

# The impact of governance in primary health care delivery: a systems thinking approach with a European panel

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## Additional file 1. List of variables and categories used in the study

Table 1 List of PHC variables included

<b>PHC supply and demand side variables</b>	
<b>Round 1</b>	
<b>Variable</b>	<b>Categories</b>
Providers' employment status	Civil servant/public employee Salaried or employed by other self-employed PHC physicians or PHC practice Self-employed Others
Type of contract when is self-employed	Contracted to the national health authority Contracted to local or regional health authority Contracted to social health insurance (SHI) (single fund) Contracted to SHI funds Contracted to one or several private health insurance(s) (PHI) Self-employed without contracts Others
Providers' type of payments	Fixed salary Mix of payment per performance or results +- capitation /basic payments Fee for service (FFS) Directly paid out-of-pocket (OOP) Others
Type of mix of payment when selected	Mainly capitation and additional payment per performance/results (which one?) Mainly payment per performance/results and additional payment per capitation (which?) Balanced mix of payment per performance/results and capitation (which?)
If fee for service, who pays the fee?	Paid by national health insurance fund Paid by SHI fund Paid by PHI Others
Ownership	Free text
Compulsory training programme for GPs	No/ Yes (duration)
Institution that issues professional license to practice	Free text
Providers' clinical practice regulation	The organisation they work for The central organisation in charge of purchasing PHC services centrally The local or regional organisation delegated to pay PHC services in that region An independent inspection authority The same institution that collects funds to finance PHC services There is no institution monitoring Others
Providers' competence regulation	The college of GPs/physicians Another professional body (which one) The same institution providing the license to practice Their employer/ institution they have a contract with Independent governmental body The central/local health authority/ Ministry of Health (Mohr) There is no institution in charge of monitoring Others
Providers' guidelines	Yes/ no Professional associations Mohs/regional health authority Pharmaceutical bodies The same institution they are contracted to The institution that holds physicians accountable for their clinical practice An independent authority Others
Gatekeeping	Yes/ Incentivised/ No

Type of PHC practice	Single-handed PHC practice (with/without nurse) Multiple-handed practice (with/without nurse) Multiple handed practice with nurse working as fully integrated team (number physician=nurse) Any option above plus other specialists Others
Pick and rank the most common type of patients seen in PHC practices	Covered under general taxation funding Covered under SHI fund(s) Entitled to public PHC due to low income Private patient without insurance Covered under PHI Others
Co-payments	Yes/ Only prescriptions, diagnostic tests / No
Provider's workload drivers	Clinical practice/patients' visits Skills and competence maintenance activities Bureaucratic clinical tasks Bureaucratic management tasks Others
Reasons for prescribing outside the guidelines	Patients' pressure Lack of knowledge/insufficient training Lack of standardised guidelines PHI requirements Pharmaceutical companies' representatives Local/regional/national authority constraints
<b>Round 2</b>	
<b>Variable</b>	<b>Categories</b>
Health system financing mechanism	National health system (NHS) (fund raised through a percentage of the general taxation collected from nation-wide citizens) Compulsory national health insurance (CNHI) (fund raised through earmarked health care contributions collected from nation-wide citizens) SHI managed with a single fund (raised through earmarked health care contributions collected from the workforce) SHI managed through several funds (raised through earmarked health care contributions collected from the workforce into different funds according to professional types) Voluntary national health insurance (fund raised from earmarked health care contributions gathered from citizens on voluntary basis) Private health insurance (PHI) (funds raised through earmarked health care contributions gathered from individuals on voluntary basis into different funds according to insurer) Individual out of pocket expenditure (no insurance model, each one pays what they consume)
PHC practice ownership	Government (national, regional or local) owns and manages facilities Government (national, regional or local) owns facilities but public employees manage them Government owns the facilities, but they are rented and managed by self-employed PHC physicians/professionals Government owns the facilities, but they are rented and managed by private non-professional actors Single or group of PHC physicians own and manage the facilities Private (non-professional) actors own and manage the facilities Others
Institution regulating providers' competences/skills maintenance regulation	Government regulation Government-professional network regulation Professional regulation Private actors' regulation No competences/skills maintenance regulation Others
Institution regulating providers' clinical practice regulation	Government regulation Government- professional network regulation Professional regulation Private actors' regulation No clinical practice regulation Others
Institution regulating providers' clinical practice regulation	Government regulation Government-professional network regulation Professional regulation Private actors' regulation No regulation of license conferral/no license required Others