

The concepts of family doctor and factors affecting choice of family doctors among Hong Kong people

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- Objectives** To identify concepts including misconceptions among the community members regarding family doctors, and determine factors affecting decisions on which doctor to consult in different clinical scenarios.
- Design** Household telephone survey conducted between 4 and 13 September 2006.
- Setting** Hong Kong community.
- Participants** Cantonese-speaking Hong Kong residents aged 18 years or more were targeted. Randomly selected participants were asked to complete a questionnaire, which was designed based on a literature search and subsequent focus group discussions.
- Results** Among the 1811 households with eligible subjects to survey, 1204 completed the questionnaire (response rate, 67%). More than 85% considered a family doctor to be the first doctor they wanted to see even if it was inconvenient. "Clearly knowing my physical conditions", "fast-acting and effective treatment", and "doctor with friendly and sincere attitude" were the three most important factors influencing the choice of a family doctor. When affected by flu-like symptoms, 65% would go to a private clinic, 20% to a general out-patient clinic, 6% to a designated clinic with staff approved by their respective medical insurance/medical benefit scheme, and 5% to a private hospital out-patient clinic. Among the latter two groups, 65% consulted the same doctor every time when they felt sick. More than 50% of those willing to have regular follow-up by a family doctor for hypertension and diabetes paid more than HK\$300 per month. Approximately 64% might consider having regular follow-up at a general out-patient clinic by a nurse specialist.
- Conclusion** Hong Kong inhabitants already have their own ideas regarding how to care for their own health, and what kind of family doctors they prefer. This survey should help both doctors and health care policy makers to realign their current thinking, and thus provide a platform for the development of a primary care model unique to Hong Kong.

Key words

Clinical competence; Patient satisfaction; Physician-patient relations; Physicians, family; Quality indicators, health care

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Introduction

In March 2008, the Food and Health Bureau (FHB) released a consultation document about the future service delivery model for our health care system.¹ It indicated that public health care expenditure has been increasing at an alarming rate, and that its future sustainability depended on the adequate promotion of primary care and family medicine practice. If every Hong Kong resident had a family doctor as the first point of contact, the latter could act as the gatekeeper to the hospital system and thus reduce the overall costs of health provision.

In 2006, the Hong Kong College of Family Physicians, in conjunction with the Social Sciences Research Centre, conducted a phone survey to investigate public perceptions of primary health care and expectations about related services.² Importantly this survey revealed that Hong Kong citizens prefer their doctors to undergo some formal training in family medicine, and that they had pre-conceptions about the type of family doctor they wanted. Such pre-conceptions included: the need for the family doctor to be holistic, have specialist support for convenient referral, and provide preventive care and cancer screening. Some of these aspirations actually correlate well with existing

evidence regarding what attributes a family doctor should demonstrate, namely: provide the first point of contact; coordinate and facilitate continuous, comprehensive, and patient-centred care.³⁻⁶ Family doctors should be perceived by the public as persons they would consult at the initial stage, especially for less well-defined symptoms/conditions.

The current investigation was a pilot study performed in 2006. It aimed to identify concepts and misconceptions in the community regarding family doctors, and determine what factors influence decisions on which doctor to consult for different clinical scenarios.

Methods

Phone survey

A household telephone survey was conducted between 4 and 13 September 2006, in which Cantonese-speaking Hong Kong residents aged 18 years or more were targeted.

Sample size was calculated based on the proportion of respondents who claimed that they had a family doctor. Although prior information about this figure was not available, the expected proportion was set at 50%, to estimate the most conservative sample size according to the following formula:

$$n = \frac{Z^2 P(1-P)}{d^2}$$

$$= \frac{(1.96)^2 (0.5)(1-0.5)}{0.03^2}$$

$$= 1068$$

where
 n=sample size required
 Z=Z statistic for a level of confidence (95% for this survey)
 P=expected proportion (50% for this survey)
 d=marginal of error (3% for this survey)

The final sample size was set at 1200. An extra sample was drawn for the age-group of 45 to 64 years to provide a larger sample for sub-group analysis regarding health-seeking behaviour for chronic disease(s). Telephone numbers were randomly generated by a computer, based on the latest version of Hong Kong Residential Telephone Directory. The telephone interviews were conducted by experienced interviewers in the evenings (6:00 -10:00 pm) from Monday to Saturday and in the afternoons (3:00 -7:00 pm) on Sunday, in order to avoid sampling too many non-working force members or the elderly. One eligible household member whose birthday was closest to the date of the interview was invited to complete the questionnaire. Respondents were informed that all the information provided would be kept confidential and only used for research purposes. Data were double-checked and cleaned for possible inconsistencies and errors before analysis.

