“Health care utilisation of General Practitioners – a qualitative study”

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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
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.
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

Methods

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 transcription of the interviews

➢ Qualitative content analysis according to Kuckartz
  ➢ Development of a code-system with an inductive-deductive method
  ➢ Development of a code-theory-model (conceptual map)
  ➢ In-depth analysis of the code health care utilisation
Sociodemographic data

- $\varphi : \sigma = 1:1$ (8 w, 8 m)

- Age:
  - 40-50 years: 8x
  - 50-60 years: 7x
  - 60-70 years: 1x

- Duration of work in outpatient care:
  - $\bar{\Omega}$ 17 years, (4 - 42 years)

- Modes of working:
  - 14x self-employed, 2x salaried
  - 6x single practice, 10x cooperative
Code system

- 16 thematic main categories

Code-Theory-Model
Code-Theory-Model

Physician-patient
Code-Theory-Model

Physician-patient
Code-Theory-Model

Illness

Healthiness

Physician-patient
Code-Theory-Model

Healthiness

Illness

Previous knowledge/assumptions

Physician-patient

Results
Code-Theory-Model

- Illness
- Previous knowledge/assumptions
- Values and attitudes
- Physician-patient
- Healthiness

Results
Code-Theory-Model

- Illness
- Healthiness
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- Physician-patient
- Medical Knowledge

Results
Code-Theory-Model

Illness

Healthiness

Neuropathy, complementary methods

Values and attitudes

Previous knowledge/assumptions

Medical Knowledge

Physician-patient

Results
Results

Code-Theory-Model

- Illness
- Previous knowledge/assumptions
- Values and attitudes
- Healthiness
- Neuropathy, complementary methods
- Medical Knowledge
- Physician-patient

Medical Knowledge
Code-Theory-Model

Results
Code-Theory-Model

- Imprinting
- Health System
- Environment

- Illness
- Healthiness
- Values and attitudes
- Previous knowledge/assumptions
- Physician-patient

- Neuropathy, complementary methods
- Medical Knowledge
- Results
Code-Theory-Model
Code-Theory-Model

Results

Utilisation of Health Care System
Code-Theory-Model

- Imprinting
- Health System
- Environment
- Illness
- Healthiness
- Medical Knowledge
- Values and attitudes
- Previous knowledge/assumptions
- Physician-patient
- Neuropathy, complementary methods

Utilisation of Health Care System

Physician-Treating Physician

Results
Code-Theory-Model

Results

Utilisation of Health Care System

Physician-Treating Physician

Physician-Patient Relationship

Environment

Previous knowledge/assumptions

Values and attitudes

Healthiness

Health System

Imprinting

Neuropathy, complementary methods

Medical Knowledge

Values and attitudes

Physician-patient

Results
Code-Theory-Model

Results

Health behaviour

Utilisation of Health Care System
Code-Theory-Model

- Imprinting
- Health System
- Illness
- Previous knowledge/assumptions
- Environment
- Healthiness
- Values and attitudes
- Medical Knowledge
- Physician-patient
- Physician-Patient Relationship
- Physician Treating Physician
- Utilisation of Health Care System
- Results
- Health behaviour
- Consequences
- Other
In-depth analysis of the code health care utilisation

<table>
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<tr>
<th>Code</th>
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<th>Obstructive for Health care utilisation</th>
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<tbody>
<tr>
<td>Medical Knowledge</td>
<td>❖ Raised need for clarification</td>
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"There I thought: „Now you might have cancer."
In-depth analysis of the code health care utilisation

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<td>Medical Knowledge</td>
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<td>❖ Fear of certain medical tests</td>
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“So there are medical tests that are painful and [...] that I wouldn’t let someone else do it on me.” (I.09.A.23)
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<td>❖ Own health responsibility</td>
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❖ “I think, one has a certain responsibility towards himself and if not towards himself then towards his family.” (l.13, A.300)
In-depth analysis of the code health care utilisation

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<td>❖ Own health responsibility</td>
<td>❖ Very high work ethic</td>
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„I anyway go to work ever!“ (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 seem 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
Participating researchers

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