

Patient Insurance and Access to Obstetrics and Gynecology Subspecialists: Findings from a National Mystery Caller Study in the United States

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Introduction

- Timely access to care is a crucial domain of healthcare quality (IOM). Increased intervals between identifying a healthcare problem and treatment are associated with patient dissatisfaction (Fogarty) and increase the risk of poor health outcomes in some patient populations (Pizer).
- Typical new patient wait times are growing across medical specialties, including obstetrics and gynecology.
- Insurance status is one of many factors that may impact a patient's ability to access healthcare in a timely fashion
- Patients with Medicaid are less likely to secure an outpatient primary care appointment than privately insured patients and face longer average wait times for appointments (Chou).
- The increased patient wait time is amplified for subspecialty care, where providers may be less likely to accept Medicaid insurance (Hsiang).
- Audit studies, also known as "mystery caller" studies, are an effective tool for determining appointment availability and evaluating patient experience in accessing care (Rhodes). They have been widely used in the OBGYN literature to assess patient access to services such as contraception (Serpico). However, wait time to access subspecialty care in OBGYN and the impact of insurance type on access is unknown.

Objective

To evaluate the mean appointment wait time for a new patient visit to female pelvic medicine and reconstructive surgery, gynecologic oncology, maternal-fetal medicine, and reproductive endocrinology and infertility when presenting with public versus private insurance.

