

# National GP Fee Survey



Prepared for  
The Ministry of Health

February 2004

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## EXECUTIVE SUMMARY

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The Ministry of Health contracted CBG Health Research to undertake a survey of the co-payments charged by primary care providers. The survey was conducted during the first two weeks of February 2004.

Lists of practices from various sources were combined, including CBG databases, Ministry Primary Health Organisation (PHO) databases, the Atlantis Healthbase-maintained list of individual doctor practices and a download of the latest Medidata database. When duplicates and known non-GP practices were removed 1266 practices remained. Three attempts by fax and by phone were made to contact each practice. 1199 practices were able to be contacted and identified as providers of GP services.

Responses were obtained from 1088 practices, a response rate of 91%. The response rate did not vary significantly by practice funding arrangement (PHO-Access, PHO-Interim, non-PHO) but did vary by District Health Board (DHB). This was probably because some large Independent Practitioners' Associations (IPAs) advised their members not to participate. The lowest response rate was 80% in Canterbury. The highest was 100% on the West Coast.

After discussion with the Ministry, we collected fee information for five patient groups, for registered and casual patients. The table shows average fee by patient category, the average fee for each funding arrangement, the maximum fee returned and the 90<sup>th</sup> percentile - 90% of practices charge less than this amount. In all patient categories the minimum fee was zero.

Co-payment in \$	N	Mean	Access	Interim	Non-PHO	Max	90 <sup>th</sup> percentile
Child 0-5	1083	1.59	0.37	2.10	1.73	35.00	7.00
Child 0-5 casual	1078	2.15	1.47	2.60	2.12	45.00	10.00
Youth 6-17 non-CSC*	1079	18.97	7.9	21.1	21.90	48.00	31.00
Youth 6-17 non-CSC casual	1078	22.09	15.2	24.1	23.40	55.00	35.00
Youth 6-17 CSC	1080	15.73	7.0	18.5	17.30	60.00	25.00
Youth 6-17 CSC casual	1077	17.94	12.4	20.5	18.40	45.00	30.00
Adult non-CSC	1084	36.65	17.2	43.0	40.10	65.00	50.00
Adult non-CSC casual	1081	41.82	35.4	44.5	42.50	70.00	50.00
Adult CSC	1086	24.81	13.8	28.9	26.40	55.00	35.00
Adult CSC casual	1081	27.73	23.90	29.80	27.90	65.00	35.00

\*CSC = Community Services Card

Fees differed across DHBs. The lowest fees were in DHBs that contained more isolated rural communities and the highest fees were in the larger centres. The southern South Island also had relatively high fees.

The survey established a baseline for planning and evaluating further moves to reduce financial barriers to access. It should be repeated to track changes over time.

# INTRODUCTION

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A knowledge of the patient fees (“co-payments”) charged by doctors is critical for service planning and policy development, especially when financial barriers to access are known to be significant for some sections of the population. Although some DHBs may have databases of fees, there is at the present time no national collection of this information. To remedy this situation, the Ministry of Health (“the Ministry”) contracted CBG Health Research to undertake a survey of the fees currently charged by primary care providers.

# METHODS

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Although we have called this a survey it is really a census – the goal was to contact all primary care providers and establish their scale of standard fees. The issue of sampling did not arise. We aimed to collect data from every primary care provider in the country. The first step was to construct an up-to-date list of all providers. Four data sources were combined to build this list.

- CBG Health Research database (1125 practices)
- A list of GPs in PHOs supplied by the Ministry (1972 doctors)
- A database (maintained by Atlantis Healthbase) of doctors supplied by the Ministry (4000 GPs)
- A download of the latest Medidata data (1250 practices)

Duplicates between the databases were merged (based upon matching phone numbers) and identifiable non-primary care specialist clinics were removed to leave a list of 1266 primary care providers. Data collection commenced on 3 February, including a two day pilot, and was completed on 19 February. Three attempts were made to contact each provider, with three faxes and three phone calls over a period of up to one week. As result of these contacts the 1266 identified providers could be further classified as described in Table 1:

**Table 1 – Classification of sample frame**

<b>Classification</b>	<b>Total</b>	<b>Notes</b>
	1266	
Participated	1088	Data obtained
Duplicate	4	Identified during survey
no data	3	Agreed to participate but no data supplied
no reply	39	No response to phone / fax; closed; not operational
non-GP	24	Specialists, student health, sports medicine, “corporate” services or exclusive after hours service provider.
Declined	108	

Providers that classified themselves as A and M clinics were included in the sample if they offered standard GP services during normal hours. Of the 1199 providers of GP services that we asked to participate, data was supplied by 1088, a response rate of 91%.

The next series of tables describe the response rate in more detail. Table 2 shows the response rate by DHB, Table 3 gives response rate by funding type (PHO Access funded, PHO Interim funded and Other) and Table 4 summarises the reasons given for non-participation.

**Table 2 – Response rate by District Health Board**

<b>DHB</b>	<b>Responses</b>	<b>No data</b>	<b>Declined</b>	<b>Response rate</b>
Auckland	108	1	10	90.8%
Bay of Plenty	52		2	96.3%
Canterbury	110		26	80.9%
Capital & Coast	66		9	88.0%
Counties Manukau	119	1	11	90.8%
Hawkes Bay	34		2	94.4%
Hutt Valley	28		1	96.6%
Lakes	25		5	83.3%
MidCentral	45		4	91.8%
Nelson Marlborough	42		1	97.7%
Northland	41		1	97.6%
Otago	59		1	98.3%
South Canterbury	27		1	96.4%
Southland	26		4	86.7%
Tairāwhiti	25		1	96.2%
Taranaki	38		6	86.4%
Waikato	79		9	89.8%
Wairarapa	8		1	88.9%
Waitemata	126	1	11	91.3%
West Coast	14			100.0%
Whanganui	16		2	88.9%
<b>Total</b>	<b>1088</b>	<b>3</b>	<b>108</b>	<b>90.7%</b>

The lowest response rate was in Canterbury (80%) where Pegasus IPA advised members not to participate, informing the Ministry of this decision. The regional response rate was also affected by communication from IPAs in Auckland, Waikato and Wellington asking their members not to participate in the survey until the Independent Practitioners' Association Council of New Zealand or IPAC (an IPA representative body) had been advised as to the reason for the survey and the ways in which the results might be utilised. After discussions between the Ministry of Health and IPAC, as a result of which the survey wording was modified slightly, IPAs were informed that IPAC did not object to the survey. However, as far as we are aware there was no subsequent communication from IPAs to members to this effect by the time data collection ceased on 19 February.

