

"Health care utilisation of General Practitioners – a qualitative study"

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Introduction

What we know (and have)...

- Physicians as a special population regarding health care utilisation
- International recommendations (e.g. CPSO Canada, GMC und BMA in UK, RACPG Australia):
 - ...should be registered with a GP
 - ...physicians should not self-treat
 - > ...
- Physicians often fail these recommendations



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Introduction

- Some studies revealed factors influencing health care utilisation of physicians (George 2014, Montgomery 2011, Kay 2008)
- Studies mostly focusing on barriers (Fox 2009)
- > Lack of studies to health care utilisation of physicians in Germany
- General Practitioners as a group with special conditions







Aim of our study:

To identify beneficial and obstructive factors for health care utilisation of General Practitioners in Germany.



Methods

- Qualitative study design
- Convenience sample of general practitioners
- > Development of interview guideline
- ➤ 16 open, guided, audio-taped interviews between 12/2014 and 03/2015 (65 min in average)
- Questionnaire to sociodemographic factors

I suppose you have been sick at least once in your life as a physician, and you thought of visiting a doctor. Could you please tell me about it?



Methods



- Literally transkription of the interviews
- Qualitative content analysis according to Kuckartz
 - Development of a code-system with an inductivedeductive method
 - Development of a code-theory-model (conceptual map)
 - In-depth analysis of the code health care utilisation



Sociodemographic data

❖ $Q : O^{T} = 1:1 (8 \text{ w}, 8 \text{ m})$

❖ Age:

- 40-50 years: 8x
- 50-60 years: 7x
- o 60-70 years: 1x
- Duration of work in outpatient care:
 - Ø 17 years, (4 42 years)
- Modes of working:
 - 14x self-employed, 2x salaried
 - 6x single practice, 10 x cooperative







