

THE STUDY OF HEALTH-CARE USERS: SAMPLING AND METHODOLOGY

The privatisation process of health care introduced mixed economy of care and a greater assortment of health services which has resulted in a variety of experiences among users of the same type of service. This process divided users of a particular service in a three groups according to the way of payment of the service:

- users of public health services, who do not pay directly (health insurance),
- users of health services at private practitioner with concession (health insurance),
- users of health services (most often at private practitioner) who pay directly for the service.

In the research we compared users' experience of health services and their satisfaction with services among the three groups of users. More specifically, in users' evaluation of health services we were exploring:

- perceived changes of health services (both public and private) after the adoption of the new health legislation (the Law on Health Activities) in 1992,
- perceived changes in the level of health protection,
- user behaviour pattern in the event of dissatisfaction with the service,
- user aspirations regarding health services.

Since medicine is a profession which incorporates many branches, we wanted to limit our research to a few types of health services. First we concentrated on primary health care which, in Slovenia, is run by general physicians and some specialists (like paediatricians, dentists, gynaecologists, oculists). Primary health care in Slovenia used to be entirely public, but now private physicians (with or without concession) also comprise primary health care. We further limited our research on two types of physician: general physician and dentist. The first one is important because he is the most frequently visited physician by the majority of the population. One of the reasons is also the fact that in order to visit a specialist¹ in Slovenia, the patient needs a referral from a general physician. We decided to analyse services also at a specialist in the primary health care. We chose dental services because dentist is very frequently visited physician, as well. Another important argument for including dentists is that among physicians dentists most frequently decide to open private practice.² By including dental services we will be able to compare the services at the public physician, concession holder and the private physician.

Sampling

We needed three equal groups of previously defined users that emerged with mixed economy of health care. Since in the population users of the public physician prevail, we were unable to use the representative Slovenian sample. For our sample we had to find enough users who pay directly for the services, so we did a screening using a short telephone questionnaire. We asked respondents in the representative sample of 3,000 Slovenians whether they:

- had visited a general physician or a dentist within the last 12 months (yes/no)
- had visited a physician in a:
 - a) public health centre
 - b) private health centre or
 - c) both.
- had paid for the health service they received.

From the screening we learned that in the last 12 months 76 per cent of the respondents had visited a general physician or dentist. Among them 59.6 per cent had visited a physician in a public health centre, 20 per cent in private health centre and 20.4 per cent in both centres.

We selected only the users - patients (those who had visited general physician or dentist during the last 12 months). The three categories of users were selected with the following crosstabulation:

Table 2
Three groups of users of health services

	Paid for the service	Paid for the service
Visited a physician in:	YES	NO
Public health centre		A
Private health centre	C	B
Both		B

Legend:

- A - users of public health services, who do not pay directly (health insurance)*
- B - users of health services at private practitioner with concession (health insurance)*
- C - users of health services who pay directly for the service.*

The analysis showed that in a representative sample of 3,000 people:

- 954 users visit a public physician (group A).
 - 384 users visit a concession holder (group B). They usually go to a private practitioner and they don't pay for the health service because they use their health insurance.
- There are two cells in a table presenting a group B. Lower cell B is composed of

users that visited two physicians during the last 12 months: the public and the concession holder. In order to select enough users at the concession holder, we included them in group B, since users of the public physician are more frequent.

- 246 users pay directly for services rendered (group C).

Field research

We decided to interview the same number of respondents in each group – three times 150 respondents. This number was taken from the smallest group, C (246 users), bearing in mind non-response in the field research. Approximately 250 names were taken also for group A and B for field research. As these groups of users were larger, we selected a random sample of 250 names from each group.

In a field research, trained interviewers from Gral iteo company successfully interviewed around 450 users: 150 in each group. Field research was concluded in may 1998. The creation of a database and organising of the data was conducted in June of the same year.

Finalising groups

After the field research was completed, we again tested the preciseness of the defined groups. In the telephone inquiry, our three questions were included into a more extensive questionnaire, which meant they had to be short; and, for our purposes, they were not precise enough. For example, the question “Did you pay for the health service?”, was not always understood only in relation to the services of the general physician and dentist, but sometimes with reference to health services in general.

The questionnaire contained more specific questions which helped us create precise groups for the general physician and for the dentist. All the respondents answered the section of the questionnaire containing general questions about users, health insurance and aspirations regarding health services. The section which referred to the general physician was answered by those who visited the general physician during the last 12 months. The section referring to the dentist was answered only by those users who had visited dentist in the past 12 months.

Users who had visited both physicians in the past 12 months answered the whole questionnaire. Questions “Where does your physician work?” and “Do you pay for the health services directly?”³ were asked for both the general physician and the dentist. Using cross-tabulation we were able to determine the exact groups for each physician.

Table 3

Precise groups according to the method of payment of the health service and the type of the physician (general physician or dentist)

	Screening	Field research - general physician	Field research - dentist
Users of public physician	159	233	65
Users at the concessionaire	167	92	40
Self-paying users	142	3	85
Total	468	328	190

Not all respondents were included in the newly defined groups. Although questions in the questionnaire were more precise, the answers were not exact enough. We excluded the users whom we were unable to include into any of the groups (21 users who had visited a general physician and 45 users who had visited a dentist). On the other hand some users who had visited both physicians in past 12 months were included in both the general physician and dentist groups.

Presentation of results

There are 468 users in our sample but that sample is not representative. It is composed of three different groups of users for each physician who do not represent the whole population. Therefore, we will not analyse the structure in a whole sample, but structure within each group and compare them.

Results will be presented in two parts: the first will include the users who had visited general physician in past 12 months and the second, the users who had visited the dentist during the same period of time. All results will, of course, be presented in groups.

NOTES

1. Except for some specialists on the primary level: paediatricians, dentists, gynaecologists.
2. **Table 1: The number of contracts with private practitioners in 1995 -1996**

Activity	general physicians	dentists	specialists	pharmacies	FTH	care	transport.	Other
Year								
1995	96	239	99	33	26	5	3	4
1996	138	313	199	46	33	3	-	3

Source: *Health Insurance Institute of Slovenia (1997), Business report for the year 1996 (Poslovno poročilo za leto 1996), Ljubljana. Pp. 20*

3. The range of answers for this question was: always, often, sometimes, seldom and never.