Measuring instruments

The questionnaire was designed after a thorough

香港市民對家庭醫生的概念及影響他們選擇家庭醫生的因素

目的 探討香港市民對家庭醫生的概念，包括錯誤的觀念，以及找出在不同情況下影響他們選擇家庭醫生的因素。

設計 2006年9月4日至13日期間進行的住戶電話訪問。

安排 香港。

參與者 本研究的對象為懂廣東話的18歲或以上香港居民。隨機抽樣的受訪者須完成按文獻搜查和焦點小組討論編成的問卷調查。

結果 本研究訪問了1811戶住戶，共1204位受訪者完成問卷調查（回覆率為67%）。對於家庭醫生的定義，超過85%受訪者認為只要有需要，不論地區方便與否，他們第一位想到的醫生便是他們的家庭醫生。影響他們選擇家庭醫生最重要的三項因素是：「清楚知悉我的身體狀況」、「快速及有效的治療」和「醫生友善及懇切的態度」。當出現類似傷風症狀時，65%受訪者會到私家診所求診，20%到公立醫院門診部，6%到醫療保險或醫療福利計劃的特約診所，5%到私家醫院門診。到醫療保險的特約診所和到私家醫院門診部的受訪者中，有65%每次都會向同一位醫生求診。因高血壓及糖尿病而須定期見家庭醫生的受訪者中，有一半以上每月須繳付港幣超過300元。約有64%可能會考慮到公立醫院門診部接受專科護士的定期跟進。

結論 香港市民對於自我健康的護理及家庭醫生的選擇已有自己的看法。本研究可以讓醫生及醫療政策決策者重新整理他們既有的想法，從而提供香港一個獨有的可供發展的基層醫療模式平台。

literature search⁷⁻³¹ with subsequent focus group interviews in order to add key features. A pilot study was conducted on 20 subjects to pretest the questionnaire and determine the logistics for the survey. Comments from the respondents and interviewers of the pilot survey were considered and the questionnaire was revised accordingly. The questionnaire was designed to address the following areas:

- (1) public concepts of a family doctor;
- (2) patient priorities or expectations of an ideal family doctor; and
- (3) health-seeking behaviour and continuity of care under various health conditions.

Interviewees were initially asked about their concepts on family medicine and family doctors. The second series of questions probed interviewees on their health-seeking behaviour under different scenarios. Before rounding up with questions about demographics, they were invited to conclude where they would prefer to have regular care in the event of a chronic illness.

