



Role Reversal: When the Specialist Plays General Practitioner

Study of the generalist role of medical specialists and its impact on patients

SUMMARY

From 1995 to 1998, researchers at the [University of Washington School of Medicine](#), Seattle, studied the impact on patient care when specialist physicians assume the generalist role.

Researchers conducted a retrospective analysis of Medicare administrative data for the state of Washington during a three-year period.

The project was part of the Robert Wood Johnson Foundation's (RWJF) national program *Generalist Provider Research Initiative*.

Key Findings

- Despite their importance as care providers, specialists rarely provided primary care.
- Generalists did a better job at providing continuity, comprehensiveness, and preventive care.
- Many specialists missed many opportunities to provide effective preventive care for their patients.
- The strength of the doctor-patient relationship was a key element in both quality care and cost-effective care regardless of whether the care provider was a specialist or a generalist.

Funding

RWJF supported the project with a grant of \$424,660 between July 1995 and June 1998.

THE PROBLEM

Medical policy experts have seen the persistent dominance of specialization as a barrier to access to medical care for certain segments of the population and as a major reason for the increasing cost of medical care in the United States.

At the same time, researchers have pointed out that some specialists actually do act as generalist physicians for individual patients. In that role, they may well assume the responsibilities traditionally associated with generalists—in particular, in their provision of accessible, continuous, coordinated, and comprehensive care. This model has become known as the hidden system of primary care.

Primary care is defined by the Institute of Medicine as "the provision of integrated, accessible, health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

For this study, the researchers developed the less restrictive concept of principal care in lieu of primary care, which they defined as provision of "the majority of care to a given patient for common medical problems during the study period."

THE PROJECT

The project addressed four main research questions.

- To what extent do specialists act as principal care physicians for the patients they treat, and are there differences across specialties?
- What proportion of patients have. Limitation should be Limitations.
- Do specialists and generalists differ in the way they provide principal care for matched patients in their practice populations?
- Are there differences in the utilization and cost of resources used by specialists and generalists acting as principal care physicians for similar patient populations for both general and specialized services?

Methodology

The researchers conducted a retrospective analysis of Medicare administrative data collected as part of the provision of care for all residents of the state of Washington from 1993 to 1995 and used the following steps.

- They defined and characterized the physician sample by using data from the American Board of Medical Specialties supplemented by the American Medical Association's Masterfile and the Health Care Financing Administration's (HCFA's) physician identification numbers.
- They defined the patient sample by using 1994–95 HCFA data.
- They classified patient encounters according to diagnosis.
- They determined the principal care physician.

- They determined the practice domain for each physician and specialty.

On one hand, the richness of the database enabled the research team to expand the number of studies performed beyond what was originally contemplated. On the other hand, the team underestimated some of the complexities of the data set and had to spend more time than anticipated on data cleanup and organization. This led to abandonment of some of the research on cost of care and required that the team secure funding from the Federal Office of Rural Health Policy and the Agency for Health Care Policy and Research to supplement the original RWJF grant.

FINDINGS

The researchers published their findings in several publications, including the *Journal of the American Medical Association* and the *Journal of Rural Health*. (See the [Bibliography](#) for details.) Following are summaries of the published findings.

- **Some 19.2 percent of Medicare patients in Washington State made visits only to generalists; 22.8 percent of Medicare patients in the state made visits only to specialists.** Even among the group of Medicare patients with five or more visits per year, 35,667 (8.8%) made all of their visits to specialists.
- **With few exceptions—for example, for rheumatology, pulmonary medicine, and general surgery—most specialists rarely provide primary care for their patients.** They do not provide for diagnoses outside their specialty, and they do not get involved in basic preventive services such as immunization.
- **Generalists do a better job of providing continuity, comprehensiveness, and preventive care.**
- **Rural patients have patterns of health care resource use that differ from the patterns of urban patients depending to a large extent on how far they live from urban areas.**
- **Rural residents tend to get the majority of their care in local or nearby rural communities.**
- **For all specialty groups, except obstetrician-gynecologists and general surgeons, the diagnostic scope of practice is specialty specific and very similar for urban and rural physicians.**
- **Patients who have one physician who provides most of the outpatient care as the principal care physician are about half as likely to make an emergency room visit as those without one physician—regardless of the physician's specialty.** The key determinant regarding emergency room visits is the strength of the doctor-patient relationship.

