



Patient experience of primary health care

Keep up to date with new Australian primary health care research

ISSN 1839-6348

Issue 34
October 2013

M Raven

There has been considerable research on patient satisfaction and other aspects of patient experience, but much of it is dated, and the generally positive findings are complicated by significant conceptual and methodological issues.

This **RESEARCH ROUNDup** focuses on patients' experiences of primary health care in Australia in the context of the broader international research base. It briefly discusses relevant findings from the Australian Bureau of Statistics, the National Health Performance Authority's 'Healthy Communities' reports, the Productivity Commission's Report on Government Services, and the Council of Australian Governments Reform Council's report on the National Healthcare Agreement.

Patient experience of health care

Patient experience of health care is recognised as an important dimension of health care quality, and a factor that influences patient behaviours. It is very relevant to quality control, and to the current trend towards patient-centred health services.¹

Patient experience encompasses multiple aspects, including access to health care, satisfaction, cost, responsiveness, and communication (including being listened to). Access to health care is most often conceptualised in terms of waiting-times. However, it also encompasses geographic distance and financial cost. Coordination of multiple services is another important aspect of patient experience, particularly for people with disability and/or multimorbidity.

A recent study² provides a useful concise summary of why patient satisfaction is important:

Assessment of patients' satisfaction can help improve the delivery of healthcare services and optimize resource utilisation.... patient satisfaction is an integral component of the quality assurance of healthcare services.... information about patient satisfaction can be a predictor of health-related behaviour.... Some studies suggest that satisfied patients are more likely to continue using healthcare services.... other studies have linked satisfaction with medication compliance... and continuity with care providers. (p. 2)

There is a considerable literature on patient experiences of health care. However, much of it is dated (often 1980s or 1990s); this includes most of the references cited in the above quote. Furthermore, much of it focuses on patients' experiences in hospitals. However, in any one year, most people do not have contact with hospitals, but do have contact with primary health care (PHC) services, particularly general practitioners (GPs) – 81% of Australians aged 15+ consulted a GP in 2011-2012.³ Consequently PHC patient experience is a key issue.

Conceptual and methodological issues

There are some problematic conceptual and methodological issues that are often overlooked, reducing the value of much research.^{4,5} Conceptual issues include confusion between patient perceptions and patient satisfaction.^{1(p. 513)}

What should be measured (and targeted for improvement) and how it should be measured are key issues. Reviewing a wide range of instruments (scales) used to assess patient experience relevant to PHC, Wong & Haggerty⁶ found a wide range of content. Notably, most did not assess outcome measures such as

functional and emotional health status. Wong and Haggerty identified six dimensions of PHC patient experience that they considered important to measure: access, interpersonal communication, continuity and coordination, health promotion within technical quality of care, trust, and patient-reported impacts of care.

Overall, the methodology of many patient satisfaction studies has been weak. A 1999 analysis found that most assessment instruments had little evidence of reliability or validity.⁵

In contrast, the Practice Accreditation and Improvement Survey (PAIS) has sound reliability and validity.⁷ It assesses issues such as waiting times, choice of doctor, and information provided, based on RACGP accreditation standards. It also assesses GPs' interpersonal skills. In a large Australia-wide survey, patients generally rated GPs' interpersonal skills more highly than practice service issues (e.g. after-hours care).⁷

The PAIS was rebadged and adapted for the UK as the Improving Practice Questionnaire (IPQ), and has been translated into several other languages.⁸ A large UK survey similarly found that patients rated GPs' communication skills higher than practice service issues. Greco et al. emphasised the need to actively respond to survey results.

Australian patients' experience of health care

There is an increasing amount of Australian evidence about patient experiences of health care, partly because there is high-level policy recognition of the importance of patient experience, including access and satisfaction. For example, the indicators for the National Health Reform Performance and Accountability Framework include 'Measures of the patient experience with hospital services' (p. 15) and, for Medicare Locals, 'Measures of patient experience' and 'Waiting times for GP services' (p. 17).⁹

ABS: Patient Experiences in Australia

Much of the Australian evidence comes from Australian Bureau of Statistics (ABS) Patient Experience Survey series. These investigate patients' experiences (over the previous year) of multiple levels of the health care system, including GP services, medical specialist services, dental care, and hospital admissions. The series provides valuable cross-sectional and trend data.

The 2011-12 survey (the third to date) included interviews with 26 437 people aged 15+.³ Overall levels of satisfaction were high:

86.8% reported that GPs always or often spent enough time with them, 91.6% that GPs always/often treated them with respect, and 88.3% that GPs always/often listened carefully. Less positively, 6.8% of people who needed to see a GP reported not seeing one, or delaying seeing one, because of the cost, and 31.2% for other reasons.

In the 2010-11 survey (26 423 people) 87.5% reported that GPs always or often spent enough time with them; 92.3% that GPs always/often treated them with respect; and 89.3% that GPs always/often listened carefully.¹⁰

NHPA: 'Healthy Communities' reports

Data from the two most recent ABS Patient Experience Surveys have been analysed further in two recent National Health Performance Authority (NHPA) reports. These mapped adult patients' experiences of PHC to Medicare Local areas (on the basis of where patients lived, not where services were delivered).¹¹ Most data were collected before Medicare Locals were established, so the findings provide a baseline assessment. The findings reported here apply only to patients who had seen a GP for their own health in the previous year.

