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Australian Institute of
Health and Welfare

Experiences in health care for people with chronic conditions

How GPs and other specialists
communicate with their patients

2017-18

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with their patients**

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Australian Institute of Health and Welfare

Canberra

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Summary

Patient-centred care approaches, such as encouraging regular contact, developing individualised care plans and involving patients in decisions about their care are particularly effective for improving the health outcomes of patients with chronic conditions. The experiences and interactions that patients with chronic conditions have with their doctors and other members of the care team play an important role in whether they stay in contact with the health system and manage their conditions effectively.

Successful patient-centred care approaches are underpinned by good communication: having respectful, two-way conversations and spending adequate time with patients to address their issues and needs. With around 1 in 2 Australians reporting having a chronic condition, improving their health outcomes will have important flow-on effects for the health system and for the population more broadly. However, improving the health outcomes of people with chronic conditions requires an understanding of their current experiences in the health system and where those experiences could be improved.

To date there has been limited national information in Australia on how patients with chronic health conditions experience health care. This report uses data from the Patient Experience Survey 2017–18 to explore patient experiences of communicating with GPs and other specialists for people reporting one or multiple chronic conditions, and for people specifically reporting a mental health condition.

Overall, most people with chronic conditions are having positive experiences with their GPs and other specialists

Most patients (around 4 in 5) felt that their GPs and specialists always listened carefully, showed respect for what they had to say and spent enough time with them. While patients reported similar experiences of GP care regardless of how many chronic conditions they had, there were small differences for specialist care depending on the number of chronic conditions reported.

Patients with mental health conditions report different experiences of care when compared with other patients

Patients who had a mental health condition reported less positive experiences with their GPs and specialists than those with no chronic health conditions. Patients with mental health conditions were particularly less likely than those with no conditions to feel that their GPs and specialists always listened carefully to them (66% compared with 76% for GPs, and 70% compared with 84% for specialists).

Younger patients aren't reporting the same experiences of GP or specialist care as older patients, particularly those with multiple conditions

Patients aged between 15 and 39 reported less positive experiences than those aged 65 and over. The difference becomes even larger when patients have multiple chronic health conditions—for example, younger patients with multiple chronic conditions were much less likely than older patients to feel that their GPs always listened carefully (56% compared with 81%). For those with no chronic conditions the difference was smaller, but still notable (72% compared with 87%).

Positive GP and specialist experiences are associated with better self-reported health, especially for patients with chronic conditions

Excellent self-assessed health is associated with better experiences with both GPs and specialists. Patients having the most positive experiences were those who reported being in excellent health despite having multiple chronic conditions, with around 9 in 10 reporting that their practitioners always listened carefully to them, showed respect for what they had to say and spent enough time with them.

Living in a disadvantaged area is associated with less positive GP experiences for patients with multiple chronic health conditions

Patients with multiple chronic health conditions who live in the most disadvantaged areas reported less positive experiences with their GPs than those in the least disadvantaged areas. For example, 79% of patients with multiple chronic conditions from the least disadvantaged areas felt that their GPs always spent enough time with them, compared with 70% of patients from the most disadvantaged areas. This socioeconomic disparity was not apparent for specialists.

The results suggest that the right ingredients for successful condition management and good health are present for many—but not all—vulnerable people in Australia.

These findings point to a greater need to understand how being chronically ill impacts patient experiences within the health system, particularly for patients who are young and/or in poor health. In the short term, further work should be done to better understand which of the factors explored in this report most influence experiences of care for vulnerable patients, as well as patients more broadly. Longer-term work should focus on building a better understanding of how the experiences patients have with their medical providers impact on patients' engagement with the health system more broadly and translate into health outcomes.

1 Introduction

Patient experiences matter

Positive relationships with health care providers and continuity of care within the health system are key to improving health outcomes for patients. Patients who have positive experiences with their doctors—where the patient feels that they are taken seriously and that their values and preferences are taken into account—are more likely to maintain contact with their providers and the health system, adhere to treatment plans, have better health outcomes (Doyle et al. 2012) and are better able to manage their health (WHO 2016).

Understanding the experiences of patients is a key part of ensuring that people are receiving appropriate care in the Australian health system. The Australian Health Performance Framework (AHPF), Australia's framework for assessing the Australian health care system, and its inputs, processes and outcomes, identifies patient-reported measures of experience as a key indicator of the appropriateness of care that patients are receiving. This includes whether the care is person-centred, culturally appropriate and involves patients in their care decisions (NHIPPC 2017).

Patient experiences cover a range of different aspects of health care, including the interactions that patients have with their doctors, as well as access and barriers to seeking and receiving care. Measures of patient experience are particularly focused on the things that patients place a high value on when seeking health care, such as affordability, timely appointments and good communication (AHRQ 2016). Other aspects of health system quality, such as continuity of care and accessibility, are closely intertwined with patient experience, but are not discussed in detail in this report. It should also be noted that patient experiences are a complex interaction between the individual and specific health care providers and services, and this analysis does not have the capacity to explore the cultural and social connection between patient and health care, which will play a large role in experience.

This report focuses on patients' experiences of interacting with their GPs and other medical specialists, hereafter referred to as 'specialists'. Particularly, this report explores whether patients are having positive communication experiences, where they feel that their doctors are consistently listening to them, respecting their input and spending adequate time with them. Learning about these experiences necessitates talking to patients—not all health care experiences can be measured using routinely collected administrative data sets. Patient surveys provide an opportunity for people to give a firsthand account of their experiences and interactions with their health providers. Australia, along with the US, England and some European countries, uses patient survey programs to systematically collect patient experience information at a national level.

Box 1.1: Monitoring patient experiences in Australia

The AIHW annually monitors and reports on patient experiences of health care services in Australia through the Australian Bureau of Statistics' (ABS) Patient Experience Survey (the Survey). National patient experience data are available back to 2010–11. This report uses the 2017–18 Patient Experience Survey as its data source.

The Survey collects information from people aged 15 years and over about their experiences with the health system in the previous 12 months. It asks respondents about their health, their interactions with various health care providers and barriers they encountered in trying to access health care services.

Recent findings indicate that most people (around 4 in 5) will see a GP at least once a year, and around a third will see a medical specialist. Females, people aged over 65, people in poorer health and people with chronic health conditions are more likely to see both GPs and medical specialists (ABS 2019). While most of the people accessing these particular health services have positive experiences—with the majority saying that their doctors always listened to them carefully, showed respect for what they had to say and spent enough time with them—it has been previously noted that young patients and patients in poorer health are less likely to report that their doctors consistently behave in these ways (ABS 2019).

This report aims to build on these general findings by digging deeper into the experiences of more vulnerable patients to explore whether some groups of people experience health care differently to others. Specifically, this report examines the experiences of people with multiple chronic conditions, as well as mental health conditions, to explore how experiences of care may vary for these patients.

Why does having patient-centred experiences matter for patients with chronic conditions?

Chronic health conditions are a substantial global, national and individual health issue. In Australia, an increasingly large proportion of the population are diagnosed with one or more chronic conditions. In 2017–18 just under half (47%) of Australians had at least one long-term condition—up from 42% in 2007–08—while around 1 in 5 Australians had two or more chronic conditions (ABS 2018). Compared to people who don't have any chronic health conditions, people who do may experience poorer quality of life (Fortin et al. 2004) and need to use health care services more extensively (AIHW 2020, Salisbury et al. 2011).

It is especially important that people who have chronic health conditions—particularly people who have multiple chronic health conditions—have experiences in the health care system that encourage positive and ongoing relationships with their health care professionals. For these patients, ongoing contact with the health system, and open, communicative patient-doctor relationships are crucial to ensuring that both the patient and the doctor have a full understanding of how co-existing conditions are being managed. This becomes particularly vital for patients managing multiple treatments, who may find it more difficult to correctly follow their treatment or understand how different instructions for health management and preservation fit together (Leeder et al. 2018).

Patient-centred care approaches, such as those encouraging regular contact, developing personalised care plans and involving patients in shared decisions about their care, are particularly effective for improving the health outcomes of patients with chronic health conditions (Poitras et al. 2018). Successful patient-centred care approaches are underpinned by good communication: having respectful, two-way conversations and spending adequate time with patients to address their issues and needs. Although patient-centred approaches to care have been formalised in the National Strategic Framework for Chronic Conditions as key to optimising quality of life, there have been few studies that have focussed on the health care experiences of patients with chronic conditions in Australia.

Box 1.2: National Strategic Framework for Chronic Conditions

The National Strategic Framework for Chronic Conditions (the Framework) is the overarching policy document for chronic conditions that sets the directions and outcomes to achieve its Vision that “all Australians live healthier lives through effective prevention and management of chronic conditions” (AHMAC 2017).

The Framework moves away from a disease-specific approach and provides national direction applicable to a broad range of chronic conditions by recognising that there are often similar underlying principles for the prevention and management of many chronic conditions.

Improving the health outcomes of people with chronic conditions requires an understanding of their current experiences in the health system and exploration of where those experiences could be improved. In addition to filling some of the existing gaps in information on experiences of care for patients with multiple chronic conditions, this report also focuses on the experiences of patients with mental health conditions.

Why does having patient-centred experiences matter for people managing a mental health condition?

Chronic conditions are not homogenous, and patients with different conditions have varying needs, experiences and expectations when it comes to getting health care. An important distinction among chronic conditions as a group is that of physical health conditions and mental health conditions. ‘Mental health conditions’ refer to a wide range of mental health and behavioural disorders that vary in both severity and duration. These types of conditions are often associated with social challenges—such as poverty, unemployment and homelessness—that can have a substantial impact on the lives and health of people with these conditions, who may also experience discrimination and stigma (AIHW 2018).

Primary care plays an important role in helping people manage their mental health. However, there is evidence to suggest that both patients with mental health conditions and their health care providers experience unique challenges. For providers, maintaining a ‘patient-centred’ approach in the context of managing mental health conditions can become complicated when the safety of the patient or others needs to take priority over patient preferences (Freeth 2007). For patients, issues such as stigma and diagnostic overshadowing—or the tendency for physical symptoms in patients with mental health conditions to be attributed to their mental illness—can impact a patient’s relationship with their medical practitioners, and can have serious implications for diagnosis and treatment of physical ailments (Nash 2013).

Experiencing stigma due to mental illness from a health professional is likely to compound mental health issues and prevent patients from experiencing the best possible outcomes (MHCA 2011). Positively, the recent Your Experience of Service (YES) report indicates that people with mental health conditions in NSW are overall having positive experiences within the state's public mental health services (NSW Ministry of Health 2019). However, less is known about the more recent experiences of patients with mental health conditions in more general care settings.

The Mental Health Council of Australia (MHCA) looked at more general patient-provider interactions in a 2011 report and found that many mental health consumers experienced less positive interactions with their health professionals. For example, 1 in 4 people strongly agreed that they sometimes felt that their health professionals didn't really understand what it meant to have a mental illness, and over 1 in 10 felt that health professionals treating their physical illnesses behaved differently when they found out that they had a mental illness. These findings reinforced previous research by the MHCA indicating that negative, dismissive and stigmatising behaviour by health staff towards persons with mental illness was still quite common (MHCA 2005).

Exploring the experiences that people with mental health conditions have had more recently with their GPs and specialists will go some way towards filling the information gaps in this area.

What is in this report?

This report examines patient experiences with GPs and specialists, as reported in the Patient Experience Survey 2017–18, with a focus on people with chronic conditions. It will answer the following research questions:

- are people with chronic conditions having the kinds of experiences that reflect a relationship of trust and respect with their doctors?
- how do patient experiences vary depending on the number of conditions patients have, as well as with the presence of mental health conditions?
- how do patient experiences vary depending on selected sociodemographic characteristics?

