



Original article

Obstetrics and Gynecology Practices and Patient Insurance Type

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A B S T R A C T

Background: Despite research on health disparities based on insurance status, little is known about the differences in practice patterns among physicians who cater to privately and non-privately insured patients. The aim of this study was to assess how obstetrician–gynecologists (ob-gyns) who primarily see patients with private insurance differ from those who see mainly uninsured or publicly insured patients. This could be informative of the needs of these two groups of physicians and patients.

Methods: A questionnaire was mailed or emailed to 1,000 members of the American College of Obstetricians and Gynecologists, 600 of whom participate in the Collaborative Ambulatory Research Network.

Findings: A 56.4% response rate was obtained. Of the valid responders, the 335 reported providing care to a majority of patients with private insurance (“private group”) and the 105 reported providing care to mostly publicly insured or uninsured patients (“non-private group”) were included in our analyses. Differences between groups included that the private group was more likely to see patients before their becoming pregnant and spent more time on well-woman care. The private group was more likely to see patients who are White, Asian, or between the ages of 45 and 64. The non-private group was more likely to see Hispanic patients and those under age 18.

Conclusion: Results reveal that ob-gyns who see mostly privately insured patients have different clinical experiences than those who see mainly uninsured or publicly insured patients in terms of patient characteristics, preconception care, distribution of time on activities, and the of likelihood performing certain procedures and screening tests.

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Introduction

The level of access to health care in the United States is highly variable based on location and insurance type. Individuals with private insurance tend to have better health outcomes on a number of measures as well as superior preventative care when compared to those without insurance or who rely on public health insurance (DeVoe, Fryer, Phillips, & Green, 2003). In addition, those with private insurance tend to have more access to specialist referrals (Ferrer, 2007) and to have a better

generalized care experience (Shi, 2000). Those individuals who are uninsured or covered by public insurance tend to be more likely to delay seeking care (Hoffman & Paradise, 2008; Sox, Swartz, Burstin, & Brennan, 1998). Those individuals who lack health insurance are also more likely to see an overall decline in health as they approach middle age (Baker, Sudano, Albert, Borawski, & Dor, 2001; Hoffman & Paradise, 2008). Some of these disparities, particularly in access to preventative care, are particularly pronounced in women (Sambamoorthi & McAlpine, 2003).

Accessing obstetrician–gynecologist (ob-gyn) care before pregnancy has been linked to better pregnancy outcomes that can improve health of offspring as well as better overall health for women (Hillemeier, Weisman, Chase, Dyer, & Schaffer, 2008; Korenbrot, Steinberg, Bender, & Newberry, 2002). Previous studies have found that access to prenatal care depends on many external factors, including a woman's insurance status. These studies have found that uninsured women and women covered by public insurance have less access to prenatal care than do

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privately insured women (U.S. General Accounting Office, 1987; Oberg, Lia-Hoagberg, Hodkinson, Skovholt, & Vanman, 1990; Oberg, Lia-Hoagberg, Skovholt, & Hodkinson, 1991).

For all of the information that we have about disparities in access to care based on insurance type, we have little insight into this phenomenon based on the experience of the physicians providing care. This paper looks at whether and how physicians' practices differ depending on the insurance status of their patients. In particular, we examine how the insurance status of ob-gyns' patients is associated with other characteristics of their patients and a physician's likelihood of performing certain general care services. This paper is particularly focused on addressing the question of whether the services carried out by ob-gyns differed based on their patients' insurance in an effort to better understand differences in need or access between patients who have private insurance and those who do not.

Methods

The method for this study closely followed that of Morgan, Lawrence, and Schulkin (2010) and Morgan, Anderson, Lawrence, and Schulkin (2012).

Measures

A survey regarding practices, opinions, and patient characteristics was developed by the research department at the American College of Obstetricians and Gynecologists (ACOG). Questions were developed in consultation with practicing ob-gyns and pilot tested on a sample of practicing ob-gyns with adjustments made before distribution. Institutional review board approval was obtained from ACOG.

