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PCC's 2022 Evidence Report

"Relationships Matter: How Usual is Usual Source of (Primary) Care?"

Prepared by the PCC and AAFP's Robert Graham Center

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Yalda Jabbarpour, MD
Director
Robert Graham Center
November 16th, 2022

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Why is a usual source of care important?

Having a regular usual source of care (USC) is associated with:

- Higher patient reported quality of care (Finney, at al 2012)
- Meeting social needs (Nguyen, et al 2021)
- Lower Emergency Department (ED) use (Liaw, et al 2014)
- Higher rates of preventive services and screenings (Kim, et al 2012)
- Better health outcomes for those with chronic disease (Spatz, et al 2014; Dinkler, et al 2016; Toth-Manikowski, et al 2022)
- Less costly care (Bazemore, et al 2018)

What do we already know ?

Analysis of MEPS from 1996-2014 showed (Liaw, et al 2018)

- Decrease in USC
- Shift away from a person as a usual source of care to a facility
- Variation in USC based on race, gender and insurance status

But a lot has changed since 2014 that could impact a longer-term relationship with primary care…

- Affordable Care Act insurance expansions, exchanges and Medicaid expansion driving up demand
- Growth of high deductible health plans
- COVID-19 pandemic
- Rise of convenient care, including retail and virtual

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Many questions persist :

- Has the decline in USC continued?
- Does this vary by region? Patient demographics? Insurance type?
- What, if anything, is the potential impact on health equity?

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Methods

Data Sources

- Medical Expenditure Panel Survey
  - USC and demographics, insurance type, trends
  - USC and preventive service use
- Behavioral Risk Factor Surveillance System
  - USC and state level findings
- National Health Interview Survey
  - USC and ED use
  - USC and Hospitalizations

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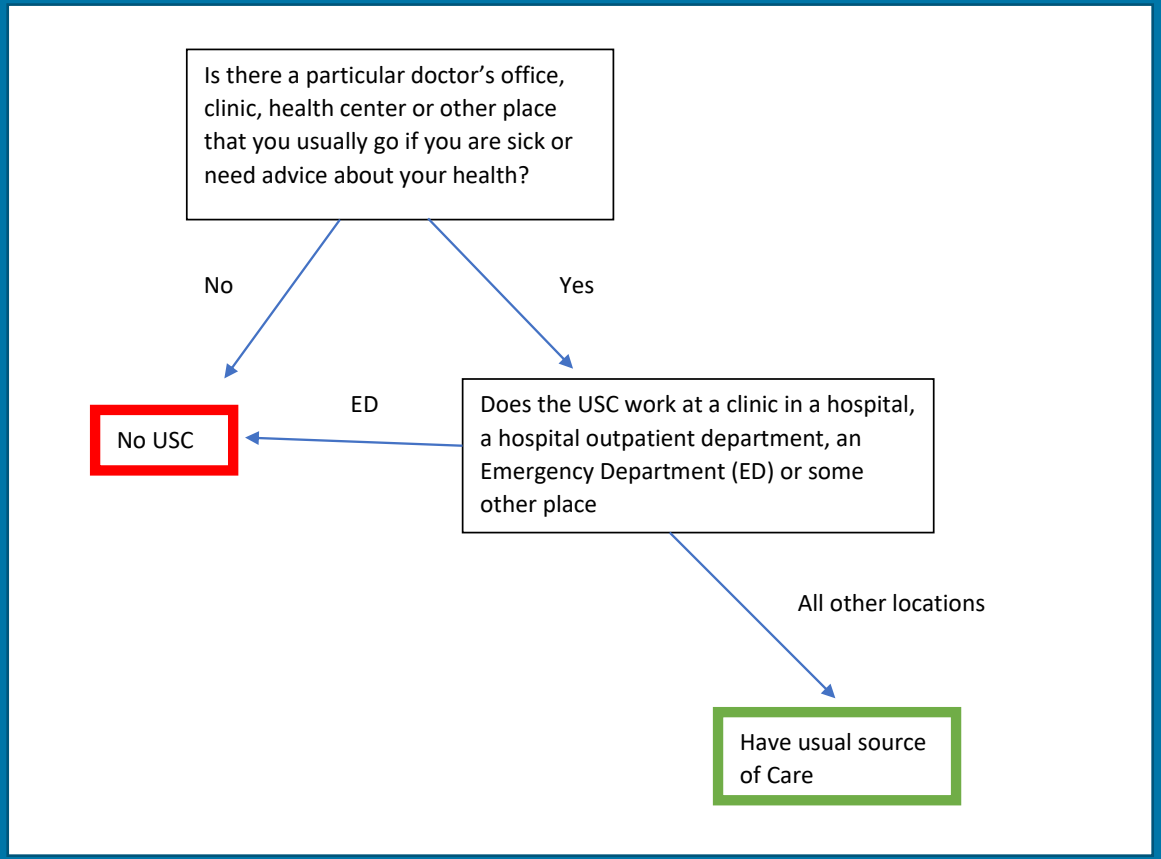
Determining whether someone had a USC



