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Coordination of health care: experiences with GP care among patients aged 45 and over

2016



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among patients
aged 45 and over

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
GP	General practitioner
IRSAD	Index of Relative Socioeconomic Advantage and Disadvantage
MBS	Medicare Benefits Schedule
MEDB	Medicare Enrolment Database
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network

Summary

General practitioners (GPs) provide most Australians with their primary health care. The GP is often a person's first contact with the health system—as such, the relationship a patient has with their GP is crucial to the delivery of quality, coordinated care across their life. This relationship, together with the continuity of care a patient receives, is the cornerstone of patient centred care—a model that involves the patient in their care and focuses on their individual needs.

This report uses the 2016 Survey of Health Care to look at patients' use of, and experiences with, GP care. It focuses on whether patients have a usual GP and/or place of care and how this continuity of care affects their experiences.

The report also explores variation across Australia's 31 Primary Health Network (PHN) areas, and the effects of sociodemographic factors, such as a person's level of education. Patients surveyed were a sample of Australians aged 45 and over who had visited a GP at least once in the previous year.

Nearly all patients have a usual GP or place of care

Almost all patients (98%) had a usual GP or a usual place of care, and 8 in 10 (80%) had both a usual GP and place of care.

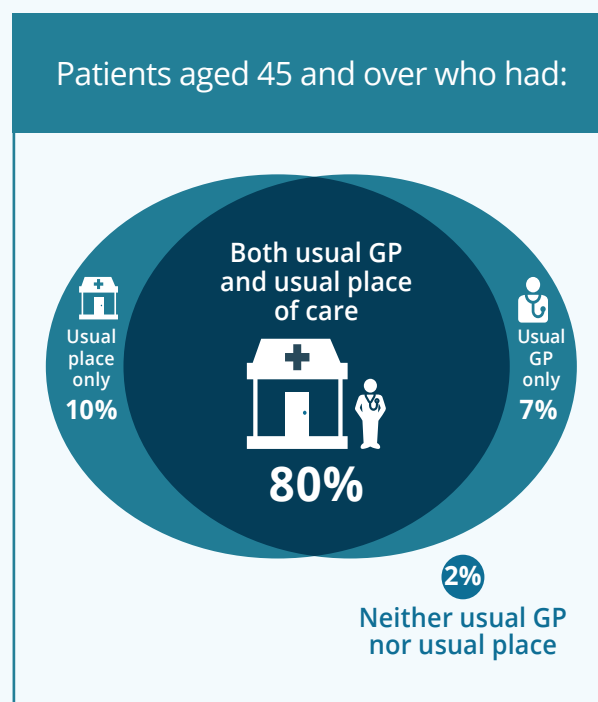
There was variation among patients depending on their sociodemographic characteristics. Patients were more likely to have a usual GP or place of care (or both) if they:

- were aged 75 or over
- lived in *Major cities*
- spoke English at home
- had higher levels of education
- had private health insurance
- reported poorer health and more long-term health conditions.

The proportions of patients with a usual GP or place of care were also high across PHN areas, ranging from 99% in Murray (Victoria and part of New South Wales) to 92% in the Northern Territory.

Variations in GP care settings across PHNs

Across PHN areas, patients in regional locations such as Western Queensland and the Northern Territory were less likely to have both a usual GP and place of care, and more likely to have a usual place only. Patients in Perth South were most likely to have both a usual GP and place of care (85%).



Generally positive experiences of care from usual GP or place of care

Nationally, in 2016, more than 8 in 10 patients (84%) felt that the quality of care they received from their usual GP or others in their usual place of care in the previous 12 months was excellent or very good.

Around 9 in 10 patients (89%) felt that they were involved in decisions about their care and 8 in 10 were asked about things in their work or life that affect their health (82%) or felt comfortable discussing personal problems related to their health (81%) with their usual GP or others in their usual place of care.

Patient experiences of care also varied across PHN areas. Excellent or very good care from their usual GP or place of care was reported by 87% of patients in Eastern Melbourne, Western Victoria, Brisbane North and the Gold Coast, compared with 71% of patients in Western Queensland.

Having a usual GP and place of care is associated with better experiences

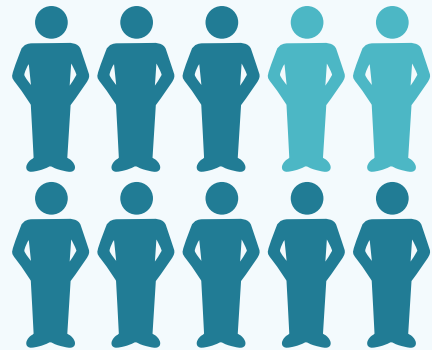
In general, patients with both a usual GP and place of care reported the best experiences of care, followed by those with a usual GP only. Patients with only a usual place of care reported the least positive experiences.

Almost 9 in 10 (87%) patients with both a usual GP and usual place of care felt that they received excellent or very good care in the previous year, compared with about 8 in 10 (81%) patients with a usual GP, and about 6 in 10 (62%) patients with a usual place only.

This was consistent across other aspects of patient care surveyed—over 8 in 10 patients (84%) who had both a usual GP and place of care in the preceding year felt that their usual GP or others in their usual place of care asked about things in their work or life that affect their health. This compared with 74% of patients with a usual GP only, and 70% of patients who had a usual place of care only.

Patient experiences were similar across the different types of usual place of care, including GP clinics, community health settings, and Aboriginal Medical Services.

Nationally 84% of patients aged 45 and over rated their care as excellent or very good

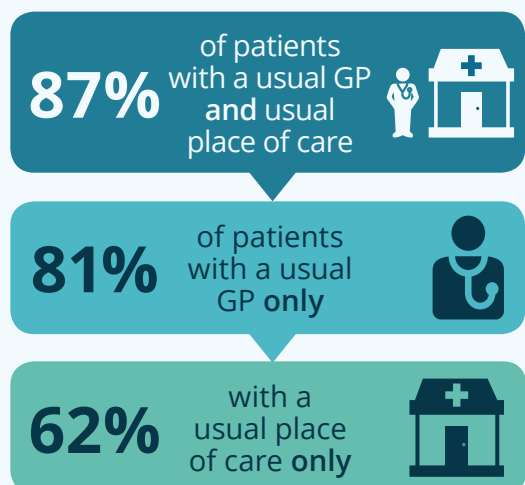


Across Primary Health Network areas this ranged from:



Patients with a usual GP and usual place of care were more likely to rate their care as excellent or very good

Excellent or very good care reported by:



Patients' experiences vary across sociodemographic characteristics

Patients with the sociodemographic characteristics that made them more likely to have both a usual GP and a usual place of care—for example, for patients who were aged 75 and over, lived in *Major cities*, had higher education levels and spoke English at home—were also more likely to report that they received excellent or very good care from their GP or others in their usual place of care.

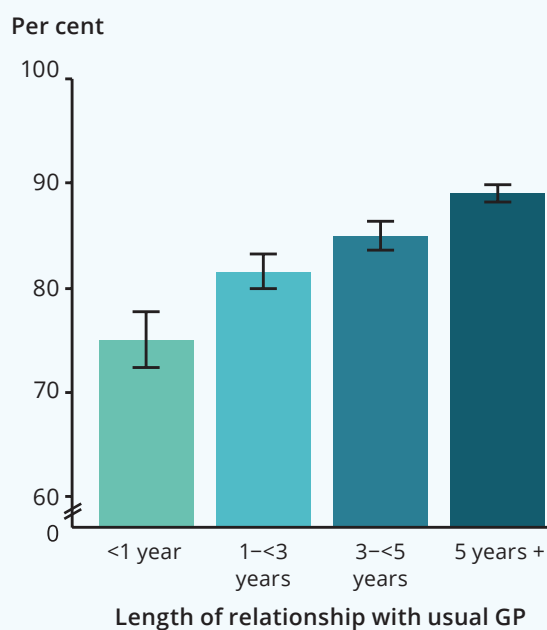
However, this was not the case for health status. Patients were more likely to have a usual GP and place of care if they reported having poorer health and more long-term chronic conditions, yet these patients also reported less positive experiences. For example, around 7 in 10 patients (73%) who rated their health as poor indicated that they received excellent or very good care from their usual GP or others in their usual place of care, compared with around 9 in 10 patients (91%) who rated their health as excellent.

Length of relationship with usual GP is associated with patient experience

Survey responses demonstrated a correlation between longer durations of patient–GP relationships and positive patient-reported experiences of care. About 9 in 10 patients (89%) who had been seeing their usual GP for 5 years or more felt that the care they received in the preceding 12 months was excellent or very good. This compared with 3 in 4 (75%) patients who had been seeing their usual GP for less than 1 year.

Patients who had been seeing their usual GP for longer reported better care.

Percentage of patients reporting excellent or very good care:



1 Introduction

General practitioners (GPs) provide most Australians with the majority of their primary health care—for example, in 2016–17, about 4 in 5 (83%) Australians aged 15 and over reported that they had consulted a GP at least once in the previous 12 months (ABS 2017). The GP is often a person's first contact with the health system and, as such, the patient–GP relationship is crucial in delivering quality, coordinated care across a person's life. This relationship is the cornerstone of patient-centred care—a model of health care that is 'respectful of, and responsive to, the preferences, needs and values of patients' (ACSQHC 2010).

The Coordination of Health Care Study was developed by the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) to provide information on patients' experiences of coordination and continuity in care across Australia. Coordination of care has been defined as 'the deliberate organisation of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services' (Victorian Department of Health and Human Services 2018).

The first part of the study is the 2016 Survey of Health Care, which aimed to provide new insights into the experiences of patients with coordination and information sharing about their care across different parts of the health system. The survey focused on Australians aged 45 and older who had seen a GP in the previous 12 months (as these Australians are the most likely to have experiences across many parts of the health system).

Of the questions asked in the survey, those relating to GP care in 2016 are most relevant to this report. Patients were asked if they had a usual GP or a usual place of care (Box 1.1), and how they would rate the overall quality of health care they received from their usual GP or place of care. They were also asked about factors that contribute to patient-centred care—including how often their usual GP or others in their usual place of care:

- involved them in decisions
- asked them about things in their work or life that affect their health
- explained test results.

As well, patients were asked if they felt comfortable talking with their usual GP or others in their usual place of care about personal problems related to their health.

Future AIHW publications from the Coordination of Health Care Study will explore the attributes of accessibility, coordination and comprehensiveness of care with a usual GP or in a usual place of care.

Box 1.1: What is a 'usual GP' and 'usual place of care'?

A 'usual GP' is the GP whom a person visits for most of their health care.

A 'usual place of care' is the usual place that people go to if they are sick or need advice about their health. Examples of usual place of care settings include a clinic with GPs only or with GPs and other health professionals, a community health centre, an Aboriginal Medical Service, or (for some patients) a hospital emergency department (ABS 2016).

Ongoing relationships with a usual GP or place of care

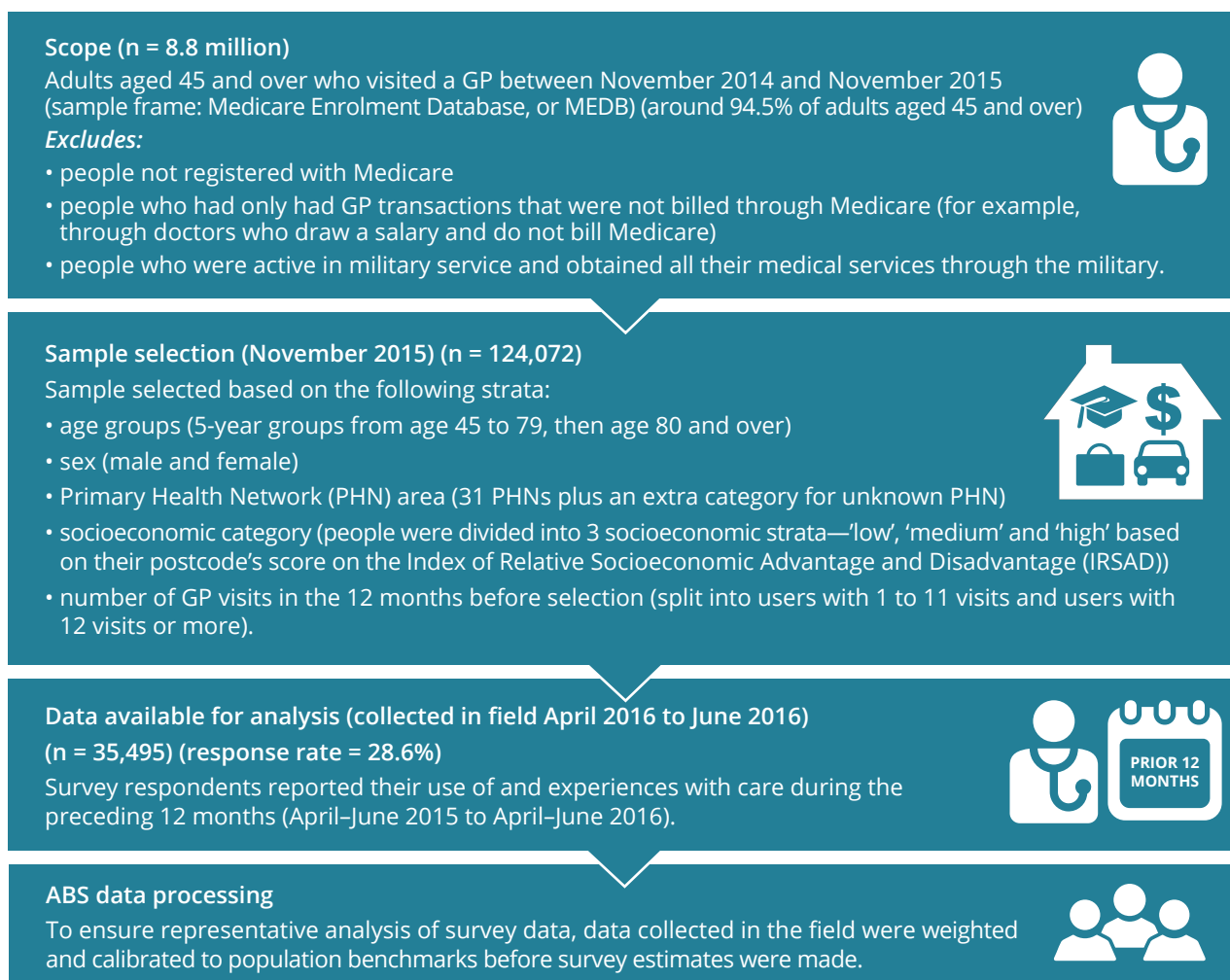
Access to well-coordinated and good-quality health care is critical to enhancing patients' understanding, control and self-management of their illness (Bywood et al. 2011; Jeon et al. 2010). This can be supported by ongoing patient relationships with a usual GP or usual place of care. Ongoing relationships can foster a deep knowledge of the patient, and connect past and future care—thus providing patients with a sense of predictability and coherence in care (Haggerty et al. 2003). Care continuity with providers who 'know' a patient facilitates patient-centred care; that is, care that accounts for patients' needs, preferences, and the important role that patients play as active participants in their care (Singer et al. 2013).