Code system

4 16 thematic main categories





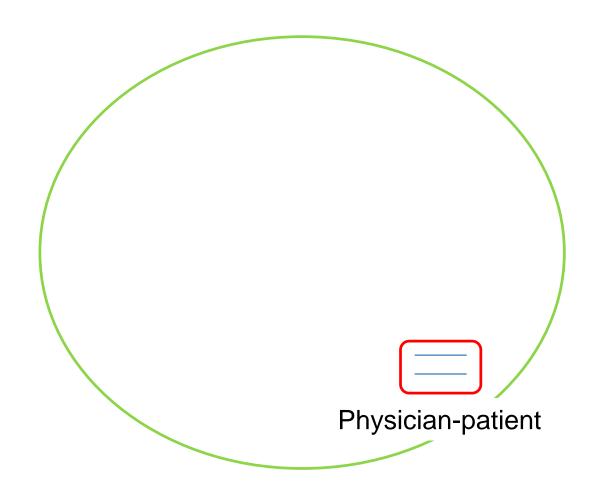




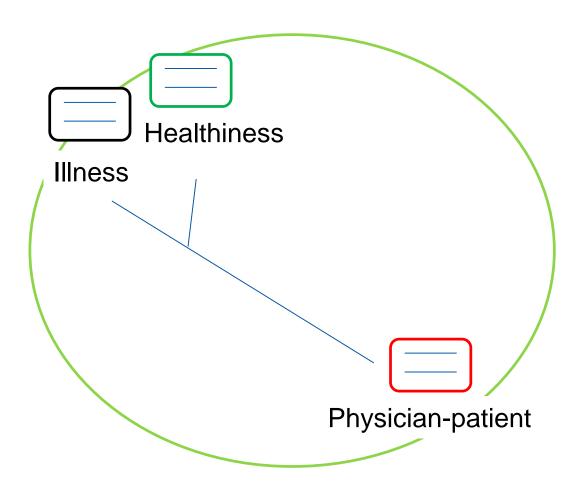




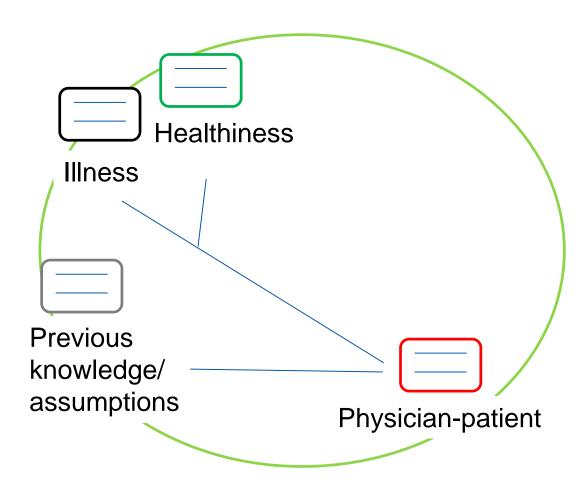




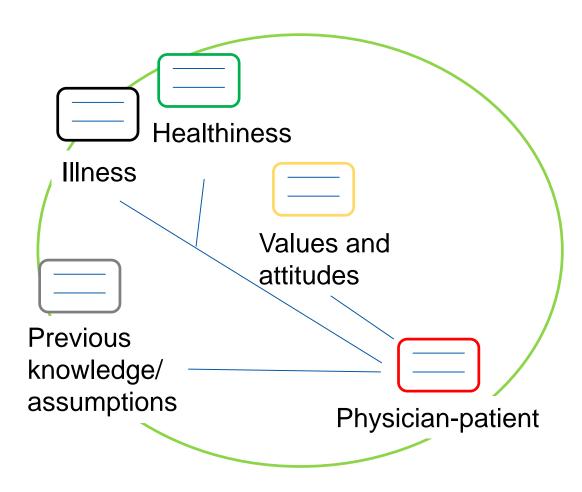




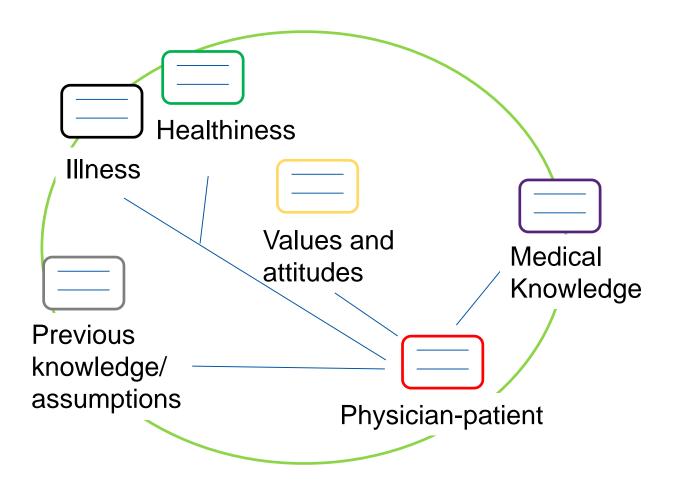




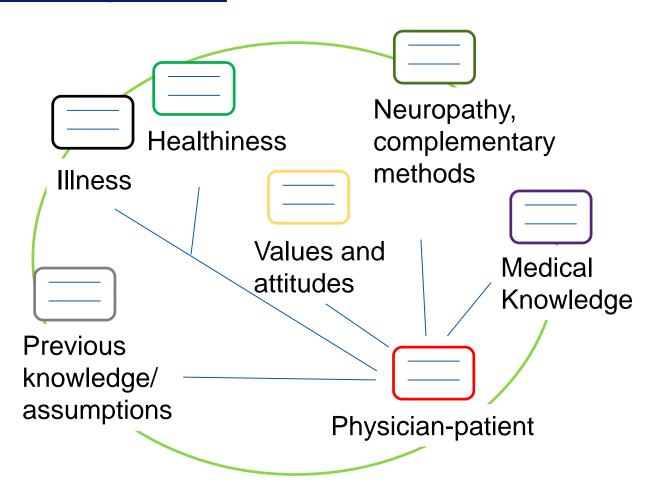




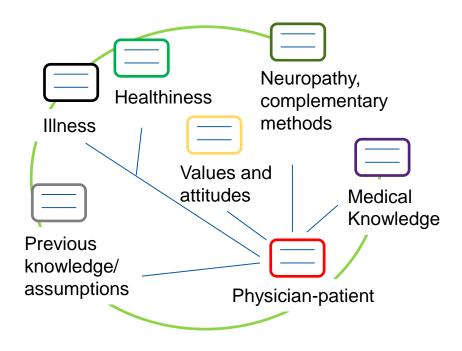




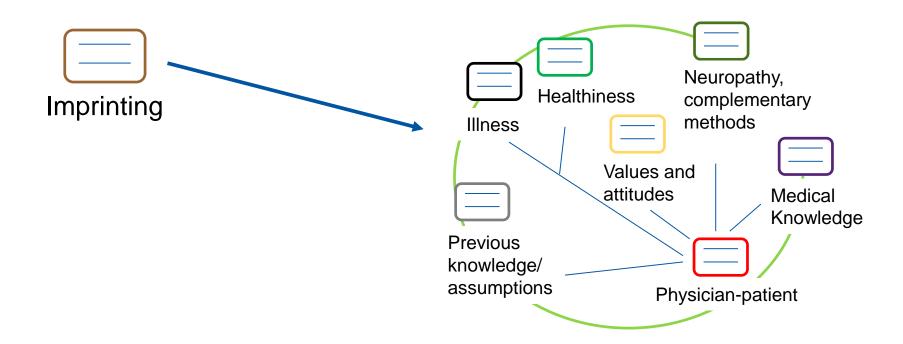




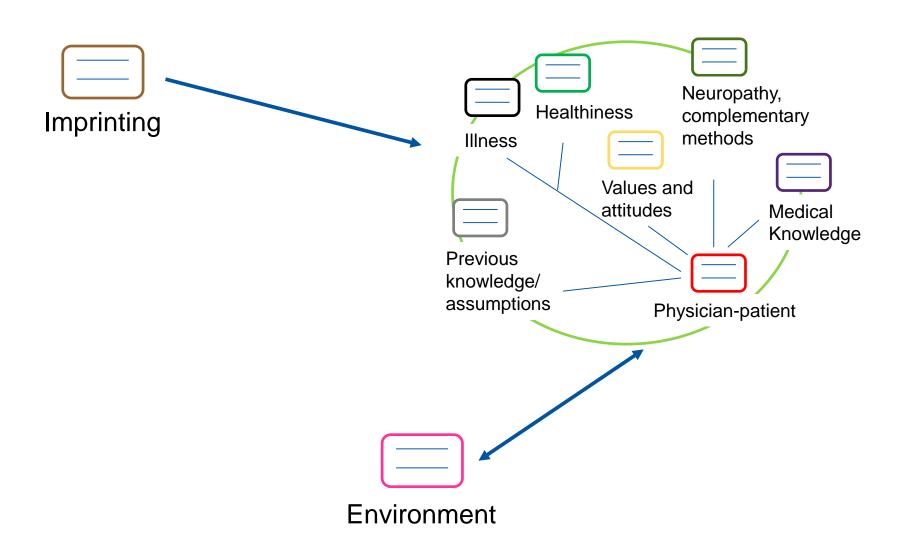






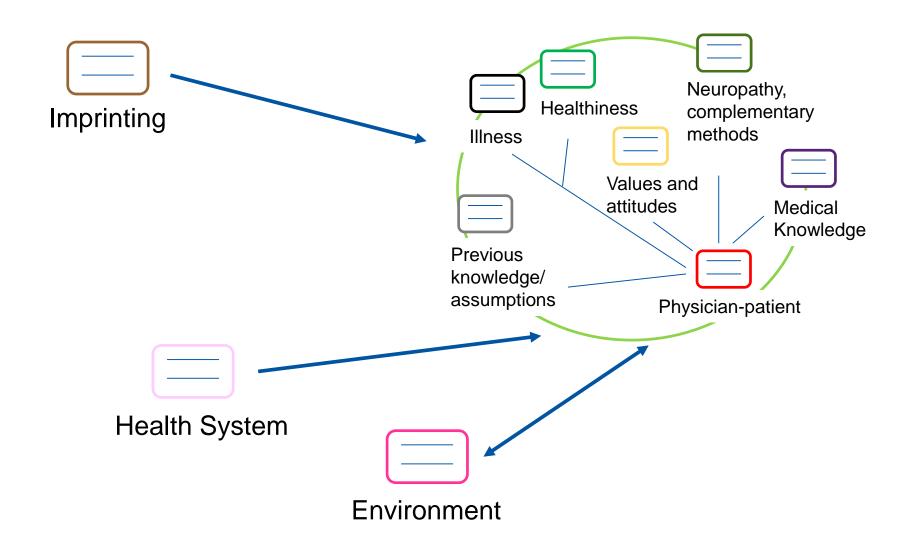


