Women's Preferences for Specialists Who Provide Cancer Screening and General Medical Care

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In order to determine what types of specialists women prefer for medical care, we examined responses from a cross-sectional survey of adult female patients in a health plan of the independent practice association model in the Minneapolis-St. Paul metropolitan area ($n = 1,204$). The response rate for the survey was 90%. The women expressing a preference (60% of responders) overwhelmingly preferred to see obstetrician-gynecologists for their breast examinations and Pap smears and strongly preferred family physicians or internists for the remainder of their cancer screening and general medical care. Thus, the majority of women expressed preferences for physicians of different specialties to provide their medical care.

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Which medical specialists should be designated as primary care providers is a subject of intense debate. In many managed care systems, primary care providers wield a great deal of power and influence as the coordinators and regulators of their patients' use of health care resources. At the same time, health care organizations recognize the need to remain competitive by giving consumers options for their health care, including some control over and choice about which physicians they see.

The designation of primary care providers is particularly problematic for female patients. On average, women live longer and seek medical care more often than men, and thus consume a larger proportion of health care resources.¹ Unlike men, women have traditionally been able to receive much of their health care from obstetrician-gynecologists. Obstetrician-gynecologists have argued that they should be considered primary care providers for women. Some health plans restrict access to obstetrician-gynecologists by requiring a referral or limiting women to a single annual visit. However, many health care organizations have allowed enrollees to choose obstetrician-gynecologists as their primary care providers.

Health plan policy could be guided by knowing what type of specialist women prefer. Previous studies have examined women's preferences for male or female physicians in varied aspects of the care.²⁻⁵ but no previous studies have examined women's specialty preference for their preventive and general health care. To address this question, we examined responses from a questionnaire that surveyed female patients to determine what physician specialty they prefer for various aspects of their medical care.

METHODS

This study is derived from a project designed to study the influences of physician gender and specialty on breast and cervical cancer screening. The study and physician selection are described in detail elsewhere.⁶

Study Sample

The patients were enrollees in 1992 in Medica Choice Health Plan, a large health plan of the independent practice association model in the Minneapolis-St. Paul metropolitan area. We randomly sampled three patients per physician in our sample, stratified by age such that we surveyed one patient aged 18 to 39 years, one aged 40 to 49 years, and one aged 50 years or older. Of the women who reported having a regular physician (82% of the sample), 82% saw an internist or family practitioner and 16% saw an obstetrician-gynecologist. The physician sample consisted of all female family physicians, internists, and obstetrician-gynecologists and age- and specialty-matched male physicians. Using 1992 claims data, we identified a principal physician for each adult female patient. A patient's principal physician was defined as the family physician, internist, or obstetrician-gynecologist who saw her most during the year.

Patient Survey

We surveyed patients by mail, with telephone follow-up of nonresponders. We asked patients about demographic information, health status, and their preferences regarding both physician gender and specialty for the pelvic examination, Pap smear, clinical breast examination and the "remainder of your medical care." We measured health status by patients' rating of their health on a 5-point scale ranging from excellent to poor.

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Table 1. Patients Preferring Each Specialty for Clinical Breast Examinations, Pap Smears, and the Rest of Their Medical Care*

Aspect of Care	Family Practice, n (%)	Internal Medicine, n (%)	Obstetrics-Gynecology, n (%)	No Preference, n (%)	p Value
Breast examination	110 (9)	90 (8)	533 (45)	464 (39)	.001
Pap smear	102 (9)	75 (6)	611 (51)	411 (34)	.001
Rest of care	318 (27)	297 (25)	41 (4)	526 (45)	.001

*Numbers do not sum to 1,204 because of missing responses.

Analysis

There were no meaningful differences between the number of women who preferred family physicians and those who preferred internists for any aspect of their medical care; therefore, the groups of women preferring these two specialty types were combined for further analyses. Because women under age 40 had very similar responses to those aged 40 to 49, the two youngest age strata were also combined.

We used χ^2 tests to compare the patients' preferences for specialty types.

RESULTS

We surveyed 1,338 patients and received responses from 1,204 (90%); 95% of respondents were white, 71% had household incomes of \$30,000 or higher, and 71% had high-school-level education or higher. The patients were evenly distributed among the three age ranges (18–39, 40–49, and 50+), and only 10% considered themselves in fair or poor health.

Approximately 40% of patients indicated that they did not have a physician specialty preference for any aspect of their care. The remaining women overwhelmingly preferred to see obstetrician-gynecologists for Pap smears and clinical breast examinations. Conversely, they strongly preferred family physicians or internists to provide the remainder of their medical care (Table 1).

To determine whether age or fair or poor health status affected women's specialty preference for different aspects of their care, we stratified responses to questions about specialty preference according to the woman's age and health status. Younger women were more likely than older women to prefer an obstetrician-gynecologist for breast examination ($p < .001$) and Pap smear ($p < .001$), but there were no significant differences by age group for the rest of medical care (Fig. 1A). However, the women who considered themselves in fair or poor health had a stronger preference than those women who considered themselves in excellent or good health for family physicians or internists to provide the rest of their medical care ($p = .004$) (Fig. 1B). Specialty preference for breast examination and Pap smear did not differ according to health status.

DISCUSSION

In this study, we examined what type of physician women prefer for various aspects of their medical care. Although approximately 40% of the women surveyed had no preference for a provider of a specific specialty, nearly all of the remaining women expressed preferences for different providers for their cancer screening care (Pap smears and clinical breast examinations) and for the remainder of their medical care. This was true even for a substantial proportion of women over 50 and women who considered themselves in fair to poor health. Women's preferences for obstetrician-gynecologists for their breast and cervical cancer screening are consistent with data from the National Center for Health Statistics, which show that 29% of all physician visits by women aged 15 to 44 years are to obstetrician-gynecologists and 95% of all visits to obstetrician-gynecologists are self-referred.⁷ Women's

FIGURE 1. Preferences for physician specialty for different components of medical care: (A) stratified by patient age; (B) stratified by health status.

clear preference for internists and family physicians for the remainder of their medical care has not been reported previously.

Some limitations to the interpretation of this study are that the patient population was middle class, white, and well educated; thus, their preferences may not represent those of the general U.S. population. Another concern is that all the women in this study were enrolled in a single HMO, which was a managed care plan of the independent practice association style which might have resulted in selection of women who care more than average about choice of the specialty of the physicians they see. Also, only 60% of women surveyed actually had a preference. Last, this study examined self-report, not actual behavior.

Although our data suggest that many women have a clear preference for seeing an obstetrician-gynecologist for their breast and cervical cancer screening and a family physician or internist for the remainder of their care, many health plans do not permit women to split their primary care in this way. The current state of affairs may well lead to patient dissatisfaction.

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