Attitudes and Perceptions of Filipino Family Physicians Toward the Universal Health Care Act

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Background: Family physicians are at the forefront of the Universal Health Care (UHC) Act as primary care providers, and their attitudes and perceptions of the law can affect its implementation. These must be explored so that adequate organizational support can be provided to its members.

Objective: This study describes the family physicians' attitudes and perceptions towards UHC. It also determined if the attitudes and perceptions of family physicians are associated with the types of membership and their year of graduation from family medicine residency training.

Methods: A cross-sectional study was conducted among active members of the Philippine Academy of Family Physicians (PAFP) during workshops held between January to February 2020. The PAFP UHC survey was employed to members who were purposively sampled during the workshops. The attitudes and perceptions of family physicians were summarized through frequencies and percentages, while the relationship of selected variables to physicians' attitudes and perceptions were determined through a chi-square test.

Results: A total of 195 family physicians from the three provinces and one city responded to the survey questionnaire. All (100%) participants reported a positive attitude toward their current practice, but this optimistic attitude slightly decreased to 85.4% regarding UHC. The perceptions of family physicians towards UHC practice are generally positive. Most have a realistic view on the comprehensiveness of service coverage (55.33%) and are agreeable to certification (84.62%) and accreditation by network (64.81%). Majority (82.17%) also have positive perception toward the future practice of family physicians. The year of graduation from training was found to be associated with their perception of the future practice of family physicians (p-value 0.048), and those with the older age group are more likely to report a negative perception.

Conclusion: PAFP members' attitudes and perceptions towards UHC are mostly positive. Majority of respondents are positive about the inclusive PHIC membership, comprehensive service coverage, certification and accreditation, and the future of medical practice upon the implementation of UHC. The negative attitudes and perceptions of some members may be due to various factors related to the individual or to the processes of implementation and operationalization of the UHC law.

Key words: universal health care, family physicians

Introduction

The current Philippine healthcare system is a dual system where the public health facilities are managed by the national and local governments with tax-based financing, and a large private sector that is mostly financed through out-of-pocket expenses. The public sector is decentralized with the national government being responsible for setting directions, formulating health policies and programs, and licensing while local governments are the implementers of health programs and provide health services ranging from tertiary to primary care. The national health insurance, the Philippine Health Insurance Corporation (PHIC), acts as a purchaser of services from both public and private providers. The PHIC manages the accreditation of health facilities and providers, and the determination of health service coverage and cost. Payment of providers can be through case-based payment, fee for services, or capitation.[1]

Republic Act 11223 or the Universal Health Care (UHC) law aims to expand the health care coverage of all Filipinos to include the full spectrum of health services while providing protection from catastrophic health care expenses. The delivery of health services shall

be within a network provider system, with an interoperable information system and proper referral protocols. All individual-based services will be funded and incentivized by the network by national health insurance (PHIC). The network shall be accredited by PHIC according to its service quality, co-payment/co-insurance, and data submission standards. Primary care physicians are also required to fulfill certain competencies set forth by the DOH to be certified as a primary care provider.[2] These legislative changes will affect the training, practice, affiliations, and renumeration of family physicians who are expected to be primary care providers in this system.

Family physicians are at the forefront of the Universal Health Care implementation in the Philippines, as they bring together the different aspects of healthcare in their role as the main primary care provider of Filipinos. The Philippine Academy of Family Physicians (PAFP) provides formal training to produce primary care physicians for the complete care of the family.[3] As such, attitudes and perceptions of family physicians toward UHC may affect their participation in the implementation of the law. However, there is little documentation on the attitudes and perceptions of primary care providers on the implementation of the law. Hence, this study was conducted to assist the organization in identifying UHC concepts that require clarification for members. This may also support PAFP in developing its information campaign towards UHC.

This study aimed to describe the attitudes and perceptions of Filipino family physicians toward the Universal Health Care Act. Specifically, it describes the family physicians' attitude toward medical practice, their attitude toward UHC, their views on how realistic the UHC provisions are, their preference toward certification, and their perceived changes on practice with UHC. This study also determined the relationship of physician profile with attitudes and perception toward UHC.

Methods

A cross-sectional study was conducted from January – February 2020 using the PAFP UHC Readiness Survey. It was fielded in four selected PAFP chapters: Tarlac, Cebu, Davao, and Quezon City. The section on physician attitudes and perceptions was lifted from the full survey.