Chapter 2 of this report provides a brief background on the methodology and some of the concepts and definitions used in this analysis. Chapter 3 presents patient experiences by the number of chronic conditions a patient reported, as well as the experiences of patients reporting a mental health condition. Finally, chapter 4 discusses some of these findings in more detail, discusses the strengths and limitations of the data, and identifies opportunities for future work.

2 Data source and methods

Patient Experience Survey

The Patient Experience Survey forms part of the annual Multipurpose Household Survey (MPHS) conducted by the ABS across Australia. It collects information from people about their experiences with selected aspects of the health system in the 12 months before their interview, including access and barriers to a range of health care services. Respondents are asked about their experiences with medical professionals, the frequency of their visits, waiting times and barriers to accessing care, as well as their self-assessed health status, long-term health conditions and private health insurance. Data are also collected on aspects of communication between patients and health professionals, as well as labour force characteristics, education, income and other demographics.

Scope and coverage

The scope of the Patient Experience Survey is restricted to people aged 15 years and over. Households residing in urban, rural, remote and very remote parts of Australia are all in scope.

The scope of the survey excludes:

- members of the Australian permanent defence forces
- certain diplomatic personnel of overseas governments, customarily excluded from Census and estimated resident population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependants)
- persons living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, nursing homes, homes for people with disabilities, and prisons
- persons resident in the Indigenous Community Strata (ICS).

The survey is not designed to capture a representative sample of Aboriginal and Torres Strait Islander people.

Sample size

After taking into account sample loss, the response rate for the Patient Experience Survey in 2017–18 was 71.1%. In total, information was collected from 28,243 fully responding persons. This includes 464 proxy interviews for people aged 15 to 17 years, where permission was not given by a parent or guardian for a personal interview. Proxy interviews are excluded from the analysis in this report.

Further information on the [2017–18 Patient Experience Survey](#) is available on the ABS website.

Identifying people with chronic conditions

Chronic health conditions are characterised by their long-lasting and persistent effects, and consequently, the need for long-term management by people and their health professionals. There is no one exhaustive list of conditions that come under the definition of 'chronic conditions'. Different sources of information on chronic health conditions include slightly different disease groups, but are largely overlapping. This report uses information collected by the ABS Patient Experience Survey on the chronic conditions that respondents have.

The Survey used the following question to identify people with chronic conditions: **Do you have any of the following conditions that has lasted, or is likely to last, six months or more?**

- arthritis or osteoporosis
- asthma
- cancer
- diabetes
- a heart or circulatory condition
- a mental health condition, including depression or anxiety
- a long term injury; or
- any other long term health condition.

If respondents sought clarification, interviewers were instructed to include:

- conditions currently controlled by medication
- cancer where the respondent reports having cancer without any explanation
- cancer where the respondent was undergoing treatment such as chemotherapy or radiotherapy
- cancer in partial remission
- mental illness where the respondent was not currently experiencing an episode.

This question forms the basis of classification of respondents in this analysis.

Multiple chronic health conditions

Patients could report more than one chronic condition from the list above. The number of checked conditions were counted and used to assign respondents to one of the following groups:

- Those who reported **no** chronic health conditions.
- Those who reported **one** of the conditions from the list (including 'any other long term condition').
- Those who reported **multiple** conditions from the list (including 'any other long term condition').

There are a couple of important limitations to note about this classification method. The list of specified chronic health conditions contained a mix of discrete conditions (e.g. ‘asthma’, ‘cancer’) and grouped conditions (e.g. ‘arthritis and osteoporosis’). This has implications for the count of chronic health conditions for each respondent. For example, a respondent who reported having both arthritis and osteoporosis (and no other conditions) would be assigned to the ‘one chronic condition’ group. While it is not possible to count an exact number of discrete conditions for each respondent using the data, undercounts will only affect the ‘one chronic condition’ group and will largely involve closely related conditions. The exception to this is the ‘other long term health condition’ category, which was counted as one condition regardless of how many ‘other’ unspecified conditions were reported.

Mental health conditions

All respondents who indicated that they had a mental health condition, including depression or anxiety, were included in analysis of experiences for people with a mental health condition.

It is important to note that people included as having a mental health condition may have reported other conditions, or might have reported more than one type of mental health condition. Additionally, mental health conditions by their nature vary widely in severity and impact on quality of life, an important aspect not captured in this classification or data collection as a whole.

While this report doesn’t go into further detail on specific multiple morbidities or condition severity, better understanding the effects of multiple morbidities involving mental health conditions on patient experience is an important area for future work.

Measuring patient experiences

How are patient experiences measured?

This report focuses on the interactions that patients have with their medical providers—specifically how often their general practitioners and specialists communicated in a respectful and attentive way. The Survey asks three questions about respondents’ recent experiences with their health care providers.

Thinking about all the GPs/medical specialists you have seen in the last 12 months...

- how often did they **listen carefully to you?**
- how often did they **show respect for what you had to say?**
- how often did they **spend enough time with you?**

Respondents indicated whether they had *Always*, *Often*, *Sometimes*, *Rarely* or *Never* experienced these sorts of interactions.

Medical provider definitions

The providers included in this report are GPs and medical specialists.

GPs are doctors who have completed a basic medical degree and internship, then do additional medical training in general practice. This qualifies them to provide continuing care for everyone from babies to the elderly. They have broad knowledge and skills and are usually the first point of contact for health issues and referrals to other specialists or health professionals.

Medical specialists play a crucial role in the management and treatment of health conditions where they have specialist knowledge and skills. If respondents sought clarification on the definition of medical specialist, interviewers were instructed to advise that medical specialists provide services which are covered, at least in part, by Medicare (e.g. dermatologists, cardiologists, neurologists and gynaecologists).

What is a ‘positive’ patient experience?

For simplicity in this report, the analysis is limited to the presentation of the percentage of people who reported consistent experiences of good communication with their health care providers.

‘Positive’ patient experiences with providers—as they will be referred to throughout the report—are estimated by the percentage of patients who indicated that their GPs and specialists consistently—or *Always*—displayed the behaviours measured. This is not intended to imply that other answers do not indicate positive experiences. Rather it reflects the chosen definitional component of consistency, as well as the right of those with high health needs to expect to experience good communication regardless of their levels of utilisation. Additionally, with the tendency for answers to these particular questions to be quite positive, this definition also helps balance the need to have meaningful results with the skew towards positive answers.

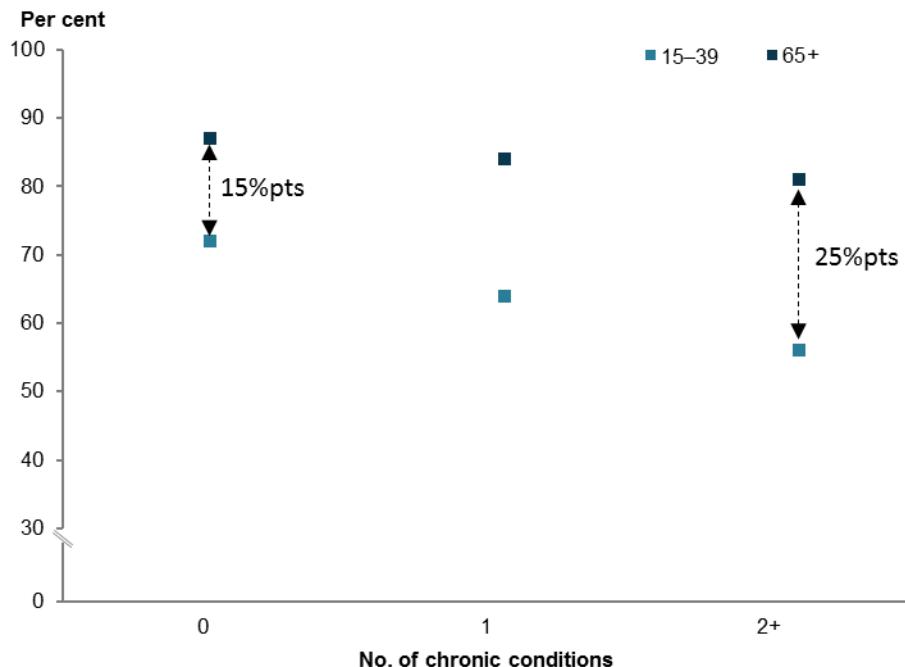
Comparison between groups will focus on the percentage of each subgroup that report their providers always displayed the behaviours. The analyses generally do not take into account the distribution of other responses (Often, Sometimes, Rarely or Never). However, where there are substantial differences at the other extreme—particularly rarely or never responses—these are noted. For those who want to explore further, results for all responses are available in the [interactive online companion report](#).

Comparing patient experiences between groups

In this study we compare the experiences of people with multiple chronic conditions with those with no chronic conditions. We also separately explore the experiences of people with mental health conditions, using the experiences of people with no conditions as a reference for comparison. In making these comparisons, a relatively “less positive” experience refers to a difference in the percentage of *Always* responses between groups of patients. It does not take into account the distribution of other responses.

For example, the figure below shows that there are noticeable differences in patient experiences, both by the number of reported chronic conditions and by age. The difference by age indicates that young people may be having ‘less positive’ experiences than older people. This difference also varies with chronic condition, getting larger as the number of chronic conditions increase.

Figure 2.1. Percentage of patients who reported that their GP always listened carefully, by age and chronic condition status



Source: Patient Experience Survey 2017–18, customised report.

Statistically significant differences are assessed for this analysis by constructing 95% confidence intervals around all percentages. Using confidence intervals is the simplest method of testing for significant differences:

- If confidence intervals do not overlap, the difference is statistically significant.
- If confidence intervals do overlap, it is likely but not certain that the difference is not statistically significant.

Due to the large amount of data explored in this report, no further significance testing was undertaken to compare percentages with overlapping confidence intervals. The consequence of this is that all differences discussed are statistically significant at the 95% level, but some smaller significant differences may not have been detected.

3 Results

How does health vary with chronic conditions?

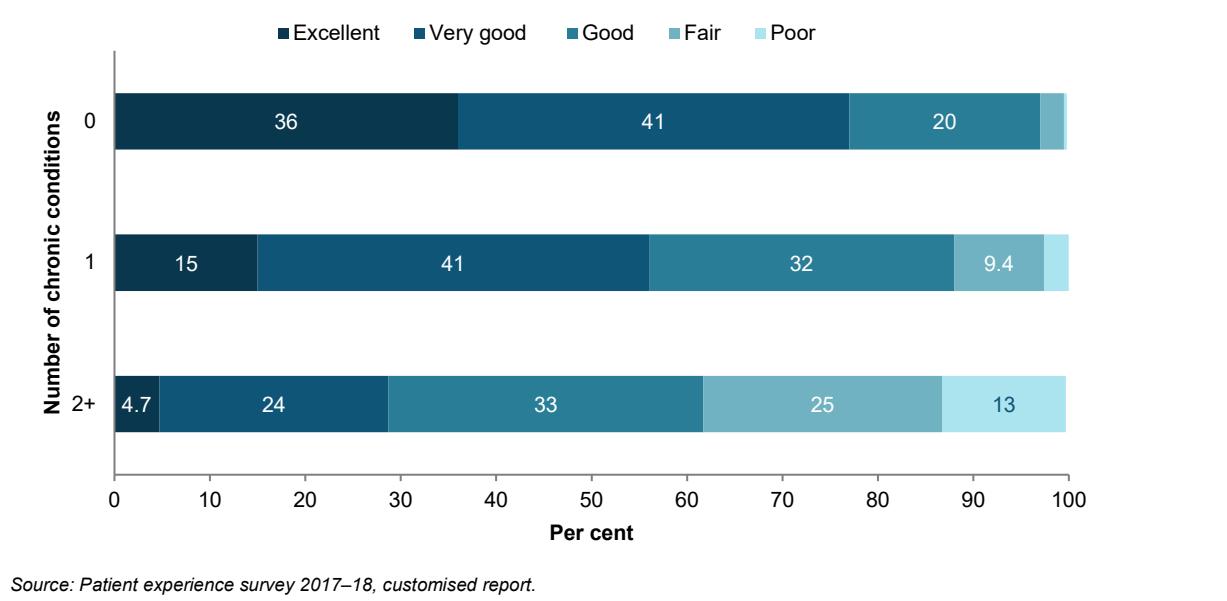
People with more chronic conditions report poorer health

The impact of multiple chronic conditions on patients' health is explored in this report through the separate reporting of results for patients reporting none, one of the collected chronic conditions and patients reporting multiple chronic conditions (see *Identifying people with chronic conditions* in Chapter 2 for important information on how this is defined).

