Reasons for Patient Preference of Primary Care Provider Type

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BACKGROUND

- Shortages of physician Primary Care Providers (PCPs) are projected\(^1\), \(^2\)
- Nurse practitioners (NPs) and physician assistants (PAs) may mitigate this shortage
- Many patients are willing to see NP/PAs instead of physicians
BACKGROUND

- Research on provider preference by patients for physicians vs NP/PA

- **AAMC**: Dill et al in Health affairs Jun 2013³.
  - If a patient needs a new PCP, 50% preferred a physician; 23% preferred NP/PA; 26% had no preference
BACKGROUND

▪ We have a gap in understanding why patients have a difference in provider preference
OBJECTIVE

▪ To understand the reasons why patients would prefer a physician or NP/PA as their new primary care provider
METHODS

- Data from AAMC Center for Workforce Studies’ biannual online Consumer Survey conducted in January and June 2014; subset from 670,000 sample
- Data weighted to represent the US population with regard to age, sex, race/ethnicity, employment status, household income, insurance source
- Analysis used standard qualitative methods

Duke IRB exempted study

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FILTER QUESTION:
“In the last 12 months, did you or a health care professional believe you needed any medical care?”

“No.”

“Yes, only once.”

“Yes, more than once.”

Excluded from further analysis

N = 5748 (total sample)

“I imagine the following hypothetical scenario: You need to find a new primary care provider. The practice you found has physicians, physician assistants (PAs) and nurse practitioners (NPs) that are all accepting new patients. Which type of provider would you prefer to see?”

“Strongly prefer to see a PA or NP” (13%)
“Somewhat prefer to see a PA or NP” (6%)
“Somewhat prefer to see a physician” (21%)
“Strongly prefer to see a physician” (34%)
“No preference” (24%)
“Don’t know” (2%)

“Could you please tell us why?”

Free text answers >99% responded
QUALITATIVE ANALYSIS

- Members of the study team include non-clinician researchers, physician assistants, and a physician.
- Survey data was imported into NVivo 10 (QSR International, Burlington, MA)
- Respondents’ open-ended answers to the ‘why’ question were analyzed by two coders who were members of our study team
QUALITATIVE ANALYSIS

- Team members reviewed responses and developed a list of recurring themes.
- Codes and subcategories of codes corresponding to the themes were created; some themes were assigned more than one code(s).
- Two coders independently and systematically coded all of the responses.
## RESULTS: Demographics

<table>
<thead>
<tr>
<th></th>
<th>Male: 53%</th>
<th>Female: 47%</th>
<th>Black/African American: 17%</th>
<th>Asian: 6%</th>
<th>Hispanic/Latino/Spanish: 9%</th>
<th>White: 58%</th>
<th>Other: 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18-44</td>
<td>42%</td>
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<tr>
<td>Age 45-64</td>
<td>31%</td>
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<tr>
<td>Age 65+</td>
<td>27%</td>
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<tr>
<td>Insured</td>
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<td></td>
<td></td>
<td>90%</td>
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<tr>
<td>Uninsured</td>
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<td>10%</td>
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</tbody>
</table>

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RESULTS: Emerging Themes

<table>
<thead>
<tr>
<th>Prefer physician</th>
<th>Prefer NP/PA</th>
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<tbody>
<tr>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Efficiency</td>
</tr>
<tr>
<td>Established relationship/habit</td>
<td>Established relationship/habit</td>
</tr>
<tr>
<td>Provider qualifications</td>
<td>Bedside manner/interpersonal</td>
</tr>
<tr>
<td>Trust</td>
<td>More affordable</td>
</tr>
<tr>
<td>Desire to see person “in charge”</td>
<td>Time spent with patient</td>
</tr>
<tr>
<td>Complexity of health problem(s)</td>
<td>Prefer physician but willing to see NP/PA under certain conditions</td>
</tr>
</tbody>
</table>
RESULTS: Perceived Value

- Prefer NP/PA
  - “Less expensive, same quality care.”
  - “Because I can save time and money possibly. I also can have two people[‘s] advice instead of one.”

- Prefer physician
  - “They are better trained obviously. If I have to pay I may as well see the most professional in the practice.”
  - “They are more trustworthy and that’s what I’m paying for.”
RESULTS: Efficiency

- Prefer NP/PA
  - “Fast service.”
  - “No reason, I just like being seen quickly and leaving my appointment quickly.”