**Table 3 – Response rate by funding arrangement**

<b>Funding arrangement</b>	<b>Responses</b>	<b>No data</b>	<b>Declined</b>	<b>Response rate</b>
Access	207	1	15	92.8%
Interim	350	1	34	90.9%
Non-PHO	531	1	59	89.8%
<b>Total</b>	<b>1088</b>	<b>3</b>	<b>108</b>	<b>90.7%</b>

Response rates did not vary significantly between different funding models, although Access funded PHOs had the highest response rate.

**Table 4 – Reasons for non-participation**

<b>Reasons given (grouped)</b>	
Would not state reason	22
Believes fees are private and confidential	17
3 calls 3 faxes no reply	12
Advised by a fax from Pegasus Health not to proceed	12
Pinnacle has advised not to proceed	8
Procure have not told them to proceed	7
Advised not to participate, will not say who	6
Stopping general practice	6
Key person to decide is away	3
Refuses to participate unless it is compulsory	3
Doctor unable to decide whether fees are confidential	3
Advised by WIPA not to complete the survey	1
MIPA (Manawatu) have said no to survey	1
Do not wish to be part of PHO strategising	1
No standard fees, case by case basis	1
Do not wish to have more paper work done for no gain	1
Until more money paid will not answer	1
Require a fee payment to participate	1
Is waiting to hear from Easthealth	1
Will not be party to possible moves towards fee capping	1
<b>TOTAL</b>	<b>108</b>

Primary care providers were sent a fax sheet asking them to provide their “standard fee” for providing consultations to patients in various categories. If a provider requested more information on the meaning of “standard fee” they were asked to provide the fee that they advertised as their “standard fee”, as required in contracts with DHBs.

A small number of providers (20) gave a range of values – in this case the highest figure was recorded for a standard length consultation, with no special procedures.

## RESULTS

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The analyses that follow are for the 1088 providers that returned their scale of fees. The mean co-payment, minimum and maximum and 95<sup>th</sup> percentile are shown in Table 5a for the 10 fee categories for which data was collected. Not all providers provided fees for all categories; the number of responses for a given category is also shown.

Table 5a – National co-payment levels

	Practices	Mean	Median	Minimum	Maximum	90 <sup>th</sup> Percentile	95 <sup>th</sup> Percentile
<b>Child 0-5</b>	1083	1.59	0.00	0.00	35.00	7.00	10.00
<b>Child 0-5 casual</b>	1078	2.15	0.00	0.00	45.00	10.00	12.00
<b>Youth 6-17 non-CSC</b>	1079	18.97	20.00	0.00	48.00	31.00	35.00
<b>Youth 6-17 non-CSC casual</b>	1078	22.09	23.00	0.00	55.00	35.00	37.00
<b>Youth 6-17 CSC</b>	1080	15.73	16.00	0.00	60.00	25.00	30.00
<b>Youth 6-17 CSC casual</b>	1077	17.94	20.00	0.00	45.00	30.00	30.00
<b>Adult non-CSC</b>	1084	36.65	42.00	0.00	65.00	50.00	55.00
<b>Adult non-CSC casual</b>	1081	41.82	45.00	0.00	70.00	50.00	55.00
<b>Adult CSC</b>	1086	24.81	27.00	0.00	55.00	35.00	39.00
<b>Adult CSC casual</b>	1081	27.73	30.00	0.00	65.00	35.00	40.00

Table 5b – Distribution of co-payments

	Practices	<\$10	\$10-19.99	\$20-29.99	\$30+
<b>Child 0-5</b>	1083	991	84	6	2
<b>Child 0-5 casual</b>	1078	952	113	11	2
<b>Youth 6-17 non-CSC</b>	1079	166	292	420	201
<b>Youth 6-17 non-CSC casual</b>	1078	106	192	492	288
<b>Youth 6-17 CSC</b>	1080	216	406	384	74
<b>Youth 6-17 CSC casual</b>	1077	154	342	467	114
<b>Adult non-CSC</b>	1084	27	181	84	792
<b>Adult non-CSC casual</b>	1081	17	25	52	987
<b>Adult CSC</b>	1086	66	203	367	450
<b>Adult CSC casual</b>	1081	30	75	429	547

These fees may be considered by the providers' funding arrangement – Access funded PHO, Interim funded PHO or non-PHO. Appendix 2 presents the data in Tables 5a and 5b by funding arrangement. Table 6 below gives the mean co-payment for each funding arrangement.

Table 6 – Co-payments by funding arrangement

	Access		Interim		Non-PHO		All
	n	\$	n	\$	n	\$	
<b>Child 0-5</b>	207	0.37	349	2.09	527	1.73	1.59
<b>Child 0-5 casual</b>	205	1.47	346	2.60	527	2.12	2.15
<b>Youth 6-17 non-CSC</b>	206	7.93	348	21.06	525	21.92	18.97
<b>Youth 6-17 non-CSC casual</b>	205	15.20	348	24.14	525	23.43	22.09
<b>Youth 6-17 CSC</b>	207	7.03	348	18.49	525	17.33	15.73
<b>Youth 6-17 CSC casual</b>	205	12.40	348	20.52	524	18.39	17.94
<b>Adult non-CSC</b>	206	17.20	348	42.97	530	40.06	36.65
<b>Adult non-CSC casual</b>	205	35.43	347	44.54	529	42.51	41.82
<b>Adult CSC</b>	207	13.84	349	28.89	530	26.41	24.81
<b>Adult CSC casual</b>	206	23.91	346	29.79	529	27.87	27.73

Interestingly, providers in Interim funded PHOs appear to charge more on average than non-PHO providers. In Table 7 regional variations in average fee levels are described by DHB:

**Table 7 – Average co-payment by District Health Board and patient group**

<b>DHB</b>	<b>Total practices</b>	<b>Child 0-5</b>	<b>Youth 6-17 non-CSC</b>	<b>Youth 6-17 CSC</b>	<b>Adult non-CSC</b>	<b>Adult CSC</b>
Auckland	108	3.20	22.17	18.20	40.48	27.11
Bay of Plenty	52	0.78	15.22	13.81	32.63	23.18
Canterbury	110	0.87	18.73	13.71	40.30	25.16
Capital & Coast	66	4.07	22.37	19.98	42.58	29.08
Counties Manukau	119	0.85	12.34	10.22	27.17	19.49
Hawkes Bay	34	0.15	15.94	13.29	36.62	23.38
Hutt Valley	28	2.00	22.79	18.82	39.21	26.25
Lakes	25	1.32	11.44	10.84	18.92	16.56
MidCentral	45	0.19	21.96	16.51	38.53	25.00
Nelson Marlborough	42	1.07	23.19	20.17	45.39	30.63
Northland	41	0.85	14.02	12.99	21.76	18.90
Otago	59	2.18	24.10	18.80	43.71	29.73
South Canterbury	27	0.93	21.00	17.74	41.70	27.41
Southland	26	2.77	27.73	22.62	43.12	27.92
Tairāwhiti	25	0.00	8.42	7.88	18.40	13.08
Taranaki	38	0.97	17.53	15.13	35.11	22.66
Waikato	79	0.70	14.13	11.99	31.08	20.39
Wairarapa	8	4.00	20.38	18.50	43.88	29.00
Waitemata	126	2.67	24.43	20.30	43.81	30.15
West Coast	14	0.71	14.36	11.14	33.64	20.86
Whanganui	16	0.00	18.13	15.17	35.80	23.87

The following pages contain histograms that describe the distribution of fees for each of the three funding arrangements and 10 patient groups. Each page of two graphs of co-payment distributions addresses one age / CSC group with graphs for registered and casual patients.