Currently, in Australia, limited data are available on how different components of coordination and continuity are related to patients' patterns of contact with primary care providers, or how these components may relate to patients' outcomes. The Coordination of Health Care Study was developed to fill this gap (Box 1.2).

Box 1.2: About the Coordination of Health Care Study

The Coordination of Health Care Study was developed to fill an important information gap relating to patient experiences of coordination of care across Australia. It examines coordination and continuity of care in detail and will provide nationally consistent and local-level information on experiences with health care providers, using patient-reported information and administrative data. One part of the study was the 2016 Survey of Health Care. The survey's scope, exclusions, sample selection and survey response are summarised in Figure 1.1.

Figure 1.1: Summary of 2016 Survey of Health Care participant selection and data collection



The 29% survey response rate means that report findings may be subject to non-response bias (that is, survey respondents and non-respondents may differ with respect to their use of and experiences with GP care). Though it is not possible to reliably quantify this potential non-response bias, it may limit the generalisability of report findings. Some of the known characteristics that vary between the survey sample and the total in-scope population have been accounted for by weighting of estimates; however, this method cannot account for unmeasured biases (for further information on study limitations see Chapter 5).

The survey was designed to provide robust estimates for each of the 31 PHN areas. It over-sampled those who had seen a GP 12 or more times in the previous 12 months to ensure valid estimates for people with high health care needs. These people are more likely to have complex and chronic conditions, and have experiences with multiple health care providers, including hospitals, specialists and allied health professionals.

For more information on the study, see Appendix A, and for more information on the survey, see Appendix B.

Purpose of this report

This is the first report to look at variation across PHN areas in Australia using data from the 2016 Survey of Health Care. It examines ongoing relationships between patients and their usual GP or place of care and explores patient-reported experiences in these primary care settings.

The survey and its sampling approach were specifically designed to allow for exploration of coordination of care at the PHN area level. PHNs were established with the key objective of increasing the efficiency and effectiveness of the health system and improving coordination of care to ensure that patients 'receive the right care in the right place at the right time' (Department of Health 2016).

All information in this publication refers to people aged 45 and over who had at least one GP visit in the 12 months between November 2014 and November 2015. Their self-reported use of and experiences with GP care relate to care received during the reference period 2015–16. We refer to these people as 'patients' throughout this publication.

The key questions covered in this report are:

1. How do patients aged 45 and over use GP care?
2. How does patient use of GP care vary across PHN areas?
3. How do patient-reported experiences of GP care vary across sociodemographic groups?
4. How do patient-reported experiences of GP care vary across PHN areas?
5. Does the type of usual place in which patients receive care affect their perceived experiences of patient-centred care?

Structure of this report

- **Chapter 2** presents information on ongoing relationships between patients and their usual GP or place of care, including the proportion of patients who have a usual GP or place of care across sociodemographic groups and different geographical areas.
- **Chapter 3** presents information on patient-reported experience measures associated with patient-centred care and describes how these measures vary across sociodemographic groups and different geographical areas.
- **Chapter 4** explores the patient-reported experiences of care across different types of usual place of care.
- **Chapter 5** discusses some of the strengths and limitations associated with report analyses.
- **Chapter 6** presents the 'next steps' expected to follow after this report from the Coordination of Health Care Study.

2 Ongoing relationships with a usual GP or usual place of care

Key findings

- Nationally, nearly all patients (98%) had a usual GP or place of care.
- Patients who were more likely to have a usual GP or place of care were aged 75 or over, lived in *Major cities*, spoke English, had higher levels of education, were covered by private health insurance, were in poorer health and had more long-term health conditions.
- Across PHN areas, patients in regional PHNs such as Western Queensland and the Northern Territory were less likely to have both a usual GP and place of care, and more likely to have a usual place of care only. Patients in Perth South were most likely to have both a usual GP and place of care (85%).

Ongoing relationships between patients and their health care providers allow GPs to get to know their patients over time, facilitating personally focused care (Hill & Freeman 2011; Reid et al. 2016). Ongoing relationships also encourage patient trust in professional judgements and advice over time and have been shown to improve the uptake of preventive care, enhanced adherence to treatment and increased satisfaction with care (Gray et al. 2003).

A 'usual GP' is the GP whom a person visits for the majority of their health care. A 'usual place of care' is the usual place that a person goes to if they are sick or need advice about their health. Examples of a usual place of care include a clinic with GPs only or with GPs and other health professionals, a community health centre or an Aboriginal Medical Service (ABS 2016). A small proportion of patients (1.2%) visited a hospital emergency department as their usual place of care.

The majority of patients surveyed (98%) had either a usual GP or usual place of care, and 8 in 10 patients (80%) had both a usual GP and usual place of care. Each type of ongoing relationship between a patient and a GP or a patient and a practice makes an important contribution to a patient's experience of how care is connected over time (Freeman & Hughes 2010).

In the 2016 Survey of Health Care, participants were asked separate questions about whether they had a usual GP, and whether they had a usual place of care.



National results

The survey explored the experiences of people aged 45 and over who had seen a GP in the previous 12 months. Almost all (98%) of these patients reported having either a usual GP or place of care, but proportions varied by sociodemographic variables such as age, socioeconomic group and main language spoken, and by where someone lived. The findings summarised in the sections that follow look at each of these characteristics on their own, and do not examine any interactions or correlations that may exist between them. More detailed data are available in the supplementary data tables associated with this report.

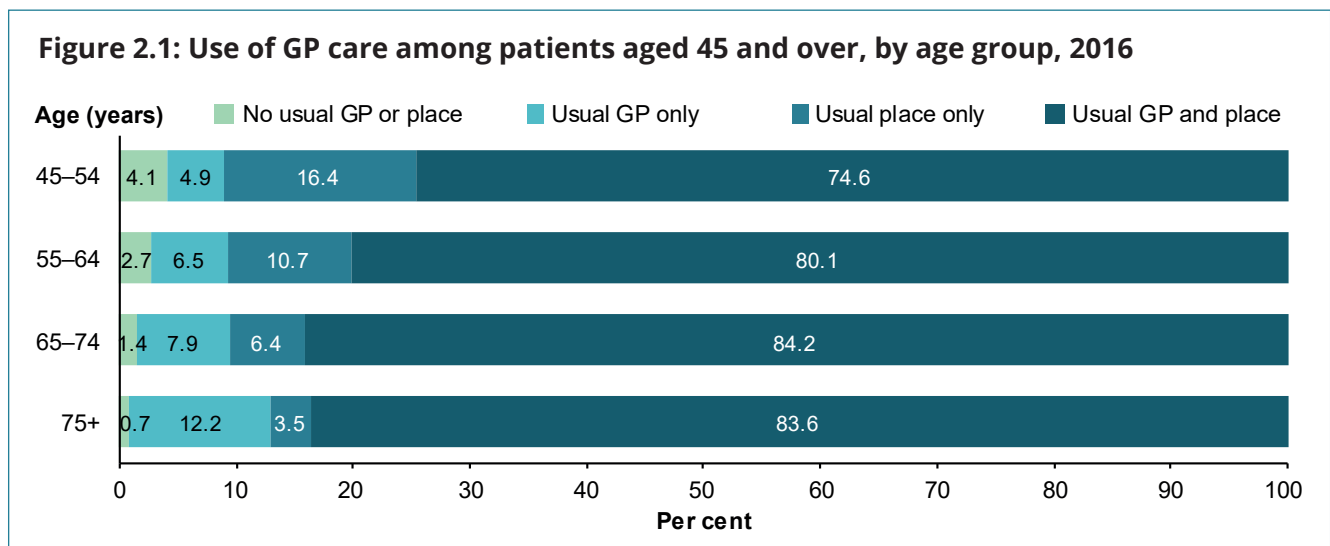
♀♂ Sex

In 2016, women (98%) were slightly more likely than men (97%) to have a usual GP or place of care.

👴 Age group

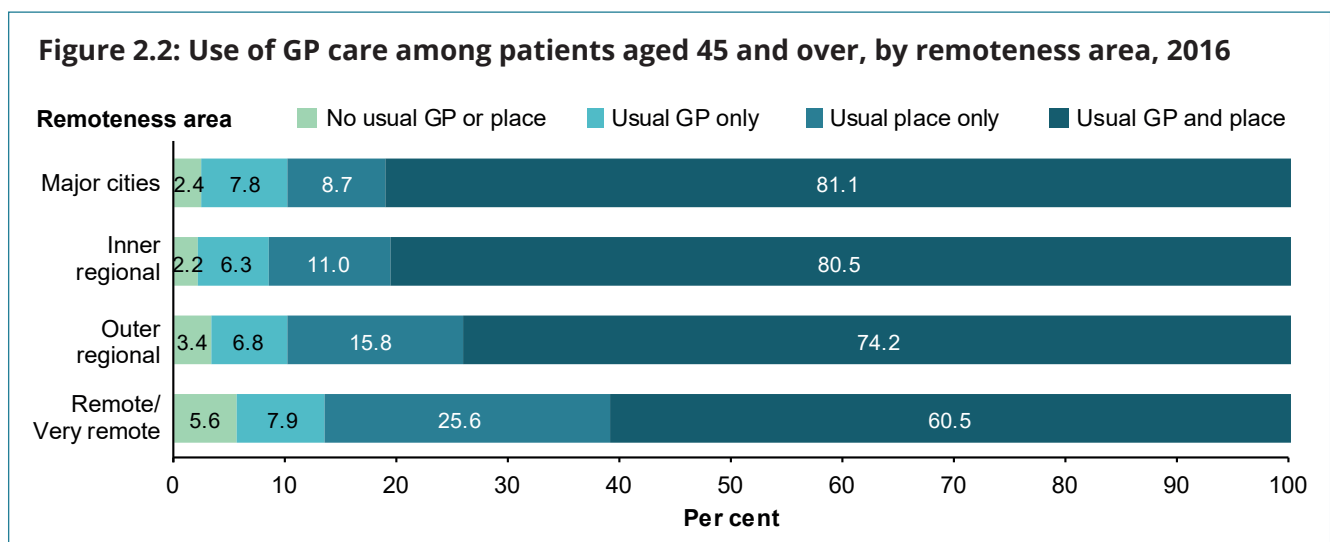
Almost all (99%) patients aged 75 and over had a usual GP or usual place of care. This proportion was slightly lower among younger patients—for example, 96% of patients aged 45–54 had a usual GP or usual place of care.

Though having a usual place of care usually means that a patient also has a usual GP, this is not always the case (Figure 2.1). Patients aged 75 and older were more likely to have a usual GP only (12%) compared with 4.9% of patients aged 45–54. One factor that may contribute to older patients having a usual GP only could be if they live in residential care or are otherwise unable to travel to a general practice, and have a mobile GP visit them instead.



🏠 Remoteness

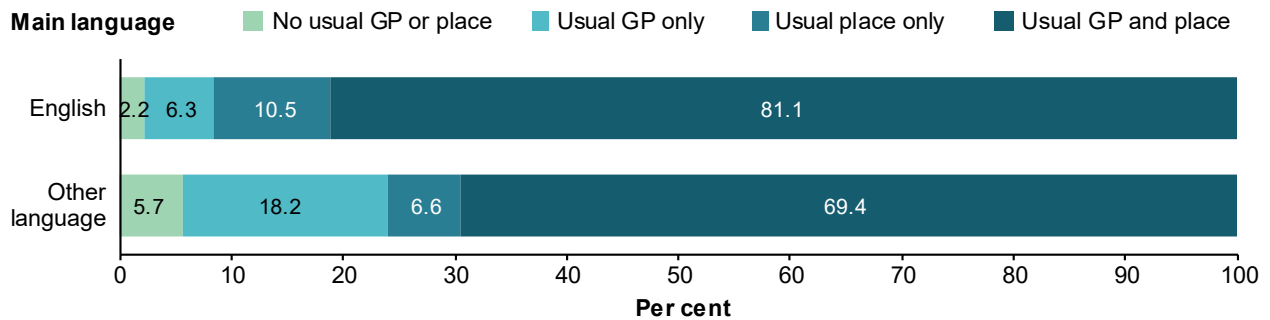
Patients living in *Remote/Very remote* areas were less likely than those living in *Major cities* to have a usual GP or place of care (94% compared with 98%). The primary care settings used to access GP care also differed by remoteness: patients living in *Remote/Very remote* areas were considerably less likely than patients living in *Major cities* to have a usual GP, and were more likely to have a usual place only (Figure 2.2).



Main language spoken

Patients who spoke English at home were more likely to report having a usual GP or place of care than patients who spoke another language (98% compared with 94%). Patients who spoke another language at home were more likely to have a usual GP only compared with those who spoke English (Figure 2.3).

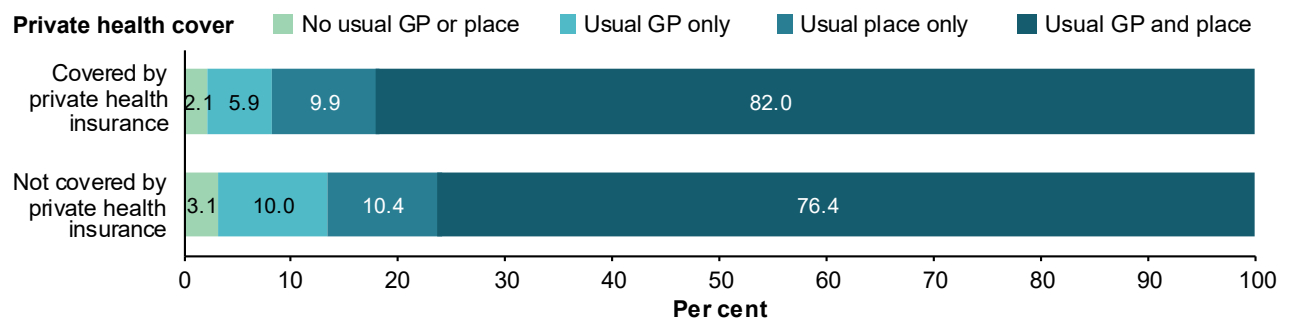
Figure 2.3: Use of GP care among patients aged 45 and over, by main language spoken at home, 2016



Private health insurance coverage

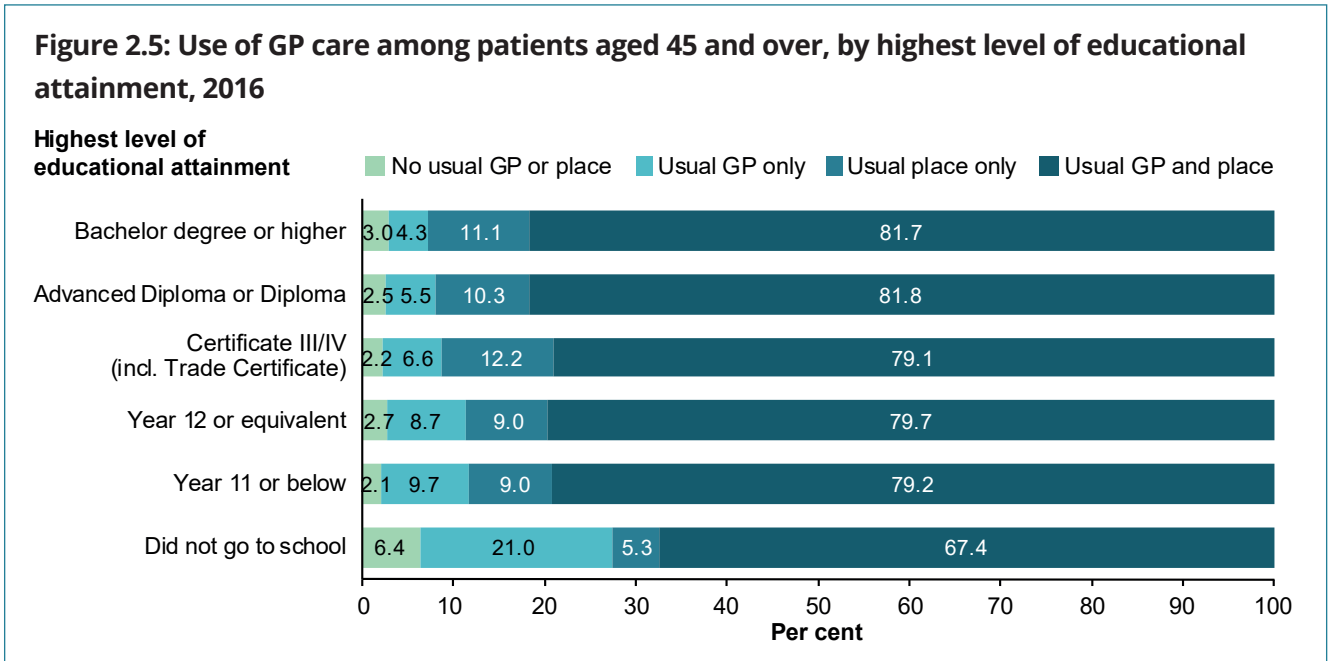
Patients covered by private health insurance were slightly more likely to have a usual GP or place of care compared with patients who were not covered (98% compared with 97%). Patients not covered by private health insurance were more likely to have a usual GP only (Figure 2.4).

