

Physician Gender Dynamics in the Exam Room – Does it have an impact for patient outcomes?

Author Listing:

Lauren Briggs, Erin Culp, Shannon Sysko, Dmytro Byelmac
Verilogue, Horsham, PA, USA

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Introduction:

A recent study published in JAMA Internal Medicine, titled *Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians*, found that patients 65 years or older hospitalized for a medical condition had lower 30 day mortality rates and fewer readmissions when treated by female hospitalists as opposed to males. This quantitative analysis suggests that differences in practice patterns may have significant implications for patient outcomes.

Objective:

The purpose of this research is to explore the conversational differences, both quantitative and qualitative, in the way female and male primary care physicians approach patient care.

Methodology:

Using Verilogue’s database of over 120,000+ real physician-patient in-office conversations as a starting point, we narrowed our sample set to include 400 randomly selected conversations from Primary Care Physicians (PCPs) and their Type II Diabetes (T2D) patients:

Conversation Count: **400** total conversations

Unique Physician Count: **40** total PCPs

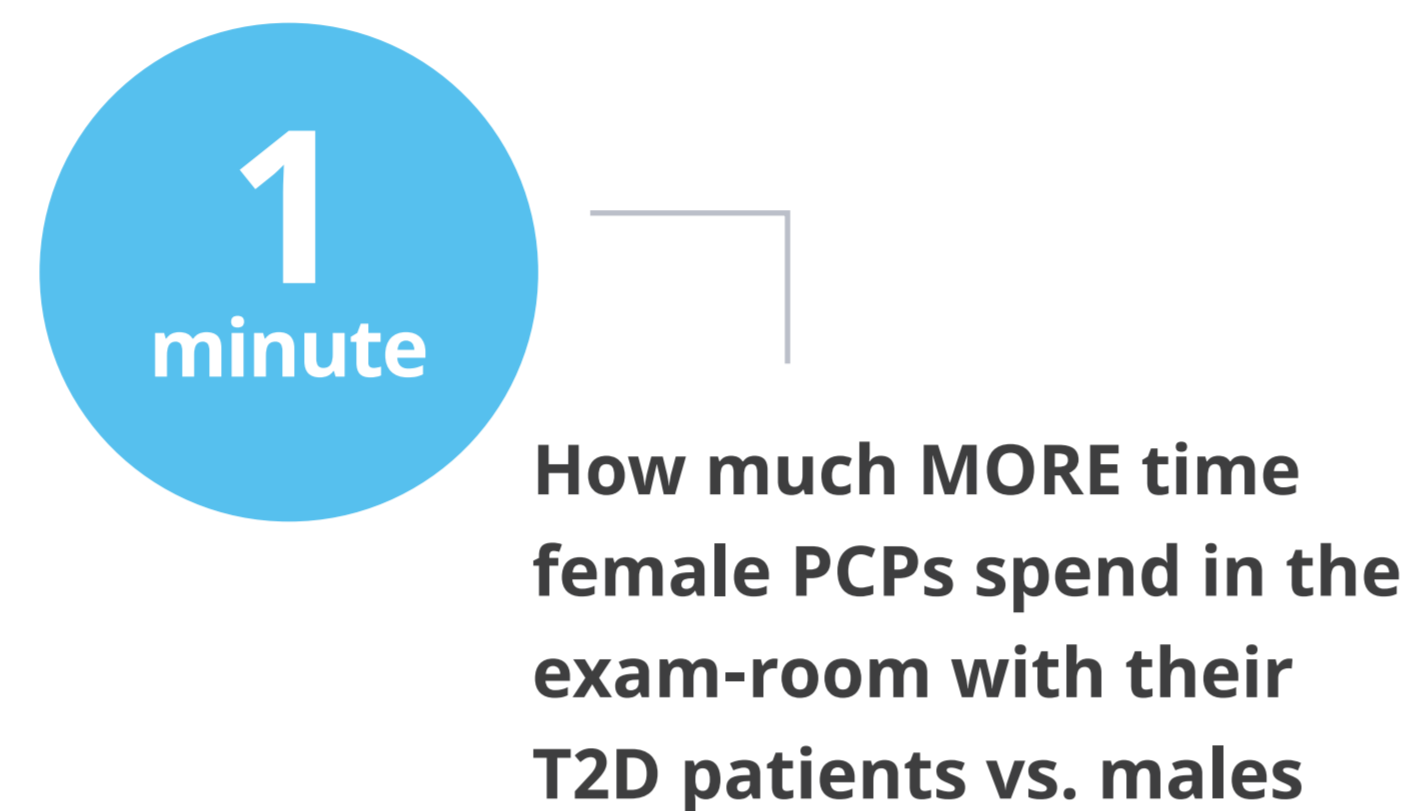
200 conversations (Male PCP) | **200** conversations (Female PCP)



Each PCP has 10 conversations in the total sample

Verilogue used this sample set to assess the following conversational attributes and identify what, if any, differences emerge between male and female Primary Care Physicians: Conversation length, participant floor time, quantity of patient questions and preventative lifestyle discussion (relating to weight, diet, and exercise).

