

Mediterranean Institute of Primary Care Patient Questionnaire 2009

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Summary

This is a study of the knowledge and attitudes of the Maltese population towards primary health care and family doctors, and health care reform. It was performed with a Maltese questionnaire tool designed by an expert group of family doctors. The response rate was 91%. It has found clear trends of good knowledge of the role of the family doctor, and very positive attitudes towards doctors performing this role.

Key facts discovered include:

- An absolute majority of respondents (94%) are familiar with the concept of the family doctor
- Most people in Malta tend to see a family doctor in the previous year (nearly 90%), and in 80% of cases their choice is a private family doctor
- Only 4% of respondents consider a government health centre as their provider of first choice
- Most respondents have only one family doctor, and the duration of the relationship was five years or more
- Most respondents (nearly 80%) would want to be registered with one family doctor
- Most of those who want to be registered with a family doctor (61.2%) want him or her to have a gatekeeper role for specialist care
- There is clearly excellent satisfaction with family doctor care, fees and accessibility
- Only a minority of respondents want major system change, with more than 80% opting to either go entirely for a fee-for-service system, or for the current (hybrid, two-tier system) to be maintained
- Those reporting that they had health problems were more likely to report seeing their family doctor in the last three months, confirming the good accessibility of his/her care to people with health care problems
- Understandably, those with health problems were less likely to report being very satisfied with family doctor fees, even though the majority (two thirds) of sufferers were still satisfied or very satisfied with family doctor fees
- Expectations of care from the family doctor were high, including provision of excellent services, even out-of-hours, and being an advocate for the patient
- Respondents expect to be given adequate time for exploration of their problems and dislike being rushed.
- Respondents identified problems with the current health care system, including accessibility, waiting times, lack of personalised care, quality of service
- Suggestions to address the problems included improving accessibility, especially out-of-hours, expanding community primary care services such as the "Pharmacy of your choice" scheme and the health centres, introducing patient registration and complete medical records, more information about health service availability, and harmonisation of fees with discounts for special groups
- In general there were few major geographical trends, with much agreement between respondents from various areas. However, respondents in the South were more open to system change, and were less likely to have only one family doctor or agree with the gatekeeper role, but still the majority of respondents from the South would prefer a system with one family doctor, and are satisfied with his/her care, fees and accessibility

Conclusions

There is a special, long-term relationship between the majority of Maltese and one private family doctor of their choice, which they want to preserve. The surprisingly low prevalence of Maltese who choose a health centre doctor as their first choice for primary care provision, even when this is available free of charge and provides good out-of-hours cover, reflects high patient expectations which cannot be met by the current health centre system, due to poor continuity of care which is a barrier for quality medical care. It seems that registering with one family doctor, rather than seeing different doctors, is a strong positive choice by the majority of Maltese.

The Maltese are *highly satisfied* with current family doctor care, including fees and quality of care. This system should not be radically changed, but rather supported and strengthened.

It seems that many patients have very high expectations for accessibility, including out-of-hours care, and that these expectations are still not met even by using various options for care combined (including more than one family doctor, and both a private family doctor and services at the health centres). In fact, *respondents with one family doctor were relatively more satisfied with doctor accessibility.* Respondents who use the services of more than one family doctor do this mostly because of accessibility issues, but evidently this need still remains unsatisfied.

There is an openness to change, mixed with a resistance to major change. The impact that patient registration with a group, rather than one family doctor, would have on the long-standing relationships between patients and their family doctors is a real danger, and patients are not ready to accept the loss of this relationship. Any plans to introduce registration with groups of family doctors should be carefully designed to mitigate any such harmful effects, by ensuring that patients *are registered with one family doctor within a group*, as happens in other European countries.

It seems reasonable to assume that the use of health centres for out-of-hours care should be strengthened, as this is an issue which is of concern to respondents. However, the one-to-one relationship with a family doctor, is something that should be universally available, not only in private medical care. Information systems could support the transfer of information between doctors, and strengthen continuity of care, to allow the concept of a group practice to flourish and afford benefits of better organised and higher quality care to patients and doctors alike. However, patients should register with only one doctor, and that doctor should be identified to other providers as the key contact for medical care for that one patient, always involved in that person's care. Thus, the four pillars of primary care, first contact, continuity of care, comprehensive care and co-ordinated care will for the first time be available to all in Malta.

There is no doubt that such a system will improve the health of the Maltese population, and improve patient satisfaction whilst potentially cutting costs.

Introduction

There has been much recent discussion on the future of primary care in Malta, with strong commitment by the Government to reform of the current system. There has also been much healthy discussion on which primary health care systems perform better, and why. The Government publicly supports the introduction of patient registration system, and details of the proposed reforms are soon to be opened to public discussion.

The Mediterranean Institute of Primary Care (MIPC) has been active in these discussions, taking the role of informant to the stakeholders on the current state of the literature and on the attitudes of specialists in family medicine towards reform. MIPC has also participated in the development of proposals for a patient registration system.^{1,2}

However, it seems that currently, none of the stakeholders seem to have gauged public opinion scientifically. Which type of registration system do the Maltese want, if any at all? How do we expect it to be organised and supported, and with what resources? What do we expect from our family doctor? Which needs are being addressed by current systems, and which needs are not? Which systems would we prefer to see in place, and which would we not like to have at all?

These questions are often left unanswered; or alternatively, they are answered by stakeholders on behalf of the Maltese, without the necessary research to support these answers.