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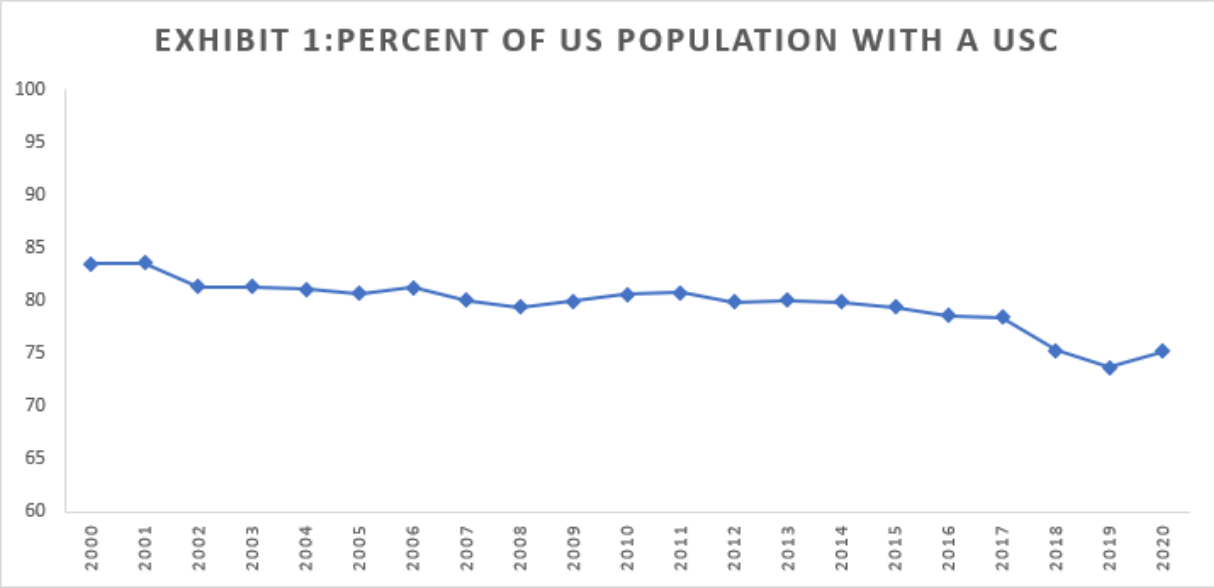
Observations:

- Decrease in USC uptake from 84%-74% between 2000-2019
- Slight increase in 2020 to 75%



Data Source: Analyses of Medical Expenditure Panel Survey, 2000-2020.

Notes: HAVEUS42 and LOCATN42 were combined to construct a two-category USC measure. No USC includes respondents not having a USC and those who reported emergency department as the USC. Adjusted for gender, female, education, race-ethnicity, region, insurance coverage, and income.

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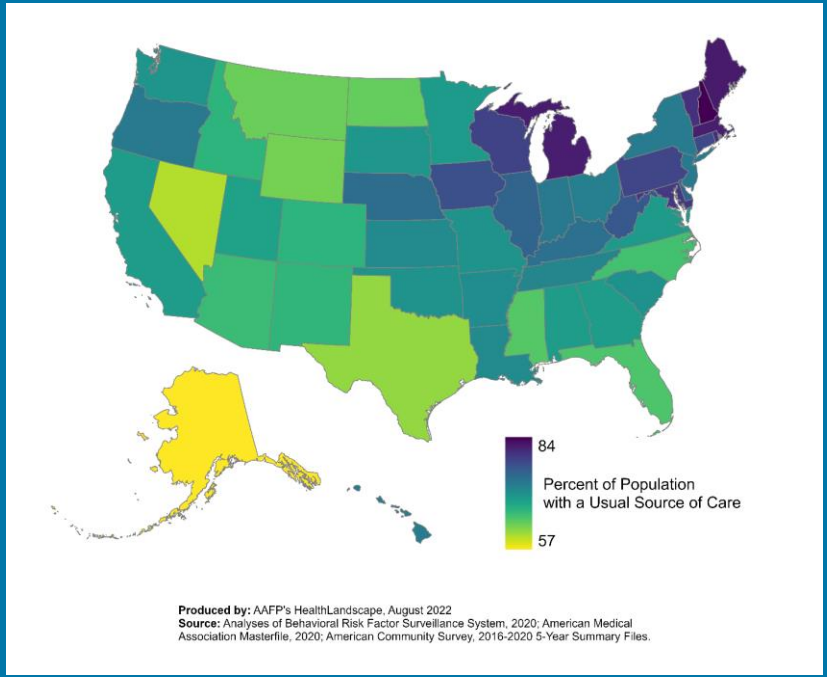
2020 USC State Findings