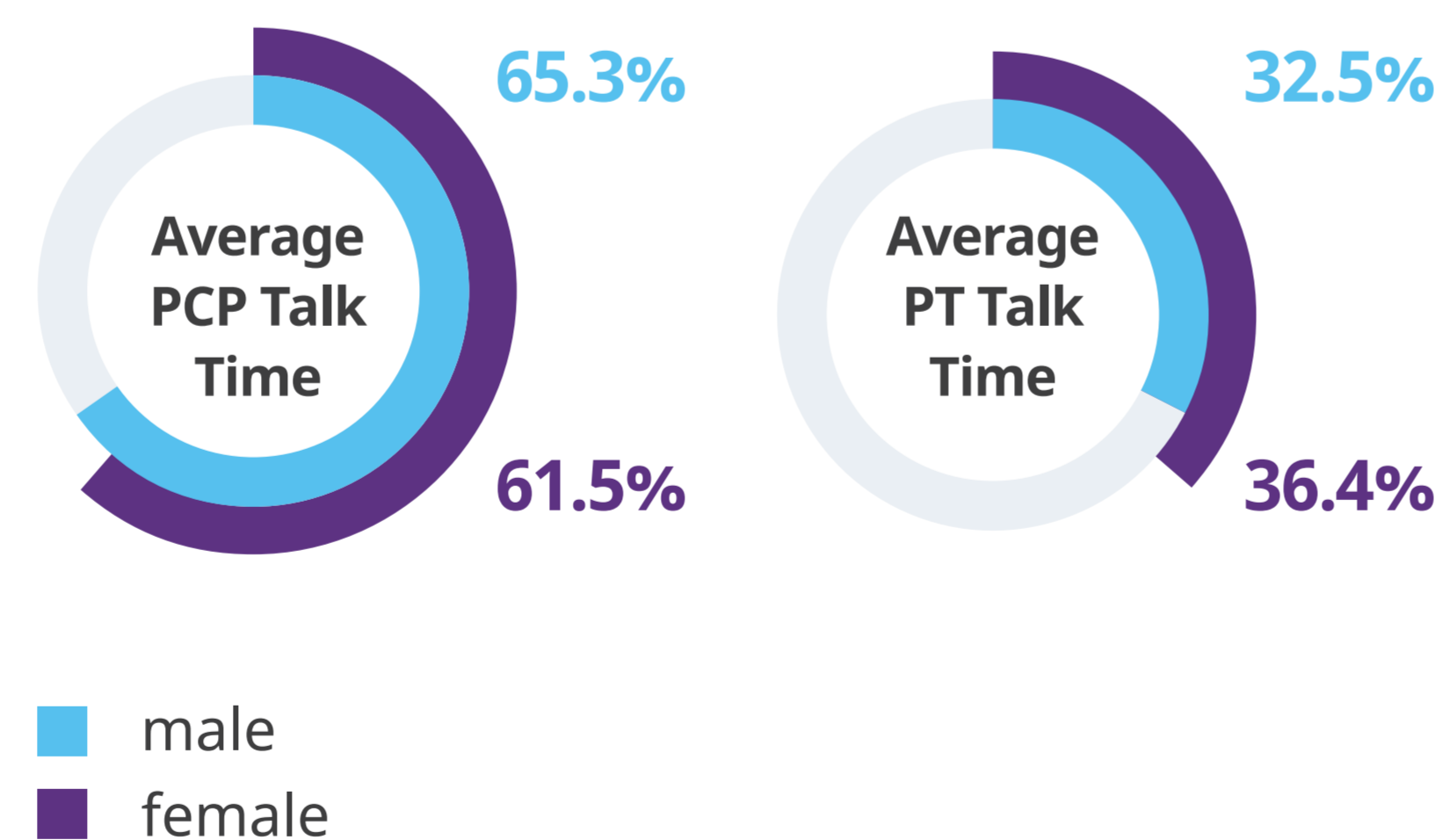
Key Findings:



