

CHAPTER 6: WOMEN AND THEIR HEALTH CARE PROVIDERS

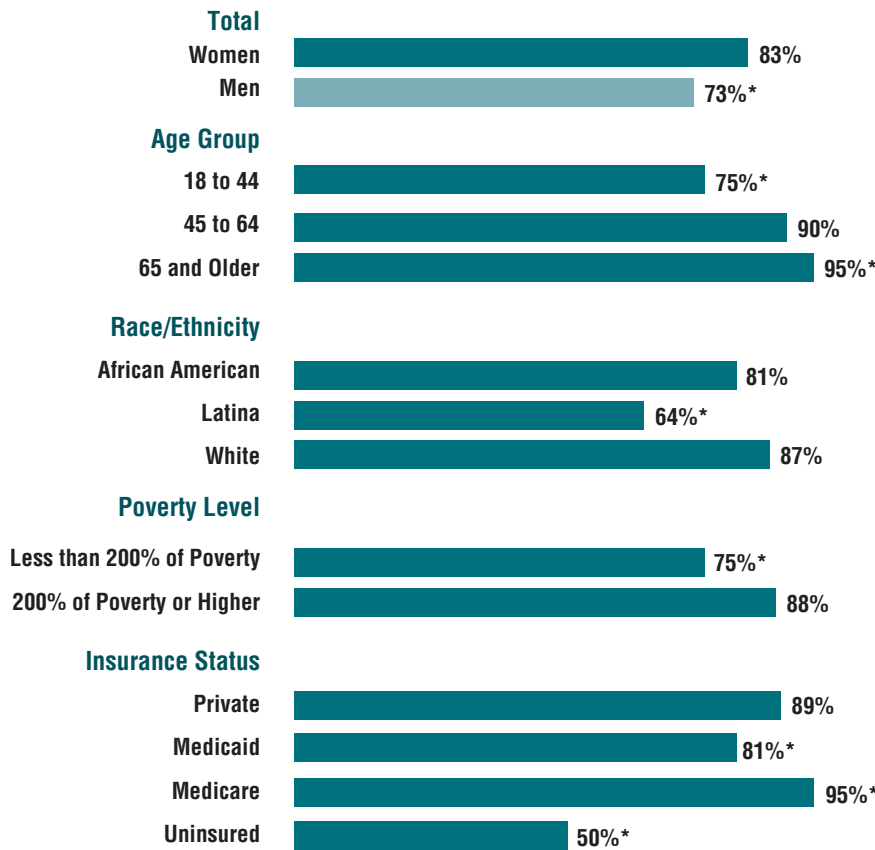
Relationships with their providers remain at the nucleus of women's health care. There is a large body of research that shows that having an ongoing relationship with a provider helps in tracking and monitoring a woman's overall health, aids in coordination of care, improves attention to preventive services, fosters adherence to treatment and medication, and provides patients with a source of contact in the health care system.¹⁰ Women rely on doctors for health care information—53% reported they would turn to a health care provider when seeking medical information.

Chapter 6 covers the nature of women's relationships with health care providers, including how many women have a regular provider, provider specialties, and changing patterns of care over the course of women's lives. This section also looks at women's interactions with providers, such as counseling on preventive medicine and women's satisfaction with their health care.



Exhibit 6a

Women With a Regular Health Care Provider, by Selected Characteristics, Ages 18 and Older



*Significantly different from reference groups (Women, 45 to 64, White, 200% of poverty and higher, Private), p <.05.

Note: 200% of the federal poverty threshold was \$29,552 for a family of three in 2004.

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Most women have a regular health care provider, but there are some striking disparities within groups of women by age, race/ethnicity, poverty, and insurance status. A regular provider has been documented to help maintain a consistent relationship with the health care system and has been shown to foster use of preventive services and promote access to care.¹¹ Women are more likely to have a regular provider (83%), than men (73%).