As mentioned previously, people with multiple conditions have higher medical services use and are at greater risk of fractured care and management complications. Issues such as these may contribute to the poorer health that people with multiple chronic health conditions typically experience in comparison to those with fewer conditions. Self-reported health status, a proxy measure for general health collected as part of the Patient Experience Survey, allows us to see how having a chronic condition (or multiple chronic conditions) affects how people rate their own health.

Having fewer chronic conditions is associated with better self-reported health (Figure 3.1). The vast majority of those who reported having no chronic health conditions reported that their health is excellent (36%) or very good (41%), and hardly any reported being in poor health (0.3%). The percentage of people with one chronic condition who reported being in excellent health was about half that for those with no conditions (15%), while the percentage reporting poor health was higher at 2.6%. This shift towards poorer health was more pronounced for those with multiple conditions, with excellent health only reported by 1 in 20 people (4.7%) and over 1 in 10 reporting that they were in poor health.

Figure 3.1 Self-assessed health status by reported chronic condition status

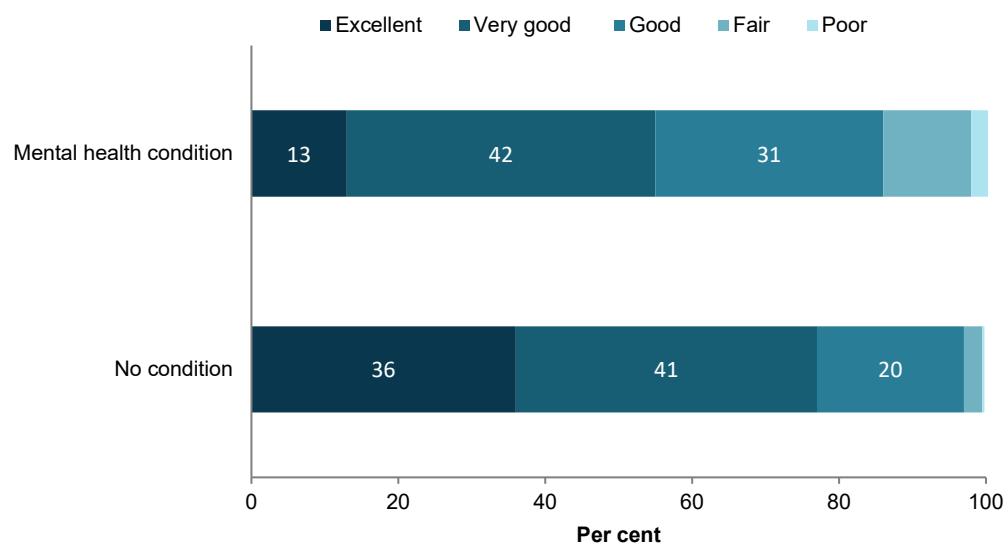


People with a mental health condition report poorer health than people with no conditions

The impact of mental health conditions in Australia on the health of sufferers is substantial. Mental and substance use disorders are associated with a high non-fatal burden of disease, a measure of the years of healthy life lost due to illness. Mental health conditions are the second largest contributor to non-fatal burden in Australia, behind musculoskeletal conditions (AIHW 2019).

Compared with the self-reported health status of those with no chronic health conditions (Figure 3.2), people with a mental health condition were less likely to report being in excellent health (13% compared with 36%), and were more likely to report being in good or fair health. These results closely reflect the results for people reporting a single chronic condition.

Figure 3.2. Self-assessed heath status for people reporting a mental health condition and no conditions



Source: Patient experience survey 2017–18, customised report.

Note: Respondents with mental health conditions may have other comorbid conditions.

How do patients with chronic conditions experience health care?

Experiences with general practitioners (GPs)

Key findings

Overall, most patients reported positive experiences with their GPs. However:

- Patients with chronic conditions who saw GPs more often were slightly less likely to report that their GPs always listened carefully and showed respect for what they had to say.
- Younger patients were less likely to report that their GPs always listened carefully, showed respect for what they had to say and spent enough time with them, and the difference increased with increasing numbers of chronic health conditions.
- Patients with multiple chronic conditions who live in the most disadvantaged areas reported less positive experiences with their GPs than those in the least disadvantaged areas.
- Being in excellent health was associated with better experiences with GPs, and the most positive experiences were reported by those who felt they were in excellent health despite having multiple chronic conditions.

Patient experiences with GPs were reported only by those who saw a GP in 2017–18 (around 4 in 5 people sampled). Reported experiences with GPs for patients with chronic health conditions were based on a higher number of visits, on average, when compared with the experiences of those without chronic conditions. This was particularly true for those with multiple conditions who saw a GP.

Table 3.1 shows that, on average, patients with no chronic health conditions who saw a GP reported visiting an average of 3.4 times in a year. This increased to an average of 5.4 visits for those with one condition and to 9.0 visits for patients with two or more conditions.

Table 3.1. Average number (and 95% CI) of visits to GPs by chronic condition status

No conditions	One condition	Two or more conditions	Total
Average number of visits to GPs*	3.4 (3.32—3.42)	5.4 (5.31—5.49)	9.0 (8.83—9.11)

Source: Patient experience survey 2017–18, customised report.

* For those who needed to see a GP and saw a GP at least once.

Most patients reported that their GPs always listened carefully, showed respect for what they had to say and spent enough time with them

Around 3 in 4 patients reported that their GPs listened carefully to them and spent enough time with them (74% and 76%, respectively), and around 4 in 5 (81%) reported that their GPs showed respect for what they had to say (see [interactive web report](#)).

The presence of chronic conditions alone does not appear to be associated with patients' experiences with GPs, with no significant differences seen between those without a chronic condition and those with one or multiple chronic conditions.

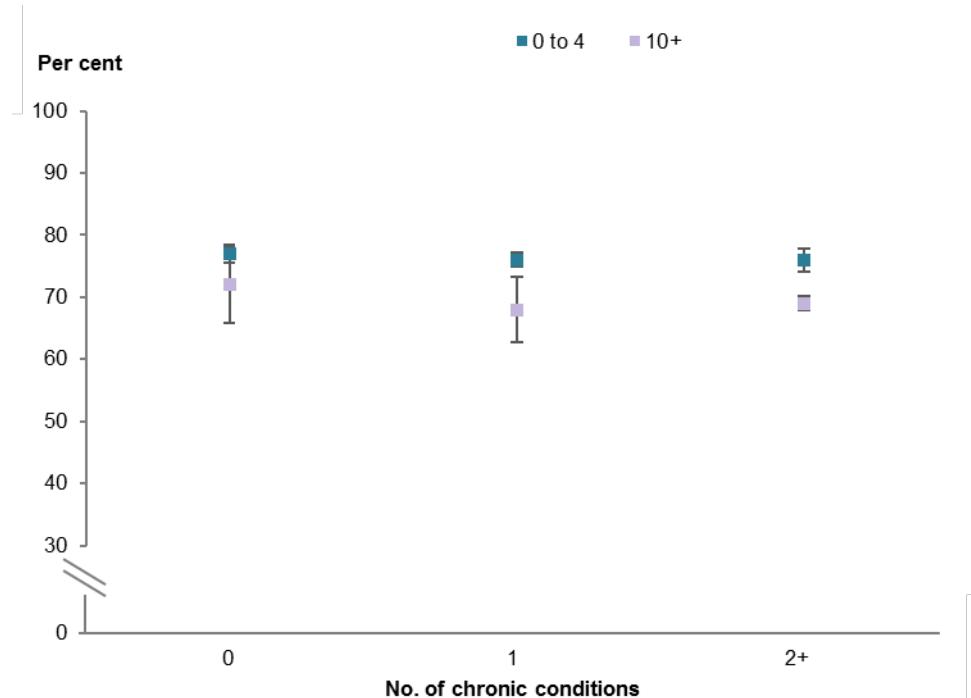
Patients who saw GPs more often were slightly less likely to report positive experiences

When compared to those who saw GPs between zero and four times, patients who saw GPs 10 or more times were slightly less likely to report that their GPs always listened carefully to them (69% compared with 77%) (Figure 3.3), showed respect for what they had to say (75% and 82%) and spent enough time with them (71% and 78%).

Analysing experiences by the number of visits to a practitioner may in some cases affect how likely people are to report that they 'always' had the experience being measured. The logical reason for this effect is that the more you do anything, the higher the chances become of having the alternative experience. However, analysis not presented here shows that the likelihood of reporting something other than 'always' is similar irrespective of number of visits (see the [interactive web report](#) for more data).

When disaggregated by the number of chronic conditions that patients reported, this trend was seen for both patients with one and multiple chronic conditions. Due to the relatively small number of people without chronic conditions who saw a GP 10 or more times, it is not possible to say whether this trend also applies to this group.

Figure 3.3. Percentage (and 95% CI) of patients who reported that their GPs always listened carefully to them, by number of GP visits and chronic condition status



Source: Patient experience survey 2017–18, customised report.

Younger patients were less likely to report positive experiences with their GPs

When compared with those in the oldest age group (age 65 years and over) patients in the 15 to 39 years age group were less likely to report that their GPs always listened carefully to them, spent enough time with them and showed respect for what they had to say.

This difference between older and younger patients was largest for reporting that GPs always listened carefully (83% for age 65 and over compared with 68% for age 15–39), and smallest for GPs always showed respect for what the patient had to say (87% compared with 76%).

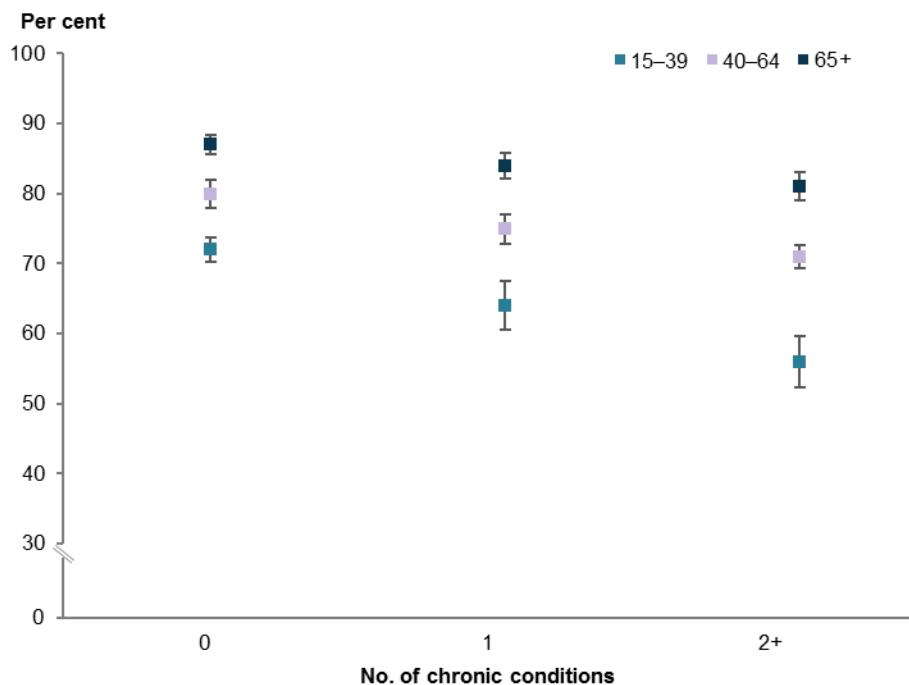
The differences in experiences between younger and older patients tended to get larger with increasing number of chronic conditions reported

Among those with multiple chronic health conditions, 4 out of 5 patients aged 65 and over reported that their GPs always listened carefully to them. For patients aged 15 to 39, this figure was only just over half (56%), a difference of 25 percentage points (Figure 3.4).

