



# Outpatient Primary Care Practitioner Access: Sex-Based Preferences

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## BACKGROUND

- Nontraditional models of outpatient care, such as team-based models and virtual care, are aimed at maximizing efficiency and patient volumes but can present challenges.
- Patients are faced with trade-offs, such as choosing between continuity of care vs quick access to any healthcare practitioner (HCP). It is unclear if patients' sex impacts their decision making<sup>1</sup>.
- Our objective was to assess sex based differences in patient preferences regarding visit access in an academic outpatient internal medicine practice.

## METHODS

- A 13-question survey was offered to all patients in the outpatient internal medicine clinic at Mayo Clinic Arizona over a 6-week period in 2018.
- Four discrete choice experiments (DCE) questions of hypothetical care scenarios delivered by multiple types of HCPs, in different care delivery settings, and with varying schedule flexibility were used.
- Descriptive statistics and chi-squared tests evaluating results by sex were used for categorical variables.
- A Mann-Whitney rank-sum test was used for continuous variables. Multivariable models adjusted for age, marital status, education and income.
- P-values less than 0.05 were considered statistically significant.

TABLE 1. PREFERENCES BY SEX

	FEMALE (N=446)	MALE (N=350)	TOTAL (N=796)	P VALUE
<b>When visiting the clinic for yearly physicals and/or routine medical follow up</b>				0.02801
Seeing my provider	369 (90.2%)	273 (85.0%)	642 (87.9%)	
No preference	19 (4.6%)	31 (9.7%)	50 (6.8%)	
Getting an appointment when I want it	21 (5.1%)	17 (5.3%)	38 (5.2%)	
<b>When you are sick (for example, with the flu), or have a new health concern</b>				0.10721
Seeing my provider	178 (44.5%)	123 (38.3%)	301 (41.7%)	
No preference	58 (14.5%)	63 (19.6%)	121 (16.8%)	
Getting an appointment when I want it	164 (41.0%)	135 (42.1%)	299 (41.5%)	
<b>Virtual visits vs face-to-face visit</b>				0.50991
In person	255 (62.2%)	216 (66.3%)	471 (64.0%)	
No Preference	74 (18.0%)	54 (16.6%)	128 (17.4%)	
Getting a virtual visit with any provider when I want	81 (19.8%)	56 (17.2%)	137 (18.6%)	
<b>Communication with nurses and medical assistants</b>				0.00311
Same nurse or medical assistant	147 (36.3%)	92 (28.0%)	239 (32.6%)	
No preference	61 (15.1%)	79 (24.1%)	140 (19.1%)	
Receiving a quick response	197 (48.6%)	157 (47.9%)	354 (48.3%)	

TABLE 2. MULTIVARIABLE ANALYSIS

Outcome: Virtual Group adjusted for age marital status years education income			
	Events/Total (%)	Odds Ratio	P-value
	105/434 (24.2%)	(95% CI)	
Female vs Male		1.13 (0.70-1.81)	0.61431
Outcome: Getting an appointment when you want (acute visits) adjusted for age, marital status, years education, income			
	Events/Total (%)	Odds Ratio	P-value
	223/416 (53.6%)	(95% CI)	
Female vs Male		1.03 (0.68-1.56)	0.89821
Outcome: Getting an appointment when you want (yearly physicals) adjusted for age, marital status			
	Events/Total (%)	Odds Ratio	P-value
	35/619 (5.7%)	(95% CI)	
Female vs Male		0.71 (0.34-1.44)	0.33861
Outcome: same nurse or medical assistant (communication) adjusted for age, marital status, years education, income			
	Events/Total (%)	Odds Ratio	P-value
	161/431 (37.4%)	(95% CI)	
Female vs Male		0.94 (0.62-1.44)	0.79181

<sup>1</sup>Covariate Wald p-value;

## RESULTS

- A total of 796 of 1731 (46%) patients completed the questionnaire.
- A majority of respondents were female (56%) and over age 65 (58.5%).
- Females were more likely than males to prefer communicating with the same allied health staff (AHS) over receiving a quick response (female 36.3% vs male 28.0%, p=0.0031), and females prioritized seeing their own provider as opposed to scheduling a convenient appointment for routine care (female 90.2% vs male 85.0%, p =0.028) (Table 1).
- Multivariable analysis found that females were 6% less likely than males to request the same AHS for communication (95% CI 0.62-1.44), 29% less likely to request the same HCP for yearly physicals (95% CI 0.34 – 1.44), but 3% more likely than men to request an acute visit with the same HCP (95% CI 0.68-1.56), and 13% more likely to request the same HCP for virtual visits (95% CI 0.70-1.81) (Table 2).

## CONCLUSIONS

- Sex based differences in visit preferences for care access was identified.
- Specifically, women preferred continuity of care with the same HCP and allied health staff over ease of scheduling or a quick response.
- This confirms data published in 2017 by Liu et al, also reporting that female patients have a stronger preference for seeing their own doctor<sup>1</sup>.
- However, our finding appears to be moderated by other factors that influence preferences including age and marital status, speaking to the complexity of decision-making as patients approach the health care system<sup>2</sup>.
- In this era of evolving practice models, it is important to adapt practice to diverse patient care preferences, particularly for those with different utilization needs<sup>3</sup>.
- Further evaluation to identify what longitudinal and other socioeconomic factors influence preferences is needed.

## REFERENCES

- 1 Liu N, Finkelstein SR, Kruk ME, and Rosenthal D. When waiting to see a doctor is less irritating: understanding patient preferences and choice behavior in appointment scheduling. *Management Science*. 64(5). 5 Apr 2017
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- 3 Bertakis K, Azari R, Helms LJ, Callahan E, and Robbins J. Gender differences in the utilization of health care services. *Journal of Family Practice*. 49(2). Feb 2000