

POLICY BRIEF

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

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As the largest and most widely distributed of primary care physicians, family physicians have an important role in providing women's health care, especially in rural and underserved areas. The proportion of family physicians who are attending to women is declining. Policy intervention may be needed to help family physicians maintain the comprehensiveness of care necessary to address the wide range of medical problems of women they encounter within their practices. (J Am Board Fam Med 2012;25:406–407.)

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.¹ 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 2007.² 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 actually 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, $P < .0001$), 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 2002.³ 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.⁴ 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.

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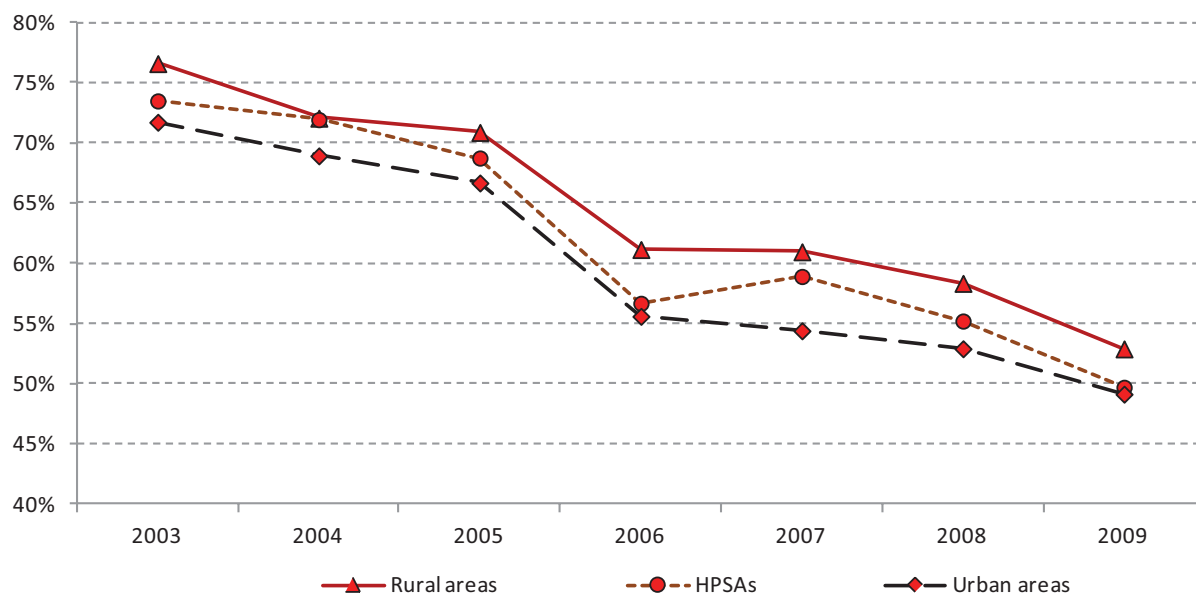
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Figure 1. Declining percent of family physicians provide women’s health care. Note that approximately 1% of cases is excluded annually because of inability to geo-reference addresses. HPSA, Health Professional Shortage Areas. Data from the American Board of Family Medicine Examination Application.



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