For those with a single chronic condition, the difference between younger and older patients decreased to 20 percentage points (64% compared with 84%) and to 15 percentage points for those with no chronic conditions (72% compared with 87%). A similar pattern was seen for reporting that GPs always showed respect for what the patient had to say and always spent enough time with them.

While most of the percentage point differences represent a shift from an answer of 'always' to an answer of 'often', there are still relatively large age disparities for responses at the other end of the spectrum. Young people with multiple chronic conditions were around 3 times more likely than older patients with multiple chronic conditions to report that their GPs only listened carefully to them sometimes (14% compared with 4.7%) or rarely or never (3.7% compared with 1.1%) (see the [interactive web report](#)).

Figure 3.4. Percentage (and 95% CI) of patients who reported that their GPs always listened carefully to them, by age and chronic condition status



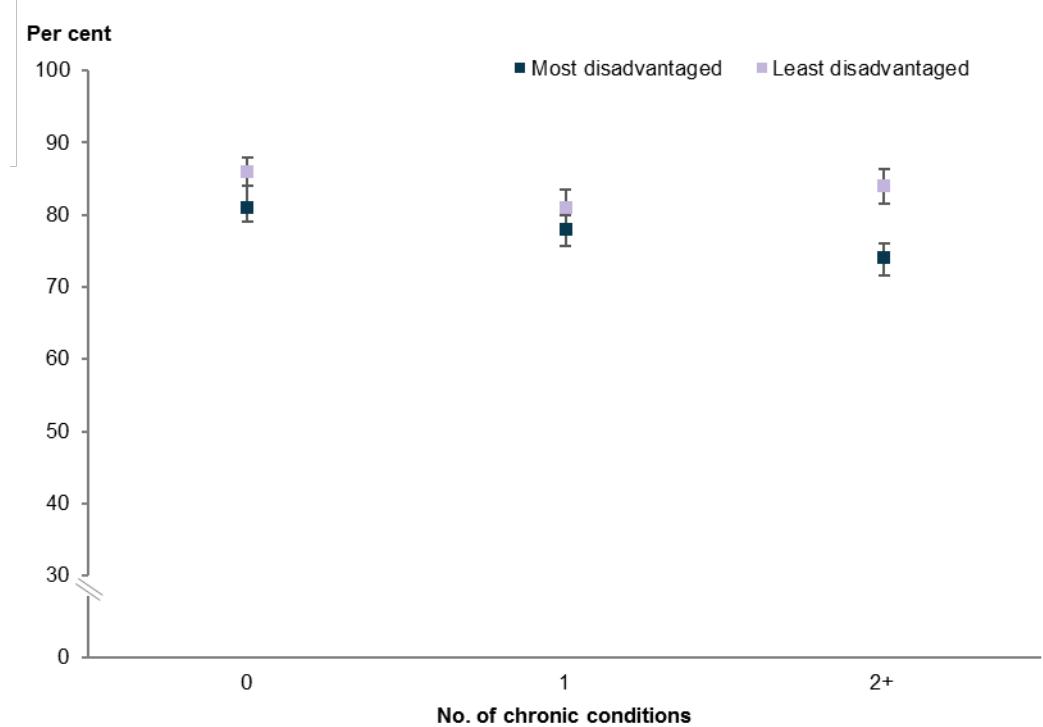
Source: Patient experience survey 2017–18, customised report.

Patients with multiple chronic conditions who live in the most disadvantaged areas have less positive experiences with their GPs

When compared with those living in the least socioeconomically disadvantaged areas, patients in the most disadvantaged areas were slightly less likely to report that their GPs always listened carefully to them (72% compared with 77%), spent enough time with them (73% and 79%) and showed respect for what they had to say (77% and 84%).

When disaggregated by the number of chronic conditions, the differences seen between patients from the most and the least disadvantaged areas are greatest for those reporting multiple chronic health conditions. Compared with those in the least disadvantaged areas, patients in the most disadvantaged areas with 2 or more chronic health conditions were less likely to report that their GPs always listened to them carefully (69% compared with 77%), spent enough time with them (70% compared with 79%) and showed respect for what they had to say (74% compared with 84%) (Figure 3.5).

Figure 3.5. Percentage (and 95% CI) of patients who reported that their GPs always showed respect for what they had to say, by socioeconomic area and chronic condition status



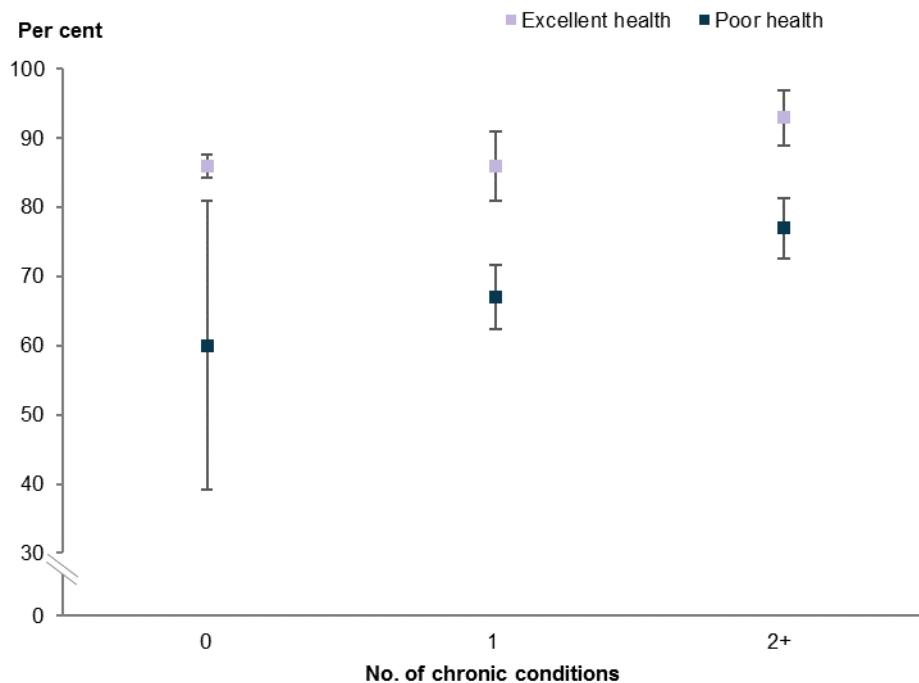
Source: Patient experience survey 2017–18, customised report.

Better health was associated with more positive experiences with GPs

Those who reported being in excellent health were more likely than those reporting poor health to say that their GPs had always listened carefully to them (82% compared with 70%), showed respect for what they had to say (87% and 75%) and spent enough time with them (83% and 70%).

Around 9 in 10 patients who reported being in excellent health, despite having multiple conditions, said that their GPs always listened carefully to them (85%), showed respect for what they had to say (93%) (Figure 3.6) and spent enough time with them (90%). Despite only making up 4.7% of the cohort (Figure 3.1), those with multiple conditions who rated their health as excellent reported by far the most positive GP experiences of any group examined in this report.

Figure 3.6. Percentage (and 95% CI) of patients who reported that their GPs always showed respect for what they had to say, by self-assessed health status



Source: Patient experience survey 2017–18, customised report.

Men and women and people across all geographic areas reported similar GP experiences. See the [interactive web report](#) for further information.

Experiences with medical specialists

Key findings

- Although most patients reported that their specialists always listened carefully, showed respect for what they had to say and spent enough time with them, there was a small decrease in the percentage with positive experiences as the number of chronic conditions increased.
- Younger patients with one or more chronic conditions were less likely to report that their specialists always listened carefully, showed respect for what they had to say and spent enough time with them.
- Being in excellent health was associated with better experiences with specialists, and the most positive experiences were reported by those who were in excellent health despite having multiple chronic conditions.

Patient experiences with specialists are reported only by those who were referred and went to a specialist in 2017–18 (around 1 in 3 people sampled). The experiences of patients with chronic health conditions were based on a slightly higher number of visits, on average, when compared with the experiences of those without chronic conditions.

Table 3.2 shows that, on average, patients with no chronic health conditions who saw a specialist reported visiting an average of 2.9 times in a year. This increased to 3.6 visits on average for those with one condition and to 4.3 visits for patients with two or more conditions.

Table 3.2. Average number (and 95% CI) of visits to medical specialists by chronic condition status

	No conditions	One condition	Two or more conditions	Total
Average number of visits to specialists*	2.9 (2.79—2.91)	3.6 (3.47—3.65)	4.3 (4.23—4.44)	3.7 (3.63—3.75)

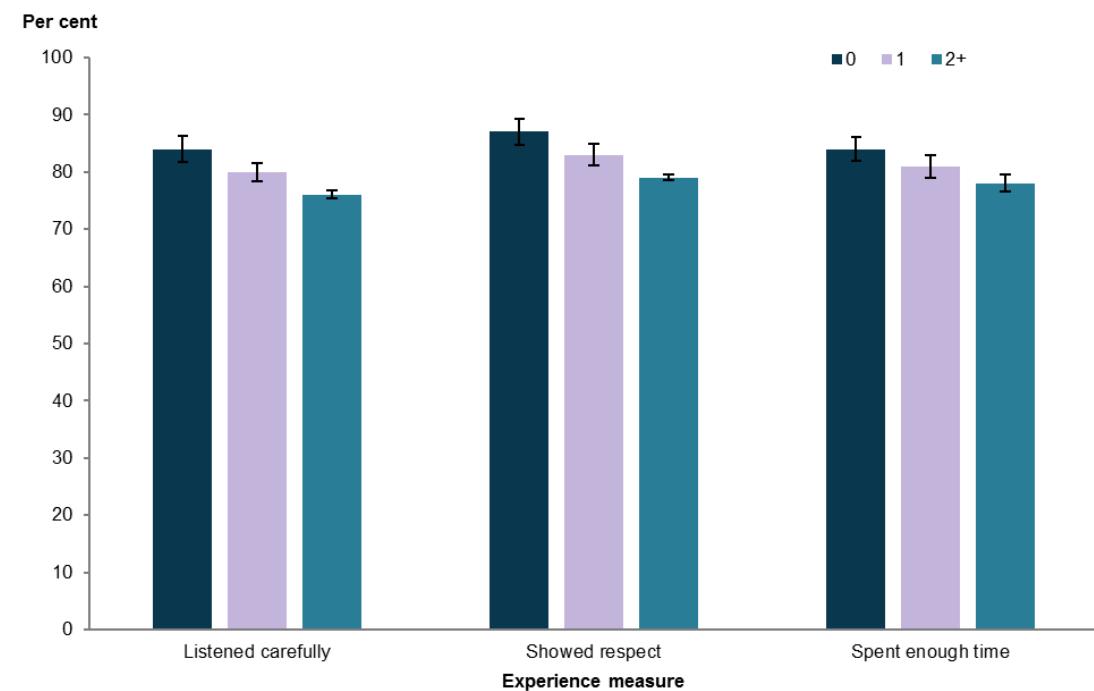
Source: Patient experience survey 2017–18, customised report

**For those who were referred to a medical specialist and went at least once*

Although patients broadly reported positive experiences with their specialists, this decreased slightly with increasing chronic conditions

Unlike for GPs, where there was very little difference in the self-reported experiences of patients by the number of reported chronic conditions, there were differences in experiences with specialists. There was a slight decrease in the percentage of patients reporting that their specialists always listened carefully, showed respect for what they had to say and spent enough time with them, with increasing number of chronic conditions (Figure 3.7).

