

From Coverage to Care: Exploring Links Between Health Insurance, a Usual Source of Care, and Access

POLICY BRIEF NO. 1
SEPTEMBER 2002
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INTRODUCTION

Having a usual source of care—a place where one receives health care on a regular basis—is associated with fewer delays in getting care, better preventive care, and better treatment.

Given the link between having a usual source of care and better access, policymakers designing health insurance coverage initiatives should consider how alternative strategies might affect the likelihood that individuals who are currently uninsured gain a stable source of care, in addition to gaining coverage.

THE SYNTHESIS PROJECT

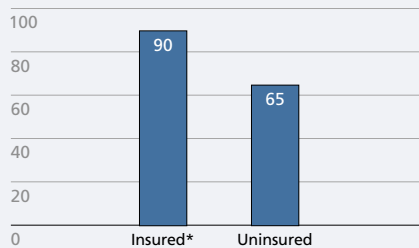
NEW INSIGHTS FROM RESEARCH RESULTS

People with health insurance are more likely to have a usual source of care than people who are uninsured.

WHAT IS THE RELATIONSHIP BETWEEN HEALTH INSURANCE COVERAGE AND HAVING A USUAL SOURCE OF CARE?

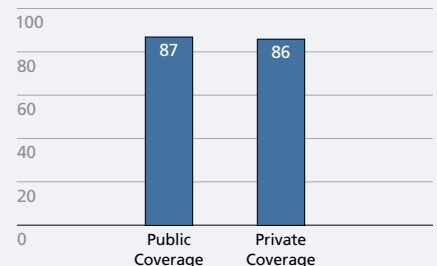
- ▶ Insured people are more likely to have a usual source of care than uninsured people, but about two-thirds of the uninsured have one (FIGURE 1).
- ▶ Public and private coverage perform about equally well. People with both types of coverage are very likely to have a usual source of care (FIGURE 2).

FIGURE 1. Percentage of Nonelderly Adults with a Usual Source of Care, by Insurance Status, 1996–1997



* Insured are those who were continuously insured over last year.

FIGURE 2. Percentage of Nonelderly Adults with a Usual Source of Care, by Type of Coverage, 1996



DISCUSSION

People with unstable health insurance coverage—that is, people with a recent period when they lacked insurance—are less likely to have a usual source of care than people with continuous insurance coverage.

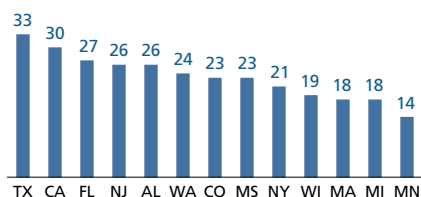
Exactly why is not altogether clear and deserves further examination. Perhaps insurance coverage triggers and supports changes in health-care-seeking behavior that are not immediate but that develop gradually over time.

Whatever its causes, though, the fact that people with episodic coverage are less likely to have a usual source of care is reason for concern. Research evidence shows that having a usual source of care may be more strongly associated with receipt of preventive services than is coverage. This evidence suggests that if insurance fails to help people establish a usual source of care, it may not have desired access impacts.

QUICK FACT

The proportion of low-income Americans without a usual source of care varies widely by state, mirroring differences in low-income insurance rates.

FIGURE 3. Percentage of Low-Income Adults Without A Usual Source of Care, by State, 1999*



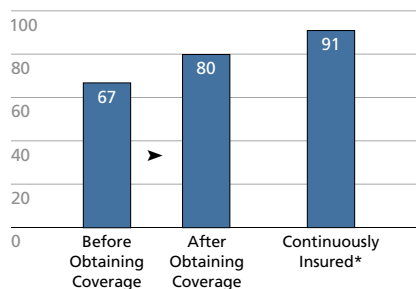
* This table shows data for states included in the Urban Institute's National Survey of American Families.

People with unstable coverage are less likely than those with stable coverage to have a usual source of care.

HOW IS THE LIKELIHOOD OF HAVING A USUAL SOURCE OF CARE AFFECTED BY INSURANCE TRANSITIONS, OR CYCLING?

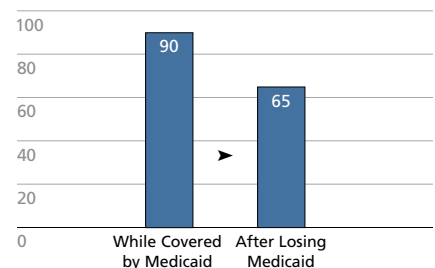
- ▶ Unstable coverage reduces the likelihood of having a usual source of care, thereby dampening the positive impact of coverage on access to care.
- ▶ Gaining coverage is associated with acquiring a usual source of care, but *newly* insured people are less likely than *continuously* insured people to have a usual source of care (FIGURE 4).
- ▶ People who lose *public* coverage often lose their usual source of care (FIGURE 5).
- ▶ And people with unstable *private* coverage have a relatively low likelihood of having a usual source of care (less than 80 percent) both before and after losing private coverage.

