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The Urologic Referral: from the patient's perspective

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CHARLOTTE FAMILY HEALTH CENTER

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Project Identification

▶ Project inspiration

- ▶ Throughout third year in clerkships, it was common for patients to decline having a medical student participate in their care. In my personal experience this most frequently occurred while rotating on OB/GYN, although there were numerous instances that similarly occurred on Family Medicine
- ▶ It is well known that patient comfort drastically enhances a physician's ability to develop rapport throughout an encounter and effectively treat the patients complaints. I believe this is especially important when dealing with sensitive issues, such as those experienced in the fields of Urology and OB/GYN

▶ **“QUESTION OF THE DAY”**

- ▶ **What types of physician preferences do patients' (from the Charlotte Family Health Center) have when seeking medical care?**
 - ▶ With a strong interest in pursuing Urology, I focused the scope of this question to patients' preferences when seeing an Urologist

Public Health “Cost” & Considerations

- ▶ In 2010, there were ~19 million visits to Urologists in the U.S.¹
 - ▶ Patients <44 years accounted for 16% of visits vs. patients >65 years were responsible for 51%
 - ▶ Visit rates increased with age and were most commonly male patients
- ▶ In 2013, there were an estimated 9,500 Urologists practicing in the U.S.²
 - ▶ Over 90% of practicing Urologists are male
 - ▶ 44% of Urologists were older than 55 years (18% were aged above 65 years)
- ▶ A balancing act— New trends in Urology³
 - ▶ 2015 incoming Urology Residency Class
 - ▶ 219 Male (74.2%) vs. 76 Female (25.8%)
- ▶ Previous studies addressing patient preferences when seeing an Urologist?⁴
 - ▶ “Most patients report no preference for gender of their urologist”

Community Perspective & Support for Project



▶ Community Interviews

- ▶ Family Medicine Physician
- ▶ Family Medicine Physician Assistant
- ▶ Medical Assistant
- ▶ Medical Assistant-Scheduling

▶ Outcomes

- ▶ “Good rapport with a patient is pivotal to a physician’s ability to provide comprehensive and compassionate care”
 - ▶ Establishing rapport with a patient depends on several physician characteristics; personality, age, sex, (cultural) experiences, training, etc.
- ▶ Most referral appointments to Urology are not scheduled by the patient. Rather the referring provider’s medical staff usually schedules the next available appointment, unless the patient is being seen for follow-up care or already has well established physician relationship
- ▶ It is not common for physicians’ or support staff (at Charlotte Family Health Center) to specifically address patient preferences before making referrals to other providers (including Urology)

Intervention & Methodology

▶ Methods

▶ Data Collection

▶ Oral survey

- ▶ Inclusion criteria: patients seen at Charlotte Family Health Center from February 8th – March 10th
- ▶ Exclusion criteria: patients unwilling to complete oral survey

▶ Patient Characteristics

- ▶ Age
- ▶ Sex

▶ Patient Responses (reported as dichotomous variables)

- ▶ Previous Urologic Evaluation (yes/no)
- ▶ Urologist Preference-Sex (male/female/no preference)
- ▶ Urologist Preference-Age (older/younger than 50 yrs/no preference)

▶ Statistical Analysis

▶ Descriptive statistics (bivariate analysis, frequencies/percentages)

▶ Statistical Significance

- ▶ McNemar Analysis (specialized Chi-square statistical test for paired data to assess the difference between two correlated proportions)

Data & Results

▶ Data

- ▶ Total number of patients included: n=54
- ▶ Total number of patients completed survey: n= 42
- ▶ Patient Characteristics
 - ▶ Age:
 - ▶ Average = 53 yrs, >age 50 (26 patients) vs. <age 50 (16 patients)
 - ▶ Sex:
 - ▶ Male= 18 patients (42.9%) VS. Female = 24 patients (57.1%)
- ▶ Patient Responses
 - ▶ Previous Urologic Evaluation: n= 9 patients (21.4%)
 - ▶ Male= 6 patients (66.7%) vs. Female= 3 patients (33.3%)
 - ▶ Urologist Sex Preference
 - ▶ Male= 15 patients (35.7%) vs. Female= 18 patients (42.9%)
 - ▶ No preference= 9 patients (21.4%) (5 were male and 4 were female)
 - ▶ Urologist Age Preference (older/younger than 50 yrs/no preference)
 - ▶ >50 yrs = 10 patients (23.8%) vs. <50 yrs = 4 patients (9.5%)
 - ▶ No preference= 28 patients (66.7%)
- ▶ Statistical Analysis (see McNemar Analysis)
 - ▶ Sex: OR= 3 [0.312-28.84]
 - ▶ Age: OR= 1 [0.14-7.10]

	Urologist-Male	Urologist-Female	
Patient-Male	12	1	13 (5 males had no preference)
Patient-Female	3	17	20 (4 females had no preference)
	15 (35.7%)	18 (42.9%)	
	Urologist-50+	Urologist-50-	
Patient-50+	8	2	10 (16 patients 50+ had no preference)
Patient-50-	2	2	4 (12 patients 50- had no preference)
	10 (23.8%)	4 (9.5%)	

Evaluation & Effectiveness

▶ Conclusions

- ▶ Urologist age seemed to be a less important factor compared to sex when patients are seeking an urologic referral
 - ▶ 66.7% of patients reported no age preference vs. 21.4% reporting no sex preference
- ▶ Most patients preferred to see an Urologist with similar characteristics
 - ▶ Age: Of the patients >50 years, 80% preferred to see provider also >50 years
 - ▶ Sex: 29/31 (93.5%) respondents who cited having a preference, reported desire to see an Urologist of the same sex
 - ▶ However these results are not statistically significant, since the Odds Ratio (OR) confidence intervals for both age and sex crossed 1.

▶ Limitations

- ▶ Inclusion criteria for patients should have required previous experience with an Urologist
 - ▶ Improved understanding of the scope of care and range of sensitive issues involved in the field of Urology
 - ▶ Total "n" for the study would have been too small (only 9 patients or 24.1% reported a previous encounter with an Urologist)
- ▶ Using the data → Providers can ask patients about their physician preferences before a referral is made and then follow-up on their experience after to determine if matching their desires made a significant difference

Recommendations for Future Projects

▶ Take home points

- ▶ This cross-sectional oral survey showed trends that are present within the Charlotte Family Health Center patient population in regards to preferences when seeing providers (specifically Urology)
- ▶ However, most patients are not currently being asked about their preferences when a referral is made
 - ▶ This may result in decreased patient comfort and less satisfaction with their medical care

▶ Implications

- ▶ Importance for primary care providers to inquire about patient preferences when coordinating their medical care (especially when medical problems involve sensitive health care issues)
 - ▶ Preferences go beyond age and sex (culturally competent care)
 - ▶ Limitations include availability (supply) of providers necessary to meet the diverse needs and preferences of patients
 - ▶ Example = Urology (Predominantly an older male dominated specialty)

▶ Where to go from here?

- ▶ Pilot study → (evidence to support trend) → Refined study
 - ▶ Increased sample size, other specialties, more parameters/attributes to qualify patient preferences, written survey

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