The x-axis boundaries are the upper end of the interval – eg the bars before “0” are all fees less than or equal to zero (ie zero). The bars before “20” are all fees greater than \$15 up to and including \$20.

Figure 1 - Child under 6

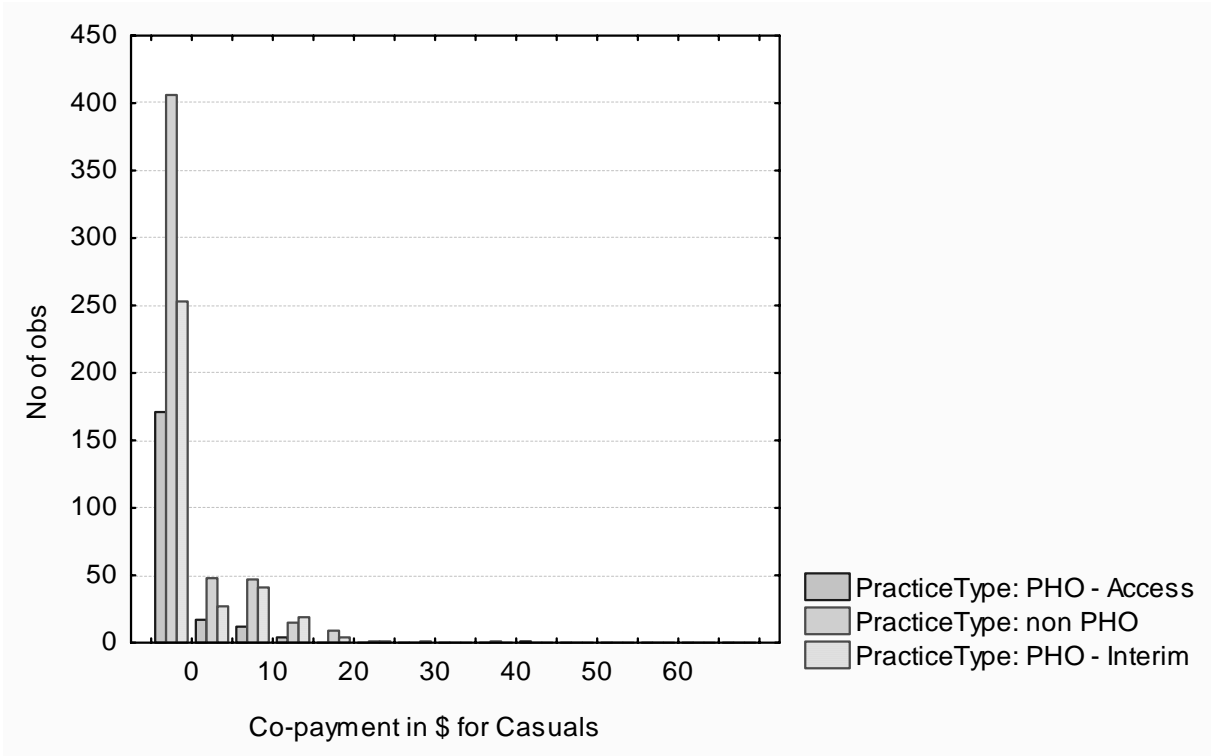
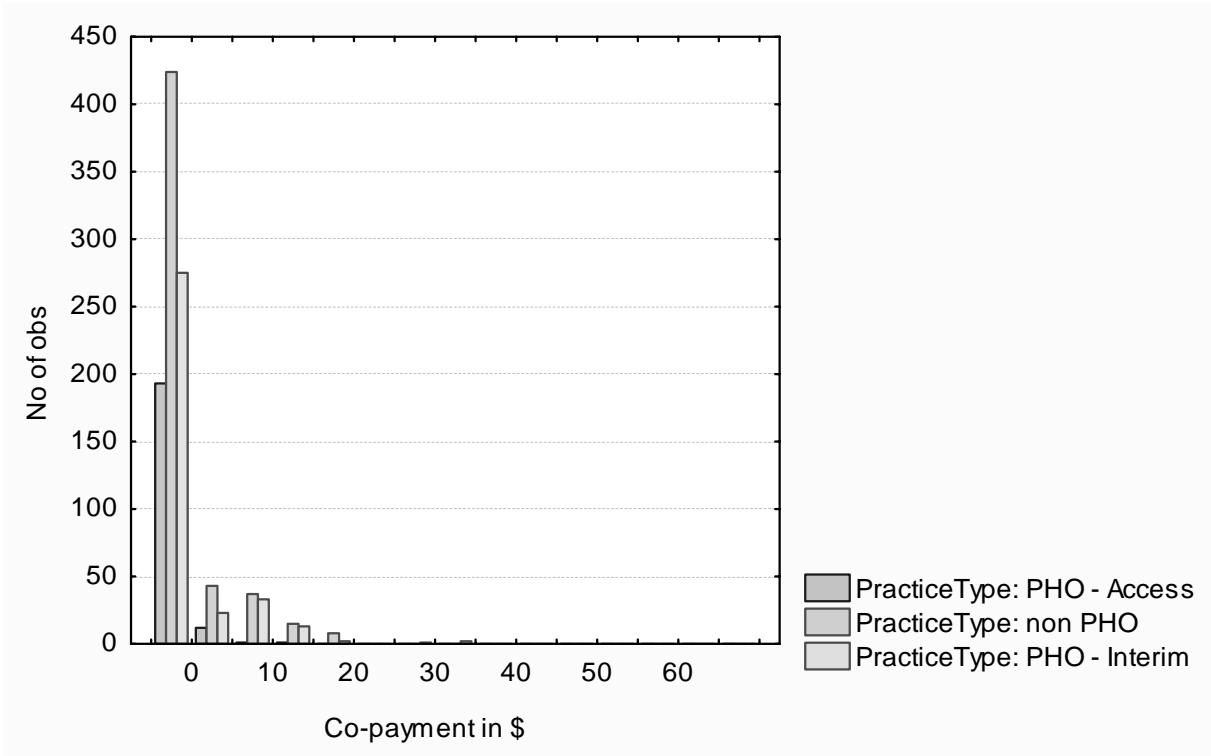


