

POLICY OPTIONS

REFinE-PHC: Patient experiences of Primary Health Care

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Policy context

Given the significance of the primary care sector to the Australian health system, it is important to understand and take account of consumers' views about their experiences of using it. This will be crucial as the system moves toward more integrated care and develops health care homes. Different surveys have asked consumers about their experiences of making an appointment with and being treated by a General Practitioner (GP), their perceptions of the quality of care delivered and the costs associated with GP visits, 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 the individual consults, her or his experiences, out-of-pocket costs and what patients' consider important attributes of general practice, including their perceptions about quality.

The REFinE-PHC survey focused on patient perceptions of GP practice structure, payment methods and patients' experience of using health care services. The results of the survey have been used to motivate and inform four specific analyses on:

- > Whether patients have a regular GP
- > Whether patients' perceptions of quality vary with the price paid for consultations
- > Cost and access to care
- > The relationship between GP access, quality and the use of emergency departments (ED)

Key findings

The majority (81%) of respondents rated their health as excellent, very good or good, 15% as fair and 5% as poor. Twenty-two percent reported using a Pensioner Concession Card and 20% a Health Care Card. Nearly two thirds of respondents (64.6%) were in full or part-time employment. The majority of respondents reported that they consulted their GP three or fewer times in the last year. Eighty per cent of respondents 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.

Almost all respondents have a regular GP or regular practice

Eighty-nine percent of respondents reported that they usually visit the same practice when consulting a GP; 80% usually see the same GP. 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 and those who felt bulk billing was important had a higher probability of using multiple practices.

Bulk billed visits are not shorter or of lower quality

Two survey 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, to provide patients' perceptions of GP quality. Very few respondents reported issues with quality. Almost 99% of respondents reported that the GP spent sufficient time on their last 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. Very few respondents reported issues with either quality or cost of care. Almost 99% of respondents reported that the GP spent sufficient time on their last 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. Further analysis showed that there are no differences in perceptions of quality of care between bulk billed and non bulk billed patients. Nor are bulk billed consultations shorter. Positive perceptions of quality are associated with being older, female, in poorer health and living in a major city.

Few people have problems with the cost of care

Forty-two percent of respondents indicated that their general practice bulk billed some services or some patients; 41% indicated that their practice always bulk billed; 71% of respondents reported that they were bulk billed at their last visit. The mean OOP costs for those who were not bulk billed was \$34.09.

A third of survey respondents reported that in the preceding 12 months, they needed to visit a GP but did not. Of these, 16% reported the reason as being an inability to afford the cost of the visit and/or follow-up care and 3% reported it as the cost of transport to the practice.

Access to a GP out of hours remains difficult and has some effect on ED visits but the impact is small

While respondents reported a high level of accessibility to general practice services during business hours, almost 50% 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. A third of respondents reported that in the preceding 12 months, they needed to visit a GP but did not. Of these, 43% indicated that they were too busy with work, personal or family responsibilities to visit the GP, 34% that an appointment was not available when required and 16% that they were unable to afford the cost of the visit and/or follow-up care.

Of the 19% of respondents who visited an ED in the preceding 12 months, 23% indicated that this was because they could not get an appointment to see a GP. The probability of attending an ED is 8% lower for those who experience high quality GP care compared to those who experience low quality GP care.

Quality of care and convenient access are important

A series of statements were presented to respondents which they were asked rate as between not at all important (1) to extremely important (5). These covered the following topics: arranging to see the GP, getting to the GP, paying for the GP, physical aspects of the practice, and various aspects of the quality of care provided. Half of these attributes were rated as very or extremely important. These covered quality of care with the quality of communication; being provided with sufficient information, having issues explained clearly and being involved in the discussion about diagnosis

and treatment including, convenience including suitable appointment times, and being seen on time, and choice of GP. 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.

Policy options

These results provide insight into several possible policy developments.

Acceptability of registration with a GP Practice

Most respondents identified a regular GP or GP practice as their usual source of care. Any form of registration would have to address several issues of accessibility and cost.

- > Bulk billing: Respondents rated the availability of bulk billing highly and a significant proportion visit other GPs to take advantage bulk billing.
- > 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 are all factors rated as important in choosing a GP.

Quality of care is important but there is no public information

- > Bulk billing is not associated with lower quality care, as perceived by patients. Quality of care is important to patients but the questions were limited to patient experience. There is little information on other aspects of quality, such as treatment that conforms to clinical guidelines, publicly available to assist patient choice of GP. This is likely to become more important if there are moves to patient registration.

Improving access to out of hours care will have little impact on ED visits

- > Access to out of hours care was not easy to obtain but rated less highly than other access attributes. The survey was conducted 3 years ago and there has been further development of the Medical Deputising Services market since then. Although few respondents reported visiting an ED because they could not get a GP appointment, those who rated their relationship with their GP highly were less likely to visit an ED. This could also be important in designing any patient registration.

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