

Patients' Preferences for Primary Care Clinic and Provider Characteristics and Services During the COVID-19 Pandemic: A Cross-sectional Study

Maria Zenaida Bonoan, RN, MD; Johnsen Magallanes, MD and Emille May Almeda, MD

Introduction: The Universal Health Care Law in the Philippines brought cost and quality at the forefront of the healthcare industry, ensuring all Filipinos have the right to health. With family medicine physicians as implementers, it is important to know what the patients/ consumer wants for their clinic. But during the pandemic, challenges were laid bare, highlighting how the health care sector should respond to the country's health care needs.

Objectives: The study aimed to determine patient preferences for primary care clinics and provider characteristics among patients and caregivers from a community-based clinic chain in Cavite and Taguig City

Methods: A descriptive, cross-sectional study was conducted among 168 patients who consulted two private primary clinics in Cavite and Taguig in December 2021. After a comprehensive literature review and pilot study, a self-administered survey questionnaire was utilized. Data as frequencies and percentages were analyzed.

Results: Preferences for primary care clinics were well-equipped clinic, safety protocols, PPE for the healthcare team, pleasing/accommodating receptionist, separate area for patients with covid like symptoms, located within their community (< 1km away), 15-30 mins waiting time, and morning visit. Top preferences for provider characteristics were physicians who do careful examination and history, spoke in layman's terms, rational prescription of drugs/tests, trustworthy, with <5 years of experience, 4- 8 clinic hours and to be seen by only one doctor. A pharmacy and x-ray/ultrasound, face to face consultation, affordable services, and consultation fees less than Php500 (10 USD) were also preferred.

Conclusion: This study revealed that the patients' preference was affected by the pandemic. Results showed that even as there are existing studies, it can change depending on the circumstances, and must change with the times in order to move forward. Taking into consideration these preferences is vital for the survival of the primary care clinic.

Key words: Primary care clinic, COVID-19 pandemic

INTRODUCTION

Primary care aims to provide integrated, accessible health care services. It is to be employed by physicians and their health care teams who can provide most of their patient's personal health care needs. It must include developing a sustained partnership with patients, while practicing in the context of the family and community.¹ It must be given to the community as early as possible. It must include continuity of health care promotion, disease prevention, extension of treatment, rehabilitation, and palliative care. It must be person-centered, team-based, community-aligned and designed to achieve better health,

better care, and lower costs. Primary care is different from primary health care, which is the whole-of-society approach to health, aimed to ensure high levels of health and well-being, and must be distributed evenly to focus on people's needs.²

The main vanguard of primary care is the primary care physician. They are trained in comprehensive, first contact and continuing care for the undifferentiated patient-- a patient with any undiagnosed sign, symptom, or health concern. The primary care physician should not just concentrate on the organ systems, but also in the behavioral and social problem origin. According to the American Academy of Family Physicians, this care must include health promotion, disease

prevention, health maintenance, counseling, patient education, diagnosis, and treatment of acute and chronic illnesses in a multitude of health care scenarios (e.g., office, inpatient, critical care, long-term care, home care, schools, telehealth, etc.). Collaboration with other health professionals is expected through referrals. Patient advocacy in the healthcare system is also done to accomplish cost-effective and appropriate care, by promoting effective communication with patients and families and to encourage them to be partners in health care.²

With the advent of The Universal Health Care Law in the Philippines, this statement does not need to get more impetus. The UHC, for all its foundations, must ensure that all Filipinos will have the right to health, hence wellness and well-being.⁶ It states that the government will protect and promote these rights, that the Filipinos will have access to a wide range of health services at affordable prices. Primary care and its vanguards will be needed more than ever due to Covid pandemic, as well as to stabilize the Philippine health care sector, which was already inadequate even before the pandemic began.⁷ Triage, rationalizing, and rationing has come to the forefront.⁸ The pandemic exposed our health system for its more systemic problems--lack of enough hospital staff, hospital beds, not enough medicines, and not enough medical resources. It has led to rationing of face masks, ICU beds and medicines, prioritizations, and ability-to-pay allocations, sometimes to the cost of medical ethics.⁹ Ethical principles such as maximizing the benefits produced by scarce resources, treating people equally, giving value to a person's retrospective and prospective contribution to fight the pandemic, and giving priority to those who are worst hit, have become blurred and put on the side. Rationing medical resources for its part is present even before the Covid pandemic. It was also being used in the doctor-patient relationship in the form of economization.¹⁰ Economization of the healthcare system led to automatization of care through telemedicine and rationing of time and staff due to economic imperatives and has led to "dehumanized care".¹¹ The practice of decking a patient to a group of health service providers has also been present. Given the problems enumerated above, we the researchers see the primary care clinic as a solution to our country's health ills.

