

How Patient-centred is Australian General Practice?

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Patient-centred care can be described generally as an approach that emphasises attention to patients' psychosocial as well as physical needs. The approach emphasises that treatment choice takes patient preferences into account, and that self-care is supported as well as treatment. Central to this is the development of a sense of partnership in care, and facilitation of patient involvement in decision making about treatment decisions (Mead et al. 2002). Patients have been found to prefer patient-centred care, and those who receive it, also report better health outcomes (Little et al. 2001). This article examines the analysis of the General Practice Assessment Survey (GPAS) and what it reveals about the degree of patient-centred care experienced by participants.

A large national study of Practice Capacity for Chronic Disease Management was conducted by the PracCap study team comprising of staff from the Department of General Practice, University of Adelaide; Centre for General Practice Integration Studies, the University of New South Wales; and other collaborators and consultants. The study comprises four stages; this article focuses on the data generated as part of stage 3. The study involved the General Practice Assessment Survey (GPAS) being completed by 7,505 people with a chronic illness. GPAS is a multi-item self-report questionnaire that measures a number of separate dimensions relating to patients' assessment of general practice — namely access, receptionists, continuity of care, communication, interpersonal care, general practitioner's knowledge of the patient, specialists referral, enablement, practice nursing and general satisfaction (Ramsey et al. 2000). The questions comprise a mixture of report (e.g., "in general, how often do you see your usual doctor?") and assessment (e.g., "how do you rate this?") items (Bower et al. 2002). All assessment items use a six-point response format ranging from 'very poor' to 'excellent'. Recent reports suggest that the GPAS is a useful tool for assessing patient-centred care (Bower 2002) and provides a unique opportunity to assess the level of patient-centred care experienced by Australian patients seeking care in general practice.

Methods

As part of a large national study on practice capacity in Australia, the General Practice Assessment Survey (GPAS) was mailed to 12,544 patients randomly selected from 97 general practices across five states and one territory. Participants were all over 18 years and had been prescribed medication for the management of moderate to severe asthma, type 2 diabetes, or ischaemic heart disease/hypertension by a general practitioner in the past 12 months. Responses were received from 7,505 patients (a response rate of 60%). A computer program, SPSS version 11.5, was used to analyse the data collected and explore the underlying structure of the responses received.

Results

The gender balance within participants was fairly even with 53.1% being female and 46.9% being male. Most attended general practices with three or more general practitioners (47.5%), with 33.9% attending practices with between two and three general practitioners, and 18.6% attending practices with only one general practitioner. Most participants came from New South Wales/ACT (46.8%), 29.5% came from South Australia, 14% from Victoria, 5% from Queensland, and 4.7% from Tasmania. Most lived in capital cities (38.6%), but 21.3% lived in other metropolitan centres, 12.8% in rural centres, and 27.2% in other rural areas.

The responses of patients to the items indicative of patient-centred care are presented in Table 1. Overall, it can be seen that for each item the majority of patients felt the care they received from their general practitioner was good to excellent. For eight of the 11 items more than 90% of patients felt this way. Areas where more than 10% of patients

felt the care provided by their general practitioner was fair to poor included general practitioner knowledge of the patients' worries (12.8%) and responsibilities (17.9%) One in seven patients (14%) felt that they left the consultation with unanswered questions.

Table 1. Frequency counts and percentage of patients responding to items reflecting patient-centred care

Item		N (%)
In general, how often do you see your usual general practitioner – how do you rate this?	Very poor or poor	116 (1.6%)
	Fair	308 (4.2%)
	Good	1287 (17.6%)
	Very good or excellent	5374 (73.5%)
How do you rate how thoroughly your doctor asks about symptoms and how you are feeling?	Very poor or poor	62 (0.8%)
	Fair	357 (4.9%)
	Good	1350 (18.5%)
	Very good or excellent	5356 (73.3%)
How do you rate how well your doctor listens?	Very poor or poor	66 (0.9%)
	Fair	305 (4.2%)
	Good	1241 (17%)
	Very good or excellent	5514 (75.4%)
How do you rate how well doctor explains health problems or any treatment you need?	Very poor or poor	80 (1.1%)
	Fair	320 (4.4%)
	Good	1161 (15.9%)
	Very good or excellent	5560 (76.1%)
How often you do you leave with unanswered questions?	Always or almost always	67 (0.9%)
	A lot	71 (1.0%)
	Sometimes	886 (12.1%)
	Almost never or never	6097 (83.5%)
How do you rate the amount of time doctor spends with you?	Very poor or poor	59 (0.8%)
	Fair	389 (5.3%)
	Good	1546 (21.2%)
	Very good or excellent	5134 (70.3%)
How do you rate the doctors patience with your questions and worries?	Very poor or poor	45 (0.6%)
	Fair	296 (4.1%)
	Good	1240 (17.0%)
	Very good or excellent	5543 (75.9%)
How do you rate the doctors caring and concern for you?	Very poor or poor	48 (0.7%)
	Fair	298 (4.1%)
	Good	1160 (15.9%)
	Very good or excellent	5619 (76.9%)
How do you rate your doctors knowledge of your medical history?	Very poor or poor	84 (1.1%)
	Fair	381 (6.4%)
	Good	1354 (18.5%)
	Very good or excellent	5309 (72.7%)
How do you rate your doctor's knowledge of what worries you most about your health?	Very poor or poor	169 (2.3%)
	Fair	608 (10.6%)
	Good	1619 (22.2%)
	Very good or excellent	4720 (64.6%)
How do you rate your doctors knowledge of your responsibilities at home, work or school?	Very poor or poor	369 (5.1%)
	Fair	934 (12.8%)
	Good	1673 (22.9%)
	Very good or excellent	4122 (56.5%)

Note: Percentages do not always total 100% due to missing or not applicable data.

