

# Comparing the Utilization of Family Physicians to OBGYNs in providing Women's Health Care



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## Background

- Family medicine training is diverse, encompassing pediatrics, adult care, and women's health, with the expectation of competence in each field.
- From region to region, however, the focus of care by Family Physicians (FP) may vary depending on need or physician preference.
- For women of reproductive age, the vast majority seek health care from both OBGYNs and FPs.
- However, who do women see for their gynecologic preventive care such as pap smears and referrals for mammograms?

## Purpose

To assess and compare the utilization of Family Medicine (FM) versus Obstetrics Gynecology (OBGYN) in providing well-women care throughout the United States

## Methods

**Study Design:** Secondary data analysis of the 2007-2016 National Ambulatory Medical Care Survey (NAMCS)

**Participants:** Female patients ages 21-74 who presented to outpatient offices for preventive gynecologic care

**Setting:** Office visits where one of the top 3 reasons for the visit was gynecological exam.

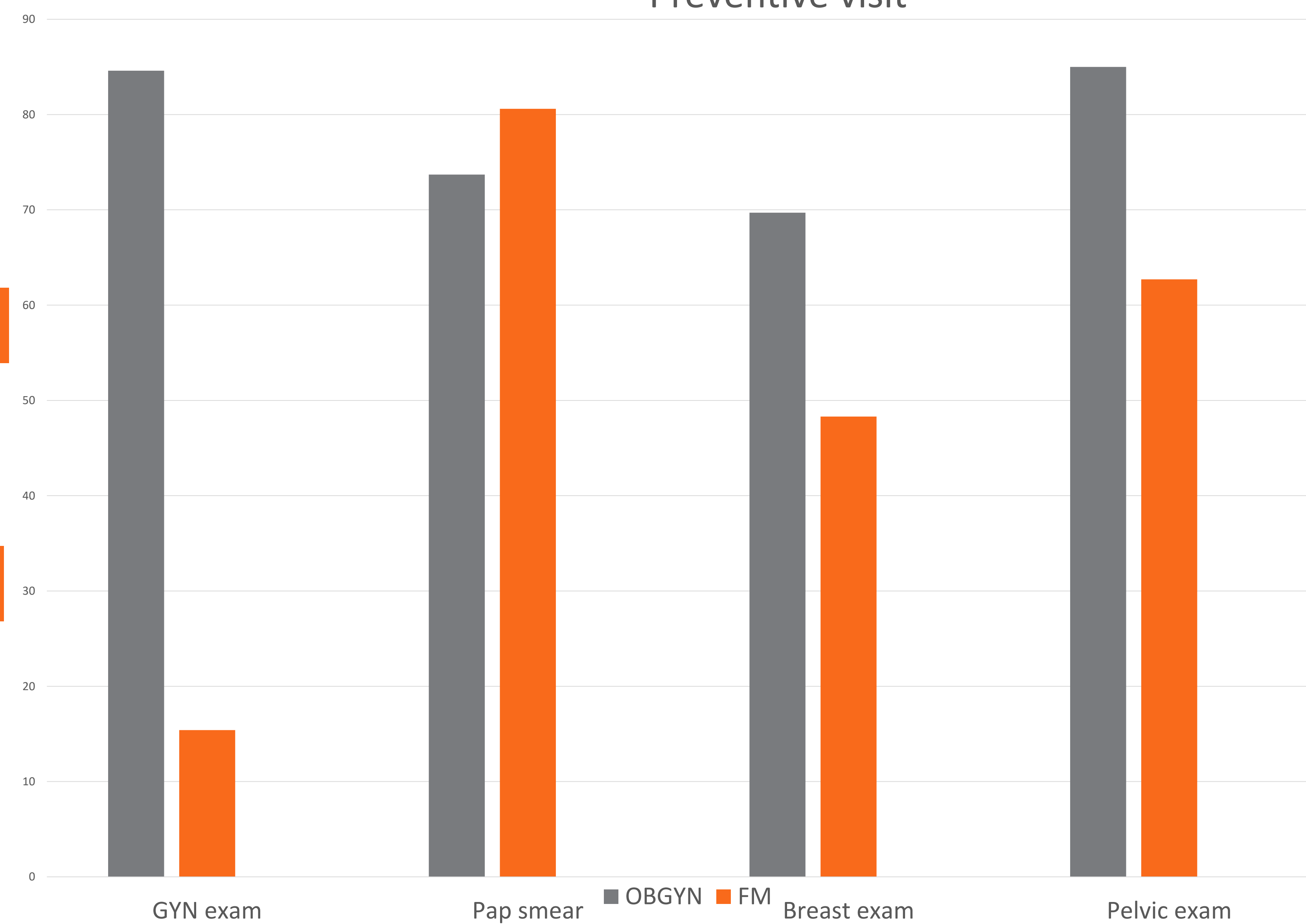
**Outcomes:** primary outcome measure was the proportion of preventive gynecologic visits performed by FM and OBGYN

