

# Primary Care Physician Attitudes About Gatekeeping

Kathleen E. Ellsbury, MD, MSPH, Daniel E. Montano, PhD, and Donna Manders, MPH  
Seattle, Washington

Little has been published about physician attitudes toward gatekeeper-based, capitated health care systems. In such systems physicians generally receive a fixed "capitation" per month for the care of patients assigned to them for coordinating, and to some degree, controlling access to care for those patients. The gatekeeper issue has been the subject of much debate within physician organizations. Advantages mentioned include increased physician cost-awareness and increased practice volume.<sup>1,2</sup> Disadvantages include potential alterations in practice patterns and practice income, perpetuation of a multi-tiered, hierarchical system of health care delivery, and questionable long-term viability of gatekeeper-based systems.<sup>3-16</sup> There is little information in the literature, however, about the depth and range of such physician opinions about the gatekeeping role. The purpose of this report is to describe the major issues identified by the primary care physicians interviewed and to report anecdotal information about the variation in opinion regarding the complexities of these issues.

## METHODS

A total of 22 primary care physicians in the Seattle metropolitan area were asked to participate in this interview study; 18 agreed to participate, and four refused. Ten of the 18 physicians (nine family physicians and one general internist working closely with family physicians) were selected from a list provided by the medical directors of two gatekeeper-based network model family practice clinics. The physician administrator for the health maintenance organization with which these clinics were associated was asked to provide the investigators with names of clinics representing a range of physician experience and opinion

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*From the Department of Family Medicine, University of Washington School of Medicine, Seattle, Washington. Requests for reprints should be addressed to Dr. Kathleen E. Ellsbury, Department of Family Medicine, RF-30, University of Washington, Seattle, WA 98195.*

about the gatekeeper role. The medical directors of these clinics were contacted by letter and telephone to set up appointments to speak with one or two physicians in their offices. In addition, eight physicians were selected from the county medical directory at random and interviewed. The physicians interviewed comprised 12 men and six women, with a mean age of 41 years, a mean of four prepaid plan contracts per physician, and a mean of 7 percent of each physician's practice consisting of prepaid patients. The interviews were designed to elicit information about physician demographic data and physician understanding of various aspects, advantages, and disadvantages of the gatekeeper role. Interviews took 30 to 60 minutes to complete, and were in most cases conducted in the physicians' offices. Confidentiality and anonymity were assured. Transcribed interviews and notes were then analyzed for content. In this analysis the number of times a certain belief was expressed was noted, and the frequency with which physicians expressed a certain attitude was used to assign priorities to physician beliefs. Comments made more frequently during the interviews were assigned a higher priority.

## RESULTS

Physicians interviewed in this study identified three primary functions that characterize the gatekeeper role:

1. Entry point into the health care system. This area is usually related to screening, with the physician serving as point of first contact, giving advice regarding need for referral, and authorizing specialty and ancillary services.
2. Cost containment. This area was usually described as one in which the physician functions to limit unnecessary services, control access to services, monitor health care costs, and ration services.
3. Coordination care. In this area physicians function to assist with efforts to achieve continuity of care, and to interpret and coordinate test results and consultants' advice.

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**Advantages**

The following advantages of gatekeeper-based capitated systems were perceived by physicians in decreasing order of frequency mentioned during the interview:

1. Reduction of unnecessary utilization of services
2. Better coordination of patient care, including advice regarding referrals and specialty care
3. Increased importance of the primary care role in health care, although many physicians acknowledged the compromises inherent in such an arrangement and felt that some patients perceived a lack of choice because either their employer offered no alternative coverage or the alternatives were too high-priced to be affordable
4. Increased practice volume, although most physicians had not noted a large influx of new patients, and felt that the administrative time spent on managing prepaid patients' care did not make up for the small financial benefit realized
5. Decreased health care costs and health insurance premiums for patients
6. Improved continuity of care, although many felt that primary care physicians could naturally provide this service and had done so for many decades
7. Improved quality of patient care, usually related to coordination and continuity of care
8. Better coverage of preventive series, although some physicians felt they might decrease their prevention efforts in capitated plans

Other advantages mentioned were decreased paperwork for patients and increased complexity in the type of problems managed by the primary care physician, although some physicians perceived the latter as a disadvantage and potential liability risk.

