

Menzies Centre for  
**Health  
Policy**



# Perceptions of economic hardship and implications for illness management: a survey of general practitioners in western Sydney.

January 2011

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ISBN 978-0-9807442-5-5

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# Abstract

## Objective

To understand the options available to general practitioners (GPs) to help patients experiencing economic hardship to manage their illnesses and the implications of these findings for policy.

## Method

Cross-sectional survey of 134 GPs practising within the WentWest Division of General Practice and Blue Mountains GP Network in NSW.

## Results

Most general practitioners in our survey encountered patients whom they perceived to be experiencing economic hardship. Of the 134 responses received (21% response rate), 123 (92%) GPs reported treating patients who found it difficult to afford health care; and 86 (64%) GPs estimated that some of these patients had: (1) deterioration in their health; (2) been admitted to hospital as a consequence of failure to take prescribed medicines; or, rarely, (3) died, as a result of failure to take prescribed medicines. The GPs usually learnt about their patients' financial difficulties because patients: told them; asked for their consultations to be bulk-billed; or were reluctant to take medications or to see specialists because of cost. The GPs most often offered these patients bulk billed services, drug sample packs or a change to a more affordable treatment regimen.

## Conclusion and Implication

GPs have limited options available to them to assist patients experiencing economic hardship. A policy response should ensure that co-payments for medications and medical care do not block access to necessary prescription medicines or services.

*Keywords: general practice, prescription medicines, economic hardship, chronic illness, health policy*

# Introduction

Socioeconomic status contributes strongly to differences in health status [1, 2]. Disadvantaged Australians make less use of preventive health services and higher use of hospital emergency departments; and have shorter lives, higher levels of risk factors for chronic disease and lower overall health status [3, 1].

For people managing chronic illness, economic hardship forces choices to be made between basic living expenses and health care, especially prescribed medicines. If they decide not to have prescriptions filled, their illness may get worse, leading to an otherwise avoidable hospital admission [4].

Current financial assistance for medical services through the Medicare Benefits Schedule and essential medicines, via the Pharmaceutical Benefits Scheme (PBS) in Australia is inadequate to meet the needs of all sick people concurrently experiencing financial stress. Despite the universal coverage of Medicare, free public hospital care and subsidisation of prescription medicines available through the PBS, Australians face some of the highest co-payments for health care within Organisation for Economic Co-operation and Development (OECD) countries [5]. These co-payments have been rising as a proportion of total medical costs faster in Australia than in any comparator countries in the past ten years. The adequacy of Medicare and the PBS has been progressively eroded.

The present study aimed to understand the options available to general practitioners (GPs) practising in Western Sydney to help patients experiencing economic hardship to manage their illnesses and the implications of these findings for policy.

## Methods

During January-March 2010, we surveyed GPs working in the WentWest Division of General Practice (DGP) and Blue Mountains GP Network areas. The WentWest DGP and the Blue Mountains GP Network include 567 GPs within 206 practices and 67 GPs within 23 practices respectively [6, 7]. We asked GPs whether any of their patients had: (1) experienced deterioration in their health; (2) been admitted to hospital; or (3) died prematurely, as a consequence of failure to take their medicines as prescribed because of cost. We asked whether or not the GPs thought that this problem – of prohibitive costs to some – had improved, deteriorated or remained the same in the preceding 12 months. We also asked GPs how they become aware of a patient's financial situation and whether they offered these patients: bulk billing; delayed payment; greater use of generic medicines; a change in treatment regimen; drug sample packs; or a referral to a social welfare/assistance agency.

Survey participants were recruited by mailing the survey instrument, and emailing a link to an identical online survey instrument plus an emailed reminder two weeks later to all GPs within the WentWest DGP (n = 567); and emailing a link to the online survey only (plus an emailed reminder two weeks later), to all GPs within the Blue Mountains GP Network (n = 67). A written or electronic response to the survey was taken as consent to participate in the study, and all survey responses were included in the study. Written responses were analysed using qualitative content analysis [8]. Ethics approval was granted by the University of Sydney Human Research Ethics Committee and the Sydney West Area Health Service Human Research Ethics Committee.