- Uptake varied across states, from 57% of population reporting a USC to 84%
- Highest in upper northeastern states, Michigan



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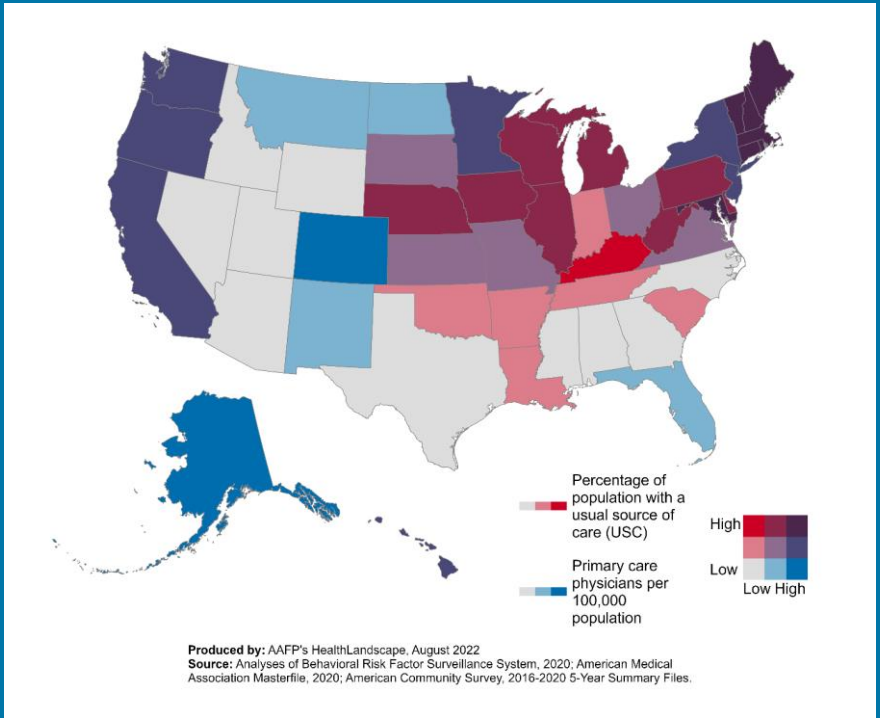
Does it have to do with PCP Supply?

- Upper northeast - More PCP supply overlaps with higher rates of USC.
- West and South low USC and low PCP supply
- All other states somewhere in between
- Exceptions to the rule : Alaska, Kentucky