The study population included active members of the PAFP who were recruited via attendance in a workshop about UHC. The workshops were scheduled in different areas and arranged by a site coordinator for each chapter. Participants who voluntarily attended the workshop were then asked to respond to the survey. The workshop facilitators provided a presentation about UHC and oriented the participants prior to answering the survey. Each participant was provided a copy of the survey and was allotted an hour to answer it. It is a self-administered questionnaire, but a survey administrator was available for any clarifications during the workshop. Only participants who signed the informed consent form answered the survey.

The PAFP UHC Readiness survey was developed by the UHC Technical Team of the PAFP to obtain information about the scope of family practice among the PAFP members. This was necessary for the organization to determine the readiness of its members to the implementation of UHC. The tool has six sections: physician profile, attitudes and perception to medical practice and UHC, facility profile, types of patients in practice, process of care, and financing and financial management. The tool was initially pre-tested to select members of the PAFP prior to its use in the chapters.

The section on attitudes and perceptions describes outcomes on the family physicians' attitude toward medical practice, attitude toward UHC, perceptions on the practicality of UHC provisions on comprehensiveness and coverage, their preference toward certification, and their perceived changes on future practice with UHC. The attitudes toward UHC, the practicality of UHC provisions of comprehensiveness and coverage, and the perceived future practice were reported as either favorable or not favorable.

The responses from the questionnaire were encoded to Microsoft Excel. All participant identifiers were removed prior to data analysis. Descriptive statistics were generated for physician profiles, and attitudes and perceptions. The relationship of physician profile with attitudes was tested through a Chi-square statistic with report of p-values. All analyses were generated through STATA/IC 16.1.

Results

A total of 195 family physicians from three provinces and one city responded to the survey questionnaire. (Table 1) The mean age of physicians is at 47.97 (±13.21) years, and females (66.67%) comprise majority of the respondents. More than one third (38.36%) of the respondents are PAFP fellows, and more than half (54.36%) graduated from family medicine residency before the year 2000. The family physicians have been practicing for an average of 19.84 (±12.91) years, and plan to retire in 18.79 (±11.4) years. In terms of employment, more family physicians are employed fulltime (39.49%) versus those who are working as fulltime private practitioners (32.82%). On the other hand, parttime employment is also observed in both the public (22.05%) and private sector (26.15%). Most (5.43 ±0.95) of their days per week years are allocated to work, followed by time spent with the family (2.68 ±3.09). Almost half (47.15%) of the respondents described their current workload as working at full capacity while the other half (45.60%) believed that they have just enough workload with time to spare and a few (4.15%) perceived that they are overworked. All participants reported a positive attitude toward their current medical practice.

Some characteristics of the respondents slightly differ across the different sampled regions. The respondents from Quezon City have the youngest mean age, the highest percentage of single marital status, the highest percentage of member-only type of PAFP membership, and highest percentage of those with graduates after the year 2000. Those in Quezon City also have the highest perceived workload compared to other areas. On the other hand, the respondents from Cebu have the highest mean age, percentage of fellows, and mean years in practice. They also have the most participants with private practice.

The attitudes and perceptions of family physicians towards UHC are generally positive. (Table 2) All respondents have a positive attitude in their current practice, but this slightly decreased (85.34%) with regard to UHC. Majority (65.8%) also answered that the PHIC membership of all Filipinos under the UHC is either somewhat or very

Table 1. Profiles of PAFP members who responded to the UHC Readiness Survey, 2020

