

CONSUMER'S RANKING OF CRITERIA FOR SELECTION OF A PRIMARY CARE PHYSICIAN

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ABSTRACT

There is a growing body of literature regarding patient choice of health care plans, patient satisfaction, and patient evaluation of health care quality, but there is little information concerning the factors that influence the initial selection of a primary care physician (PCP). This exploratory study identifies and conceptualizes the physician selection dimensions which include: physician reputation/manner, physician record, physician search, consumer self-awareness, physician location, physician qualifications, physician demographics, office atmospherics, house calls/insurance, and valuing patient opinion. The study also develops and tests a scale for PCP selection using factor analysis which is demonstrated to be valid, and determines significant differences of variables, which include education level, gender, and age, using a summated scale. The study is of use to physicians in their targeting and communication strategies, and to researchers seeking to refine the scale.

Keywords: Health Care, Primary Care Physician, Information, Health Care Information, Physician Selection Criteria

INTRODUCTION

The United States is undergoing dramatic changes in health care including increasing costs and dissatisfaction with the inconsistencies in the quality of health care services (Lancaster, Lancaster, and Onega, 2000). There is, therefore, a growing body of literature regarding patient choice of health care plans, patient satisfaction, and patient evaluation of health care quality. However, there is little information concerning the factors that influence the selection of a primary care physician (PCP) (Hanna, Schoenbachler, and Gordon, 1994; Butler, 1996).

Even with the advent of managed care, patients can choose their PCP. The importance of knowing the factors impacting physician choice cannot be overstated considering the increasing competition among health plans and providers (Riskier, 2000). One recent study cited in the New England Journal of Medicine (McMenamin and Dickey, 1999) noted that a large percentage of the studies' respondents reported a change of health plans during a recent three year period, one third of which also had to find a new PCP.

Knowing the factors impacting PCP selection would contribute to better methods of communication flow to patients in the physician selection stage. It could also impact patient loyalty by understanding both the medical and nonmedical aspects of the initial patient/physician encounter.

Sampling Method

In order to obtain an adequate mix of respondents in terms of gender, age, city size, and income, this study used a quota sampling method. Respondents had to be age 18 or older and had to

currently have a PCP. Data were collected over a six week period in one county in a mid-western state. The self administered survey was given to people in a variety of settings: patients in physician offices, people employed by the local university, and patrons of the local mall. Respondents were recruited by the researchers and by receptionists in physician offices. The receptionists were informed about proper screening and instruction methods. Approximately 85% of the sample came from physician offices, 10% from the local university and 5% from the local mall. The total sample size of 264 respondents resulted in 222 usable surveys; 42 were eliminated due to missing data on the scaled items. Subsamples of instruments completed at the beginning and at the end of the six week period were examined and showed no significant differences.

The demographic characteristics of the respondents were as follows: 50% were male and 50% female; 16% age 18-35, 63% age 36-55, and 21% age 56 or older; 40% lived in towns of 25,000 or less population, with 60% living in towns with populations greater than 25,000; 27% had household income in 1999 of less than \$40,000, 32% had income between \$40,000 and \$70,000, and 41% had income over \$70,000. College graduates were over represented in the study, comprising 74% of the sample. Blue collar workers were under represented, with 67% of the respondents describing themselves as "professional." Participation in the study by full-time college students was limited to those with a non-university affiliated PCP; these comprised only 3% of the sample. Lastly, 95% of the respondents were Caucasian, which directly mirrors the population characteristics of the county used in the study.

Other frequencies include the following: 65% of the respondents considered two or more physicians before choosing their current one; 50% have been a patient of their current PCP for less than three years; 33% have been a patient of their current PCP for five or more years; 95% of the respondents had insurance, Medicare, or Medicaid. By comparison, 84.5% of the U.S. adult population has some type of insurance coverage, either private or government (Census Bureau, 2000).

Past research has indicated that the primary sources of information for patients seeking a primary care doctor are doctor referrals and recommendations from friends and family (Hanna, Schoenbachler, and Gordon, 1994). The current study found that 71% of respondents indicated doctor referrals were important or very important, with 81% indicating that recommendations from friends and family were important or very important. In addition, 86% rated brochures as somewhat important or not important, 74% rated the yellow pages as somewhat important or not important, 64% rated the local medical association as somewhat important or not important, and 45% rated physician referral services as somewhat important or not important.

DISCUSSION AND IMPLICATIONS

One of the key findings of this study is that ten dimensions account for a large portion (65%) of the variance in patient selection of a PCP. Of the ten dimensions, physician reputation/ manner has by far the greatest influence, accounting for 24.3% of the total variance. The next four dimensions, physician record, physician search, consumer self-awareness, and physician location, collectively account for 24.9% of total variance. The remaining five factors, physician qualifications, physician demographics, office atmospherics, house calls/insurance, and values my opinion, collectively account for 15.8% of total variance.

Selection Process Factors

Comparing the frequencies of responses for each dimension scale with the responses to other instrument items produces additional summary information. For the most important factor, physician reputation/manner, the percentage of respondents who considered specific items as important or very important included 94% for "physician spends adequate time answering questions," 91% for "physician discusses illness in a way I can understand," and 89% for "physician reputation". This compares to important or very important ratings of 80% for "good bedside manner," 78% for "recommended by other physicians," and 76% for "access to preferred hospitals." The implication is that the most important element in the PCP selection process is the doctor's ability to interact one-on-one with patients in an efficient and caring manner.

