Managed Care: the Impact on the Physician / Patient Relationship

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Managed Care:
The Impact on the Physician / Patient Relationship

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Master of Public Administration Program
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By
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A Research Project Submitted in Partial Fulfillment
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Date: 5/8/03
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Faculty Advisor

Date: 5/8/03
Director

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Purpose

The purpose of this research is to examine the impact today’s managed healthcare environment has had on the relationship between physicians and patients. It is important to understand the impact, because the physician/patient relationship has classically been the cornerstone of patient access to health care services, with the physician as our advocate guiding us to make decisions for better health. Health insurance companies have adopted the principles of managed care as a way to control the escalating cost of health care services in the United States. The principles of cost containment and resource utilization employed by managed care directly impact the patient’s relationship with the gatekeepers to health care services, physicians.

By the creation of for profit insurance companies, in the era of price competition, the sacred physician/patient relationship can be jeopardized. Insurance companies have taken exclusive freedom and autonomy away from the patient and the physician and included themselves in the decision processes, taking on the role of the accountant by monitoring expended resources. This concept of treating patients as covered lives has significant implications for communication and continuity of care for patients.

This research study will examine the impact managed care principles have had on the satisfaction levels of patients and physicians, physicians in their ability to be the patient’s advocate, prescribing a course of treatment most beneficial to the patient, and patients in their satisfaction with the quality of care being provided by physicians. The study will further examine any differences between the quality, access and satisfaction levels of patients from different segments of society.
**Literature Review**

In the past 8 to 10 years there has been a significant amount of interest in the correlative relationship between managed care and the physician/patient relationship. As described by Emanuel (1992) the physician/patient relationship is key to determining root causes of illness and appropriate treatment plans. There are many different models for the ideal physician/patient relationship; all need to play an important role in achieving patient autonomy. The four models described by Emanuel (1992) range from a paternalistic approach by which the physician provides selected information to informative and interpretive models. The informative model of the relationship suggests the physician should simply provide all the information to a patient regarding his/her current health status and available choices for improved health. The interpretive model is aimed at not only providing the patient with all available options of care, but evaluating those options to delineate the information that is best in treating the patient's clinical condition. The last of the four models described by Emanuel (1992) is the deliberative model in which the physician needs to evaluate the best options for the patient and only provide suggestions that will most benefit the patients. Each of the four models described differentiates a particular conception of patient autonomy; no single model is endorsed as complete by Emanuel.

Physician autonomy was explored in a 1997 survey performed by Louis Harris and Associates for the Commonwealth Fund. The survey included telephone interviews, each lasting approximately 25 minutes. The sample surveyed 1,710 physicians across the United States, with a great percentage of those physicians sampled from office based
practices who spend at least half of their time on direct patient care (Commonwealth Fund, 1997). According to the Commonwealth Fund 38% of all physicians surveyed reported that their ability to make decisions they think are right for their patients has declined in the past three years.

The survey also reported that time spent with patients is also decreasing with 41% of physicians surveyed reporting a decrease in the amount of time spent with patients compared to three years prior. Only 7% of physicians surveyed in the 1997 Commonwealth Fund study reported spending increased time with patients. The greatest decreases in time spent with patients were reported in this survey by physicians from eastern and western regions of the country. The survey found a clear correlation between physicians' concerns regarding the amount of time they have to spend with patients, their clinical autonomy and satisfaction with medical practice. Greater than a third of physicians surveyed (35%) reported they were either somewhat or very dissatisfied with the practice of medicine, only 24% of physicians surveyed reported they were very satisfied with medical practice (Commonwealth Fund, 1997).

Further, physicians surveyed in the 1997 Commonwealth Fund study reported concerns about their control of clinical autonomy in the managed care environment. The concerns ranged from problems with external review entities to difficulties in staying current on changing insurance plan guidelines. The survey reported 18% of physicians stated they were somewhat or very dissatisfied with their ability to make decisions they think are right for their patients. Eighty-one percent of physicians surveyed reported serious problems staying abreast of insurance plan guidelines.
The different models previously described by Emanuel (1992) will require relationship building between the physician and the patient. The foundation of a good relationship as described by Emanuel (1995) is communication. Effective communication between two parties can take a significant amount of time, particularly when complex medical conditions are being discussed. In today’s managed care environment physicians are forced to spend less time listening to individual patients in order to see more patients in a given day. Decreased revenues and additional overhead expenses required to administer the utilization and practice guidelines set forth by insurance companies have forced physicians to spend less time listening to their patients. This dynamic can prove very dissatisfying for both patients and physicians. The clinical ramifications on patient outcomes and medical malpractice exposure for physicians are concerns in the trend towards decreased communication between patients and physicians.

