Practice Organisation & Primary Health Care Reform - what do GPs think?

Based on research for MSc PC & GP (Ulster)

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Current deficiencies of Maltese PHC

- 2 independent systems: ⅔ private, ⅓ public
  (Azzopardi Muscat & Dixon, 1999)
- NO patient registration
- NO transferable medical records
- NO comprehensive care
- Little multidisciplinary care
- NO governance
- Insufficient investment by the state
Resultant problems

- Health Care Inequalities
  - Poor Prevention
- Fragmentation of Care
  - Suboptimal Chronic Disease Mgt.
  - Threats to Patient Safety
- Duplication of Resources
  - Weak Gatekeeper Role

- xs. Morbidity & Mortality
- Overwhelmed 2° Care
2009 Reform Proposal

- Public consultation document:
  - Strengthening Primary Care Services: implementation of a personal primary health care system in Malta
    (Ministry for Social Policy, 2009)

- Main themes:
  - patient registration
  - financial incentives to encourage private GPs to form group practices and multidisciplinary teams.

- Shelved!
Objectives of this study

- Obtain detailed data about current organisation of Maltese general practice.

- Study how GPs view practice setup affecting patient care (continuity, accessibility, comprehensiveness, multidisciplinary, quality, patient safety).

- Find how GPs see practice setup influencing themselves (autonomy, hours, home visits, income, job satisfaction, burnout, professional isolation, CPD, specialist training).

- Test opinion about possible future reform in primary care (patient registration, formation of group practices, multidisciplinary teams).
Definition of Group Practice

‘two or more GPs working together in close collaboration, sharing work, resources and profits.’
Married GP couples fit this definition.
Methods

- Anonymous postal cross-sectional survey of all Specialists in Family Medicine registered with Medical Council and resident in Malta in Mar/13 ($n=339$).
- Original questionnaire designed and piloted.

- 55 questions/statements:
  - 7 demographic, employment, practice characteristics
  - 45 flanked by 5-point Likert scale:
    - 14 (solo vs. group practice) vis-à-vis patient care
    - 21 (solo vs. group practice) vis-à-vis doctors
    - 10 about reform proposals
  - 2 about ideal size of patient lists and partnerships
  - an open question solicited comments about practice organisation.
Ethical, Validation, Analysis

- Ethical clearance from Research Ethics Committee of Ulster University.
- Data input into IBM® SPSS® (v.20).
- Cronbach $\alpha$ coefficient to confirm internal consistency of questionnaire.
- Statements grouped by 3 main themes - those that lower Cronbach $\alpha$ were excluded from analysis.
- Reliable values $>0.8$
- 5-point Likert condensed to agree/disagree and analysed using Pearson’s Chi-squared test.
Results: demographic

- 150 (44%) questionnaires returned.
- 26% female (24% in parent GP population).
- Median age respondents 50-59 (mean age sample = 49yrs)
- Female GPs are younger (p=0.000).
Results: geographical distribution

greater proportion of females working in the North (p=0.002)
31% of respondents employed by the public service.
In Mar/13, 20% of all GPs held some employment with the public service.
(Sammut, M.R., 7/13)
Practice setup of private GPs

- **SOLO**: 66%
- **SOLO + LOCUM**: 12%
- **GROUP PRACTICE**: 10%
- **MARRIED TO GP**: 10%
- **PARTNERSHIP WITH OTHER SPECIALIST**: 2%

Pie chart showing the breakdown of practice setups.
46% of group GPs (inc. married to GPs) are ♀ (p=0.001). No ass. of age and group practice (≠ international). No group practices in Gozo. Group GPs more likely to keep electronic records (p=0.000), use appointments (p=0.015) and employ secretary (p=0.019). Only one solo GP employs a nurse.
Opinions re Patient Care

- 53% think solo practice excels in continuity of care and personalised care (= patient opinion in Farrugia, 2003).
- 30% agree and 45% disagree that ‘solo practice provides better patient care’. Males (p=0.000), doctors >40 yrs (p=0.003), private GPs (p=0.003) and solo GPs (p=0.001) tend to agree.
- 55% disagree that ‘solo practice is safer for patients’, but males (p=0.011) and older doctors (p=0.002) show greater agreement.
- >80% believe group practice improves accessibility, after-hours, emergency care and comprehensiveness.
- 56% believe coordination of care is better in groups.
- 69% think partnerships excel in multidisciplinary care
Opinions re Patient Care

- Solo GPs (p=0.044), males (p=0.004) and public doctors who work PT privately (p=0.024) think partnerships would lead to higher fees.
- Likert scale based on 6 statements shows GPs think group practices deliver better overall health care.
- 61% think ‘patients prefer solo GPs’ - males (p=0.000) and solo GPs (p=0.000) more likely to agree.

