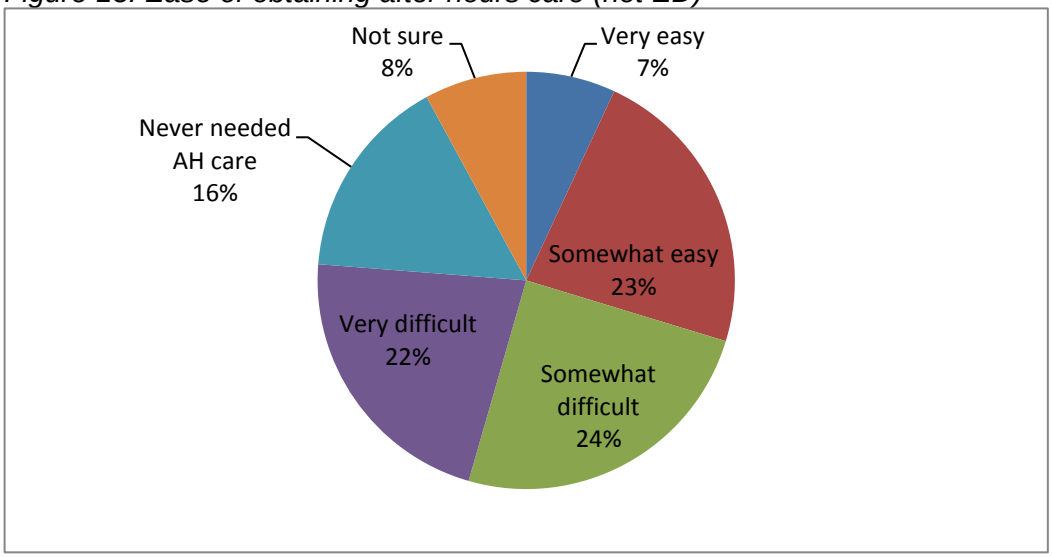
practice, or use multiple practices. For a study of the effects of the characteristics of general practice on patient loyalty, the sample was limited to respondents who reported at least one visit to a GP in the past 12 months (n=2303). The decision to remain loyal to one practice or to use multiple practices was modelled using binomial and multinomial probit (probability unit) models.

The results from both models were consistent: those who were older, retired, living outside a major city and felt that having a choice of GP was important had a higher probability of being loyal. Younger respondents had a lower probability of being loyal and, together with those who felt bulk billing was important had a higher probability of using multiple practices [11].

Out of hours care

Most respondents (92%) had not been seen at home by a GP in the last 12 months. Of those who had been visited at home (n=213), 61% had been seen by their usual GP. Almost 50% of respondents indicated that it was somewhat or very difficult to obtain care in the evenings, on weekends, or on public holidays without going to a hospital ED. Figure 13 illustrates the responses to this question.

Figure 13: Ease of obtaining after hours care (not ED)

