

Patient Factors that Predict Preference for Primary Care Provider Type

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Objectives: The projected shortage of primary care physicians could be alleviated by physician assistants and nurse practitioners (PA/NPs). Recent research suggests some patients prefer particular provider types, but patient characteristics associated with these preferences are unknown. This study aims to understand the relationship between patient characteristics and provider type preference.

Design: Cross-sectional analysis of biannual online survey data from the Association of American Medical Colleges was performed. The dependent variable was provider preference (physician, PA/NP, or no preference). Explanatory variables include predisposing factors (age, gender, household size, marital status, race/ethnicity, education, and sexual orientation), enabling factors (employment status, income, insurance, rural/urban status, previous experience with PA/NPs, and access to care), and need for health care (general health status, and physical and mental limitation). Associations among variables were examined using weighted multinomial logistic regression. Additional analyses are planned, including predicted probabilities for defined patient populations

Population: US non-institutionalized adults receiving care in the previous 12 months that responded to a hypothetical scenario regarding selection of a new primary care provider (PCP) and answered all other questions related to explanatory variables (N=4949)

Findings: Compared to respondents reporting primary care physician preference (N=2812), those who report PA/NP preference (N=990) were: more likely to have a visit with a PA/NP in the past 12 months (reference never: OR=4.4, $p<0.01$) be male (OR=1.3, $p<0.01$), Hispanic rather than non-Hispanic white (OR=1.7, $p<0.01$), young (reference age 65 : OR for age 18-24=4.0; OR for age 25-34=4.5; OR for age 35-44=3.4; OR for age 45-54=1.8; OR for age 55-64=1.3; p values all <0.03), divorced (reference single; OR=1.3, $p<0.01$), lacking insurance during the past year (OR=1.9, $P<0.01$), and have a physical (OR=1.5, $p<0.01$) or mental limitation (OR=1.4, $p<0.01$); but less likely to be in suburban areas (reference=urban: OR=0.66, $p<0.01$), homosexual (reference heterosexual: OR=0.52, $p<0.01$), unemployed (reference: full-time employment: OR=0.41, $p<0.01$), have Medicare Medicaid (reference: private; OR=0.78, $p<0.01$), have a usual provider (OR=0.3, $p<0.01$), and be in poor health (reference excellent health: OR=0.17, $p>0.01$). In contrast, compared to respondents reporting physician preference, those who report no preference (N=1147) were: more likely to have a visit with a PA/NP in the past 12 months (OR=2.2, $p<0.01$), to be young (reference age 65 : OR for age 18-24=2.5; OR for age 25-34=2.4; OR for age 35-44=2.2; OR for age 55-64=1.3; p values all <0.03), and have Tricare (reference private: OR=4.2, $p<0.01$) or VA insurance (OR=2.1, $p=0.019$); but less likely to be homosexual (OR=0.98, $p=0.02$), black (0.65, $p<0.01$), have a usual provider (OR=0.44, $p<0.01$), or have a mental limitation (OR=0.66, $p<0.01$). Predicted probabilities for define patient populations will also be presented.

Conclusions: Different predisposing, enabling and need factors are associated with primary care provider type preference, with previous experience with PA/NPs having a particularly strong association with patient preferences. Preference for PAs/NPs is associated with access to care barriers.

Implications: The capacity of PAs and NPs to ameliorate primary care provider shortages may be influenced by patient preferences. Understanding patient characteristics associated with provider type preference can assist organizations in implementing patient-centered primary care teams.