

Managing chronic disease in general practice: from the patient's point of view



FINDINGS FROM THE PRACTICE CAPACITY RESEARCH PROJECT*

Patients' satisfaction is increasingly recognised as an important consideration in planning general practice services, especially for those with chronic disease. Satisfied patients are more likely to follow treatment instructions and medical advice.

Continuity of care, the GP's ability to communicate well, the availability of health information and the opportunity to self-manage chronic disease have been identified as factors that Australian patients consider important.¹ However, no Australian studies have specifically assessed whether particular characteristics of general practices may affect patients' satisfaction with chronic disease care.

The Practice Capacity research project asked people with diabetes, cardiovascular disease or moderate-to-severe asthma to rate their satisfaction with general practice. Ten aspects of general practices were assessed (Table 1) using the General Practice Assessment Survey (GPAS), an internationally validated questionnaire.² Statistical analysis was performed to examine the influences of geographical region, size of practice, patient sex and age on patients' satisfaction with each aspect chronic disease care, and to relate the findings to other aspects of practice organisation.

What do patients think general practice could do better?

The majority of patients rated all items as "good" or "very good to excellent" (Figure 1). Australian general practice patients with chronic disease expressed higher overall satisfaction than has been documented in comparable international studies. This might be due to Australians' greater choice in their use of general practices.

The only areas rated as "fair" or worse by more than 10% of patients were enablement (the patient's ability to understand and cope with his or her illness), and the GP's knowledge of the patient. One in seven patients (14%) felt that they left the consultation with unanswered questions at least sometimes.

Which factors influenced patients' satisfaction with general practice?

Scores varied significantly between practices for all aspects of practice except specialist referral, which was rated highly by 95% of respondents.

Practice size

Patients attending small practices (up to 3 GPs) rated access, receptionist services, and continuity of care more highly than those attending larger practices. It will be important to safeguard these aspects of personal care during the current move towards the formation of larger practices, which aims to increase efficiency and integration with other services.

Table 1. Aspects of care rated by patients

Overall satisfaction: patients' overall assessment of the quality of services
Nursing care: practice nurse's attention to patient, quality of care, satisfaction with explanations
Referral: practice's system for arranging specialist consultation
Enablement: patients' ability to understand and cope with their illness and to keep themselves healthy
Knowledge: GP's knowledge of the patient's medical history, worries and responsibilities at home or work
Interpersonal care: GP's time spent with patient, patience, care and concern shown by GP
Communication: GP's thoroughness in asking questions, satisfaction with attention and explanations, frequency of leaving surgery with unanswered questions
Continuity of care: satisfaction with care relationship with patient's usual doctor
Receptionist: satisfaction with telephone and desk reception services
Access: location, opening hours, quality of experience when phoning reception or GP, availability of a particular GP or any GP, waiting times in surgery, availability of GP for same-day urgent care

A large cross-sectional study was recently undertaken in general practices across Australia to investigate organisational systems that support chronic disease management. Participants included 247 GPs, 403 practice staff and 7,505 patients.

For an overview of the study design and findings, see *Managing chronic disease: what makes a general practice effective?*

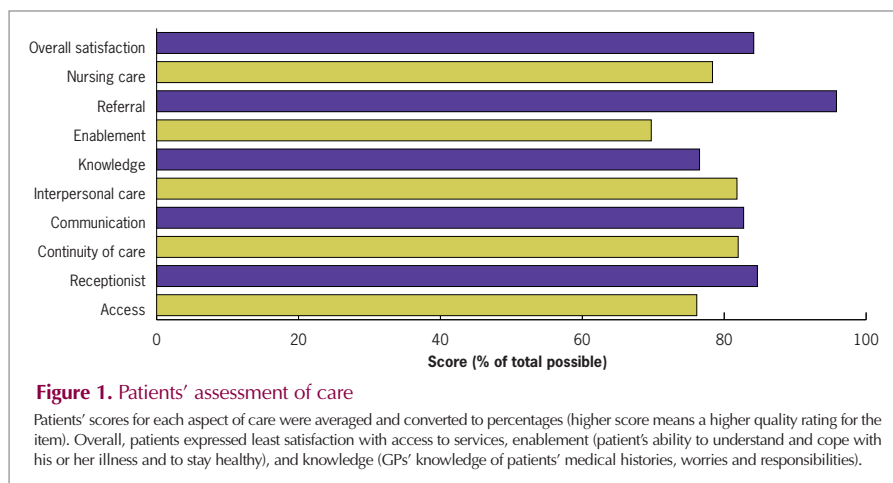
(available at www.cgpis.unsw.edu.au/practice_capacity.htm).