Figure 3.7. Percentage (and 95% CI) of patients who reported that their medical specialists always listened carefully to them, showed respect for what they had to say and spent enough time with them, by chronic condition status



Source: Patient experience survey 2017–18, customised report.

Younger patients were less likely than older patients to report positive experiences with their specialists

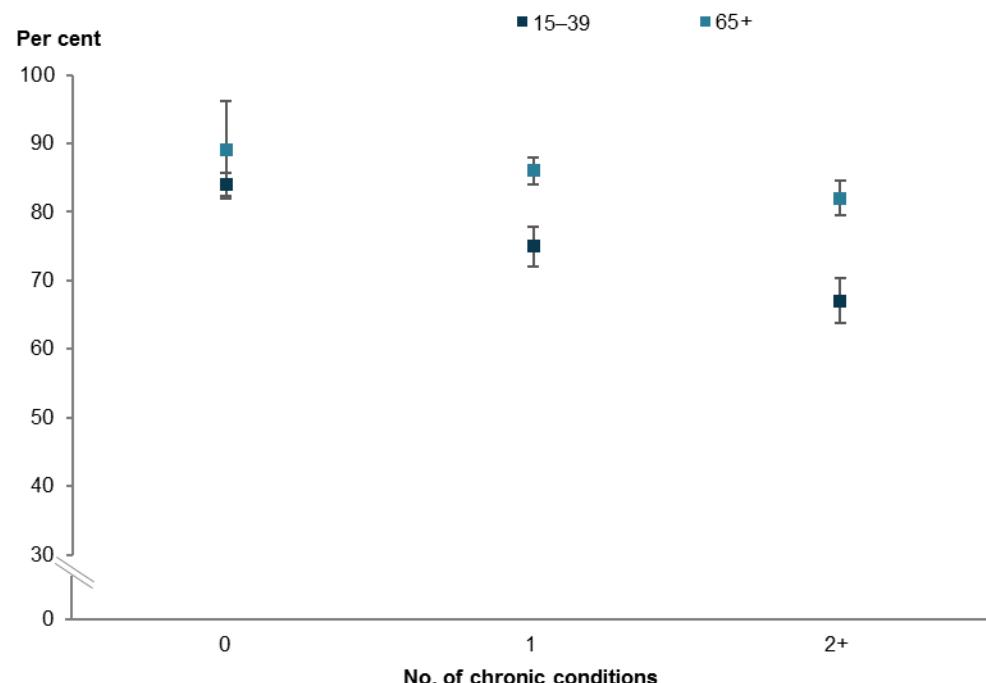
When compared with those in the 65 years and over age group, patients in the 15 to 39 years age group were less likely to report that their specialists always listened carefully to them (77% compared with 84%), spent enough time with them (77% and 85%) and showed respect for what they had to say (81% and 86%).

The percentage who felt their specialists always listened carefully dropped off more steeply with increasing chronic conditions for younger patients

The difference between younger and older patients reporting that specialists always listened carefully increased with the number of reported chronic conditions (Figure 3.8), with the drop off being more steep for young patients. The difference between younger and older patients was relatively large for those with multiple chronic conditions (67% for younger and 82% for older) when compared to those with no chronic conditions (84% and 89%). This large relative difference wasn't seen for patients reporting that specialists always showed respect and always spent enough time with them.

Younger patients with multiple chronic conditions were not substantially more likely than older patients to report that their specialists rarely or never listened carefully to them or showed respect for what they had to say. However, they were approximately 3 times as likely as older patients to report that their specialists had only rarely or never spent enough time with them (5% compared with 1.8%).

Figure 3.8. Percentage (and 95% CI) of patients who reported that their medical specialists always listened carefully to them, by age and chronic condition status



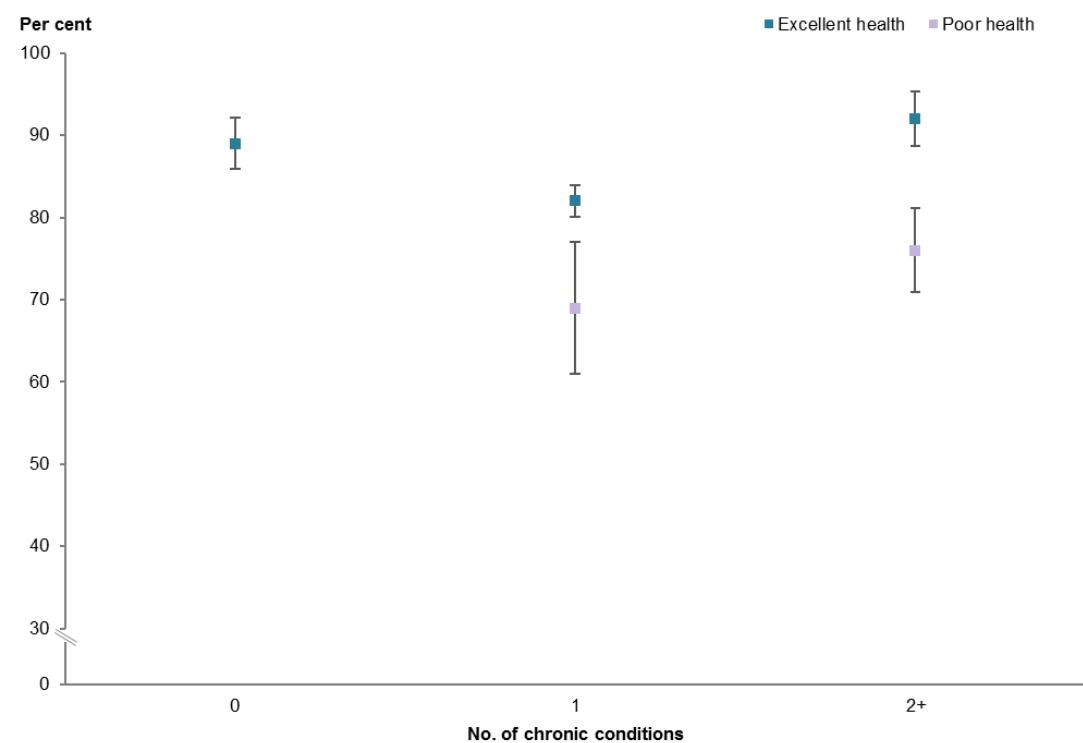
Source: Patient experience survey 2017–18, customised report.

Better health was associated with more positive experiences with specialists

Those who reported being in excellent health were more likely than those in poor health to report that their specialists had always listened carefully to them (87% compared with 72%), showed respect for what they had to say (89% and 75%) and spent enough time with them (86% and 74%).

Around 9 in 10 patients who reported being in excellent health despite having multiple conditions said that their specialists always listened carefully to them (92%), showed respect for what they had to say (90%) and spent enough time with them (92%) (Figure 3.9). Like for GPs, these patients, though only comprising 4.7% of the cohort, reported by far the most positive experiences with their medical specialists of any group examined in this report.

Figure 3.9. Percentage (and 95% CI) of patients who reported that their medical specialists always spent enough time with them, by self-assessed health status and chronic condition status



Source: Patient experience survey 2017–18, customised report.

Note: The percentage for those in poor health with zero chronic conditions is not publishable due to its large relative standard error and small sample size.

There were no differences in experiences with specialists for patients who visited a specialist more often, or by socioeconomic area, sex or remoteness (see the [interactive web report](#)).

How do patients with a mental health condition experience health care?

Experiences with general practitioners

Key findings

- Patients with a mental health condition were less likely to report positive experiences with their GPs than those with no chronic health conditions.
- Male patients with mental health conditions were more likely to report their GP always listened to them carefully and always spent enough time with them than female patients.
- Younger patients with mental health conditions were less likely to report positive experiences with their GPs than patients aged 65 and over.
- Patients with mental health conditions who reported that they were in excellent health were more likely to report that their GPs always listened carefully to them.

The experiences of patients with mental health conditions were based on a much higher average number of GP visits than the experiences of those without chronic conditions.

Table 3.3 shows the average number of reported visits to GPs by people with a mental health condition and people with no chronic conditions. Patients with a mental health condition who saw a GP at least once visited GPs an average of 9.3 times. This is much higher than for those with no chronic conditions who saw a GP at least once (average of 3.4 visits) and similar to people with multiple chronic conditions (9.0 visits).

Table 3.3: Average number (and 95% CI) of visits to GPs for patients with a mental health condition

Mental health condition	No condition	Total
Average number of visits to GPs	9.3 (9.02–9.48)	3.4 (3.32–3.42)

Source: Patient experience survey 2017–18, customised report.

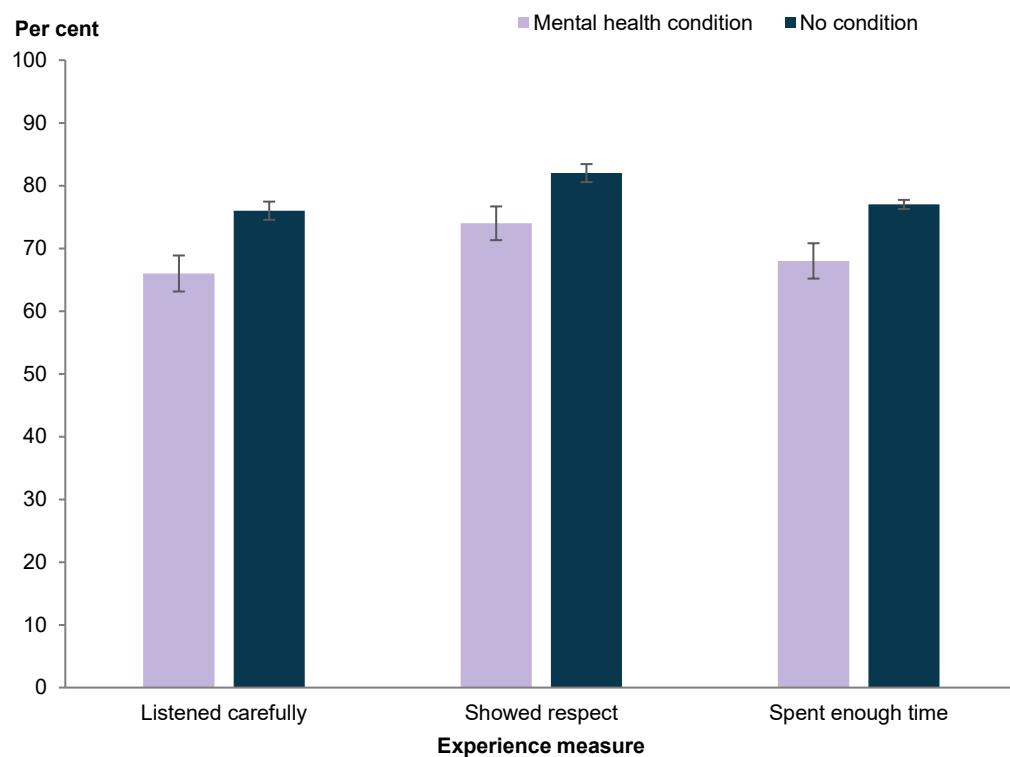
* For those who needed to see a GP and saw a GP at least once.