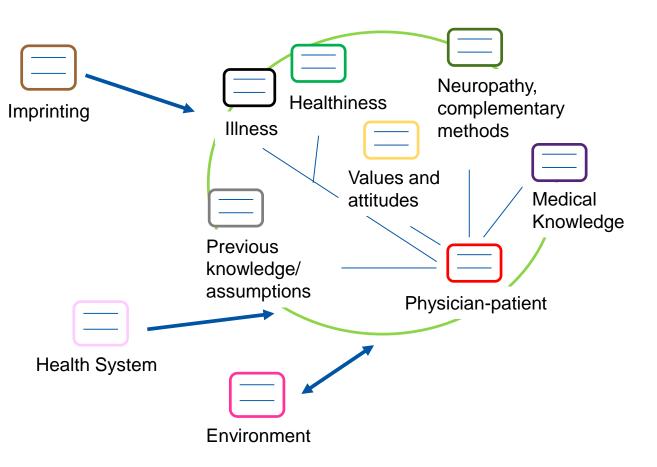




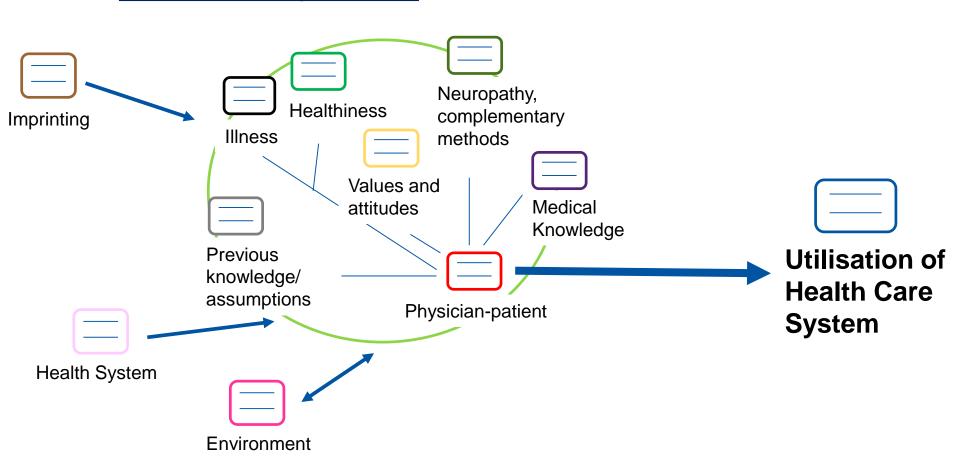






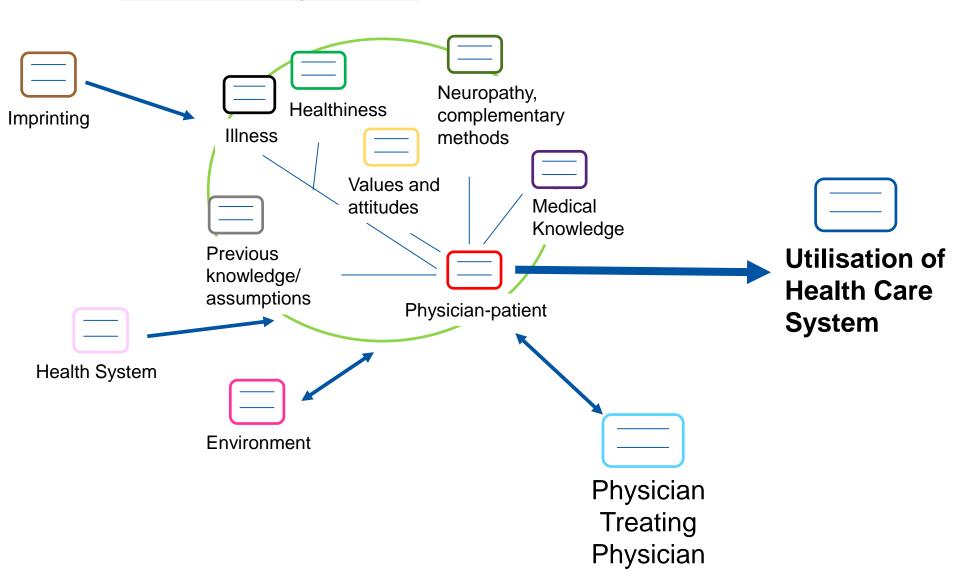


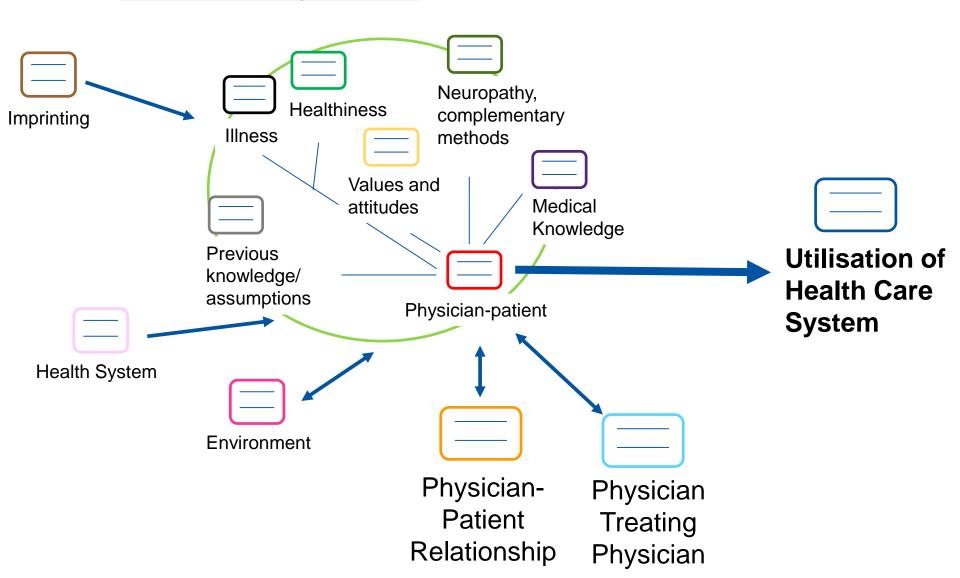




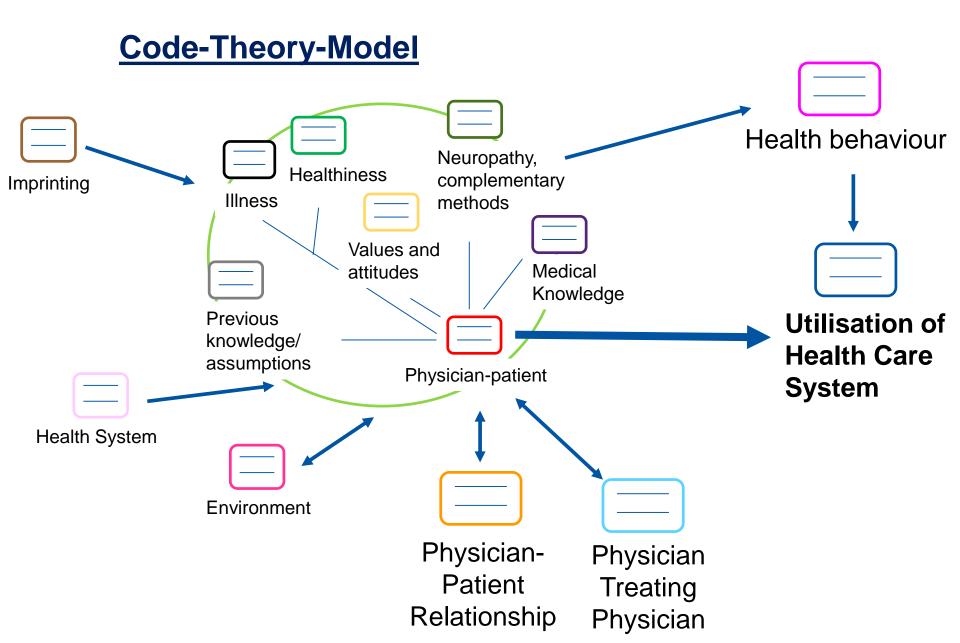


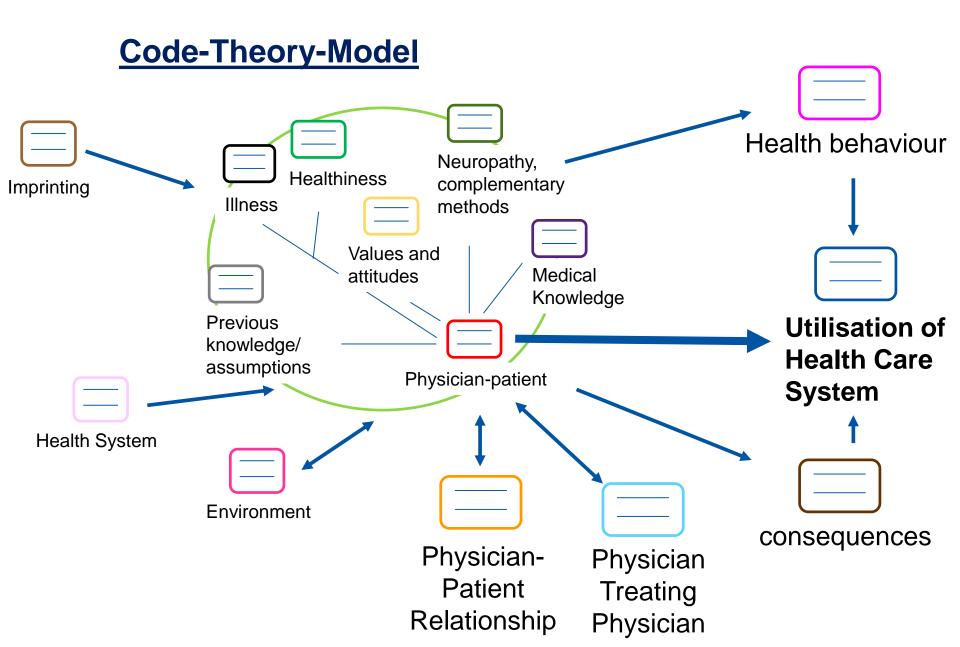


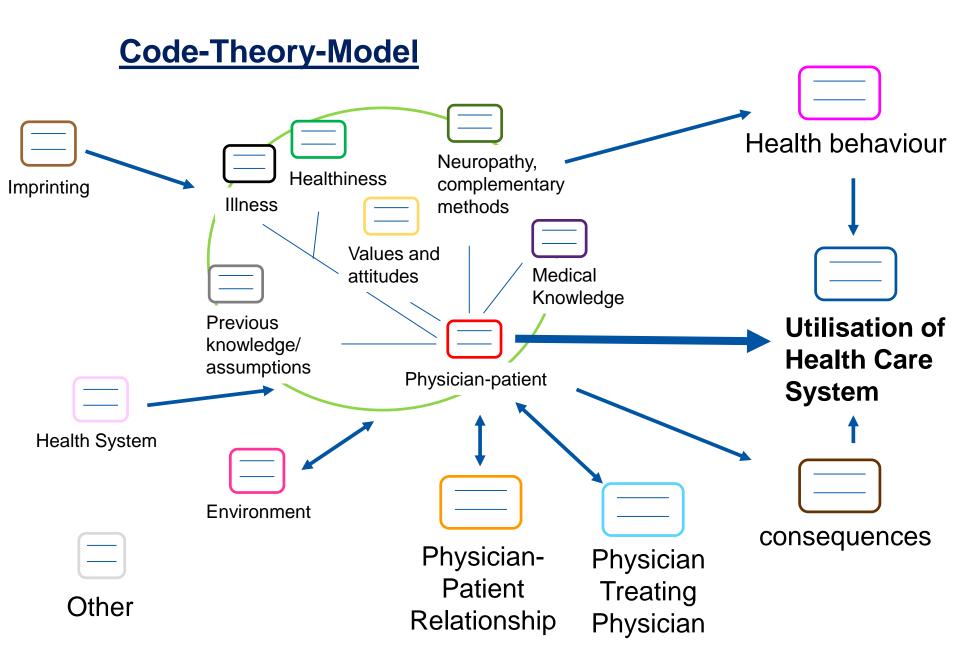
















Code	Beneficial for Health care utilisation	Obstructive for Health care utilisation
Medical Knowledge "There	Raised need for clarification I thought: "Now you need for clarification	
77.113	you n	night have a





Code	Beneficial for Health care utilisation	Obstructive for Health care utilisation
Medical Knowledge	Raised need for clarification	Fear of certain medical tests medical tests rests that are painful and are painful are painful and are painf
	So there are medical, it let [] that I wouldn't let	medical tests tests that are painful and tests

me." (1.09,A.23)







Code	Beneficial for Health care utilisation	Obstructive for Health care utilisation
Values and attitudes **,I too the	Own health responsibility think, one has a certain and if not have family.	nin responsibility ot towards himself (I.13, A.300)







Code	Beneficial for Health care utilisation	Obstructive for Health care utilisation
Values and attitudes	Own health responsibility	❖ Very high work ethic O to Work
"I anyway go to work "ver!" (I.01, A.325)		





- Complex spectrum of factors influencing health care utilisation of German GP's
- Most factors are in line with known barriers





- ➤ We found no distinct obstructive or beneficial factors but beneficial and obstructive aspects of these factors
- A deeper analysis of these factors and aspects seems worthy





Some factors are normal part of the health care seeking process for all people

➤ Some factors (knowledge, imprinting,...) may be of particular relevance for physicians







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