• ‘Although group practice is of benefit to doctors and gives better accessibility of the team, patients tend to prefer one doctor, although he/she cannot be available at all times.’
  (female, solo, 40s)
84% believe that ‘nurses have an important contribution to give to primary care’.

‘The involvement of nurses in the delivery of care would free GPs’ time which can then be used to care for those who need them most.’ (male, solo, 50s)

But just one solo GP employs a nurse.

‘Any employed person means more financial strain on the practice.’ (male, solo, >60)

63% agree ‘the government should subsidise the employment of practice nurses by private GPs’.
Opinions re Practice Setup & GPs

- 57% think ‘solo practice gives more professional autonomy’ esp. >50yrs (p=0.028) and solo (p=0.000).
- 33% agree and 20% disagree that ‘solo GPs do more home visits’.
- 47% agree while 19% disagree that ‘group practice is more efficient’.
- 57% disagree that ‘solo practice is more flexible’, esp. females (p=0.028) and GPs <50 yrs (p=0.036).
- 69% think ‘group practitioners work less hours’.
- 14% agree and 21% disagree that group GPs earn less income than solo GPs. 65% don’t know.
Opinions re Practice Setup & GPs

- >70% think ‘group practice enables paid leave while solo practice does not’, ‘group practices can better afford renting or buying premises’, and ‘it is easier for group practices to employ staff’.
- 35% agree and 21% disagree that ‘group practice gives better job satisfaction’. Doctors <40yrs (p=0.028) and group GPs (p=0.045) show greater agreement.
- 71% believe solo GPs are more prone to emotional burnout, esp. <50 yrs (p=0.01).
- 29% feel professionally isolated: not public doctors (p=0.045).
- 57% think solo practice is lonely, esp. females (p=0.011), <40yrs (p=0.009) and group GPs (p=0.016).
Opinions re Practice Setup & GPs

- >70% believe ‘group practice enables healthy social interaction between partners’, ‘group doctors learn from each other’, and ‘have more time for CPD’.
- 63% believe ‘groups provide a better environment for specialist training’.
- Likert scale of 18 statements shows GPs believe partnerships are the best setup for them.
- 65% would consider working in a partnership, except >60 yrs (p=0.017) and public doctors who work PT privately (p=0.028).
Opinions re Health Care Reform

- 61% believe ‘patient registration is sorely needed’ - public docs who work PT privately disagree (p=0.015).
- On average, GPs think that max. list size = 2000.
- 69% of GPs, but 92% of females (p=0.003) disagree that ‘group practice is unsuitable for Malta’.
- 53% think ‘group practice is the way forward for the country’. Public docs who work PT private disagree (p=0.035).
- On average, best no. of partners in a practice = 4.
- 77% think the state should financially encourage formation of group practices. Public docs who work PT privately disagree (p=0.038).
- Likert scale of 3 statements shows GPs favour reform in the direction of group practices. Opinion does not vary.
- 85% think reform should be gradual.
Summary

- 44% response - respondents fairly representative of the sample in age, gender and employment.
- Females are minority - most work in partnerships or public service (= international).
- Majority of private GPs work solo without aid of professional or secretarial staff.
- Group GPs more likely to keep electronic records, use appointments and employ a secretary.
- Most GPs believe groups are superior to solo practice in provision of patient care and in permitting doctors a better quality of life, except in relationship continuity of care and professional autonomy (=international).
**Summary**

- Females and GPs <40 yrs more critical of solo practice categories that are locally increasing.
- 65% of GPs would actually consider working in a group practice.
- Factors impeding private GPs from joining partnerships: lack of trust in colleagues and fear of reduced income cited (=international)
- Most think the future of primary care lies in partnerships, and the state should invest in private group practices.
- Majority favour gradual health care reform and introduction of patient registration.
- 52% favour the setting up of public group practices.
- Public doctors who work PT privately oppose patient registration and partnerships.
‘Times are changing, and like the rest of Europe, group practice is increasing to everybody’s advantage.... The GP today has a bright future. Patients in Malta have to adjust.’

(male, solo, >60)
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