A Study of Family Practice in New York City

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The purpose of this study was to describe the family physician's patient population in epidemiologic terms and to elucidate why a person would choose to see a family physician rather than other specialists in an urban area. The patient populations of family practices in New York City are described in terms of their demographic and practice attendance characteristics. Comparing their family physicians with other specialists, the patients rated their family physicians on the 12 aspects of care shown in the literature to be most important to patients in terms of physician consulting behavior (continuity, comprehensiveness, family care, rapport, low cost, convenience, interest, time with patient, support, personalized care, convenience of appointment and follow-up, and waiting time). Family physicians scored significantly better than other specialists on each aspect of care ($P < .0001$).

This study indicates that patients choose to consult family physicians rather than other specialists in New York City because patients view the family physician as performing better than other specialists those aspects of care most important to the patient. There is a need for further study to determine the attitudes of patients seeing other specialists.

Attention has recently been focused on the problems of primary care in the metropolitan New York City area, especially relating to who should provide such care.[1,2] This interest reflects a nationwide concern regarding a real or apparent shortage of primary care physicians,[3] possibly due to their maldistribution.[4]

Although most graduates of family practice residencies in the last ten years have tended to locate their practices in suburban and smaller communities instead of in inner-city locations,[5] family practice does exist in major metropolitan areas of the United States. In the urban environment, family physicians and other specialists coexist, even referring patients to each other.[6] As long as family physicians and other specialists continue to coexist in the urban area, the patient will have the opportunity to make a choice between the family physicians and other specialists. There are advantages and drawbacks for each of these modalities of care. The purpose of this study was to determine why a patient faced with this choice would choose to see the family physician. Whereas almost all of the studies mentioned above dealt with distributional patterns and physicians' attitudes, this study examined the patient's point of view. This is important because it is the patient who is served, and it is the patient who chooses which physician he is to attend.

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Methods

Twenty-three residency-trained board-certified family physicians were reported as living or practicing in Manhattan, which had a population of about 1.4 million people as of the 1980 census[7,8] (and Nicholas Pisicano, Secretary, ABFP, personal communication, July 1982). A more complete study, which included telephone conversations with the physicians, revealed that only five residency-trained family physicians actually practice in Manhattan in practices where the patient may choose his physician (that is, where the patient is not assigned to the physician).

A questionnaire was developed and tested in one physician's office in New York City. The questionnaire was then modified and translated into Spanish. Seventy-five revised questionnaires were distributed to each of the five residency-trained board-certified family physicians in Manhattan; forms were given to the physicians in English and Spanish roughly proportionate to their patient populations. Data were collected between August 15, 1982, and September 15, 1982.

All five of the physicians agreed to participate in the study; however, one of the physicians reported that he was forced to eliminate his practice from the project because of the language difficulties his patients experienced with the survey questionnaire (this was a practice in New York's Chinatown). This reduced the final number of participating physicians to four, and the total number of practices to three (two of the physicians practiced together).

The practices will be referred to as 1, 2, and 3. Practice 1, located in Greenwich Village, and practice 3, located in Northwest Harlem, were each solo practices; practice 2, located in East Greenwich Village, contained the two family physicians practicing together. Practice 1 was the test site of the questionnaire. None of the patients at practice 1 spoke Spanish exclusively, 20 percent of those at practice 2 spoke Spanish exclusively, and 65 percent of those patients at practice 3 spoke Spanish exclusively.

The survey form was distributed to consecutive patients agreeing to complete the questionnaire, and only one was filled out per family. The questionnaire was handed to the patient by ancillary personnel and completed by the patient while awaiting treatment.[9] The remainder of the survey form was completed by either the physician or his receptionist following the patient's visit. All forms completed by September 15, 1982, are included in the results.

The survey questionnaire included three sections to be completed by the patient. The first part dealt with patient demographic characteristics and the second part with practice attendance characteristics, and to some extent with patient attitudes. In the third part of the questionnaire, the patients rated their family physician, in comparison with other specialists, on 12 aspects of care (continuity, comprehensiveness, family care, rapport, low cost, convenience, interest, time with patient, support, personalized care, convenience of appointment and follow-up, and waiting time). Continuity of care was defined as care through the years for various medical needs, and comprehensiveness of care was defined as care by one physician for all medical needs.

Results

The mean age of the patient population in the four practices was between 30 and 45 years, and the majority of the patients at each practice were female. Practices 1 and 2 were predominantly white, whereas practice 3 was predominantly black. The largest religious group at each practice was Christian. The mean income level at practice 1 was shown to be greater than those at the other practices; however, a majority of patients at each practice earned below $25,000 annually, and compared with patients at practice 1, four times as many at practice 2 and twice as many at practice 3 earned less than $5,000 annually.

Less than one half of the patients at any practice lived with a spouse, and the average number of children and others in the household was always low. Practice 1 had patients with a higher average educational level than the other practices. In fact, 17 percent of those patients at practice 1 had attained a professional degree, whereas no patient at any other practice had done so.

Most patients lived near their family physician. Most patients visiting their physician knew that he was a family physician and visited him for that reason. The greatest percentage of all patients

Table 1. Patient Practice Attendance Characteristics

	Family Practice Group 1 n=70 (%)	2 n=21 (%)	3 n=22 (%)
Would see family physician rather than another specialist for			
Minor medical illness (eg, cold, flu)	95	100	100
Major medical illness (eg, heart disease)	28	53	53
Minor surgery (eg, laceration, cyst removal)	74	87	95
General medical care for child	77	73	87
Care for child following a fit or convulsion	61	45	53
Unusual vaginal bleeding	35	54	71
Would recommend family physician to			
Family and friends with same medical problem	97	100	100
Family and friends in general	83	87	100

were referred to their family physician by a friend or relative, whereas a sizable proportion at practices 1 and 2 were referred by another physician. There was a wide range of consulting behavior in regard to whether patients saw their family physician for all medical needs (eg, only one half of the patients at practice 1, but all of the patients at practice 2, saw their family physicians for all medical needs). At practices 1 and 2 less than one half of the patients' families saw the same family physician, but at practice 3 this proportion was over 80 percent. Few patients sought a second opinion after seeing their family physician; however, at practices 2 and 3 the majority of patients often consulted their family physician for a second opinion on a medical matter.