As described by Emanuel, “good communication means that physicians listen to and understand the patient and communicate their understanding” (p.324). Effective communication takes time, and time will develop a bond between physician and patient that will ultimately result in trust. In the previous 1997 survey by The Commonwealth Fund, 29% of physicians surveyed reported they are dissatisfied with the amount of time they can spend with patients. Forty-one percent of physicians surveyed reported a decline in time with patients in the past three years. According to the 1997 Commonwealth Fund survey, the dissatisfaction with the amount of time spent with patients appears to increase with physicians involved in multiple managed care plans. Physicians with at least half of their patients in managed care are twice as likely as physicians with no managed care
patients to be dissatisfied with the amount of time they can spend with their patients (38% compared to 18%) Commonwealth Fund (1997).

**Methodology**

The first survey used in the analysis for this paper was conducted by the Commonwealth Fund in March 2000. The survey was conducted by Louis Harris and Associates through telephone interviews. Telephone interviews were conducted in English and Spanish for both men and women. The survey included a national cross section of 1,084 men age 18 and older. The study also included an over sample of African American and Hispanic men. The study also included a national cross section of women age 18 and older. An additional over sample of African American and Hispanic women was surveyed.

The second survey used in this analysis was the Jersey Shore Medical Center 3rd Qtr. 2002 Press Ganey patient satisfaction survey results. Press Ganey, an administrator of many patient satisfaction surveys, conducted the Jersey Shore Medical Center survey. Press Ganey mailed 3,642 surveys to patients that were discharged from Jersey Shore Medical Center between June and September 2002. Press Ganey received 824 surveys from the 3rd Qtr 2002 mailing.

The last survey that is briefly mentioned in the results of this analysis is the March 2000 Commonwealth Fund survey of physicians asking them about their experiences with managed care. This survey was conducted through telephone interviews that each lasted approximately 25 minutes. The sample totaled 1,710 physicians, including a random, national cross section of 1,368, plus over samples of minority
physicians. In the Commonwealth Fund physician study 48% of those physicians contacted, agreed to participate in the telephone interview.

Results

Although three surveys were selected for this analysis, the results of two will be highlighted in this analysis. The two surveys that will be highlighted in this analysis asked patients questions that dealt with the amount of time a physician spent with them, the physician’s concern for their worries and the friendliness and courtesy of the physician. The third survey is briefly compared with the results of the former. That survey includes physician rather than patient responses.

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In the March 2000 Commonwealth survey, patients responded to the question of the time their physician spent with them. Forty-two percent of all patients perceived the time their physician spent with them as good, very good or excellent. The two greatest differences in patient responses to the amount of time their physician spent with them seem to be related to gender and employment. Forty-nine percent of women responded favorably, while only 41% of men responded favorably. Major differences were also related to employment, where 47% of unemployed patients responded good, very good or excellent and 39% of employed responded good, very good or excellent. Ethnic and racial backgrounds also had an impact on responses with 42% of White, 42% of African American and 36% Hispanic patients surveyed responding that their physician spent a good, very good or excellent amount of time with them. The respondents insured status did not show a significant difference with 40% of the insured and 38% of the uninsured responding a good, very good or excellent amount of time their physician spent with them.

It is clear that some segments of the patients surveyed reported higher percentages of fair to poor answers. For example, women, Hispanics and the employed report higher
percentages of fair to poor responses in the national sample. Is this because of limited access to care, the type of insurance plan they possess or greater expectations? Is there a language barrier between Hispanics and physicians?

The Jersey Shore Medical Center Press Ganey results were much better than the national results and showed that 86% of patients perceived the amount of time their physicians spent with them as good, very good or excellent. This is a sharp contrast to the 42% of the national sample mentioned above.

In even greater contrast to the national sample of patients, in the national sample of physicians seventy percent offered negative (fair to poor) responses when it came to the amount of time they have to spend with their patients. Could it be that physicians have been more greatly impacted by the changes managed care has forced on the amount of time physicians spend with their patients? Have the negative changes that physicians have experienced in other areas such as reimbursement, tainted their responses to any question of how managed care has impacted patient care?

The second question asked of patients surveyed in both the 2000 Commonwealth Fund and 2002 Jersey Shore Medical Center surveys regarded their physician's concern for their worries. Responses to this question at Jersey Shore Medical Center were overwhelmingly positive with 91.5% of patients surveyed in the 2002 Press Ganey survey responding as either good, very good or excellent as opposed to only 53% of patients surveyed by the Commonwealth Fund responding good to excellent.

In the March 2000 Commonwealth Fund national survey 50% of men and 55% of women rated their physicians' concern for their worries as either good, very good or excellent. Results based on insured status in the same survey showed that 50% of insured
patients and 43% of the uninsured patients rated their physician’s concern for their worries, as either good, very good or excellent. Survey results based on race showed that 50% of whites, 47% of African Americans and 47% of Hispanics viewed their physicians as concerned with their worries. However, there was little variation shown in the responses between the employed and unemployed over the question of Physician concern for the patient’s worries. Survey results based on employed status showed that 48% of the employed and 47% unemployed patients surveyed responded as either good, very good or excellent.

