Decisions About Pap Tests: What Influences Women and Providers?

Abstract:
While Australia has a history of a successful cervical screening program, there continues to be significant issues in relation to optimal program design. These include increasing participation rates, reducing unnecessary early re-screening, improving the confidence in screening tests, and determining the most cost-effective parameters for the screening program. For all of these issues, information about consumer and provider preferences, and insight into the potential impact of any change to the current program on consumer and provider behaviour are essential inputs into evidence-based health policy decision making.

This Paper reports the results of discrete choice experiments to investigate consumers’ preferences and providers’ recommendations in the context of cervical screening decisions. We conducted separate experiments with women and GPs, with the attributes selected to allow for investigation of interaction between consumer and provider preferences.

We found that women tended to choose to have a Pap test when the doctor was female, she/he was their regular GP, they were due or overdue for a test and when the GP recommended they have a test. They were discouraged by cost and any decreases in the accuracy of the test but were not influenced by the recommended screening interval or whether the GP received an incentive payment. In making a recommendation to have a Pap test, GPs took into account whether the patient was due or overdue for testing and any cost to the patient. They were less likely to recommend a Pap test if the patient had come to them with a serious health problem or was aged 70 or over.

The results of DCEs provide a better understanding of how prices, recommended screening interval, levels of accuracy and other relevant factors affect screening uptake. How women and GPs differ in their preferences also provides information about the agency relationship in this context.