	Quezon City (N = 36)	Tarlac (N = 29)	Cebu (N = 53)	Davao (N = 77)	Total (N = 195)
Age (±SD)	44.92 (±12.52)	49.93 (±15.67)	52.88 (±11.82)	45.58 (±12.58)	47.97 (±13.21)
Sex (n, %)					
Male	11 (30.56%)	13 (44.83%)	14 (27.45%)	26 (34.21%)	64 (33.33%)
Female	25 (69.44%)	16 (55.17%)	37 (72.55%)	50 (65.79%)	128 (66.67%)
Membership (n, %)					
Member	13 (54.17%)	5 (20.83%)	3 (6.52%)	19 (29.23%)	40 (25.16%)
CFP	0	5 (20.83%)	12 (26.09%)	16 (24.62%)	33 (20.75%)
Diplomate	3 (12.50%)	4 (16.67%)	7 (15.22%)	11 (16.92%)	25 (15.72%)
Fellow	8 (33.33%)	10 (41.67%)	24 (52.17%)	19 (29.23%)	61 (38.36%)
Year graduated (n, %)					
Before 2000	14 (38.89%)	15 (51.72%)	27 (50.94%)	33 (42.86%)	89 (45.64%)
2000 onwards	22 (61.11%)	14 (48.28%)	26 (49.06%)	44 (57.14%)	106 (54.36%)
Years in Practice (±SD)	15.94 (±10.58)	23.17(±15.48)	23.60 (±11.87)	17.61 (±12.86)	19.84 (±12.91)
Years to Retirement (±SD)	19.71 (±10.53)	18.23 (±11.52)	14.97 (±9.02)	21.17 (±12.7)	18.79 (±11.4)
Employment type* (n, %)					
Fulltime employed	15 (41.67%)	11 (37.93%)	14 (26.42%)	37 (48.05%)	77 (39.49%)
Part-time employed	8 (22.22%)	6 (20.69%)	15 (28.30%)	14 (18.18%)	43 (22.05%)
Fulltime private	7 (19.44%)	10 (37.74%)	20 (37.74%)	27 (35.06%)	64 (32.82%)
Part-time private	8 (22.22%)	7 (24.13%)	23 (43.40%)	13 (16.88%)	51 (26.15%)
Allocated days per week (±SD)					
Work	5.3 (±1.29)	5.33 (±1.19)	5.53 (±0.70)	5.48 (±0.81)	5.43 (±0.95)
Family time	3.46 (±5.19)	2.19 (±1.88)	3.08 (±3.18)	2.18 (±1.59)	2.68 (±3.09)
Cultural and spiritual	1.22 (±0.71)	1.58 (±1.74)	1.43 (±1.43)	1.40 (±1.35)	1.40 (±1.34)
Leisure and socials	1.53 (±1.09)	1.16 (±0.66)	1.52 (±1.34)	1.28 (±0.70)	1.38 (±0.99)
Perceived workload (n, %)					
Overworked	2 (5.6%)	2 (6.90%)	4 (7.69%)	0	8 (4.15%)
At full capacity	20 (55.56%)	15 (51.72%)	21 (40.38%)	35 (46.05%)	91 (47.15%)
Enough with spare time	13 (36.11%)	10 (34.48%)	26 (50.00%)	39 (51.32%)	88 (45.60%)
Relaxed	1 (2.78%)	2 (6.90%)	1 (1.92%)	2 (2.63%)	6 (3.11%)

realistic. The participants are somewhat equally divided in terms of having a realistic comprehensive coverage including health education/ counselling, outpatient consultation, laboratory, and medicines and hospital expenses. While a little more than half (53.33%) perceives that it is realistic target, there is also a high percentage (46.67%) who believes that it is difficult. Similarly, more respondents (66.3%) find additional primary care coverage difficult. In contrast, a higher percentage of respondents (65.11%) perceive that accreditation by network is realistic compared to those who perceive that this may be difficult. A large majority of respondents have a positive attitude to their future practice (84.86%) and would recommend pursuing a medical practice to their children in the setting of UHC (82.17%). There are slight differences in attitudes and perceptions across areas. The respondents in Cebu generally have higher percentages with negative attitude and perception towards UHC.

The relationship of the type of membership and the year of graduation with selected attitudes and perceptions are shown in Table 3. The attitude to UHC, the perceived comprehensiveness of coverage, the perceived additional primary care coverage, and perceived favorable future practice are not statistically related to the type of PAFP membership. On the other hand, the year of graduation was found to be associated with the perception of future practice to UHC (p-value 0.048). There is a higher proportion of those with negative perception towards future practice among those who graduated before the year 2000 compared to those who graduated after the year 2000.

Discussion

All participants reported a positive attitude toward their current practice, but this optimistic attitude slightly decreased regarding UHC. The response toward the comprehensiveness of PHIC coverage is divided, but the percentage of those who responded that these are realistic is slightly higher. In contrast, the response toward additional primary care coverage is also divided, but the percentage who responded that this is difficult is higher. On the other hand, more respondents perceive that accreditation by network is realistic. Majority also view the future practice with UHC positively. The type of membership was not found to affect the family physicians' attitude and perception toward UHC. In contrast, the year of graduation is related to the family physicians' perception toward future practice with UHC.