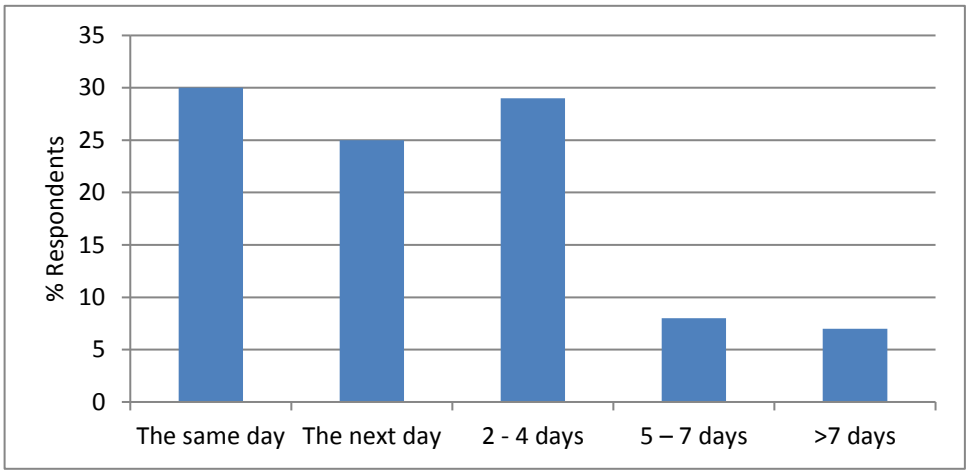


Most respondents (81%, n=2031) reported no visits to an ED at a hospital for care in the past 12 months. Of the 19% (n=466) who did visit an ED, only 23% indicated that this was because they could not get an appointment to see a GP. While the majority of respondents (56%, n=61) reported only one visit to ED, 37% (n=40) reported that they attended an ED 2-3 times and 6% (n=6) between 4 and 11 times in the previous 12 months because they could not get an appointment with a GP.

Waiting times

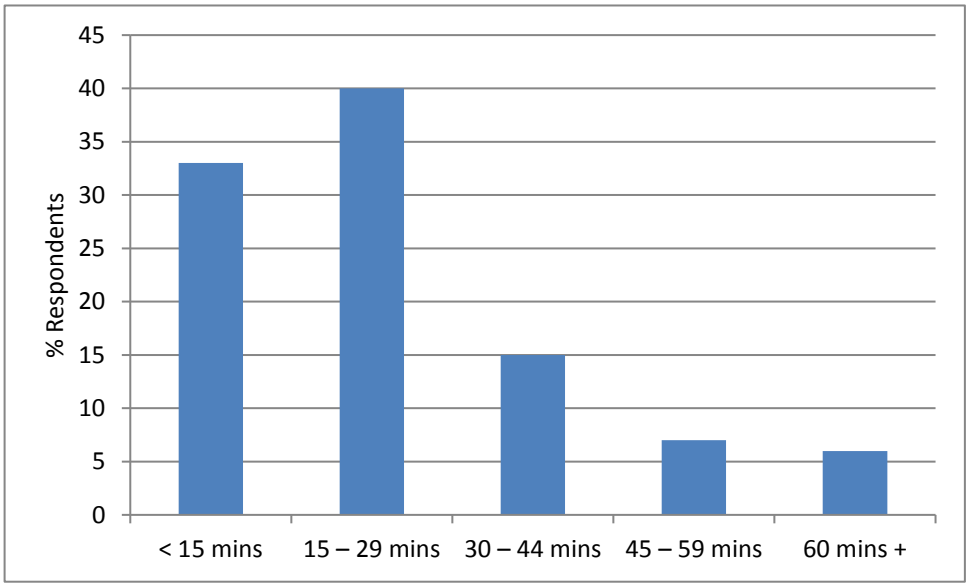
Most respondents (80%, n=2007) had an appointment at their last visit to the GP and of these, 85% reported that the appointment they obtained was the one they wanted. Figure 15 shows how quickly respondents reported being seen by their GP.

Figure 15: Time to appointment



90% of respondents reported that it takes them less than 30 minutes to travel to the GP; most (68%) drove themselves or walked (17%). Figure 16 shows reported waiting times to see the GP once the patient arrived at the practice. 73% of respondents (n=1832) reported that they were not informed about the probable waiting time.

Figure 16: Waiting time at the practice



IMPORTANT ATTRIBUTES OF THE GP

The final section of the survey was designed to elicit from respondents the importance of various aspects of GP practice when choosing between service providers. Questions were asked about,

- making appointments, reminders and out-of-hours services (Arranging to see the GP)
- time required to travel to the practice and waiting times (Getting to the GP)
- payment arrangements (Paying for the GP)
- the physical aspects of the practice (The Practice), and
- various aspects of the quality of care provided (The Services).

These issues were presented to respondents as a series of statements which they were asked rate as between not at all important (1) to extremely important (5). The average scores are summarised in Figures 17 (a-c) and 18.