Figure 2 - Youth 6-17 non-CSC holder

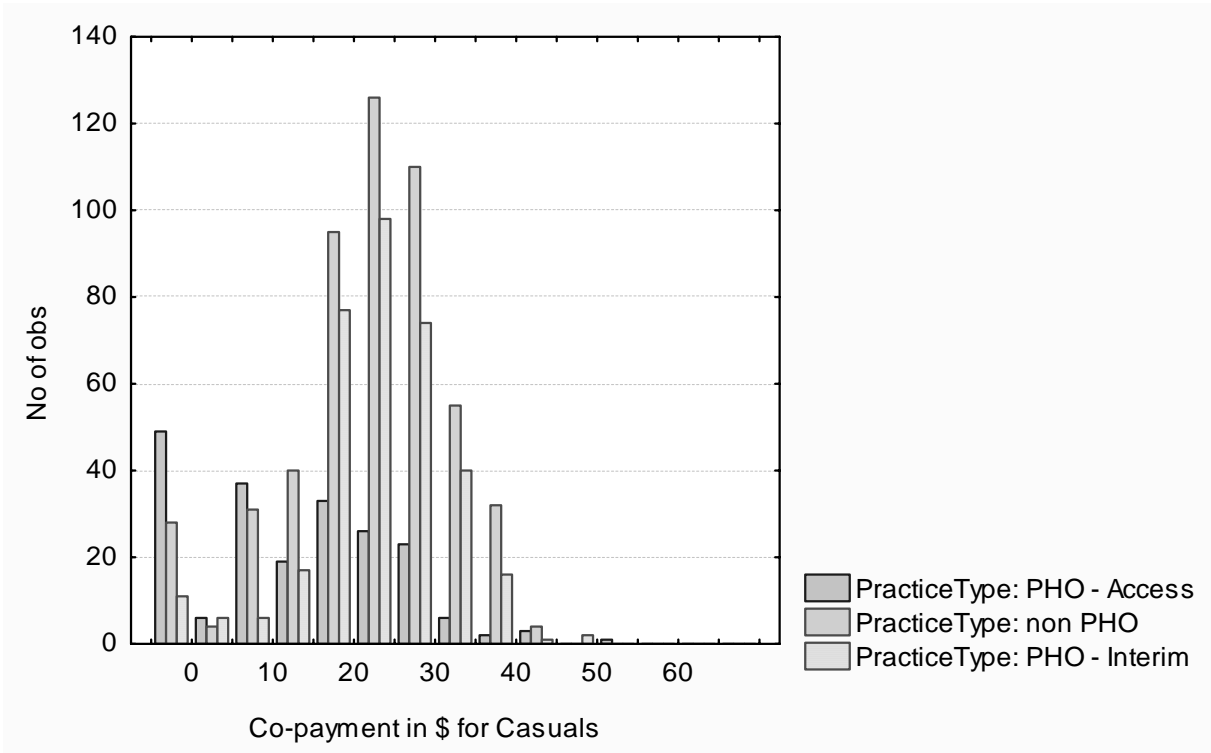
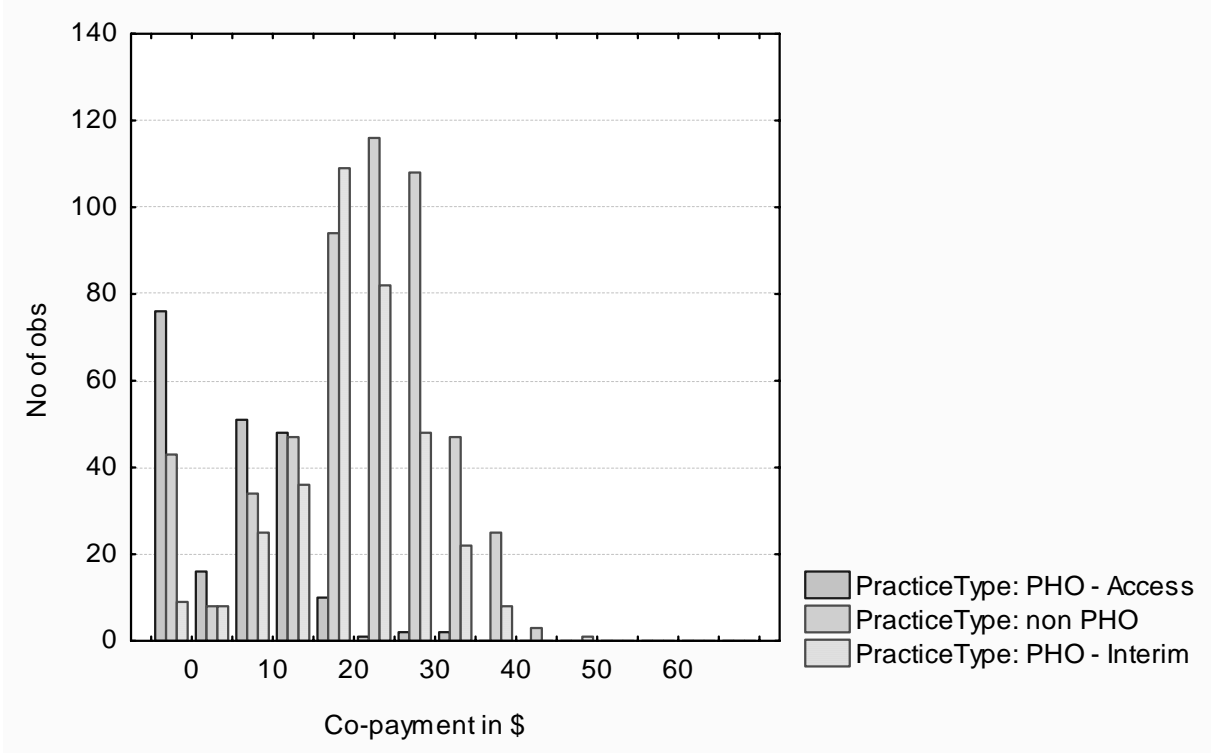