The MIPC believes that there is a need to study population knowledge of, and attitudes towards primary health care (PHC) and family medicine. A task force of experienced family doctors was thus set up and given the task to do this, along with limited funding. The group met regularly for some months from late 2008 to spring 2009, to design a questionnaire that would measure knowledge and attitudes towards PHC and the family doctor (FD), and which could be administered at a population level.

The instrument was designed within this group for this study. It included various questions, both closed and open, to capture data on demographic characteristics, knowledge and attitudes, needs and expectations. The instrument was piloted, and improved, before use. It could not be externally validated due to a lack of such data from Malta. It was translated into Maltese and administered to nearly 500 Maltese, via telephone (Appendix 1). The sample was designed to be representative of the Maltese population, and was stratified random.

The questions were asked by two medical students, authors GA and DF who generously gave their time to this project.

The research aims were:

1. To identify what the general public expects from family doctors;
2. To verify whether the general public is satisfied with the current PHC system (family doctor/health centres);
3. To learn about the changes, if any, the general public would like to see implemented in the current PHC system.

Methodology

The questionnaire instrument to investigate the attitude of the Maltese to PHC and its reform was designed through face-to-face and e-mail discussions amongst a small group of FD experts, each having specialised clinical, academic and/or research expertise. The questionnaire was designed to study knowledge of family medicine and PHC in Malta, and attitudes towards the FD, the system, and system change. The questionnaire and its accompanying explanatory letter were designed, piloted, and modified, and translated and cross-translated into Maltese from English. Author MB took the lead in designing the questionnaire.

The questionnaire included questions covering the respondent's demographics (sex, age, employment status, level of education, residence type and locality, and presence or absence of health problems). One question then measured the time since last visiting the FD, and for whom. A section followed which asked about respondent knowledge of what is the role of the FD, expectations, who do respondents consult when ill, and how, the number of personal FDs one consults, and the length of the relationship with a FD. Another section of questions measured respondent satisfaction with current medical care, accessibility and costs, and asked about attitudes towards system change. Respondents were asked to indicate their choice of a better system and continuity of care by one FD or more. Another section addressed payment for a FD service, asking about payment schemes.

The instrument was used to guide structured telephone interviews to a sample of 500 people, randomly selected from the telephone directory, in a stratified method which would allow for proportionate representation of towns, cities and villages in Malta and Gozo. The questions were asked by telephone in Maltese or English as appropriate (to respondent request), after inviting participation. It is attached to this report as Appendix 1.

Responses were coded by authors GA and DF, and analysed by author JKS using descriptive statistics and frequency tables, graphs and charts generated with SPSS version 13.³ Inferential statistical tests were performed using chi-square test for proportions and the independent t-test for comparing means in SPSS 13.0³ with a p-value of 0.01 (to adjust for multiple comparisons) taken to indicate that an inferential test is statistically significant, and with 95% confidence intervals (c.i.) for proportions calculated, where applicable, using special software (Confidence Interval Analysis, BMJ publishing group).⁴ The analysis of the open questions with qualitative methodology, i.e. thematic analysis of free text answers to open questions, was performed by author AM.

Results

Out of the 500 people telephoned, 454 (90.8%) accepted to be interviewed, and are hereby referred to as respondents.

Table 1 gives the distribution of respondents' characteristics as a set of frequency tables.

129 respondents (28.4% of valid responses) are males, and 325 females (71.6%). The age distribution is as per table 1 below. A majority of respondents, namely 273 (60.1%) were unemployed. Many of these were housewives, students, and pensioners who were at home at the time, and answered the phone. The distribution of educational attainment is as per table, with 47.8% of respondents having only attained primary or secondary levels, and 5 respondents (1.1%) never having attended school.

255 (58.6%) respondents were from the North of Malta, 145 (31.9%) from the South, and 43 from Gozo (9.5%). 352 (77.7%) respondents were married, 78 (17.2%) single. The distribution of the number of children per respondent household is as per table – 18.9% of respondent households with none, 71.0% having 2 or less. The respondent residence was most commonly a house (65.4%), a flat (20.4%), or a maisonette (11.5%) in that order.

Two thirds (62.7%) of respondents claimed that they had no current health problems, whilst 169 (37.3%) claimed that they did.

The distribution of respondents' location of residence is also given at the end of the set of tables in Table 1.

Table 2 lists respondents' knowledge and attitudes with respect to primary health care, in a set of frequency tables.

In two thirds of cases, respondents reported that they last visited their doctor less than 3 months previously (285, 62.9%); 88.1% saw their doctor at least once in the last year. Most saw the doctor for themselves (377, 85.9%), then for themselves and another (8.4%), with only 5.7% seeing the doctor for another person only.

Out of 453 respondents (1 did not answer), 427(94.3%) know what a "family doctor" is. For 79.7% (326 out of 409 valid, 95% confidence interval {c.i.} 75.5% to 83.3%) their choice of doctor is a private FD. Only 3.7% (15 out of 409 valid, 95% c.i. 2.2% to 6.0%) would consider a health centre as their first choice source of medical care, but 13.4% (55, 95% c.i. 10.5% to 17.1%) use various doctors as their first choice (mainly FDs and health centres together). Only 3 (0.7%) consider their first choice of doctor to be a medical specialist (non-FD), and therefore, for all intents and purposes, responses for "doctor" in the paragraphs above and below most probably refer to a FD.

When consulting, 29.7% of respondents go to the doctor at the clinic, but for 18.6% the doctor goes home. For most (51.7%), both choices are made on the basis of how sick they feel (98.2% of free text responses confirm this item choice).