Conversations between patients and female PCPs indicate increased patient participation during the visit. Specifically:

Patients occupy **4%** more of the “conversational floor” with female PCPs

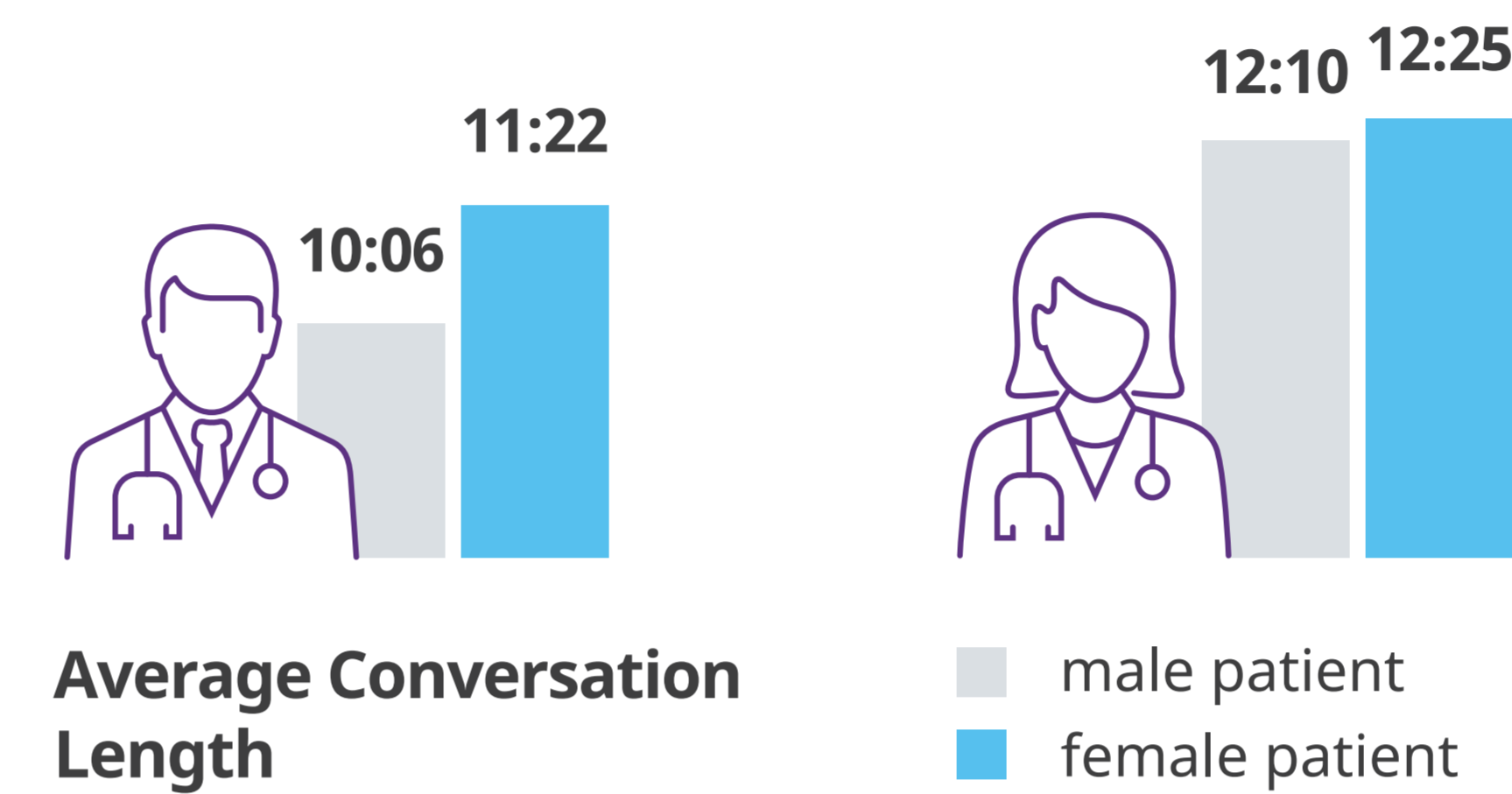
Patients ask an average of 1.5 more questions with female PCPs



Preventative Discussion:

In looking at how often male and female PCPs discuss lifestyle and preventative management associated with T2D (for example: importance of diet and exercise), the frequency of discussion is fairly similar

