A STUDY OF HMO PHYSICIANS' RECEPTIVITY TO SPECIAL PROGRAMS FOR SOCIOMEDICAL AND BEHAVIORAL PROBLEMS

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ABSTRACT: The purpose of this study was to determine HMO physicians' receptivity to special organized programs dealing with sociomedical and behavioral problems. The study population consisted of full-time physicians in a large prepaid group practice HMO, and the data were obtained in 1977 by means of a self-administered structured questionnaire. Most physicians favored special organized services for alcoholism, drug abuse, obesity, disturbances in sexual relations, and the like. Except for alcohol and drug abuse, favoring organized services for one problem did not correlate highly across problem areas. Specialty, AMA membership, and political orientation were the main characteristics that differentiated physicians on their receptivity to organized programs for sociomedical problems. Social background and professional training and experience may be more important than the practice setting in influencing physicians' receptivity to these types of services.

Medicine is increasingly expected to deal with conditions or problems that have social and behavioral components and that involve the extension of practice into personal and community health affairs not directly associated with diagnosis and treatment of disease. Alcoholism, drug abuse, sexual dysfunctions, obesity, and the like require approaches that may lie outside or not conform to the traditional biomedical model. A recent survey of chairmen of departments of pediatrics, internal medicine, and family medicine in U.S. medical schools indicated a wide range of views regarding the importance of such subjects in medical education and practice. Since medical care programs and health insurance firms are experiencing a growing demand to provide organized services for patients with these needs, it is important to better understand physicians' orientations to sociomedical problems and programs as

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The authors would like to acknowledge the contributions of B. J. Darsky, Ph.D., who with Dr. Freeborn is responsible for the physician survey from which the physicians' data derive. Dr. John Mullooly's statistical consultation on the analysis is also appreciated. Finally, thanks are due Vicky Burnham and others at the Research Center who helped on various aspects of the study.
well as the social, professional, and other attributes that influence physicians' views in these areas.

Health Maintenance Organizations (HMOs) are logical sites in which to gain such an understanding. They are expected to assume responsibility for the health and medical care of defined populations and, in general, to assume responsibility for the well-being of their members. The HMO Act of 1973 specifies that HMOs must offer, in addition to basic medical coverage, alcoholism, drug abuse, and short-term mental health services. And recently, the Medicare administration has funded special efforts to develop comprehensive services for elderly persons within HMOs. The key role in implementing such services and in deciding how to organize and use them is that of the physician, whose attitudes and decisions strongly affect the extent to which the HMO's objectives are fulfilled. In addition, the ease and rapidity with which such programs are introduced into medical care systems depend heavily upon physicians' acceptance.

Much work has been done concerning physician attitudes toward various financing schemes and an increased federal role in the health industry. There is also a large literature dealing with the development of professional norms and attitudes of medical students. The evidence is limited, however, on factors influencing physicians' attitudes toward sociomedical and behavioral problems and the types of services needed to deal with these problems. Mechanic and Goldman found that the political orientation of physicians was related to their ideas and attitudes toward both the content and organization of medical practice. Colombotos' work suggests that early socialization may shape physician attitudes and behavior in some areas. The work of Friedson, Ima, and McElrath and their associates on the orientation of physicians in large clinics and group practice settings indicates that greater participation in the medical affairs of the group is related to favoring a broader scope for everyday practice. Coleman and associates and Coe and Brehm found that younger physicians, especially those in the primary care specialties of internal medicine, pediatrics, and obstetrics/gynecology, were more apt to practice innovative preventive measures than were other, older physicians, and they were more likely to support a broader definition of the types of services and programs to be included in medical practice.

In general, then, these studies suggest that cultural background, professional training and experience, and the practice setting may to some degree influence physicians' attitudes and social orientations and their acceptance of programs for sociomedical problems.

The purpose of this study was both to determine HMO physicians' receptivity to special programs for sociomedical and behavioral problems and to identify factors related to differences among physicians in their receptivity to these programs.