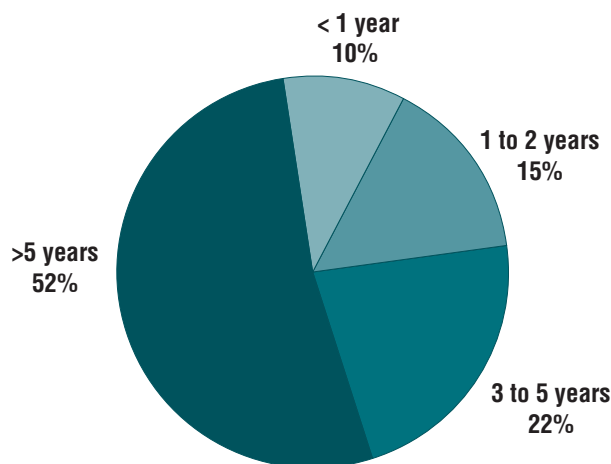
As women age, they are more likely to have a provider they see on a regular basis. Nearly all older women report they have a regular provider, compared to three-quarters of women ages 18 to 44 and 90% of midlife women. Only two-thirds of Latinas have this important connection to the health system, a considerably lower rate than African American (81%) and white women (87%). Low-income women are also less likely to have a regular provider.

Not surprisingly, insurance status is an important factor related to women's access to a regular provider. Only half of uninsured women have this connection compared to 89% of women with private coverage. And while women on Medicaid are more likely to have a regular provider than uninsured women, they still lag behind privately-insured women and those with Medicare, a group consisting primarily of older women.

Exhibit 6b

Length of Time with Health Care Provider, Women Ages 18 and Older

Among women reporting they have a regular provider:



Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Most women have long-standing relationships with their providers. Half of women have been going to their provider for five or more years. Another 22% have been going to their doctor for three to five years and one-quarter have seen their regular provider for a relatively short period (two years or less)

There are many reasons women change providers including dissatisfaction, change in their health plan, and moving to a new location. Because many women have multiple providers and have had short relationships with these doctors they are at higher risk for having fragmented care.

Exhibit 6c
**Type of Provider, by Age Group,
 Women Ages 18 and Older**

Percent of women with a regular provider whose provider practices in the following specialty:

Type of Provider	All Women	18 to 44	45 to 64	65 and Older
Primary Care Practitioner				
Family Practitioner	61%	63%	61%	57%
Internist	18%	10%*	24%	25%
Physician Assistant	2%	2%	3%	2%
Nurse Practitioner	2%	3%	2%	1%
Obstetrician-Gynecologist	9%	17%*	4%	1%*
Other Specialist	4%	3%	5%	8%
DK/Refused	3%	2%	2%	7%*
Have an Additional Regular Provider	47%	45%*	51%	47%

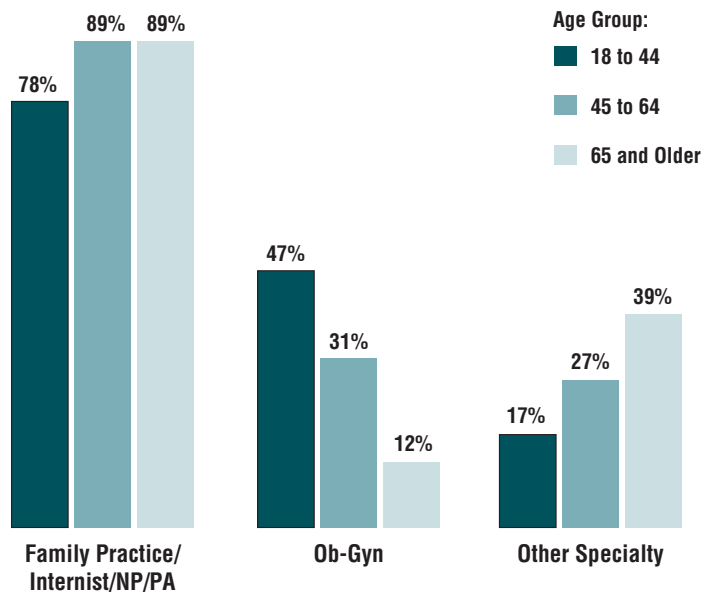
*Significantly different from 45 to 64, p <.05.
 Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

For most women, their routine health care provider is a family practitioner (61%) or internist (18%). Only 9% identify their routine provider as an Obstetrician-Gynecologist (Ob-Gyn), 4% note other specialists besides an Ob-Gyn, and 4% say they rely on nurse practitioners or physician assistants for their routine care.

