Background

The five main types of gynecologic cancer are cervical cancer, ovarian cancer, uterine cancer, vaginal cancer, and vulvar cancer. According to the American Cancer Society (ACS), there is an increasing trend in gynecological cancer in the United States (US).  There was an incidence of 114,810 new cases of gynecological cancer in 2023, compared to 109,000 new cases in 2019. 1 With an increasing number of new cases, the number of referrals to Gynecological Oncologist (GO) specialist is expected to increase, as this is the standard of care. 234 In fact, referral to an experienced GO surgeon should be prioritized over expedited surgery, as this was associated with reduced rate of morbidity and mortality. 5

One measure of patient equity in healthcare is access to care. Given the increased likelihood of increased age and degree of illness in this patient population, it is imperative to reduce any delay in care.

One approach to this that has been executed in recent years is distributing GOs to multiple clinics within a given region, as part of the initiative to bring care conveniently to the patient. To our knowledge, multi clinic practice and distribution of individual GOs within the US has been assessed among GO in a prior study completed in 2019, which determined an increased number of GOs with multi-site practices and increased regional distribution of GOs. 6 However, the medical field has recently seen a change in clinical landscape with an increased use of telemedicine following the federal policies enacted by the spread of COVID-19. 7 Moreover, there has been increased use of advanced practice providers (APP) in GO as well as in similar fields. 8

The primary aim of this study is to update and quantify the trend in multi clinic practice and distribution of individual GOs within the US, between 2019 and 2023. The secondary objective of this study is to evaluate the change in the amount of outpatient GO offices for women in the US. Altogether, this data will be used as a surrogate for determining the trend in access to care. We anticipate an increase in multi clinic practice and regional distribution per GO, as suggested by prior studies, despite an increased trend toward using APPs and telemedicine.

Methods

This study was completed using publicly accessible Medicare Physician Compare Database.

Data

Discussion

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