TABLE I. Demographic and social characteristics of the respondents

Characteristic	Data		Characteristic	Data
Gender	Unadjusted	Adjusted	Marital status	(n=1204)
M	48%	47%	Currently married	66%
F	52%	53%	Never married	29%
			Widowed	3%
Age-group (years)	Unadjusted	Adjusted	Divorced/separated	2%
18-24	11%	11%	Refused to answer	1%
25-34	15%	18%		
35-44	19%	23%	Household monthly income (HK\$)	(n=1204)
45-54	26%	21%	<5001	11%
55-64	16%	12%	5001-10 000	9%
65-74	8%	8%	10 001-15 000	15%
>74	5%	7%	15 001-20 000	11%
Refused to answer	0.1%	0.1%	20 001-25 000	10%
			25 001-30 000	6%
Educational attainment		(n=1204)	30 001-35 000	6%
No schooling/kindergarten		4%	35 001-40 000	5%
Primary		15%	>40 000	15%
Secondary/matriculation		51%	Refused to answer/don't know	11%
Tertiary (non-degree)		8%		
Tertiary (degree)		19%	Household size	(n=1204)
Postgraduate		3%	1	6%
Refused to answer		0.1%	2	17%
			3	26%
Employment status		(n=1204)	4	30%
Currently employed		50%	5	14%
Retired		18%	6	5%
Housewife		18%	≥7	3%
Students		7%		
Unemployed		6%	Household member	(n=1204)
			Has member(s) ≤5 years old	12%
Occupations (for those currently employed)		(n=640)	Has member(s) ≥65 years old	33%
Clerks		26%		
Service workers and shop sales workers		20%	Self-perceived health status	(n=1204)
Professionals		14%	Poor	3%
Craft and related workers		11%	Not so good	8%
Associate professionals		11%	Fair	49%
Elementary occupations		7%	Good	34%
Managers and administrators		5%	Excellent	7%
Plant and machine operators and assemblers		4%		
Civil servants (general)		2%	Medical insurance or staff benefit	(n=1204)
Refused to answer		1%	No	64%
			Civil servant or their relatives (general out-patient clinic)	3%
Type of accommodation		(n=1204)	Staff medical benefit (answer the next question)	17%
Private housing (self-purchased)		44%	Out-patient medical insurance (answer the next question)	13%
Public rental housing		27%	Both (answer the next question)	4%
Subsidised sale flats		17%		
Private housing (rental)		7%	Need to go to designated clinic (for those who had medical insurance and/or staff benefit)	(n=400)
Village houses		3%	Yes	35%
Staff quarters		1%	No	65%
Squatter		0.6%	Don't know	0.3%
Refused to answer		1%		

Results

Among the 1811 households with eligible persons for the survey, 1204 subjects completed the questionnaire (response rate, 67%). Among the 607

non-respondents, 441 (73%) refused, 44 (7%) did not complete the interview, and 122 (20%) could not be contacted after three recalls. The following results section is based on the adjusted sample, with the age-gender distribution adjusted according

to data from the Demographic Statistics Section of Census and Statistics Department in 2006. The age and gender distribution before and after adjustment are displayed in Table 1. Except those specified, all percentages in the tables were based on the adjusted sample; the adjusted, round-up sample size was 1204.

Respondent characteristics

Marital status and family structure

As shown in Table 1, 66% (790/1204) of the respondents were married, while 29% (347/1204) were single. The average household size was about 3.6. Approximately 12% (140/1204) had children aged 5 years or less, while 33% (394/1204) had elderly members aged 65 years or above. Our sample had a higher proportion of persons above 45 years old compared with the 2006 census and adjustment was performed accordingly. The income distribution was very similar to that of the general population with higher proportion of the study population working as clerks and in sales services.

Household income and accommodation

In all, 20% (238/1204) of the respondents had a monthly household income of less than HK\$10 000, and 42% (511/1204) were earning in the range of HK\$10 000-30 000; 44% (525/1204) were living in self-owned private apartments, while more than 27% lived in public rental flats.

Educational attainment and employment status

In all, 51% (608/1204) of the respondents attained school matriculation, and 22% (267/1204) were degree holders. Of the 50% (604/1204) who were working, 26% (156/604) were clerical workers, 20% (123/604) worked in the service or sales industry, and 14% (82/604) were professionals.

Self-perceived health status and medical benefit/insurance

Nearly 90% (1081/1204) of the respondents considered their health status to be fair or better. Approximately 64% (768/1204) were not covered by any staff medical

TABLE 2. Understanding of 'family medicine' and 'family doctor' concepts, and the need for a family doctor*

