

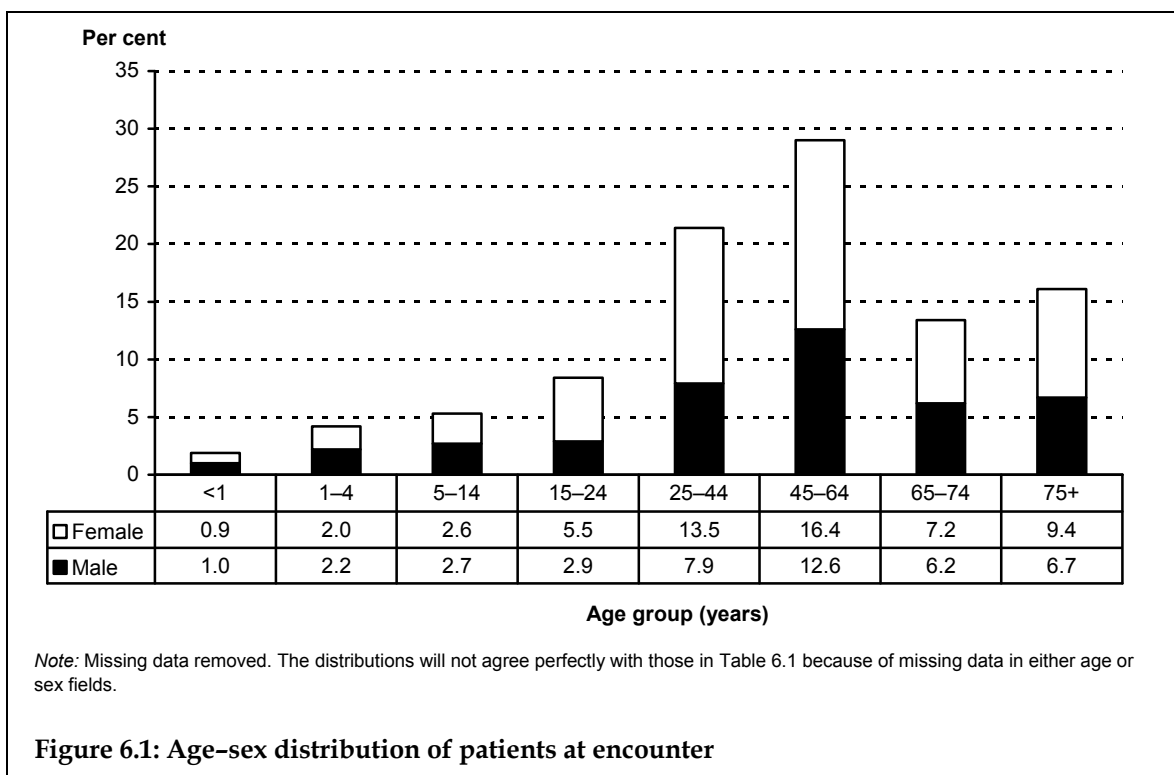
6 The patients

This chapter reports data collected between April 2008 and March 2009 about the characteristics of patients and their reasons for encounter from the 11th year of the BEACH program. Data on patient characteristics and reasons for encounter are reported for each year from 1999–00 to 2008–09 in the 10-year summary report *General practice activity in Australia 1999–00 to 2008–09: 10 year data tables*.¹

6.1 Age–sex distribution of patients at encounter

The age–sex distribution of patients at the 96,688 encounters is shown in Figure 6.1. Females accounted for the greater proportion of encounters (57.6%). This was reflected across all age groups except for children aged less than 15 years (Figure 6.1; Table 6.1).

Patients aged less than 25 years accounted for 19.9% of encounters; those aged 25–44 years accounted for 21.4% of encounters; patients aged 45–64 years accounted for 29.1% and those aged 65 years and over accounted for 29.6% of encounters (Table 6.1).