Most respondents (377, **83.4%**, 95% c.i. 79.7% to 86.6%) had only one FD, and the relationship was most commonly (**74.9%**, 95% c.i. 70.7% to 78.7%) of a duration of 5 years or more.

Satisfaction with FD care is excellent, with 76.3% of respondents rating it as high or very high (40.3% and 36.1% respectively, 95% c.i. of total 72.2% to 80.0%). Only 6.2% are dissatisfied or very dissatisfied with their FD's care. Likewise, 88.9% are satisfied or very satisfied with their FDs' accessibility (95% c.i. 85.7% to 91.5%)

Almost two-thirds of respondents do not want system change (269 out of 452, **59.5%**, 95% ci 54.9% to 63.9%), 18.6% do not know, and only 21.9% say that they want system change (99 out of 452, 95% c.i. 18.3% to 25.9%). Most respondents (276, **61.2%** of valid responses) would prefer change, if any, to a system where they are registered with their FD and he/she has a gatekeeper function, whilst 16.6% would prefer registration with a FD who is not a gatekeeper. A minority (56, 12.4%) would prefer to have direct access to a specialist of their choice in a new system.

Nearly two thirds (268, **59.3%** out of 452 valid responses, 95% c.i. 54.7% to 63.7%) agree strongly with having only one FD, with 93.6% agreeing or agreeing strongly with this issue. Furthermore, two thirds of respondents (**68.8%** of valid responses, 95% c.i. 64.4% to 72.9%) are satisfied or strongly satisfied with the current doctors' fees

If a new system were to be introduced, most (45.3% of valid responses) would prefer a fee for service system, and the next choice (35.7%) would be to keep the current system of fees (which is very similar, except for the inclusion of the free health centre system). Few people (8.2% and 4.6% respectively) would choose a system with a service supported by a government or private insurance scheme.

Contrasts (not all have been tabulated): *this section lists chi-square tests of association, with an alpha value of less than or equal to 0.01 ($p \leq 0.01$) accepted as the threshold to reject the null hypothesis, in order to correct for multiple comparisons. Some differences which appear to depend on small numbers of respondents have also been ignored as considered to be of minor significance.*

The test enables one to identify groups where different proportions of respondents selected various items.

Statistically significant differences in proportions of respondents were found according to:

North/South/Gozo

For whom one consults the doctor: more consult "for me" in the North (90%) than on Gozo (82.9%) and in the South (79.3%).

Which doctor: more have a private FD in the North (87.4%) than on Gozo (73.5%) and in the South (69.0%).

One FD: more have one FD in the North (88.7%) and in the South (77.1%) than on Gozo (71.4%).

Satisfaction with care: more are "very satisfied" in the North (48.9%) and on Gozo (48.8%) than in the South (9.0%), and the proportion of those who are satisfied or very satisfied in the North and Gozo is about 80%, whilst in the South it is about 2/3 (66%).

Accessibility: more are "very satisfied" in the North (62.9%) and on Gozo (65.1%) than in the South (16.6%), but still the proportion of those satisfied or very satisfied in the South is 80%.

System change: more want system change in the South (30.3%, as against 18.5% in the North and 14.3% on Gozo) but still they constitute a minority of respondents

System choice: more respondents want a system with FD registration and gatekeeper function in the

North (71.9%) and on Gozo (65.1%) than in the South (40.7%), but it is always the most popular choice in all cases.

System with one FD: more in the North agree strongly with having one FD (76.9%) than on Gozo (65.1%) and in the South (25.5%). In the South, however, most (91%) still agree or agree strongly with one FD.

Doctor fee: more are very satisfied in the North (37.1%) and Gozo (32.6%) as against in the South (4.8%). However, a majority in the South (61.2%) are satisfied or very satisfied with doctors' fees.

New system: more in the North agree with the current system (45.1%), and less with a fee for service system (35.0%), as against the South (21.8%, and 59.2% respectively). Gozitan respondents had a similar pattern to the South with 28.9% preferring the current system, as against 57.9% a fee for service system. Most respondents want no change or a minimal change to a fee for service system only, with very few going for an insurance based system (largest proportion 9.2% in favour of a free service supported by Government insurance in the South).

Age and Sex

There were no significant differences with respect to item responses across different sex and age groups.

Employment status

How one consults a doctor: unemployed respondents go to doctor's clinic proportionately less often (23.5%) than employed (39.1%) respondents.

Education

What is a FD: a significantly higher proportion of those who only achieved primary and secondary levels of education (10.8% and 5.1% respectively) and who responded "not applicable" (mostly illiterate, 40.0%) state that they do not know what is a FD

Civil status

Satisfaction with MD care: statistically significant tendency for separated and divorced respondents to be generally less satisfied, but based on small numbers of respondents.

Residence

How long FD: those with "other residence" tend to have a shorter relationship with their FD, but this is based on small numbers.

Health problems

Last FD visit: those with self-reported health problems were more likely to report seeing their doctor in the last three months (82.8%) as against those without health problems (50.9%), as expected.

Satisfaction with MD fee: those with health problems were less likely to report being very satisfied with their doctor's fee (19.5% as against 30.1% in those without health problems). However two-thirds of respondents with health problems were satisfied or very satisfied with doctor fees.