Concept		Do you know what a 'family doctor' is? No. (%) of respondents (n=1204)			
		Yes	No/not sure	Total	
Do you know what 'family medicine' is?	Yes	181 (15%)	7 (1%)	188 (16%)	
	No/not sure	713 (59%)	303 (25%)	1016 (84%)	
	Total	894 (74%)	310 (26%)	-	
		Do you think you currently have a family doctor?† No. (%) of respondents (n=942)			
		Yes	No/not sure	Consult TCM practitioner	Total
Do you think you need to have a family doctor?†	Yes	354 (38%)	138 (15%)	-	492 (52%)
	No/not sure	116 (12%)	330 (35%)	-	446 (47%)
	Consult TCM practitioner	-	-	4 (0.4%)	4 (0.4%)
	Total	470 (50%)	468 (50%)	4 (0.4%)	-
Concept of family doctor (n=1204)					
Do you know what is 'family medicine'? Do you know what a 'family doctor' is?					
Only the doctor that all the family members would consult should be called a 'family doctor'.				70%	
People who usually have consultation in GOPC should be counted as 'having a family doctor'.				79%	
Those who regularly consult more than one doctor should not be regarded as 'having a family doctor'.				58%	
If you deem that a doctor is your 'family doctor', when you feel sick:					
1. This doctor will be the first doctor I want to see.				89%	
2. Except for critical situation, I prefer seeing this doctor even if it is not so convenient.				87%	
Do you think you need to have a family doctor (western)?				52%	
Do you think you currently have a family doctor (western)?				51%	

* TCM denotes traditional Chinese medicine, and GOPC general out-patient clinic

† Respondents who answered "No" in the question "Do you know what 'a family doctor' is?" did not need to answer these two questions

TABLE 3. Ratings for factors related to the selection of a family doctor and management of the medical record

Factors related to the selection of family doctor*	Mean	Standard deviation
Know clearly about my physical conditions	8.69	1.46
Fast-acting and effective treatment	8.16	1.69
Doctor with friendly and sincere attitude	7.96	1.77
Doctor with more academic or professional qualifications	7.89	1.89
Doctor with high praise	7.67	1.86
Clinic at a convenient location	7.60	1.90
Short waiting time	7.36	1.91
Low consultation fee	6.94	2.17
Patient can have a brief telephone enquiry to the doctor	6.78	2.31
Older doctor	5.85	2.30
Doctor's gender is the same as me	4.76	2.70
It is important that my medical record is kept and managed by one doctor	8.08	1.71

* Range of score: 0-10; the higher the score, the more important is the factor

benefit or out-patient medical insurance. Among those covered by such benefits (excluding civil servants or their relatives), 35% (139/400) had to consult at designated clinics.

Concepts on 'family medicine' and 'family doctor'

Over 80% did not know or were not sure about what a 'family medicine' was, whereas 74% claimed that they knew what a 'family doctor' was (Table 2).

Over 70% thought that a family doctor should be one 'who provided medical care to all their family members' and those who usually attend a general out-patient clinic (GOPC) should be considered as 'having a family doctor'. Just over half felt that regularly consulting more than one doctor should not be regarded as 'having a family doctor'. More than 85% considered a family doctor to be the first doctor they wanted to see even it was inconvenient, that is, location too far away or patients needing to travel for the consultation. Just over 50% of respondents felt that they needed a family doctor or they already had their own family doctor (Table 2). Respondents would select more than one answer.

Factors related to the selection of family doctor

"Clearly knowing my physical conditions", "fast-acting and effective treatment", and "doctor with friendly and sincere attitude" were the three most important factors influencing the choice of a family doctor. Unexpectedly, "low consultation fee" was the fourth from lowest in importance (Table 3). The respondents also thought it was important to have their medical

records kept and managed by one doctor.

Health-seeking behaviour for flu-like symptoms

"Drinking more water and taking more rest" (44%, 524/1204) and "taking over-the-counter drugs" (37%, 447/1204) were the commonest initial treatments for flu-like symptoms (cough, runny nose, but no fever). Only 19% (226/1204) of the respondents would go to see a doctor immediately (western doctor or traditional Chinese medicine [TCM] practitioner). In all, 0.6% would either take vitamin C, drink herbal tea, or do nothing.

When the respondents needed to see a doctor, 65% (784/1204) would go to a private clinic, 20% (238/1204) to a GOPC, 6% (68/1204) to a designated clinic approved by their out-patient medical insurance/staff medical benefit scheme, and 5% (60/1204) to a private hospital out-patient clinic. Among the two groups of people whose consultation fees were covered by out-patient medical insurance/staff medical benefit schemes and who attend private hospital out-patient clinics (128 respondents), 65% claimed that they would consult the same doctor every time (Fig).

