The Percentage of Family Physicians Attending to Women’s Gender-Specific Health Needs Is Declining

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Access to care is critical for the reproductive and preventive health of women. Gynecologic complaints are among the most common in women of reproductive age and 3 of the top 10 sites of cancer occurrence among the US population are specific to women. The reported percentage of preventive women’s health visits provided by family physicians (FPs) has remained relatively stable, rising from 18.6% in 1995–1996 to 20.3% in 2007. FPs have an important role in caring for women, particularly in many rural and underserved areas.

We used American Board of Family Medicine (ABFM) diplomate demographic data from 2003 to 2009 (n = 7832, 9600, 7879, 8263, 9507, 9692, and 9558, respectively) to explore recent trends in the provision of women’s health care by FPs. We calculated the proportion of FPs self-reporting actually delivering women’s health care across the study years. The percentage of FPs attending to the special needs of women has declined steadily, not only in urban areas, but also in rural and primary care Health Professional Shortage Areas (HPSAs) (trend lines, \( P < 0.0001 \)), from a national average of 73% in 2003 to 51% in 2009 (Figure 1).

Given the geographic maldistribution of gynecologists across the nation, FPs play an important role in women’s health care. The training and distribution of FPs makes them essential for providing care for American women. Factors leading to the decline are multifaceted. However, although family medicine residents are required to complete at least 1 month of a structured Women’s Health curriculum, 40% of family residency programs were cited for not meeting minimum hourly requirements in this curricular element in 2002. Without the availability of comprehensive services for women, the mere presence of primary care clinicians will not ensure adequate availability and accessibility of primary care for this population. Any strategy to ensure high-quality, specialized care for American women now and in the future must address the issue of the declining number of FPs providing this care and the need to increase and enhance comprehensiveness of primary care.
References