Number of children

Satisfaction with MD fee: a statistically significant trend was observed for those with more children to be proportionately more satisfied with doctor fees

Table 3 lists tests of differences in means across groups (t-test for independent samples), with an alpha value of less than or equal to 0.01 ($p \leq 0.01$) accepted as the threshold to reject the null hypothesis, in order to correct for multiple comparisons

Two sets of one-way t-tests were performed on sub-groups of respondents.

With respect to “having one FD”, a comparison of average satisfaction scores on FD care, fees and accessibility between the two groups categorised as “having one FD” or not (two groups, yes or no) was performed: respondents *who do not have one FD* (as against those responding yes to this question) had a significantly ($p \leq 0.01$) lower mean satisfaction score for FD accessibility only (2.0 as against 1.6, higher score reflects lower satisfaction). However, 76% of those without one FD were still very satisfied (35.1%) or satisfied (41.9%) with FD accessibility, as against 91.5% (satisfied or very satisfied) of those with one FD.

With respect to “wanting system change”, a comparison of average satisfaction scores between those who want change as against those who responded in the negative shows a significant association ($p \leq 0.01$) with satisfaction with doctor care, accessibility and fees. Respondents *who want system change*, as against those who do not want change, tended to be less satisfied with doctor care (mean score 2.4 as against 1.7, higher score reflects lower satisfaction), doctor accessibility (2.0 as against 1.4) and doctor fees (2.3 as against 1.9). However, here again most of those (between 60 and 70%) who wanted system change were still satisfied or very satisfied with all three aspects of their care (care, accessibility and fees).

A chi-square test of preference for having one FD and the satisfaction with doctor care, accessibility and fees, in respondents who chose different options for system change, showed significant associations (not tabulated). Respondents who opted for a system of registration with one FD who had a gate-keeper role tended to be significantly ($p \leq 0.01$) more satisfied with doctor care, accessibility and fees.

Thematic analysis of free text responses

Thematic analysis of questions which included answers in free text was performed.

- 1) The respondents’ reported understanding of the term “Family Doctor” included terms which convey elements of:
 - First contact for health care
 - Trust
 - Easy Accessibility - at home and in the office
 - Personal and long term continuous care of self and family
 - Advocacy role

The above are in line with the core elements of “Primary Care” as outlined by the World Health Organisation and Barbara Starfield.^{5,6}

- 2) Participants expect the FD to act as the patient’s advocate as regards health problems and to give an excellent service based on:
 - Easy and timely accessibility at all times including public holidays and at night (on call basis)
 - Efficient professional confidential care – including listening and understanding, good and appropriate factual advice, guidance, treatment, and referral when needed
 - Appreciate continuity of care including follow up when in hospital
 - Gives priority to care of patients over financial matters
- 3) Respondents expect the FD to demonstrate professionalism, (mutual) respect, honesty, sincerity, and the ability to do the best so as to help patients and cure them of ill health. Respondents expect to be given adequate time for exploration of their problems and dislike being rushed.
- 4) Respondents who use the services of more than one FD do this mostly because of accessibility issues, but also because of financial issues and as a means of getting a second opinion.
- 5) Respondents have identified problems with the current health care system which include:
 - Accessibility – especially after-hours in case of private FD
 - Waiting times – for appointments; investigations especially in case of health centres and hospital
 - Lack of personalized services – health centres
 - Fee for service – quality of service depends on payment, and fees vary widely.
- 6) Suggestions to address the above included:
 - Better accessibility – especially for after-hour services.
 - Pharmacy of your choice to be expanded to all localities
 - Improvement of primary care services, especially health centres – to decrease need of secondary and tertiary care.
 - More staff available at health centres to give a better service.
 - Patient registration with doctor according to geographical areas.
 - Medical Records – to be kept and made accessible
 - Availability of health services to be advertised and communicated to patients
 - Fees – to be harmonized and reasonable; discounted for pensioners and needy

Discussion

This is a study of the knowledge and attitudes of the Maltese population towards primary health care and family doctors. It has found clear trends amongst a large stratified random population sample, with good knowledge of the role of the FD, and positive attitudes towards doctors performing this role.

It is very indicative that *most people in Malta tended to visit a FD in the last year (nearly 90%), and in 80% of cases their choice was a private FD. An absolute majority (94% of those questioned) know what a FD is.* The surprisingly low prevalence of Maltese who choose a polyclinic as their first choice of FD provision reflects the current state of poor continuity of care in the government health centre system. Continuity of care seemed to be highly valued by respondents, and this would be improved with the introduction of registration.

Most respondents have only one FD, and the duration of the relationship was five years or more. The impact of patient registration with a group, rather than registration with one FD, on this long-standing relationship is quite possibly negative. Any plans to introduce registration with groups of FDs should be carefully designed to mitigate any such negative effects, by ensuring that patients *are registered with one FD within a group*, as in other European countries. *Most respondents (nearly 80%) would want to be registered with one FD*, with most of these (61.2%) also wanting the FD to have a gatekeeper role for specialist care, as is currently the case.

We found excellent satisfaction with FD care, fees and accessibility. This means that there will be a resistance to change, if any of these factors are affected. *In fact, only a minority of respondents do want system change, more than 80% of respondents opt to either go entirely for a fee-for-service system, or for the current (hybrid, two-tier system) to be maintained.* Only a small minority of the Maltese would opt for an insurance-based system. This is also congruent with the respondents' high satisfaction with doctors' fees, which could rise in such a system. Respondents who want system change tend to be in general slightly less satisfied with FD care, accessibility and fees, but even then the majority are still satisfied or very satisfied, nonetheless. Respondents who opted for a system with one registered FD who had a gatekeeper role (majority choice), tended to be slightly more satisfied with their current FD care, accessibility and fees.