Women's health care has often been characterized as fragmented because of the division between reproductive health and other health needs, sometimes requiring the use of multiple providers with different specialties. Among women with a regular provider, 47% have at least one other provider they see routinely, in contrast to 30% of men.

Exhibit 6d
**Specialty of Providers, by Age Group,
 Women Ages 18 and Older**

Specialty of Regular Providers:



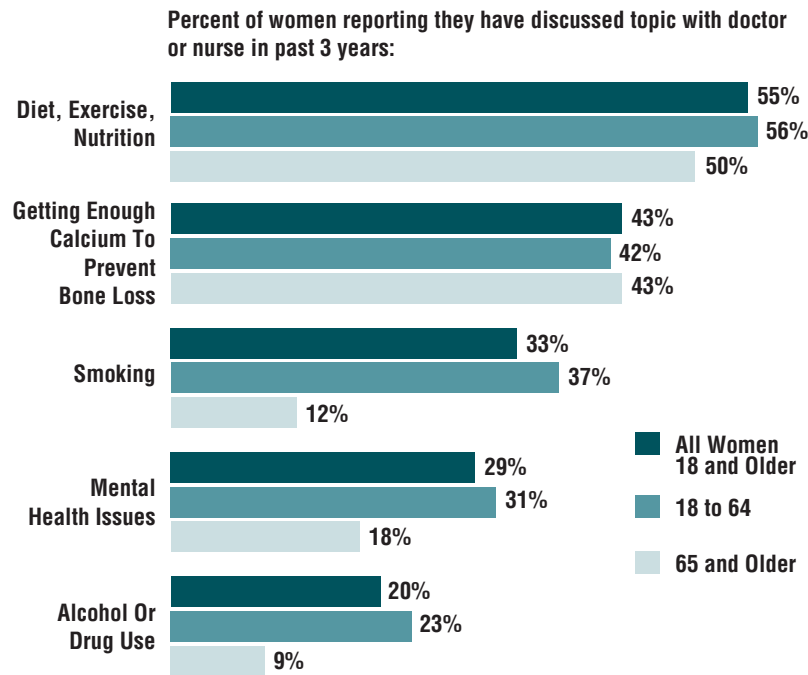
Note: Among women with at least one regular provider.
 NP = nurse practitioner, PA = physician assistant, Ob-Gyn = Obstetrician/gynecologist
 Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Even though women of all ages are most likely to see a family practitioner/internist as at least one of their regular providers, there are clear age-group differences in the specialties of other providers.

Among women in their reproductive years, half (47%) of those with a regular provider identify an Ob-Gyn as one of their routine doctors. This proportion drops steadily as women age, falling to one in three women ages 45 to 64 and just 12% of women 65 and older. Over the course of their lives, as they face more chronic illnesses and the need for specialty care grows, women's use of other specialists, such as cardiologists, orthopedists, and endocrinologists increases. Four in 10 women 65 and older (39%) see a provider in a specialty other than Ob-Gyn on a regular basis.