**Disadvantages**

The following disadvantages of gatekeeper-based systems were perceived by physicians in decreasing order of frequency.

1. Threat to the physician-patient relationship, in which an adversarial relationship is created between patients and physicians, with difficulties arising from determining what is medically necessary, conflicts over the necessity of specialty referrals, disagreements over the necessity for benefits promised by marketing programs, and unrealistic patient expectations
2. Reduced patient access to health care, usually related to decreased access to specialists and to services patients might desire but not need

3. Increased time spent on administration, either personally or by the office staff working for the physician
4. Potential financial risk to the practice resulting from inadequate capitation for health care needs of enrollees
5. Perceived loss of physician control and autonomy as many felt that control was now centered with corporations, particularly insurance companies
6. Emotional discomfort in the gatekeeper role, variously experienced as anger, stress, anxiety, frustration, feeling put in a position of "conflict of interest," feeling that physicians are placed in an adversarial relationship with patients
7. Loss of continuity resulting when patients must switch physicians when they enroll in the plan
8. Temptation for physicians to skimp on prevention and quality, as preventive efforts of long-term benefit were seen as potential areas for cutting expenditures
9. Threat to relationships with colleagues both within and outside a physician's practice
10. Increased liability risk, not a common sentiment, as no one mentioned any actual cases related to gatekeeping, but a source of some anxiety

Other disadvantages mentioned included the tendency of some plans to exclude medical groups with fewer than the plan-defined minimum number of physicians, the failure of prepaid plans to address the question of the underserved and unemployed, difficulties patients encountered in obtaining enough information to select a primary care physician, and difficulties physicians encounter in assessing the qualifications of consultants authorized by a plan.

When asked what might facilitate their roles as gatekeepers, physicians mentioned several features, which are ranked in order of priority in Table 1. Most of their suggestions related to information management, communication skills, or improved reimbursement.

**COMMENT**

Conclusions are difficult to draw from such a small sample in one geographic area. The physicians' comments were at times eloquent, convincing, and provocative, and reflect opinions similar to those expressed in the few articles published on the subject.

Nearly all primary care physicians interviewed held mixed feelings about their role as gatekeepers in capitated health care plans, reflecting the ambivalence surrounding the role. Even their definitions of the term *gatekeeper* identified both negative and positive aspects. Although they supported the reduction of unnecessary services, the increased coordination and continuity of care, and the em-



**TABLE 1. FACTORS DESCRIBED BY EIGHTEEN PRIMARY CARE PHYSICIANS IN PRIVATE PRACTICE AS HELPFUL IN THE GATEKEEPER ROLE**

Factor	Ranking by Physicians
Patient education regarding benefits	1
Financial rewards for effective case management	2
Protocols for management of common clinical problems	3
Intermediate person to handle such tasks as denial of benefits and determination of whether a service is medically necessary	4
Larger capitation for enrollees more likely to use services	5
Useful performance reports for physicians	6
Co-payments or deductibles	7
Adequate selection of approved consultants	8
Targeted marketing toward low-risk populations	9
Training in case management skills	10
Easily accessible information about coverage of services	11

phasis on the primary care role, they saw potential threats to the physician-patient relationship and to quality of care. Furthermore, many perceived several personal drawbacks in the role related to loss of autonomy, loss of control, and emotional discomforts. The distress perceived by some physicians over the role seemed exaggerated, considering the small proportion of prepaid patients in each physician's practice, but that distress may represent the physicians' reaction to many significant changes in the health care system in recent years and to the potential for further significant change in competitive health care markets.

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