FIGURE 4. Percentage of Nonelderly with a Usual Source of Care Before and After Obtaining Coverage Compared to Those Who Are Continuously Insured, 1995–1997



* With private coverage. Figure is the average of two time periods.

FIGURE 5. Percentage of Nonelderly with a Usual Source of Care While Covered by Medicaid and After Losing Medicaid Coverage, 1995–1997



Coverage is not the only factor influencing whether people have a usual source of care. Low demand is also a contributor.

WHAT ARE THE MAIN REASONS UNINSURED PEOPLE SAY THEY LACK A USUAL SOURCE OF CARE?

- Several factors other than cost—including the perceived need for care, and knowledge about where to obtain care—influence whether people have a usual source of care.
- The majority of uninsured people report that the main reason they lack a usual source of care is that they seldom or never get sick, not the cost of medical care (FIGURE 6).

HOW IS ACCESS TO SERVICES FROM A USUAL SOURCE OF CARE AFFECTED BY INSURANCE STATUS?

- Uninsured (and publicly insured) people are more likely to face barriers to access when they use their usual source of care (FIGURE 7).

FIGURE 6. Main Reasons Uninsured Nonelderly Adults Give for Not Having a Usual Source of Care (percent distribution), 1996

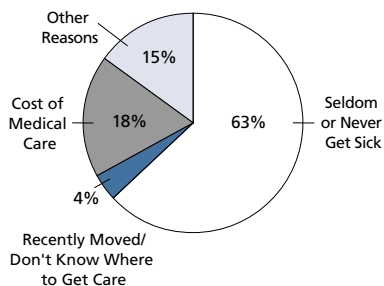


FIGURE 7. Odds of Encountering Organizational Barriers When Accessing Services from Usual Source of Care, 1996

In comparison to insured nonelderly people, uninsured nonelderly people are:

- Almost one-third less likely to have an appointment
- About a quarter less likely to be seen within 30 minutes of appointment
- Almost two-thirds less likely to be very satisfied their family can get care

DISCUSSION

Several factors affect whether a person has a usual source of care. A substantial percentage (18 percent) of uninsured people who do not have a usual source of care report that cost of medical care is the main reason for lacking one.

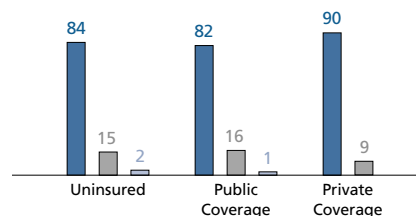
However, about two-thirds of adults without a usual source of care—regardless of whether they have insurance—report that the main reason for lacking one is that they seldom or never get sick.

These data suggest that factors other than coverage affect the likelihood of having a usual source of care. Low demand is likely a contributor.

Low demand could exist whether or not one has coverage, but insurance may overcome it through a variety of reinforcing mechanisms. For instance, plans may require all enrollees to sign up with a primary care provider and encourage physicians to schedule preventive care visits with enrollees following a sick visit.

In addition to lacking the reinforcing support of coverage, the uninsured also face more problems when they access services from their usual source of care. Further, while few uninsured people use an emergency room as their usual source of care (FIGURE 8), those who do may receive poorer quality of care.

FIGURE 8. Location of Usual Source of Care for Nonelderly, (percent distribution) by Coverage Status, 1996



* Totals do not sum to 100 due to rounding.

■ Office-based Provider
 ■ Hospital Outpatient
 ■ Emergency Room

Implications for Policymakers

POLICY IMPLICATIONS

Policymakers might consider policy interventions that:

Increase the likelihood that coverage will lead to having a usual source of care by:

- Promoting stable coverage through public, private or combined approaches to coverage expansion.

Help people, especially the uninsured, establish and maintain usual sources of care by:

- Increasing demand for a usual source of care.
- Assisting people to establish usual sources of care.
- Helping people maintain usual sources of care as they cycle on and off coverage.

Reduce organizational access barriers and improve provider choice for publicly insured and uninsured people.

CONCLUSIONS

Coverage has an impact on whether people have a usual source of care. People with health insurance coverage—private or public—are much more likely to have a usual source of care than people without coverage. Coverage expansions, by increasing the likelihood of having a usual source of care, will improve access for the newly insured (FIGURES 1 AND 2).

Cycling lowers the likelihood of having a usual source of care. Insurance transitions and unstable coverage reduce the likelihood of having a usual source of care (FIGURES 4 AND 5).

Coverage alone is not enough. In the absence of a usual source of care, extending insurance coverage may not produce desired access impacts. This is because having a usual source of care is more strongly associated with receiving needed preventive services than is coverage.

The perceived need for a usual source of care may be low among people who say they seldom or never get sick. Some people do not feel the need for a usual source of care. Yet, because they lack a usual source of care, these people may be at risk for missing preventive care and early diagnosis and treatment of serious diseases (FIGURE 6).

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FIGURE 8. Weinick RM, et al. *Access to Health Care—Sources and Providers, 1996*. Medical Expenditure Panel Survey (MEPS) Research Findings No.3. Rockville, MD: Agency for Health Care Policy and Research (now known as the Agency for Healthcare Research and Quality), 1997.

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