A physician's job satisfaction can be affected by a changing healthcare system. The main factors influencing job satisfaction are changes to the practice environment such as income and working hours, changes in their autonomy to be able to provide high quality care and other necessary medical services, and changes in the local market.4A study on the dissatisfaction with the national health insurance (NHI) among primary care physicians in Taiwan showed that the top five reasons for dissatisfaction include decreased income, instability in NHI regulations, excessive working hours, no leisure time, and complicated NHI medical claims.[5] Other factors include loss of control in clinical and related matters, increased administrative burden, difficulty in

Table 2. Attitudes and perceptions to current medical practice and in UHC, 2020

	Quezon City (N = 36)	Tarlac (N = 29)	Cebu (N = 53)	Davao (N = 77)	Total (N = 195)
Attitude towards medical practice (n, %)					
Very positive	24 (66.67%)	13 (44.83%)	29 (54.72%)	56 (72.73%)	122 (62.56%)
Somewhat positive	12 (33.33%)	16 (55.17%)	24 (45.28%)	21 (27.27%)	73 (37.44%)
Somewhat negative	0	0	0	0	0
Very negative	0	0	0	0	0
Attitude towards UHC (n, %)					
Very positive	14 (38.89%)	7 (24.14%)	9 (17.65%)	21 (28.0%)	51 (26.70%)
Somewhat positive	18 (50.0%)	19 (65.52%)	28 (54.90%)	47 (62.67%)	112 (58.64%)
Somewhat negative	4 (11.11%)	3 (10.34%)	13 (25.49%)	7 (9.33%)	27 (14.14%)
Very negative	0	0	1 (1.96%)	0	1 (0.52%)
Comprehensive PHIC coverage (n, %)					
Very realistic	4 (11.11%)	4 (13.79%)	5 (9.43%)	12 (15.58%)	25 (12.82%)
Somewhat realistic	19 (52.78%)	4 (13.79%)	22 (41.51%)	34 (44.16%)	79 (40.51%)
Somewhat difficult	11 (30.56%)	8 (27.59%)	24 (45.28%)	26 (33.77%)	69 (35.39%)
Very difficult	2 (5.56%)	13 (44.83%)	2 (3.77%)	5 (6.49%)	22 (11.28)
Additional primary care coverage (n, %)					
Very realistic	3 (8.33%)	2 (6.90%)	1 (1.89%)	6 (7.89%)	12 (6.19%)
Somewhat realistic	15 (41.67%)	5 (17.24%)	25 (47.17%)	27 (35.53%)	72 (37.11%)
Somewhat difficult	16 (44.44%)	17 (58.62%)	20 (37.74%)	30 (39.47%)	83 (42.78%)
Very difficult	2 (5.56%)	5 (17.24%)	7 (13.21%)	13 (17.11%)	27 (13.92%)
Accreditation by network (n, %)					
Very realistic	4 (11.11%)	4 (13.79%)	5 (9.80%)	17 (22.37%)	30 (15.63%)
Somewhat realistic	20 (55.56%)	16 (55.17%)	27 (52.94%)	32 (42.11%)	95 (49.48%)
Somewhat difficult	12 (33.33%)	9 (31.03%)	13 (25.49%)	24 (31.58%)	58 (30.21%)
Very difficult	0	0	6 (11.76%)	3 (3.95%)	9 (4.69%)
Future practice with UHC (n, %)					
Very positive	10 (28.57%)	6 (20.69%)	11 (21.57%)	22 (28.95%)	47 (25.41%)
Somewhat positive	19 (54.29%)	19 (65.52%)	30 (58.82%)	45 (59.21%)	105 (56.76%)
Somewhat negative	6 (17.14%)	3 (10.34%)	10 (19.61%)	8 (10.53%)	24 (12.97%)
Very negative	0	1 (3.45%)	0	1 (1.32%)	9 (4.86%)
Certification by PAFP (n, %)					
Strongly agree	18 (50.0%)	9 (31.03%)	13 (24.53%)	23 (29.87%)	63 (32.31%)
Somewhat agree	14 (38.89%)	15 (51.72%)	27 (50.94%)	46 (59.74%)	102 (52.31%)
Somewhat disagree	2 (5.56%)	5 (17.24%)	6 (11.32%)	5 (6.49%)	18 (9.23%)
Strongly disagree	2 (5.56%)	0	7 (13.21%)	3 (3.90%)	12 (6.15%)
Certification by other organization (n, %)					
Strongly agree	10 (29.41%)	1 (3.57%)	6 (11.32%)	17 (22.08%)	34 (17.71%)
Somewhat agree	16 (47.06%)	12 (42.86%)	23 (43.40%)	31 (40.26%)	82 (42.71%)
Somewhat disagree	4 (11.76%)	11 (39.29%)	11 (20.75%)	19 (24.68%)	45 (23.44%)
Strongly disagree	4 (11.76%)	4 (14.29%)	13 (24.53%)	10 (12.99%)	31 (16.15%)