In the end, patients as the consumer will always be right. Patient preference will drive healthcare facility usage and hence economic benefits for the said institution. Studies show that factors such as proper credentials and training of the doctor, careful examination with detailed medical history and sufficient time assigned to clinic visits are the top 3 preferences of patients when choosing a family physician, among others.¹⁹

In this study we would like to see what will constitute the "ideal primary care clinic" in our chosen areas, particularly Taguig City, a highly urbanized city in the south of Metro Manila, and Cavite, applied for both the private and the government setting. This study aimed to determine preferences for primary care clinics and provider characteristics among patients and caregivers from a community-based clinic chain in Cavite and Taguig City and gave insight and data for future decision-making e.g. in setting up a new clinic, re-evaluating a clinic's performance and marketability, taking into consideration patient preference and experience into improving current services.

METHODS

Study Design

A descriptive, cross-sectional study was conducted among patients who consulted 2 private primary clinics, one in Cavite and the other in Taguig, last December 2021. The patients answered a self-administered survey question wherein they were asked for their sociodemographic profile and what they were looking for in a primary care physician and the services of the primary care clinic during the Covid 19 pandemic.

Setting of the Study

The setting of the study was Healthway Family Clinics situated in Cavite and in Taguig City, namely the Buhay na Tubig and Tuktukan branches, respectively. Currently during the Covid pandemic, they have triage and in-clinic consultations, in addition to a pharmacy, radiological and laboratory services.

Study Population

Patients included in the study satisfied the following criteria for study participation:

1. Adults 18 years old and above, or
2. Caregiver, 18 years and above, accompanying companion/ patients
3. Able to read and understand English
4. Seeking Triage or In-clinic consultations, either for themselves or their companion/ patients

Patients who needed urgent or emergent care and who refused to participate in the study were excluded.

Sample Size and Sampling

Healthway Family Clinics Buhay na Tubig (in Cavite) and Tuktukan (in Taguig City) branches have an average of 520 patients each per month. At 95% confidence level, and 80% estimated proportion of patients who are adults, we calculated 168 respondents as the sample size for our study.

Data Collection

Upon final approval of the residency training program research panel, the study was implemented. We recorded respondents' socio demographic profile such as sex, marital status, religion, educational attainment, current occupation, monthly income, frequency of clinic visits, and general outlook of life. Based on the factors pointed out in the study of Khatami, et al.¹⁹, we looked into the clinic characteristics (physical appearance, safety, accessibility, waiting time, and location), doctor's characteristics, services offered within the clinic and direct cost of services. Screening questions were asked for eligibility among the patients sitting in the waiting area. Eligible patients were given the consent form and self-administered questionnaire. Allied clinic staff

aided in the distribution of the questionnaires. Questions regarding the questionnaire were addressed to the researchers who are on site or other doctors present who were trained to administer the survey. Data collection tool was in the form of a survey. In the survey form, sociodemographic parameters and preference of primary care clinics characteristics were asked. Pilot testing of the survey questions on 10 respondents was done prior to actual data collection. After pilot testing, each response was encoded to Google Sheets, counted, and given percentages based on the total number of responses. The primary researchers were the only ones with access to these documents.

Data Analysis

The data was analyzed using descriptive statistics, using frequency and percentages for categorical data, and were reported via tables using Microsoft Excel.

