

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Declines in Self-reported Panel Size among Family Physicians & Explanatory Factors, 2013-2022

Priority 1 (Research Category)

Economic or policy analysis

Presenters

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Abstract

Context

Little is known about trends in primary care panel size in the United States, despite it being crucial to the relationships fundamental to primary care's salutary effects and its importance to workforce planning amidst a national and worsening primary care shortage.

Objective

To characterize and estimate recent trends in patient panel sizes among a nationally representative sample of Family Physicians, exploring variations across different subgroups.

Study Design & Analysis

This is a cross-sectional analysis of data from the 2013-2023 American Board of Family Medicine (ABFM) Continuing Certification Questionnaire (CCQ) . The instrument captures self-reported practice features, including estimated panel sizes and is linked with demographic characteristics of physicians.

Setting or Dataset

Data were sourced from the CCQ, a mandatory component of ABFM examination registration, which is completed 3 to 4 months prior to the examination date. This dataset provides a rich source of longitudinal data on panel sizes across various practice settings in the United States, with physicians representing a broad spectrum of practice types, ownership models, and geographic locations.

Population Studied

Family Physicians certified by the ABFM.

Intervention/Instrument

The primary instrument used in this study was the ABFM, including items on panel size estimation, practice type, and ownership, among others.

Outcome Measures

The main outcome measured was the self-reported panel size of Family Physicians, with additional focus on the changes over time and variation according to physician and practice characteristics.

Results

Among 55,605 Family Physicians, self-reported panel size decreased from by 25% from 2013-2022, from 2,386 patients per FP down to 1,786. Factors associated with larger panel size included older age, male gender, hospital & independent practice ownership, and practice in the Midwest or South.

Discussion

A steady and substantial decline in U.S. Family Physician self-reported panel sizes over the past decade, included some important variation across personal, practice, and geographic characteristics. This may be an appropriate response to increasing patient complexity and the demands of value-based payment and population health. Further investigation is needed to understand pandemic, burnout & delivery system influences & policymakers must factor these declines into mitigating strategies for an already substantial primary care workforce crisis

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