- Prefer physician
  - “Because in the end you will most likely see the physician anyways and going through the assistant is double work/talk.”
  - “The assistants just relay info to the dr. So why not cut the middle man.”
RESULTS: Established Relationship/Habit

- Prefer NP/PA
  - “Been seeing her for years and am comfortable with her knowledge and advice medically.”
  - “I just have always been seen by a very good physician assistant and would like to be seen by her or another like her if I needed a new doctor.”

- Prefer physician
  - “Have known him for over 20 years and he is an excellent doctor.”
  - “Just because that person is most familiar with my care and treatment.”
RESULTS: Provider qualifications

- Prefer physician
  - “I think a physician has had more education and [is] therefore more qualified to treat patients.”
  - “I would think a physician would have more schooling and experience.”
RESULTS: Bedside manner/ Interpersonal

- Prefer NP/PA
  - “They are more caring than a regular Dr.”
  - “I feel very comfortable with them. They are easy to talk to. And I feel they really want to help.”
RESULTS: Trust

- Prefer physician
  - “Because I would trust a doctor to have more training and experience.”
  - “I trust them to be able to assist with any issue I may have whereas a PA or NP may be a little more limited on what they can actually do.”
RESULTS: Perceived as more affordable

- Prefer NP/PA
  - “It would be cheaper.”
  - “Don’t cost as high as the doctor.”
RESULTS: Desire to see the person “in charge”

- Prefer physician
  - “The others cannot do anything without checking with the physician.”
  - “Ultimately the physician is the final decision maker.”
RESULTS: Perceived time spent with patient

- Prefer NP/PA
  - “They take time to discuss your needs and concerns.”
  - “In my experience, PAs and NPs tend to take more time to understand my concerns and seem more interested in helping as opposed to some MDs who offer a “treat ‘em and street ‘em” approach.”
RESULTS: Perceived complexity of health problem(s)

- Prefer physician
  - “I’m an old man with a multitude of problems. I prefer treatment from someone who, hopefully, has wide experience and more education. If I was younger or more healthy it would make no difference.”
  - “I have several medical conditions that need to be managed. I want a physician who has both the breadth and depth of knowledge to deal with my complete situation.”
RESULTS: “Prefer physician”; mention willing to see an NP/PA under certain conditions

▪ “For ongoing care I prefer a doctor – for little things like ear infections, pink eye etc. a NP or PA is good.”
▪ ”For an original visit I would prefer a physician, but after having consulted with that person, I would have no problem continuing treatments recommended with a PA.”
SUMMARY OF FINDINGS

▪ When presented with a hypothetical question, more respondents prefer a physician to a NP/PA as their new PCP, but a significant portion preferred NP/PAs.

▪ Similar reasons for both groups:
  ▫ Value, Efficiency, Established relationship/habit

▪ Most often cited reasons for physician preference are:
  ▫ Provider experience, trust, patient personal experience

▪ Most often cited reasons to choose NP/PA include:
  ▫ Interpersonal skills, spend more time with patient, easier access, more affordable

▪ Many respondents who prefer physician would be willing to see NP/PA under specific conditions.
STRENGTHS

- Large weighted sample size
- Qualitative analysis of themes is a strong methodology to understand reasons for patient preferences
LIMITATIONS

▪ Patients without knowledge of or access to computers were not included (online form)
▪ Respondents may have misidentified the training of the PCP(s) they have seen in the past
IMPLICATIONS

▪ Design patient centered care
  ▫ Improve patient satisfaction
  ▫ Inform practices about which providers to hire

▪ Improve acceptance of NP/PAs
  ▫ Educate patients about different provider types
  ▫ Enhance awareness within offices, health systems, payor groups
  ▫ Increase exposure, social marketing

▪ Impact on training programs
  ▫ Educate different provider groups in order to improve patient satisfaction
MOVING FORWARD

- Analyze responses from subsets of respondents by race/ethnicity, gender etc. as to their preference of provider type
- Compare results from surveys over time
- Ask those respondents who did not have a preference or did not know why they had no preference or did not know

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QUESTIONS?

- Thanks to my co-authors and colleagues
- Thanks to PAEA for funding
- Thanks to AAMC Center for Workforce Studies; Michael Dill et al for use of their data and collaboration
References