Respondents in the South were more open to system change, and were less likely to receive care from only one FD. Respondents from the South were also less likely to want a FD gatekeeper. However, the majority of respondents from the South would still prefer a system with one FD, and are satisfied with FD care, fees and accessibility. In the North, more respondents were in favour of the current FD system, whilst in the South proportionately more were in favour of a fee-for-service system as against the current (hybrid) system.

Those reporting that they had health problems were more likely to report seeing their FD in the last three months, confirming the good accessibility of FD care for people with health care problems. This is in stark contrast to the current situation with health centre and hospital appointment systems. *However, those with health problems were less likely to report being very satisfied with FD fees, even though the majority (two thirds) of health sufferers were still satisfied or very satisfied with FD fees.*

Respondents with one FD showed similar satisfaction patterns to respondents seeing more than one FD as regards FD care and fees, but *the former were more satisfied with FD accessibility.* However,

the proportion of those satisfied and very satisfied with accessibility was still very high (more than 75%) in both cases. *It may be the case that some patients have rather high expectations for accessibility to medical care, and that some of these expectations are not met even by using various options for care* (e.g. using the services of more than one FD, or using both a private FD and the health centres). This is also the case with some respondents who want system change. Here there seems to be a trend for those wanting system change to be less satisfied, as against those who do not want change, with doctor care, accessibility and fees.

For personal factors such as sex, employment and educational status, we suspect our sample may be biased towards the “unemployed” housewife. This was inevitable, as the lady of the house was often the first to answer the phone, and even if not, the husband often passed the phone to her as soon as the interviewers informed him that the questions were about the family’s health and health care usage. However, to assess any effects of such bias, we have performed further analyses to examine the effects of unemployment and education on responses, reported below. In fact, these effects were found to be rather small and we have chosen to ignore them.

In a series of open questions, respondents confirmed good general understanding of the characteristics of primary care and the role of the FD. *Expectations of care from the FD were again confirmed to be high*, including expectations of excellent service, even out-of-hours, and for being an advocate for the patient. Respondents expect the FD to demonstrate professionalism, (mutual) respect, honesty, sincerity, and the ability to do “the best” to help patients and cure them of ill health. *Respondents expect to be given adequate time for exploration of their problems and dislike being rushed*. Respondents who use the services of more than one FD do this mostly because of accessibility issues. *Respondents identified problems with the current health care system*, including accessibility, waiting times, lack of personalised care, and quality of service. *Suggestions* to address the problems included improving accessibility, especially out-of-hours, expanding community primary care services such as the “Pharmacy of your choice” scheme and the health centres, patient registration and complete medical records, more information about health service availability, and harmonisation of fees with discounts for special groups.

The number of non-respondents was rather small, with only 46 out of 500 refusing to participate. There was a tendency for those who refused to participate to be from a lower socio-economic and educational class, observed personally but not objectively measured by the interviewers.

Ethical approval

This study was approved by the Ethics Committee of the University of Malta.

Tables

Table 1 – respondent characteristics

Frequency tables for question responses

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	129	28.4	28.4	28.4
	Female	325	71.6	71.6	100.0
	Total	454	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24	37	8.1	8.1	8.1
	25-44	100	22.0	22.0	30.2
	45-64	217	47.8	47.8	78.0
	65-74	68	15.0	15.0	93.0
	75+	32	7.0	7.0	100.0
	Total	454	100.0	100.0	

Employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unemployed	273	60.1	60.1	60.1
	Employed	181	39.9	39.9	100.0
	Total	454	100.0	100.0	

Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Primary	121	26.7	26.7	26.7
Secondary	217	47.8	47.8	74.4
Post-Secondary	59	13.0	13.0	87.4
University	45	9.9	9.9	97.4
Post-University	7	1.5	1.5	98.9
Not applicable	5	1.1	1.1	100.0
Total	454	100.0	100.0	

North/South/Goza

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid North	266	58.6	58.6	58.6
South	145	31.9	31.9	90.5
Goza	43	9.5	9.5	100.0
Total	454	100.0	100.0	

Civil status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	78	17.2	17.2	17.2
	Married	352	77.5	77.7	94.9
	Widow/er	18	4.0	4.0	98.9
	Separated	4	.9	.9	99.8
	Divorced	1	.2	.2	100.0
	Total	453	99.8	100.0	
Missing	System	1	.2		
Total		454	100.0		

Number of children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	85	18.7	18.9	18.9
	1	67	14.8	14.9	33.9
	2	167	36.8	37.2	71.0
	3	82	18.1	18.3	89.3
	4	24	5.3	5.3	94.7
	5	13	2.9	2.9	97.6
	6	6	1.3	1.3	98.9
	7	3	.7	.7	99.6
	8	1	.2	.2	99.8
	10	1	.2	.2	100.0
	Total	449	98.9	100.0	
Missing	System	5	1.1		
Total		454	100.0		

Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Flat	91	20.0	20.4	20.4
	Maisonette	51	11.2	11.5	31.9
	House	291	64.1	65.4	97.3
	Villa	5	1.1	1.1	98.4
	Other	7	1.5	1.6	100.0
	Total	445	98.0	100.0	
Missing	System	9	2.0		
Total		454	100.0		

Have health problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	284	62.6	62.7	62.7
	Yes	169	37.2	37.3	100.0
	Total	453	99.8	100.0	
Missing	System	1	.2		
Total		454	100.0		