Physicians were asked questions about their age, gender, practice location, practice characteristics (age, race, insurance type), opinions, and division of time in a series of multiple choice, fill-in-the-blank, check all that apply, and Likert scale questions. Physicians also answered fill-in-the-blank questions about the number of operative procedures they performed, percentage of their patients seeing them as a primary care physician, and percentage of their patients who first made contact with them after becoming pregnant.

Participants

The study was sent to 1,000 ACOG fellows. Of these participants, 600 were members of the Collaborative Ambulatory Research Network (CARN). CARN members are ACOG fellows and junior fellows in practice who have volunteered to participate in survey studies on a regular basis without compensation; they are typically recruited through advertising or random selection from ACOG's membership rolls. CARN was established to improve the response rate on ACOG Research Department survey studies while maintaining a participant pool representative of practicing ACOG members. The remaining 400 participants consisted of a computer-generated random sample of ACOG fellows and junior fellows in practice who had not received a survey from ACOG during the previous 2 years (non-CARN).

Procedures

A total sample of 1,000 physicians was sent an e-mail containing information about the study, a link to the survey, and a password unique to each participant that they could use to log

on to the electronic survey. Four reminder e-mails were sent to those who had not yet responded. Paper mailings, which included a cover letter, a questionnaire, and a stamped return envelope, were sent to the 875 participants who had not yet responded and to those for whom we did not have a valid e-mail address on record. Those who did not respond to the paper mailing were sent one paper reminder. The 1,000 participants who were contacted had a mean age of 50 years (range, 31–83). Participants who responded by mail did not differ from those who responded electronically in terms of age, gender, or insurance group.

Those physicians reporting that more than 55% of their patients participated in Medicaid or Medicare or were uninsured were placed in the "non-private group" ($n = 105$). Those physicians reporting that more than 55% of their patients had private insurance were placed in the "private group" ($n = 335$). Ob-gyns in the private group were more likely to be female than physicians in the non-private group; therefore physician gender was controlled for in all analyses. Because the non-private group reported more young patients, patient age, a continuous variable of percent of patients under the age of 44, was also used as a covariate in all analyses.

The data were analyzed using a personal computer-based software package (IBM SPSS Statistics 20.0, IBM Corp., Armonk, NY). Descriptive statistics were computed for the measures used in the analyses and reported as mean values \pm standard deviation. One-way analysis of variance was used to compare group means of continuous measures. Differences on dichotomous variables were assessed using binary regression. Analyses were tested for significance using alpha of 0.01 to correct for multiple measures.

Results

The response rate was 56.4%. This response rate is similar to that of recent ACOG studies (e.g., Leddy, Anderson, Gall, & Schulkin, 2009; Power, Cogswell, & Schulkin, 2009). There were responding physicians from all ACOG districts except district X (Armed Forces), including from the District of Columbia and from every state of the United States except Montana. Respondents' mean age (51 ± 0.43) closely matched that of the population to whom the survey was sent (50 ± 0.34). Men and women did not differ significantly in response rates (women, 59% [291/497]; men, 56% [273/488]; $p = .408$). CARN participants were older than non-CARN (CARN, 53.6 ± 9.9 ; non-CARN, 50.4 ± 11.0 ; $p = .001$), but did not differ on gender, or insurance group. Because of the limited differences, the two groups were combined for analyses.

Of the total valid responses ($n = 564$), 335 reported providing care to a majority of patients with private insurance, "private group," and 105 reported providing care to a majority of patients with public insurance or who were uninsured, "non-private group." These participants were included in analyses (Table 1). The private group was 58.8% female, whereas the non-private

Table 1
Insurance Distribution

Insurance Type	Non-Private Group (%)	Private Group (%)
Private insurance	25.9 \pm 14.0	77.1 \pm 11.6
Medicaid	43.3 \pm 23.8	8.1 \pm 9.0
Medicare	14.5 \pm 17.7	10.4 \pm 1.9
Uninsured	15.4 \pm 20.4	3.8 \pm 4.5
Other	0.79 \pm 2.5	0.56 \pm 2.3

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