A key finding in *Healthy Communities: Australians' experience with primary health care in 2010-11* was that the percentage of patients who felt they had waited longer than acceptable for a GP appointment in the preceding year varied from 8% to 28% across ML areas.¹¹ The percentages reporting having not seen, or having delayed seeing, GPs because of cost ranged from 3% to 16%. Patients' perceptions that their GP always or often listened carefully to them varied (83% to 96%). The percentage who reported having a preferred GP varied more (64% to 95%).

In the more recent *Healthy Communities: Australians' experiences with access to health care in 2011-12*, the focus was specifically on access to GPs, dental services, specialist services, emergency departments, and hospitals.¹² A key finding was that where people live makes a big difference to their access to, and use of, these services. There was some evidence of the inverse care law,¹³ in that areas in which average health was worse were not receiving a greater share of services (p. v).

COAG Reform Council: report on the National Healthcare Agreement

Other relevant Australian publications include the Council of Australian Governments (COAG) Reform Council's (2013) *Healthcare 2011-12: Comparing performance across Australia*, the fourth report on the National Healthcare Agreement.¹⁴ It also drew on ABS data, in this instance the Patient Experience Survey 2011-12.

With respect to waiting times for GPs, there were two performance indicators, related to two outcomes:

- Waiting times for GPs (outcome: Australians receive appropriate high quality and affordable primary and community health services)
- Proportion of people who saw a GP who waited longer than they thought acceptable (outcome: Australians have positive health and aged care experiences which take account of individual circumstances and needs) (p. 40)

Notably, although most people reported being able to see a GP for an urgent appointment within four hours, 24.4% reported having to wait 24 hours or more, a marked increase from 11% in 2010-11, which will be monitored in the future (p. 7).

Report on Government Services

Patient satisfaction has been defined by the Productivity Commission, for the purposes of the Report on Government

Services (ROGS), as "the quality of care as perceived by the patient". It is measured as "patient experience of and/or satisfaction around 'key aspects of care' – that is, aspects of care that are key factors in patient outcomes and can be readily modified" (p. 11:58).¹⁵

ROGS relies heavily on ABS data. For PHC specifically, the 2013 ROGS reported ABS statistics on satisfaction with GPs (reported above) and on satisfaction with dental professionals, with whom satisfaction was higher (93.9% listened carefully, 94.9% showed respect, and 95% spent enough time with them) (p. 11:59).¹⁵

Conclusion

Patient experience is an important indicator of how health systems function and how they can be improved. However, the conceptualisation of patient experience and the quality of research needs to improve. In Australia, the ABS Patient Experience Surveys provide much valuable cross-sectional and trend data that has been used by the NHPA, the COAG Reform Council, and the Productivity Commission to monitor performance of the health system. This should help to improve patient experience.

References

- 1 Sofaer S, Firminger K. (2005). Patient perceptions of the quality of health services. *Annu Rev Public Health*, 26, 513-559.
- 2 Hasan S, Sulieyman H, Stewart K, Chapman CB, Hasan MY, Kong DCM. (2012). Assessing patient satisfaction with community pharmacy in the UAE using a newly-validated tool. *Res Social Adm Pharm*, pii: S1551-7411(1512)00319-00311.
- 3 Australian Bureau of Statistics. (2012). *Patient Experiences in Australia: Summary of Findings, 2011-12*. Canberra: Australian Bureau of Statistics.
- 4 Sitzia J, Wood N. (1997). Patient satisfaction: a review of issues and concepts. *Soc Sci Med*, 45(12), 1829-1843.
- 5 Sitzia J. (1999). How valid and reliable are patient satisfaction data? An analysis of 195 studies. *International Journal for Quality in Health Care*, 11(4), 319-328.
- 6 Wong ST, Haggerty J. (2013). *Measuring Patient Experiences in Primary Health Care: A review and classification of items and scales used in publicly-available questionnaires*. Vancouver, BC: Centre of Health Services and Policy Research, University of British Columbia.
- 7 Greco M, Sweeney K, Brownlea A, McGovern J. (2001). The practice accreditation and improvement survey (PAIS). What patients think. *Australian family physician*, 30(11), 1096-1100.
- 8 Greco M, Powell R, Sweeney K. (2003). The Improving Practice Questionnaire (IPQ): A practical tool for general practices seeking patient views. *Education for Primary Care*, 14(4), 440-448.
- 9 National Health Performance Authority. (2012). *Performance and Accountability Framework*. Sydney: National Health Performance Authority.
- 10 Australian Bureau of Statistics. (2012). *Patient Experiences in Australia: Summary of Findings 2010-11*. Canberra: ABS.
- 11 National Health Performance Authority. (2013). *Healthy Communities: Australians' experience with primary health care in 2010-11*. Sydney: National Health Performance Authority.
- 12 National Health Performance Authority. (2013). *Healthy Communities: Australians' experiences with access to health care in 2011-12*. Sydney: National Health Performance Authority.
- 13 Hart JT. (1971). The inverse care law. *Lancet*, 1(7696), 405-412.
- 14 COAG Reform Council. (2013). *Healthcare 2011-12: Comparing performance across Australia*. Sydney: COAG Reform Council.
- 15 Productivity Commission. (2013). *Report on Government Services 2013*. Canberra: Productivity Commission.

Acknowledgement: Thank you to Associate Professor Michael Greco for his comments on a draft of this paper.