Figure 2.4: Use of GP care among patients aged 45 and over, by private health insurance coverage, 2016



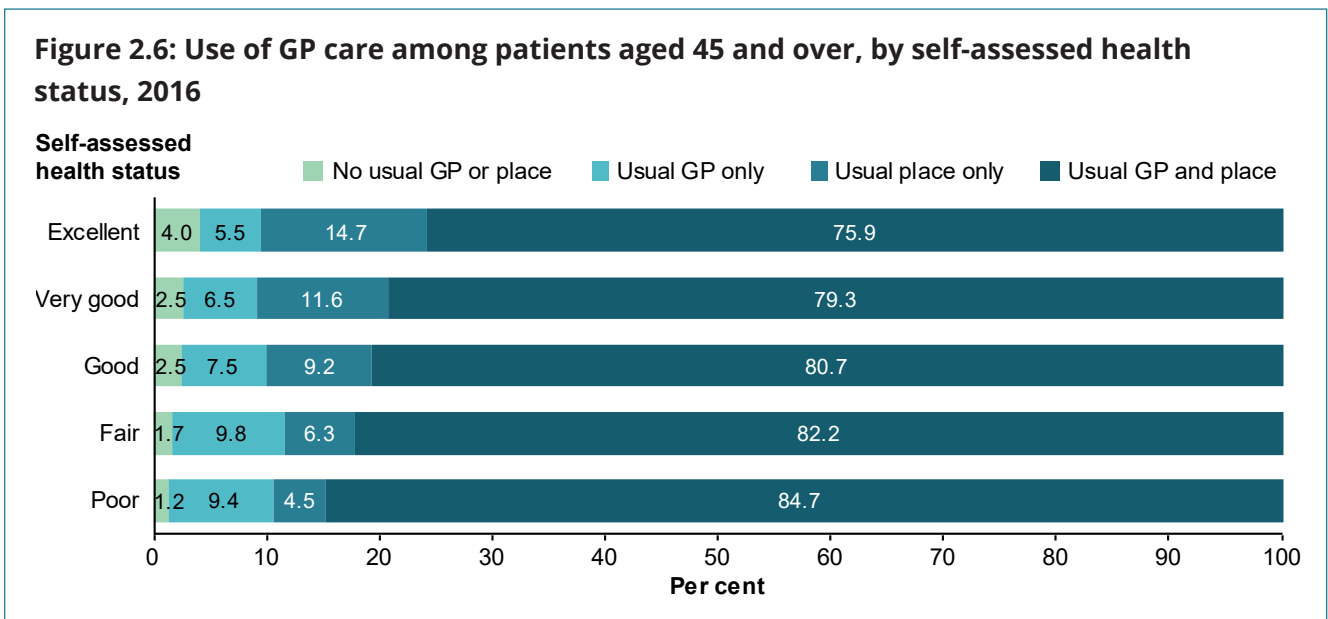
Highest level of educational attainment

Patients who did not go to school were less likely to have both a usual GP and a usual place of care, but more likely to have a usual GP only, compared with patients who had attained higher levels of education (such as a tertiary degree) (Figure 2.5).



Self-assessed patient health status

Patients who assessed their health as poor were more likely than those who assessed their health to be excellent to have a usual GP or place of care (99% compared with 96%) (Figure 2.6). Patients who assessed their health as poor were more likely than those who assessed their health to be excellent to have both a usual GP and a usual place of care (85% compared with 76%) and were more likely to have a usual GP only. Those who assessed their health to be excellent were more likely to have a usual place of care only.

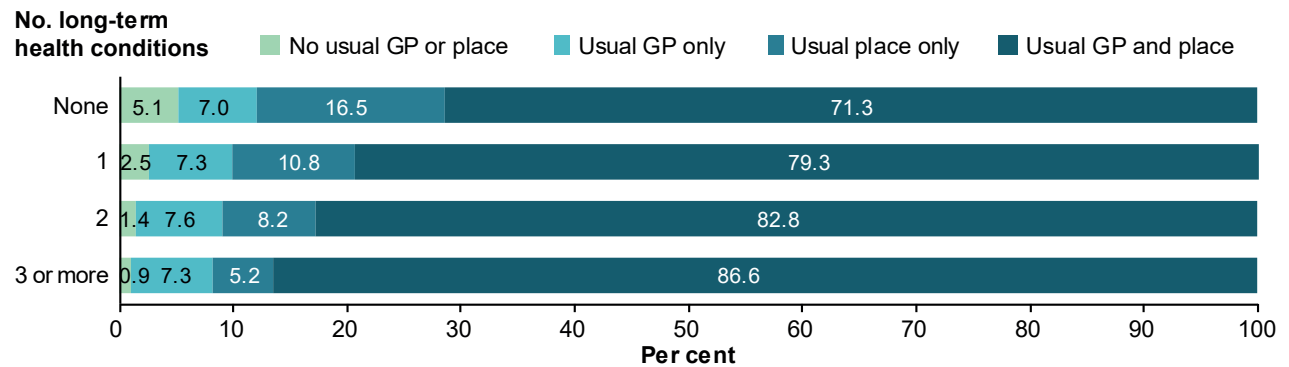




Number of long-term health conditions

Continuity of care and accumulated professional knowledge of individual patients and their health are especially important for patients with chronic and/or multiple conditions, who typically have to use health care services regularly (Pavlič et al. 2015; Reid et al. 2016). In 2016, patients with 3 or more long-term health conditions were more likely to have a usual GP or place of care than those with no long-term health conditions (99% compared with 95%). Patients with no long-term health conditions were more likely than those with long-term health conditions to have a usual place of care only (17% compared with 5.2% of patients with 3 or more long-term health conditions) (Figure 2.7). Patients with 3 or more long-term health conditions were more likely than those with no long-term health conditions to have both a usual GP and place of care (87% compared with 71%).

Figure 2.7: Use of GP care among patients aged 45 and over, by number of long-term health conditions, 2016



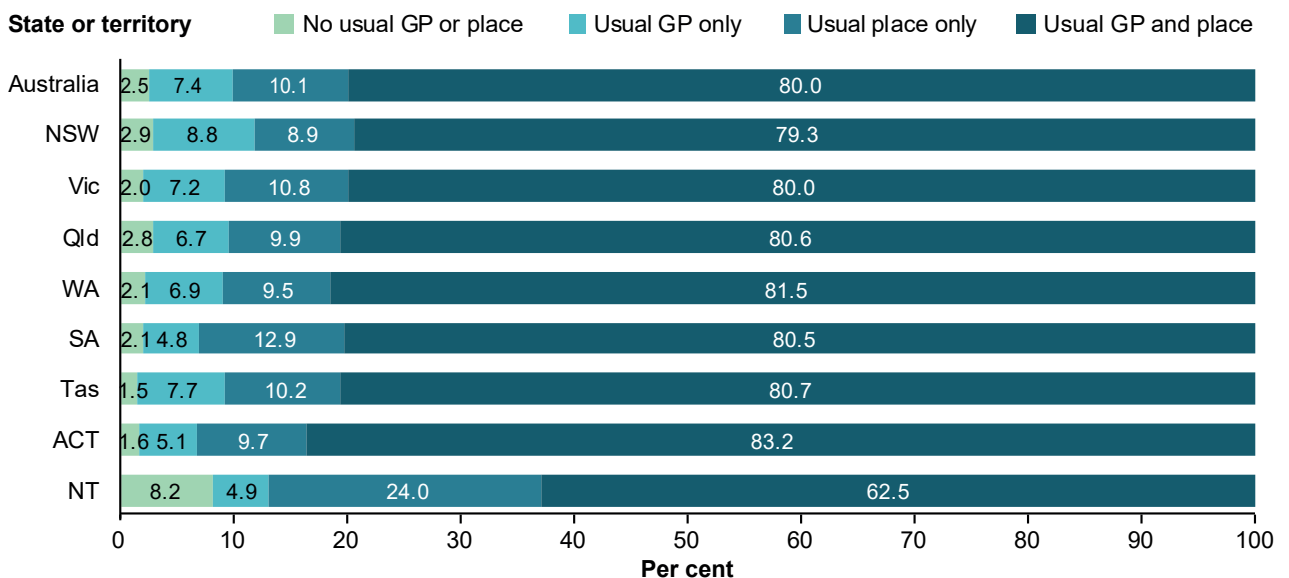
Note: For definition of 'long-term health condition', see Glossary.



State and territory results

In 2016, at least 97% of patients had a usual GP or usual place of care across all states and territories other than the Northern Territory—where 92% of patients had a usual GP or place of care. Patients in the Northern Territory accessed primary care differently than in other states and territories: the proportion of patients having a usual place of care only (24%) was almost double that in other states and territories (Figure 2.8).

Figure 2.8: Use of GP care among patients aged 45 and over, by state and territory, 2016





Results across PHN areas

Across PHN areas in 2016:

- the proportion of patients with a usual GP or place of care ranged from 99% in Murray (Victoria and part of New South Wales) to 92% in the Northern Territory
- the proportion of patients with a usual GP ranged from 91% in Perth South to 57% in Western Queensland
- the proportion of patients with a usual place of care ranged from 94% in Adelaide to 82% in South Western Sydney.

To explore the data for these measures across PHNs in further detail, see <https://myhealthycommunities.gov.au/interactive/coordination-of-healthcare>.

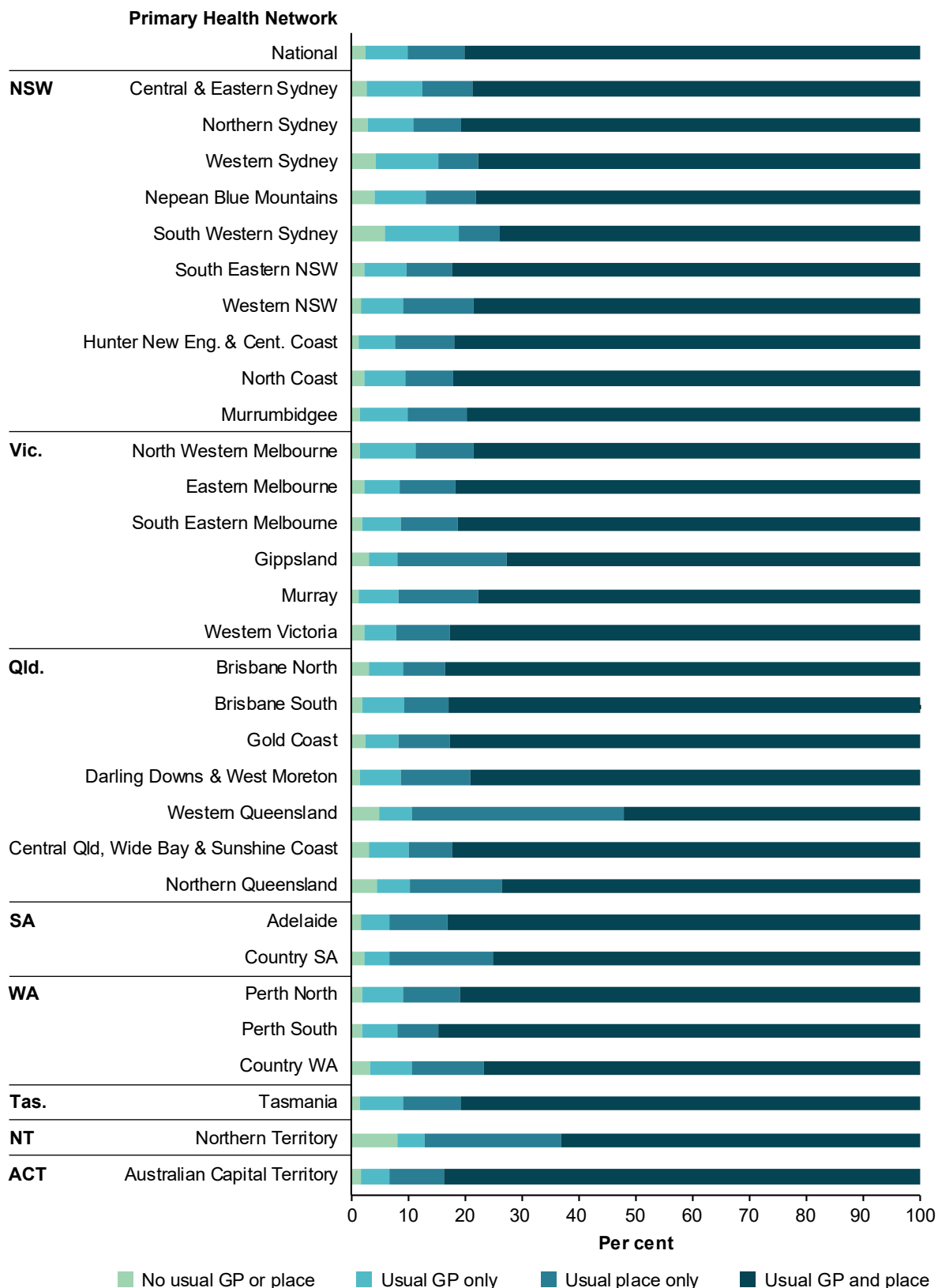
Variations in primary care settings across PHN areas

The geographical area in which a patient lives affects their access to, and available choice of, provider or place to visit for GP care. Survey results showed that the clear majority of patients across all PHNs had both a usual GP and usual place of care, but that the proportions with only a usual GP or usual place of care varied across PHN areas (Figure 2.9).