For the second factor, physician record, 69% of respondents rated "physician malpractice record" as an important or very important element, but 96% indicated they did not check to see if their current PCP had any malpractice claims in the past! In addition, 60% rated knowledge of the "physician's personal medical record" as important or very important, but only 3% indicated they asked if their PCP had been tested for HIV. The implication is that there is a reluctance on the part of patients, especially older ones, to delve into the records of the physician. Lack of knowledge of information sources may be a major factor since a majority of respondents in this sample indicated lack of awareness of medical professional reference sources.

Several items related to physician search, the third factor, also reflected the same lack of awareness of reference sources. For example, most respondents (90%) agreed that physicians do not charge widely differing fees, but a significant percentage agreed that physicians' professional qualifications are difficult to obtain (39%) and that they had little time to search for information (38%). In addition, 35% reported that they evaluated only one doctor when choosing a PCP. By implication, many patients, especially women, find the PCP search process frustrating, but due more to lack of information than to economic issues.

The fourth factor, consumer self-awareness, emerged as distinct from physician search, but also contains search elements. The importance of the PCP selection process is evident, with 75% of respondents rating it important or very important to them. In addition, 65% indicated that search time is worthwhile, with 12% considering four or more physicians and 53% considering two or three. Thus, most respondents were not willing to settle for the first physician considered despite difficulties in the search process.

Factor five, physician location, included "convenient office location," which was rated as important or very important by 55% of respondents. These were more likely to be those which lower education levels, which may imply more difficulty with transportation in this group.

Physician qualifications, the sixth factor, again showed disagreement between what respondents rated as important and the behavior they indicated. "Physician credentials" and "number of years in practice" were rated as important or very important by 68% and 50% of respondents, respectively. However, only 38% reported inquiring about credentials prior to PCP selection, while only 21% rated "medical school attended" as important or very important. Once again, this supports the finding of this study that many patients (especially professionals) do not actively seek information about a PCP over and above word of mouth or physician referrals. Older people, however, are an exception to this behavior.

Factor seven, physician demographics, shows only 15% of respondents rating gender and/or age of physician as important or very important in the selection process, implying relatively little age or gender based discrimination in PCP selection.

The eighth factor, office atmospherics, is important or very important to 51% of respondents, with "ease of getting an appointment" (76%) and "up to date technology" (70%) as the crucial items. Older respondents and respondents with lower education were more likely to consider these items important.

House calls/insurance, the ninth factor, includes two elements. The first, "physician accepts my insurance" was rated important or very important by 90% of respondents, while the second, "physician makes house calls," was important or very important to only 10%. Apparently, making house calls is not expected of physicians today and is, therefore, not an obvious competitive advantage, especially for patients living in areas with larger populations.

The last factor, values my opinion, was the only factor which had only one item loaded. It was rated as important or very important by 72% of respondents, with men more likely than women to rate it important.

Relation To Other Research

Additional findings result from the tie between this and other relevant studies on physician selection or patient satisfaction/dissatisfaction. Moore and Bopp, (1999) and Butler, (1996) found that a large percentage of respondents indicated that "how well the doctor communicates with me and shows a caring attitude" was the most influential in choosing a new physician which compares to factor one of this study. Yucelt (1994) found that elements of time spent with patients and physician response to questions were critical elements of satisfaction. His fifth factor shares elements of our fifth and sixth factors. Hanna, Schoenbachler, and Gordon (1994) found that factors deemed most important in choosing a generalist physician were fees charged (part of our third factor) and physician willingness to explain (our first factor).

Limitations and Future Research

The limitations of this study suggest avenues for future research. Limitations include lack of a random sample for generalization purposes, lack of a more rigorous validation of the scale, and skewed demographics of the sample. For example, there are possible ethnic/racial differences in choosing a PCP which were not addressed by this study. In addition, given the significance of educational levels which was shown in parts of the analysis, further research is needed using samples without such a high percentage of college graduates. Subsequent research could also use samples consisting of more people who don't have insurance (only 5% of the sample in this study versus 15.5% nationally) in order to determine if the selection process differs, including more emphasis on fees and other economic issues.

Considering the importance in this study of the time spent with the patient, future research needs to address the trade-off between time spent in the waiting room and time spent with the physician in terms of importance to physician selection. Subsequent research could also address more information search issues, including the discrepancy found in this study between importance of information about physicians to patients and the lack of actual information search. The usefulness of the development of a PCP selection scale is evident, although the current scale needs to be further tested and refined. New scale items for each factor may emerge and the factors may shift in importance for different populations.

Marketing Implications of Findings

The findings from this exploratory study can be used by both practitioners as well as other researchers. For example, the factors and their rankings demonstrate that patients do distinguish between physician reputation/manner, physician record, and physician qualifications when choosing a PCP. The importance of spending adequate time and having a caring attitude with patients is evident. However, this study suggests that the consequence of not spending “quality time” with a patient may not be offset by other factors such as impressive credentials. The importance of the search process is also evident from this study, indicating that patients may be ripe for easy-to-access, reputable information sources about physicians.

Physicians could use the findings of this research in their targeting and communication strategies. Knowing what is important to patients in the PCP selection process aids a PCP physician in deciding how to approach the initial visit. What is strongly suggested in this study is that advertising in brochures and the yellow pages is of little importance to most patients in the physician selection process. This suggests that more emphasis could be placed on face-to-face communication. However, the findings suggest that, of those who do place importance on brochures, they give credence to the contents and trust their own abilities to process the information contained in the brochures. Finally, physicians share the same problem as other businesses in that it is more expensive to get a customer than to keep one. Understanding the elements of how patients selected a PCP could decrease patient shopping around and thus help build a patient base.

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