Figure 3 - Youth 6-17 CSC holder

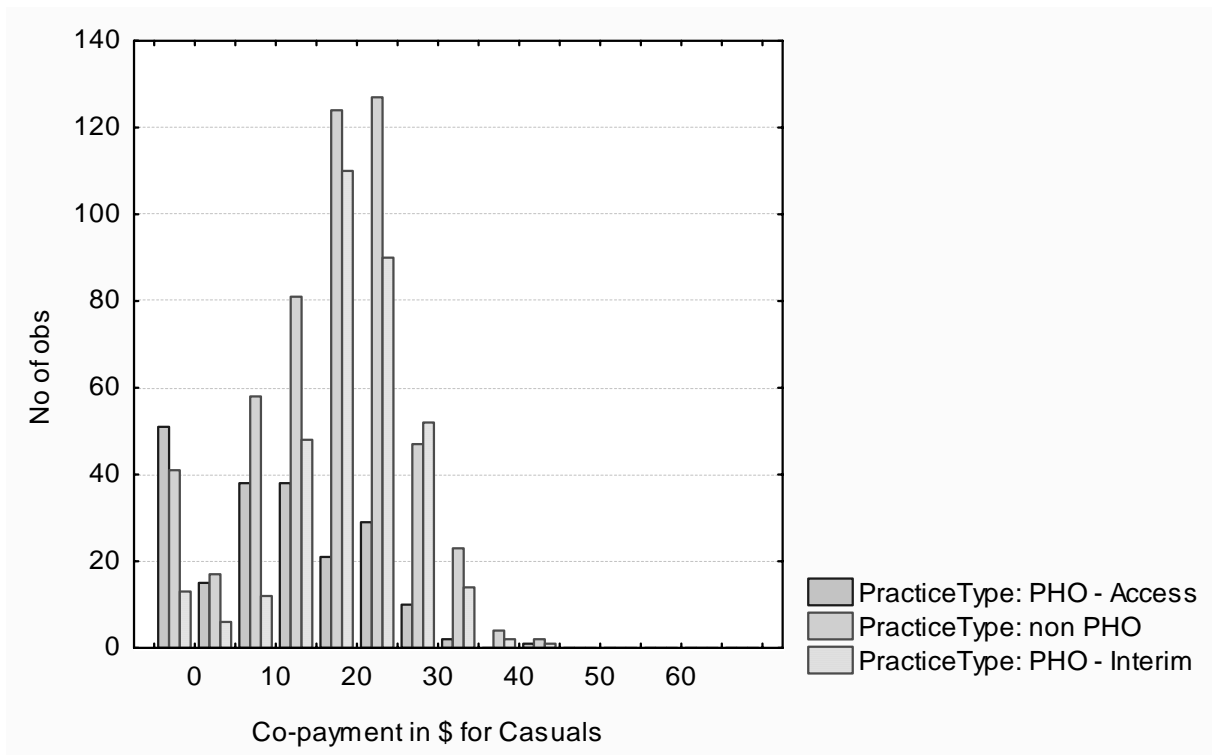
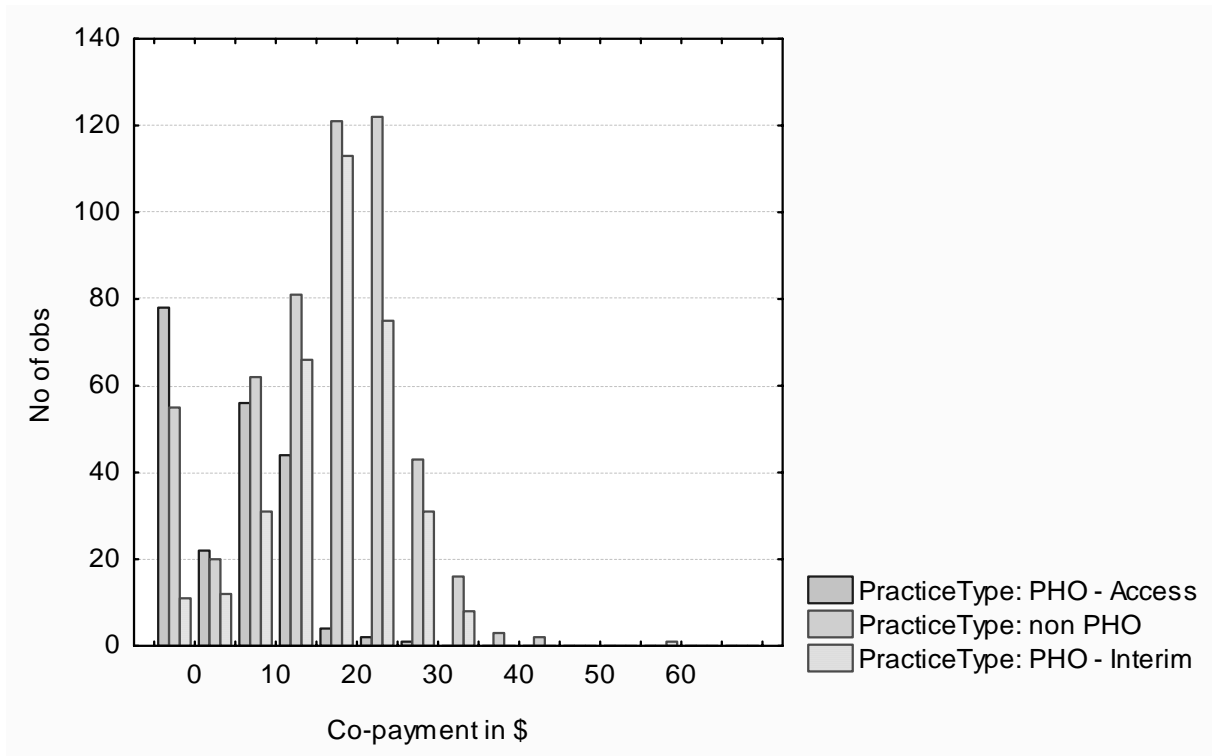


