

Voluntary Physician Switching by HIV-Infected Individuals:

A National Study of Patient, Physician, and Organizational Factors

Hector P. Rodriguez NRSA Conference, Seattle, WA June 24, 2006



Voluntary Physician Switching

>Physician switching can be **costly** for health care systems and difficult for patients

>Only primary care samples have been examined

➢Interpersonal aspects of care are important determinants of physician switching



Extending the Existing Voluntary Physician Switching Research

- Voluntary physician switching by **patients** with a chronic illness
 - continuity of care might have a greater impact on health outcomes
 - costs of discontinuities could be greatest
- Physician and organizational characteristics might be important predictors of voluntary physician switching



Primary Research Questions

- Are physician and care site **specialization** related to voluntary physician switching?
- Are **practice demands**, and physician satisfaction and stress, related to voluntary physician switching?

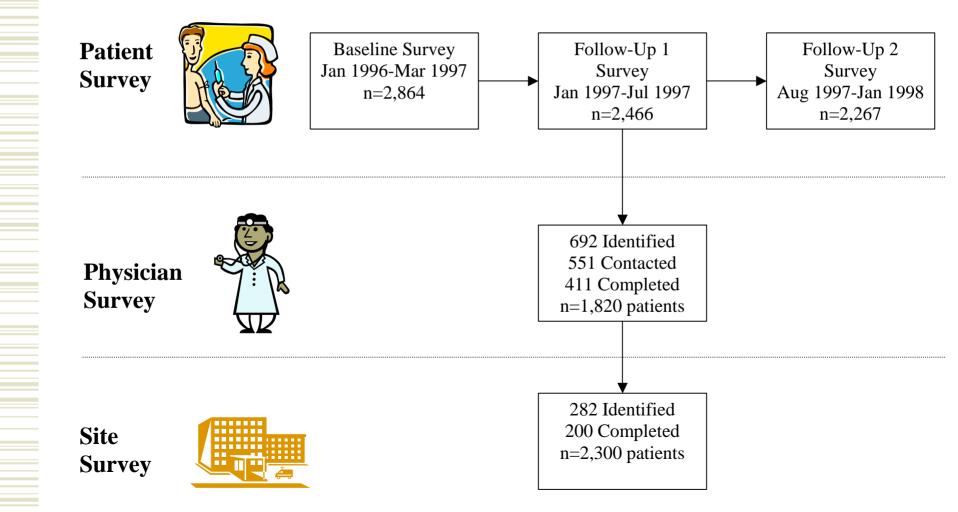


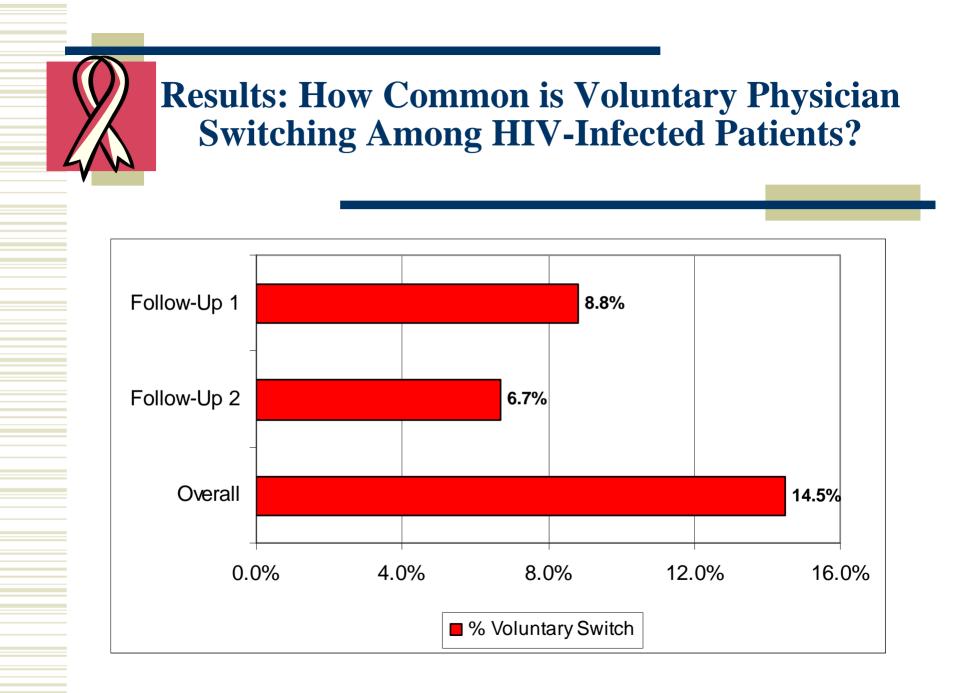
• Are **interpersonal aspects of care** related to voluntary physician switching after controlling for physician and organizational factors?