The lowest average score (2.90) was for “The practice offers alternatives to face-to-face doctor consultations e.g. phone, e-mail, text, or video consultations” and the highest (4.53) was for “The GP gives me sufficient information on my condition and treatment options”. From a total of 36 statements, only four attributes achieved an average score of less than 3/5: the capacity to make appointments on-line, the practice being part of a larger group and the availability of alternatives to face-to-face consultations or CAM. However, eighteen attributes (50%) achieved an average score of 4 or higher. From the first four sets of statements (Figure 17 (a-c), these were being able to,

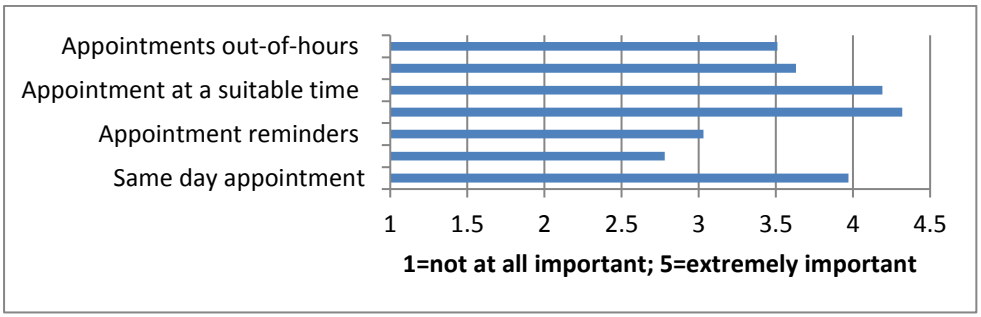
- have a practice nearby which has parking available
- make an appointment at a time that suits
- see the GP of choice
- be seen at the appointed time but be told about any wait on arrival
- be seen promptly in a clean practice by friendly staff.

Not surprisingly, nine of the 16 attributes in “The Service” category (Figure 18) were rated highly,

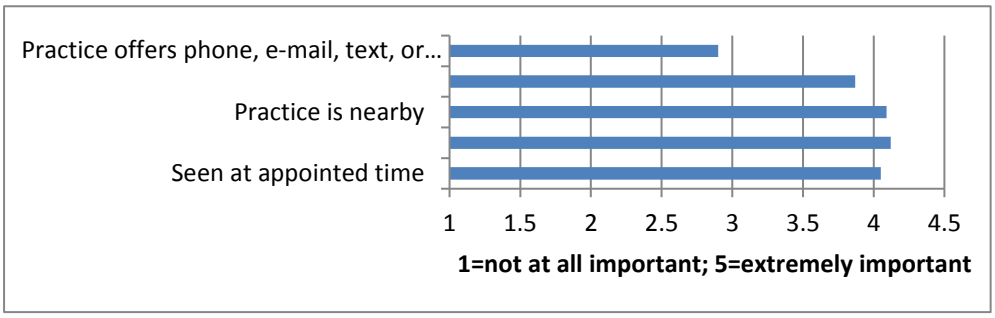
- that the practice is accredited
- the same GP is available
- sufficient time is allowed for consultations
- the GP has access to computerised medical records
- that in the consultation, the GP provides sufficient information, listens and
- explains the diagnosis and treatment thoroughly;
- physically examines the patient when necessary
- offers proven treatments, and
- involves the patient in discussions about treatment.