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Observations

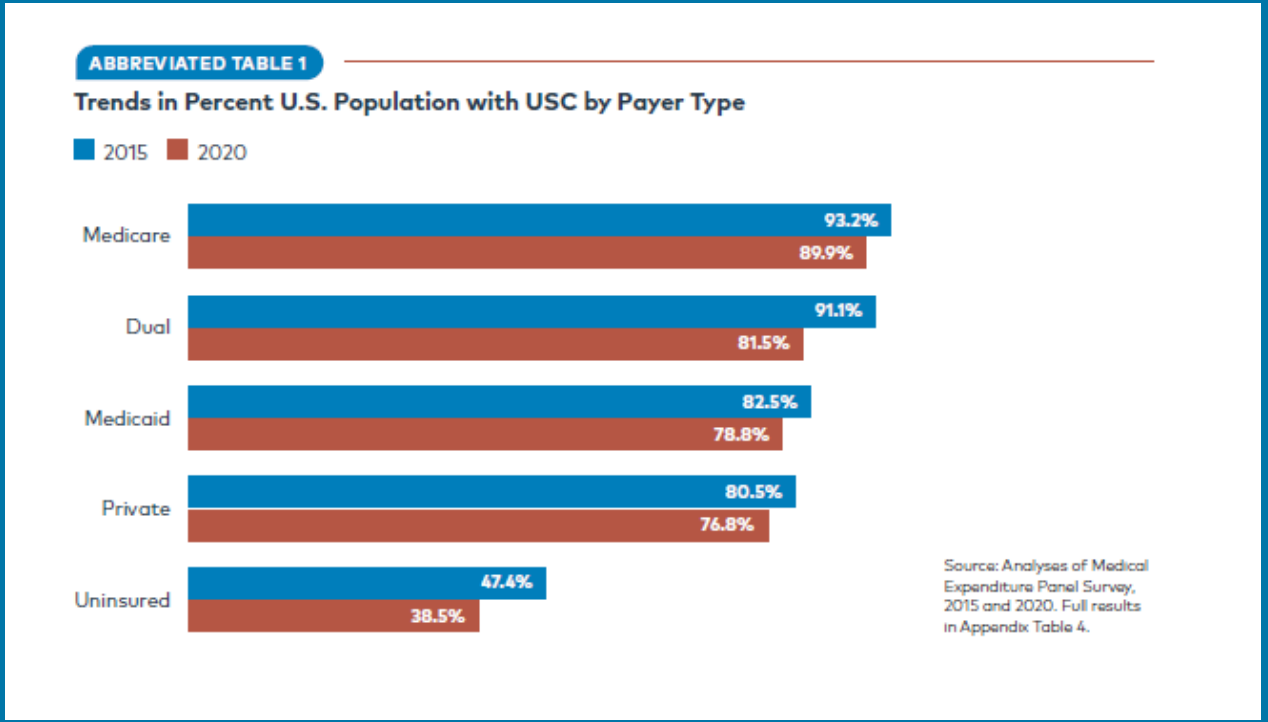
- Compared to the 18-34 age group, all other age groups had a higher odds of USC
- The highest odds was for those under 18
- Compared to White individuals, Black and Hispanic individuals were less likely to have a USC
  - Hispanic individuals = 66% less likely
  - Black individuals = 38% less likely
- Compared to the privately insured, Medicare and Dual eligible individuals were more likely to have a USC

Exhibit 5:Patient Characteristics associated with Having Usual Source of Care			
Characteristics		Odds ratio	95% Confidence Interval
Gender	Male		
	Female	1.45**	(1.35 - 1.56)
Age	Age 18-34		
	Age <18	6.84**	(5.73 - 8.17)
	Age35_49	1.78**	(1.59 - 1.99)
	Age50-64	2.91**	(2.56 - 3.30)
	Age_65p	3.01**	(2.33 - 3.90)
Education	High School		
	< High School	1.15*	(1.00 - 1.32)
	> High School	1.11*	(1.00 - 1.24)
Race-Ethnicity	Non-Hispanic , White		
	Non-Hispanic Black	0.78**	(0.67 - 0.92)
	Non-Hispanic Other	0.87	(0.72 - 1.06)
	Hispanic	0.68**	(0.59 - 0.79)
Census Region	South		
	Northeast	1.03	(0.78 - 1.37)
	Midwest	1.54**	(1.25 - 1.89)
	West	1.08	(0.90 - 1.30)
Insurance coverage	Private		
	Medicaid	1.11	(0.97 - 1.27)
	Medicare	2.34**	(1.80 - 3.03)
	Dual	2.16**	(1.67 - 2.80)
	Uninsured	0.26**	(0.22 - 0.31)
Income	<100% FPL		
	101-124% FPL	1.16	(0.91 - 1.47)
	125-199% FPL	1.25*	(1.03 - 1.51)
	200-399% FPL	1.17*	(1.00 - 1.37)
	>400% FPL	1.50**	(1.24 - 1.81)
	Constant	0.80*	(0.64 - 0.98)
	Observations	27,052	

Source: Analyses of Medical Expenditure Panel Survey, 2019. USC Type, a two-category measure combined from

A closer look at insurance

1. Decline in USC for populations that are medically vulnerable: Duals, Medicare, uninsured
2. For the insured, Medicare has the highest level of USC, Private the lowest
3. Overall, the uninsured report the lowest USC. In recent years only about 1/3 report a USC



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Conclusions

- Having a usual source of care leads to higher quality care, reduced unmet health needs, less costly care and reduced healthcare disparities
- Yet, the percentage of the population reporting a usual source of care in the United States continues to drop
- For Black and Hispanic individuals, as well as those who are uninsured, the rates of USC are lowest – this potentially exacerbates healthcare disparities
- Neither PCP supply or insurance coverage explains the likelihood of having a USC

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Next Steps

- Why is USC declining?
- Will the experience of COVID and market/policy responses change observed trends ?
- What do different type of patients want from primary care?
- If the relationship truly does matter, how do we restore it?

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Additional Resources

- NASEM Report: Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care
- Person Centered Care Report -- Why it Matters
- Infographic on Person Centered Care -- Why it Matters

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Thank you!