Across PHN areas:

- patients in Perth South were most likely to have both a usual GP and place of care (85%), and patients in Western Queensland were least likely (51%)
- where patients were least likely to have both a usual GP and usual place of care (Western Queensland and Northern Territory), they were most likely to report having only a usual place of care (37% and 24%, respectively)
- the proportion of patients who had a usual GP only ranged from 13% in South Western Sydney to 4% in Country South Australia
- the proportion of patients who had no usual GP or usual place of care was relatively small overall but varied among PHN areas—from 8.2% in the Northern Territory to 1.4% in Murrumbidgee (New South Wales), Hunter New England and Central Coast (New South Wales), and Murray (Victoria and part of New South Wales).

Figure 2.9: Use of GP care among patients aged 45 and over, by PHN area, 2016



Notes

1. These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015).
2. Patients counted in 'usual GP only' also include those who answered 'yes' to having a usual GP but did not respond to the survey question asking whether or not they had a usual place of care.

3 Experience of patient-centred care

Key findings

- Generally, patients reported positive experiences with GPs for quality of care provided. For example, over 9 in 10 (93%) patients felt that test results were explained in a way that they could understand.
- Better experiences of care were indicated by patients who were in better health, were better educated, spoke English, and lived in cities.
- Better experiences of care were indicated by patients aged 75 and over.
- Patients in Eastern Melbourne, Western Victoria, Brisbane North and the Gold Coast (Queensland) were most likely to feel that they received excellent or very good care from their usual GP or others in their usual place of care in the preceding year (87%).

Patient-centred care is well accepted as an ideal model for health care provision across health systems worldwide, with a central focus on patients and with care that supports patients taking an active role in decisions that pertain to their own health (Department of Health 2009; WHO 2008). Provision of patient-centred and well-coordinated care is central in enhancing patients' understanding, control and self-management of their health (Bywood et al. 2011; Jeon et al. 2010).

The 2016 Survey of Health Care asked patients how they would rate the overall quality of health care received from their usual GP or usual place of care in the previous 12 months, as well as factors that contribute to patient-centred care. This included how often their usual GP or others in their usual place of care:

- involved them in decisions
- asked about things in their work or life that affect their health
- explained their test results in a way that they could understand.

The survey also asked how comfortable patients felt in talking with their usual GP or others in their usual place of care about personal problems related to their health.

Examining how patient experiences of care vary by sociodemographic variables and across population groups demonstrates where patient care experiences could be improved. This may assist in better understanding pathways through the health system and the role of continuity in primary care. In general, patients who were healthier, wealthier and better educated were more likely to feel that they received excellent or very good care from their usual GP or others in their usual place of care, and that they had better experiences of patient-centred care.

This chapter reports results against the following measures:

- **'care rated by patient as excellent or very good'**: proportion of patients aged 45 and over who rated the quality of care received from their usual GP or others in their usual place of care, in the preceding 12 months, as excellent or very good
- **'patient involved in decisions about their care'**: proportion of patients aged 45 and over who felt that, in the preceding 12 months, they were always or usually involved in decisions about their care by their usual GP or others in their usual place of care
- **'patient was asked about work/life things that affect health'**: proportion of patients aged 45 and over who felt that, in the preceding 12 months, their usual GP or others in their usual place of care asked about things in their work or life that affect their health
- **'test results were explained in a way that patient could understand'**: proportion of patients aged 45 and over who felt that, in the preceding 12 months, their usual GP or others in their usual place of care always or usually explained test results in a way they could understand
- **'comfortable talking about personal problems related to their health'**: proportion of patients aged 45 and over who felt completely or very comfortable talking with their usual GP or others in their usual place of care about personal problems related to their health in the preceding 12 months.

Notes

Experiences of care reported in this chapter exclude patients who did not visit a usual GP or usual place of care in the 12 months before completing the survey (4.7% of patients who completed the survey). See Appendix C for detailed results for measures in this chapter.

National results

Across Australia in 2016:

- 84% of patients felt that the quality of care received from their usual GP or others in their usual place of care in the previous 12 months was excellent or very good
- around 9 in 10 (89%) patients felt that they were involved in decisions about their care. A small proportion (1.1%) reported that they did not want to be involved in decisions about their care
- around 9 in 10 (93%) patients felt that test results were explained in a way that they could understand
- around 8 in 10 (81%) patients felt comfortable discussing personal problems related to their health with their usual GP or others in their usual place of care
- around 8 in 10 (82%) patients reported that their usual GP or others in their usual place of care asked them about things in their work or life that affect their health.

Self-assessed health status

Patient experience measures related to GP care varied by their self-assessed health status (Figure 3.1). Better health was correlated with better care. Patients who assessed their health as excellent were more likely than those who assessed their health as poor to:

- rate the care received from their usual GP or others in their usual place of care in the preceding year as excellent or very good (91% compared with 73%)
- feel that their usual GP or others in their usual place of care involved them in decisions about their care (92% compared with 85%)
- feel that their usual GP or others in their usual place of care explained test results in a way that they could understand (94% compared with 89%)
- feel comfortable discussing personal problems related to their health (86% compared with 76%).

Figure 3.1: Patient-reported experiences of care received from usual GP or usual place of care, patients aged 45 and over, by self-assessed health status, 2016



— 95% confidence interval

Notes

1. These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).
2. As these data are from a cross-sectional (rather than longitudinal) survey, relationships between self-assessed health status and patient-reported care experiences can be assessed only as correlations, rather than causal associations. See Chapter 5 for more information.

Sex

A slightly higher proportion of men (83%) than women (80%) felt comfortable discussing personal problems related to their health with their usual GP or others in their usual place of care. Men were also slightly more likely than women to feel that they were asked about things in work or life that affect their health (83% compared with 81%). All other experience measures of patient-centred care were similar for men and women.

Age group

Overall, patients aged 75 and over were more likely than younger patients to feel that they received excellent or very good quality care from their usual GP or others in their usual place of care (87% compared with 81% of patients aged 45–54). Patients aged 75 and over were also more likely:

- to feel that test results were explained in a way that they could understand (95% compared with 90% of those aged 45–54)
- to feel comfortable discussing personal problems related to their health (88% compared with 76% of those aged 45–54).

Conversely, patients aged 75 and over were least likely to feel that they were asked about things in work or life that affect their health (79% compared with 82% of patients aged 65–74 and 83% of patients aged 45–64).



Remoteness

For most patient-reported experiences of care, there was a gradient across remoteness areas. Patient experiences were better in less remote areas—the most positive experiences were perceived among those living in *Major cities* or *Inner regional* areas; they were less positive among those living in *Outer regional* or *Remote/Very remote* areas. Patients living in *Major cities* were more likely than those living in *Remote/Very remote* areas to:

- rate care received as excellent or very good (85% compared with 74%)
- feel that they were asked about things in their work or life that affect their health (83% compared with 77%)
- feel that test results were explained in a way that they could understand (93% compared with 88%)
- feel comfortable discussing personal problems related to their health with their usual GP or others in their usual place of care (82% compared with 72%).



Socioeconomic group

As with remoteness areas, there was also a gradient in patient-reported experiences of care across socioeconomic groups (patients allocated against 5 quintiles of relative socioeconomic disadvantage based on their area of residence). Patients in higher socioeconomic groups (that is, people from areas with less socioeconomic disadvantage) had better experiences of care than those in lower socioeconomic groups. A greater proportion of those in the highest socioeconomic group:

- perceived that they received excellent or very good care from their usual GP or others in their usual place of care in the preceding year (86%) compared with those in the lowest socioeconomic group (79%)
- felt that their usual GP or others in their usual place of care asked them about things in work or life that affect their health (83% compared with 79%)
- felt that they were involved in decisions about their care (92% compared with 84%).



Main language spoken

The proportion of patients who felt that they received excellent or very good care from their usual GP or others in their usual place of care was higher among those who spoke English at home (86%) than among those who spoke another language (71%). Patients who spoke English at home were also more likely than those who spoke another language to feel that they:

- were involved in decisions about their care (91% compared with 71%)
- were asked about things in their work or life that affect their health (83% compared with 77%)
- had test results explained in a way that they could understand (93% compared with 88%)
- were comfortable talking to their usual GP or others in their usual place of care about personal problems related to their health (82% compared with 76%).

Highest level of educational attainment

Compared with patients who did not go to school, patients who completed higher levels of education reported better experiences of care. Those with a Bachelor degree or higher were more likely than those who did not go to school to feel that:

- they received excellent or very good care from their usual GP or others in their usual place of care in the last year (85% compared with 71%)
- their usual GP or others in their usual place of care asked them about things in their work or life that affect their health (84% compared with 76%)
- their usual GP or others in their usual place of care involved them in decisions about their care (93% compared with 72%).

Patients who completed up to Year 12 or equivalent were more likely to feel that test results were explained in a way that they could understand (94% compared with 84%).

Private health insurance coverage

A higher proportion of patients who were covered by private health insurance felt they received excellent or very good care from their usual GP or others in their usual place of care in the preceding year (86% compared with 81%). Patients covered by private health insurance were also more likely to perceive that they were involved in decisions related to their care (91% compared with 86%) and that their usual GP or others in their usual place of care asked about things in their work or life that affect their health (83% compared with 80%). This may be related to a patient's socioeconomic group.

State and territory results

In 2016, patient-reported experiences of care varied across states and territories in Australia. These variations reflect a complex interaction of many factors, such as demographic (including the number of people residing in the jurisdiction, age structure of the population, proportion of people living in regional and remote areas, and the proportion of the population that is Indigenous), socioeconomic and environmental factors. Such factors should be considered when interpreting report findings.

Patients in the Northern Territory were the least likely to report positive experiences of care. Patients in Victoria, Tasmania, Queensland and Western Australia were most likely to perceive that they received excellent or very good care from their usual GP or others in their usual place of care (85%). Patients in the Australian Capital Territory were most likely to be involved in decisions about their care (92%).

Patients in Queensland were most likely to feel that test results were explained in a way that they could understand (94%) while patients in Victoria and South Australia were most likely to feel comfortable talking to their usual GP or others in their usual place of care about personal problems related to their health (82%).

Results across PHN areas

Patient experiences of care also varied across PHN areas in 2016. Patients in Eastern Melbourne, Western Victoria, Brisbane North and the Gold Coast (Queensland) were most likely to feel that they received excellent or very good care from their usual GP or others in their usual place of care in the preceding year (87%). In comparison, 70% of patients living in Western Queensland rated their care as excellent or very good (Figure 3.2).

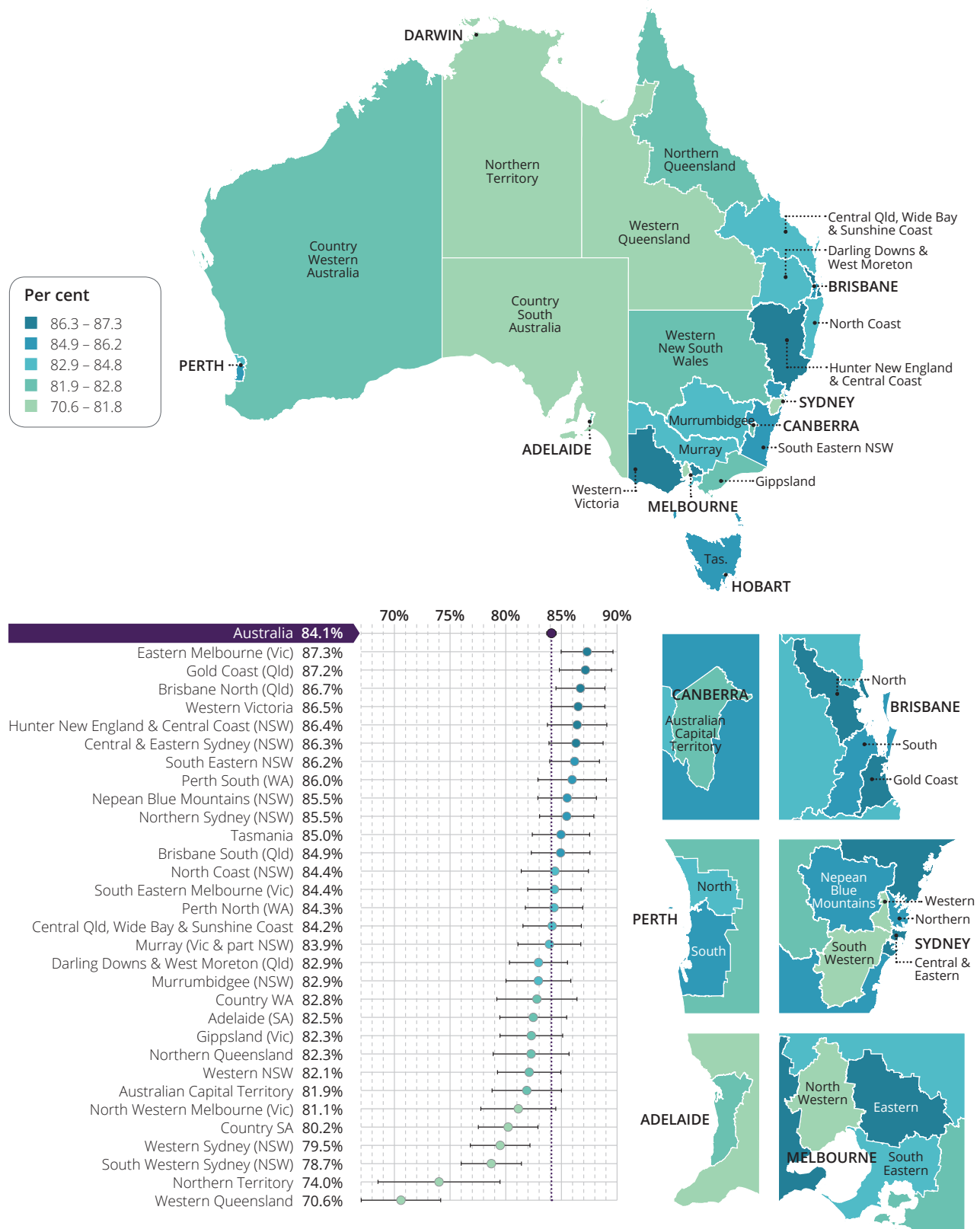
Patients in South Eastern New South Wales were most likely to feel that their usual GP or others in their usual place of care involved them in decisions about their care (92%), while 81% of patients in South Western Sydney felt involved in decisions about their care (Figure 3.3).

Across PHN areas, the proportion of patients who felt that their usual GP or others in their usual place of care asked about things in their work or life that affect their health ranged from 85% in Brisbane South to 77% in Western Queensland and the Northern Territory (Figure 3.4).

