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Large study finds that physician gender does not affect patient-care costs or mortality

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Female doctors' patients do not use health-care services more or die less frequently than patients treated by male doctors, a prospective, observational study by researchers at UC Davis Health System has found.

The study, published in the March-April issue of The *Journal of the American Board of Family Medicine*, is the first large, nationwide evaluation of the association between provider gender and patients' use of health-care services and mortality.

"Our findings suggest that if the goal is to contain costs and the risk of death, there is no reason to differentially recruit or train physicians of either gender," said lead author Anthony Jerant, professor of family and community medicine at UC Davis. "We should instead focus on factors such as patients' cigarette smoking and diet, which are known to influence health-care utilization and mortality."

Jerant and his colleagues analyzed the responses of a representative sample of 21,365 patients aged 18 years and older who participated in the U.S. Medical Expenditure Panel Surveys from 2002 to 2008. They found that the genders of the participants' usual sources of health care, regardless of specialty field, did not affect patient health-care or prescription-drug expenditures, deaths or the number of visits to hospitals, emergency rooms and medical offices. A usual source of care was defined as any medical professional, doctor's office, clinic, health center or other place the patient would go if sick or needing health

advice.

The authors noted that their outcomes contradict the results of previous investigations suggesting that patient-centered communications and related medical-practice behaviors frequently associated with female providers may lower patients' use of health-care services and costs. In addition to being smaller than the current study, those prior investigations did not account extensively for patient health behaviors and characteristics, including weight and tobacco use, which could influence the frequency of medical visits.

"We suspect that failing to comprehensively account for these factors might have made it appear that provider gender is independently associated with health-care utilization," Jerant said.

Because it was based on a large national sample population, the UC Davis evaluation had the statistical power to determine that a provider's gender does not affect health-care costs or mortality, according to Jerant. He and his collaborators conducted additional analyses of two subgroups: patients whose physicians' gender did not change during the timeframe of the study even if they changed doctors; and patients who switched within the study timeframe to doctors of a different gender. The results of these secondary evaluations supported their initial finding.

When the researchers investigated the ages, genders and other characteristics of patients whose health-care providers were either male or female, they found that female physicians cared for more female patients who were young, college educated and resided in urban areas than did male physicians, indicating that there are patient characteristics associated with preferences for male or female doctors. Their study also noted that more female than male physicians were non-Caucasian.

"Female providers are contributing to greater diversity in the health-care

provider workforce, which is an important aim both for social equity and to ensure that patients can choose providers they feel comfortable with," said Jerant. "However, our findings clearly emphasize the importance of looking beyond gender to determine the patient and provider characteristics that can positively influence the process, quality and costs of care."

More information: The study had no external funding. A copy of "Sex of Physician as the Usual Source of Care and Patient Health-Care Utilization and Mortality" is available at www.jabfm.org.

Provided by UC Davis