

# New report finds no evidence that safety-net patients receive substandard primary care

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A new study by researchers at the George Washington University School of Public Health and Health Services (SPHHS) finds no evidence that primary care physicians provide "second-class" care to Medicaid, uninsured and other patients who rely on the nation's safety-net system. The study, which appears in the September issue of the journal *Health Affairs*, challenges previous claims that the care provided to low-income and vulnerable patients is substandard. The new study was supported by the Geiger/Gibson RCHN Community Health Foundation Research Collaborative.

"The findings refute the belief that [primary care](#) doctors deliver less care to the nation's poor," says lead author Brian K. Bruen, MS, lead research scientist in the Department of Health Policy at the SPHHS. "We examined data from more than 31,000 primary care visits from 2006 to 2010 and found nothing to indicate that primary care doctors skimmed on the time they spent with uninsured or other safety-net patients, or the amount of care provided during those visits, when compared to visits by patients with [private insurance](#)."

Critics have long argued that stressors on Medicaid and the safety-net system have led to substandard or second-class care. To examine this assumption, SPHHS researchers analyzed data from the National Ambulatory Medical Care Survey, which includes nationally representative samples of physician office visits. The researchers looked at the time that patients spent with doctors, the volume of diagnostic and treatment services provided and whether preventive [health](#) counseling

was offered during visits.

On average, primary care physicians spent 18 minutes with each patient. Primary care doctors spent more time with new patients compared to established patients. They also spent more time with patients who had more serious medical problems. The authors found no meaningful differences by type of patient insurance in either duration of the physician visit or the type and scope of services rendered.

"We examined whether the pressures of trying to provide care to the uninsured or to patients with Medicaid might lead physicians to take short cuts," says co-author Leighton Ku, PhD, MPH, the Director of the Center for Health Policy Research at SPHHS. "This study indicates that most [primary care physicians](#) make medical decisions based on their patients' health needs, not their insurance status."

The study also found no evidence that the length of the typical primary care visit varied by practice type or site. Patients receiving care from [community health](#) centers spent as much time with the physician as those in private doctors' offices or other settings.

Taken together, the findings suggest the nation's safety-net system remains a crucial part of the health care landscape, providing care comparable to that offered in other settings. At the same time, the authors note that the findings are not intended to suggest that there is no room for improvement. Ensuring both access and quality of care for all patients remains an essential priority for the future, the authors say.

"This study shows that primary care doctors working in community health centers and other settings provide all [patients](#) with comparable care, irrespective of insurance status, says Feygele Jacobs, president and CEO of the RCHN Community Health Foundation. "Community health centers currently provide care to more than 22 million people and will

need continued support in order to expand access and enhance quality under health reform."

The study, "No Evidence That Primary Care Physicians Offer Less Care to Medicaid, Community Health or Uninsured Patients," appears in the September issue of the journal *Health Affairs*.

Provided by George Washington University

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