Consumer Behaviour

Background Information

Blue Moon - Stage I, This information was compiled from 27 consumer focus groups run in various centres; rural, urban and remote in each state during 2000.

- most people in the community have little understanding of how the health system operates: the different roles of the state and the Commonwealth in funding
- since the introduction of the medicare levy most people believe it should be or is a free health system: their contribution, in their eyes, sufficient.
- many are critical of access to general care and/or the hospital system - much of this criticism comes from people in regional and rural areas of Australia.
- Residents in regional, rural and remote areas claim there are more important issues to consider than after hours.
- Around 1/4 believe that after hours services are the medical services most in need of improvement.

High use consumers

- First time parents (various studies)
- usually relates to concerns of care giver and lack of knowledge re appropriate care
- there are some targeted studies that suggest parental education results in significant reductions in after hours calls (Greineder et al 1995, Grossman et al 1998)
- Young adults
- Females
- Previous lay training.
- Paradoxically people with lay medical training are more likely to access after hours care than those without (Veitch et al 1999).
- Cultural habits of service seeking.
- Unreasonable expectations of health system
- More often in high SES areas- anecdotal
- High demand for some individuals is a phase behaviour
- Individuals with a significant history of disease.

Poor Access of Services

- Lack of knowledge/acknowledgment of need
- Eg. stoical behaviour is most common in the over 50s (Blue Moon - stage I)
- Poor health education/ understanding
- Financial constraints
- 1% of consumers surveyed in Townsville in 1998 reported that financial constraints resulted in them not seeking after hours care (Veitch et al 1999).
- Other reasons for not seeking after hours care in this Townsville population included:
- accommodation 17% (did not feel the service could accommodate them)
- acceptability 12%
- accessibility 11%
- availability 4%

Suboptimal use of services

- Insufficient knowledge of available services
- never needed to find out
- poorly advertised service availability (recurrent finding)
- Campbell report (Australia wide), compiled from >1500 interviews during 2000 showed 51% of those who used an after hours service used hospital A&E, 31% a medical clinic, 10% received a home visit and 8% visited their usual clinic. Yet 36% said they would prefer to visit a medical clinic and only 1/4 said they would prefer to attend a hospital.
- Blue Moon 2000: 3/4 live near an emergency dept, most within 15 min drive;1/3 have access to an after hours clinic; Only 1/5 think they have access to a GP after hours

Suboptimal use of services continued

- Liaw & Young 1997 investigated why consumers who used A&E after hours did so rather than use available GP services. The main reasons were found to be
- Cultural expectation
- Language
- Lack of knowledge of alternatives
- Cost considerations

- Lack of availability of alternative choice.
- Particularly in areas of poor SES where there is often difficulty attracting doctors in hour let alone after hours, however access to GP/GP clinics alone does not necessarily reduce the demand on A&Es.

Other factors influencing choice of service

- Reluctance to access their own GP
- One consumer surveys has shown a general tendency to go to Medical Clinics for minor issues but to try and contact their own GP when the problem is considered more serious (Townsville 1997).
- Others have shown a general reluctance to disturb their own GP (Sherbrook- Pakenham 1997)
- Distance/availability of transport
- Availability of telephone
- Waiting times
- Cost
- Attending doctors knowledge of the patient
- Previous experience
- Cost

Cost considerations

- Few believed there should be a gap and those who generally visit bulk billing clinics are vehemently against it (Blue Moon)
- Consumer focus groups in the Dandenong Division region revealed most of the participating members would be willing to pay a $25 gap for after hours primary medical care services.
- Other anecdotal evidence suggests that there is a drop off in use of services when the gap is above $20 - $25.

Education/ Information

- Information campaigns aimed at consumers and GPs are called for- stakeholder submissions - Blue Moon)
- Educating carers of children presenting with non-urgent complaints, to a paediatric A&E in OHIO, about the importance of primary care, reduced subsequent non-urgent presentations and resulted in marginal reductions in overall health care cost (Grossman et al 1998).
- The decision to seek care is an individual process that can not be reliably predicted by demographic characteristics. Broad scale community education aimed at reducing ‘inappropriate’ use of after hours services would need to find a balance between increasing knowledge for self care or minor conditions and emphasising the importance for being alert to signs and symptoms of life threatening conditions (Veitch et al 1999).

In Summary important consumer considerations in service planning and development

- What are the cultural habits of the consumers in your area? What services are being accessed and why?
- Are there ways of shaping demand as well as supply in your area?
- Addressing the issues mentioned above how can you ensure that the service is most accessible and how can you ensure the most appropriate use of the service.
- How will you let the population know that the service is there and how to access it

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