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Title

Practice organization characteristics are more impactful than intentions in practice scope of early-career family physicians

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Family physician (FP) scope of practice (SOP) has declined, with fewer physicians providing basic primary care services and fewer bridging the clinic-hospital divide. Yet, graduating residents intend broad SOP. Understanding the evolution of physician's practice patterns across a career-span is crucial for workforce projections, policy planning, and shaping medical education.

Objective: To examine if SOP intentions materialized into actual SOP for early-career FPs three years after residency graduation.

Study Design and Analysis: A longitudinal cohort was surveyed through the American Board of Family Medicine (ABFM). Analysis consisted of descriptive statistics and bivariate and multivariate analyses.

Setting: US family physicians in continuity outpatient practice.

Population Studied: 5,006 US family medicine residency graduates from 2017 to 2020 with 58% females, 39% aged 35 or older, and 85% practicing in urban areas.

Instrument: Intentions for SOP were collected on the Initial Certification Questionnaire, completed at registration for the ABFM Examination. Three years post-graduation, FPs completed the National Graduate Survey that assessed SOP and practice organization characteristics.

Outcome Measures: The primary outcome was a summative SOP score, a scaled score based on self-reported provision of 31 services and procedures. Individual items within the scaled score were also examined.

Results: The correlation between intended SOP and actual SOP was ($r=0.58$, $p<.0001$). The average practicing SOP score was 16.0. In regression analyses predicting actual SOP, a broader SOP was associated with SOP intentions (0.32, CI: 0.30, 0.34), rural practice (0.89, CI: 0.69, 1.09), practice in the Midwest or West (0.65, CI: 0.47, 0.84) and (0.62, CI: 0.44, 0.79), respectively), academic practice (1.42, CI: 1.21, 1.63) and safety net settings (FQHC, RHC, Indian Health Service), and involvement with teaching (0.97, CI: 0.81, 1.13). Decreased SOP was associated with being an IMG (-0.24, CI: -0.42, -0.07) and being in a multispecialty practice (-0.44, CI: -0.59, -0.29).

Conclusions: Although intending to have a broad SOP is associated with having one in early career, practice organization characteristics also played a large role. Understanding patterns of primary care SOP and delivery has implications for workforce and policy planning. Our findings suggest the need for policymakers and insurers to facilitate mechanisms to support broad SOP to meet patient needs.

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