The proportion of patients who felt that test results were explained in a way that they could understand was relatively high across all PHNs in 2016—ranging from 95% in Central and Eastern Sydney, Brisbane North, Brisbane South and the Gold Coast to 85% in Western Queensland (Figure 3.5).

Patients in Hunter New England and Central Coast (New South Wales) were most likely to feel comfortable discussing personal problems related to their health with their usual GP or others in their usual place of care (85%), while patients in the Northern Territory were least likely to feel comfortable doing so (72%) (Figure 3.6).

Figure 3.2: Proportion of patients aged 45 and over who rated the quality of care received from their usual GP or others in their usual place of care as excellent or very good in the preceding 12 months, PHN areas, 2016



—| 95% confidence interval

Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

Figure 3.3: Proportion of patients aged 45 and over who felt that, in the preceding 12 months, they were always or usually involved in decisions about their care by their usual GP or others in their usual place of care, PHN areas, 2016

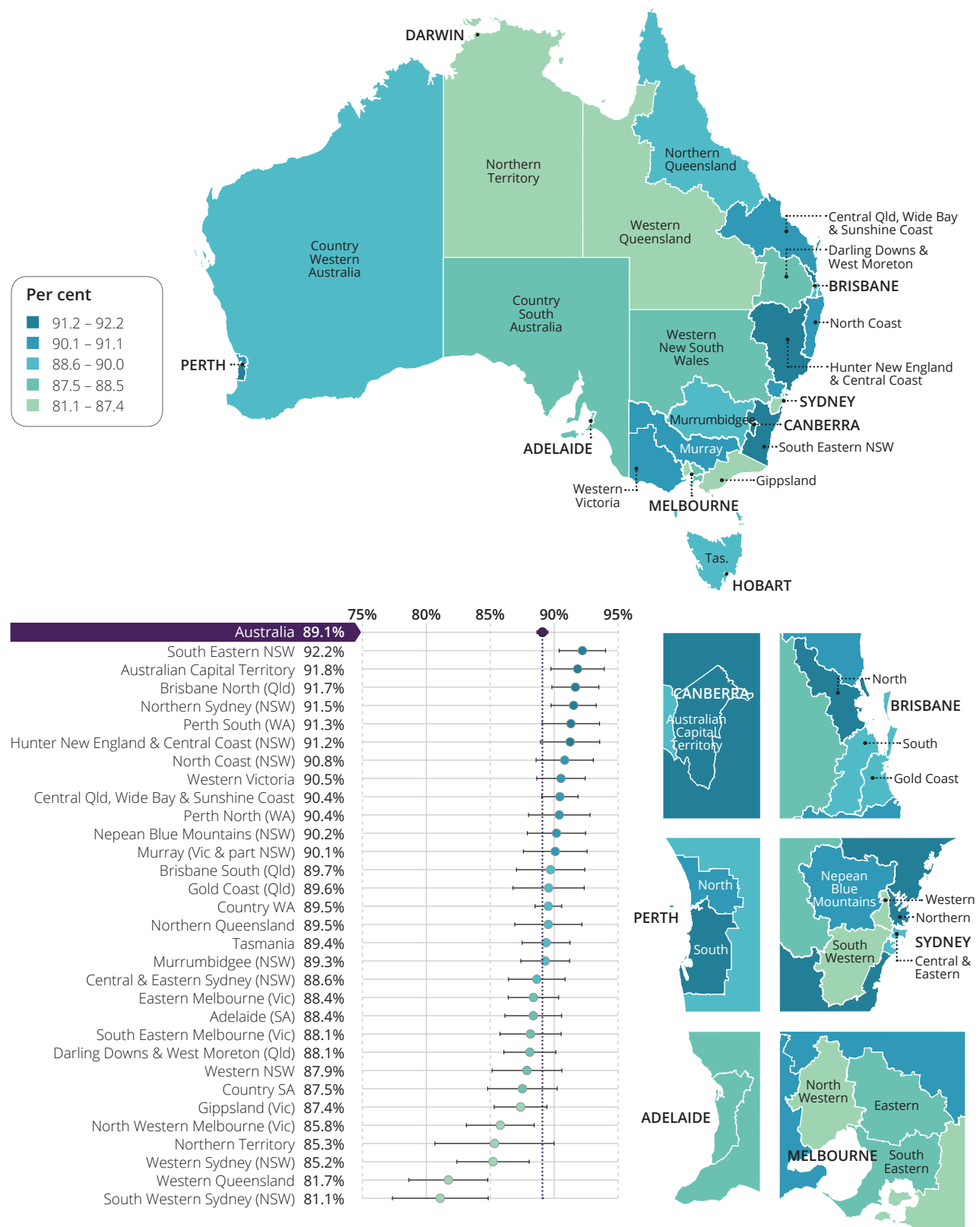
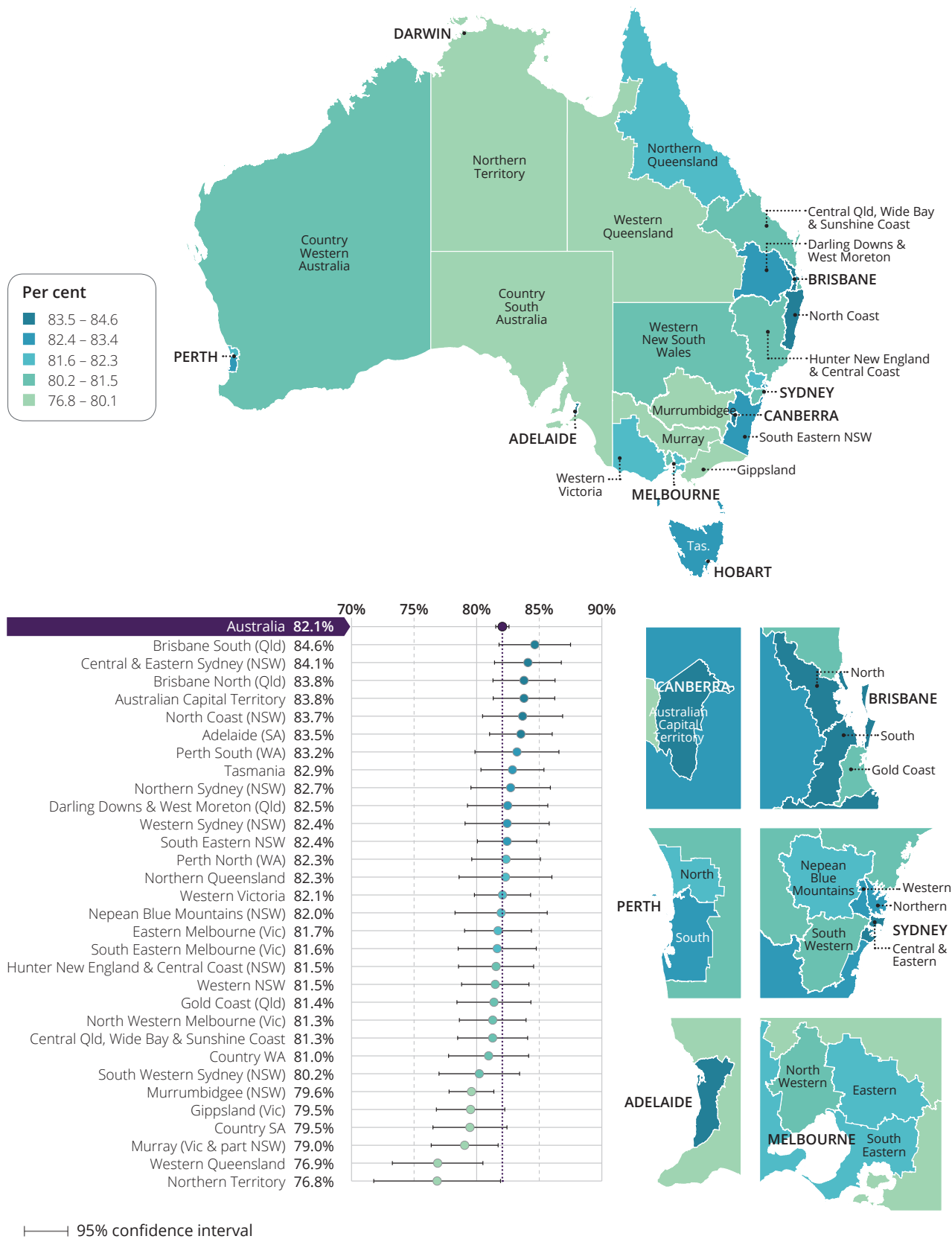


Figure 3.4: Proportion of patients aged 45 and over who felt that, in the preceding 12 months, their usual GP or others in their usual place of care asked about things in their work or life that affect their health, PHN areas, 2016



Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

Figure 3.5: Proportion of patients aged 45 and over who felt that, in the preceding 12 months, their usual GP or others in their usual place of care always or usually explained test results in a way they could understand, PHN areas, 2016

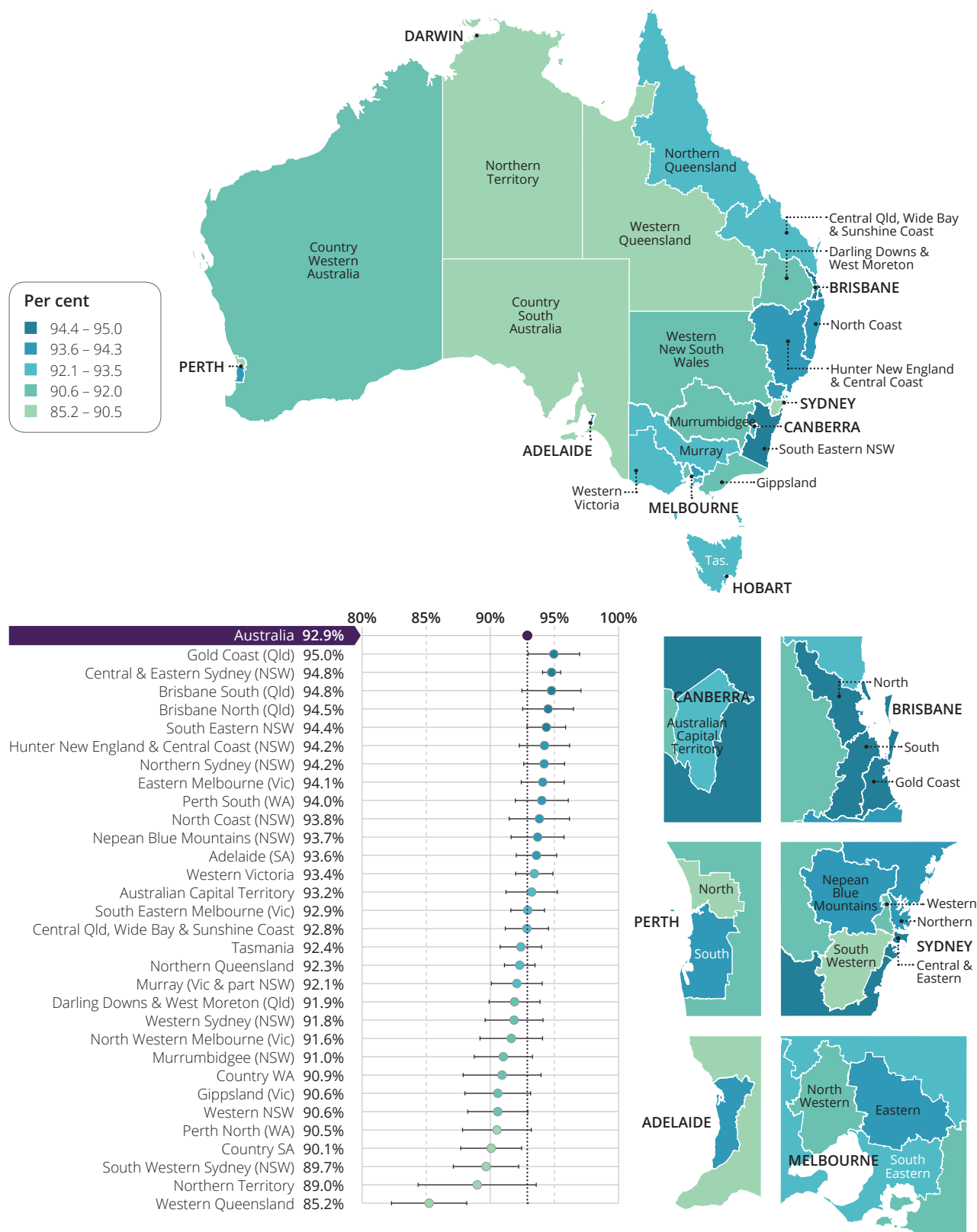
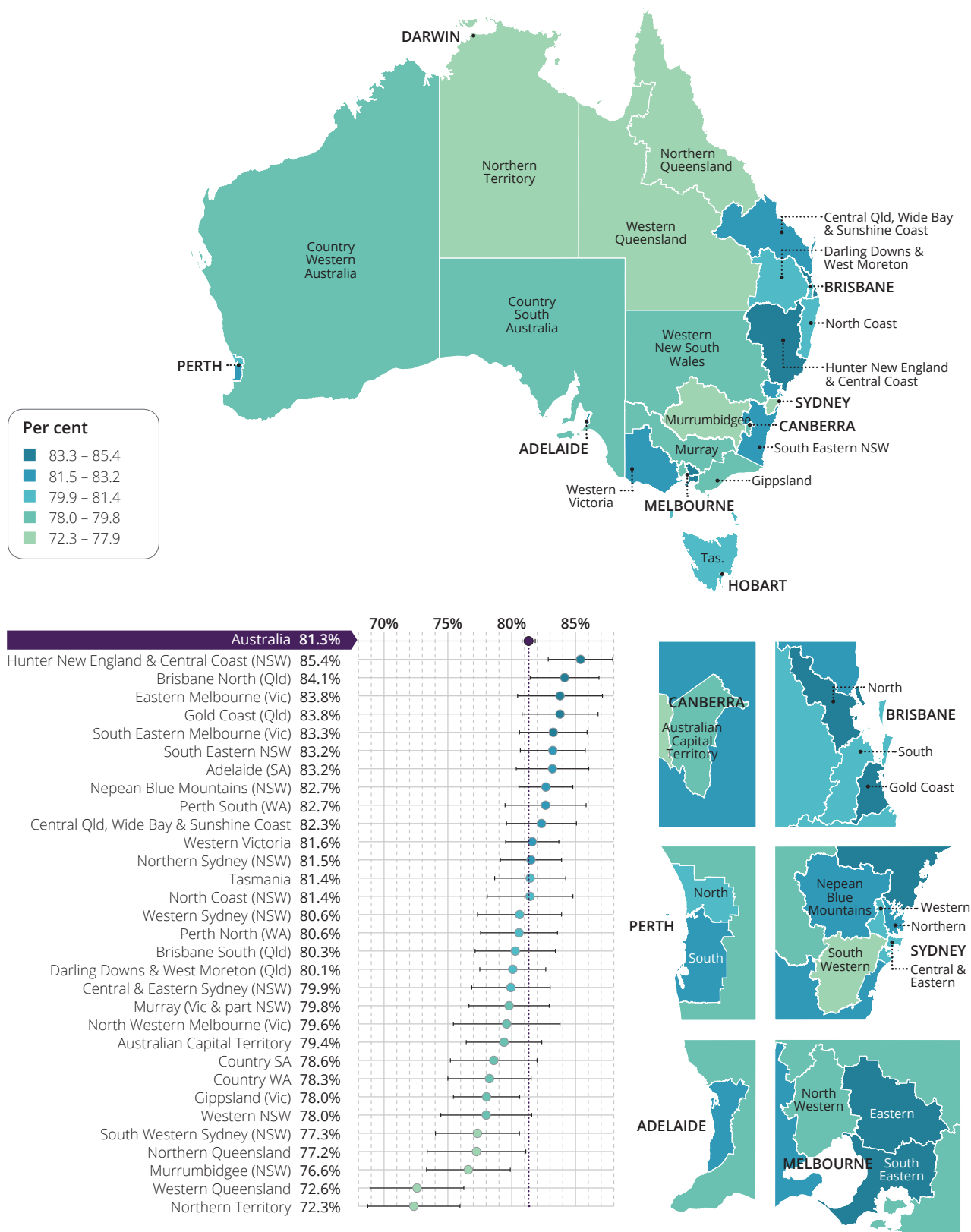


