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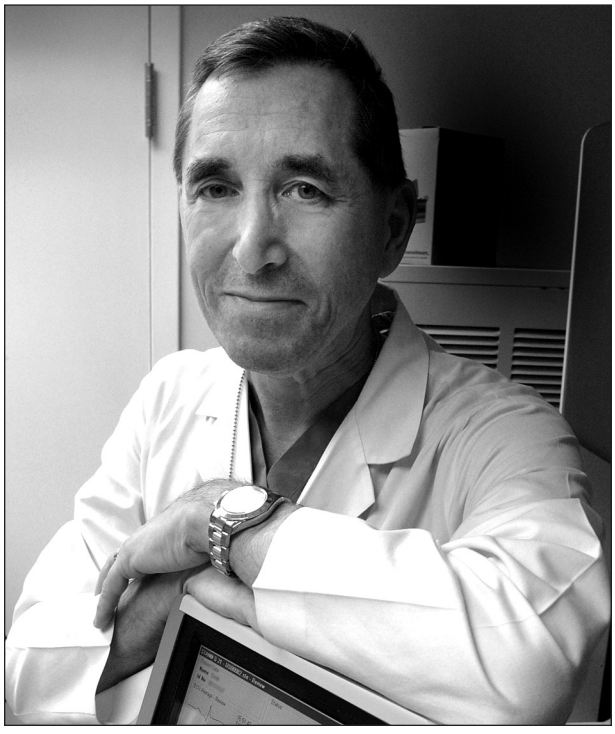
EDITORIAL

A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the January-February 2017 Editor-in-Chief's page. This editorial column focuses on how women perceive those who provide obstetric and gynecologic care in the overall context of their caregivers.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- ***Patient Perspectives of Obstetrician-Gynecologists as Primary Care Providers***
  S. Mazzoni, S. Brewer, J. Durfee, J. Pyrzanowski, J. Barnard, A. F. Dempsey, and S. T. O'Leary

  This survey was conducted among a large group of women who were receiving care from an ob-gyn provider, with a goal of identifying the role of such providers in their primary care. The response rate for this survey was nearly 50% and demonstrated that most women were comfortable receiving routine primary care services at their ob-gyn's office. One-fifth considered their ob-gyn to be their primary care provider (PCP), as did pregnant women, recently delivered women, and healthy patients. Regardless of how ob-gyns see their practice and demands for their services, they appear to be frequently sought out for primary care services.

Editorial Comment

This is an important contemporary perspective on the roles of ob-gyns in their health care of their patients. A quarter of a century ago, when Bill Clinton took office as President, he appointed Hillary Clinton to conduct a review of health care delivery services in the United States with an eye toward reshaping delivery and reimburse-

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ment systems. One of the targets that emerged quite early was that of primary care in general and of women in specific. The "remodeling" of the US health care delivery system was seen as one in which "gatekeepers," or PCPs, would evaluate and direct patients for specialty care as needed. Those of us in obstetrics and gynecology saw this proposal as a major disruption of the traditional relationship between obstetricians and their pregnant patients since each encounter would have needed a preauthorization from a PCP. Imagining the potential chaos of such a scenario, the American Congress of Obstetricians and Gynecologists (ACOG) launched a proactive mission to interact with legislators in Congress to prevent this from happening. As part of this initiative, a patient survey that included both obstetric and gynecologic patients was undertaken and revealed that nearly two-thirds of those queried considered their ob-gyn as their PCP. As a consequence, the model under consideration in Washington was abandoned.

There were consequences. One of those was quite important as it introduced a requirement for primary care rotations during residency that encompassed approximately 3 months. As well intentioned as such training sessions were, they were introduced at a time when acquisition of other specialty requirement skills (such as minimally invasive surgery) was on the upswing. It took nearly a decade and a half to eliminate the primary care training requirement from the formal residency curriculum.

What this paper calls into question, and quite appropriately, is the perception of patients regarding those who provide their primary care. How should this best be addressed in the preparation of our residents for the kinds of clinical scenarios that they will encounter on completion of their training? As most programs have resident continuity clinics in which they see patients for a variety of conditions, there are frequent opportunities for learning about the nongynecologic and nonobstetric problems that are presented. ACOG has been very helpful in providing primary care guidelines for commonly occurring conditions in those areas, and without doubt they should form the basis of how training proceeds. But there is also a burden on faculty who supervise the residents to be current in common primary care guidelines as well. Even if ob-gyns may not think of themselves as PCPs, if this is their patients' perceptions, as the article by Mazzoni indicates, then it behooves them to adapt to that mindset when patients complain of headaches, low back pain, or depression during a routine office visit. After all, if patients seen by ob-gyns cease thinking of their providers in that regard, there may be an incentive, particularly for gynecologic patients, to look elsewhere for their care.