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*The Cross Sectional Study of the Capacity of General Practices to Provide Quality Chronic Disease Care (2002–2005) was jointly conducted by the University of New South Wales (UNSW) and the University of Adelaide, supported through a funding agreement by Australian Department of Health & Ageing with the Centre for General Practice Integration Studies, UNSW.



Patients' satisfaction with nursing was also higher for practices with 2–3 GPs than for larger practices. Size of the practice was not associated with patients' ratings for communication, interpersonal care, the GP's knowledge of patient, enablement or satisfaction.

Region

Patient satisfaction scores were compared between regions according to the Rural, Remote and Metropolitan Area classification system: Capital cities, Other metropolitan centres, Large and small rural centres, and Other rural centres. There were no differences in satisfaction ratings for interpersonal care and continuity of care between patients attending practices in capital cities and those attending practices in large or small rural centres.

Patients attending practices in capital cities were more satisfied with interpersonal care and continuity of care than those in other rural centres. This finding might be explained by the relatively lower availability of doctors in rural areas, which means that patients have less choice of GPs and often pay higher co-payments.

Patients in rural areas rated nursing higher than those in capital cities. Together, these findings highlight the importance of government and medical bodies implementing policies to increase the medical and nursing workforce in rural general practice.

Sex and age of patients

Overall, women expressed greater satisfaction than men with receptionist services, GP communication, interpersonal care and practice nursing.

PATIENTS PARTICIPATING IN THIS SURVEY

- Questionnaires returned by 7,505 (60%) patients of 12,544 sent
- People attending large practices (48%), medium (2–3 GPs; 34%) and solo practices (19%)
- People living in capital cities (39%), other metropolitan centres (21%), rural centres (13%) and other rural areas (27%)
- Men (47%) and women (53%)
- Average age 60 years (range 18–99 years)
- Approximately 50% of participating practices employed practice nurses.

Older patients rated all aspects of care, except for enablement, more favourably than younger patients.

Other factors affecting patients' evaluation

Practices that had established good clinical linkages with other services for shared care, referral or advice and community awareness, were rated by patients as offering greater access to care, after adjusting for practice size.

Practices with healthy working relationships between staff also tended to be perceived as good for their patients; patients expressed greater overall satisfaction with practices that scored well for team climate among staff. Practices with good team climate were also rated higher by patients on quality of receptionist services.

The practice capacity research study found:

- Most patients participating in this study were satisfied with the care they received.
- Areas for improvement included GPs' knowledge of patients' medical histories, lifestyles and concerns, and answering questions during the consultation.
- As general practice size increases to improve efficiency and links with other services, it will be important to safeguard the friendly reception services and ready access to GPs now appreciated by patients of smaller practices.

References

1. Infante FA, Proudfoot JG, Powell Davies G, Bubner TK, Holton CH, Beilby JJ, Harris MF. How people with chronic illnesses view their care in general practice: a qualitative study. *Med J Aust* 2004; 181: 70–73.
2. Roland M, Holden J, Campbell S. *How to score the General Practice Assessment Survey (GPAS) version 2*. Manchester: National Primary Health Care Research and Development Centre, University of Manchester, 2002.