

General Practice Compliance Costs Quantitative Project: Pilot Stage - *Topline Report* -

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1. BACKGROUND AND RESEARCH OBJECTIVES

For some time Australian general practitioners (GPs) have expressed concerns about the increasing burden on them arising from paperwork and other government requirements. As such, the Commonwealth Government asked the Productivity Commission to provide an independent assessment of GPs' compliance costs associated with Commonwealth programs in particular, and to advise on ways to reduce these costs.

The Productivity Commission decided to undertake a survey of GPs, as part of its research program, and have commissioned Millward Brown to execute it. Following a set of focus group discussions, a pilot survey was developed and administered. The overall objective of the pilot study was to understand the extent to which the methodology could be used in the proceeding main study. The specific terms of reference for the study overall included a set of Department of Health and Ageing, Centrelink and Department of Veteran's Affairs forms. Specific aims of the study generally, were to understand the time associated with the completion of these forms, along with their frustrations and difficulties. A further aim of the study was to gain some feedback on suggested means of reducing the perceived burdens.

This report will highlight the methodology associated with the pilot study along with its outcomes.

2. PILOT STUDY METHODOLOGY

Millward Brown Australia initially sent a preliminary letter to 200 GPs. The letter explained the upcoming project and highlighted that the respondents 'may' be contacted. The GPs were stratified as follows: n=100 from capital cities, n=40 from other metropolitan areas and n=60 from rural and remote areas. These sample sizes were proportionate to the number of GPs practising throughout these regions.

A follow up phone call proceeded the letter. Via a 5 minute phone conversation, GPs were invited to participate in the study and were explained the methodology and importance in great detail. Those willing to participate were then sent the survey material through the mail. They were each sent some detailed instructions, along with a full questionnaire and a 7 day log book. Additional log books were sent to any other staff members of each GPs practice who were likely to be involved in the completion process of Commonwealth forms. To ensure that all participants were clear of the study requirements, a courtesy call was provided a couple of days prior to the survey period. While the questionnaire asked the doctors some general information about themselves and their practices, the log book asked the GPs and other staff members (if applicable) to record each time they completed one of a specific set of Commonwealth forms, as listed in Section 2.1. They were asked to record the time taken to complete the form. The information was collected over the telephone at the end of the 7 day survey period.

During the data collection phone call, GPs were not only asked to relay their full questionnaire and log book information, but were also asked some follow up questions for each of the forms they had completed over the log period. They had a further opportunity to provide information on other compliance activities of concern to them that had not been included in the terms of reference of this study.

In Appendix A, please find attached copies of the survey material. It includes a full questionnaire, log book, and data collection script.

2.1 Compliance Tasks Included in the Pilot Study's Terms of Reference

| <i>Form Title</i> | <i>Form Number</i> |
|---|----------------------|
| <u>Department of Health and Ageing</u> | |
| Australian Childhood Immunisation Register – Immunisation Encounter Header Form | IMMU-1 |
| Australian Childhood Immunisation Register – Immunisation encounter form | IMMU-2 |
| Australian Childhood Immunisation Register – Immunisation History | IMMU-13 |
| Australian Childhood Immunisation Register – Declaration of Vaccine Exemption due to Medical Contraindication | IMMU-11 |
| Australian Childhood Immunisation Register – Exemption from Vaccination Because of Conscientious Objection | IMMU-12 |
| Application for a Hearing Services Voucher for Adult Applicants | 2647 (0205) |
| Medical Practitioner Certification regarding Pre-existing Ailments | |
| <u>Centrelink</u> | |
| Treating Doctor's Report (for Disability Support Pension) | SA012 |
| Medical Review – Disability Support Pension (Treating Doctor's Report) | SA012R |
| Medical Review – Newstart/Youth Allowance (Treating Doctor's Report) | SU435 |
| Medical Certificate (for Newstart Allowance, Youth Allowance, and Sickness Allowance) | SU415 |
| Personal and Medical Review – Sickness Allowance (Treating Doctor's Report) | SU020 |
| Treating Doctor's Report for Mobility Allowance | MA002 |
| Mobility Allowance Review – Medical Report | MA002R |
| Medical Report for Carer Payment (where person being cared for is under 16 years) | SA333 |
| Treating Doctor's Report for Carer Allowance (where person being cared for is under 16 years) | SA333 |
| Health Professional Assessment for Carer Payment and/or Carer Allowance (where person being cared for is 16 years and over) | SA332 |
| <u>Department of Veterans' Affairs</u> | |
| Disability Pension Claim form | D2582 |
| Associated GARP forms: | |
| - Medical Impairment forms (for various conditions) | varied (eg CPSKNSYS) |
| - Diagnostic Report forms (for various conditions) | DR-A010–DR-A2004 |
| - Medical Report forms (for various conditions) | MR001–MR9277 |

3. SAMPLE COMPOSITION

For the Pilot Survey, the sample was drawn from the HIC's total (all Australian) population of GP/ location combinations (i.e 7 digit provider codes) who had:

- (a) A derived major specialty of VRGP or Non VRGP, and who provided
- (b) ≥ 100 non-referred attendance services in the most recent quarter.