Table 3. Physician profile and difference in mean attitude score to UHC, 2020

	Attitude to UHC		p value[a]	Comprehensiveness		p value[a]	Coverage		p value[a]	Future Practice		p value[a]
	Favorable	Unfavorable		Favorable	Unfavorable		Favorable	Unfavorable		Favorable	Unfavorable	
Membership in PAFP			0.864[b]			0.127			0.304			0.177[b]
Member	36 (90%)	4 (10%)		16 (40.0%)	24 (60.0%)		16 (40.0%)	24 (60.0%)		31 (79.49%)	8 (20.51%)	
CFP	27 (84.4%)	5 (15.63%)		22 (66.67%)	11 (33.33%)		19 (57.58%)	14 (42.42%)		28 (87.50%)	4 (12.50%)	
Diplomate	21 (84.0%)	4 (16.0%)		15 (60.0%)	10 (40.0%)		9 (37.50%)	15 (62.50%)		24 (96.0%)	1 (4.0%)	
Fellow	49 (84.48%)	9 (15.52%)		34 (55.74%)	27 (44.26%)		24 (39.34%)	37 (60.66%)		47 (78.33%)	13 (21.67%)	
Year graduated			0.854			0.815			0.814			0.048
Before 2000	72 (82.76%)	15 (17.24%)		50 (56.18%)	39 (43.82%)		38 (42.70%)	51 (57.30%)		68 (79.07%)	18 (20.93%)	
2000 Onwards	78 (88.64%)	10 (11.36%)		49 (54.44%)	41 (45.56%)		40 (44.44%)	50 (55.56%)		80 (89.89%)	9 (10.11%)	

[a]Chi-square test; [b]Fisher's exact test

finding nurses, and the separation of dispensing medicine from medical practice. This is also similar in a study from the US which reported that income was a significant predictor of job satisfaction for primary care providers.[4] In this study, all participants have a positive attitude towards their current practice, but the factors affecting this positive attitude was not explored.

Health care providers may express pessimism towards health care reforms that can affect their practice. This was observed in the United States when the Affordable Care Act (ACA) expanded the coverage to millions of Americans.[6] A substantial percentage of physicians expressed pessimism about the future of primary care, while they are highly satisfied with their present practice. The ACA expanded the overage of patients to those who were previously uninsured, and those who working in the community clinics were likely to experience these increases. A few primary care providers, however, felt that change worsened the amount of time they spend on each patient and the time they spend on insurance administrative issues. A large majority of providers were also previously satisfied with their medical practice. These results are similar with the experience among Philippine family physicians. They are highly satisfied with their practice, but there may be apprehensions with this health care reform.

The attitudes and perceptions toward healthcare reforms may be affected by factors such as age and the duration of practice. A national survey among US physicians showed that majority favored an incentive-based health care reform to expand health insurance coverage. Physicians who are hospital-based, with 30 or more years' experience, and believe that health is a right and that currently, the uninsured have limited access to health care, were the ones more likely to support a tax-based universal insurance program like Medicare.[7] The support for financial incentives for coverage expansion might stem from the perception of physicians that this option as being more politically feasible or a more effective way of achieving increased coverage, decreased cost, improved quality and in protecting practice autonomy and compensation. In contrast to this study, those with higher years of practice have less positive attitude and perception for universal insurance. The years of practice may be associated with other factors affecting their practice.

