

Reasons for Patient Preferences of Primary Care Provider Type

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Research Objectives: The U.S. may have too few primary care providers (PCPs). Nurse practitioners (NPs) /physician assistants (PAs) may help to expand workforce capacity. Recent research suggests that many patients are willing to accept care by NP/ PAs, but the reasons behind these preferences have not previously been examined. This qualitative study examines the reasons patients state they would choose either a physician or NP/PA as their PCP.

Methodology: Data were obtained from the Association of American Medical Colleges' (AAMC) Center for Workforce Studies biannual online consumer survey conducted in January and June 2014. Data were weighted to better represent the US population with regard to age, sex, race/ethnicity, employment status and household income, with quotas and stratification to ensure adequate representation by age and insurance status. A filter question identified a sample of 5748 respondents who needed care in the previous 12 months, and 5730 of these responded to a hypothetical scenario regarding which provider type they would choose if they required a new PCP. Response categories included strongly (or somewhat) prefer a PA or NP, strongly (or somewhat) prefer a physician, no preference, and don't know. Respondents who indicated a preference (N=4254) were asked to indicate the reasons for their preference. We used sample weights to produce national estimates of proportions, and qualitative methods to analyze responses to the query regarding the reasons for preferring either a physician or NP/PA. These text responses were thematically coded by two individuals using NVivo 10 software.

Results: Our weighted national estimates indicate that, in a hypothetical scenario, the majority of patients strongly or somewhat preferred an MD (54%), while 22% strongly or somewhat preferred an NP/PA and 24% had no preference. Reasons for hypothetical provider preference were generally different between those who preferred physicians and those who preferred NPs/PAs. Although both groups cited provider qualifications (knowledge, experience, education) as a common reason for their preference, those who preferred MDs provided this reason with much greater frequency than those who preferred NP/PAs. Respondents who preferred MDs were also more likely to cite trust (confidence, reliability, security) as their reason. Those who preferred NP/PAs commonly attributed their preference to better interpersonal skills/relationship qualities of NPs/PAs compared to physicians. They also perceived that these providers spend more time with them, are more available and easier to access. Both groups valued established relationships with their providers and both cited good (or bad) previous experiences and habit as reasons for their preferences. Many respondents who indicated that they preferred a physician mentioned being willing to see a NP/PA under specific conditions.

Conclusions: Most patients preferred to see a physician over a NP/PA given a hypothetical scenario. Reasons for this preference vary. Our results may help providers better understand patient perspectives, design care that enhances patient satisfaction, communicate with patients more effectively about evolving roles in primary care, guide patient education about different provider types, inform practices about which providers to hire, and provide insight into how best to educate different providers in order to improve patient satisfaction.