

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

Sonia V. Otte, DMSc, MMS, PA-C



Physician Assistant Program | California State University – San Bernardino

## 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.

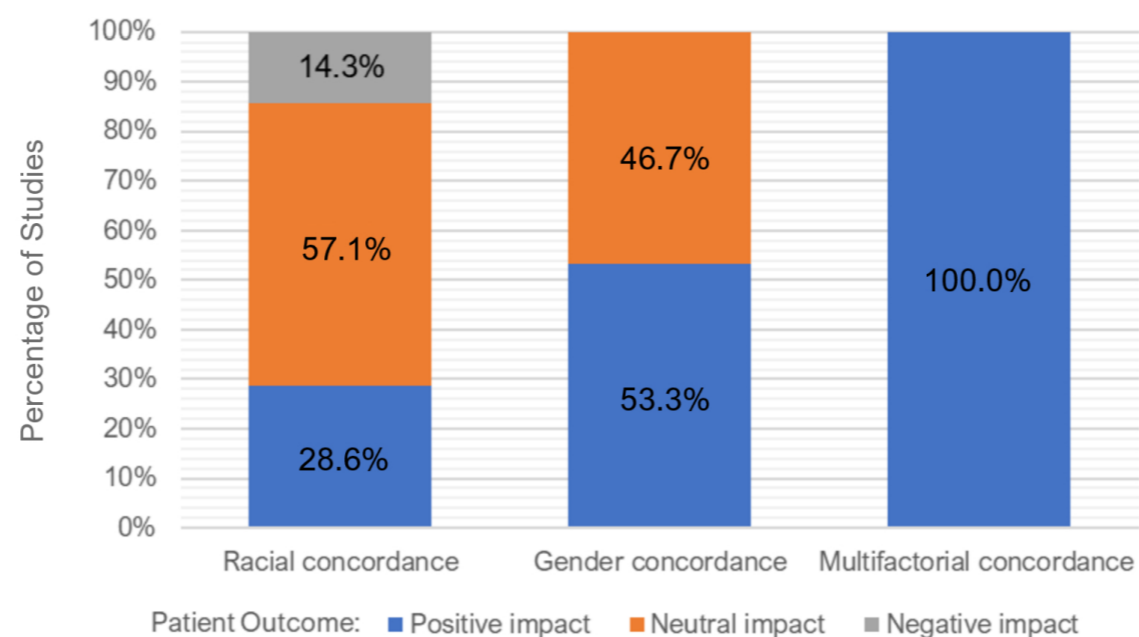
## Conclusion

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



## References

1. Malhotra J, Rotter D, Tsui J, et al. Impact of patient–provider race, ethnicity, and gender concordance on cancer screening: findings from Medical Expenditure Panel Survey. *Cancer Epidemiol Biomarkers Prev.* 2017;26(12):1804-11.
2. Nazione S, Perrault EK, Keating DM. Finding common ground: can provider-patient race concordance and self-disclosure bolster patient trust, perceptions, and intentions? *J Racial Ethn Health Disparities.* 2019;6(5):962-72.
3. Greenwood BN, Carnahan S, Huang L. Patient–physician gender concordance and increased mortality among female heart attack patients. *Proc Natl Acad Sci USA.* 2018;115(34):8569-74.
4. Johnson Thornton RL, Powe NR, Roter D, et al. Patient-physician social concordance, medical visit communication and patients' perceptions of health care quality. *Patient Educ Couns.* 2011;85(3):e201-8.
5. Kurek K, Teevan BE, Zlateva I, et al. Patient-provider social concordance and health outcomes in patients with type 2 diabetes: a retrospective study from a large federally qualified health center in Connecticut. *J Racial Ethn Health Disparities.* 2016;3(2):217-24.