

# **Patient's perspectives regarding choice to leave their primary care physicians**

*Tamar Adar<sup>1,2</sup>, Inbar Levkovich<sup>1</sup>, Idit Biale<sup>1,2</sup>, Lydia Keren<sup>1</sup>, Christina Solbach-Sabbah<sup>1,2</sup>, Khaled Karkabi<sup>1,2</sup>*

*<sup>1</sup>Department of Family Medicine, The Ruth & Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel, <sup>2</sup>Clalit Health Services, Haifa and Western Galilee District, Israel*

# Background

- Continuity of care and patient satisfaction are important factors in successful healthcare
- Leaving a primary care physician may constitute a significant point in the doctor-patient relationship
- Lack of data
- “Inside information”

# Objectives

To examine the significance patients assign to leaving their family physician

Patient's perspectives on:

- decision to leave their PC
- relationship with their PC
- general personal health
- role of PC



To identify expectations and crisis points in order to strengthen doctor-patient relationship and improve quality of care

# Methods

- Qualitative study based on the phenomenological approach
- Semi-structured personal interviews
- Content analysis - to identify central themes.

# **Study population**

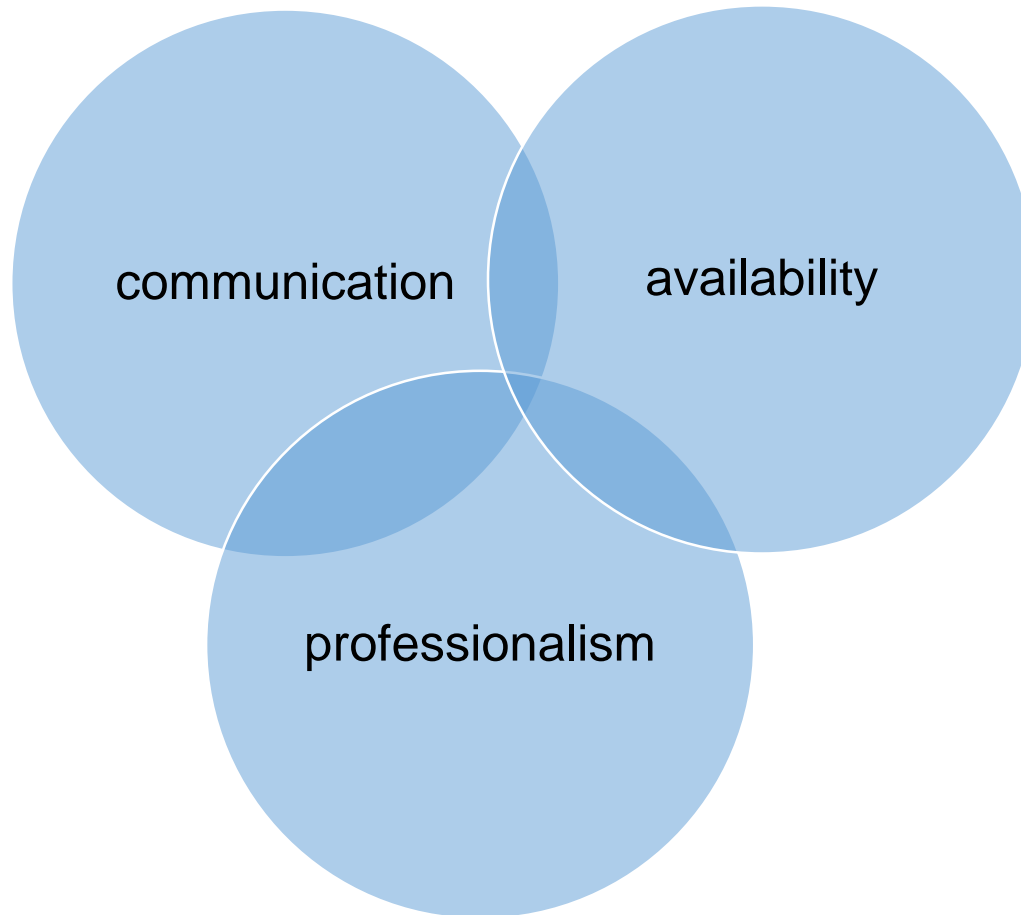
- Three primary care clinics of "Clalit" health services in Israel.
- Inclusion: Patients over 18 years old, who joined the clinic or changed doctors within the clinic in the prior year
- Exclusion: Patients who transferred due to a change in home address
- N=19

# **Data collection – semi structured interview**

## Topics

- Personal demographics
- Relationship with the doctor
- Health perception
- Decision to leave PC
- Consequences of leaving PC
- Retrospection, reflection and insights for the future