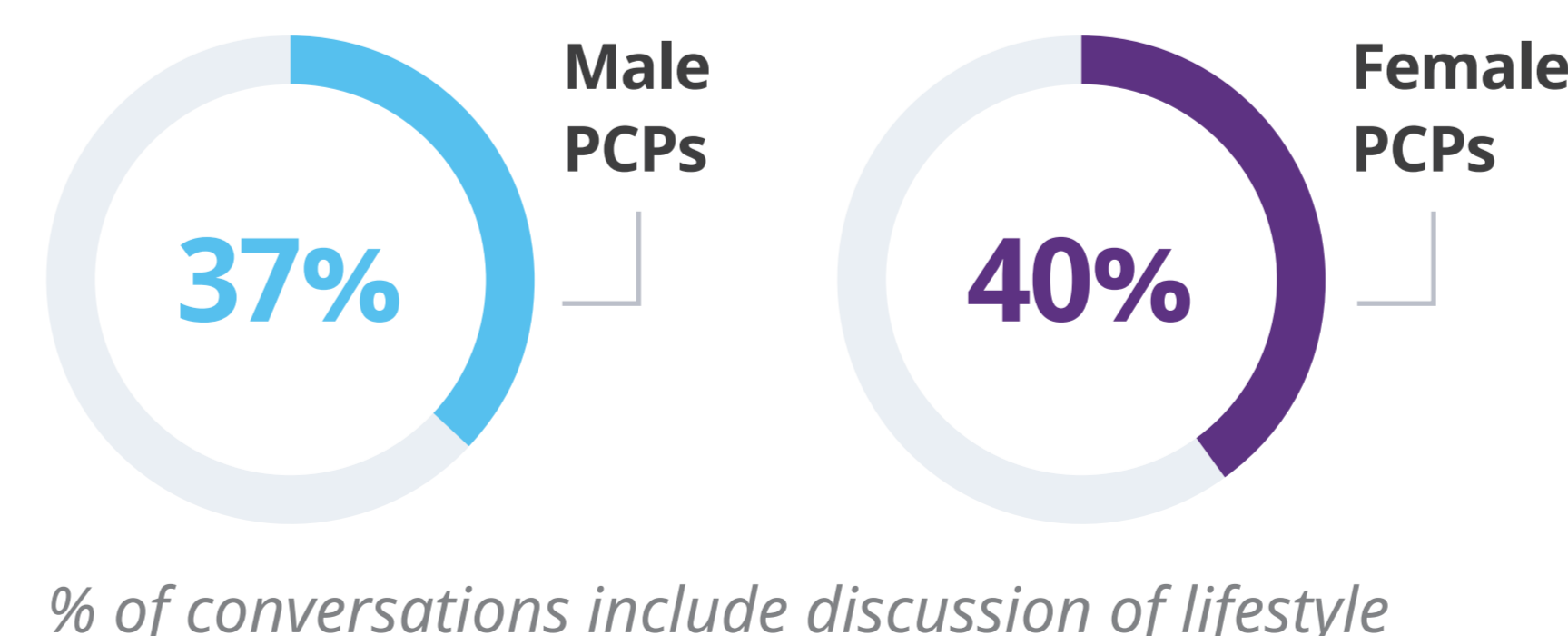
Breakout of conversation length by gender dyad



Gender	Average # PT Questions
Male PCP	4.78
Female PCP	6.36

The most common types of questions patients ask their PCPs in the exam room include: disease stability, treatment logistics, and cost and coverage

- PT:** What’s A1c mean?
- PT:** If I feel like I’m doing better, I mean would there be a possibility of me getting off the insulin?
- PT:** Can you put me on something cheaper?



Conclusions:

Patient behaviors like talk time and question-asking suggest that female PCPs’ communicative choices, in addition to longer visit length, support opportunities for increased patient participation in the exam room when compared to visits with male PCPs. Furthermore, although the difference is small, female PCPs tend to discuss lifestyle and preventative management more often than their male counterparts, a behavior that may have a significant impact on patient outcomes and future disease management. Future research should compare communicative behaviors of both physicians and patients with outcomes data to characterize the impact of aspects such as listener behavior, open-ended questions, and story-telling – commonly identified “best practices” in doctor-patient communication – on objective clinical markers and outcomes in order to truly understand the relationship between language and medicine.

References:

Tsugawa, Y., Jena, A.B., Figueroa, J.F. (2017). *Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians*. JAMA Internal Medicine, 177(2), 206-213.

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Poster contact:

Lauren Briggs
lauren.briggs@verilogue.com
215.394.0374

For more information about Verilogue, please visit:

<http://www.verilogue.com>