Figure 4 - Adult non-CSC holder

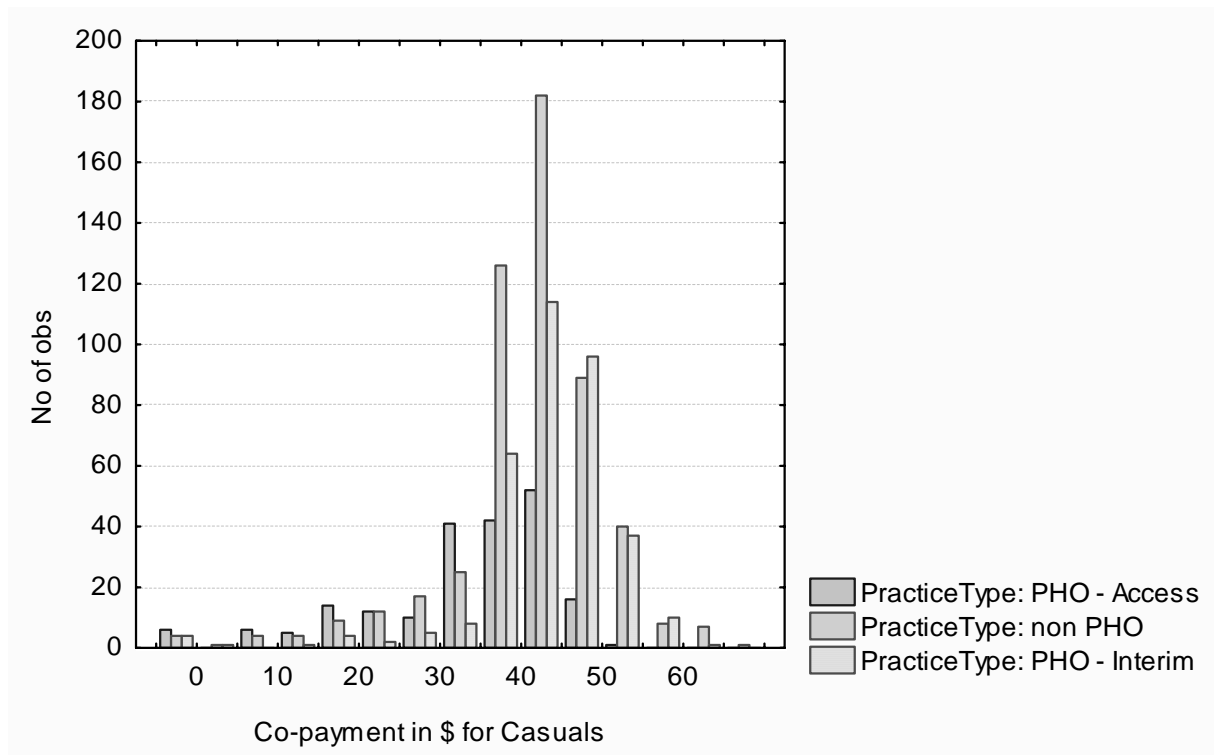
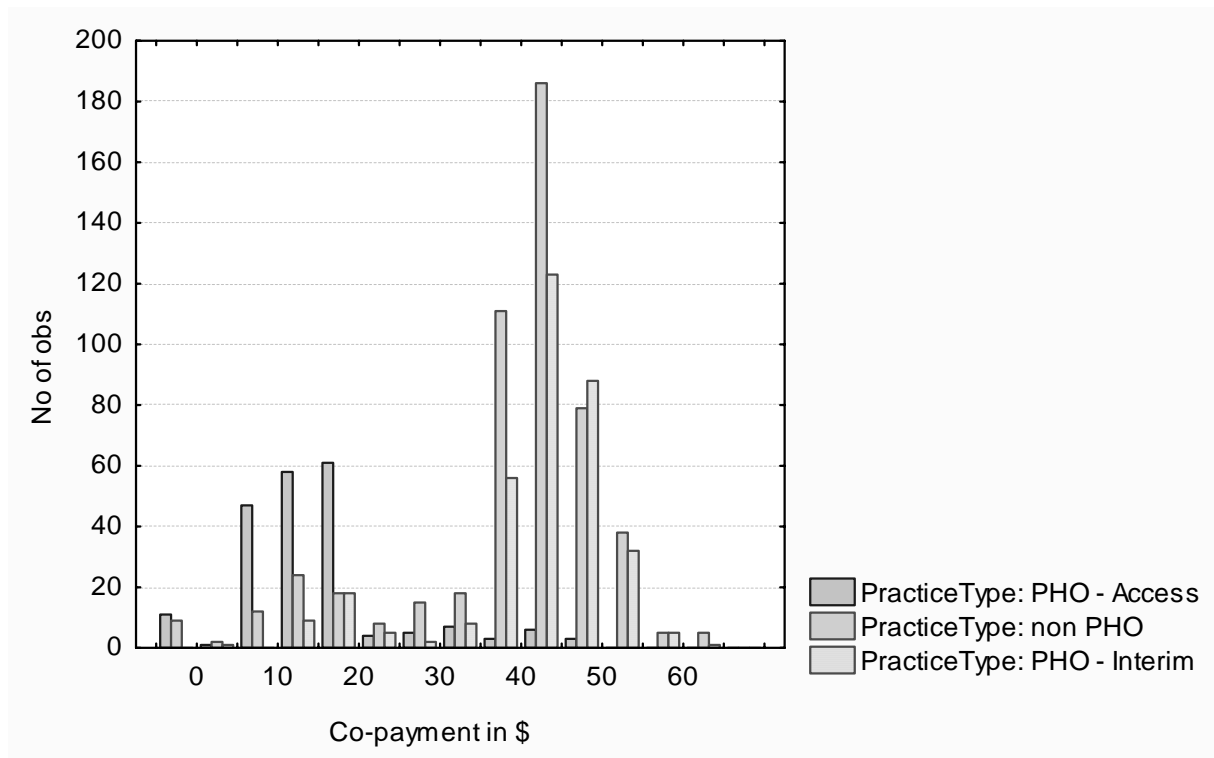
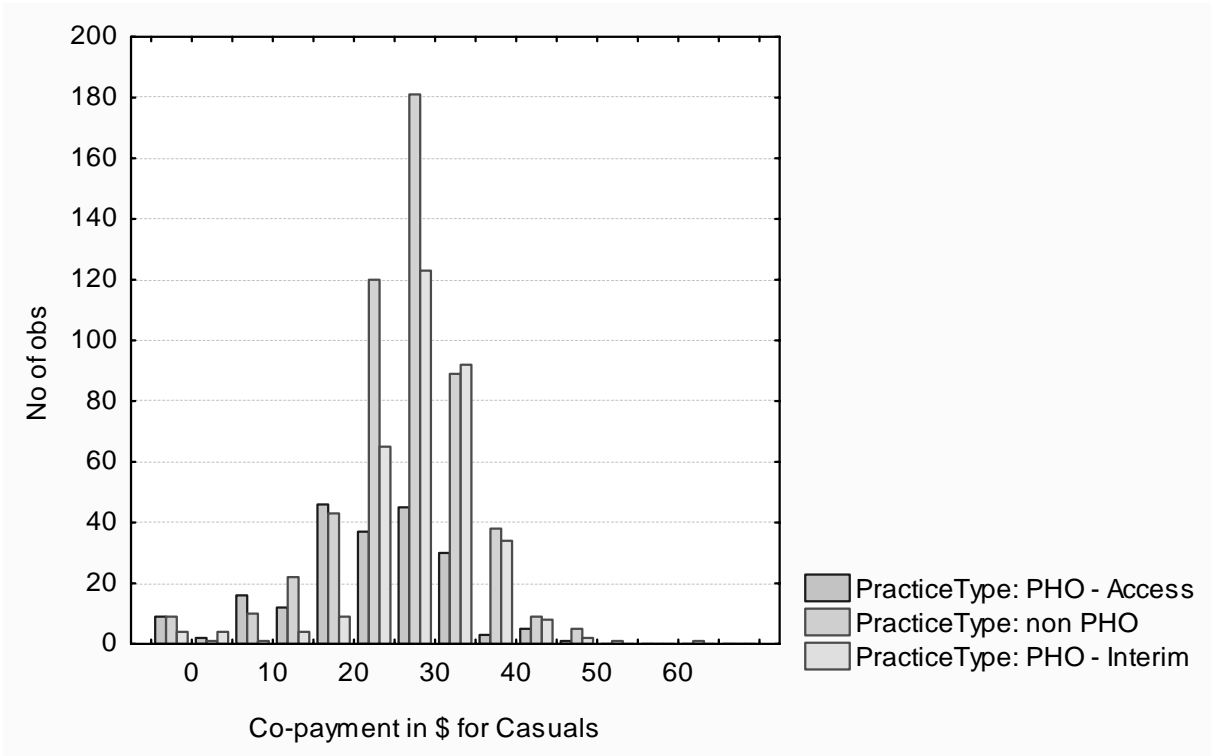
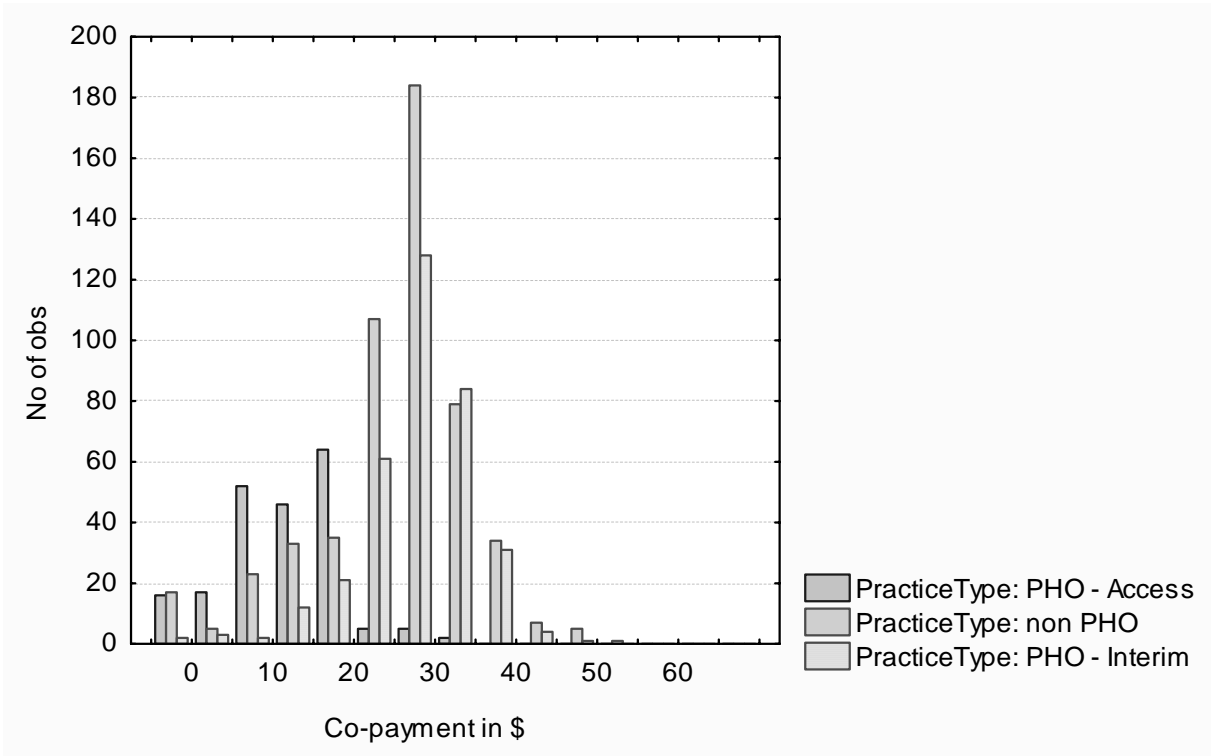