Figure 3.6: Proportion of patients aged 45 and over who felt comfortable talking with their usual GP or others in their usual place of care about personal problems related to their health in the preceding 12 months, PHN areas, 2016



— 95% confidence interval

Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

4 Care settings and patient-reported experiences of care

Key findings

- Almost 9 in 10 (87%) patients with both a usual GP or usual place of care felt that they received excellent or very good care in the previous year, compared with about 8 in 10 (81%) patients with a usual GP and about 6 in 10 (62%) patients with a usual place only.
- In general, the best experiences of care were reported by patients with both a usual GP and place of care, followed by those with a usual GP only. The least positive experiences were reported by those with a usual place of care only.
- Patient-reported experiences of care were similar across different care settings, including GP clinics, community health centres and Aboriginal Medical Services.
- Better experiences of care were reported among patients who had been seeing their usual GP for longer periods of time. Around 9 in 10 patients (89%) who had been seeing their usual GP for 5 years or more felt that the care they received in the preceding 12 months was excellent or very good, compared with 3 in 4 (75%) patients who had been seeing their usual GP for less than 1 year.

For patients, the experience of continuity in primary care is the perception that GPs are aware of the patient's health history, that their GP 'knows them' and that a provider who 'knows them' will care for them in the future (Haggerty et al. 2003). Having ongoing relationships (continuity) with a usual GP or usual place of care who 'knows' a patient facilitates patient-centred care; that is, care that accounts for patients' needs, preferences, and the important role that patients and family members play as active participants in care (Singer et al. 2013).

This chapter presents information on patient-reported experience measures that fit into the dimension of patient-centred care (for example, whether or not patients were involved in decisions related to their care), by care setting. It examines whether GP care is perceived to be patient centred when patients see only a usual GP, visit a usual place of care (without a preference for a particular GP) or have both a usual GP and usual place of care.

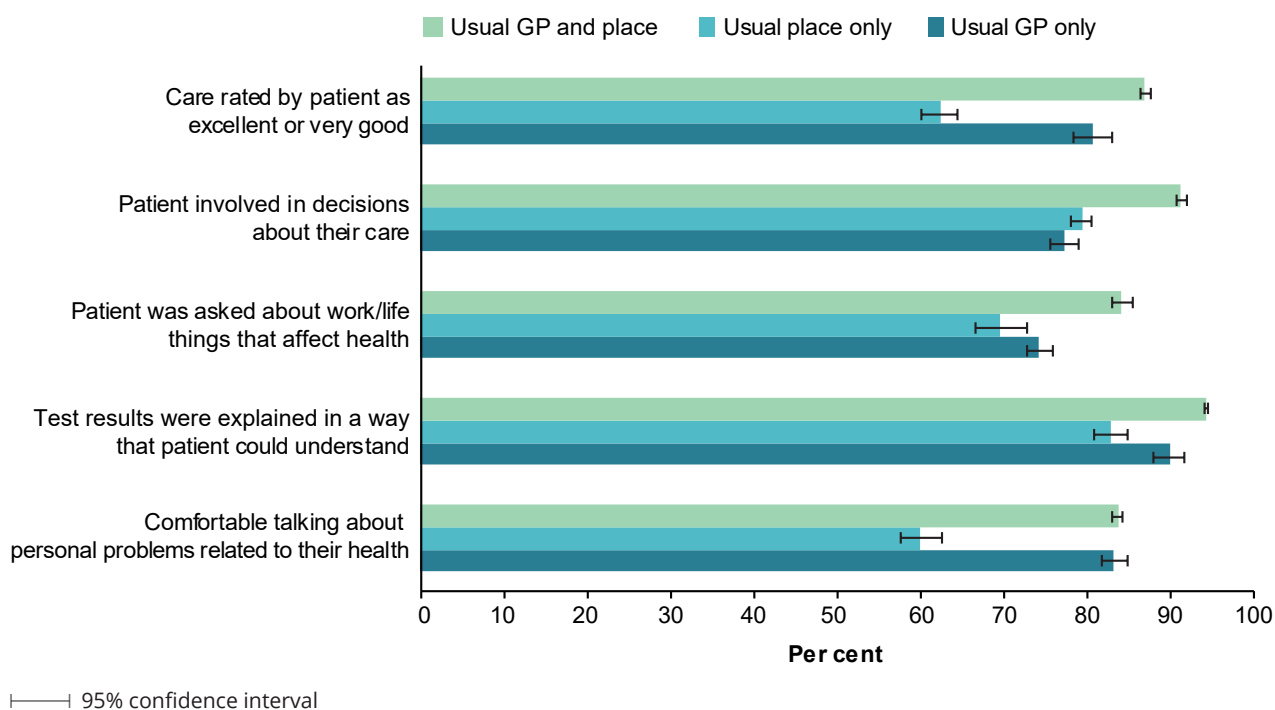
A patient may refer to several different types of settings as their usual place of care—for example, a GP clinic, an Aboriginal Medical Service or a community health centre. As such, experiences of care across different place of care settings are also examined.

Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

Patient-reported experiences across care settings

In 2016, perceived experiences of patient-centred care varied by the type of care setting in which patients received care in the preceding 12 months. In general, patients felt that they received better experiences of care if they had both a usual GP and a usual place of care, compared with having either a usual GP or a usual place of care (Figure 4.1).

Figure 4.1: Patient-reported experience measures of care for patients aged 45 and over, by care setting, 2016



Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

How did patients rate the quality of care received?

Nationally, among the 80% of patients aged 45 and over who had both a usual GP and place of care, 87% felt that they received excellent or very good quality care in the previous year. Among the smaller proportion of patients who had a usual GP only, 81% felt they received excellent or very good quality care; this dropped to 62% among patients with only a usual place of care.

Did patients feel that were involved in decisions about their care?

Patients who had both a usual GP and place of care in the preceding year were most likely to feel that they were involved in decisions about their care (91%). Among the smaller proportion of patients who had either a usual GP or a usual place of care, about 4 in 5 (79%) of those who had a usual place of care only, and 77% of those who had a usual GP only, felt that they were involved in decisions about their care.

Were patients asked about things in their work or life that affect their health?

Over 8 in 10 (84%) patients who had both a usual GP and place of care in the preceding year felt that their usual GP or others in their usual place of care asked about things in their work or life that affect their health. This proportion was lower among patients who had a usual GP only (74%), and lower again among patients who had a usual place of care only (70%).

Were test results explained in a way that the patient could understand?

Among patients who had both a usual GP and place of care in the preceding year, 94% felt that test results were explained in a way that they could understand. Among those who had a usual GP only, 90% of patients felt that test results were explained in a way that they could understand, and this proportion decreased to 83% among those who had a usual place of care only.

Did patients feel comfortable discussing personal problems related to their health?

Similar proportions (84%) of patients who had a usual GP and place of care, or just a usual GP, reported that they felt comfortable discussing personal problems related to their health. A lower proportion (60%) of patients who had a usual place of care only reported that they felt comfortable discussing personal problems related to their health.

Usual place of care setting and patient-reported care experiences

In 2016, most patients who had a usual place of care went to a GP clinic with GPs only (53%) or a GP clinic with GPs and other health professionals (43%) for the majority of their GP care. A smaller proportion of patients visited a community health centre (2.0%), an Aboriginal Medical Service (0.3%), a hospital emergency department (1.2%), or somewhere else (0.5%) as their usual place of care.

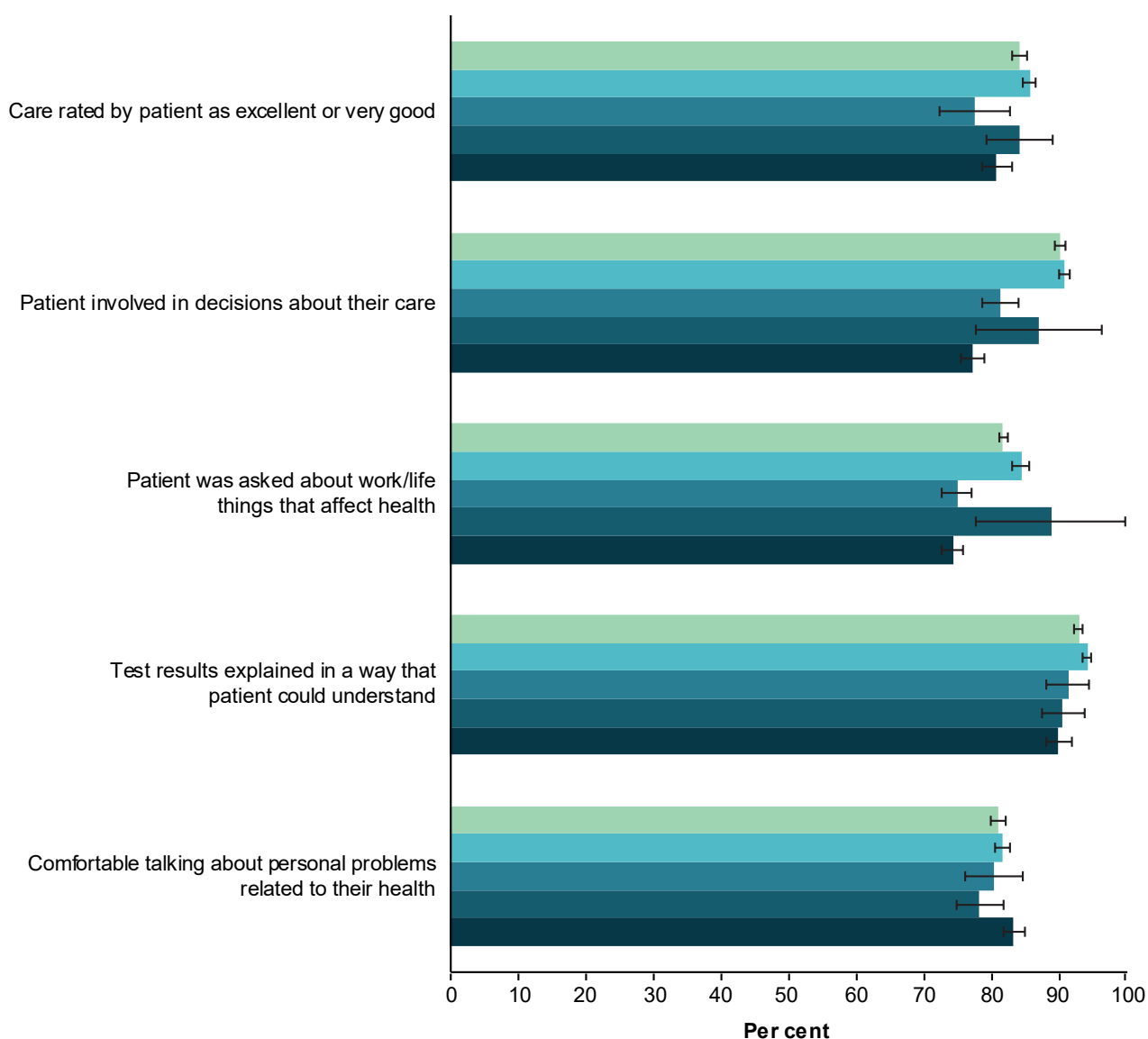
Figure 4.2 presents variation in patient-reported experiences of care received across different care settings. In general, patient-reported experiences of care did not vary greatly across care settings, though there was some variation. For example, patients were more likely to feel that they received excellent or very good care in the preceding 12 months when their usual place of care was:

- a clinic with GPs and other health professionals (86%)
- an Aboriginal Medical Service (84%)
- a GP clinic with GPs only (84%).

This proportion was lower among patients whose usual place of care was a community health centre (78%).

Analyses excluded patients who had a usual GP and a usual place of care, where their usual place of care was a hospital emergency department, as their reported primary care experiences may be more likely to relate to experiences with their usual GP than with their place of care setting (that is, care received in the hospital emergency department). Though the proportion of patients whose usual place of care was a hospital emergency department was small at a national level (1.2%), this proportion varied across PHN areas—increasing to 5.6% in the Western Queensland PHN area.