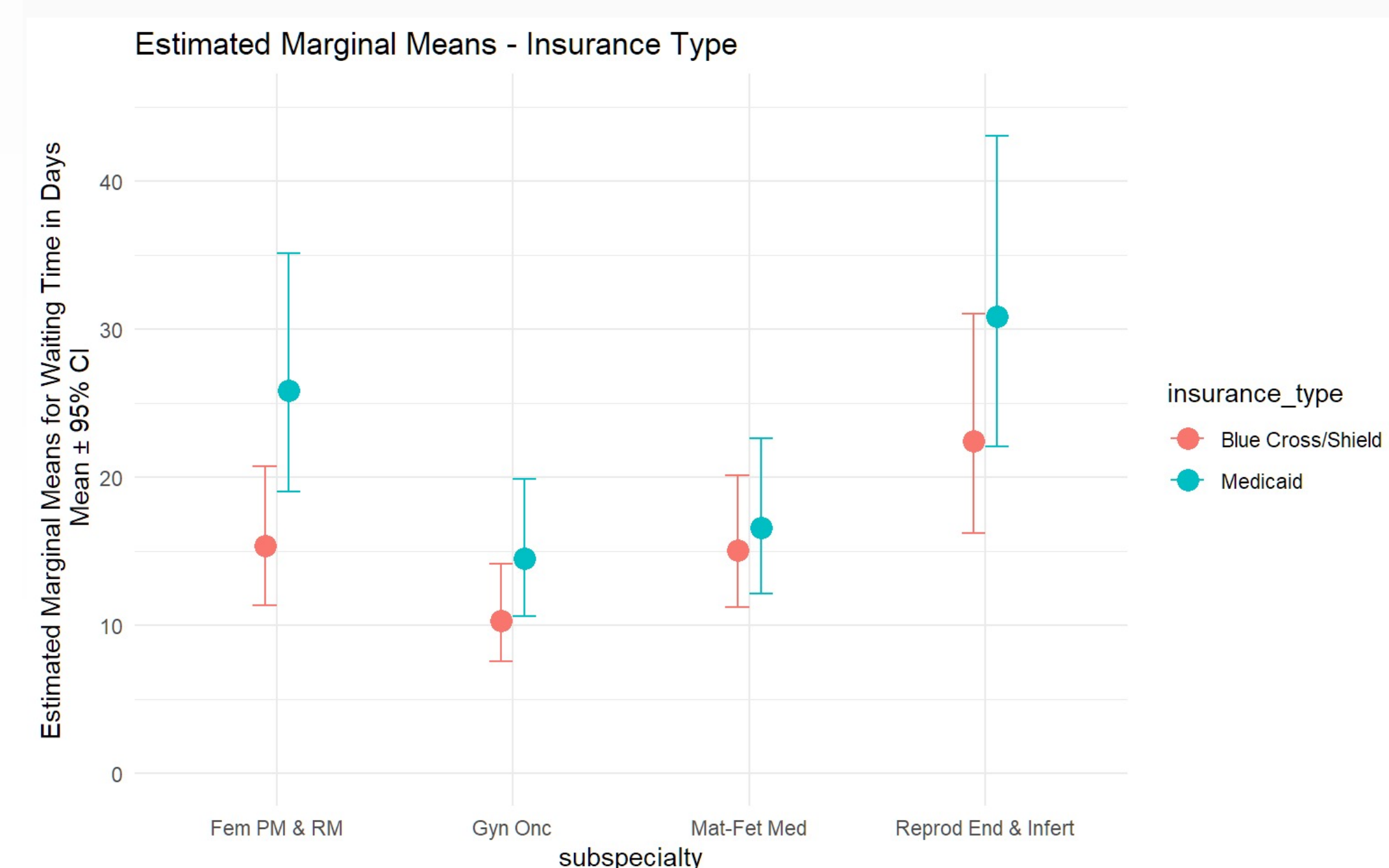
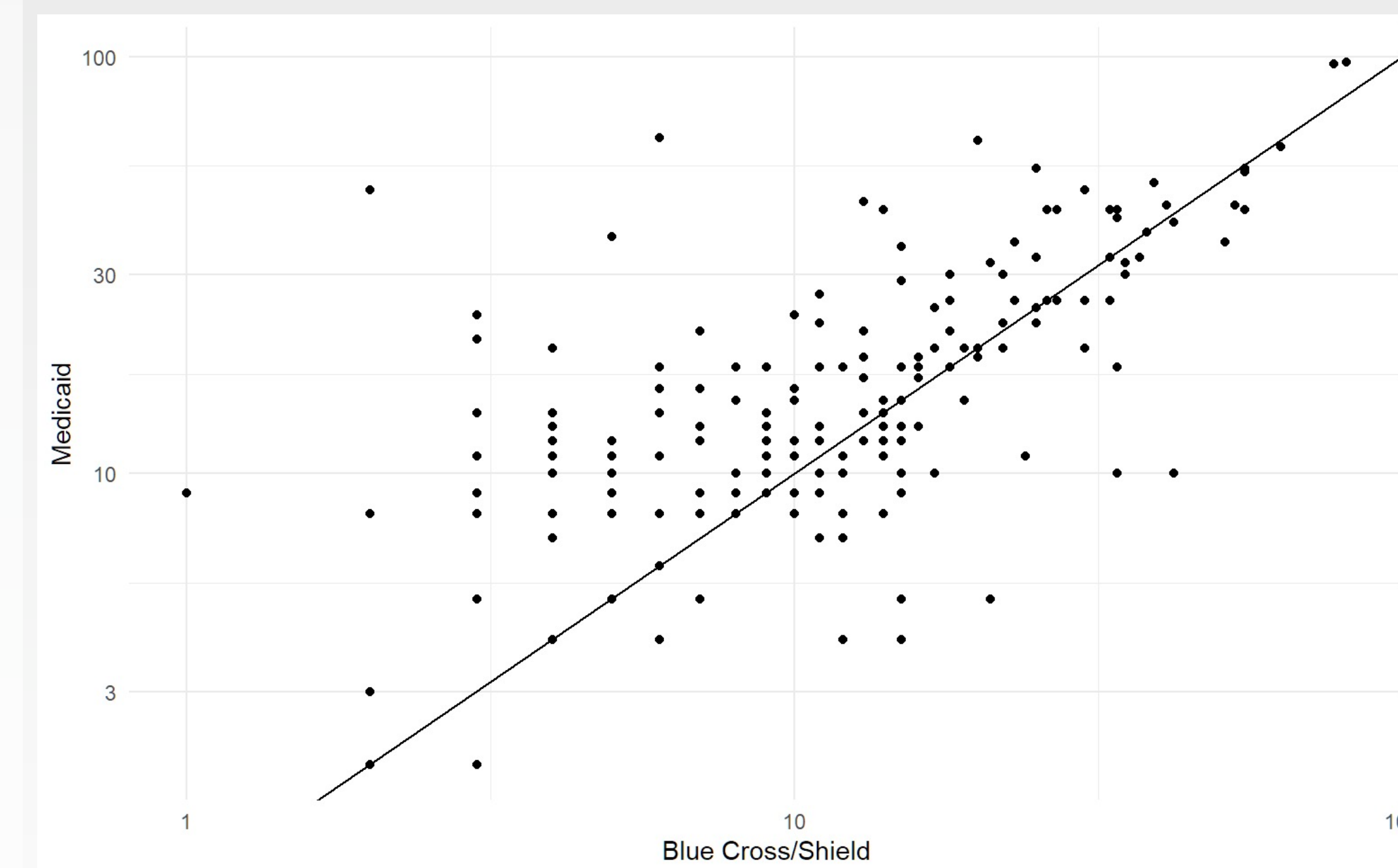
Materials and Methods

