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TITLE: WHO CARES FOR PENNSYLVANIA'S DIVERSE PATIENT POPULATIONS?

PRESENTATION TYPE: Single 15 minute presentation

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ABSTRACT BODY:

Abstract Body: Purpose of Study

The purpose of this study was to examine the types of practitioners who serve different patient populations by patient race, ethnicity, rural/urban location, and high/low poverty areas using a large state inpatient database in combination with other data resources.

Methods

The Inpatient Discharge data file of the Pennsylvania Health Care Cost Containment Council (PHC4) for the year 2009 was joined with the AMA Physician Masterfile and the international medical graduate (IMG) database of the Educational Commission for Foreign Medical Graduates (ECFMG) via attending physician license numbers. Patient race, ethnicity, and zip code were available in the PHC4 data set. Patient zip codes were used to add variables for regional poverty level from US Census data and rurality from the WWAMI Rural Health Research Center. Physicians were identified as either DOs, MDs, US-IMGs (IMGs who were US citizens at the time they entered medical school), or I-IMGs (international citizen IMGs), based on the AMA and ECFMG data.

Key Findings

The PHC4 Inpatient Discharge data set for 2009 contained 1,939,504 cases. The attending practitioner of 99.6% of identifiable cases was a physician. Of those cases, 14.7% were handled by DOs, 57.6% by MDs, 5.0% by US-IMGs, and 22.7% by I-IMGs. Rural patients accounted for 6.0% of cases overall, but a greater percentage of DOs' cases (7.2%) were for the care rural patients than other physician types. Patients living in high poverty areas accounted for 21.6% of cases overall, but represented a greater percentage of the cases of I-IMGs (22.5%). MDs were more likely than other physician types to be responsible for the care of Black and Asian patients living in high poverty areas, while US-IMGs were more likely to be responsible for the care of White patients in high poverty areas, and I-IMGs were more likely to be responsible for the care of Hispanic/Latino patients in high poverty areas. However, US-IMGs were relatively more likely to be responsible for the care of Hispanic/Latino patients in rural, high poverty areas.

Implications

Examining a variety of patient population characteristics together with physician characteristics can be challenging or impossible when working with small data sets. State inpatient databases, on the other hand, provide opportunities for detailed analysis of health workforce characteristics and trends by a variety of patient and physician characteristics, especially when used in conjunction with census data and other national data resources. Differences in practice patterns that occur at the intersection of characteristics such as race, ethnicity, poverty level, and rurality can better inform health workforce research than examinations of each of these characteristics independently. However, inpatient data sets are limited to hospital care activities and may, as a result, underestimate the contribution of health practitioners in other settings who may be less likely to be physicians.

KEYWORDS: State Workforce, Underserved Communities, Diversity.