Figure 5 - Adult CSC holder



## DISCUSSION

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Although the Ministry contracted for a simple survey of fees, we have made a few observations based on our experience in conducting this survey.

1. This survey has established a good baseline for assessing the impact of future Government progress in reducing financial barriers, and provides an interesting snapshot of the current landscape. A number of issues suggest further work is required, for example the relative fee levels charged by Interim-funded and non-PHO practices are interesting and the survey also shows differences in CSC and non-CSC rates where they might not be expected.
2. The response rate of 91% is very good for this type of survey, especially given the directions given by some IPAs not to participate. This was almost certainly countered by the fact that GPs have to display their fees, and the information must be displayed publicly. Nevertheless the regional differences in response rates are notable and may reflect differences in strength of organisational identification of practices with their IPA.
3. Survey workers reported that when GPs did enter into discussion about the survey it was often over the definition of a “standard fee”. Some GPs displayed a range of standard fees. There is obviously a range in the time required for a single consultation, and the publication of a “standard fee” can be misleading.
4. Although we have reported the published standard fee it has long been known that many consultation fees are heavily discounted or even waived completely. A survey such as this cannot be used to calculate actual expenditure without further work to characterise the extent of discounting.
5. To track fees over time a survey such as this should be conducted regularly. Because the funding environment is changing rapidly we would suggest repeating this survey every 3-6 months. The simple fact that a fee survey is taking place may produce pressure for more fee competition. It may also reduce the practice of increasing fees ahead of an increase in subsidy levels. Most importantly, regular fee surveys will enable the Government to make better informed decisions on the best ways to implement the components of the Primary Health Care Strategy aimed at reducing financial barriers to primary care.

# APPENDIX 1 - COPY OF QUESTIONNAIRE

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## Ministry of Health Survey of Published Standard Patient Fees

CBG Health Research Limited is completing a survey, on behalf of the Ministry of Health, to identify published standard patient fee levels. The information is required for policy making and as part of measuring the success of the Primary Health Care Strategy. It will not be used for capping patient fees. The Ministry of Health is committed to working within the primary care fees framework agreed with the Minister of Health last year.

The Ministry have requested that the survey is completed by all 1250 practices in New Zealand. Your help and cooperation would be greatly appreciated.

All practices will be provided with access to the results and report.