Table 1 shows the extent to which the patients in the three practices prefer to see their family physician rather than another specialist. Almost all patients would recommend their family physician to friends and family, either with the same medical problem for which they sought care, or in general.

The aspects of care were tabulated for all practices as a group (Table 2). The *t* test results indicate that family physicians scored significantly higher than other specialists on each aspect of care.

Discussion

Other studies of family practice in the urban area have examined demographic, attitudinal, and patient attendance characteristics, but they have studied different patient populations than seen in this project,[10,11] or have examined the patients of non-residency-trained family physicians.[12] The outcomes of these studies all indicate an overwhelmingly positive response to family practice in the urban area.

This study was limited to residency-trained board-certified family physicians, as these are true specialist family physicians, not general practitioners with a new name. The age, sex, race, religion, occupation, income, education, and size of household variables were all significantly different for the three practices in Manhattan. Even with these differences in demographic data, indicating that these are three different settings, most pa-

Table 2. Ratings of Family Physicians vs Other Specialists on Aspects of Care*

	Percent Better	Percent Same	Percent Worse
Continuity of care (n=96, t=27.13)	79	20	1
Comprehensiveness of care (n=96, t=26.51)	74	25	1
Care for the whole family (n=88, t=25.01)	84	14	2
Rapport with one physician (n=97, t=33.44)	88	12	—
Low cost (n=89, t=21.49)	66	27	7
Convenience (n=95, t=25.35)	78	20	2
Interest shown in patient (n=97, t=30.29)	82	18	—
Time spent with patient (n=94, t=27.63)	73	27	—
Emotional support in illness (n=92, t=27.54)	75	25	—
Personalized care (n=95, t=29.43)	81	19	—
Convenience of appointment and follow-up (n=95, t=26.21)	71	28	1
Waiting time (n=95, t=26.40)	56	42	2

*t Tests performed on each of above aspects of care reveal ratings of family physicians as significantly better in those aspects of care than other specialists ($P < .0001$)

tients seem to be of a similar attitude toward family practice.

Most patients indicated that they use their family physician for primary medical care, but at two of the practices less than 40 percent of the patients reported that most of their families also see their family physician, whereas at one practice, 86 percent did so.

The patients have shown by their responses to the questions on aspects of care their preference for family physicians over other specialists. As these aspects of care have been shown in numerous studies to represent those qualities that are most important to patients in choosing a physician,[9,10,12-19] it can be inferred from the results of this study that patients choose to attend family physicians rather than other specialists in the urban area because patients view the family physician as performing better than other specialists those aspects of care most important to the patient.

This study focused on the attitudes of family practice patients only. It would be desirable to compare the attitudes of patients of internists, pediatricians, obstetrician-gynecologists, and even surgeons and psychiatrists with those of patients of family physicians, and to determine whether the patients of these other specialists in the urban area view their physician as performing better than family physicians the aspects of care studied. This comparison would broaden the horizon of knowledge relating to why patients in the urban area choose to see either a family physician or another

specialist, as at the present only one facet of this question is known.

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References

1. Sullivan R: City hospitals plan to stress basic care in affiliate pacts. The New York Times, August 2, 1982, p B1
2. Caring about health care, editorial. The New York Times, August 6, 1982, p A22
3. Janeway C: Family medicine—Fad or for real? N Engl J Med 291:337, 1974
4. Roddy PC: Need-based requirements for primary care physicians. JAMA 243:355, 1980
5. Black RR, Schmittling G, Stern TL: Characteristics and practice patterns of family practice residency graduates in the United States. J Fam Pract 11:767, 1980
6. Lawrence DA: Sources of patients in the first two years of solo urban family practice. J Fam Pract 5:867, 1977
7. 1982 Diplomate Directory. Lexington, Ky, American Board of Family Practice, 1982
8. Medical Directory of New York State, vol 57, 1980-81. Lake Success, NY, Medical Society of the State of New York, 1980
9. Brown DA: Patient acceptance of an operational family practice clinic: An alternative method of health delivery to families of deploying units. Milit Med 145:709, 1980
10. Satcher D: Study in Watts. Family practice for the inner city: What consumers expect. Urban Health 5:36, 1976
11. Satcher D, Kosecoff J, Fink A: Results of a needs assessment strategy in developing a family practice program in an inner-city community. J Fam Pract 10:871, 1980
12. Hyatt JD: Perceptions of the family physician by patients and family physicians. J Fam Pract 10:295, 1980
13. Pellegrino ED: Expectations for family medicine. J Med Educ 47:356, 1972
14. Stephens GG: Reform in the United States: Its impact on medicine and education for family practice. J Fam Pract 3:507, 1976
15. Locker D, Dunt D: Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. Soc Sci Med 12:283, 1978
16. Schroeder RE: Satisfaction of patients in two Air Force family practice programs. J Fam Pract 4:731, 1977
17. Fergusson DM, Beautrais AL, Shannon FT: Maternal satisfaction with primary health care. NZ Med J 94:291, 1981
18. Dimatteo MR, Hays R: The significance of patients' perceptions of physician conduct: A study of patient satisfaction in a family practice center. J Commun Health 6:18, 1980
19. Bertakis KD: Does race have an influence on patients' feelings toward physicians? J Fam Pract 13:383, 1981