

Department of Research Abstracts

CHANGES IN PEDIATRIC SUBSPECIALTY REFERRAL PREFERENCES AND SATISFACTION WITH SUBSPECIALTY CARE: 1997-2007 Mary E. Rimsza, Richard Shugerman, Scott Shipman, William Cull, Karen O'Connor, Beth Pletcher.. Pediatrics, University of Arizona, Tucson, AZ; Pediatrics, University of Washington, Seattle, WA; Pediatrics, Dartmouth Medical School, Lebanon, NH; Research, American Academy of Pediatrics, Elk Grove Village, IL; Pediatrics, New Jersey Medical School, Newark, NJ. **Presented at the 2008 Pediatric Academic Societies Annual Meeting.**

Background: Changes in the referral patterns of primary care pediatricians (PCPs) over time may provide important information on the availability of pediatric specialists (PSs) and changes in PCP practice due to medical liability concerns, reimbursement, workload or other factors.

Objective: To compare PCPs' subspecialty referral preferences for specific medical conditions and overall satisfaction with their patients' specialty care in 1997 and 2007.

Design/Methods: Responses to a random sample survey of AAP members conducted in 1997 (N = 1632, response rate = 74%) and 2007 (N = 1605, response rate = 56%) were analyzed. Responses by PCPs on subspecialty referral preferences for 5 clinical scenarios in 1997 (n=656) were compared with responses to the same scenarios in 2007 (n=600). PCPs also rated their overall satisfaction with the subspecialty care received by their patients. A multivariate logistic regression model was used to control for possible changes across survey years in pediatrician characteristics including age, gender, practice location, practice type, and hours worked.

Results: There was a significant increase in the percentage of PCPs who would refer children to specialists most or all of the time for otitis media with effusion (55% versus 85%, $p=.000$), new onset diabetes (76% versus 96%, $p = .000$), and management of severe acne (77% versus 90%, $p = .000$) from 1997 to 2007. Survey year remained significant within the multivariate models (otitis media, OR = 5.5, 95% CI = 3.7 to 6.8; diabetes, OR = 7.8, 95% CI = 4.8 to 12.7; severe acne, OR = 2.7, 95% CI = 1.9 to 3.9). There has been no change in referral patterns for buckle fractures (75% versus 77%) or flow murmurs (19% versus 20%). Overall, PCPs in 2007 were less likely (71%) than PCPs in 1997 (86%) to report that they were moderately or completely satisfied with the subspecialty care that children in their practice receive (OR = .39, 95% CI = .29 to .53).

Conclusions: PCPs have significantly changed their referral patterns. The reasons for this change require further investigation but may reflect changes in perceived medical liability, reimbursement, PCP workload, availability of specialists and/or the content of residency training. PCPs are also less satisfied with the subspecialty care that their patients receive in 2007. These findings have important implications for future workforce and educational needs of PCPs and PSs.