Figure 17: Mean scores of GP attributes

a: Arranging to see the GP



b: Getting to the GP



c: The Practice

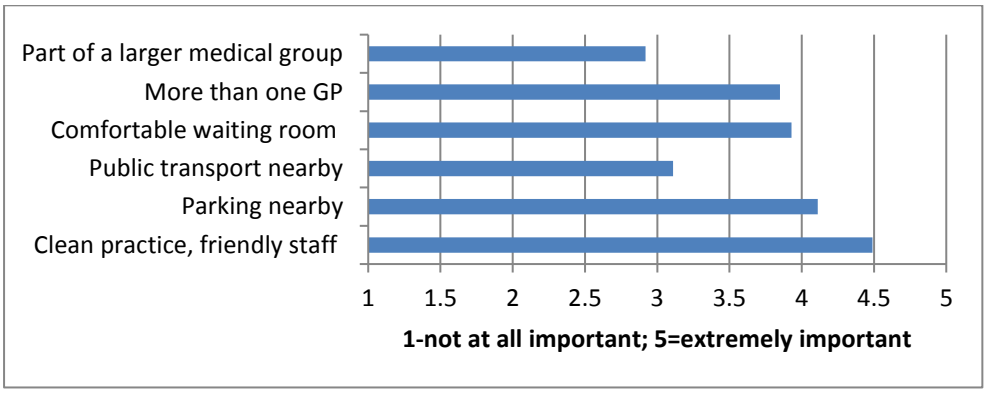
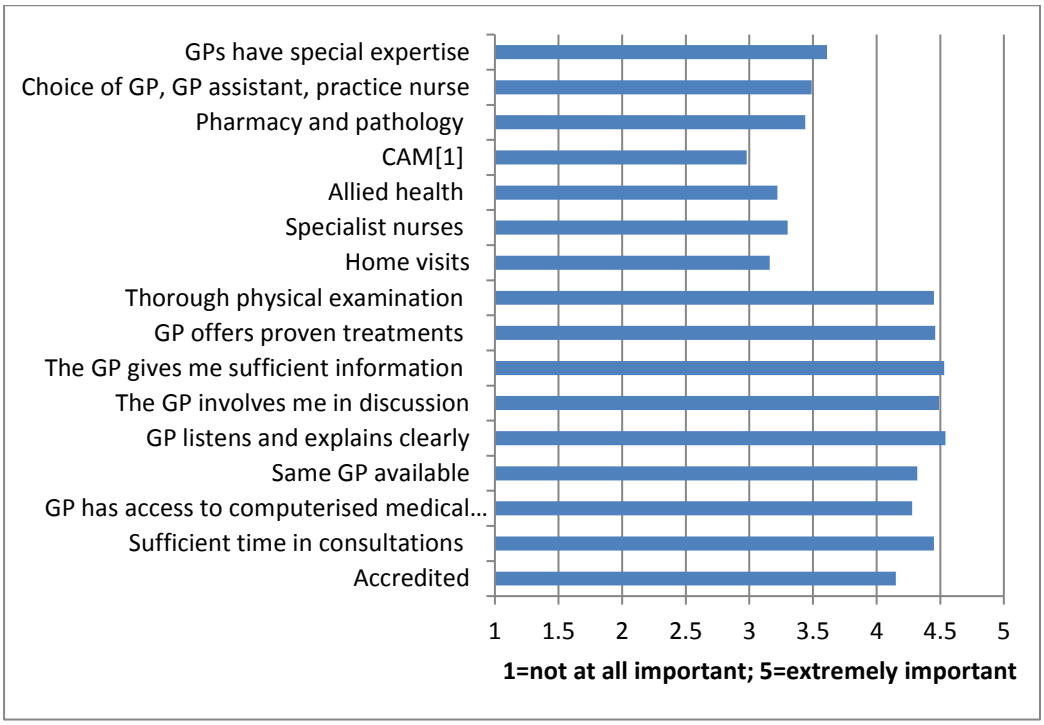


Figure 18 : The Services



[1] Complementary and alternative medicine

Discussion

This Report summarises the results from a program of work undertaken as part of the REFinE-PHC CRE into patient experiences of primary care. Most of the projects were off-shoots from the results of an on-line survey of Australian adults in which the aims were to gain an understanding the relationship between personal and health characteristics of respondents and their use of GP services, as well as what patients consider important attributes of general practice, including their perceptions about quality.

ACCESSIBILITY

More than 50% of respondents had visited their GP between one and three times in the past year. Respondents reported a high level of accessibility to general practice services during business hours. Eighty percent had an appointment for their last visit; of these, 85% reported that the appointment was the one they wanted. Fifty five percent were seen on the same day or the following day; more than 80% of respondents reported being seen within four days of contacting the practice. The majority of respondents (72%) waited less than 30 minutes to see the GP once they had arrived at the practice.

Respondents rated accessibility highly,

- being able to obtain a suitable appointment
- an appointment being available on the same day, and
- being seen by the GP of their choice
- having a GP practice nearby
- being seen on time, and
- being told how long they would have to wait.

The above were all rated 4/5 or higher.

Respondents indicated that they would prefer increased access to a range of other services if they were available in conjunction with their general practice: imaging, pathology, pharmacy, podiatry and psychology were the most popular choices.

The result of an accessible primary care system is that patients are loyal to their GP and the practice in which she or he works. Ninety percent of respondents had visited their usual general practice for their most recent consultation (71% consulted their usual GP, 19% consulted another GP in the same practice). Respondents who were older, retired and lived outside a major city were more likely to be loyal. Younger respondents and those for whom bulk billing is an important issue were more likely to report consulting multiple GPs.

