PATIENT SATISFACTION AND PERCEIVED CARE IN OBSTetriciANS AND Gynecologists Compared to Other SPECIALISTS: Analysis of U.S. SELF-REPORTED SURVEY DATA

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OBJECTIVES: Few studies have tried to evaluate comparative physician satisfaction across specialists and non specialists. We examined the differences in physician satisfaction achieved and the total care obtained by patients from different caregivers in the health care system like obstetricians and gynecologists, primary practitioners and other specialist physicians. METHODS: We conducted a cross sectional and crosswalk based survey anonymous physician selected physicians on the basis of treatment satisfaction that they received from their most recent outpatient visits. The survey was user friendly, validated and helped patients identify their physicians as per specialties and rate them on a scale of 0 ("not at all satisfied") to 10 ("extremely satisfied") on a series of variables, patient satisfaction and patient rating of total care among obstetricians and gynecologists, other specialists and primary practitioners was assessed using ordered logistic regression. RESULTS: A total of 35,312 patients who rated physicians belonging to the categories of obstetricians and gynecologists (14%), primary practitioners (38%) and other specialists (36%) were included in the study. After controlling other variables, the log odds of patient rating of total care for non-specialty physicians were 0.26 less in value that those for obstetricians and gynecologists (p < 0.001). Other things being equal, the log odds of patient satisfaction for specialty physicians were 0.17 higher in value than those for obstetricians (p < 0.001). After controlling for other variables, the log odds of patient satisfaction for non-specialty physicians were 0.15 less in value than those for obstetricians and gynecologists (p < 0.001). CONCLUSIONS: Patient rating of total care was strongly associated with obstetricians and gynecologists physicians and primary practitioners. The patient satisfaction ratings in obstetricians and gynecologists were higher compared to primary practitioners and lower compared to other specialists.

WORK DISABILITY AND RETIREMENT IN DUAL-EARNER FAMILIES

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OBJECTIVES: The objective of this study is to determine whether spouses with work disability in dual-earner families are at an increased risk for retirement and how the risk varies among different conditions. METHODS: The study uses eight biennial waves (1992–2006) of the Health and Retirement Study (HRS), a nationally representative panel survey of the U.S. population over age 50. The sample includes 3,999 couples in which both a husband and a wife were in the labor force and did not mention being retired at the first interview. Retirement is defined as a departure from the labor force. Work disability (whether health limits amount or kind of work) and retirement are linked to the chronological date (month and year are available in the data). Separate Cox proportional hazards models estimate hazards of wives’ and husbands’ retirement as a function of own health and other confounding factors. The analysis start date is a wife’s (a husband’s) 50th birthday or the date of the first interview, whichever comes last. RESULTS: Work disability is associated with much higher risk of retirement. Wives with work limitations have a 2.23 times higher hazard of retirement (HR 2.23 [95% CI, 1.98–2.50]) than do wives without a work disability. The onset of own work disability raises the conditional probability of husbands’ retirement by 2.7 times (HR 2.70 [95% CI, 2.42–3.02]). Health conditions that caused work disability and associated with the highest risk of retirement for wives are: heart, cancers, and respiratory, in that order. For husbands similar conditions are: emotional and psychological, cancers, and heart. CONCLUSIONS: Work disability prevention can decrease loss of productivity related to earlier retirement. Identifying best-practice disease prevention and health promotion programs through evidence-based research will help government, employers, health plans and workers to decrease the risk of developing a disabling condition.

HOURLY AND ANNUAL OBJECTIVE PRODUCTIVITY (PRESENTEISM) ACROSS SEVERAL DISEASES: BIPOLAR DISORDER, OTHER MENTAL DISORDERS, CHRONIC CONSTIPATION, FUNCTIONAL DYSPEPSIA, GERD, GOUT, AND INSOMNIA

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OBJECTIVES: To compare the at-work productivity (presenteism) among employees with bipolar disorder (BDP), other mental disorders (OMD), chronic constipation (CC), functional dyspepsia (FD), gastroesophageal reflux disease (GERD), gout, and insomnia conditions. METHODS: A 2001–2007 US employee database was used to identify subjects with BDP, OMD, CC, FD, GERD, gout, and insomnia (based on medical claim ICD9s) using objective electronically collected productivity data for employees in task-oriented positions. All studies used regression models to control for demographic differences between subjects with the condition and control groups of subjects without the condition. For all subjects (by study), the controls used the average index