Among those who chose to attend private clinics, 10% (81/784) would not regularly visit the same doctor, 44% (347/784) would visit the same doctor, and 45% (356/784) had more than one regular doctor (Fig).

Among the 703 who had 'regular' doctor(s), the large majority (90%, 631/703) preferred visiting private clinics managed by a general practitioner (GP). In addition, 86% (604/703) said that their regular doctor provided a service at the same clinic every day (Fig).

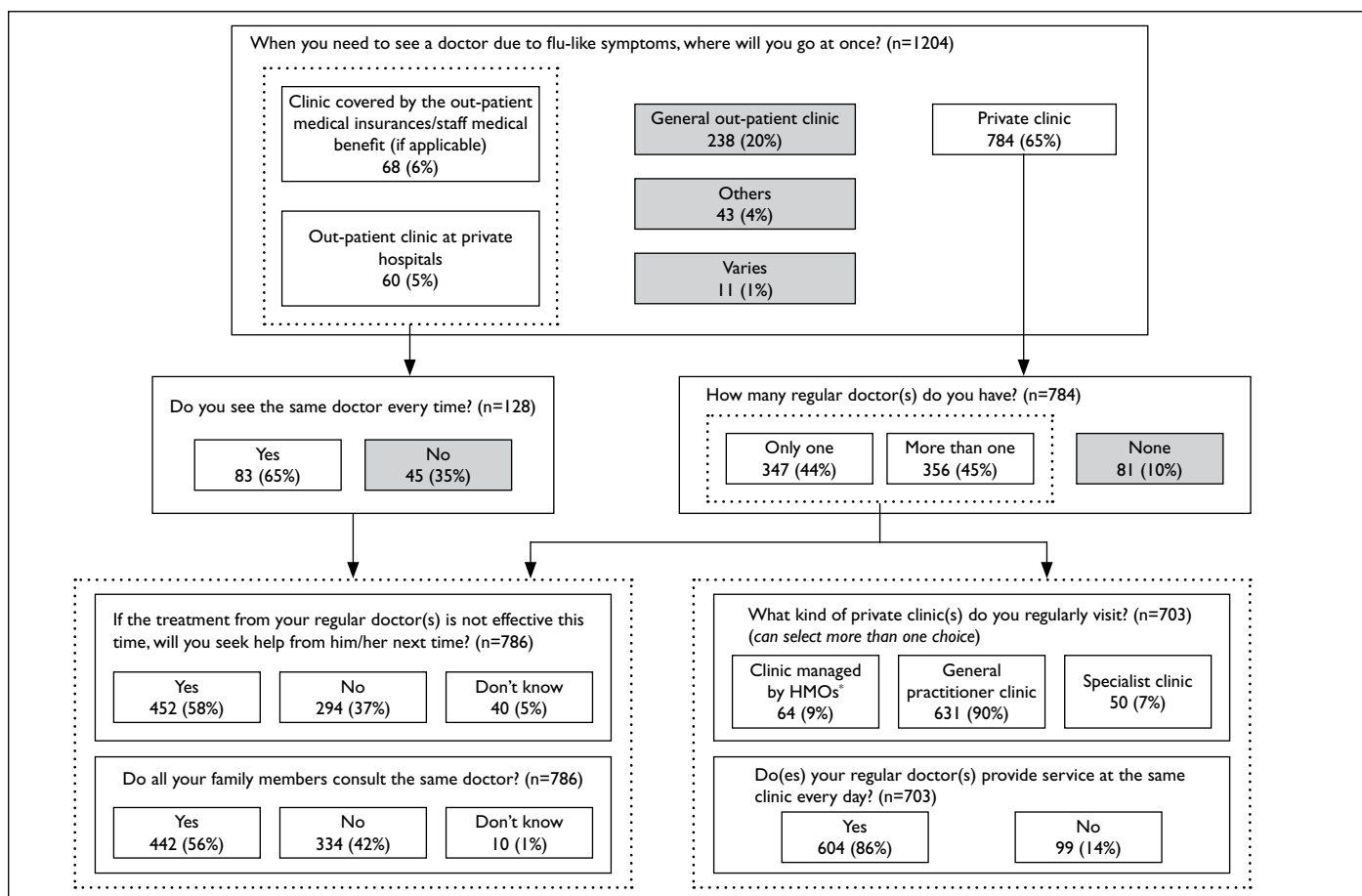
If a medical consultation was needed by those suffering from flu-like symptoms, 786 (65%) of the respondents would regularly see the same doctor or doctors. If treatment was ineffective, 58% (452/786) claimed they would still seek help from the same doctor again, while 37% (294/786) would consult another. Finally, 56% (442/786) claimed that all their family members consulted the same doctor when sick (Fig).