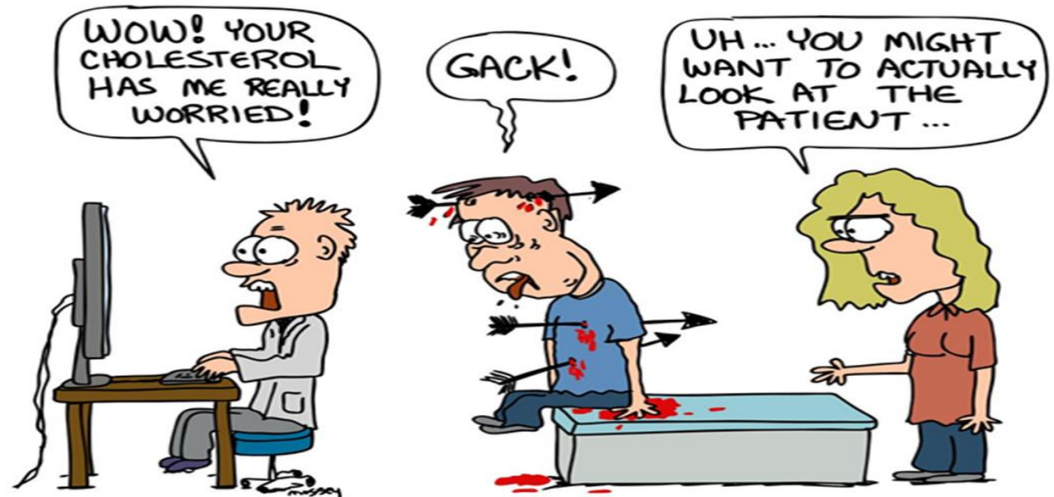
# Results – main themes



# ***“The doctor didn’t look me in the eye” – quality of doctor-patient communication***

*“I come from a generation when a family physician was the family’s physician – he birthed the children and took care of them... Today, you come in – ‘Hi, your (i.d.) card ...she opens the record, looks at (the computer), taps away...if it says give an aspirin – she prescribes an aspirin, taps the keys and stamps her signature. Sometimes she doesn’t look at you at all”*

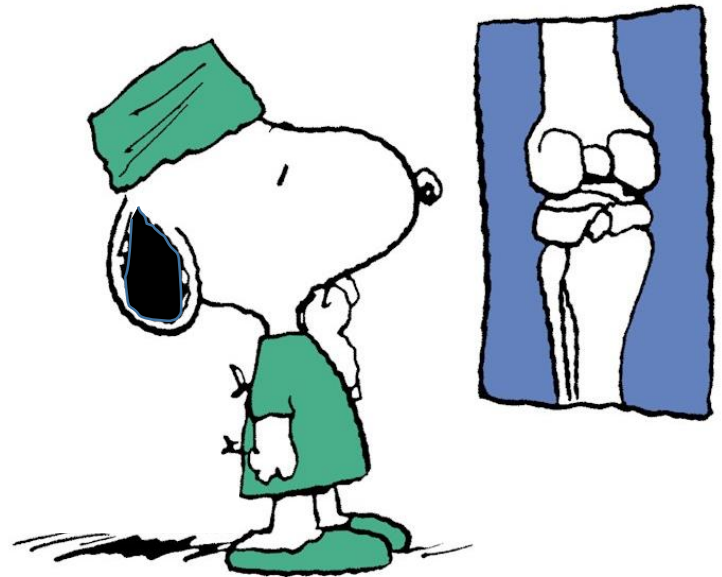
(Abraham, 73)





***“A family physician is more than just a prescription” – on doctor’s professionalism and medical knowledge***

*“My hand hurt... it took a few years...maybe I could have stopped it back then...if she had sent me to a rheumatologist and not waited”  
(Yael, 23, diagnosed with rheumatoid arthritis)*

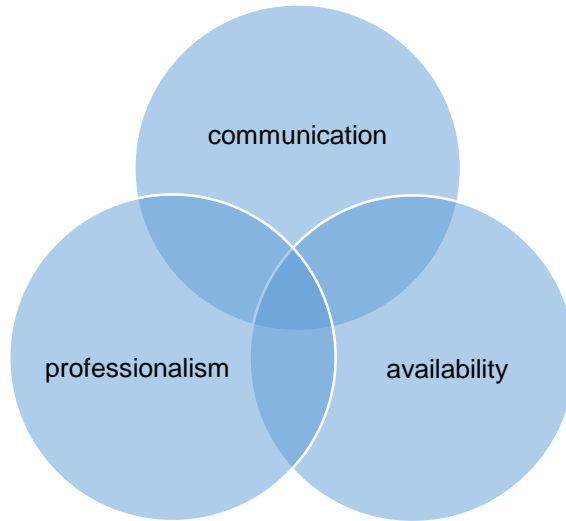


***“The doctor is available only on Thursdays” – on availability of primary care***

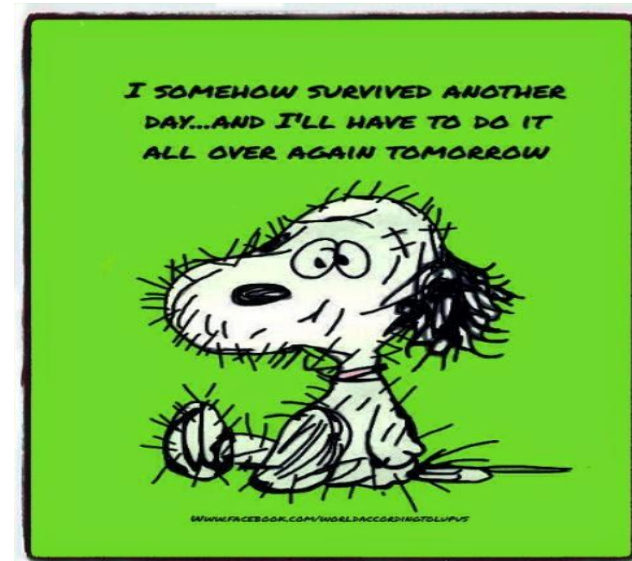
*“At real time, when I really needed the doctor, let’s say on a certain day when I didn’t feel well, she couldn’t see me and I had to wait. When a person doesn’t feel well, they should be seen on the same day” (Einat, 51)*



## “Satisfaction triad”



**Utopia? Frustration?  
Hope for the future?**



# ***Conclusions***

Patients needs:

- Empathy, patience and listening
- Professional care
- Availability

Lack of these may be cause for disenrollment =>  
disintegration of continuity of care

# ***implications***

- Quantitative studies
- CME- interpersonal communication skills  
conflict management
- Healthcare planning
- Quality of care measures – “quality cluster”

**Thank you!**