Is **visit continuity** an important determinant of voluntary physician switching among patients with complex, chronic conditions?

HIV Cost and Services Utilization Study (HCSUS) Patient, Physician, and Site Surveys







Results: Physician Characteristics (Single Predictor)



Statistically Significant Physician Characteristic Differences Between Voluntary Switchers and Other Patients

Specialization

More likely non-expert generalist: OR=1.54 (1.16-2.01), p<.01
More likely physician with less than 20 HIV patients: OR=1.39 (1.09-1.75), p<.01
Less likely a physician with high anti-retroviral knowledge: OR=0.67 (0.52-0.86), p<.01

Demands/Satisfaction

•More likely a physician with **more patients per hour**: OR=1.51 (1.02-2.23), p<.05 Not Significant

Physician demographic characteristics



Results: Practice Site Characteristics (Single Predictor)



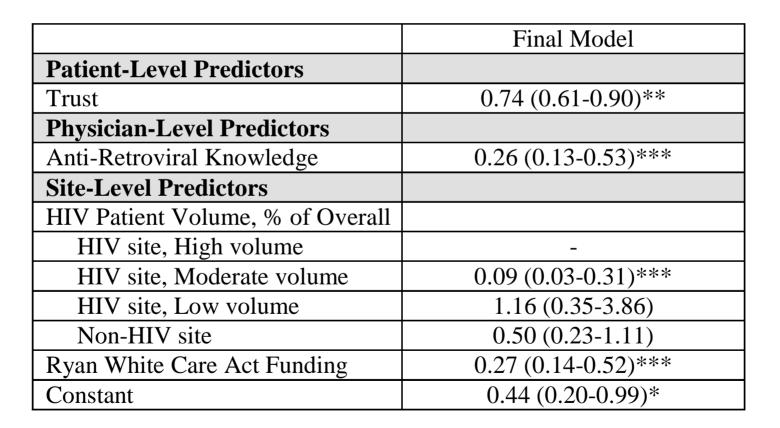
Statistically Significant Site Characteristic Differences Between Voluntary Switchers and Other Patients	Not Significant
 Specialization/Expertise Less likely a site with moderate volume of HIV patients: OR=0.57 (0.36-0.91), p<.05 Less likely a site with clinical trial enrollment: OR=0.72 (0.53-0.97), p<.01 Less likely a site with Ryan White Care Act funding: OR=0.49 (0.36-0.67), p<.001 Less likely a site with high practice guideline monitoring compliance: OR=0.64 (0.46-0.90), p<.05 	Most Human and Financial Resource Measures

Human Resources

•Less likely a site with **on-site support services**: OR=0.73 (0.61-0.88), p<.01



Results: Final Combined Model





Summary

•**Physician and site specialization** are significantly related to voluntary switching

•Physician practice satisfaction is not related, but site demands appear to be

•**Patient trust** is an important measure of the physicianpatient relationship

•Visit continuity is not an important determinant among HIV patients

Study Limitations

Internal Validity:

Self-report measuresPhysician non-response

Generalizability:

HIV patients are unique
Tight social networks
Disease complexity
Time: 1996-98 was a period of rapid technological change

Concluding Thoughts...

Challenge the idea that patients do not make decisions based on technical quality

➤Measures of physician and site specialization were related to voluntary switching

>Patients use indirect **markers** to assess quality

➢Potential to reduce switching by facilitating high quality physician-patient relationships and ensuring adequate organizational support