Health-seeking behaviour for chronic discomfort

When suffering from chronic complaints (joint pains, stomachache, or insomnia), 47% (571/1204) and 27% (326/1204) preferred attending a private GP clinic and a GOPC, respectively.

Health-seeking behaviour in those with chronic illness

In all, 301 (25%) of the respondents had chronic



* HMO denotes health maintenance organisation

FIG. Health-seeking behaviour for flu-like symptoms (respondents shown in grey boxes did not need to answer further questions)

illnesses. The prevalence rates of hypertension, diabetes, and dyslipidaemia among this subgroup were 41% (124/301), 17% (51/301) and 11% (34/301), respectively; 59% (176/301) had other chronic diseases, and 23% (69/301) had more than one chronic disease.

In this subgroup, the majority (66%, 198/301) preferred follow-up at a specialist out-patient clinic (SOPC). Whereas they also attended a GOPC (22%), private specialist clinics (8%), private family medicine clinics (6%), clinics covered by medical insurance or staff medical benefit schemes (0.8%), and TCM doctors (0.7%). The main reasons for the 198 respondents choosing SOPCs for follow-up were 'low consultation fee' (46%), having been 'referred by a doctor' (42%), and guaranteed doctor standards (16%). Other reasons include patients being government servants or their dependents (6%), having previously attended a SOPC (5%) and access to sophisticated medical equipment (3%).

Health-seeking behaviour in those without chronic illness

Among these respondents, 75% (902/1204) had

no chronic disease requiring regular follow-up, of whom 70% (629/902) would choose a SOPC as their first choice for regular follow-ups if they had chronic illness. The two most common reasons for choosing SOPCs were 'low consultation fee' (71%), and 'doctor's standard is guaranteed' (27%). Other reasons included: access to sophisticated medical equipment (15%), respondents being civil servants or their dependents (1.2%), convenient location (0.7%), and adequate complaint procedures (0.1%).

On the other hand, 269 respondents did not place SOPC as their first choice, mainly because of a 'long waiting time for the first appointment' (75%, 203/269). Other reasons for not choosing SOPC included: variable doctor standards (10%), inconsiderate/impatient doctors (8%), long waiting times for consultation and drug dispensing (7%), lack of continuity (5%), short duration of consultation (3%), and not being readily accessible when their condition becomes unstable (3%). In all, 11% provided 'other' options, while 8% had no response. This subgroup of 269 respondents preferred being followed up at private GP clinics (60%), out-patient clinics at private hospitals (12%), clinics covered by medical insurance or staff medical benefits schemes

TABLE 4. Preference for regular follow-up if the respondents had stable hypertension or diabetes

Preference	Data
Proportion of respondents that would consider 'family doctor' (n=1204)	48%
Affordable consultation fee (follow-up monthly, medication included)	(n=579)
<\$200	27%
\$201-300	21%
≥\$301	51%
Reason(s) for not choosing family doctor to have regular follow-up (can select more than one choice)	(n=540)
High consultation fee	80%
Have more confidence in specialist doctors	22%
The facilities are not enough in this kind of clinic	3%
Others	2%
Proportion of respondents that would consider 'nurse specialist' in general out-patient clinic (n=1204)	64%
Reason(s) for not choosing nurse specialist to have regular follow-up (can select more than one choice)	(n=357)
Have more confidence in doctors	87%
Since the fee is the same, I prefer seeing doctors	10%
The facilities are not enough in this kind of clinic	3%
Others	2%
Respondents' final choice (only one choice)	(n=1204)
General out-patient clinic	38%
Private general practitioner clinic/family doctor	23%
Specialist out-patient clinic	20%
Out-patient clinic at private hospital/private clinic managed by health maintenance organisation	4%
Private specialist clinic	3%
Clinic covered by the out-patient medical insurance/staff medical benefit (if applicable)	3%
Nurse specialist	1%
Others (traditional Chinese medicine doctor, accident and emergency department)	0.6%
No idea/Don't know	7%
Respondents' final choice by sector	(n=1204)
Public sector	59%
Private sector	33%
Others	0.6%
No idea/Don't know	7%