We gained a list of 200 such provider codes selected randomly and de-duped on name but not address:

100 from capital cities,
40 from other metropolitan regions, and
60 from rural and remote locations.

together with their names, the practice location address, other contact details and any other readily available relevant information (e.g peer group and specialty code, LMO status, number of attendance and procedure services during the most recent quarter). Unfortunately we were unable to receive the 7 digit provider number.

Based on a single survey, estimates were to be obtained for both :

- (a) GPs , and
- (b) General Practice Locations.

By drawing a sample on the basis of 7 digit provider codes, it was possible to weight the results of the survey to both of these populations using probabilities based on the hypergeometric distribution. It was also possible to achieve reconciliations of the results of the survey with other data such as total attendances, total services, independently sourced compliance requirement data and their variations across regions of Australia.

4. RESPONSE RATE

The contact details of 200 GPs, as drawn from the HIC database, were provided to Millward Brown, as noted above. Upon viewing the sample attained, it appeared that a number of details were incomplete. As such, a process of checking the contact details of a random selection of the sample attained took place. The details of 139 GPs were checked, while the remaining 61 were not. Of those details checked, it was found that 69 GPs were rendered uncontactable. The main causes of this were missing or incorrect phone numbers and/or addresses. For some, when speaking to the practice listed, the receptionist recalled the GP in question working at the practice 3-4 years ago, however was not aware of their current whereabouts. Of the details of the further 70 GPs, 50 were correct in the original sample, while the remaining 20 were updated upon phone contact with the original number provided. Examples of updates included encounters where the address was originally incorrect, or the doctor had moved on and we were able to find out their new details.

The **overall response rate** to the study was as follows:

| | N= |
|---|------------|
| Recruited, Completed | 21 |
| Recruited, but Dropped Out During the Study Period | 5 |
| Unavailable | 37 |
| Refused | 47 |
| Incorrect contact details | 90 |
| TOTAL | 200 |

Base: Original Sample of N=200 GPs drawn from the HIC database.

5. DATA OUTPUT

The data attained from the 21 respondents was of high quality in the main, however the frequency with which the participating GPs completed the specified Department of Health and Ageing, Centrelink, and Department of Veteran's Affairs forms was limited. As such, the quantity of information attained was lacking. There were some forms which were completed fairly frequently, including The Australian Childhood Immunisation Register — Immunisation Encounter Form (IMMU-2) and the Treating Doctor's Report (for Disability Support Pension) (SA012). However, there were a large number of other forms which were not completed by any of the participating GPs over the survey period. Appendix A illustrates the number of GPs who completed at least one of each form over the one week survey period. It also illustrates the total number of times each form was completed over the survey period. This table excludes the forms which were not completed at all.

The study has proven limited in its ability to convey a true understanding of the time taken to complete each form. While each GP was asked to record the amount of time taken to complete each form, there was limited room for the understanding of the composition of this time. There are also numerous circumstances which can impact on the time taken to complete any given form, for example, the number of conditions for which the GP is completing the Treating Doctor's Report, and for this same form, whether or not the patient is a new patient. As such, each time, the same form is completed, it may take a different time. While if a significant sample size for each form had been attained, an average could be taken, in this study's circumstances the sample size achieved was not large enough for such a calculation.

It must be noted that the qualitative findings associated with the Pilot Study should also be analysed with caution, and should be viewed as indicative only. This is due to the small sample size associated with this study.

Qualitative findings of the Pilot Study suggest that there is a substantial burden associated with the completion of Centrelink forms overall. Numerous frustrations and difficulties have been raised. The detail and consequent time associated with a number of the forms, along with the pressure felt by GPs to complete the form in the way that provides the patient with the outcome they had hoped for were commonly cited.

A further frustration centered on the repetition associated with the forms, especially where the GPs are asked to re-complete the forms after a specific time frame where the condition has not changed at all. One respondent also noted the repetition across forms. It was suggested that the information provided for each of the Centrelink forms should be shared by the Department, to save the repetition of completion for the GPs.

