

POSTER ABSTRACTS
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Chronic Disease
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Primary Care Physician Gender Impacts HA1C Levels

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Objective: The purpose of this investigation was to determine if the gender of a diabetes patient's primary care physician had a significant impact on the patient's HA1C level.

Methods: In the years 1995 through 1997 the primary care physicians treating diabetes patients were identified using an algorithm based on patients primary care diabetes encounters as well as their other primary care encounters. The presence of diabetes ICD9 codes for the encounter or the ordering of a HA1C test at the encounter determined primary care diabetes encounters. Patient age and gender were obtained from membership data and physician age and gender were acquired from the medical group. HA1C values were computed as the average for each calendar year. All data points were calculated relative to each calendar year. Thus a patient with diabetes could be present in the study data set from one to three times.

Results: A multivariate analysis of HA1C levels found that female physicians had slightly lower average HA1C levels (8.2% vs. 8.3%; $p=0.0031$) while controlling for patient's gender($p=0.18$), Charlson score($p=0.095$), physicians age($p=0.32$), patient's age($p<0.0001$) and number of diabetes visits($p<0.0001$). When an interaction term for physician gender and number of diabetes visits was added the it was significant($p=0.0188$) and physician gender was no longer significant. An analysis of the number of diabetes visits by physician gender found that female physicians had an average of 5.42 per patient per year and male physicians had an average of 5.32. Other interactions of diabetes visits by patient gender, diabetes visits by patient age and patients gender by physician's gender were not significant.

Conclusions: Having a female physician may result in slightly lower HA1C levels mediated through the mechanism of a higher diabetes visit count. There was clearly a benefit in having a greater number of diabetes related visits and female physicians on average had more of them than male physicians.