(10%), private specialist clinics (9%), TCM doctors (2%), GOPCs (1.4%), private clinics managed by health maintenance organisations (0.8%), and accident and emergency departments (0.3%).

Health-seeking behaviour in the event of having stable hypertension or diabetes

When the respondents were asked if they had stable hypertension or diabetes, 48% (579/1204) claimed

that they would prefer having regular follow-up by their own family doctor. Among those willing to be followed up by family physicians, more than half (292/579) stated that they could afford more than HK\$300 per month as the consultation fee (including drug costs) for this purpose. 'High consultation fee' was the main reason given for not choosing a family doctor for follow-up (80%, 433/540) [Tables 4 and 5].

Those who were reluctant to be followed up at a GOPC by nurse specialists gave their main reason as having more confidence in doctors.

When asked the final question regarding the choice of regular care if they had stable hypertension or diabetes, 38% (452/1204) chose GOPCs, 23% (276/1204) private GPs or clinic/family doctors, and 20% (243/1204) SOPCs. Among those who preferred regular follow-up of their chronic illness by their family doctor, about 38% would choose a private GP/private family doctor, regardless of whether they could afford the monthly consultation fee.

Discussion

Family physicians serve as gatekeepers in any health care system. Although over 80% of respondents stated that they did not know about family medicine, a similar proportion responded correctly when asked about the concept of gatekeeping. In addition, a substantial proportion was aware of the 'continuity of care' concept. Therefore, it appears that our local population already has a basic knowledge of family medicine. Some may already express a preference for family doctors, as evident from the subgroup who stated the lack of any need for family doctors but in fact already had one. Further education of the public is nevertheless necessary to clarify such concepts and reinforce the need to strengthen primary care.

Despite such knowledge, not many respondents' illness behaviour fulfilled the family medicine concept. Overall only 35% regularly visited the same doctor, while 45% claimed to seek out different doctors each time for flu-like illness. If their consultation fees were covered by medical insurance or staff medical benefit scheme, 65% would consult the same doctor every time if using a private hospital out-patient clinic, and lower proportion (44%) would do so if using private clinic, and nearly half had more than one doctor. Doctor-shopping is less likely if patients use private hospital facilities, of which the setting appears to inspire more confidence. Doctor-shopping behaviour has been noted in previous local studies,³²⁻³⁴ which reported a similar prevalence. On the contrary, patients with chronic illness prefer having regular follow-up at public institutions, even if they have the ability to pay for private services. They nevertheless preferred attending their own family doctors (48%) to make any final choice, and a higher

TABLE 5. Affordable consultation fees for regular follow-up of stable hypertension and diabetes under different settings

	Affordable consultation fee (follow-up monthly, medication included)*		
	<\$200	\$201-300	≥\$301
	(n=156)	(n=123)	(n=293)
Respondents' final choice			
Private general practitioner clinic/family doctor	39%	38%	39%
Out-patient clinic at private hospital/private clinic managed by health maintenance organisation	3%	5%	10%
Private specialist clinic	1%	5%	8%
Clinic covered by the out-patient medical insurance/staff medical benefit (if applicable)	2%	4%	7%
Sub-total: Private sector	45%	52%	64%
General out-patient clinic	31%	25%	14%
Specialist out-patient clinic	13%	19%	15%
Nurse specialist	0.6%	0.8%	1.4%
Sub-total: Public sector	44%	45%	31%
Traditional Chinese medicine doctor	1%	0.8%	0%
No idea/Don't know	10%	2%	6%

* These 572 respondents, who would consider having regular follow-up by their family doctor (for stable hypertension and diabetes), reported their affordable consultation fee

proportion chose a GOPC rather than a private GP (38% vs 23%). Apart from cost issue, patients appear to feel that GOPCs seem more appropriate for long-term management in terms of facilities for investigations and the long-term availability of medication.