Along with the need to reduce the detail, and consequent time associated with the completion of a number of the Centrelink forms, the administration of an electronic alternative to the hard copy reports was raised as a suggestion for change. Further suggestions to reduce the burden, included compensating GPs financially for the time taken to complete the forms, and ensuring that the transfer of information between Centrelink and the GP is treated confidentially. This is opposed to the patient bringing the form to the GP from Centrelink, and having access to the information. There was a further perception held by some that there should be a shift in the onus of responsibility associated with the Centrelink forms to a group of GPs empanelled by Centrelink.

Albeit based on feedback from a few GPs only, the Department of Health and Ageing Department's 'Medical Practitioner Certification regarding Pre-existing Ailments', was also seen as somewhat burdensome. This was in reference to the extent of research into the patient's medical history required to complete the form. It was once again suggested that perhaps Centrelink should have their own team of medical professionals assigned to assessing the cases independently.

The repetition associated with the Department of Veteran's Affairs forms included in the current study was cited as a concern.

6. CONCLUSIONS AND RECOMMENDATIONS

The accuracy of the GP contact details provided in the HIC database proved to be considerably lower than expected. Around 45% of the contact details, including either phone numbers, addresses or both, were inaccurate. With the HIC database recommended as the most effective database of GP contact details, this was extremely disappointing. The HIC database has thus been rendered inappropriate for the purposes of the main GP Compliance Cost study.

Furthermore the response rate amongst those who were contacted by Millward Brown for participation in the study was lower than expected, with 19% of live numbers being converted into a participating GP. Participation in the study appears to have been hindered by the growing exhaustion of medical professionals in market research, GPs lack of time to complete the requirements of the study, and the absence of an incentive as a reward for the GPs contribution.

As such, Millward Brown has recommended that the main GP Compliance Costs study be conducted utilising an alternate methodology to that undertaken during the Pilot Stage. This should include a reduced load expectation placed on the GPs, a reward for their participation, and a more accurate database from which to recruit participants.

APPENDIX A – FORMS ENCOUNTERED OVER SURVEY PERIOD

| | | <i>Number of GP Practices Completing Form Over Survey Period</i> | <i>Total Number of Times Form Completed Over Survey Period</i> |
|---|----------------------|--|--|
| <u>Department of Health and Ageing</u> | | | |
| Australian Childhood Immunisation Register – Immunisation Encounter Header Form | IMMU-1 | 3 | 12 |
| Australian Childhood Immunisation register — Immunisation Encounter Form | IMMU-2 | 12 | 52 |
| Application for a Hearing Services Voucher for Adult Applicants | 2647 (0205) | 4 | 11 |
| Medical Practitioner Certification regarding Pre-existing Ailments | | 2 | 7 |
| <u>Centrelink</u> | | | |
| Treating Doctor's Report (for Disability Support Pension) | SA012 | 10 | 17 |
| Medical Review — Disability Support Pension (Treating Doctor's Report) | SA012R | 6 | 7 |
| Medical Review — Newstart/Youth Allowance (Treating Doctor's Report) | SU435 | 1 | 3 |
| Medical Certificate (for Newstart Allowance, Youth Allowance, and Sickness Allowance) | SU415 | 8 | 22 |
| Personal and Medical Review — Sickness Allowance (Treating Doctor's Report) | SU020 | 3 | 5 |
| Treating Doctor's Report for Mobility Allowance | MA002 | 1 | 1 |
| Mobility Allowance Review — Medical Report | MA002R | 2 | 3 |
| Treating Doctor's Report for Carer Allowance (where person being cared for is under 16 years) | SA333 | 1 | 2 |
| Health Professional Assessment for Carer Payment and/or Carer Allowance (where person being cared for is 16 years and over) | SA332 | 2 | 4 |
| <u>Department of Veterans' Affairs</u> | | | |
| Disability Pension Claim form | D2582 | 1 | 1 |
| Associated GARP forms: | | | |
| - Medical Impairment forms (for various conditions) | varied (eg CPSKNSYS) | 1 | 1 |
| - Diagnostic Report forms (for various conditions) | DR-A010–DR-A2004 | 1 | 1 |

APPENDIX B – SURVEY MATERIAL

- 1. FULL QUESTIONNAIRE**
- 2. LOG BOOK SENT TO GP**
- 3. LOG BOOK SENT TO OTHER STAFF AT PRACTICE LOCATION**
- 4. DATA COLLECTION SCRIPT**