Discussion

Analysis focussed on items indicative of patient-centred care. This descriptive analysis revealed that Australians with chronic illness are mostly happy with the degree of patient-centred care they receive. Patient-centred care was highly correlated with overall patient satisfaction and with patient enablement. Further analysis is under way and will focus on the impact that factors such as patient age and gender, practice size and rurality have on satisfaction with care.

Patient-centred care has various definitions but Bauman and colleagues describe three elements as central to these definitions: communication with patients; partnerships; and a focus beyond specific conditions, on health promotion and healthy lifestyles (Bauman et al. 2003). The concept of patient-enteredness is generally described as an approach that emphasises attention to patients' psychosocial as well as physical needs, the development of a sense of partnership in care, and facilitation of patient involvement in decision making about treatment decisions (Mead et al. 2002). The principles of patient-centred care are not new although, the concept is still evolving (Bauman et al. 2003). A small but growing evidence base has found that patient-centred approaches to care can increase patient satisfaction, engagement, and task orientation, as well as increase doctor satisfaction (Henbest & Stewart 1990; Stewart 1995). These benefits can be produced without lengthening consultations, given sufficient practice capacity to adapt to this approach (Bauman et al. 2003).

Studies arising from the United Kingdom have found that patients strongly desire a patient-centred approach from their health care provider. If they do not receive it, they are less satisfied, and may experience greater symptom burden (Little et al. 2001). The data from our study suggest that, in Australia at least, most patients are satisfied with patient-centred aspects of care. However, it could be expected that the structure of primary care in Australia, which does not require registration with a single practice, would favour higher scores for patient-centred care, because if patients are not satisfied with the care they receive they are free to seek care from another service provider.

Close inspection of the responses to items indicative of patient-centred care in this study reveal the elements of patient-centeredness that patients felt were being done well, and others where patient-centred care could improve. Areas where patients felt care could improve included the doctors' knowledge of their patients' personal worries and responsibilities, and addressing patients' questions about their illness. Nearly one in five patients felt their general practitioner's knowledge of their responsibilities at home or work was very poor at worst, to fair at best. This is a concern, as the social and cultural context in which illness is managed is likely to impact on self-management and, consequently, health outcomes. General practitioners need to be aware of the social and cultural context in which their patient manages his or her illness as research on the determinants of adherence demonstrates that patients typically only follow recommendations they really believe in and those they actually have the ability to carry out (DiMatteo 1994). Patients are more likely to adhere to a medication regimen if it is developed in partnership with their general practitioner. If general practitioners are not aware of their patients' responsibilities this partnership is unlikely to develop effectively.

Numerous studies have reported the importance of effective physician-patient communication for patient health outcomes (Stewart 1995). However, the study found that one in seven patients leave the consultation with unanswered questions. A key aspect of patient-centred care is to develop more expert patients, which requires effective communication about illness and its management. Physician communication style is an important element in patients' willingness and ability to follow treatment advice, and a tendency to answer patient questions is associated with better medication adherence (DiMatteo et al. 1993). Patients need to feel they are active participants in care and their problem has been discussed fully (Stewart 1995). The infrequency with which doctors seek and patients air fears about medications and side effects, and a lack of opportunity for patient involvement in treatment decisions, have been cited as factors

that hinder the success of promoting self-management for chronic illness (Griffiths 2005). A move away from the classic medical model approach to the doctor-patient interaction, to one that is focussed on the person, or that is patient-centred, can be expected to improve the effectiveness of communication between doctor and patient, and in turn, self-management of chronic illness and health outcomes (Toop 1998; Bauman et al. 2003).

Limitations

While the findings suggest that patients are mostly satisfied with the level of patient-centred care, further studies are required to confirm and investigate this finding further. Another limitation is the use of the GPAS to assess patient-centred care as it measures only a small number of domains felt to make up patient-centred care. Elements that seem under-represented in the GPAS include support for self-management, and building decisions around patient priorities. These domains should also be examined to determine if these aspects of patient-centred care are being met in Australian general practice. One further limitation relates to the patient characteristics. All of the participants in the study had been prescribed medication for asthma, diabetes, or heart/vascular disease. Patients attending the practices for other problems may have different experiences.

Conclusion

Most patients in this study were satisfied with the level of patient-centred care they received. Areas where improvement could occur related to the doctor's knowledge of the patient's lifestyle and worries, and answering questions during the consultation. Further studies are required to determine the impact patient-centred care has on the health of Australians.

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