

POSTER ABSTRACTS

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The Role of Physician Specialty in Medical Care Receipt: The Case of Patients with Multiple Sclerosis

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Background: While the impact of multiple sclerosis (MS) can be substantial in terms of quality of life, life expectancy is similar to age-matched controls, highlighting the appropriateness of MS-related and general preventive care among MS patients. Little is known about the receipt of either among MS patients and how such receipt differs by physician specialty.

Methods: Using a cohort of patients with MS aged 18 and over receiving care in 1997 from a primary care physician (PCP), neurologist or both (n=325) we describe receipt of MS and general preventive care by physician specialty. Study data were compiled from automated databases, medical records, and patient surveys. The relationship of service receipt to physician specialty (PCP only, neurology care only, vs. shared care as well as any PCP vs. neurology only and any neurology vs. PCP only) was assessed using unadjusted and adjusted generalized estimating equation approaches.

Results: During the study year, over one third of patients saw only a PCP (21%) or only a neurologist (15%), while the remainder sought care from both. Patients seeing a neurologist were most likely to receive each of the 6 MS care components assessed, however only 2 such differences were statistically significant. Those seeing any neurologist vs. PCP only were more likely to receive beta interferon, 30.6 vs. 14.3% p=0.02, and those seeing a neurologist only vs. PCP only were more likely to receive ophthalmology care, 26.5 vs. 18.4% p=0.02. After controlling for differences in patient characteristics, no statistically significant differences were found in receipt of MS care by physician specialty. Patients seeing a PCP during the year were more likely to receive each of 4 general preventive care components assessed and when differences could be tested, these remained statistically significant in adjusted models. For example, those seeing any PCP vs. neurologist only were more likely to receive lipid testing, 56.8 vs. 20.0 p<0.01 and Pap smears, 55.4 vs. 19.1 p,0.01.

Conclusions: Findings highlight the importance that specialists, when they serve as the principal care provider, ensure that not only needed specialty care is delivered, but also that general preventive care needs be addressed.

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