Town

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Attard	12	2.6	2.6	2.6
B'Bugia	10	2.2	2.2	4.8
B'kara	25	5.5	5.5	10.4
Balzan	5	1.1	1.1	11.5
Birgu	4	.9	.9	12.3
Bormla	2	.4	.4	12.8
Dingli	4	.9	.9	13.7
Fgura	13	2.9	2.9	16.5
Floriana	3	.7	.7	17.2
Fontana	1	.2	.2	17.4
Ghajnsielem	3	.7	.7	18.1
Gharb	2	.4	.4	18.5
Gharghur	3	.7	.7	19.2
Ghasri	1	.2	.2	19.4
Ghaxaq	5	1.1	1.1	20.5
Gudja	4	.9	.9	21.4
Gzira	9	2.0	2.0	23.3
Iklin	4	.9	.9	24.2
Isla	4	.9	.9	25.1
Kalkara	4	.9	.9	26.0
Kercem	2	.4	.4	26.4
Kirkop	3	.7	.7	27.1
Lija	3	.7	.7	27.8
Luqa	7	1.5	1.5	29.3
M'Scala	11	2.4	2.4	31.7
M'Xlokk	4	.9	.9	32.6
Marsa	7	1.5	1.5	34.1
Mdina	1	.2	.2	34.4

Mellieha	10	2.2	2.2	36.6
Mgarr	4	.9	.9	37.4
Mosta	22	4.8	4.8	42.3
Mqabba	4	.9	.9	43.2
Msida	9	2.0	2.0	45.2
Mtarfa	3	.7	.7	45.8
Munxar	2	.4	.4	46.3
Nadur	5	1.1	1.1	47.4
Naxxar	14	3.1	3.1	50.4
Paola	10	2.2	2.2	52.6
Pembroke	4	.9	.9	53.5
Pieta'	5	1.1	1.1	54.6
Qala	2	.4	.4	55.1
Qormi	20	4.4	4.4	59.5
Qrendi	3	.7	.7	60.1
Rabat	15	3.3	3.3	63.4
Rabat (Ghawdex)	9	2.0	2.0	65.4
Safi	2	.4	.4	65.9
San Giljan	10	2.2	2.2	68.1
San Gwann	14	3.1	3.1	71.1
San Lawrenz	1	.2	.2	71.4
San Pawl il-Bahar	17	3.7	3.7	75.1
Sannat	2	.4	.4	75.6
Santa Lucija	4	.9	.9	76.4
Siggiewi	9	2.0	2.0	78.4
Sliema	18	4.0	4.0	82.4
Sta Venera	8	1.8	1.8	84.1
Swieqi	10	2.2	2.2	86.3
Ta Xbiex	2	.4	.4	86.8
Tarxien	10	2.2	2.2	89.0
Valletta	9	2.0	2.0	91.0
Xaghra	6	1.3	1.3	92.3
Xewkija	4	.9	.9	93.2

Xghajra	2	.4	.4	93.6
Zebbug	14	3.1	3.1	96.7
Zebbug (Ghawdex)	3	.7	.7	97.4
Zurrieq	12	2.6	2.6	100.0
Total	454	100.0	100.0	

Table 2 – respondent knowledge and attitudes

Frequency tables for question responses

Last doctor visit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 3 months	285	62.8	62.9	62.9
	>3 & <6 months	71	15.6	15.7	78.6
	> 6 < 12 months	43	9.5	9.5	88.1
	> 1 year	54	11.9	11.9	100.0
	Total	453	99.8	100.0	
Missing	Missing	1	.2		
Total		454	100.0		

For whom did you last visit the doctor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Another	25	5.5	5.7	5.7
	For me	377	83.0	85.9	91.6
	For me & another	37	8.1	8.4	100.0
	Total	439	96.7	100.0	
Missing	System	15	3.3		
Total		454	100.0		

Know what is a family doctor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	26	5.7	5.7	5.7
	Yes	427	94.1	94.3	100.0
	Total	453	99.8	100.0	
Missing	System	1	.2		
Total		454	100.0		

Which doctor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No doctor	8	1.8	2.0	2.0
	Health centre	15	3.3	3.7	5.6
	Private doctor	326	71.8	79.7	85.3
	Public hospital	1	.2	.2	85.6
	Specialist	3	.7	.7	86.3
	Various	55	12.1	13.4	99.8
	Other	1	.2	.2	100.0
	Total	409	90.1	100.0	
Missing	System	45	9.9		
Total		454	100.0		

How do you consult?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Go to doc	134	29.5	29.7	29.7
	Doc comes home	84	18.5	18.6	48.3
	Both	233	51.3	51.7	100.0
	Total	451	99.3	100.0	
Missing	System	3	.7		
Total		454	100.0		

How do you consult (text choices)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Inkellmu fuq it-telefon	1	.2	.9	.9
	Jiddependi minn kemm inkun marid	110	24.2	98.2	99.1
	Skont xi jkolli bzonn	1	.2	.9	100.0
	Total	112	24.7	100.0	
Missing	4	342	75.3		
Total		454	100.0		

Do you have one FD?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	75	16.5	16.6	16.6
	Yes	377	83.0	83.4	100.0
	Total	452	99.6	100.0	
Missing	Missing	1	.2		
	System	1	.2		
	Total	2	.4		
Total		454	100.0		