**Statistical Analysis:** Means were compared by 2-sample t-test, proportions compared using chi-square. Odds determined using binary logistic regression. STATA 13.1 was used for analysis

## Results

- FM was more likely to order HIV testing and provide diet, exercise, and stress management counseling. There was no difference in mammograms, bone density scans, and chlamydia tests ordered.

Percentage of Patients who saw either OBGYN or FM for a Preventive visit



## Conclusions

- Family Medicine is underutilized in providing well women's care, especially in the northeast and non-rural areas
- Well-women care provided by FM in this sample was more complete and evidence-based compared to OBGYN
- Further work into specific patient factors regarding who they chose for well-women care and why needs to be addressed.

Factors affecting FM vs OBGYN visits

	FM Visits	OBGYN Visits	p
<b>Race/Ethnicity</b>			
NHW	33.4 (27.8-39.4)	34.0 (30.7-37.5)	0.51
NHB	19.1 (16.0-22.7)	20.8 (19.3-22.5)	
H	29.4 (25.9-33.2)	30.1 (27.7-32.6)	
NHO	18.1 (14.0-23.0)	15.1 (13.4-16.8)	
<b>Age</b>			
21-39	39.3 (34.5-44.3)	37.5 (35.0-40.0)	0.15
40-64	55.8 (51.1-60.4)	54.8 (52.4-57.1)	
65-74	5.0 (3.3-7.4)	7.8 (6.7-9.0)	
<b>Region</b>			
Northeast	7.5 (4.3-12.6)	19.7 (15.5-24.8)	0.04
Midwest	22.3 (15.5-30.9)	16.1 (12.5-20.5)	
South	44.6 (31.0-59.0)	44.3 (38.2-50.6)	
West	25.7 (18.9-33.8)	20.0 (15.6-25.2)	
<b>Patient's PCP</b>	87.6 (82.2-91.5)	12.0 (8.5-16.7)	< 0.001
<b>Pt has chronic conditions</b>	55.2 (47.2-63.0)	30.4 (26.9-34.0)	< 0.001
<b>Mean (SE) rx meds</b>	3.0 (0.1)	1.6 (0.1)	< 0.001
<b>Rural Location</b>	15.3 (10.2-22.2)	5.7 (3.4-9.5)	< 0.001
<b>Pt has obesity</b>	30.2 (24.4-36.7)	22.1 (19.7-24.7)	0.01
<b>Private Insurance</b>	70.4 (63.6-76.4)	82.5 (80.1-84.6)	< 0.001

Odds of seeing FM instead of OBGYN for a gynecological exam

	Odds Ratio	95% CI	p-value
<b>Age (each 1 year increase)</b>	0.98	0.97-0.99	0.001
<b>Race/Ethnicity</b>			
Non-Hispanic White	REF		
Non-Hispanic Black	0.73	0.46-1.16	0.18
Hispanic	1.03	0.64-1.67	0.89
Non-Hispanic Other	1.38	0.79-2.42	0.26
<b>Region</b>			
Northeast	REF		
Midwest	4.07	1.78-9.31	0.001
South	3.23	1.34-7.56	0.007
West	4.28	1.62-11.28	0.003
<b>Rural</b>	3.22	1.84-5.63	< 0.001
<b>Obese</b>	1.02	0.75-1.39	0.90
<b>Has Chronic Conditions</b>	3.34	2.40-4.64	< 0.001
<b>Private Insurance</b>	0.51	0.35-0.74	< 0.001
<b>Doctor is patient's PCP</b>	55.5	32.0-96.2	< 0.001