

# Do Internists and Family Practitioners Have Differing World Views?

Variations in the Diagnosis and Management of the Same Patient with Heart Disease

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## Background

- Variations in the processes and quality of medical care in the U.S. have been extensively documented and are a major concern for health services researchers and policy experts.
- There are documented variations between medical specialties.
- However, variations within a medical specialty, such as differences between internists and family practitioners within primary care, have received considerably less attention.

## Objectives

- Are there any differences between internists and family practitioners in their suggested diagnoses and level of diagnostic certainty when encountering exactly the same "patient"?
- Are there any noteworthy differences in the management of disease between internists and family practitioners?

## Methods

Two filmed vignette studies of decision making for symptoms of Coronary Heart Disease (CHD).

- Actors portray "patients" with identical signs and symptoms of CHD.
- Random sample of internists (n=175) and family practitioners (n=192) were asked how they would diagnose and manage the "patient".
- Physician participants must be seeing patients > 50% of time.
- Equal numbers of physicians were enrolled by gender and clinical experience.

## Findings

How did the internists and family practitioners in our sample differ?

	Family Practitioner n=192	Internal Medicine n=175	P-value
<b>Physician Characteristics</b>			
<b>Physician Gender</b>			
Male	94 (49.0%)	88 (50.3%)	0.80
Female	98 (51.0%)	87 (49.7%)	
<b>Physician Experience</b>			
≥ 22 years	82 (42.7%)	98 (56.0%)	0.01
≤ 12 years	110 (57.3%)	77 (44.0%)	
<b>Practice Setting</b>			
Solo private practice	31 (16.1%)	27 (15.4%)	0.85
Small group private	40 (20.8%)	49 (28.0%)	0.11
Large group primary care practice	9 (4.7%)	24 (13.7%)	0.003
Hospital-based group	32 (16.7%)	29 (16.6%)	0.98
Community health center	31 (16.1%)	17 (9.7%)	0.07

- The internists in our sample were slightly more experienced than family practitioners.
- The internists were more likely to be practicing in a larger group primary care practice.

Are there any differences between internists and family practitioners in their suggested diagnoses and level of diagnostic certainty when encountering exactly the same "patient"?

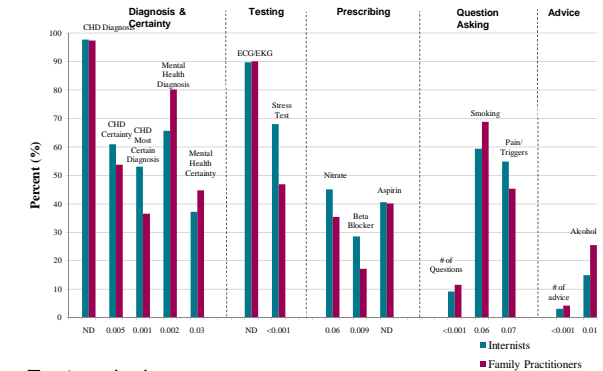
- There were no differences between internists and family practitioners in achieving the correct diagnosis (97% for both internists and family practitioners).
- Internists were more certain about the correct diagnosis of CHD.
- Family practitioners were more likely to diagnose a mental health issue than internists and were more certain about this incorrect diagnosis.

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The effect of primary care specialty on decision making for a "patient" with signs and symptoms of CHD (n=367).



### Test ordering

- Internists were more likely to order a stress test.

### Prescribing

- Internists were more likely to prescribe beta blockers and nitrates.
- Both physician groups were equally likely to prescribe aspirin therapy.

### Question asking and advice

- Family practitioners asked more questions on average.
- Internists were more likely to ask questions about pain and triggers.
- Family practitioners gave more lifestyle advice on average.

## Conclusions

- Clear variations are evident in the way internists and family practitioners would manage the "patient" they encountered.
- Such variations may reflect fundamental differences in the "disease" model used by the two primary care professional groups (bio-psychosocial vs. patho-physiological).
- The question of training and socialization to a disease model in diagnostic accuracy and certainty is an essential, and often overlooked, element of medical care.



### Signs/Symptoms of CHD Embedded in the clinical vignette

Chest pain described as:

- Worsening with exertion
- Relieved by rest
- Brought on by a stressful situation

Pain in the back between the shoulder blades

High blood pressure

"Levine fist" clenched fist to the sternum