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Title

How Primary Care Utilization Patterns Changed Over the Decade

Priority 1 (Research Category)

Secondary data analysis

Presenters

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Abstract

Context: Little is known about what drives the declining trends in primary care visits.

Objective: To 1) examine trends in outpatient visits over a decade, (2) assess the number of diagnoses per visit by clinician type and (3) investigate sociodemographic factors associated with primary care physician (PCP) visit versus subspecialist visit.

Study Design: Repeated Cross-sectional study.

Analysis: Summary statistics to examine the patterns of healthcare service use by clinician type. Logistic regression to evaluate sociodemographic characteristics associated with PCP visits.

Setting or Dataset: Medical Expenditure Panel Survey data 2010-2019.

Population studied: Nationally representative sample of the US population.

Outcome Measures: The outcomes were (1) total number of ambulatory care visits, preventive care, acute care, chronic care, and diagnosis visits to five clinician types -primary care physicians (PCP), Internal Medicine-subspecialists (IM-subspec), Obgyn, psychiatrist, and nurse practitioners or physician assistants (NP/PAs); and (2) PCP versus subspecialist visit.

Results: The PCP (26.8% in 2010 to 19.2% in 2019) and subspecialist visits (34.1% to 28.5%) decreased over time. The non-physician visits increased from 39.2% to 52.3% . Further stratification by clinician type showed a decline in outpatient visits for PCPs, IM-subspec, and Obgyns, while they remained stable for psychiatrists. NPPA visits rose from 6.4% in 2010 to 9.0% in 2019. Preventive care visits for PCPs and NP/PAs were greater in 2019 than in 2010. Acute care visits were reduced for all clinicians except NP/PAs who saw an increase. Chronic care visits were lower in 2019 than in 2010 for all clinician types. PCPs had a greater proportion of visits with two or more diagnoses per visit (69% in 2019 vs. 58% in 2010). Regression results demonstrated higher odds of PCP visit than subspecialists among patients older than 40 years compared to 18-29 years [Odds Ratio (OR) 1.4, 95% Confidence Interval (CI) 1.2-16],

those without high school versus with high-school diploma [OR 1.2, CI 1.1-1.4], White versus Black [OR 1.1, CI 1.0-1.2], and Hispanic adults [OR 1.1, CI 1.0-1.3] and those who reported poor health status and multiple chronic conditions [OR 1.4, CI 1.2-1.6].

Conclusion: Although overall primary care visits decreased over time, trends varied by visit type. The PCPs saw a higher volume of complex visits and more medically and socially vulnerable patient populations.