- **Many specialists—such as physiatrists—miss important opportunities to provide effective preventive care for the patients they see, especially in the case of the 22.8 percent of the Medicare population in Washington State that does not see generalists.** Individuals with disabilities appear to receive fewer health maintenance procedures—such as influenza and pneumococcal vaccinations, mammograms, and Pap smears—than those without disabilities. Increasing disability led to decreased reports of mammograms and Pap smears, but functional limitation did not appear to be related to reports of vaccinations. The disabled who are enrolled in an HMO received more of the procedures than those in fee-for-service plans, but even in HMOs there was a similar relationship between disability and those health maintenance procedures.

Limitation

The extent to which the results can be generalized to other parts of the United States is not clear. Washington State is a midsize state that has both rural and urban areas and a fairly typical supply of physicians. There can be, however, profound variations even within small regions, and specialists in areas where they are in greater surplus may be more predisposed to provide generalist care for their patients.

Communications

The findings were published in four journals, including the *Journal of the American Medical Association* and the *American Journal of Public Health*. (See the [Bibliography](#) for details.) The grantee held six meetings about the project and its findings

AFTERWARD

The researchers have continued their use of this database to further explore urban-rural differences in the provision of care.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Baldwin LM, Rosenblatt RA, Schneeweiss R, Lishner DM and Hart LG. "Rural and Urban Physicians: Does the Content of Their Medicare Practices Differ?" *Journal of Rural Health*, 15(2): 240–251, 1999. Abstract available [online](#).

Chan L, Doctor JN, MacLehose RF, Lawson H, Rosenblatt RA, Baldwin LM and Jha A. "Do Medicare Patients with Disabilities Receive Preventive Services? A Population-Based Study." *Archives of Physical Medicine and Rehabilitation*, 80(6): 642–646, 1999. Abstract available [online](#).

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Rosenblatt RA, Hart GL, Baldwin LM, Chan L and Schneeweiss R. "The Generalist Role of Specialty Physicians: Is There a Hidden System of Primary Care?" *Journal of the American Medical Association*, 279(17): 1364–1370, 1998. Available [online](#).

Rosenblatt RA, Wright GE, Baldwin LM, Chan L, Clitherow P, Chen FM and Hart LG. "The Effect of the Doctor-Patient Relationship on Emergency Department Use among the Elderly." *American Journal of Public Health*, 90(1): 97–102, 2000. Available [online](#).

Survey Instruments

"Specialty Domain Instrument (SDI)."

"Emergency Room Severity Scores."

Sponsored Conferences

Seven update meetings, 1996–98, Seattle. Attended by a total of 40 individuals representing state specialty organizations, major managed-health-care plans, and insurance companies. The following presentation was made at each of the meetings for a total of seven.

- Gary Hart, Roger Rosenblatt, Ronald Schneeweiss, and Laura-Mae Baldwin, "Updates from the RWJF Domain Study to the Aetna/HCFCA Carrier Advisory Committee."

Update Meeting, May 15, 1997, Washington. Attended by 25 individuals from seven organizations, including the Agency for Health Care Policy and Research (AHCPR) and the Cecil G. Sheps Center for Health Services Research. One presentation was made.

- Gary Hart, "Update on the Elderly Care Medicare Study for AHCPR Rural Centers."

Seminar, May 21, 1997, Seattle. Attended by 30 individuals from 10 organizations such as the US Office of Rural Health Policy and the Maine Rural Health Research Center. One presentation was made.

- Gary Hart and Michael Finch, "Working with Medicare Data: The Good, the Bad, and the Ugly."

"Regional Rural Health Meetings," March 26, 1998, Spokane, WA. Attended by 70 individuals from 50 organizations, including several area health education centers, the State of Washington Department of Health, several county departments of health, and a number of clinics and hospitals. One presentation was made.

- Gary Hart, Roger Rosenblatt, and Laura-Mae Baldwin, "Where Do Washington's Rural Elderly Receive Their Ambulatory Physician Care?"

"Washington State Medicare Cancer Advisory Committee," July 1, 1998, Seattle. Attended by approximately 40 individuals representing managed-care plans, health insurers, state professional associations, and practicing physicians. One presentation was made.

- Laura-Mae Baldwin, "Use of Linked Medicare-Cancer Registry Data in Cancer Care Research."

Meeting, July 23, 1998, Boise, ID. Attended by four individuals representing the Idaho Cancer Registry and PRO-West (Idaho PRO). One presentation was made.

- Laura-Mae Baldwin, "Use of Linked Medicare-Cancer Registry Data to Identify Factors Influencing Breast Cancer Treatment in Rural and Urban Areas."

Presentations and Testimony

Leighton Chan, "Influenza Vaccinations of Washington State Medicare Beneficiaries Seen by Psychiatrists in the Outpatient Setting in 1994" at the annual meeting of the American Academy of Physical Medicine and Rehabilitation, November 14, 1997, Atlanta.