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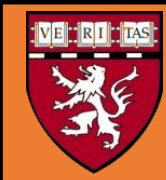
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## **Physician Response to Patient Request for Low Value Care**

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# Physician Response to Patient Request for Low Value Care



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## Background

- Currently 30% of the U.S.'s annual health care expenditures are believed to be wasteful.
- Physicians are increasingly expected to address health care waste when making health care decisions.
- Primary care physicians (PCPs) face situations that require juggling low value care with patient desires.
- Gatekeeping of referrals to specialists by PCPs is often used as a waste reducing strategy but is associated with decreased patient satisfaction.
- Little is known about how physicians balance these expectations when patients request low value care.

## Objectives

Among a nationally representative sample of PCPs, we investigated two types of medical waste triggered by patient request:

- 1) Referral for unwarranted specialty consultations.
- 2) Prescriptions for brand name drugs when generic alternatives were available.

## Data

- This study utilized data on PCPs collected as part of the 2009 National Survey on Medical Professionalism by Center for Survey Research at the University of Massachusetts, Boston.
- Survey response rates for PCPs (N=840) included family practice (n=274; 67.5%), Internal Medicine (n=257; 60.8%), and pediatrics (n=309; 72.7%).

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## Dependent Variables

Two items to measured medical waste from patient request:

- 1) "In the last year, how often have you given a patient a referral to a specialist because the patient wanted it when you believed it was not indicated?"
- 2) "In the last year, how often have you prescribed a brand name drug when an equivalent generic was available because the patient asked for the brand name drug specifically?"

## Statistical Analyses

- Bivariate analyses and chi-square tests
- Multivariate logistic regression models.

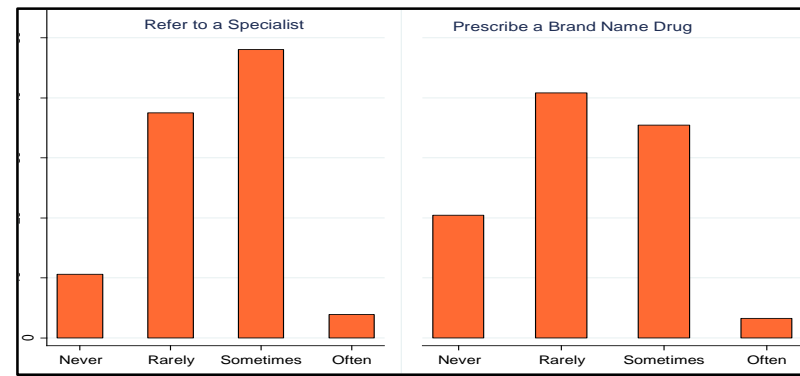
## Key Findings

In response to patient requests:

- 51.9% of PCPs reported making unnecessary specialty referrals.
- 38.7% prescribed brand named drugs when generics were available.

In regression models, significant predictors included:

- Specialty and interactions with drug/device representatives
- More years of clinical experience and small practices
- Seeing fewer safety-net patients



## Logistic Regression Results

	Unnecessary Referrals Sometimes/Often (N=722)		Brand Name Drug Prescription Sometimes/Often (N=721)	
	Odds Ratio	p-value	Odds Ratio	p-value
Sex: Female	Ref		Ref	
Male	0.91	0.59	1.03	0.88
Race: White/Asians	Ref		Ref	
Others	0.76	0.24	1.20	0.47
Specialty: Pediatrics	Ref		Ref	
Family Practice	1.41*	0.07	2.77***	<0.001
Internal Medicine	1.40*	0.09	4.51***	<0.001
Clinical Experience: <10 years	Ref		Ref	
10-30 years	0.95	0.98	1.35	0.26
>30 years	0.94	0.93	1.82**	0.05
Solo or two person: No	Ref		Ref	
Yes	1.12	0.64	1.68***	0.01
Easy Access to Specialist: No	Ref		Ref	
Yes	1.26	0.20	1.01	0.95
% Medicaid/Uninsured Pts: 0-9	Ref		Ref	
10-21	1.42	0.11	0.94	0.80
22-49	1.06	0.79	0.63*	0.07
50-100	0.87	0.54	0.51***	0.01
Meet Reps: No	Ref		Ref	
Yes	1.90***	<0.001	1.85***	0.001

Note: Also included Hospital Service Area Medicare deciles. No significant pattern found. Not reported in this table. Ref: Reference category. \*\*\* 0.01, \*\* 0.05, \*0.1

## Recommendations

- Efforts to reduce medical waste should educate PCPs and provide real-time support to manage patient requests for unnecessary medical services.
- Alternative to gatekeeping should include payment or compensation models that hold physicians accountable for providing low value care, or that provide strategic use of patient level incentives.