Figure 4.2: Patient-reported experiences of care, by usual place of care setting, 2016



Care setting:

- Has usual place – clinic with GPs only
- Has usual place – clinic with GPs and other health professionals
- Has usual place – community health centre
- Has usual place – Aboriginal Medical Service
- Has no usual place, or usual place is unspecified

—| 95% confidence interval

Notes

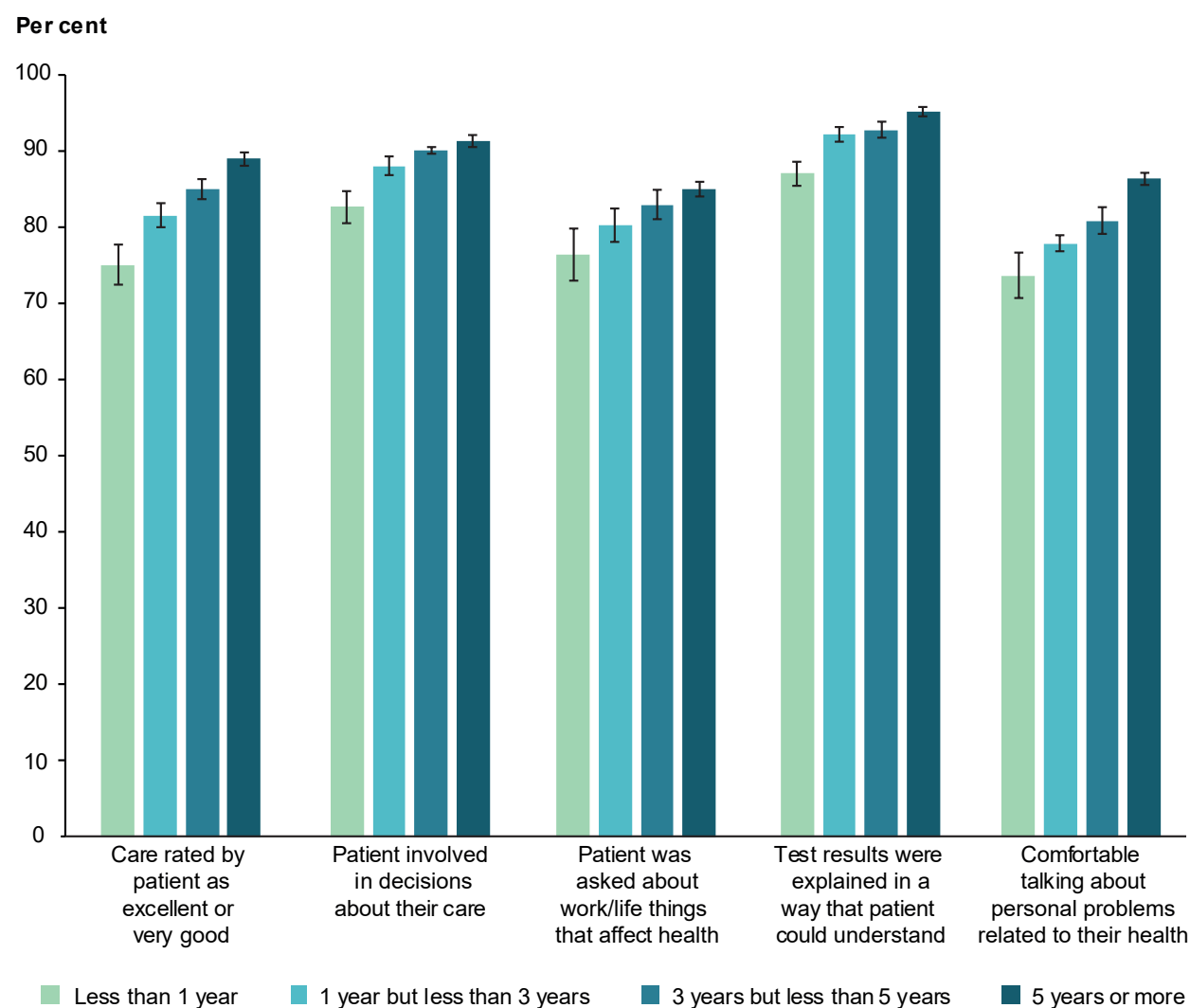
1. These data are based on Survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).
2. Due to the small number of patients included in survey with only a usual place of care and no usual GP, it is not possible to report care experiences of patients who did not have a usual GP and had a usual place of care only, by type of usual place of care. Information on care experiences presented in Figure 4.2 are experiences of those who had either a usual GP or place of care.

Length of patient–GP relationship and patient-reported care experiences

Patient responses from the survey showed a correlation between the duration of time over which a patient had visited a usual GP and better experiences of care (Figure 4.3). Compared with patients who had been seeing their usual GP for less than 1 year, patients who had been seeing their usual GP for 5 years or more were more likely to feel that they:

- received excellent or very good care in the preceding year (89% compared with 75%)
- were involved in decisions about their care (91% compared with 83%)
- were asked about things in work or life that affect their health (85% compared with 77%)
- had test results explained in a way that they could understand (95% compared with 87%)
- were comfortable talking about personal problems related to their health (86% compared with 74%).

Figure 4.3: Selected patient-reported experiences of care, patients aged 45 and over, by length of time as patient of usual GP, 2016



—| 95% confidence interval

Note: These data are based on survey responses from adults aged 45 and over who had seen a GP in the 12 months before survey selection (November 2014 to November 2015), and who had visited a usual GP or usual place of care in the 12 months before completing the survey (April–June 2015 to April–June 2016).

5 Strengths and limitations

Shedding light on patient experiences with health care is becoming increasingly important as health systems strive to be more responsive to the needs of the people using their services (OECD 2018). A recent literature review by the Australian Commission on Safety and Quality in Health Care reported growing international evidence that measures of patient experience of care:

- contribute to a more people-centred view of health system performance
- can lead to an improvement in the quality and safety of the services provided
- can help with understanding the relative effectiveness of different treatments and interventions
- enhance processes in the patient-clinician interaction (Williams et al. 2016).

The Coordination of Health Care Study was designed to fill a data gap in the reporting of nationally consistent and local-level information on experiences with health care providers using patient-reported information, where data have previously been limited. It is the first national study designed to provide robust samples from each PHN area of:

- people aged 45 and over who had seen a GP in the previous 12 months
- people with high health care needs. The study over-sampled high users of GP visits (those who had seen a GP 12 or more times in the previous 12 months) as these people are more likely to have complex and chronic conditions and have experiences with multiple providers, including hospitals, specialists and allied health professionals.

A key strength of this report is the potential for PHNs to explore the way patients use GP care in their area (and their experiences of this care), as well as helping to identify predictors of patient-centeredness of care.

As with survey data in general, the survey model chosen for this study has both strengths and limitations. Due to data in this report being collected from a cross-sectional survey, report findings are subject to limitations including:

- their generalisability (to whom they apply in the wider population outside of those surveyed)
- their implications for assessment of causality.

Generalisability

Findings in this report cannot be generalised to apply to those outside the scope of the survey—that is, to other than people aged 45 and over who had at least one GP visit in the 12 months between November 2014 and November 2015. For example, the following people would be out of scope:

- people who did not see a GP in the 12 months before selection of the sample as they had been in good health and had not needed to see a GP
- people getting care elsewhere (exclusively), where services were not billed to Medicare
- people who are not getting any care at all.

This survey returned a 29% response rate, which may have introduced non-response bias (that is, survey respondents and non-respondents may differ with respect to their use of and experiences with GP care). In this survey, however, it is not possible to distinguish between non-response and sample loss. For example, a person may have been selected to participate, but might not have received any survey materials due to an out-of-date address on the Medicare Enrolment Database.

While the collection is subject to non-response bias, it is not possible to reliably quantify this. The magnitude of any bias depends on the rate of non-response and the extent of the differences in characteristics between those people who responded to the survey and those who did not (ABS 2016).

To try to understand whether the sample is representative of the in-scope population, an investigation was carried out to compare the sample distribution from the 2016 Survey of Health Care with other Australian surveys conducted by the ABS—namely the Patient Experience 2015–16 survey, and the National Health Survey 2014–15.

Some factors that differed between survey sample distributions—such as age, sex, socioeconomic group and PHN—were accounted for in the weighting process (see the technical note accompanying this report on the MyHealthyCommunities website for more information on this process <<https://myhealthycommunities.gov.au/our-reports/coordination-of-health-care/july-2018/technical-note>>). Other variables not taken into account with weighting that were compared across survey sample distributions (for the same scope population—over 45 years and at least one GP visit in the previous 12 months) included things like ‘proportion who reported having a long-term health condition’. For ‘level of education’ and whether the person ‘had private health insurance’, the proportions were similar across the different sources. For some health-related variables, the 2016 Survey of Health Care generally had a higher proportion of people with poorer health. No adjustment to the weighting has been made for this potential bias.

For more information on the results of this investigation, see the explanatory notes to the ABS Survey of Health Care Australia 2016 (ABS 2016).

Assessments of causality

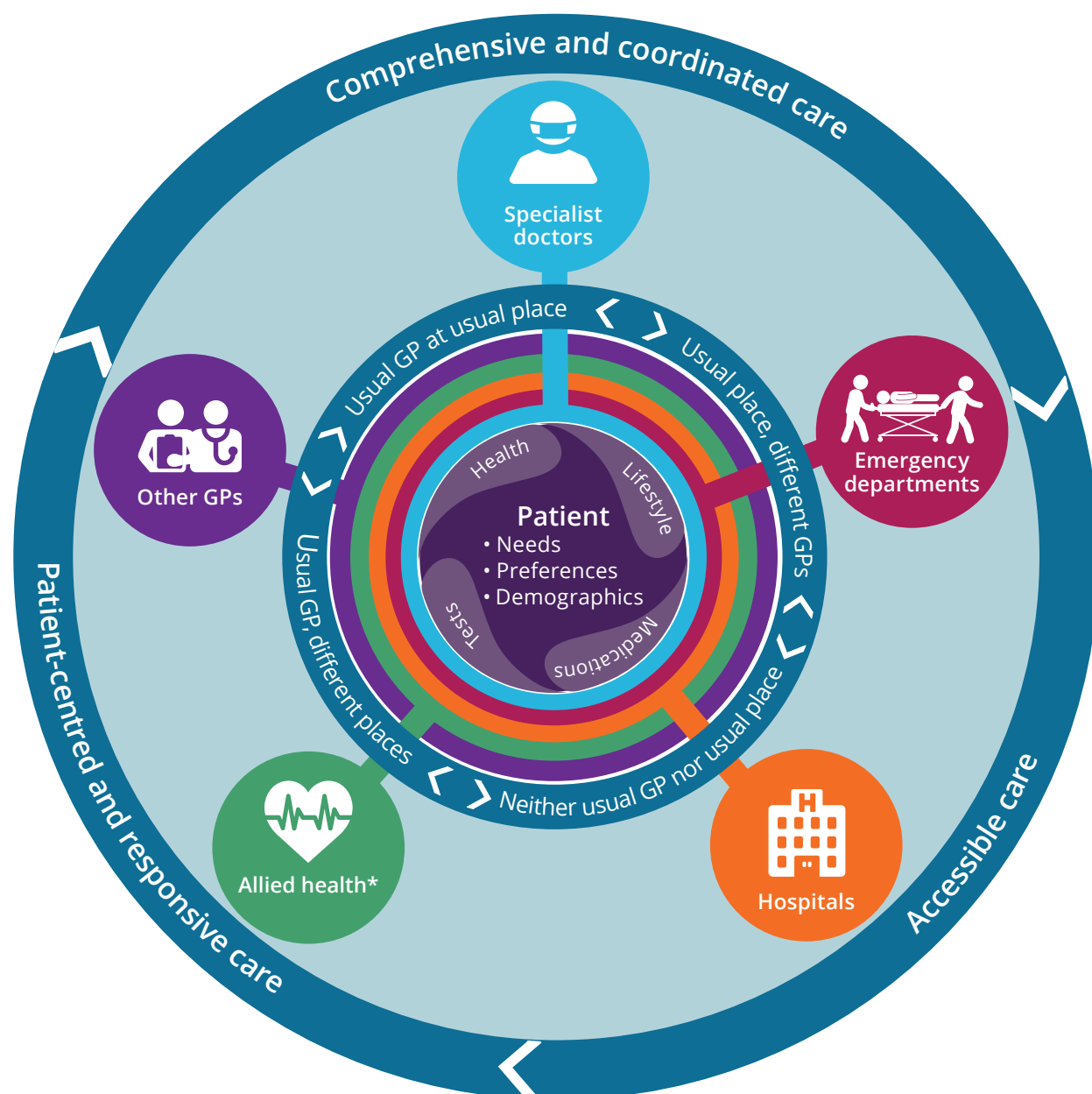
Data presented in this report have been collected from a cross-sectional (rather than a longitudinal) survey. As such, relationships between factors such as self-assessed health status and patient-reported care experiences can be assessed only as correlations, rather than as causal associations. That is, we do not know whether it is the excellent self-reported health status that is associated with better care experiences, or whether this is confounded by other factors. For example, it could be that those with a higher level of education and/or health literacy are healthier because they can ask for what they need from their GP; their required care might be more straightforward; or their perspective and mental health might be better, so they perceive better care. Future modelling work with these data could better clarify the nature of relationships between patient attributes and experiences of care.

Similarly, it is not possible to know whether correlations between the duration of the patient-GP relationship and care experiences are due to patients choosing to keep seeing their GP due to good experiences of patient-centred care, or whether they have better experiences of care with increased duration of time spent as a patient of their usual GP.

6 Next steps

The 2016 Survey of Health Care is a rich resource of detailed information on coordination and continuity in health care in Australia (Figure 6.1). Due to the complexity and magnitude of information collected in this survey, publications from the Coordination of Health Care Study have been separated into themes to allow in-depth exploration of particular aspects of coordination and continuity in care.

Figure 6.1: Structure of the 2016 Survey of Health Care



* for physical health and mental health (emotional and psychological health)

The scope of this publication is limited to the foundation of patient-centred care, shown at the centre of Figure 6.1: care with a usual GP or usual place of care. The main themes explored are the way patients use GP care, and their reported experiences with this care—especially in the context of patient-centeredness. Future publications from the study will explore:

- coordination of care between a patient’s usual GP or place of care and other health care providers, such as specialists, hospitals or allied health professionals
- communication between both the patient and GP, and GP and other providers
- accessibility of care (including barriers to access).

It is expected that future publications from the Coordination of Health Care Study will include Survey of Health Care data linked to administrative data sets, including hospital admissions and emergency department data, MBS data and PBS data. This will facilitate further exploration of the impact of coordination and continuity of care on health outcomes and health system usage.

Appendix A: Coordination of Health Care Study

The Coordination of Health Care Study was developed by the AIHW to fill a national data gap and to provide information on patients' experiences of coordination of care across Australia.

What is coordination of health care?

Health systems can be difficult to navigate, especially for people with multiple conditions or complex, long-term health care needs. Coordinating health care so that relevant information is transferred between providers (for example, between a GP and a specialist) and settings (for example, between an emergency department and primary health care) is crucial if a patient is to receive consistent, cohesive care.

The goal of coordinated care is to ensure that all providers and organisations involved in a patient's care have the information they need to provide the right type of care, at the right time. This is achieved through establishing cooperative, ongoing relationships between a patient and their health care providers.

What does the Coordination of Health Care Study involve?

The study focuses on patients' experiences with health care providers. Measuring coordination of care from a patient's perspective is a crucial step in identifying common themes and areas for improvement and monitoring the impact of change. Patients' experiences also provide insights for developing new health care performance indicators.

The study was designed so that coordination of health care can be explored nationally, and at smaller geographic areas, including PHN areas. The study has two components:

1. the 2016 Survey of Health Care, which sampled people aged 45 and over who saw a GP in the previous 12 months
2. looking at participants' responses and their use of health services and pharmaceuticals 12–24 months before and after the survey (through data linkage), drawn from Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and hospital records.

An independent Human Research Ethics Committee approved the study design.

Data linkage

Survey participants were asked for their consent to link their responses to information about health services they received between 1 January 2014 and 30 June 2018, recorded in the national MBS and PBS data sets, and from data provided by states and territories on emergency department visits and hospital admissions.

Analysing participants' experiences in conjunction with their health service use for the period before and after the survey will provide insights into service use, and possible predictors of health care use and outcomes.

What does the study aim to achieve?

The study's objectives were to:

- fill an information gap relating to patients' experiences with continuity and coordination of care
- provide contextual and locally relevant information to PHNs to support the development of health improvements at the PHN area level, including:
 - better patient experiences with coordination of care
 - GPs being better placed to provide care to patients subsidised through the MBS and PBS
 - fewer patients going to emergency departments or being admitted to hospital for conditions that could effectively be managed outside hospitals.