How long FD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<1 year	23	5.1	5.1	5.1
	1-5 years	78	17.2	17.2	22.2
	>5 years	340	74.9	74.9	97.1
	N/A	13	2.9	2.9	100.0
	Total	454	100.0	100.0	

Satisfaction MD care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very satisfied	163	35.9	36.1	36.1
	Satisfied	182	40.1	40.3	76.3
	Neutral	79	17.4	17.5	93.8
	Dissatisfied	24	5.3	5.3	99.1
	Very dissatisfied	4	.9	.9	100.0
	Total	452	99.6	100.0	
Missing	System	2	.4		
Total		454	100.0		

Satisfaction MD accessibility

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very satisfied	218	48.0	48.2	48.2
	Satisfied	184	40.5	40.7	88.9
	Neutral	38	8.4	8.4	97.3
	Dissatisfied	10	2.2	2.2	99.6
	Very dissatisfied	2	.4	.4	100.0
	Total	452	99.6	100.0	
Missing	System	2	.4		
Total		454	100.0		

Do you want system change?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	269	59.3	59.5	59.5
	Yes	99	21.8	21.9	81.4
	Do not know	84	18.5	18.6	100.0
	Total	452	99.6	100.0	
Missing	Missing	1	.2		
	System	1	.2		
	Total	2	.4		
Total		454	100.0		

System choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FD registered & gatekeeper	276	60.8	61.2	61.2
	FD registered not gatekeeper	75	16.5	16.6	77.8
	FD free choice	21	4.6	4.7	82.5
	Specialist of my choice	56	12.3	12.4	94.9
	None of above	19	4.2	4.2	99.1
	Other	4	.9	.9	100.0
	Total	451	99.3	100.0	
Missing	System	3	.7		
Total		454	100.0		

Is having one FD important?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree strongly	268	59.0	59.3	59.3
	Agree	155	34.1	34.3	93.6
	Neutral	17	3.7	3.8	97.3
	Disagree	12	2.6	2.7	100.0
	Total	452	99.6	100.0	
Missing	System	2	.4		
Total		454	100.0		

Satisfaction MD fee

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very satisfied	119	26.2	26.3	26.3
	Satisfied	192	42.3	42.5	68.8
	Neutral	104	22.9	23.0	91.8
	Dissatisfied	35	7.7	7.7	99.6
	Very dissatisfied	2	.4	.4	100.0
	Total	452	99.6	100.0	
Missing	System	2	.4		
Total		454	100.0		

Change to a new system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Free service Government insurance	34	7.5	8.2	8.2
	Free service private insurance	19	4.2	4.6	12.7
	Mixed insurance system	26	5.7	6.2	18.9
	Current system	149	32.8	35.7	54.7
	Fee for service	189	41.6	45.3	100.0
	Total	417	91.9	100.0	
Missing	Missing	12	2.6		
	System	25	5.5		
	Total	37	8.1		
Total		454	100.0		

Table 3 – statistical tests of differences in means across groups

Independent samples t-tests

Group Statistics

	One FD	N	Mean	Std. Deviation	Std. Error Mean
Satisf action MD care	Yes	375	1.93	.894	.046
	No	75	2.00	.930	.107
Satisf action MD accessibility	Yes	376	1.59	.698	.036
	No	74	1.95	.905	.105
Satisf action MD fee	Yes	377	2.09	.905	.047
	No	73	2.36	.888	.104

Significant trends where Sig. (2-tailed) ≤ 0.01. Equal variances can be assumed

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Satisf action MD care	Equal v ariances assumed	.416	.519	-.632	448	.528	-.072	.114	-.296	.152
	Equal v ariances not assumed			-.616	103.199	.539	-.072	.117	-.304	.160
Satisf action MD accessibility	Equal v ariances assumed	1.342	.247	-3.771	448	.000	-.353	.094	-.537	-.169
	Equal v ariances not assumed			-3.174	90.857	.002	-.353	.111	-.574	-.132
Satisf action MD fee	Equal v ariances assumed	.614	.434	-2.328	448	.020	-.269	.115	-.495	-.042
	Equal v ariances not assumed			-2.359	103.113	.020	-.269	.114	-.494	-.043

Group Statistics

System change		N	Mean	Std. Deviation	Std. Error Mean
Satisfaction MD care	No	268	1.72	.774	.047
	Yes	98	2.36	1.067	.108
Satisfaction MD accessibility	No	267	1.40	.528	.032
	Yes	99	1.96	.903	.091
Satisfaction MD fee	No	268	1.94	.850	.052
	Yes	98	2.31	.890	.090

Significant trends where Sig. (2-tailed) \leq 0.01. Equal variances can be assumed only for "Satisfaction with MD fee"

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Satisfaction MD care	Equal variances assumed	17.344	.000	-6.259	364	.000	-.637	.102	-.837	-.437
	Equal variances not assumed			-5.411	136.080	.000	-.637	.118	-.870	-.404
Satisfaction MD accessibility	Equal variances assumed	8.162	.005	-7.303	364	.000	-.559	.077	-.709	-.408
	Equal variances not assumed			-5.804	123.700	.000	-.559	.096	-.749	-.368
Satisfaction MD fee	Equal variances assumed	1.500	.221	-3.599	364	.000	-.366	.102	-.566	-.166
	Equal variances not assumed			-3.524	165.863	.001	-.366	.104	-.571	-.161

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Appendix 1

Questionnaire

Kwestjonarju fuq il-Kura primarja.

Ghanijiet: Biex tidentifika x'irid il-poplu mit-tabib tal-familja.

