Improved Patient Experience and Outcomes: Is Patient–Provider Concordance the Key?

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Purpose
Health disparities remain ubiquitous in the United States despite initiatives by the federal government and other organizations. A long-term solution for health inequity is needed in order to help improve patient outcomes for all. The purpose of the review is to examine if racial, gender, or multifactorial concordance (e.g., race, age, gender, education, language) between patient and provider leads to a better patient experience and improved health outcomes.

Methods
A comprehensive PubMed search was conducted for the review. The initial search utilized the terms “patient,” “provider,” and “race concordance.” To ensure a range of proper search terms, 3 additional searches were conducted using alternate terms for “provider.” These same 4 searches were conducted again by replacing “race concordance” with “racial concordance,” “gender concordance,” “social concordance,” and “multifactorial concordance,” respectively. Exclusion criteria included publication date greater than 5 years, lack of applicability to the topic, patients <18 years old, use of dental services, focus on patient’s preference of provider, and lack of a defined patient outcome. Inclusion criteria included studies that evaluated patient–provider concordance (i.e., race, gender, social, and multifactorial) and used a measurable patient outcome. Based on these criteria, a total of 23 separate studies were included in the review.

Principal Findings
The findings from the review focus on both the individual and combined impact of racial, gender, and multifactorial concordance on patient experience and outcomes.

Racial Concordance
Most reviewed studies (i.e., 57.1%) resulted in no significant association between patient–provider racial concordance and improved patient outcomes. Two studies found that Hispanic patients (more commonly men) have improved patient experiences and outcomes in racially discordant patient–provider relationships. In both studies, patient-centered communication and provider self-disclosure were more influential than racial concordance alone in improving patient outcomes.

Gender Concordance
In 8 of the 15 studies identified, patient–provider gender concordance had a notable positive impact on patient outcomes. The final 7 studies found no strong association between patient–provider gender concordance and improved patient outcomes.

Multifactorial Concordance
Due to the complex nature of the patient–provider relationship, an assessment of the collective multifactorial impact of patient–provider concordance on patient outcomes was evaluated. Review of a seminal study and a study meeting inclusion criteria suggest that multifactorial (or social) patient–provider concordance leads to improved patient outcomes.

Limitations
In addition to limited availability, most studies included only one encounter with the provider, were retrospective in nature, included simulated scenarios, or produced varied results. These studies also largely did not consider the impact of (1) racial concordance on patients identifying with more than one racial background or (2) gender concordance with patients identifying as other than male or female.

Conclusion
Data from this review revealed no conclusive relationship between patient–provider concordance (i.e., racial, gender, and multifactorial) and improved patient experiences and health outcomes. These inconclusive results demonstrate the positive, neutral, and sometimes negative impact of patient–provider concordance.

Implications for Practice
Through further inclusive research, providers and healthcare facilities can learn to maximize the positive impact, evaluate the neutral impact, and minimize the negative impact of concordant patient–provider relationships. Although patient–provider concordance may not be required to achieve positive patient experiences and outcomes, many may contest that it is difficult for providers to obtain cultural competency and communication skills within a homogenous classroom setting. Thus, regardless of the effectiveness of training, diversity within graduate medical education programs and the provider workforce remains an imperative step towards eliminating health disparities. These combined efforts will help with further progress towards health equity.

Summary of Findings
![Summary of Findings](image)

References