POLICY OPTIONS

REFinE-PHC: Preferences and Choice in Primary Care

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Goodall S, Kenny P, Mu C, Hall J, Norman R, Cumming J, Street D, Greene J. and the REFinE Team

Policy context

The Australian health care system presents multiple choices, whether it be consumers selecting if and where to seek care, or providers determining where and how to practice. Studying choice provides important insights which will inform the development of policy, allow prediction of policy effects, and support public performance reporting.

An understanding of the general practitioner (GP) and practice attributes regarded as important by consumers can inform primary health care policy by contributing to the design of services which reflect the priorities of the users and by identifying the nature of the information which could be made available for consumers to use when choosing a new medical practice. The latter is important in the current Australian context as primary care policies which encourage patients to attend a single general medical practice will be facilitated by providing patients with sufficient information on which to base the initial choice.

Another important aspect of primary health care policy relates to the availability of sufficient GP services and ensuring the availability of these services across both rural and urban areas. This is particularly important given Australia's uneven distribution of services between rural and urban areas, along with the increasing demand for primary care services due to the ageing population.

Key findings

CONSUMERS

Our research extends existing knowledge by examining a comprehensive range of attributes of GP care and by assessing the extent to which these attributes can be grouped into underlying dimensions. The first consumer study found five key dimensions covering care quality, types of services provided or co-located with the practice, availability, cost and practice characteristics. Care quality was the most important. The importance attached to these dimensions did not differ significantly by residential area or health status. Frequent GP users and females had higher scores across all dimensions and the importance of care quality increased with age. This provides the basis of the subsequent studies.

We have examined consumer preferences for a GP appointment for different health problems, using a discrete choice experiment (DCE). This approach elicits trade-offs across different attributes by asking consumers to make a series of hypothetical choices. We found that Australian consumers have a clear preference for GP appointments with lower cost, continuity of provider (seeing a GP they know) and of care (the GP has access to their medical records), an appointment within 1-2 days. Cost had the biggest impact on the probability of choosing a GP appointment, i.e. the higher

the cost the more likely the respondent selected another provider. An appointment on the same or the next day and continuity of care with the same GP were the next most important attributes after cost. We conducted the same survey in New Zealand. The main difference between the two countries was for the cost of a GP appointment where the NZ respondents clearly placed less importance on cost. This may reflect the extent of bulk billing available in Australia, compared with the history of extensive out of pocket costs for primary care in New Zealand.

We found that quality of care was important and many aspects of quality are readily judged by the consumer; for example, whether they were seen by a doctor known to them, the availability of their medical records, whether the consultation felt rushed. The first study also identified having a doctor who uses proven treatments as important. This is difficult for the consumer to judge without other information. Therefore, this study addressed questions around the presentation of information on quality, again using the DCE approach. Quality of care was important to consumers and affected their choice of practice. The biggest effect on the probability of choosing a GP was due to having a GP who listens to the patient and explains clearly (similar in effect size to cost. Quality of care information was presented in different formats using graphics alone, a combination of graphics and numerical data, or numerical data alone. Presentation format had little impact on preferences, in that the dimensions that were important did not change with the presentation format. The use of a combination of graphic and numeric information was preferred. We also tested for comprehension and found more errors when only numeric information was presented.

PROVIDERS

Our research addresses the choices of doctors and how this affects the medical workforce supply. First, we analysed the preferences of doctors, both GPs and hospital doctors, to reduce their working hours. There are a number of similarities between GPs and other doctors in the factors that predict a desire to reduce work hours. These included age, gender, current work hours, health status and level of job satisfaction. Almost half of GPs said they wished to work less, but less than one third of these were able to do so within the next year. In addition to the above factors, the probability of wanting to reduce work hours was higher among GPs who did on-call work and lower among GPs who were not a principal or partner in the practice, while for specialists the probability increased with the proportion of private work. Female doctors and those working more than 40 hours per week were more likely to reduce work hours.

We also investigated the supply of GPs in rural areas. Younger GPs were more likely to work in rural and remote areas. Doctors coming from a rural background had an increased likelihood of working in a rural area, but compared to their male counterparts, females 40 years and above were more likely to work in urban areas.

Policy options

CONSUMERS

- Australians value bulk billing, and high out-of-pocket costs may encourage them to choose other providers or deter them from seeking appropriate care.
- Being able to get an appointment within 1-2 days was also considered important. Policy advisers should continue to monitor access to care.
- Continuity of care was also identified as important, suggesting that many Australians would find policies which include practice enrolment acceptable. However, this suggests that certainty about timely access to appointments and out-of-pocket costs will need to be addressed.

- Information about the quality of care would be useful to consumers, particularly reports of communication and information provision which may be derived from patient experience surveys.
- More technical information about quality is also rated as important. More work is required to understand what information would be most useful.
- In order to be most useful for the general population, quality information should be presented by combining a numeric presentation with graphical illustration.

PROVIDERS

- Almost half of GPs and half of hospital doctors wish to reduce their working hours. Many of factors associated with this were demographic characteristics which cannot be changed by health workforce policy. Working long hours was also predictive of wanting to change. Ensuring appropriate working hours and taking account of personal and family responsibilities is an important consideration in designing service delivery and workforce planning. Younger GPs are more likely to live and work in rural areas compared to GPs in their forties. It is possible that this may reflect changing family responsibilities; but there may be other explanations. Ensuring career paths that facilitate this mobility could be important in an adequate rural workforce.
- One of the impacts of the tendency for GPs to leave rural areas in their forties is that the rural workforce is less experienced. Consideration should be given to ways to overcome this, either by more support for less experienced GPs or policies which help retain mid-career GPs in rural areas.

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