

## Patient Preference in Primary Care Provider Type

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Given the growing role of nurse practitioners (NPs) and physician assistants (PAs) in many specialties, including primary care, patients are increasingly able to choose their provider type. Understanding the reasons underlying patient preferences for provider type is an important requisite for designing patient-centered team models of care.

Our sample is drawn from the 2014 Association of American Medical Colleges' (AAMC) biannual survey of the US population (N=21,989), and includes anyone who reported receiving medical care within the 12 months prior to the survey and who answered a question regarding their preferred provider type for a hypothetical scenario in which they would need to receive medical care (N=4254). We removed 34 people from the sample who reported making an error in their provider type preference (N=4220). We used weighted and unweighted frequency distributions and t-tests, along with qualitative analysis of open-ended responses to analyze patient provider type preferences.

Using weighted analysis of the full sample, we find the majority of respondents prefer MDs (55%) over NP/PAs (22%), with 23% expressing no preference. Unweighted analysis of open-ended survey responses shows that reasons for provider preference vary by provider type, with those preferring MDs more likely to cite qualifications (75%) than those preferring NP/PAs (36%). Bedside manner was more frequently associated with a preference for NP/PAs (20%) than MDs (5%), as were convenience (NP/PA=9%; MD=4%), cost (NP/PA=5%; MD=3%), and quality (NP/PA=5%, MD=1%). Preference for MDs was more frequently associated with trust (MD=7%, NP/PA=4%) and comfort (MD=4%, NP/PA=3%).

Our results exhibit a clear pattern of patients preferring physicians for their qualifications and NP/PAs for their bedside manner. They also demonstrate that patients consider factors such as cost and convenience when choosing a provider. These results can inform providers' understanding of patient perspectives and contribute to the design of care to enhance patient satisfaction. Additionally, training programs could benefit from our findings by incorporating lessons learned about the perceived relative strengths and weaknesses of different provider types.