The relationship between patient age, patient general practice attendance rates and the age distribution of the Australian population is reported in Chapter 4 of *General practice in Australia, health priorities and policies 1998 to 2008*.⁵⁴

6.2 Other patient characteristics

Table 6.1 provides a view of other characteristics of the patients. In summary:

- the patient was new to the practice at 5.8% of encounters.
- nearly half the encounters were either with patients who held a Commonwealth concession card (42.3%) or were with patients who held a Repatriation health card (2.8%).
- at 9.4% of encounters the patient was from a non-English-speaking background.
- at 0.8% of encounters the patient identified themselves as an Aboriginal or Torres Strait Islander person.

Table 6.1: Characteristics of the patients at encounters

Patient characteristics	Number	Per cent of encounters (n = 96,688)	95% LCL	95% UCL
Sex (missing) ^(a)	(867)			
Males	40,631	42.4	41.5	43.3
Females	55,189	57.6	56.7	58.5
Age group (missing) ^(a)	(704)			
< 1 year	1,881	2.0	1.8	2.1
1–4 years	4,022	4.2	4.0	4.4
5–14 years	5,124	5.3	5.1	5.6
15–24 years	8,092	8.4	8.0	8.9
25–44 years	20,559	21.4	20.7	22.1
45–64 years	27,904	29.1	28.5	29.6
65–74 years	12,878	13.4	12.9	13.9
75+ years	15,525	16.2	15.4	17.0
Other characteristics ^(b)				
New patient to practice	5,625	5.8	5.4	6.2
Commonwealth concession card	40,890	42.3	41.0	43.6
Repatriation health card	2,738	2.8	2.6	3.1
Non-English-speaking background	9,087	9.4	7.9	10.9
Aboriginal person	633	0.7	0.4	0.9
Torres Strait Islander	81	0.1	0.1	0.1
Aboriginal person and Torres Strait Islander	30	0.0	0.0	0.0

(a) Missing data removed.

(b) Missing data for each of the listed 'other' patient characteristics were counted as a no response.

Note: LCL—lower confidence limit; UCL—upper confidence limit.

6.3 Patient reasons for encounter

International interest in reasons for encounter (RFEs) has been developing over the past three decades. RFEs reflect the patient's demand for care and can provide an indication of service use patterns, which may benefit from intervention on a population level.⁵⁵

RFEs are those concerns and expectations that patients bring to the GP. Participating GPs were asked to record at least one and up to three patient RFEs in words as close as possible to those used by the patient, before the diagnostic or management process had begun. These reflect the patient's view of their reasons for consulting the GP. RFEs can be expressed in terms of one or more symptoms (for example, 'itchy eyes', 'chest pain'), in diagnostic terms (for example, 'about my diabetes', 'for my hypertension'), a request for a service ('I need more scripts', 'I want a referral'), an expressed fear of disease or a need for a check-up.

Patient RFEs can have a one-to-one, one-to-many, many-to-one and many-to-many relationship to problems managed. That is, the patient may describe a single RFE that relates to a single problem managed at the encounter, one RFE that relates to multiple problems, multiple symptoms that relate to a single problem managed, or multiple RFEs that relate to multiple problems managed at the encounter.

Number of reasons for encounter

There were 151,282 RFEs recorded. At 56.6% of encounters only one RFE was recorded, at 30.3% two RFEs were recorded and at 13.1% of encounters three RFEs were recorded (Table 6.2). Patients presented on average with 156.5 RFEs per 100 encounters, or about 1.5 RFEs per encounter (Table 6.3).

Table 6.2: Number of patient reasons for encounter

Number of RFEs at encounter	Number of encounters (n = 96,688)	Per cent of encounters	95% LCL	95% UCL
One RFE	54,752	56.6	55.5	57.8
Two RFEs	29,276	30.3	29.6	30.9
Three RFEs	12,659	13.1	12.4	13.8
Total	96,688	100.0	—	—

Note: RFEs—reasons for encounter; LCL—lower confidence limit; UCL—upper confidence limit.

Reasons for encounter by ICPC-2 chapter

The distribution of patient RFEs by ICPC-2 chapter and the most common RFEs within each chapter are presented in Table 6.3. Each chapter and individual RFE is expressed as a percentage of all RFEs and as a rate per 100 encounters with 95% confidence limits.