Thus there were some demographic variables that seem to be related to patients’ perception of concern for their worries. For example, women answered with a higher percentage of good to excellent responses than men (55% vs. 50%). Is this attributable to women being more prone to voicing concerns to their Physicians? Do women expect to be asked about their worries? Do Physicians address the worries of women better than they do of men?

The insured status of patients surveyed also showed some variation when it came to the question of Physician concern over worries. The insured patients surveyed in the Commonwealth 2000 study responded with a greater percentage of good to excellent responses (50%), compared to the uninsured (43%). Are physicians not spending the same amount of time with the uninsured? Are those Physicians not as astute and sensitive to concerns and worries of the uninsured?

The final question that was asked in two of the three surveys used in this analysis was the friendliness and courtesy of the Physician. In both the March 2000 Commonwealth survey and the 2002 Jersey Shore Medical Center Press Ganey survey
patients responded favorably that their Physicians were friendly and courteous. Results of the 2002 Jersey Shore Medical Center survey showed that 94% of respondents rated Physicians as good, very good or excellent when it came to being friendly and courteous. However once again the March 2000 Commonwealth survey showed that only 61% of patients scored physicians as good, very good or excellent on courtesy and friendliness.

In the March 2000 Commonwealth Fund national survey 62% of men and 68% of women responded that their physician did a good to excellent job at being friendly and courteous. The survey also showed that 63% of patients with insurance responded that their physician did a good to excellent job at being courteous and friendly compared to 56% of the uninsured. The Commonwealth Fund results showed that 64% of white patients surveyed, 62% of Hispanics and 57% of African Americans scored Physicians good to excellent on courtesy and friendliness. The survey showed that 63% of the unemployed and 56% of the employed respondents viewed physicians as good to excellent on courtesy and friendliness.

**Conclusion**

Overall the results of the Jersey Shore Medical Center Press Ganey 2002 survey were very favorable while the Commonwealth 2000 national survey results were mixed. There is some variation seen in the Commonwealth national sample depending on gender, insured status, race and employment status of the respondent. In the national sample gender showed the greatest variation in responses with women consistently scoring higher percentages of good to excellent responses. This trend could be attributed to women having greater expectations of physicians.
As the primary healthcare decision-makers in most households, women are often more prone than men to ask questions and expect clear and concise answers. Physicians are aware of this dynamic and will be more courteous and spend more time with women because they are often the family members making healthcare decisions. Men, on the other hand, often hesitate to ask questions. They may become overly concerned with the amount of time their physician spends with them. Men often avoid visiting their physician because of fear and lack of patience with scheduling difficulties.

A second variable that seemed to have a great impact in the Commonwealth national sample was race. In the national sample Hispanics consistently responded with a lower percentage of favorable responses than Whites. Is there a language barrier between Hispanics and non-Spanish speaking physicians? Many Hispanics may not have a Spanish-speaking physician. Perhaps the provider guides issued by insurance companies could include this type of information to assist Hispanics in making physician choices. Physicians may seem to be less courteous and friendly with Hispanics because of the language barrier and the inability to communicate effectively with the patient.

There are great differences between the results of the Jersey Shore Medical Center 3rd Qtr. 2002 data and the national sample. These differences may be attributable to one or all of the following reasons. The difference in the way the samples were selected, the national sample looked at a national cross section with over samples of African American and Hispanic men and women. The Jersey Shore Medical Center sample was specific to the patient population of one teaching hospital in central New Jersey. Differences in the geographic location of respondents and the demographics of those patients may have contributed to the great differences seen in responses. A second difference is in how
respondents were selected, the national sample surveyed people randomly and the Jersey Shore Medical Center analysis surveyed only patients who were recently discharged from an inpatient stay at Jersey Shore Medical Center. Respondents in the Jersey Shore Medical Center survey were more likely to answer questions regarding their physician based only on the experience they had while admitted at Jersey Shore Medical Center. The respondents in the national sample were randomly surveyed over the telephone and not asked to respond based on a specific experience with their physician. In the national sample respondents were more likely to draw on many experiences with different physicians when answering questions regarding their physician's courtesy, time spent with them and concern for their worries.

It will be important for further studies of the physician / patient relationship to examine both inpatient and outpatient satisfaction, as well as physicians' satisfaction with their ability to communicate effectively with Hispanics. Further studies of patient satisfaction should also measure how physicians view expectations of men vs. those of women.
References


### Table 1: Good, Very Good and Excellent Responses to three questions on the Commonwealth Fund Patient Survey March 2002

<table>
<thead>
<tr>
<th>Reading</th>
<th>Percentage</th>
<th>Employment Status</th>
<th>Race/Ethnicity</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time physician spent with you</td>
<td>91.5%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Physicians concern for your welfare</td>
<td>91.5%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Friendliness of courtesy of physician</td>
<td>91.5%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

**Legend:**
- 91.5% = 91.5%
- 90.6% = 90.6%