The data will enable analyses and reporting of:

- indicators of health care performance in local areas, including on themes related to access to care, patient-centred care and information sharing among a patient's health care providers
- experiences of coordination of care among particular population groups, such as people with chronic conditions or who have been admitted to hospital.

The study supports linking participants' survey responses with their health service use before and after the survey, recorded in MBS, PBS and hospital data sets. Linking these data will create a comprehensive picture of a patient's experiences of interactions with and pathways through the health care system and will tell a much richer story than any one data set could on its own.

For the first time at the local level right across Australia, it will be possible to look at how a person's self-reported health status (such as self-assessed health and chronic conditions) and their experiences with health care providers (such as accessibility of care and information sharing among their providers) align with their actual health service use (as detailed in the MBS, PBS and hospital data sets).

It will provide an opportunity to assess if there is an association between higher or lower coordination of care and:

- concurrent and future use of GPs, medical specialists, pathology or imaging funded under the MBS
- PBS medication use
- hospitalisations (including potentially preventable hospitalisations and re-admissions to hospital) and emergency department attendances.

Further, linkage will enable components of care coordination to be identified that are more important than others in preventing use of emergency departments or hospitals (for example, the impact of improvements in information flow compared with continuity in relationships).

All data linkage will be approved by the relevant ethics committees, and follow strict confidentiality procedures to ensure participants' personal information is properly handled and no individuals can be identified.

Appendix B: 2016 Survey of Health Care

The Coordination of Health Care Study started with the 2016 Survey of Health Care. The survey was conducted by the ABS between April and June 2016.

Participants gave information about their

- health
- health service use
- experiences with access
- continuity and coordination of care
- demographic characteristics.

The survey is the first in Australia to record whether people had a usual GP or usual place of care, as well as their experiences with:

- information sharing between their usual GP/usual place of care and other health care providers they may have seen
- health professionals for their physical health
- health professionals for their emotional and psychological health.

The survey was designed to provide robust samples from each of the 31 PHN areas in Australia, being sent to almost 125,000 people across metropolitan, rural, regional and remote locations—about 3,500 people in each PHN area.

The survey sampled people aged 45 and over who had at least one GP visit in a 1-year period (November 2014 to November 2015).

Half of the people who were sent surveys had seen a GP 12 or more times in that year. This group was a specific focus for the survey, as they are more likely to have complex and chronic conditions, and to have experiences with multiple health care providers, including hospitals, specialists and allied health professionals.

More than 35,000 survey responses were received (a 29% response rate), allowing results to be reported for all PHN areas.

The survey results are confidential and all data are securely stored. Strict data suppression rules are in place to ensure individuals cannot be identified.

Survey results

The first national-level survey results were released by the ABS in September 2017 and are available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4343.0>. A copy of the survey questionnaire is also available at this link.

Appendix C: Detailed results for patient-reported experiences of care

Population characteristic	Care rated by patient as excellent or very good		Patient involved in decisions about their care		Patient was asked about work/life things that affect health		Test results were explained in a way patient could understand		Comfortable talking about personal problems related to their health	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
All patients aged 45+	84.1	(83.6–84.6)	89.1	(88.6–89.6)	82.1	(81.5–82.6)	92.9	(92.5–93.2)	81.3	(80.8–81.9)
Age group (years)										
45–54	80.6	(79.3–81.9)	87.9	(86.6–89.3)	83.0	(81.6–84.3)	89.7	(89.0–90.4)	75.7	(74.2–77.2)
55–64	83.0	(81.7–84.2)	89.3	(88.3–90.2)	83.4	(82.3–84.6)	92.8	(92.2–93.4)	79.5	(78.4–80.5)
65–74	87.6	(87.0–88.2)	90.8	(90.1–91.4)	81.9	(80.9–82.9)	95.4	(95.2–95.5)	85.6	(85.0–86.3)
75+	86.9	(86.0–87.8)	88.6	(87.7–89.4)	78.7	(77.8–79.6)	94.7	(94.1–95.3)	87.6	(86.7–88.4)
Sex										
Male	84.5	(83.8–85.3)	88.7	(88.2–89.2)	83.4	(82.8–84.1)	93.0	(92.5–93.4)	83.3	(82.5–84.1)
Female	83.7	(83.1–84.4)	89.5	(88.8–90.1)	80.9	(80.0–81.8)	92.8	(92.2–93.4)	79.6	(78.8–80.5)
Remoteness										
Major cities	84.6	(83.9–85.4)	88.7	(88.1–89.3)	82.5	(81.7–83.3)	93.3	(92.8–93.8)	82.0	(81.3–82.6)
Inner regional	84.6	(83.3–85.9)	91.2	(90.3–92.0)	82.5	(81.3–83.8)	93.0	(91.8–94.2)	81.4	(79.8–83.0)
Outer regional	80.4	(78.7–82.1)	87.4	(86.1–88.8)	78.6	(76.9–80.3)	90.3	(89.4–91.2)	77.6	(76.2–79.0)
Remote/Very remote	74.4	(71.6–77.2)	86.0	(83.2–88.8)	76.7	(72.1–81.4)	87.6	(83.8–91.4)	71.9	(68.1–75.8)
Socioeconomic group										
Group 5 (highest)	86.1	(85.1–87.2)	91.5	(90.7–92.3)	83.0	(81.6–84.5)	94.3	(93.6–95.0)	83.0	(81.3–84.7)
Group 4	85.8	(84.2–87.4)	89.9	(88.7–91.1)	82.5	(81.1–84.0)	93.8	(93.2–94.3)	81.4	(80.4–82.4)
Group 3	84.6	(83.2–86.0)	89.7	(88.8–90.6)	83.3	(82.9–83.7)	92.7	(91.9–93.5)	81.7	(80.4–83.1)
Group 2	82.8	(81.9–83.7)	88.0	(86.4–89.7)	81.0	(79.3–82.6)	92.3	(90.9–93.6)	80.6	(79.5–81.7)
Group 1 (lowest)	78.9	(78.1–79.8)	84.0	(82.9–85.2)	79.1	(77.7–80.6)	90.0	(88.9–91.0)	78.4	(77.1–79.8)

Note: 95% CI = 95% confidence interval. We can be 95% confident that the true value is within this confidence interval.

(continued)

Population characteristic	Care rated by patient as excellent or very good		Patient involved in decisions about their care		Patient was asked about work/life things that affect health		Test results were explained in a way patient could understand		Comfortable talking about personal problems related to their health	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Main language spoken										
English	85.4	(84.9–85.8)	90.9	(90.4–91.3)	82.6	(82.0–83.2)	93.4	(93.0–93.8)	81.9	(81.2–82.5)
Other language	71.3	(68.2–74.4)	71.0	(67.9–74.0)	77.1	(74.8–79.4)	87.6	(85.5–89.6)	75.8	(73.1–78.5)
Highest level of educational attainment										
Bachelor degree or higher	85.3	(84.0–86.7)	93.0	(92.2–93.8)	84.1	(82.5–85.7)	93.2	(92.5–93.9)	79.0	(77.8–80.2)
Advanced Diploma or Diploma	82.9	(80.9–84.9)	90.2	(88.7–91.8)	83.2	(82.3–84.1)	92.6	(91.1–94.2)	80.2	(78.7–81.7)
Certificate III/IV (incl. Trade Certificate)	83.7	(82.4–84.9)	89.1	(87.3–90.9)	83.1	(81.6–84.6)	92.4	(90.9–93.8)	81.1	(79.5–82.7)
Year 12 or equivalent	84.6	(83.1–86.2)	87.3	(86.2–88.4)	81.6	(79.9–83.3)	93.7	(92.3–95.1)	83.8	(82.3–85.3)
Year 11 or below	84.3	(83.1–85.5)	87.0	(85.8–88.1)	80.3	(79.4–81.2)	93.0	(92.4–93.7)	82.7	(81.3–84.0)
Did not go to school	71.1	(66.5–75.6)	72.1	(67.5–76.6)	76.3	(71.0–81.7)	83.8	(81.0–86.6)	78.1	(70.0–86.2)
Private health insurance										
Covered by private health insurance	85.8	(85.4–86.2)	91.2	(90.8–91.6)	83.0	(82.3–83.7)	93.8	(93.4–94.3)	82.2	(81.6–82.8)
Not covered by private health insurance	81.2	(80.2–82.2)	85.6	(84.5–86.6)	80.4	(79.4–81.4)	91.3	(90.6–92.1)	79.8	(79.0–80.6)
Self-assessed health status										
Excellent	91.4	(89.1–93.7)	91.9	(90.1–93.8)	79.6	(76.4–82.7)	94.0	(92.9–95.1)	85.9	(83.8–88.0)
Very good	88.4	(87.4–89.5)	91.2	(90.5–92.0)	81.8	(80.7–82.9)	94.1	(93.7–94.5)	82.8	(81.4–84.3)
Good	81.8	(80.7–82.9)	87.9	(87.2–88.6)	82.5	(81.5–83.5)	92.7	(91.8–93.5)	80.5	(79.5–81.5)
Fair	77.0	(75.6–78.4)	85.8	(84.9–86.8)	83.0	(81.6–84.3)	91.0	(89.9–92.0)	78.0	(76.7–79.4)
Poor	73.1	(72.1–74.1)	84.6	(82.4–86.8)	83.4	(81.7–85.2)	89.0	(86.7–91.3)	75.5	(72.8–78.1)

Note: 95% CI = 95% confidence interval. We can be 95% confident that the true value is within this confidence interval.

Glossary

care setting: The setting in which a patient receives their GP care. For the purposes of this report, this comprises either a usual GP only, a usual place of care only, or both a usual GP and place of care.

continuity of care: The relationship between a single practitioner and a patient that extends beyond specific episodes of illness or disease.

coordination of care: The deliberate organisation of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services.

long-term health condition: A health condition that is expected to last, or has lasted, 6 months or more and has been diagnosed by a health professional. Respondents were specifically asked whether they had any of the following conditions:

- diabetes
- heart disease
- high blood pressure
- effects of a stroke
- cancer
- asthma
- chronic lung disease
- osteoporosis or low bone density
- arthritis
- mental health condition
- Alzheimer disease or dementia
- moderate or severe pain
- other long-term health condition/long-term injury.

primary health care: Services that are delivered in many settings—such as general practices, community health centres, Aboriginal health services and allied health practices (for example, physiotherapy, dietetic and chiropractic practices)—that are delivered under numerous funding arrangements.

remoteness areas: Regions divided up within each state and territory based on their relative accessibility to goods and services (such as to general practitioners, hospitals and specialist care) as measured by road distance. These regions are based on the Accessibility/Remoteness Index of Australia and defined as remoteness areas by the Australian Statistical Geographical Standard (ASGS) (from 2011 onwards) in each Census year. The five remoteness areas are *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. *Remote* and *Very remote* areas have been combined for analyses in this report due to smaller numbers of patients enumerated in these areas compared with other areas.

socioeconomic group: A population grouping that indicates how 'well off' a group of people are. Socioeconomic groups are mostly reported using the Socio-Economic Indexes for Areas, typically for five groups (quintiles)—from the most disadvantaged (worst off or lowest socioeconomic area) to the least disadvantaged (best off or highest socioeconomic area). The index value reflects the overall or average level of disadvantage of the population of an area; it does not show how individuals living in the same area differ from each other in their socioeconomic group. This report uses the Index of Relative Socio Economic Disadvantage.

usual GP: The general practitioner whom a person visits for most of their health care.

usual place of care: The usual place to which people go if they are sick or need advice about their health. Examples of usual place of care settings include a clinic with GPs only, or with GPs and other health professionals; a community health centre; an Aboriginal Medical Service; or, for some patients, a hospital emergency department.

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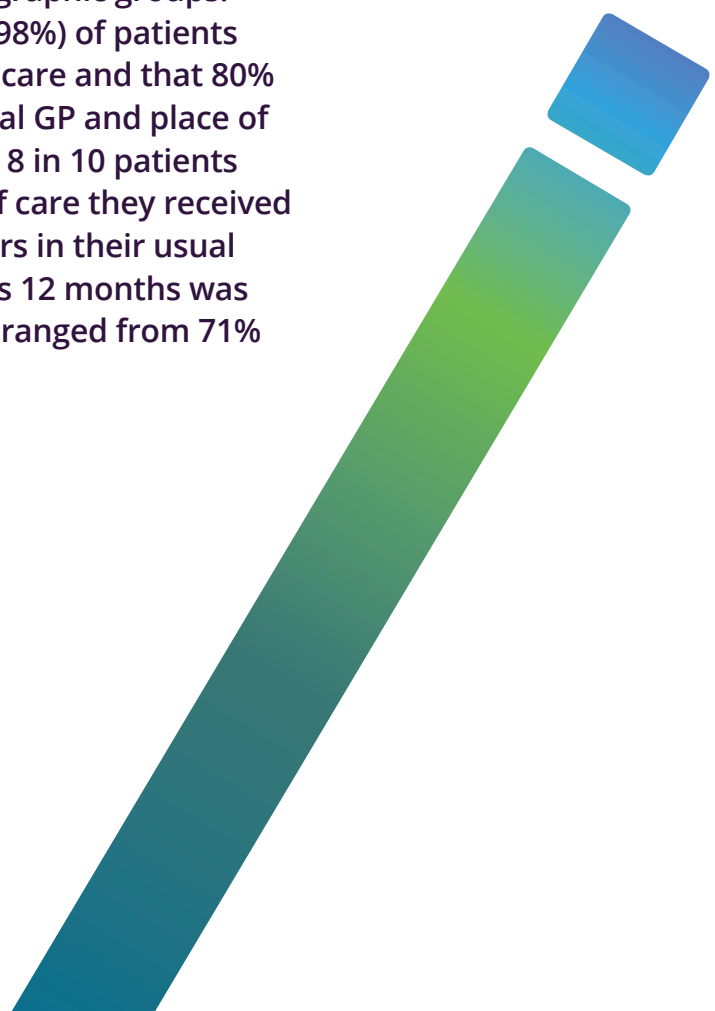
The first national-level results of the 2016 Survey of Health Care were released by the ABS in September 2017 and are available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4343.0>. A copy of the survey questionnaire is also available at this link.

A further layer of detail, focused on survey findings by remoteness areas, was published separately online by the AIHW in April 2018 as Survey of Health Care: selected findings for rural and remote Australians. See <https://www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote/contents/summary>.

Future publications from the Coordination of Health Care Study will be available on the AIHW website <https://www.aihw.gov.au/reports-statistics>.



Shedding light on patient experiences with health care is becoming increasingly important as health systems strive to be more responsive to the needs of the people using their services. This report presents the first findings from the 2016 ABS Survey of Health Care at the Primary Health Network (PHN) area level, as well as variations in the use of and experiences with GP care by sociodemographic groups. It shows that the majority (98%) of patients have a usual GP or place of care and that 80% of patients have both a usual GP and place of care. Nationally, more than 8 in 10 patients (84%) felt that the quality of care they received from their usual GP or others in their usual place of care in the previous 12 months was excellent or very good; this ranged from 71% to 87% across PHN areas.



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