RFEs of a general and unspecified nature were presented at a rate of 40.6 per 100 encounters, with requests for prescriptions and test results most frequently recorded. RFEs related to the respiratory system arose at a rate of 22.0 per 100 encounters, those related to the musculoskeletal system were recorded at a rate of 16.1 per 100 encounters, and those relating to skin were recorded at a rate of 15.1 per 100 encounters (Table 6.3).

Table 6.3: Distribution of patient reasons for encounter, by ICPC-2 chapter and most frequent individual reasons for encounter within chapter

Reasons for encounter	Number	Per cent of total RFEs ^(a) (n = 151,282)	Rate per 100 encounters ^(b) (n = 96,688)	95% LCL	95% UCL
General & unspecified	39,287	26.0	40.6	39.6	41.7
Prescription—NOS	8,558	5.7	8.9	8.4	9.3
Results tests/procedures NOS	6,279	4.2	6.5	6.1	6.9
Check-up—general*	4,036	2.7	4.2	3.9	4.5
Immunisation/vaccination NOS	2,650	1.8	2.7	2.5	3.0
Administrative procedure NOS	2,024	1.3	2.1	1.9	2.3
Fever	1,811	1.2	1.9	1.7	2.1
Weakness/tiredness	1,429	0.9	1.5	1.4	1.6
Blood test NOS	1,148	0.8	1.2	1.0	1.3
Other referrals NEC NOS	919	0.6	1.0	0.9	1.0
Pain, chest NOS	879	0.6	0.9	0.8	1.0
Observation/health education/advice/diet NOS	859	0.6	0.9	0.8	1.0
Other reason for encounter NEC	816	0.5	0.8	0.7	1.0
Trauma/injury NOS	809	0.5	0.8	0.8	0.9
Clarify/discuss patient RFE/demand NOS	744	0.5	0.8	0.7	0.9
Respiratory	21,312	14.1	22.0	21.2	22.9
Cough	6,527	4.3	6.8	6.3	7.2
Throat complaint	3,082	2.0	3.2	2.9	3.5
Immunisation/vaccination—respiratory	2,280	1.5	2.4	2.0	2.7
Upper respiratory tract infection	2,209	1.5	2.3	2.0	2.6
Nasal congestion/sneezing	1,258	0.8	1.3	1.1	1.5
Shortness of breath/dyspnoea	744	0.5	0.8	0.7	0.8
Asthma	711	0.5	0.7	0.7	0.8
Musculoskeletal	15,529	10.3	16.1	15.5	16.6
Back complaint*	3,001	2.0	3.1	2.9	3.3
Shoulder complaint	1,315	0.9	1.4	1.3	1.5
Knee complaint	1,282	0.8	1.3	1.2	1.4
Foot/toe complaint	1,064	0.7	1.1	1.0	1.2
Leg/thigh complaint	999	0.7	1.0	1.0	1.1
Neck complaint	881	0.6	0.9	0.8	1.0
Injury musculoskeletal NOS	712	0.5	0.7	0.7	0.8
Skin	14,626	9.7	15.1	14.6	15.6
Rash*	2,538	1.7	2.6	2.5	2.8
Skin complaint	1,430	0.9	1.5	1.4	1.6
Check-up—skin*	1,232	0.8	1.3	1.1	1.5
Swelling*	1,081	0.7	1.1	1.0	1.2

(continued)

Table 6.3 (continued): Distribution of patient reasons for encounter, by ICPC-2 chapter and most frequent individual reasons for encounter within chapter