RESULTS

Socio Demographics

The study had a total of 168 respondents. They were mostly females, comprising 67% of the total population. Most of the respondents were aged either 18 to 25 years old or more than 61 years old (tied 19%), married (50%), Roman Catholic (74%), either high school or college graduate (42% and 43% respectively), employed (49%), having an monthly income of 10,000 to 50,000 pesos, had 1 consult at any clinic per year (27%), and had a satisfied outlook in life (71%) at the time of study.

Clinic Characteristics

The respondents answered a well-equipped clinic (76%), safety protocols being followed (71%), staff in PPE (64%), pleasing and accommodating receptionist (63%) and separate area for patients with Covid-like symptoms (49%). Of least importance was the presence of a VIP lounge (13%), stylish and well decorated interiors (23%) and Philhealth or HMO accredited (35% each).

The respondents preferred that the primary care clinic be within their barangay, within 5km of their houses (71%), a waiting time of 15-30mins (39%), morning visits at the clinic (61%), and had a standalone clinic within the community (92%) rather than in the mall or hospital.

Physician Characteristics

The respondents answered a physician who does careful and thorough history and physical examination (82%), rational prescription of drugs and tests (65%), speaks in layman's terms (62%), trustworthy (60%) and experienced (58%) as top qualities they looked for in a primary care physician. Of least importance were being a foreigner (9%), Filipino (25%), of good appearance (25%) and had the same gender as the patient (43%). Respondents preferred physicians with less than 5 years of experience (51%), a 4-8 hour clinic availability (50%) and preferred to see only one doctor in their consults (77%).

Table 1. Socio demographic characteristics of study participants.

Category		n	%
Age	18-25	32	19
	26-30	14	8
	31-35	24	14
	36-40	12	7
	41-45	16	10
	46-50	13	8
	51-55	9	5
	56-60	16	10
	61+	32	19
Sex	Male	55	33
	Female	113	67
Civil status	Single	65	39
	Married	84	50
	Separated	3	2
	Widowed	16	10
Religion	Roman Catholic	124	74
	Christian/ Born Again	35	21
	Islam	1	1
	INC	4	2
	Others	4	2
Educ. Attainment	Elementary	13	8
	High school	70	42
	College	72	43
	Masters/ Doctorate	8	5
	Vocational	5	3
	No formal education	0	0
Current Occupation	Student	16	10
	Self Employed	19	11
	Employed	83	49
	Unemployed	45	27
	Retired/ pensioner	5	3
Monthly Income	< P10,000	75	45
	P10,101 to P50,000	85	51
	P50,001 to 100,000	6	4
	More than P100,000	2	1
Frequency of Clinic Visits/ Year	1	46	27
	2	33	20
	3	27	16
	4	11	7
	5 or more	29	17
	Cant remember last visit	22	13
Satisfaction in Life	Very satisfied	46	27
	Satisfied	120	71
	Dissatisfied	2	1
	Very Dissatisfied	0	0
	Very Dissatisfied	0	0

Table 2. Characteristics of primary care clinics that study participants prefer.

Category		n	%
Clinic characteristics	Pleasing and accommodating receptionist	105	63
	Well-equipped	127	76
	Stylish and well decorated	38	23
	Safety protocols being followed	120	71
	Process for grievances	67	40
	Evaluation of patient experience	66	39
	Available phone service	60	36
	Separate area for patients w/ COVID-like sx	82	49
	VIP lounge	21	13
	Philhealth accredited	58	35
	HMO accredited	59	35
	Staff in PPE	108	64
Proximity to Primary Care Clinic	Within barangay	119	71
	Next barangay	22	13
	Next town/ city	2	1
	Doesn't care as long as I like the doctor	25	15
Waiting Time	Less than 15 mins	43	26
	15- 30 mins	65	39
	30 mins to 1hr	34	20
	Doesn't care as long as I like the doctor	26	15
Time of Visit to Clinic	Morning	102	61
	Afternoon	23	14
	Evening	23	14
	Doesn't care as long as I like the doctor	20	12
Location of Clinic	Inside the Mall	10	6
	Within the Community	154	92
	In the Hospital	2	1
	Others	2	1

Table 3. Physician characteristics that study participants prefer.