Patients with a mental health condition were less likely to report positive experiences with their GPs than those with no chronic conditions

Patients with a mental health condition were less likely than patients with no chronic conditions to report that their GP always listened carefully to them (66% compared with 76%), showed respect for what they had to say (74% compared with 82%) and spent enough time with them (68% and 77%) (Figure 3.10).

Patients with a mental health condition were around twice as likely as those with no chronic conditions to say that their GPs only rarely or never displayed these behaviours. One in 20 patients (5.1%) with a mental health condition felt that their GPs rarely or never spent enough time with them, while only 2.2% of patients with no conditions felt this way.

Figure 3.10. Percentage (and 95% CI) of patients who reported that their GPs always listened carefully to them, showed respect for what they had to say and spent enough time with them, by mental health/no chronic conditions

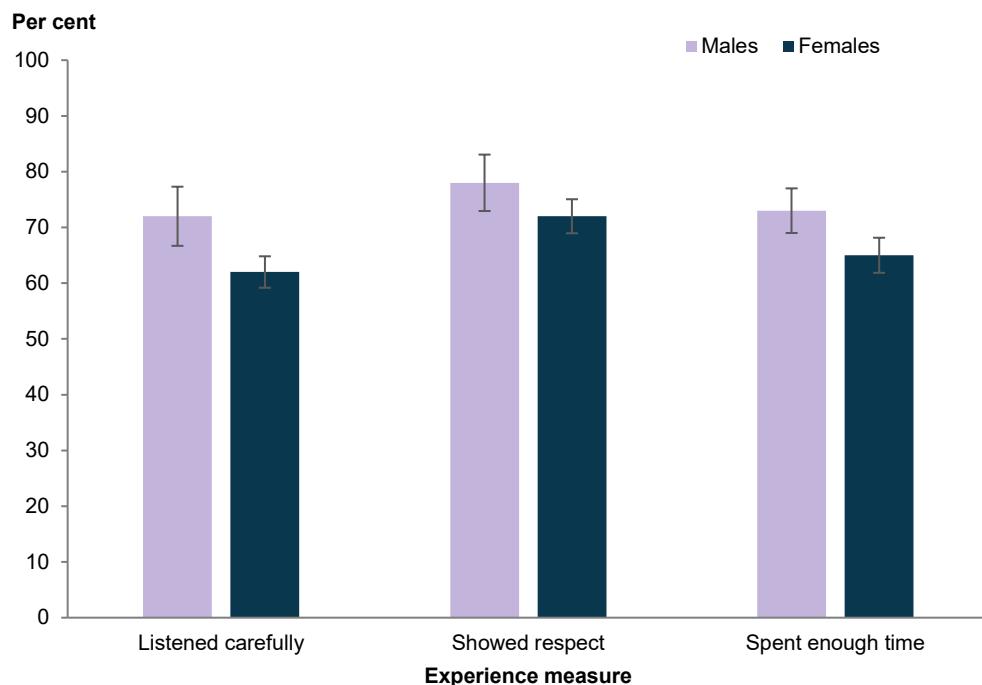


Source: Patient experience survey 2017–18, customised report.

Males with mental health conditions were more likely to report that their GPs always listened carefully to them and spent enough time with them

Males with a mental health condition were more likely than females with a mental health condition to report that their GP always listened carefully to them (72% compared with 62%) and always spent enough time with them (73% compared with 65%). However, there was little difference in the percentage of males and females reporting that their GPs always showed respect for what they had to say (Figure 3.11).

Figure 3.11. Percentage (and 95% CI) of patients with a mental health condition who reported that their GPs always listened carefully to them, showed respect for what they had to say and spent enough time with them, by sex



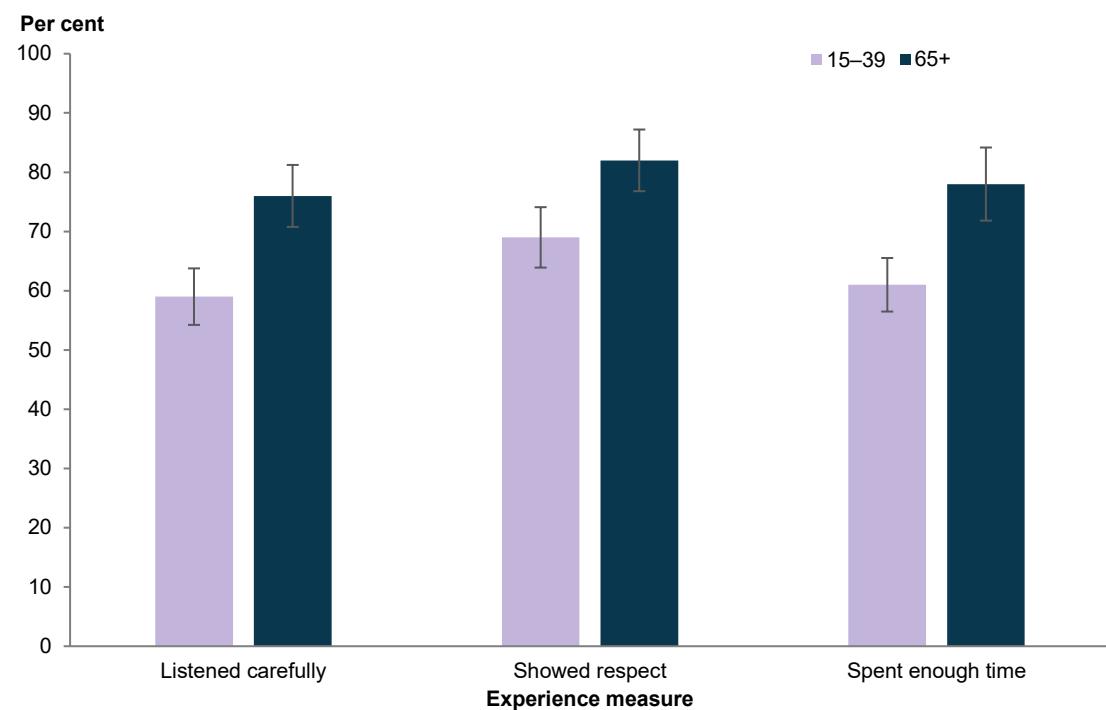
Source: Patient experience survey 2017–18, customised report.

Older patients with mental health conditions reported more positive experiences with their GPs than younger patients

Patients with a mental health condition who were aged 65 and over were more likely than those aged 15–39 to report that their GP always listened carefully to them (76% compared with 59%), showed respect for what they had to say (82% and 69%) and spent enough time with them (78% and 61%) (Figure 3.12).

Additionally, young people with a mental health condition were much more likely than older people with a mental health condition to say that they felt their GPs only sometimes (10% compared with 4.5%), or rarely or never (6.5% compared with 2.7%) spent enough time with them (see the [interactive web report](#)).

Figure 3.12. Percentage (and 95% CI) of patients with a mental health condition who reported that their GPs always listened carefully to them, showed respect for what they had to say and spent enough time with them, by age group

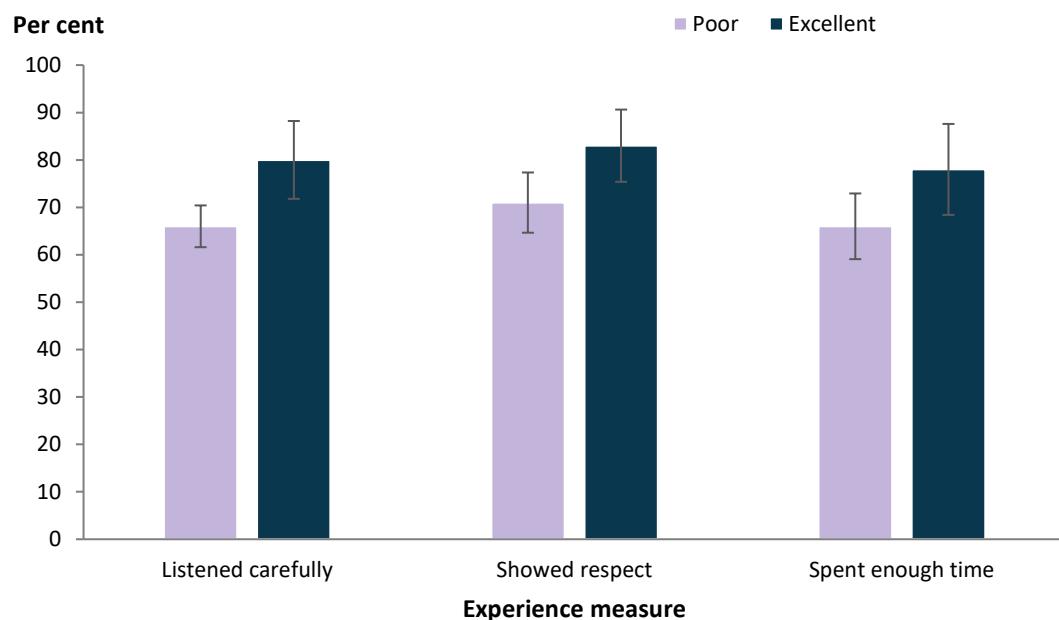


Source: Patient experience survey 2017–18, customised report.

Patients with mental health conditions who reported better health were more likely to report that their GPs always listened carefully to them

Compared with those who reported their health status as poor, those who reported their health as excellent were more likely to report that their GP always listened carefully to them (80% compared with 66%). There were similar, but statistically non-significant, differences between self-assessed health status ratings for the percentage of people who responded that their GP always spent enough time with them (78% compared with 66%) and showed respect for what they had to say (83% and 71%) (Figure 3.13).

Figure 3.13. Percentage (and 95% CI) of patients with a mental health condition who reported that their GPs always listened carefully to them, showed respect for what they had to say and spent enough time with them, by self-assessed health status



Source: Patient experience survey 2017–18, customised report.

Experiences with medical specialists

Key findings

- Patients with a mental health condition were less likely to report positive experiences with their specialists than those reporting no chronic conditions
- Patients with a mental health condition who rated their health as excellent were more likely than those who rated their health as poor to report that their specialists always listened carefully to them.

Patient experiences with specialists are reported only by those who were referred and went to a specialist in 2017–18. The experiences of patients with mental health conditions were based on a slightly higher average number of visits to medical specialists when compared with the experiences of those without chronic conditions.

Table 3.4 shows that people with a mental health condition who saw a medical specialist at least once reported visiting medical specialists an average of 5.1 times. This was more often than people without a chronic condition who saw a specialist (average of 2.9 visits), and more than people with multiple chronic conditions (4.3 visits).

Table 3.4: Average number (and 95% CI) of visits to medical specialists for patients with a mental health condition

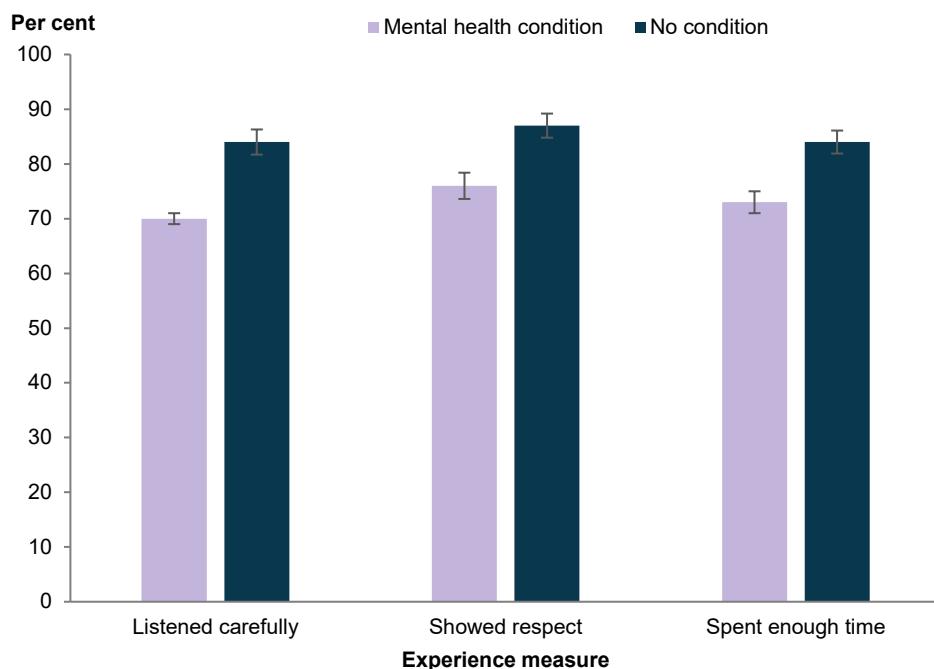
	Mental health condition	No condition	Total
Average number of visits to specialists	5.1 (4.97–5.30)	2.9 (2.79–2.91)	3.7 (3.63–3.75)

Source: Patient experience survey 2017–18, customised report.