Reasons for encounter	Number	Per cent of total RFEs ^(a) (n = 151,282)	Rate per 100 encounters ^(b) (n = 96,688)	95% LCL	95% UCL
Cardiovascular	11,087	7.3	11.5	10.9	12.0
Check-up—cardiovascular*	5,332	3.5	5.5	5.1	5.9
Hypertension/high blood pressure*	2,064	1.4	2.1	1.9	2.4
Prescription—cardiovascular	729	0.5	0.8	0.6	0.9
Digestive	9,456	6.3	9.8	9.4	10.1
Abdominal pain*	1,686	1.1	1.7	1.6	1.9
Diarrhoea	1,224	0.8	1.3	1.2	1.4
Vomiting	799	0.5	0.8	0.7	0.9
Psychological	8,377	5.5	8.7	8.2	9.1
Depression*	2,004	1.3	2.1	1.9	2.2
Anxiety*	1,104	0.7	1.1	1.0	1.3
Sleep disturbance	1,070	0.7	1.1	1.0	1.2
Prescription—psychological	725	0.5	0.7	0.6	0.9
Endocrine & metabolic	6,659	4.4	6.9	6.5	7.3
Diabetes (non-gestational)*	1,165	0.8	1.2	1.1	1.3
Prescription—endocrine/metabolic	995	0.7	1.0	0.9	1.1
Check-up—endocrinology*	766	0.5	0.8	0.7	0.9
Female genital system	5,088	3.4	5.3	4.9	5.6
Female genital check-up/Pap smear*	1,966	1.3	2.0	1.8	2.2
Menstrual problems*	692	0.5	0.7	0.6	0.8
Neurological	4,623	3.1	4.8	4.6	5.0
Headache	1,513	1.0	1.6	1.4	1.7
Vertigo/dizziness	1,135	0.8	1.2	1.1	1.3
Ear	3,591	2.4	3.7	3.5	3.9
Ear pain	1,401	0.9	1.4	1.3	1.6
Pregnancy & family planning	2,984	2.0	3.1	2.8	3.3
Urology	2,584	1.7	2.7	2.5	2.8
Eye	2,486	1.6	2.6	2.4	2.7
Blood	1,377	0.9	1.4	1.3	1.6
Male genital system	1,298	0.9	1.3	1.2	1.4
Social	918	0.6	1.0	0.9	1.0
Total RFEs	151,282	100.0	156.5	154.7	158.2

(a) Only individual RFEs accounting for $\geq 0.5\%$ of total RFEs are included.

(b) Figures do not total 100, as more than one RFE can be recorded at each encounter.

* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 4, <www.aihw.gov.au/publications/index.cfm/subject/19>).

Note: RFEs—reasons for encounter; LCL—lower confidence limit; UCL—upper confidence limit; NOS—not otherwise specified; NEC—not elsewhere classified.

Distribution of RFEs by ICPC-2 component

The distribution of patient RFEs by ICPC-2 component is presented in Table 6.4 expressed as a percentage of all RFEs and as a rate per 100 encounters with 95% confidence limits. Nearly half (44.0%) of patient RFEs were expressed in terms of symptoms or complaints (for example, 'tired', 'fever'). RFEs were described in diagnostic terms for 17.8% of RFEs (for example, 'about my diabetes', 'for my depression'). The remaining 38.3% of RFEs were described in terms of processes of care, such as requests for a health check, to renew scripts, to get a referral, to find out test results or to get a medical certificate.

Table 6.4: Distribution of RFEs by ICPC-2 component

ICPC-2 component	Number	Per cent of total RFEs (n = 151,282)	Rate per 100 encounters ^(a) (n = 96,688)	95% LCL	95% UCL
Symptoms & complaints	66,535	44.0	68.8	67.1	70.5
Diagnosis, diseases	26,873	17.8	27.8	26.4	29.2
Diagnostic & preventive procedures	26,003	17.2	26.9	26.0	27.8
Medications, treatments & therapeutics	14,755	9.8	15.3	14.6	15.9
Results	7,559	5.0	7.8	7.4	8.2
Referral & other RFE	7,231	4.8	7.5	7.0	7.9
Administrative	2,325	1.5	2.4	2.2	2.6
Total RFEs	151,282	100.0	156.5	154.7	158.2

(a) Figures do not total 100, as more than one RFE can be recorded at each encounter.

Note: RFEs—reasons for encounter; LCL—lower confidence limit; UCL—upper confidence limit.

Most frequent patient reasons for encounter

The 30 most commonly recorded RFEs, listed in order of frequency in Table 6.5, accounted for more than half of all RFEs. In this analysis the specific ICPC-2 chapter to which an across-chapter RFE belongs is disregarded, so that, for example, 'check-up – all' includes all check-ups from all body systems irrespective of whether the type was specified.

Of the top 30 most common RFEs, 19 were descriptive of symptoms such as cough, throat and back complaints and rash. However, four of the top five RFEs reflected requests for a process of care (that is, requests for check-ups, prescriptions, test results and immunisations) and together accounted for a quarter of all RFEs (26.1%) (Table 6.5).

