

# Is your specialist friends with your primary care doctor? You may get better care

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Patients might be happier with their care when their physician trained

with the specialist they're referred to, a new study suggests.

Researchers found that when patients saw a specialist, they generally gave better ratings to their care if that doctor had gone to [medical school](#) with their primary care provider. On the whole, they said those specialists take more time to talk with them, give clear explanations, and involve them in health care decisions.

If that sounds puzzling, the researchers said the explanation may be fairly simple: Doctors are just like everyone else, and up their game when their peers are "watching."

"Doctors are people, too, and most of us want to perform at our best in front of a familiar, respected peer," said senior researcher [Dr. J. Michael McWilliams](#), of Harvard Medical School and Brigham and Women's Hospital in Boston.

"It makes you feel good if you're able to excel in those situations," he said.

Of course, no one expects primary care [doctors](#) to refer patients only to their old medical school friends. But McWilliams said the findings raise questions about how to better encourage peer relationships and accountability among doctors, and whether that can improve patients' care.

Traditionally, efforts to boost the quality of patients' care have focused on financial incentives. But that doesn't cut it when it comes to individual physicians, according to McWilliams.

"When we think about how to motivate doctors, we need to think about what motivates humans," he suggested.

The study, published online Jan. 3 in [JAMA Internal Medicine](#), used [electronic health records](#) from more than 8,600 patients in the same large health system. All were referred to a specialist by their primary care doctor at some point between 2016 and 2019.

In about 3% of those visits, the primary care doctor and specialist had trained at the same medical school at the same time. That served as a "predictor" of whether the doctors knew each other, McWilliams said. However, it's not certain that they did.

Despite that, the researchers did find that patients reported different experiences when their specialist had "co-trained" with their primary care doctor.

On average, they gave a 9-percentage-point higher rating to the quality of their care, versus other patients. That's the difference between a specialist being average or near the top of the heap, the researchers said.

Overall, those patients were happier with intangibles, like their specialist's friendliness, and were more likely to feel the doctor explained things clearly and involved them in decision-making.

Beyond that, there were some signs that those specialists altered objective aspects of care: They were more likely to prescribe medications than specialists who did not co-train with the referring doctor.

However, that's not necessarily a good thing, said [Dr. Don Goldmann](#), chief scientific officer emeritus of the nonprofit Institute for Healthcare Improvement, in Boston.

There's no way of knowing whether those prescriptions were actually the best care, he pointed out.

Goldmann, who was not involved in the study, had some other caveats: It's not known whether patients ultimately fared better if their doctors co-trained. And co-training does not automatically mean there was an actual peer relationship.

So it would be a "leap" to conclude that patients get better care when their primary care doctor and specialist are friends, according to Goldmann.

That said, he agreed it's important for primary care providers and specialists to have trusting relationships.

Goldmann pointed to the example of "care compacts"—where primary care doctors and specialists have agreements on their protocols and expectations, with the aim of providing the best care.

But it could also be worthwhile, Goldmann noted, for doctors to get a coffee together.

"Get to know each other, through whatever means you like," he said.

McWilliams noted that during training, doctors routinely work in teams, but once they're in practice they're often isolated. He said that health care systems could "get creative" in breaking that isolation, even through something as simple as moving work stations out of exam rooms and into common areas where doctors could interact.

Another tactic, McWilliams said, could be "regular, collegial" discussions of cases, to help doctors learn from one another.

No one is suggesting, however, that patients given a referral make sure their doctor is friends with the specialist. Beyond the practicality issue, there are plenty of other factors that influence the quality of patients'

care.

As an example, Goldmann pointed to studies showing that Black patients tend to receive better care when their physician is also Black.

And regardless of the doctor, Goldmann said, the wider health care system—which sways things like the timeliness of [patients'](#) care, and the flow of information among doctors—has to function well.

**More information:** Maximilian J. Pany et al, Physician-Peer Relationships and Patient Experiences With Specialist Care, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2022.6007](https://doi.org/10.1001/jamainternmed.2022.6007)

The Cleveland Clinic has advice on [questions](#) to ask your doctor.

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