Category		n	%
Physician Traits	Must be a specialist	77	46
	Careful examination and history	138	82
	Alots sufficient time for consult	91	54
	Speaks in layman's terms	104	62
	Provides other procedures	76	45
	Rational prescription of drugs and tests	109	65
	Regular followup of patient illness	87	52
	Trustworthy	101	60
	Attention to other aspects of health	83	49
	Keeps patient's secrets	79	47
	Good morals and behaviors	91	54
	Kind and empathetic towards patients	95	57
	Satisfies other patients	72	43
	Has a good reputation	77	46
	Recommended by other doctors	71	46
	Suggested by friends	57	37
	Must be of same gender to patient	43	28
	Good appearance	41	27
	A Filipino	39	25
	A foreigner	14	9
Must be experienced	90	58	
Years of experience	less than 5yrs	86	51
	5- 10 years	70	42
	11-15 years	4	2
	15 years or more	8	5
Preferred Clinic Hours of Your Doctor	Less than 4 hours	65	39
	4-8 hrs	84	50
	8-12 hrs	19	11
Preference of Primary Care Doctor	Only 1 Doctor	129	77
	Whoever is available	39	23

Other Services and Cost

Respondents answered they prefer to have a pharmacy in-clinic (77%) and face-to-face interaction (84%) compared to other modes of communication. Respondents also preferred a consultation fee of less than 500 pesos (90%), and affordable services, goods and consultation (93%).

Table 4. Preferences in terms of other services and cost.

Category		n	%
Services offered	Pharmacy	129	77
	Xray and ultrasound	120	71
	Lab services	107	64
	CT scan and MRI	110	65
	Grocery	50	30
Patient/ Doctor interaction	Face to face	141	84
	Teleconsultation	1	1
	Any	26	15
Price	Less than 500 pesos	152	90
	500- 1000 pesos	15	9
	more than 1000 pesos	1	1
Cost of Service	Affordable services good and consult	156	93
	Can be expensive as long as I like the doctor	26	15
	Expensive as long as quality service	37	22
	Can be expensive as long as it saves time	24	14
	Prefer's government hospitals	15	9

DISCUSSION

The data shows that majority of respondents were female, married, Roman Catholic, employed with a monthly salary of 10,000 to 50,000 pesos, well-educated and had a positive outlook in life. They were either

in the 18-25 years old (entry level workers in the workforce, with no HMO benefits yet) or more than 60 years old (with chronic illness and poor end-of-life retirement benefits).

Clinic characteristics preference were in line with the society's efforts to curb the Covid pandemic, as respondents preferred a well-equipped clinic, with safety protocols in place, staff in PPE and an area designated for patients with Covid like symptoms. This contrasted with studies suggesting medical staff who were in PPE scares away patients. These measures, instead, may have encouraged and reassured patients that they were safe in these institutions. A pleasing and accommodating receptionist was also preferred by patients, as good patient care starts with a pleasing patient first contact. As shown in the study by Tongue et al, communication between medical staff and patient was important in reassuring strong doctor patient relationships and better health outcomes. Due to the Covid restrictions, respondents preferred a primary care clinic to be within 5kms from their house, preferring a waiting time of 15-30mins or better, morning visits and having the clinic in a stand-alone clinic in the community. This is due to the respondents' wish to limit travel time and time outdoors. Society tended to stay indoors in the past 2 years, having heeded the government's advice to stay indoors unless it is necessary to go out, especially for the extremes of ages. As Covid cases soared, the geriatric age group gravitated to seeking consultation to standalone primary care clinics, rather than in hospitals, clinics in malls or in barangay health centers, citing 1) avoidance of crowds, 2) better service in standalone clinics and 3) lower waiting times.