Patients with a mental health condition were less likely to report positive experiences with their medical specialist than those with no chronic conditions

Compared to those with no chronic conditions, patients with a mental health condition were less likely to report that their medical specialist always listened carefully to them (70% compared with 84%), showed respect for what they had to say (76% and 87%) and spent enough time with them (73% and 84%) (Figure 3.14). They were also around 3 times as likely to report that their specialists only rarely or never listened carefully to them (2.9% compared with 0.9%), showed respect for what they had to say (2.7% compared with 0.9%) and spent enough time with them (4.7% compared with 1.4%).

Figure 3.14. Percentage (and 95% CI) of patients who reported that their medical specialists always listened carefully to them, showed respect for what they had to say and spent enough time with them, by mental health/no chronic conditions

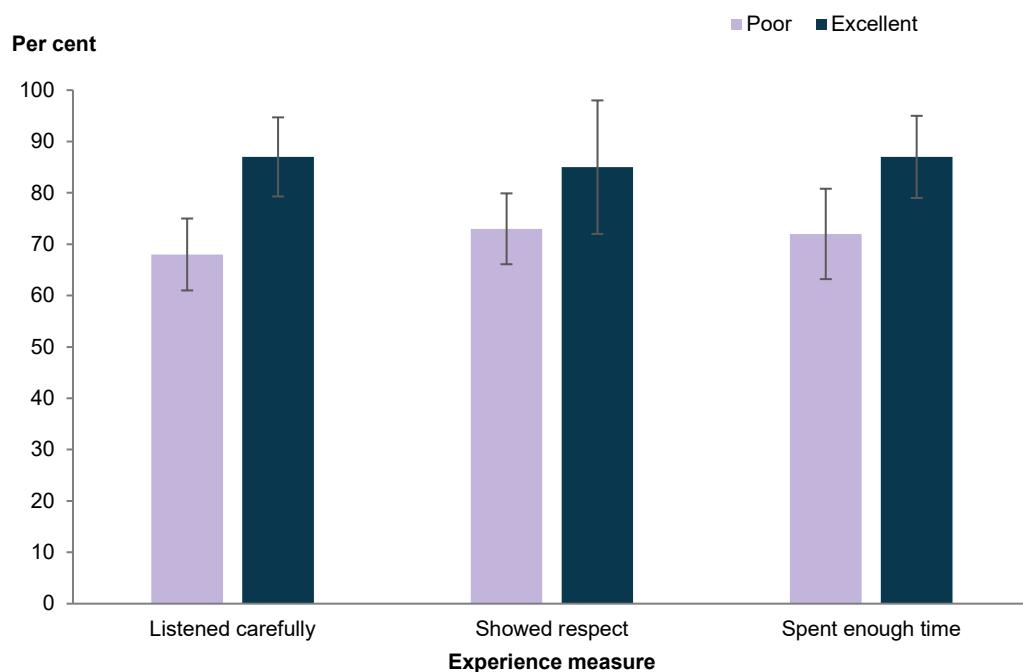


Source: Patient experience survey 2017–18, customised report.

Patients with a mental health condition who reported their health as excellent were more likely than those who rated their health as poor to report that their specialists always listened carefully to them

Patients with a mental health condition who assessed their own health as 'excellent' were more likely to report that their specialist listened carefully to them than patients with a mental health condition who assessed their own health as 'poor' (87% compared with 68%, respectively) (Figure 3.15). For patients with a mental health condition, there was no significant difference between those in excellent and poor health in terms of reporting that their medical specialist always showed respect for what they had to say and spent enough time with them.

Figure 3.15. Percentage (and 95% CI) of patients with a mental health condition who reported that their medical specialists always listened carefully to them, showed respect for what they had to say and spent enough time with them, by self-assessed health status



Source: Patient experience survey 2017–18, customised report.

A similar percentage of patients with a mental health condition reported that their specialist always listened to them, showed respect and spent enough time with them in the most and least disadvantaged areas, and across all remoteness areas.

4 What do these results tell us?

Overall, people with chronic conditions who are in contact with the health system are having positive experiences with their GPs and specialists

Although some groups were less likely to report positive experiences, the majority of people had positive experiences with their medical practitioners. People with chronic conditions reported more contact with their GPs than those who do not have a chronic condition, and reported overall that their general practitioners were always listening carefully to them, showing respect for what they had to say and spending enough time with them. These results suggest that the right ingredients for successful condition management and good health outcomes are present for many—but not necessarily all—vulnerable people in Australia.

Younger patients aren't reporting the same experiences of GP or specialist care as older patients

Analysis of patient experiences by age shows that younger people are not reporting the same experiences as older patients. Young people, regardless of whether or not they have a chronic condition, are less likely to report that their GPs and specialists always listened carefully to them, showed respect for what they had to say and spent enough time with them.

Previous studies have found patient age to be positively associated with how patients report their experiences with their health care providers (DeVoe et al. 2009; Søndergaard et al. 2018; HQSC 2017). However, it is unclear exactly why older patients tend to report both more consistent experiences and higher satisfaction with their patient-doctor interactions, despite in some cases having the same expectations of their doctors as younger patients (Bowling et al. 2013). The authors of this 2013 analysis found that older people, rather than having lower expectations or being more passive patients, were merely more likely to feel that their expectations had been met.

The higher satisfaction with patient-doctor interactions of older patients may be in part due to the higher likelihood that older people have a usual GP with whom they have an existing relationship. Having a usual or preferred GP allows patients to build up a relationship of trust with their doctor, generally leading to better experiences of care (AIHW 2016). In the latest Patient Experiences Survey results, those aged 15-24 were around five times more likely to report that they did *not* have a preferred GP when compared to those aged 75 and over (ABS 2019).

It is also possible that medical practitioners find it more difficult to infer and understand the needs and preferences of younger patients. Patient-centred care is all about adapting care to the needs and preferences of patients, and this adaptability—as opposed to displaying favourable communication behaviours more generally—has been shown to lead to better patient experiences (Carrard et al. 2018). Inferring preference information may be more difficult when patients are more socially distant in terms of their life stage.

The difference in experiences for younger people is an important finding in any case, given the importance of engaging people in positive and preventative health behaviours from an early age. If young people do not have the kinds of experiences that build a positive patient-doctor relationship, there may be negative perceptions of both medical professionals and the health system. This may lead to underutilisation of primary health care services, with flow on effects for utilisation of higher cost services (for example, emergency and hospital) and negative consequences for their long-term health outcomes.

Having a chronic condition is associated with poorer experiences with medical practitioners for younger patients

The results of this analysis indicate that young people with multiple chronic conditions and young people with mental health conditions were particularly less likely to report always having positive experiences, and were disproportionately more likely to report only sometimes, rarely or never having them.

Developing a chronic condition is a disruptive event that impacts on mental and physiological health, requiring ongoing lifestyle changes to accommodate new limitations and condition management. Young people may particularly find the adjustment to having a chronic condition more difficult—both practically and psychologically—than those in older age groups, where chronic disease is more common and is generally expected to occur. Younger people may struggle with the financial burden of managing a chronic health condition, particularly if they are students or are at risk of insecure housing and employment.

A study of people with Type 2 Diabetes by Hessler et al. (2010) found that younger age was independently associated with greater chronic stress and negative life events, higher levels of diabetes-related distress, higher depressed affect, less frequent eating of healthier foods and exercising, and lower diabetes self-efficacy. Building further on this study, Hessler et al. (2019) looked in more detail at patients with chronic conditions, focusing on, among other things, reported problems with self-management. When compared to older patients suffering from chronic conditions, younger patients were more likely to report self-management problems such as missed medication, high alcohol use and tobacco use—behaviours that are generally viewed as more risky than, for example, not exercising—as well as high stress levels.

Although there is no definitive answer, these results may point to a greater need for medical services and practitioners to be aware of and cater to the unique challenges faced by young people with chronic health conditions. Due to their life stage, they may face additional adjustment difficulties and have an increased need for accessible multidisciplinary services with practitioners who can listen non-judgementally, work to understand their situation, and who can facilitate shared decisions rather than dictate changes. Further work on the expectations of young people with chronic conditions has reinforced this, identifying that they specifically desire trusting and patient-centred relationships with their doctors, and prioritise communication and confidentiality highly (Wilson 2017).

Patients with mental health conditions report different experiences of care when compared with other patients

Patients with mental health conditions were considerably less likely than both patients with no conditions and patients more generally to say that their GPs and specialists listened carefully, showed respect for what they had to say and spent enough time with them.

Studies have described the stigma of being a patient with a mental health condition in various health care settings. In their 2017 article on mental illness-related stigma in health care in Canada, Knaak et al. point to several examples of people with a lived experience of mental illness reporting feeling dismissed by their health providers, and suggest that there may be systemic issues with how health care culture prioritises and treats patients with mental health conditions.

Other surveys from New Zealand and Australia have found similar differences in patient experience; those with a mental health condition reported slightly worse GP experiences than those who did not have a mental health condition (HQSC 2017) and felt less listened to when seeking care for mental ailments when compared to physical ailments (MHCA 2011).

It is important that findings such as these continue to be further explored through new data sources to help shed more light on the nature of experiences and interactions in the health system for patients with mental health conditions.

Positive GP and specialist experiences are associated with better self-reported health, especially for patients with chronic conditions

It is generally well established that positive patient experiences are associated with clinical effectiveness and therefore better health outcomes (see Doyle et al. 2012 for a thorough systematic review of the evidence). Previous work on patient experiences of GP care in Australia has also found a positive relationship between self-assessed health status and measures of patient experience.

Patient expectations and level of health literacy likely play a mediating role in the relationship between health status and experiences of care. Lower health literacy and increased expectations of others to manage health issues have both been found to be related to poorer health status (Berglund et al. 2014, Jayasinghe et al. 2016), and are likely to influence perceptions of medical interactions. Research on patient health locus of control—or the degree of control that people believe they have over their own health outcomes, versus how much others control their health outcomes—has indicated that having an external locus of control is associated with worse self-assessed health (Berglund et al. 2014). Those with an internal locus of control, or those who believe that responsibility for managing their own health lies with them, tended to have higher self-assessed status. It is possible, then, that the tendency for those who lack the literacy to manage their own health, and who have higher expectations of others to fix their health, to be in poorer health is also related to those in poorer health tending to report less positive experiences.

It is likely that the tendency for patients with chronic conditions to have a usual health care provider—and therefore better continuity of care—also has the added benefit of fostering a continuous and long-term patient-doctor relationship that leads not only to better experiences (AIHW 2016) but also to better health outcomes. While it isn't possible to say for certain from this analysis that positive experiences lead to better health (i.e. it could also be that having a patient in excellent health makes providing quality care less complex for practitioners), it is a positive finding that this association holds true even for patients with chronic conditions.

