Patient Insurance and Access to Obstetrics and Gynecology Subspecialists: Findings from a National Mystery-Caller Study in the United States

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Introduction

Access to care is a crucial domain of healthcare quality (IOM). Typical new patient wait times are growing across medical specialties, including obstetrics and gynecology. The mean wait time to see a general obstetrician-gynecologist increased from 17 days in 2014 to 26 days in 2017, according to a national survey by Merritt Hawkins, a private firm that conducts market research. Insurance status is one of many factors that may impact a patient's ability to access healthcare in a timely fashion. Patients with Medicaid are less likely to secure an outpatient primary care appointment than privately insured patients and face longer average wait times for appointments (Chou). The increased patient wait time is amplified for subspecialty care, where providers may be less likely to accept Medicaid insurance (Hsiang)

Methods

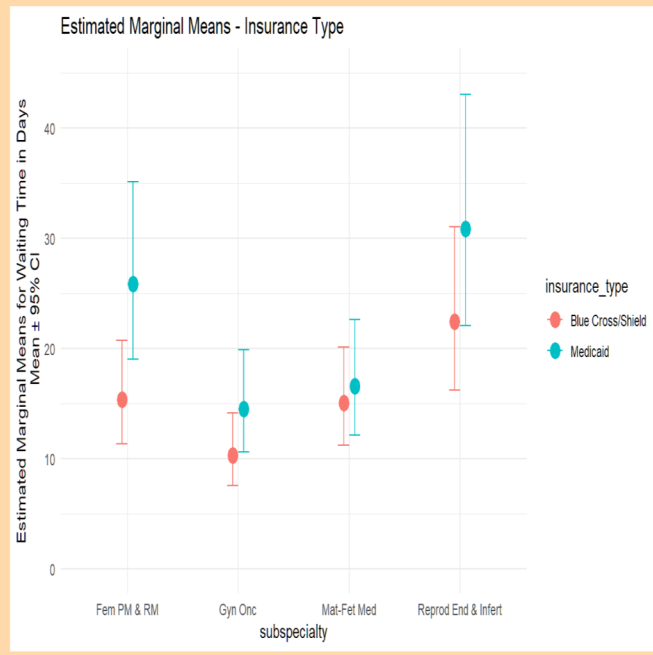
Data for each office were collected, including the date of the soonest appointment and physician demographics.This mystery caller study received approval from the Colorado Multiple Institutional Review Board (COMIRB) with an explicit exemption of informed consent from participating offices. Physicians in four American Board of Obstetrics and Gynecology (ABOG) subspecialty certifications (Female Pelvic Medicine & Reconstructive Surgery, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility) were identified using the society-specific patient-facing physician directory. Upon compiling the geographical location and contact information of the offices of 800 randomly selected physicians, two sets of calls were made to each office using the same scripted clinical vignette, based on subspecialty. An appointment was never made to minimize the administrative burden to OBGYN offices, nor were patient names or identifying information provided.

Results

From eight hundred physicians initially contacted, 477 responded to at least one call in 48 states plus the District of Columbia. All physicians received two phone calls with the same clinical scenario. One caller stated she had private insurance, and the second call was done saying they had public insurance (Medicaid). Three hundred and twenty-three physicians were excluded from the analysis because an appointment was not made in at least one phone call.

The typical physician who was called was 53.2 (SD +/- 9.9) years old, male gender (55.5%), practicing maternal-fetal medicine, in The American College of Obstetrician and Gynecologists.(Table1)

Moderation effect of Subspecialty on Type of Insurance



Conclusion

This national audit demonstrated that the wait time for a new patient appointment with an OBGYN subspecialist was significantly longer for patients with Medicaid than the wait time for a new patient appointment for a patient with private insurance. These findings illustrate a potential disparity that exists for patients with Medicaid seeking care with an OBGYN subspecialist. New appointment wait times often influence patients' perceptions of their overall experience and could negatively affect the Hospital Consumer Assessment of Health Providers and Systems scores.

References

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