Biex tverifika jekk il-poplu huwiex sodisfatt bis-sistema presenti tat-tabib tal-familja.

Biex jistharreg jekk hemx bzonn ta' tibdil fis-sistema.

Jekk iva, x'tip ta' tibdil jixtiequ.

Sezzjoni 1: Taghrif Demografiku

1. Sess

- Ragel
- Mara

2. Eta

- 18-24
- 25-44
- 45-64
- 65-74
- 75+

3. Bhalissa

- Impjegat
- Qieghed.

4. Livell ta' Edukazzjoni

- Primarja
- Sekondarja
- Wara s-Sekondarja
- Universita
- Edukazzjoni post Universitarja
- Ma tapplikax

5. F'liem Rahal\Belt toqghod? _____

6. Stat:

- Guvni\Xebba
- Mizzewweg\
- Armel\
- Separat\
- Divorzjat\
- Numru ta' tfal _____

7. Residenza:

- Flat
- Maisonette
- Dar
- Villa
- Ohrajn _____

8. Int tikkonsidra lilek innifsek li ghandek problemi ta' sahha ?

- Iva
- Le

9. Meta kienet l-ahhar darba li rajt lit-tabib tieghek?

- Inqas minn 3 xhur.
- Iktar minn 3 xhur, imma inqas minn 6 xhur.
- Bejn 6 xhur u sena.
- Iktar minn sena.

- Kienet ghalik jew ghal membru iehor tal familja
 - Ghalija.
 - Membru iehor.

Sezzjoni 2: Dettalji tas-sistema uzata mil-persuna biex tingedha f'kas

li ghandha bzonn tabib.

10. Taf x'inhum tabib tal-familja (*tabib kuranti, tabib tal-fiducja, tabib personali*) ?

- Iva
- Le

X'tifhem bil-frazi tabib tal-familja (*tabib kuranti, tabib tal-fiducja, tabib personali*) ?

11. X'tistenna mit-tabib tal-familja?

12. Ghand min tmur meta tkun ma tflahx?

- Ebda tabib
- Tabib ta-Centru tas-Sahha.
- Tabib privat.
- Sptar/Tabib tal-ghassa (Dipartiment tal-Emergenza jew 'RMO').
 - Pubbliku.
 - Privat.
- Speċjalista (Fi sptar privat, fi spizerija jew fi klinika private).
- Ninqeda b'hafna minn ta' fuq.
- Ma nafx/mhux cert/ma japplikax ghalija
- Ohrajn _____

13. Kif tikkonsulta mat-tabib meta tkun ma tflahx ?

- Immur jien ghand it-tabib
- Incempel it-tabib biex jigi d-dar
- Metodi ohra _____

14. Tabib tal-familja wiehed ghandek?

- Iva
- Le. *Hemm xi raguni?* _____

15. Kemm ilek tinqedha bl-istess tabib tal-familja?

- Inqas minn sena
- Bejn 1 u 5 snin
- Iktar min hames snin
- Ma tapplikax
- Risposta ohra _____

Sezzjoni 3 – Sodisfazzjon bis-Sistema presenti.

16. Sodisfatt bil-mod presenti li tista' ssib ghajnuna medika?

- Sodisfatt hafna
- Sodisfatt
- La iva u lanqas le
- Mhux sodisfatt
- Mhux sodisfatt hafna.

17. Sodisfatt bl-accessibilita tat-tabib tal-familja?

- Sodisfatt hafna
- Sodisfatt
- La iva u lanqas le
- Mhux sodisfatt
- Mhux sodisfatt hafna.

18. Tahseb li hemm bzonn ta' xi bidla fis-sistema ta' kif int tinqeda bit-tabib

tal-familja?

- Iva.
- Le
- Ma nafx
- Kummenti/ Suggerimenti _____

19. Kif tippreferi li tkun is-sistema li kieku kellha tinbidel?

- Tippreferi li jkollok it-tabib tal-familja tal-ghazla tieghek.
 - Dan it-tabib jiddeciedi hu x'kura jaghtik u meta u fejn jibaghtek jekk ikollok bzonn kura speċjalizata?

 - Dan it-tabib jiddeciedi hu x'kura jaghtik imma jkollok ghazla inti jekk tmurx ghal aktar kura meta u fejn tiddeciedi int.
- Naghzel it-tabib tal-familja jien dak il-mument tal-bzonn.
- Inkun nista nirreferi lili nnifsi ghand speċjalista meta rrid jien.
- L-ebda skema minn fuq ma toghgobni.
- Suggerimenti _____

20. Taqbel li jekk ikollok tabib wiehed li jarak dejjem, hi importanti?

- Hafna
- Iva
- Ma nafx
- Le
- Zgur li le.

Sezzjoni 4 – Hlas ghas-servizz tat-tabib tal-familja.

21. Sodisfatt bis-sistema presenti ta' hlas lit-Tabib tal familja?

- Sodisfatt hafna.
- Sodisfatt.
- La iva u qanas le.
- Le.
- Zgur li le.

22. Liema sistema taqbel maghha l-iktar li kieku kellha tinbidel?

- Thallas insurance ghas-servizz b'xejn tat-tabib tal-familja?
 - Insurance tal-gvern u/jew taxxa?
 - Insurance privata?
 - Tahlita ta' insurance tal-gvern u privata?
- Inzommu s-sistema presenti?
- Inhallas lit-tabib jien meta ninqeda biss?
- Metodu iehor _____