Living in a disadvantaged area is associated with less positive GP experiences only for patients with multiple chronic health conditions

The results in this report for socioeconomic disparities are specific to people reporting multiple chronic health conditions. The high health care needs in the most disadvantaged populations, alongside the ability of the workforce and health system in these areas to meet those needs, may play a role in the experiential differences for those with more complex health care needs.

People who live in the most disadvantaged areas in Australia tend to have higher rates of chronic disease in general (ABS 2018), and a higher rate of multiple chronic conditions (AIHW 2018) when compared with less disadvantaged areas. The increased need in disadvantaged areas leads to higher demand for GP care—particularly higher rates of frequent utilisation (more than 12 visits in a year) (RACG 2019)—and greater pressure on the area's existing services. Rural and remote areas also tend to be overrepresented among more disadvantaged areas and do not have the full-time equivalent GP workforce comparable to metropolitan areas (Swerissen et al. 2018), let alone a workforce that can easily meet the increased health care needs of disadvantaged populations.

In addition to workforce pressures, fee structures that tend to be needed in more disadvantaged areas, such as bulk billing and the rebates for complex care, may also impact on patient experiences of care through loss of relational continuity (i.e. having the same GP for each care episode) and restrictions on appointment time. Appointment time in particular is considered to be one of the best available ‘proxy indicators’ for quality care, with longer consultations generally resulting in better decision making and resource use (RACGP 2018).

Strengths and limitations of the data

Strengths

Capturing the patients' perspective of health care is becoming increasingly important as health systems strive to be more responsive to the needs of the people using their services (OECD 2016). The Patient Experience Survey provides a nationally representative picture of patient experiences in health care and a rich source of patient-perspective information on accessing and utilising health services.

The Survey collects demographic and health information, allowing assessment of patient experiences for vulnerable groups such as those from disadvantaged backgrounds and those with chronic health conditions. It is one of very few data sources on patient experiences in health care that has coverage of younger populations. The collection of this information consistently over time means that change can be monitored both nationally and for specific groups of people or geographical areas of Australia.

Limitations

Data source

As with survey data in general, the information collected and analysed is self-reported and therefore subject to errors of recall, comprehension and bias. The analysis is also limited in its generalisability to the whole Australian population and in the assertions it can make regarding causal relationships.

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 correlational associations, rather than as causal associations.

Chronic conditions classification

The accuracy of the information on chronic health conditions used for this analysis is reliant on respondents' understanding of their own diagnosed conditions and their comfort in reporting those conditions. Information provided by respondents may also contain conditions that have not been formally diagnosed or health issues that are managed through medication but not necessarily classified as long-term health conditions (hypertension, for example).

Categorisation of chronic health conditions is also limited by the level of detail available in the Patient Experience Survey data (see *Identifying people with chronic conditions* in Chapter 2). This classification should be considered a broad indication of the types of long-term health challenges that respondents faced, rather than an exact count and classification of diagnosed long-term health conditions.

Patient experience measurement

There is the potential for the use of the answer of ‘Always’ as the point of comparison for groups of patients with often varying frequency of health care utilisation to be a confounder for this analysis. The nature of probability is that the more you do anything, the less likely it is that you will be able to say “always” in relation to it, since the chance of having the alternative experience increases with each time you do it. To explore this further, it would be necessary to control for utilisation when comparing experiences for different groups. However this was not in scope for this report.

While in statistical theory this is an analytical gap, in the lived reality of interactions with medical professionals it is reasonable and desirable to expect that those with higher utilisation of services should always receive the same quality of care as those with lower utilisation. This is particularly the case for patients with chronic conditions, since regular and quality health care is such an important part of managing their health.

Health care utilisation

Measures of utilisation of GP and other specialised medical services in this data are based on self-report. Self-report of medical services is known to be impacted by errors of recall, particularly over long periods of time.

Where to next?

Determining what most influences patient experiences

This report shows there is an association between having chronic conditions and reporting less positive patient experiences, and that this relationship becomes more extreme for some groups of patients than others. What is unclear from the current analysis is which characteristics are driving the differences seen in experiences.

There are obvious intersections between higher health care service utilisation, older age, poorer health and the presence of chronic conditions that can potentially obscure the true nature of the relationship between patient experience and chronic condition status.

An important next step would be to establish the independent association between chronic conditions and patient experiences, while controlling for other patient characteristics such as health care utilisation, age and health status. This kind of analysis would also enable exploration of the extent to which less consistent positive experiences are a case of mere probability (i.e. increased utilisation leading to more opportunities to have a poor experience), or whether other effects relating to chronic conditions play a role.

Exploring how patient expectations and ability to self-manage influence health care experiences

Important patient characteristics that are not captured in this report are patients’ expectations of their health care providers, their capacity to understand how to effectively manage their own health (health literacy) and their inclination to do so (patient activation).

The capacity for self-management and the recognition of personal responsibility for one’s own health play important complementary roles to health care in achieving good health outcomes. Active self-management is beneficial for both patients and practitioners, in that it both improves quality of life for the patient, as well as aids treatment and monitoring.

In future, it would be helpful to further explore how varying degrees of self-management and expectations flow through to the experiences that people with chronic conditions have in health care and the health outcomes that are achieved.

Although the measurement of patient experiences (as opposed to satisfaction) aims to minimise the confounding effect of patient expectations, this sort of information would provide better context for understanding what patients have in mind when answering these sorts of questions. For example, does “listened” mean that their doctor heard them out and then continued on as they would have anyway? Or does it necessitate that their doctor heard them out and changed their approach to accommodate the new information? This sort of distinction goes to the heart of patient-centred care and the goal of including patients’ values and preferences in the decisions that are made about their health care.

Further understanding the experiences of young people with chronic conditions

While the ageing population is an important point of focus for chronic condition related research, there appears to be a need to better understand the experiences that young people in general—and particularly those who are chronically ill—are having when they visit their doctors. The findings in this report indicate that young people aren’t having the same experiences as older people, but there are still questions remaining around why that might be the case. These kinds of questions are difficult to answer, and it is only possible to even start to do so by collecting firsthand information from patients and doctors about their expectations of each other and the characteristics of their interactions.

At present, there are limited Australian linked data assets that combine patient experience information with healthcare utilisation for the younger patient population. In the meantime, it is possible to work towards understanding the problem better for particular youth populations—for example, young women through the Australian Longitudinal Study of Women’s Health—and for the broader population by leveraging data from the existing Patient Experience Survey.

Determining how system and workforce characteristics interact with patient need to influence experiences of care

System characteristics that impact care provision, such as billing structures, models of care and service configuration, and workforce imbalances, will feed later healthcare costs and poorer quality of life for both patients and providers.

In future, it would be useful to better understand how patient characteristics reflective of high health needs—such as poor health and older age—interact with system and workforce characteristics to influence experiences of health care for patients and their doctors.

Combining patient characteristic and experience information with system and workforce data—such as GP availability and turnover, bulk billing rates and ratios of support staff at GP services—can help to further understanding of how the delivery of care through Australia’s primary care system can be improved to benefit both patients and providers.

Translation of patient experiences to health outcomes

While it is generally accepted that positive patient experiences are associated with good health outcomes, less is known about how this relationship plays out in reality. More regular contact with the health system and better adherence to treatment are obvious ways that this transmission could occur. However, this analysis does not lend itself to investigating the mechanisms through which experience influences outcomes, the direction of this relationship, or whether the mechanisms or direction are the same for everyone.

An important next step for understanding how patient experience translates to health outcomes is to leverage the ever growing pool of linked longitudinal data sources, and in particular ones that link self-reported survey data to administrative data. Studies such as the Coordination of Health Care Study and the 45 and Up Study have already linked health care utilisation data to patient experience information. This will enable further research into how experiences influence engagement with the health system and how this may feed into health outcomes such as potentially preventable hospitalisations (PPH).

Also of interest is whether the relationship between patient experiences and health status is linear—with positive experiences improving health and negative experiences hampering improvement—or whether it functions as a feedback loop, with excellent self-rated health reinforcing positive experiences and self-rated poorer health creating a barrier to more positive experiences.

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Abbreviations

ABS	Australian Bureau of Statistics
ACSQHC	Australian Commission on Safety and Quality in Health Care
AHPF	Australian Health Performance Framework
AHRQ	Agency for Healthcare Research and Quality
AIHW	Australian Institute of Health and Welfare
CHC	Coordination of Health Care
CHF	Consumers Health Forum of Australia
GP	General Practitioner
HQSC	Health Quality and Safety Commission (NZ)
MHCA	Mental Health Council of Australia
NHIPC	National Health Information and Performance Principal Committee
WHO	World Health Organization

Glossary

chronic diseases/conditions: A diverse group of diseases/conditions, such as heart disease, cancer and arthritis, which tend to be long lasting and persistent in their symptoms or development.

demographics: Statistical data relating to population characteristics, such as age, sex, economic status, education level, and employment status, among others.

general practitioner (GP): A medical practitioner who provides primary comprehensive and continuing care to patients and their families within the community.

Index of Relative Socioeconomic Disadvantage (IRSD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

long-term condition: A term used in the ABS National Health Surveys to describe a health condition that has lasted, or is expected to last, at least 6 months. See also chronic diseases/conditions.

mental illness (or mental health conditions): Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normally. They include anxiety disorders, depression and schizophrenia.

morbidity: The ill health of an individual and levels of ill health in a population or group.

multimorbidity: A situation that occurs when a person has two or more health problems at the same time. Also known as comorbidity.

outcome (health outcome): A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.)

remoteness classification: Each state and territory is divided into several regions 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 either the Australian Standard Geographical Classification (ASGC) (before 2011) or 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. See also rural.

socioeconomic position: An indication of how 'well off' a person or group is. In this report, 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 group) to the least disadvantaged (best off or highest socioeconomic group).

specialist services: Services that support people with specific or complex health conditions and issues, who are generally referred by primary health care providers. They are often described as 'secondary' health care services. In many cases, a formal referral is required for an individual to be able to access the recommended specialist service.

survey data collection: A data set that results from sampling individual units from the population. No sample will ever be fully representative of the population, but if carefully designed and implemented, samples will be highly representative for drawing conclusions about characteristics of the whole population.

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Related publications

Data relating to this report were published separately online as *Experiences in health care for people with chronic conditions: exploring the data on how GPs and other specialists communicate with their patients*. See <https://www.aihw.gov.au/reports/chronic-disease/experiences-in-health-care-for-people-with-chronic>.

The following AIHW publications relating to patient experiences of care might also be of interest:

- AIHW 2020. Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over. Cat. no. CHC 4. Canberra: AIHW.
- AIHW 2020. Patient experiences in Australia by small geographic areas in 2017–18. Cat. no. HPF 52. Canberra: AIHW.
- AIHW 2016. Coordination of health care: experiences of information sharing between providers for patients aged 45 and over. Cat. no. CHC 3. Canberra: AIHW.
- AIHW 2016. Coordination of health care: experiences with GP care among patients aged 45 and over. Cat. no. CHC 2. Canberra: AIHW.



Positive relationships with health care providers and care continuity are key to improving patients' health outcomes. This report explores the experiences that patients with chronic conditions have with their health providers, particularly with respect to whether or not GPs and other specialists consistently communicated in a respectful and attentive way. Most people with chronic conditions reported positive experiences with their GPs and other specialists. However, younger patients and patients with mental health conditions reported less positive experiences.

More patient experience data are available to explore in the accompanying web report *Experiences in health care for people with chronic conditions: exploring the data on how GPs and other specialists communicate with their patients*.

