

Background

Studies have investigated patient characteristics of care seeking for low back and neck pain, but it remains unclear as to what factors influence a patient's choice to seek care from a specific health care provider.

Purpose

The objective of this review is to use Andersen's Behavioral Model of Health Service Utilization (HSU) as a conceptual framework to identify the predisposing, enabling, and need factors associated with choice of health care provider for back and/or neck pain.

Methods

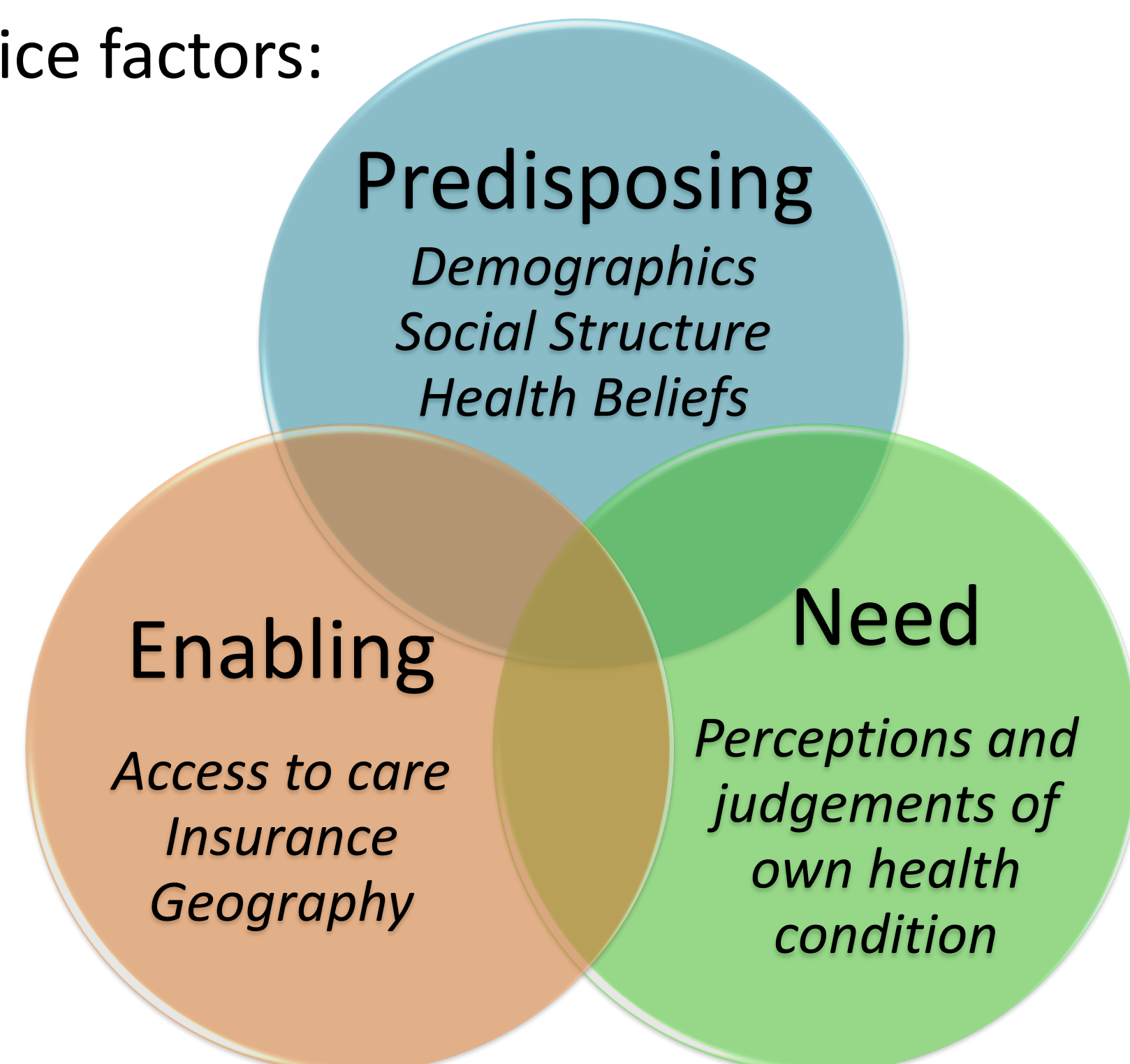
Inclusion Criteria:

- ❑ Primary complaint was of acute, subacute, or chronic neck or low back pain.
- ❑ At least 18 years of age.
- ❑ Reported specific health care provider seen (e.g. medical physician, chiropractor, physical therapy (PT), complementary and alternative (CAM) provider).
- ❑ Factors (predisposing, enabling, and/or need) of the individuals were reported.

Exclusion Criteria:

- ❑ Pain reported was not musculoskeletal in origin, individual was referred from a healthcare provider, study was not written in English.

Andersen's Behavioral Model of Health Services Utilization¹ was used as framework to evaluate choice factors:



Results

- ❑ A total of 17 studies were included: 14 quantitative and 3 qualitative studies.
- ❑ Age and sex were the most commonly reported predisposing factors.
- ❑ Financial and personal factors were the most common enabling factors.
- ❑ Patients' experiences of pain and self-reported level of function were the most commonly reported need factors.
- ❑ Medical physicians and chiropractors were the most common providers researched.

Medical Physician

Category	Factors
Predisposing	Older age; Female sex, Marital status; Black race; Lower educational attainment; Trust in medical doctors; Job type
Enabling	Lower personal gross income; Community size; Geographical location; Insurance type; Payer type
Need	Traumatic onset; Duration of back conditions; Need described as constant; Continuous back pain; Typical or worst back pain intensity; Lower general health; Higher ODI score; Lower SF-36 dimensions; Chronic Pain Questionnaire Grade III & IV

CAM Provider

Category	Factors
Predisposing	Age range 18–29; Older age; Female sex; Practitioner sex being female
Enabling	Speaking with family or relatives on neck pain; Reading a book or magazine on neck pain; Speaking with a doctor, allied health worker, or CAM practitioner on neck pain
Need	Pain >1 location

Physical Therapist

Category	Factors
Predisposing	Older age; Higher educational attainment; Having previous use of PT; Practitioner reputation; Practitioner's technical skills
Enabling	History of depression; Previous injection; Previous surgery; Insurance variables; Has taken legal action; Previous use of PT, general practitioner, orthopedic surgeon, physiatrist, or rheumatologist; No previous use of chiropractic; Geographical location
Need	Diagnosis of herniated disk, spondylosis, or pain syndrome; Cervical or Lumbar spine involved; Longer duration of problem; General health is very good or excellent

Chiropractor

Category	Factors
Predisposing	Age >60; Male sex; Marital status; High school graduate; Currently employed; Job type; Longer job tenure; Satisfaction with care; Trust in Chiropractors; Against taking prescription drugs
Enabling	Higher personal gross income; Geographical location
Need	Disabling comorbidity status; Doctor visits >9; Restricted activity >0 due to back pain; Elapsed time to baseline interview; Episode did not occur at work of those employed; Higher physical functioning; Higher social functioning; Higher HOS behavior scores

Conclusions

- ❑ Understanding the factors which influence an individual's choice of healthcare provider is complex, but can be better understood by using Andersen's Behavioral Model of Health Services utilization.
- ❑ Although predisposing factors are important, our review found that both need and enabling factors have an influence on choice of healthcare provider.



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Clinical Relevance

Identifying patient factors that are related to specific providers may allow healthcare professionals to predict and more efficiently facilitate a patient's course of care, influence public health policy, and guide clinical research.

Acknowledgements / References

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¹Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *J Health Soc Behav*, 36(1), 1-10.
²Babitsch, B., Gohl, D., & von Lengerke, T. (2012). Re-revisiting Andersen's Behavioral Model of Health Services Use: a systematic review of studies from 1998-2011. *Psychosoc Med*, 9, Doc11.