



UNIVERSITY
of
OTAGO
Te Whare Wānanga o Ōtāgo
NEW ZEALAND

Balancing Business and Care in General Practice

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Background

- Hybridisation in General Practice
- Changes in General Practice
- Business performance

Objectives

1. How do General Practices measure business performance?
2. What measures do practice owners find useful from a business perspective?
3. How are these measures collected and analysed?
4. What are the motivations for measuring business performance within the sector?

Methods

- Qualitative research conducted originally as a summer studentship.
- Semi-structured interviews with general practice owners/managers.
- Range of responders and practice types.
- Interviews recorded, transcribed and analysed by at least 2 members of research team

Response

Practices contacted
35



Responded
17



Interviewed
11



Analysed
11



Not interviewed
6*

- *Timing = 3
- *No consent = 2
- *Illness = 1

	Practice Type	Urban	Rural
Ownership	Single Owner	x	x
	Multiple Owners	✓	✓
	Corporate	✓	x
	Community-owned Trust	✓	✓
	Network owner	✓	✓
	Maori Provider	x	x
	VLCA	✓	x
Size of Practice	<5,000 enrolled patients	✓	✓
	5,001-10,000 enrolled patients	✓	✓
	>10,000 enrolled patients	✓	x
GP FTE*	<5	✓	✓
	5-10	✓	✓
	>10	✓	x

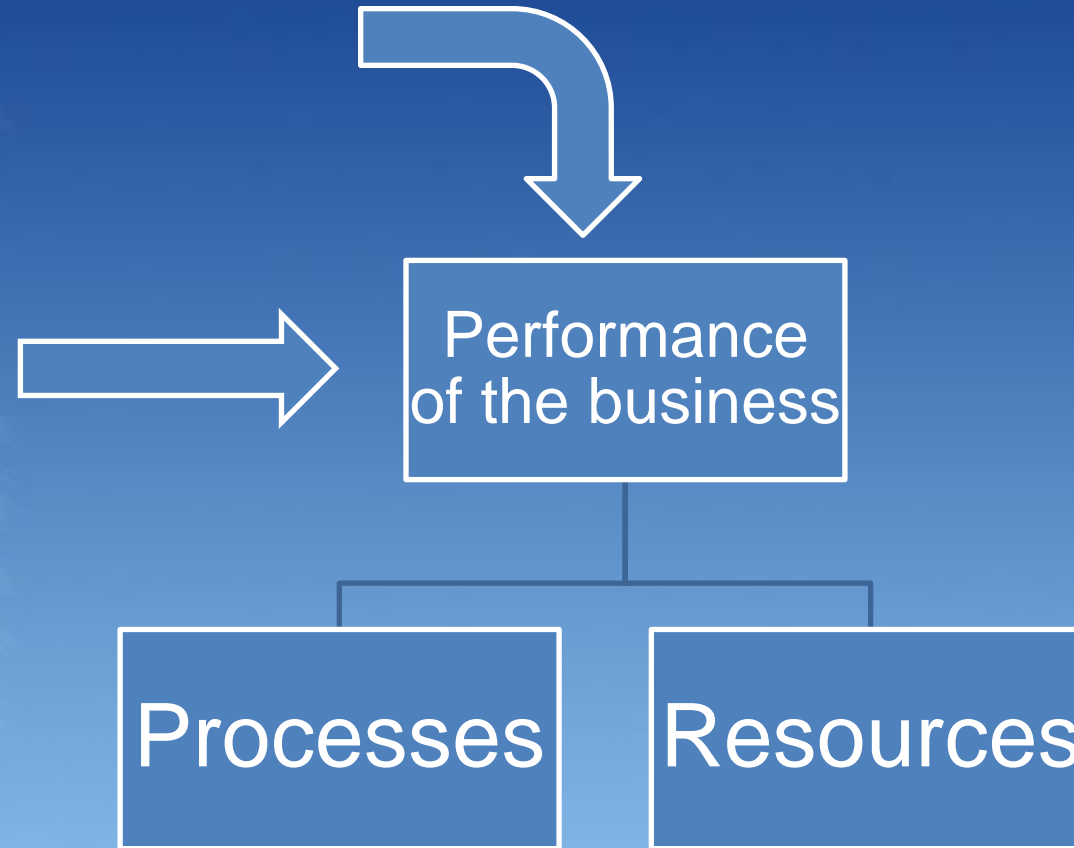
* 1 Full Time Equivalent (FTE) = 40 hours

A faint, light blue background image of a Gothic clock tower, likely Big Ben in London, is visible on the left side of the slide. The tower's intricate architectural details, including its clock faces and ornate stonework, are subtly visible against the solid blue background.

Findings

1. Business Performance

- Financial measures
 - Capitation
 - Copayment
- Planning
 - Strategic
 - Business



2. Measures used

Practice

- Capitation
- Copayment
- Assets
- Patient roll
- Profit/loss
- Earnings Before Interest and Tax (EBIT)

Internal processes and Resources

- GP efficiency
- Nurse efficiency
- Wait times
- Wastage
- Consultation numbers
- After hours consultations
- Patient satisfaction

3. Collection and review

- Practice manager usually responsible
- Practice management system
 - *“It’s not a lot, but it’s quite time consuming to do even those ones that we do, because Medtech which is our PMS is not administration-friendly. It’s good from a clinical aspect, but as far as trying to extract data, it’s not totally reliable.” PM6*
- Review of spending against budget
 - Day-to-day cash flow
 - At board or governance meetings

4.Motivation

- Financial viability and sustainability
 - *“Our key purpose at the end of the day is making sure that the business as a whole is sustainable and our community continues to have the ability to access those services locally.” PM3*
- Limited avenues of income with expenditure often fixed.
- Changing funding and expectations of care.