Exhibit 6e

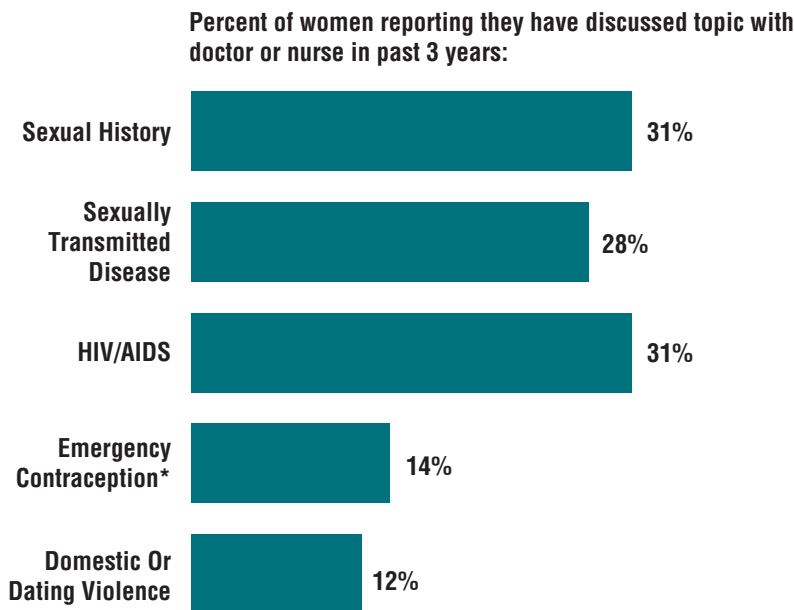
Provider Counseling About Health Behaviors, by Age Group, Women Ages 18 and Older



Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Exhibit 6f

Provider Counseling About Sexual Health, Women Ages 18 to 44



*Percent reporting they have ever discussed emergency contraception with a doctor or nurse.

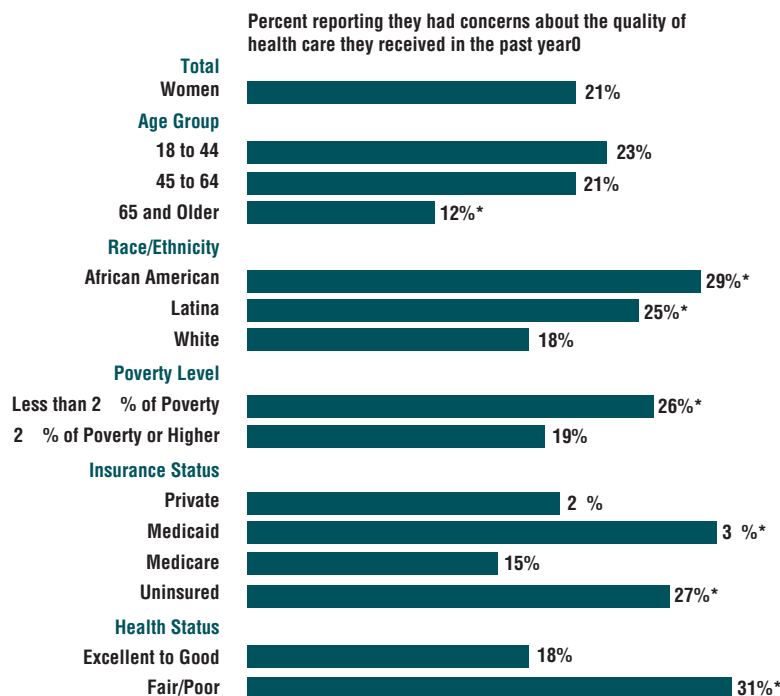
Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Provider information and counseling on health risks remains an important tool to promote health, but its reach is limited. Over half of women (53%) cite health care providers as their primary source of health information, much higher than the Internet (15%), friends and family (16%), and books (7%). However, many women report they have not discussed specific health risks with a health care provider within the past three years. The most frequently mentioned general health counseling was discussion of diet, exercise, and nutrition, with over one-half of women (55%) saying that their doctor asked about these health habits. Next in decreasing frequency are the discussion of calcium to prevent bone loss (43%), smoking (33%), mental health issues, such as anxiety and depression (29%), and alcohol and drug use (20%). Rates of counseling about several of these health issues decline with age, with older women less likely to have discussions with their physicians about these health issues.