# Results

The survey was conducted between January and March 2010. We received 134 responses (21% response rate) to the survey (117 via standard post and 17 via the online survey). It is possible that respondents were a special group, perhaps more aware of the impact of adverse economic circumstances on patients' medical care than non-respondents. However, we received responses from GPs practising in 24 of 33 postcodes within the WentWest DGP and Blue Mountains GP Network areas.

Of those GPs who responded, 123 (92%) reported encountering patients who experienced difficulty in paying their medical bills or purchasing their prescription medicines. Patients reported as most likely to experience difficulty in paying their medical bills or purchasing their prescription medicines included the chronically ill, self-funded retirees, and families with children. A small group of GPs (3/123, 2%) thought this problem had diminished in the past year following the introduction of the QUMAX (Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People) Program in November 2008 through which PBS prescriptions for Indigenous Australians are further subsidised. Most GPs, however, thought that the problem had grown worse. Eighty-six (64%) GPs estimated that at least some of their patients had either: (1) deteriorated in health, (2) been admitted to hospital; or (3) died, as a consequence of failure to take their medicines as prescribed because of cost.

GPs usually became aware that their patients were experiencing economic hardship because patients told them, asked for their consultations to be bulk-billed, or were reluctant to take medications or to see specialists. Of the actions taken by GPs to help their patients, GPs most commonly offered them: (1) bulk-billed consultations and referrals to bulk-billing specialists; (2) drug sample packs; or (3) a change in medication regime (for example, prescribing combination or generic medications where possible). Less commonly, GPs prioritised medications for their patients; offered a referral to a social welfare or assistance agency; or gave their patients money to purchase essential prescription medicines.

Content analysis identified two principal themes in the GPs' responses - the detrimental effect on the health of their patients of the cost of medicines and the lack of affordable access to specialist care because of co-payments.

*When referred to a specialist [patients] delay seeing them. If people had better access to primary care and specialist care, the aggravation of health that we see regularly would reduce.*

- GP (postcode NSW 2147)

Several GPs commented on the cost of over-the-counter preparations, expressing concerns about their efficacy and appropriateness and lamenting the lack of health literacy that they often encountered in their patients that made the economic impediments to care even worse.

*Despite neglecting their prescribed medications, there are a proportion of patients who are wasting their financial resources on unproven over-the-counter preparations.*

- GP (postcode NSW 2148)

# Discussion

Key findings of our survey were that 92% respondents reported that at least some of their patients experienced financial difficulty in paying for health care, and 64% estimated that this had impacted on their health outcomes. Our response rate of 21%, while not unusual for a survey of general practitioners, seriously limits generalisation [9]. Nevertheless, cost is a barrier to health care and good health outcomes in the survey region. The responding GPs used various strategies to mitigate this problem, and these are discussed further below.

The 2009 Commonwealth Fund International Health Policy Survey reported doctors' perceptions of barriers to care in 11 countries. The Australian GPs (n = 1,016) reported that their patients experienced difficulty paying for medications and other out-of-pocket costs 23% of the time [10]. The present study underscores this finding, and those of the 2008 Commonwealth Fund Survey of patients. The Australian patients (n = 593) reported cost-related problems of access to physicians, filling prescriptions, or getting recommended tests, treatments, or follow-up 36% of the time [11].

Patients feel able to talk to their GP about their financial difficulties and GPs are often responsive; however, the options available to GPs in helping patients manage their illness are limited. Most commonly, GPs offered their patients: bulk-billed consultations and referrals to bulk-billing specialists; drug samples; or a change to a more affordable treatment regimen. The direct dispensing of sample packs raises a number of concerns about the quality use of medicines, particularly if drug samples are supplied to patients with limited labelling and instructions about dosage, administration, storage and possible adverse effects [12]. Furthermore, direct dispensing of sample packs is not a sustainable policy for achieving adherence to otherwise unaffordable medicines required regularly over years for chronic illness.

Australia invests heavily in the management of chronic illness; including investment in primary care, prescription medicines and hospital-based services. A policy response is needed, perhaps analogous to the Closing the Gap PBS co-payment measure (which commenced on 1 July 2010 and supersedes the QUMAX program), for groups such as the chronically ill and self-funded retirees. This will help to ensure that co-payments do not reduce utilisation of necessary prescription medicines, thereby decreasing the clinical effectiveness and increasing the overall cost of chronic disease management.

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