These results contrast with the reported ease of obtaining care outside of business hours. Forty-six percent of respondents reported that it was difficult to obtain after hours care (on evenings, weekends or public holidays), indicating that this aspect of accessibility is important for general practitioners to address. However, the importance of out of hours care was rated less highly than other access attributes (3.5/5), perhaps indicating that requiring after-hours care is a fairly rare event. The importance of urgent out of hours care was rated slightly higher (3.6/5).

Only 19% of respondents reported visiting an ED in the past year. Those who did were more likely to be older or young, of Aboriginal and Torres Strait Islander origin with low household incomes. Respondents who reported that they received high quality care at their general practice were less likely to use the ED- an 8% lower probability compared to those who reported experiencing low quality care.

BULK BILLING AND OUT-OF-POCKET COSTS

Seventy one percent of respondents reported being bulk billed at their last appointment; they were more likely to be bulk billed if they had a chronic condition, a concession card and private health insurance. While only 21% reported visiting a general practice other than their usual practice in the last 12 months, 28% of these respondents reported that they did this to take advantage of bulk billing. Respondents rated the availability of bulk billing highly (4.3/5).

A minority of respondents (<30%) reported paying an out-of-pocket (OOP) fee at their last GP visit. The majority of these paid between $20-$40 in OOP fees; the mean OOP fee was $34. A separate analysis of the 45 and Up data linked to Medicare data showed that the cost of medicines influences adherence- specifically, that lower co-payments result in better levels of adherence.

Most general practices have access to the electronic Medicare rebate system and are thus able to reduce the administrative burden on patient by relieving them of the need to submit a separate Medicare form. Although a third of respondents (n=811) reported that they had not consulted a GP in the past 12 months even though they needed to, only 16% of these indicated that this was due to the cost of the consultation or follow-up care. Respondents rated the availability of bulk billing as an important attribute of general practice (4.3/5).

QUALITY

The majority of respondents reported no issues with the quality of care they received at the GP. Fewer than 3% of respondents reported that medical records or test results were not available at the time of the scheduled GP visit or that the GP did not perform a physical examination when the patient believed one was needed. Further, the overwhelming majority of respondents reported that their last consultation was of high quality. Almost 99% reported that the GP spent sufficient time on the consultation, knew their medical history, listened to their concerns and needs, explained the condition and any proposed treatment in an understandable way and involved them in decision making.

In line with these results, respondents also rated the importance of quality highly. The attributes of having an accredited practice, being able to consult the same GP who has access to computerised medical records and is able to spend sufficient time undertaking the consultation, were all rated between 4.1 and 4.4/5. Having a physical examination when necessary and being offered treatment of proven effectiveness was also rated at just under 4.5/5. However, the most highly rated attributes were those concerned with the quality of communication; being provided with sufficient information, having issues explained clearly and being involved in the discussion about diagnosis and treatment were all rated at 4.5/5 or higher. These results are similar to many previously reported from both quantitative and qualitative research. Patients want a high level of communication and that provided by their GP is highly sought after and appreciated.

Conclusions

Overall, respondents to this survey reported high levels of accessibility to and quality care from their general practitioner. Most identified a regular GP or general practice as their usual source of care and could be regarded as loyal. Although few reported problems with the cost of care, a significant proportion reported visiting other GPs for practical (e.g. to access an earlier appointment time) or financial reasons (e.g. to take advantage of bulk billing). That is, people take advantage of the choice available in the current system which allows them to visit any GP.

The popular idea that bulk billing is associated with lower quality care was not supported. It is important to note that this research addressed the issue of quality as perceived by patients. There is little information of other aspects of quality such as the use of evidence-based care, which, if publicly available, would assist patients in choosing their GP.

Access to a GP has some effect on ED visits but the impact is small. Although few respondents reported visiting an ED because they could not obtain an appointment with their GP, those who perceived receiving high quality care from their GP were less likely to visit an ED. Since the survey was conducted there have been further developments in the market for after hours GP services but the demand for ED care has remained high.

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