Top qualities in physician characteristics from the respondents were in line with the study of Khatami, et al. with thorough history and physical examination, experience, expertise in saying complex medical theories into layman's terms, rational use of medications and lab procedures and trustworthiness getting high marks. An experience of less than 5 years was preferred by the respondents, pointing that physician's youth collated to the newest trends in medicine and eagerness to explain illnesses and treatment to patients, with some even saying "old doctors tended not to explain things, and just prescribe medications without saying what it is for." The respondents also preferred that the doctor be available for 4-8 hrs in the clinic and they prefer to be seen by only one doctor even if there are others available on deck. While some respondents suggested that having just one doctor made treatment more personalized, intimate and easily understood by the patient, further studies on the rationale of these preferences may be needed to explain the phenomenon.

Even with teleconsultation available, respondents of the study revealed they still preferred face to face consultations, due to the patient's perception of teleconsultation having lack of physical examination, time constraints and having felt that consultations were hurried and unfinished. They also preferred that there be an in-clinic pharmacy, with other amenities such as x-ray and laboratories as an added bonus. This was in line with the patient's wish to avoid excessive time outdoors.

Respondents preferred that the cost of consultation be kept at less than 500 pesos with preference for affordable services, goods and consultations, in lieu of additional cost to decrease waiting time and add quality to the consultation. This may be unique in this

time of pandemic, as finances were tight due to the downturn of the economy.

Given these results, we can now paint the ideal primary care clinic-- a well- equipped clinic following existing COVID protocols, medical staff in proper PPE, a separate area for patients with COVID like symptoms. There was to be a pleasant and accommodating receptionist or triage officer, who would direct the patient to a trustworthy and experienced primary care physician who would do a complete and thorough physical examination, explain the patient's illness, medications and laboratory procedures in layman's terms. All of these medications and laboratory procedures were preferably available in-clinic. All this setup would be within the barangay of the patient, with a waiting time of 30 mins or less, in the morning, with his/her preferred one doctor being available for 4-8hrs/ day. All this will only cost the patient less than 500 pesos.

CONCLUSION

In conclusion, patient preferences from a community-based clinic chain in Cavite and Taguig City in the time of COVID 19 pandemic are as follows: For the clinic characteristics, most patients prefer a well-equipped clinic with a separate area for patients with COVID-like symptoms. They would like the clinic to have safety protocols in place which includes the staff wearing the appropriate PPE. It would be of the clinic's advantage if the staff have a pleasing personality and are accommodating. Almost all the patients in the mentioned clinics are looking for a physician who does thorough history and physical examination, gives rational prescription of drugs/ tests, and speaks in layman's terms. They would also love a doctor who is trustworthy and experienced in their field. Cost and services offered also play a role in how patients prefer a certain clinic/ healthcare provider. Most of them wanted a pharmacy in the clinic and doing face-to-face interaction with the doctor. Respondents also preferred a consultation fee of less than 500 pesos, hence having affordable services, goods and consultation for the patient. This study was done during the COVID pandemic and revealed that the patient preference for their preferred primary care clinic and its physician was affected by the pandemic. Results showed that even as there are similarities with existing studies on the matter, primary care clinic preferences changed depending on the circumstance.

RECOMMENDATION

Clinic characteristics, physician characteristics, services offered, and cost must change with the times in order to move forward. Taking into consideration the preferences of the patient-- the consumer, was important for the survival of the primary care clinic. While some qualities were already existing in our study environments, some changes were needed, e.g. maintaining the community footprint and keeping the pharmacy well stocked; some may have not been applicable, e.g. keeping the price point low. The balance between quality and sustainability must be reached for the relationship between the patient/ consumer and the clinic/ provider to be mutually beneficial. This study aimed to serve as a baseline for further studies in medical economics, patient care, patient preference and medical marketing. The researchers consider this study as the first of many, as limitations- e.g randomization of patients/

population was not done (to maximize the number of respondents for the limited amount of time due to the ongoing COVID pandemic, and fear for a projected increased refusal rate). We recommend that the study be done in a larger population to validate the results. Lastly, analytic studies based on these findings are imperative to push forward primary care for our patients. Being a descriptive study, we would like to give future researchers the foundation to which to build on, towards the ultimate goal of our study-- helping in modernizing the Philippine healthcare system.

