Supplementary Material

Patient-Chosen Gap Payment: an exploratory qualitative review of patients and general practitioner attitudes toward an alternative funding model for general practice

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INTERVIEW SCHEDULE

PROJECT: A qualitative exploration of a novel blended payment system for general practice

Introduction

Thank you for agreeing to be interviewed for our study, "A qualitative exploration of a novel blended payment system for general practice**" As previously mentioned, my name is Dan Epstein and I am the Chief Investigator for this study and the Co-Investigator for this study is Professor Danielle Mazza.**

Preamble
Australian primary care is mainly fee-for-service with the consumer
choice between a mix of bulk billing practices, private gap-fee practices (gap fee paid by consumer) and mixed billing practices (who charge a gap to patients other than pensioners or children). We are conducting research to assess attitudes towards a mixed billing model of payment where the consumer determines the value of the gap fee in a pay-what you want model.

Also, I would like to confirm that you will receive a gift card for your time spent participating in this study.

Opening question
Let me begin by asking you to state your name and tell me about the practice in which you work. Do you work at a bulk billing or private GP clinic? (attend if pt)
- Very simple question to get the participant talking, provides context

Introductory question
What do you think about the billing system GP clinic you attend?
- Introduces the broad area you are going to be talking about, provides context

Transition question
How would you feel if the patient (you if pt) choose how much they pay out of pocket in a gap fee when visiting your clinic?
- Focuses the participant on the specific issue you are going to be talking about, provides context

Doctors attitude to billing
Are you happy to charge/not charge (pay/not pay if pt) a gap fee for the service you get at the GP clinic you attend?

Why?

Payment as a limiting factor in primary/preventative care

Do you think the medical care at your clinic reflects the out of pocket cost to the patient?

Do you think this would change if the patient (you) paid more or less?

The doctor/patient rapport and relationship to billing

How would you describe your doctor/patient relationship?

Why?

Do you think this affected at all by charging / not charging (paying/not paying) a gap fee?

How would you feel if you decided how much each visit cost your patient (you) out of pocket?

Attitudes toward Pay-what-you-want

How would you feel if the patient (you) chooses how much they pay out of pocket in a gap fee when visiting your clinic?

Do you think this would change the care you are provide (are given)?

How/why?

How do you think the patient (you) would decide what amount to pay in such a system?

Summary Question

Do you think you would prefer to work at (attend) a pay-what you want clinic in preference to a bulk billing/private clinic?
- Summarise the key concepts that emerged and seek clarification or further explanation

Scenario	If you were attending/practicing in a PCGP clinic, talk about what impacts your payment decisions in the following scenarios and what would you/the patient pay?
1.	An appointment that lasts 15 minutes for a routine check-up.

2.	**An appointment for a cough/cold where (you are / the patient is) provided good management advise but not medications even though (you / the patient) asked for an antibiotic.**
3.	**A 32-minute consultation about recent life stressors and low mood as well as a rash (you / the patient) have recently got, (you feel / the patient feels) the doctor has helped in both issues.**

Thank you for taking the time to participate in this interview. Is there anything else you would like to add to what we have already discussed today?

We look forward to sharing our findings with you once they become available and we hope the findings from this study will help further understand attitudes from patients and doctors around innovative mixed billing models of general practice. Thanks again for your contribution to this study