- Each subspecialty medical society has a patient-facing physician directory of physicians across the United States.
- Eight hundred unique physicians were randomly selected from the directories -- 200 per subspecialty.
- Each of the 800 individual physicians was called twice. The caller presented with Medicaid or, in a separate call, with Blue Cross/Blue Shield. The order in which the calls were placed was randomized.
- The caller asked for the soonest appointment available for respective medical conditions based on subspecialty: stress urinary incontinence, new-onset pelvic mass, preconceptual counseling for autologous kidney transplant, and primary infertility. Data for each physician were collected, including the date of the soonest appointment and physician demographics.

Specialty Type	Medical Condition	Age	Referral Source	Symptoms
Female Pelvic Medicine & Reconstructive Surgery	Stress urinary incontinence	65 yr	PCP	Leaking when she runs and coughs started five years ago; PCP has tried pelvic floor physical therapy
Gynecologic Oncology	New-onset pelvic mass	65 yr	PCP and ED	Early satiety, pelvic pressure; ED noted unilateral fixed 10cm mass
Maternal-Fetal Medicine	Twin-Twin Transfusion Syndrome	35 yr	PCP	Second-trimester primiparous woman with screening ultrasound showing twin-to-twin transfusion syndrome
Reproductive Endocrinology and Infertility	Primary Infertility	35 yr	PCP	Desires to have a child but unable to conceive after one year of unprotected sex with a partner who has conceived previously.

Results

- Of eight hundred physicians initially contacted, 477 responded.
- The mean appointment wait time was 20.3 (SD +/- 18.6) business days.
- A significant difference was found in waiting times by type of insurance with 44% longer waiting time for Medicaid (ratio = 1.44, 95%CI = 1.34 to 1.54, z = 10.51, p <0.001).
- When the interaction between insurance type and subspecialty was assessed, it was found to be highly significant (p<0.01).
- Medicaid patients in Female Pelvic Medicine and Reconstructive Surgery had a longer waiting time for Medicaid vs BCBS.
- Maternal-Fetal Medicine had the least difference but Medicaid patient waiting times were still longer than BCBS.



Conclusion

- Typically, a woman can expect to wait almost three weeks for a new patient appointment with a board-certified obstetrics and gynecology subspecialist.
- There was a significant difference in wait time for patients with Medicaid public insurance versus private insurance.
- These findings illustrate a potential disparity that exists for Medicaid beneficiaries seeking care with an OBGYN subspecialist.

References

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Acknowledgments

Thank you to Dr. Tyler Muffly for his great mentorship and support and thank you to Marcos Sanches for his statistical support.