Counseling on sexual health topics is also infrequent even among women in their reproductive years. Prevention and treatment of STDs remains a major public health challenge. However, fewer than one in three women ages 18 to 44 report that they had discussed their sexual history (31%), sexually transmitted diseases (28%), or HIV/AIDS (31%) with a health care provider in the past three years. While women of color, particularly African Americans, are at higher risk for HIV/AIDS, less than half of African American women (41%) and Latinas (44%) of reproductive age have discussed the topic with a provider in the past three years. Counseling on other topics, such as domestic violence is even more limited, with only one in 10 women (12%) having spoken to a provider about it and only 14% having ever discussed emergency contraception with a provider.

Exhibit 6g

Concerns About Quality of Care, by Selected Characteristics, Women Ages 18 and Older



Note: 200% of the federal poverty threshold was \$29,552 for a family of three in 2004.

*Significantly different from reference group (45 to 64, White, 200% of poverty or higher, Private, Excellent to good).

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

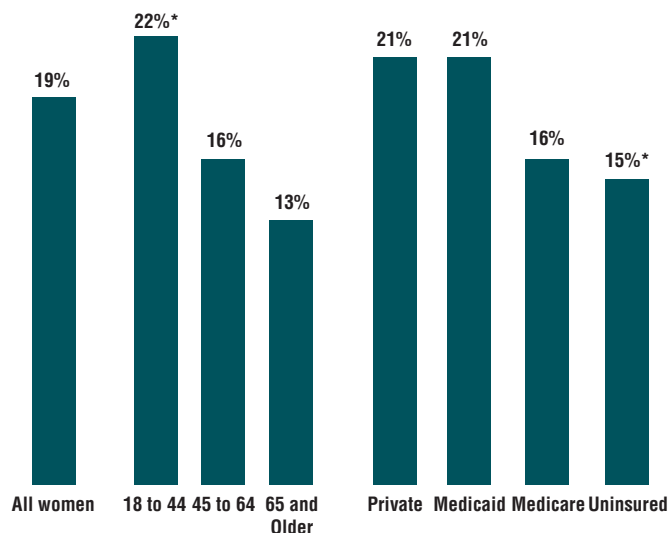
The quality of their own health care concerns a sizable minority of women. In recent years, there has been growing attention to quality of health care and medical errors. Overall, one in five women (21%) have concerns about the quality of the health care they received in the past year. Quality concerns are expressed more frequently by younger and midlife than older women (23% and 21% vs. 12%). In addition, one-quarter of Latinas and three in 10 African American women have quality concerns, rates higher than for white women (18%).

While Medicaid is an important program for poor women, one in three women on this program express concerns with the quality of care they received, a rate higher than privately-insured women and those on Medicare, but similar to those who are uninsured. Another group with concerns about quality are women in fair or poor health, who typically have had many encounters with the health care system. One in three (31%) women in fair or poor health express concerns with quality compared to 18% of women in more favorable health.

Exhibit 6h

Changed Doctors because of Dissatisfaction with Care, by Age Group and Insurance Status, Women Ages 18 and Older

Percent who changed their doctor in the past five years because they were dissatisfied with their care:



*Significantly different from reference group (45 to 64 and Private), $p < .05$.

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

One in five women (19%) changed their doctors within the past five years because of dissatisfaction with care. Younger women (ages 18 to 44) are more likely to change doctors for this reason than older women (65 and older) (22% vs. 13%). Privately-insured women are also more likely to do so than the uninsured (21% vs. 15%), perhaps because the latter are less likely to have a regular provider or the resources to change doctors when dissatisfied.

While concern about quality and dissatisfaction was an issue for a sizable minority of women, paradoxically, most women do not report problems communicating with their doctors. Among women who have gone to the doctor in the past year, only a small percent (5%) report that the doctor didn't take adequate time to answer all questions. Latinas (10%) are more likely than white women (4%) to report their questions were not fully answered (data not shown). Only a small share of women (4%) also say they didn't understand or remember some portion of the information given during a medical appointment (data not shown).