REFERENCES

1. <https://www.aafp.org/about/policies/all/primary-care.html>
2. <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>
3. Majeed Alhashem A, Alquraini H & Chowdhury RI. Factors influencing patient satisfaction in primary healthcare clinics in Kuwait. *International J Health Care Quality Assurance* 2011; 24(3): 249–62 <https://sci-hub.se/10.1108/09526861111116688>
4. Patient Physician Relationships, *AMA Codes of Medical Ethics* (2020, April). <https://www.ama-assn.org/delivering-care/ethics/patient-physician-relationships>
5. Ware JE, Snyder MK, Wright WR & Davies AR. Defining and measuring patient satisfaction with medical care. *Evaluation and Program Planning* 1983; 6(3-4): 247–63 [https://sci-hub.se/10.1016/0149-7189\(83\)90005-8](https://sci-hub.se/10.1016/0149-7189(83)90005-8)
6. RA 11223 Universal HealthCare for All Filipinos, Prescribing Reforms in the Healthcare System and Appropriating Funds, Philippine Government. (2018, July). <https://www.officialgazette.gov.ph/downloads/2019/02feb/20190220-RA-11223-RRD.pdf>
7. Many children and adolescents in the Philippines are not growing up healthily UNICEF Oct 2019, <https://www.unicef.org/philippines/press-releases/unicef-many-children-and-adolescents-philippines-are-not-growing-healthy>
8. Srivinas G, et al. Ethical rationing of healthcare resources during COVID-19 outbreak: Review Feb 2021, Elsevier <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7869626/>
9. Emanuel E, et al. Fair allocation of scarce medical resources in the time of COVID-19. May 2020, *New England Journal of Medicine*, <https://www.nejm.org/doi/full/10.1056/NEJMs2005114>
10. Kienzle H. Fragmentation of the doctor-patient relationship as a result of standardisation and economisation. 2004, National Library of Medicine <https://pubmed.ncbi.nlm.nih.gov/15250386/>
11. Humanization of care: Key elements identified by patients, caregivers and healthcare providers. A systematic Review <https://pubmed.ncbi.nlm.nih.gov/31203515/>
12. Chipidza F, et al. Impact of doctor-patient relationship. 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4732308/>
13. Gordon C, et al. The doctor- patient relationship. *Massachusetts General Hospital Comprehensive Clin Psychiatr* 2016. <https://www.psychiatrist.com/pcc/delivery/patient-physician-communication/impact-doctor-patient-relationship/>
14. Tongue JR, et al. Communication skills for patient-centered care: research-based, easily learned techniques for medical interviews that benefit orthopaedic surgeons and their patients. *J Bone Joint Surg Am* 2005; 87: 652–8. <https://healthliteracycentre.eu/wp-content/uploads/2015/11/Tongue-2005-.pdf>
15. Stewart MA. Effective physician-patient communication and health outcomes: a review. 1995, <https://pubmed.ncbi.nlm.nih.gov/7728691/>
16. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Ann Int Med* 1978. <https://www.semanticscholar.org/paper/Culture%2C-illness%2C-and-care%3A-clinical-lessons-from-Kleinman-Eisenberg/953ba161d8cb3dab2951edfce1af-d38cc7914b9b>

17. Bennett JK, et al. The role of patient attachment and working alliance on patient adherence, satisfaction, and health-related quality of life in lupus treatment. *Patient Educational Counselling*. 2011 <https://pubmed.ncbi.nlm.nih.gov/20869188/>
18. De Mesa R, et al. Impact of improved primary care on patient satisfaction: Results of a pilot study in the University of the Philippines. *Int J Health Plan Manag* 2019. <https://pubmed.ncbi.nlm.nih.gov/31359486/>
19. Khatami F, Shariati M, Khedmat L, et al. Patients' preferences in selecting family physicians in primary health centers: a qualitative-quantitative approach. *BMC Fam Pract* 2020; 21: 107. <https://doi.org/10.1186/s12875-020-01181-2>