Changes in the type of practice may also affect the physicians' attitudes towards the implementation of UHC. In the study, a fraction of participants works as parttime in either the public and/or private sector. This finding is not uncommon as dual practice is allowed for medical professionals.[1] However, dual practice has the potential to reduce the accessibility and/or quality of public health services by absenteeism to public sector job, or overservicing to private patients. On the other hand, the ability of a publicly employed physician to have another medical practice in the private sector may also result in increased retention in the national labor market and/or the public sector.[8] While these considerations must be balanced for the physicians' work satisfaction, the implementation of UHC may present threats to the current dual practice of family physicians which results to negative views.

The physicians' values also affect their perceptions to healthcare reforms. Their perceived benefit of the law and awareness of key provisions of the reform may also affect their attitudes and perceptions. Physicians are more likely to support a care payment reform, even in the face of an income trade-off, if the new system is aligned with their values. Physicians in the study preferred that the proposed care payment reform should not affect the following domains negatively: 1) the effectiveness and patient safety domains, 2) the coordination domain, 3) the provider wellness domain, and 4) the timeliness domain.[9] These values may be explored with the family physicians and the concurrence of the law with these values may be used in raising awareness about the benefits of the law.

The family physicians' attitudes towards accreditation by network is generally positive or realistic. This is concurrent with the available experiences that group practice and networks has numerous possible advantages such as increased negotiating leverage with health plans, increased efficiency, contained costs, and improved quality.[10] In addition, a network or group practice setting can also provide more leisure time, greater access to capital, more regular working hours, more time for continuing education, and more resources to employ administrative staff for processing medical claims.[5] However, apprehensions to networking and group practices must be identified as these may affect their perceptions toward this UHC provision. The physicians' lack of cooperation, lack of investment in their groups, and lack of support for leadership may impede the formation of groups.

The family physicians' attitude toward certification is also positive, but the preferred certification was that which is carried out by the PAFP rather then by other organizations. This might be due to higher level of familiarity and expectations of receiving more administrative and logistic support with the PAFP. The negative concerns towards certification may be due to its process and the support from the organization that will carry it out. In a study among physicians, certification was supported, but concerns were expressed about the process and the organizational support.[11] There was a perceived misalignment of the required activities with certification goals of ensuring high quality of care, maintaining clinical competence and professional identity. Maintenance of certification was seen as irrelevant to their current practice and is an inefficient way of accomplishing continuing professional development. Participants of the study also noted that the process of certification was complex and unstable which led to confusion and anxiety. This was further compounded by a general lack of systems support. While these concerns were not explicitly expressed by the participants, these issues are likely shared by them.

The study was able to describe the profile of family physicians in terms of attitudes and perceptions towards UHC, but it has three major limitations due to its study design. First, the study used a non-probabilistic sampling technique, which enabled easier data collection but limits the generalizability of the study results. Second, only practitioners from selected cities were included in the study. Inherent in the devolved and fragmented Philippine health system are differences in the experiences of healthcare providers. As such, practitioners in areas outside major metropolitan cities might have distinguishable attitudes and perceptions compared to the current study population. Finally, the study used a quantitative approach with limited general questions. To further elucidate the attitudes and perceptions of family physicians, a follow-up qualitative study using in-depth and key-informant interviews is recommended.

Conclusion

PAFP members' attitudes and perceptions towards UHC are mostly positive. Majority of respondents are positive about the inclusive PHIC membership, comprehensive service coverage, certification and accreditation, and the future of medical practice upon the implementation of UHC. Exceptions are the financial sustainability of the additional coverage for primary which was considered by the majority to be difficult to achieve. Despite having the majority being positive towards UHC implementation, there is still a large proportion of respondents who had negative attitudes and perceptions which may reflect an underlying concern about the specifics of how the UHC law will be implemented and operationalized.

There are multiple individual and system factors affecting physicians' attitudes and support for healthcare reforms. Physicians consider how the reform will affect their medical practice such as clinical and administrative workload, and income, and how it will affect their patients and the doctor-patient relationship. Positive attitudes result from a perceived possibility of improvement or a maintenance of already satisfactory medical practice while negative attitudes might stem from uncertainty about the details of the transition to UHC, or from perceived possibility of a less satisfactory medical practice.

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