**Please complete the following table and return by fax [fax number] or email to [linda.hefford@cbg.co.nz](mailto:linda.hefford@cbg.co.nz)**

Patient type	Published Standard Fee Jan 2004	
	Enrolled	Casual
Adult (non CSC)		
Adult (CSC)		
Child under 6 years		
Young person 6-17 years (non CSC)		
Young person 6-17 years (CSC)		
<b>We will email the national results to you. Please give the practice email address below</b>		
<b>Email .....</b>		

*Please return the fax to [name and fax number]  
or email [linda.hefford@cbg.co.nz](mailto:linda.hefford@cbg.co.nz)  
If you have any queries, please contact Linda Hefford, Research manager,  
027 254 8200*

## APPENDIX 2 – FEE DISTRIBUTIONS BY FUNDING ARRANGEMENT AND PATIENT GROUP

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Breakdowns of data in Table 5a and 5b

### 5a - Access PHOs only

	Practices	Mean	Median	Minimum	Maximum	90 <sup>th</sup> Percentile	95 <sup>th</sup> Percentile
<b>Child 0-5</b>	207	0.37	0.00	0.00	15.00	0.00	5.00
<b>Child 0-5 casual</b>	205	1.47	0.00	0.00	45.00	5.00	10.00
<b>Youth 6-17 non-CSC</b>	206	7.93	10.00	0.00	35.00	15.00	20.00
<b>Youth 6-17 non-CSC casual</b>	205	15.20	15.00	0.00	55.00	30.00	35.00
<b>Youth 6-17 CSC</b>	207	7.03	10.00	0.00	30.00	15.00	15.00
<b>Youth 6-17 CSC casual</b>	205	12.40	10.00	0.00	45.00	25.00	30.00
<b>Adult non-CSC</b>	206	17.19	15.00	0.00	50.00	30.00	40.00
<b>Adult non-CSC casual</b>	205	35.43	38.00	0.00	55.00	45.00	50.00
<b>Adult CSC</b>	207	13.84	15.00	0.00	35.00	20.00	25.00
<b>Adult CSC casual</b>	206	23.91	25.00	0.00	50.00	35.00	35.00

### 5a - Interim PHOs only

	Practices	Mean	Median	Minimum	Maximum	90 <sup>th</sup> Percentile	95 <sup>th</sup> Percentile
<b>Child 0-5</b>	349	2.09	0.00	0.00	35.00	10.00	12.00
<b>Child 0-5 casual</b>	346	2.60	0.00	0.00	29.00	10.00	13.00
<b>Youth 6-17 non-CSC</b>	348	21.05	20.00	0.00	48.00	30.00	35.00
<b>Youth 6-17 non-CSC casual</b>	348	24.14	25.00	0.00	49.00	35.00	37.00
<b>Youth 6-17 CSC</b>	348	18.49	20.00	0.00	60.00	27.00	30.00
<b>Youth 6-17 CSC casual</b>	348	20.52	20.00	0.00	44.00	30.00	30.00
<b>Adult non-CSC</b>	348	42.97	45.00	0.00	64.00	52.00	55.00
<b>Adult non-CSC casual</b>	347	44.54	45.00	0.00	64.00	55.00	55.00
<b>Adult CSC</b>	349	28.88	30.00	0.00	49.00	36.00	40.00
<b>Adult CSC casual</b>	346	29.79	30.00	0.00	50.00	38.00	40.00

### 5a - Non-PHOs only

	Practices	Mean	Median	Minimum	Maximum	90 <sup>th</sup> Percentile	95 <sup>th</sup> Percentile
<b>Child 0-5</b>	527	1.73	0.00	0.00	20.00	8.50	10.00
<b>Child 0-5 casual</b>	527	2.11	0.00	0.00	40.00	10.00	10.00
<b>Youth 6-17 non-CSC</b>	525	21.92	24.00	0.00	45.00	35.00	36.00
<b>Youth 6-17 non-CSC casual</b>	525	23.42	25.00	0.00	45.00	35.00	38.00
<b>Youth 6-17 CSC</b>	525	17.32	20.00	0.00	45.00	28.00	30.00
<b>Youth 6-17 CSC casual</b>	524	18.38	20.00	0.00	45.00	30.00	32.00
<b>Adult non-CSC</b>	530	40.02	43.00	0.00	65.00	50.00	55.00
<b>Adult non-CSC casual</b>	529	42.50	45.00	0.00	70.00	52.00	55.00
<b>Adult CSC</b>	530	26.40	28.00	0.00	55.00	35.00	40.00
<b>Adult CSC casual</b>	529	27.86	29.00	0.00	65.00	36.00	40.00

5b – Access PHOs only

	<b>Practices</b>	<b>&lt;\$10</b>	<b>\$10-19.99</b>	<b>\$20-29.99</b>	<b>\$30+</b>
<b>Child 0-5</b>	207	205	2		
<b>Child 0-5 casual</b>	205	191	13		1
<b>Youth 6-17 non-CSC</b>	206	93	99	11	3
<b>Youth 6-17 non-CSC casual</b>	205	55	61	62	27
<b>Youth 6-17 CSC</b>	207	102	98	6	1
<b>Youth 6-17 CSC casual</b>	205	67	79	47	12
<b>Adult non-CSC</b>	206	15	126	42	23
<b>Adult non-CSC casual</b>	205	6	14	26	159
<b>Adult CSC</b>	207	37	120	46	4
<b>Adult CSC casual</b>	206	11	33	88	74

5b – Interim PHOs only

	<b>Practices</b>	<b>&lt;\$10</b>	<b>\$10-19.99</b>	<b>\$20-29.99</b>	<b>\$30+</b>
<b>Child 0-5</b>	349	308	36	3	2
<b>Child 0-5 casual</b>	346	292	48	6	
<b>Youth 6-17 non-CSC</b>	348	20	92	179	57
<b>Youth 6-17 non-CSC casual</b>	348	18	40	188	102
<b>Youth 6-17 CSC</b>	348	29	141	153	25
<b>Youth 6-17 CSC casual</b>	348	21	103	180	44
<b>Adult non-CSC</b>	348	1	14	18	315
<b>Adult non-CSC casual</b>	347	5	2	6	334
<b>Adult CSC</b>	349	5	22	118	204
<b>Adult CSC casual</b>	346	8	6	115	217

5b – Non-PHOs only

	<b>Practices</b>	<b>&lt;\$10</b>	<b>\$10-19.99</b>	<b>\$20-29.99</b>	<b>\$30+</b>
<b>Child 0-5</b>	527	478	46	3	
<b>Child 0-5 casual</b>	527	469	52	5	1
<b>Youth 6-17 non-CSC</b>	525	53	101	230	141
<b>Youth 6-17 non-CSC casual</b>	525	33	91	242	159
<b>Youth 6-17 CSC</b>	525	85	167	225	48
<b>Youth 6-17 CSC casual</b>	524	66	160	240	58
<b>Adult non-CSC</b>	530	11	41	24	454
<b>Adult non-CSC casual</b>	529	6	9	20	494
<b>Adult CSC</b>	530	24	61	203	242
<b>Adult CSC casual</b>	528	11	36	226	255