A faint, light blue background image of a classical building facade, featuring a prominent clock tower with multiple faces and ornate architectural details. The image is semi-transparent, allowing the blue gradient of the slide to show through.

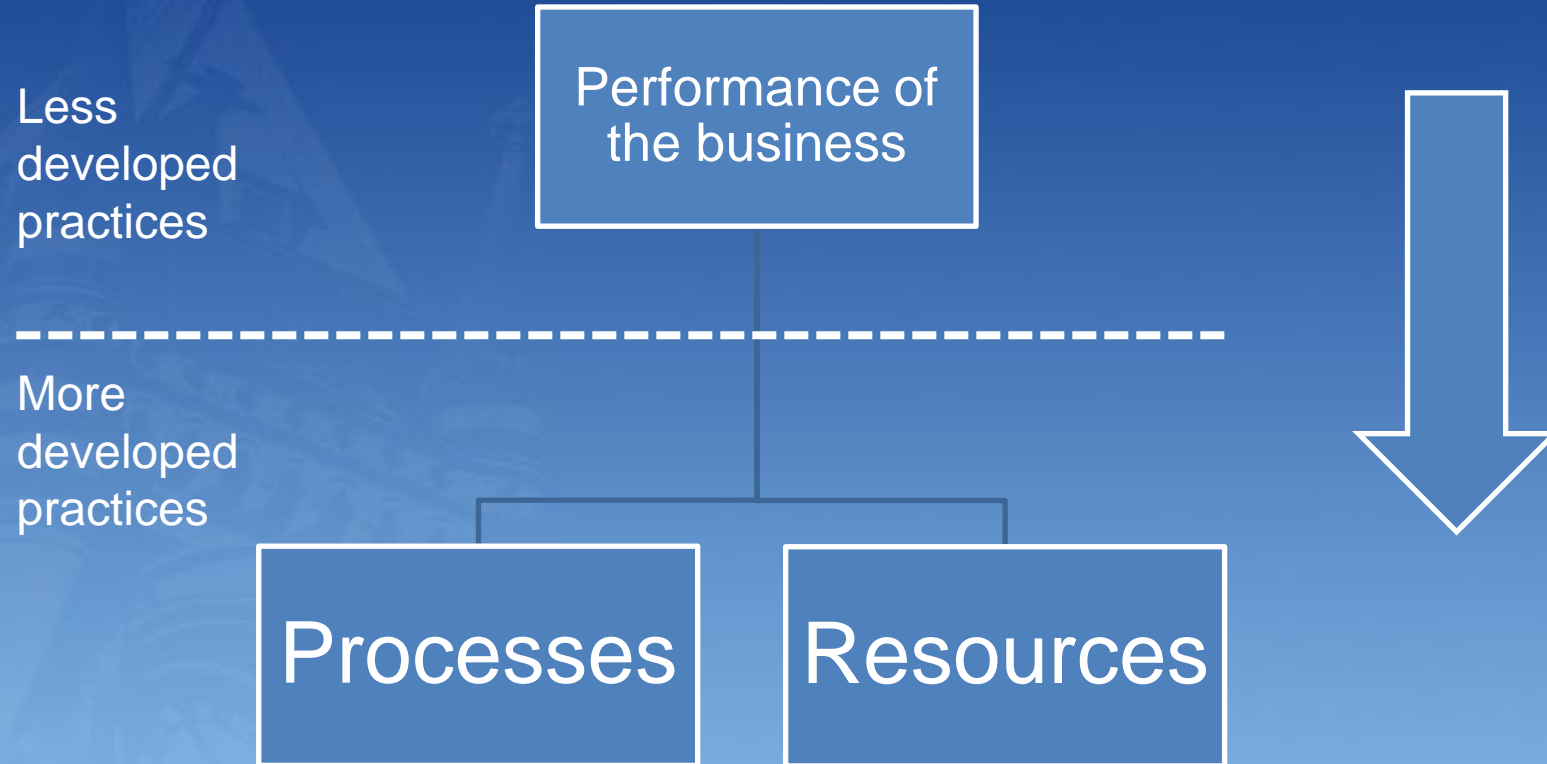
DISCUSSION & IMPLICATIONS

Discussions

- Presentation and review of business performance common to all respondents but room for improvement.
- Sophisticated measurement of processes found in larger, more developed practices and community owned practices.
- Process measurement a response to increasingly complex demands on practices.



Implications



Strengths and Limitations

Strengths

- Consistent interview questions.
- Well defined objectives.
- Broad sample of practices.

Limitations

- Short study period.
- Volunteer bias.
- Generalisability of findings to the rest of New Zealand general practice.

THANK YOU FOR YOUR ATTENTION



Questions?

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