It appears that those who have moderate-to-severe chronic illnesses or low incomes tend to opt for care at public institutions. However, the ongoing imbalance between public and private health sectors can only be ameliorated, if a closer public-private partnership could materialise to reduce differences in costs. It is important to note that more people use private than public services for diagnosis (which usually pre-dates chronic illness). This is reflected by a higher proportion of respondents using private GP clinics to obtain a diagnosis (47% vs 27%). Diversion of patients with chronic diseases to a private system manned by family doctors would not only reduce overall health care costs, importantly it would make good use of private GPs as gatekeepers at the initial stage of an illness. After all, patients usually preferred private GPs for reaching an initial diagnosis, as obtaining an appointment and being seen by a known doctor was preferred. For those with complicated problems or requiring long-term follow-up, and persons with financial difficulties, management within the public sector appears optimal.

The 2008 FHB consultation document clearly emphasised the importance of developing primary care. In particular, it suggested establishing a family doctor register with wide initial inclusion criteria, thus creating a large number of 'family doctors' in Hong Kong. (As quoted from the FHB document:

"Initially all registered medical practitioners who are practising in Hong Kong and providing family doctor service or willing to provide family doctor service may register as family doctors".) The current low number of family medicine specialists in the community may indeed account for the population's non-family medicine illness behaviour. This deficit will likely improve with the establishment of the family doctor register. However, the significant proportion of patients stating the lack of need for family doctors highlights the urgency of promoting family medicine in the community. Therefore, as well as increasing the quantity, governing bodies should also guarantee the quality of 'family doctors' within this register. Qualities that particularly define a family doctor have been investigated in overseas studies.^{12-18,35,36} The perceptions of Hong Kong inhabitants appear to be no different. They also prefer a doctor who "knows clearly my physical conditions", who can provide "fast-acting and effective treatment", and also has a "friendly and sincere attitude". There is currently no information regarding our population's preference for primary care doctors with different qualifications, and future surveys looking into this should help define such qualities needed in a family doctor.

With an emerging market-based health care system, the ability to pay becomes the main factor affecting access to health care. Already in mainland China with a fast-growing economy, rural people tend to bypass local doctors and seek help from expensive urban hospitals.³⁷ It is important to have an effective health care system to ensure patients seeking health care at the right place, appropriate for their medical condition.

In some overseas jurisdictions, nurse practitioners are available for managing common medical problems. This is still a new concept in Hong Kong. Not surprisingly, our respondents placed more confidence in doctors than in nurse practitioners. Undeniably moreover, the system of nurse practitioners is still in its infancy in Hong Kong. By learning from overseas, greater awareness can develop among the general public, the role of nurses and indeed other allied health professionals could also be further enhanced in primary care.

Limitations

The survey interviewed a high proportion of subjects aged 45 years or more, for which age adjustment was performed. The study population also entailed higher-than-anticipated proportion of clerks and sales services personnel, which are nevertheless becoming the major types of occupations for both new school leavers and even tertiary education graduates. Telephone interviews tend to capture smaller proportions of persons belonging to upper socio-economic classes. However, the middle class and lower socio-economic levels of society very likely

contribute a relatively larger health care burden on society, and so more data about such groups are of paramount importance.

Some of the questions asked were hypothetical. Actual decisions would be affected by many factors, which change with time. To have some basic understanding of intentions is still useful, even they might not actually be put into practice. Such data could help to set the scene in long-term.

Conclusion

The people of Hong Kong already have their own ideas regarding how to care for their health, and what kind of family doctors they prefer. Our primary health care system will only be effective and efficient if their ideas are incorporated into future policies. In addition, doctors who want to practise primary care/family medicine must provide the care that the population needs, not simply what the profession demands. This survey could help both doctors and health care policy makers to realign current thinking, and thus provide a platform for the development of a primary care model unique to Hong Kong.

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