Table 6.5: Most frequent patient reasons for encounter

Patient reason for encounter	Number	Per cent of total RFEs (n = 151,282)	Rate per 100 encounters^(a) (n = 96,688)	95% LCL	95% UCL
Check-up—all*	14,654	9.7	15.2	14.5	15.8
Prescription—all*	12,171	8.0	12.6	12.0	13.2
Test results*	7,559	5.0	7.8	7.4	8.2
Cough	6,527	4.3	6.8	6.3	7.2
Immunisation/vaccination—all*	5,076	3.4	5.3	4.8	5.7
Throat complaint	3,082	2.0	3.2	2.9	3.5
Back complaint*	3,001	2.0	3.1	2.9	3.3
Rash*	2,538	1.7	2.6	2.5	2.8
Upper respiratory tract infection	2,209	1.5	2.3	2.0	2.6
Hypertension/high blood pressure*	2,064	1.4	2.1	1.9	2.4
Administrative procedure NOS	2,024	1.3	2.1	1.9	2.3
Depression*	2,004	1.3	2.1	1.9	2.2
Fever	1,811	1.2	1.9	1.7	2.1
Abdominal pain*	1,686	1.1	1.7	1.6	1.9
Headache	1,513	1.0	1.6	1.4	1.7
Skin complaint	1,430	0.9	1.5	1.4	1.6
Weakness/tiredness	1,429	0.9	1.5	1.4	1.6
Ear pain	1,401	0.9	1.4	1.3	1.6
Shoulder complaint	1,315	0.9	1.4	1.3	1.5
Knee complaint	1,282	0.8	1.3	1.2	1.4
Sneezing/nasal congestion	1,258	0.8	1.3	1.1	1.5
Diarrhoea	1,224	0.8	1.3	1.2	1.4
Diabetes—all*	1,173	0.8	1.2	1.1	1.4
Blood test NOS	1,148	0.8	1.2	1.0	1.3
Vertigo/dizziness	1,135	0.8	1.2	1.1	1.3
Anxiety*	1,104	0.7	1.1	1.0	1.3
Swelling*	1,081	0.7	1.1	1.0	1.2
Sleep disturbance	1,070	0.7	1.1	1.0	1.2
Foot/toe complaint	1,064	0.7	1.1	1.0	1.2
Leg/thigh complaint	999	0.7	1.0	1.0	1.1
<i>Subtotal</i>	<i>86,034</i>	<i>56.9</i>	<i>—</i>	<i>—</i>	<i>—</i>
Total RFEs	151,282	100	156.5	154.7	158.2

(a) Figures do not total 100, as more than one RFE can be recorded at each encounter. Also, only the most frequent RFEs are included.

* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 4, <www.aihw.gov.au/publications/index.cfm/subject/19>).

Note: RFEs—reasons for encounter; LCL—lower confidence limit; UCL—upper confidence limit; NOS—not otherwise specified.

6.4 Changes in patients and reasons for encounter over the decade 1999–00 to 2008–09

An overview of changes in the patients attending general practice and their reasons for encounter over the decade can be found in Chapter 6 of the companion report *General practice activity in Australia 1999–00 to 2008–09: 10 year data tables*.¹

In summary, between 1999–00 and 2008–09:

- the proportion of encounters with patients aged less than 45 years decreased from 51.4% to 41.3%, which equates to approximately 5.8 million fewer encounters nationally in 2008–09 than ten years earlier
- the proportion of encounters with patients aged 45 years and over increased from 48.6% to 58.7%, which equates to an additional 16.6 million encounters
- the proportion of encounters with patients holding a Commonwealth concession card increased significantly from 38.6% in 1999–00 to 45.7% in 2008–09.

There was a significant increase in the number of RFEs per 100 encounters across the decade, from 148.5 in 1999–00 to 156.5 in 2008–09. Fewer patients were giving single RFEs and more were giving two or three RFEs. This increase in RFEs is probably related to the ageing of the patient population.

An interesting change is the increase in patients' requests for tests and for test results across the decade. This ties in with the increased use of pathology over the decade (discussed in Chapter 12).