

Not having a regular doctor affects healthcare quality for older adults

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About five percent of older adults on Medicare don't have a "personal physician," and this group scores lower on measures of healthcare quality, reports a study in the April issue of *Medical Care*.

"Beneficiaries without personal physician report worse care experiences, rating their overall quality of care substantially lower than those with a personal physician," according to the new research by Marc N. Elliott, PhD, of The RAND Corporation, Santa Monica, Calif., and colleagues. They believe that encouraging Medicare recipients to have a regular doctor might help to improve continuity and quality of healthcare.

Some Groups of Medicare Patients Less Likely to Have a Personal Physician

The researchers analyzed data from more than 272,000 elderly Medicare beneficiaries responding to a nationally representative survey (the 2012 Consumer Assessment of Healthcare Providers and Systems survey). The survey included a question about whether the respondents had a personal physician: a doctor they would see for a checkup, if they wanted advice about a health problem, or if they got sick or hurt.

Overall, 4.9 percent of Medicare recipients said they did not have a personal physician. While that rate seems low, Dr. Elliott and coauthors note that five percent of the Medicare population amounts to more than two million people.



The rate was even higher for certain groups, including men, racial/ethnic minorities, and those with lower education. The percentage without a regular doctor rose to 9.3 percent for respondents with less than a high-school education, 10.5 percent for Hispanic beneficiaries, and 16.3 percent for American Indians/Alaska Natives.

Beneficiaries without a personal physician were more likely to be enrolled in fee-for-service Medicare without a prescription drug plan, and less likely to be enrolled in Medicare Advantage plans. While <u>older</u> <u>adults</u> without a regular doctor had better overall health, they had poorer mental health.

Not having a regular doctor was associated with lower scores on measures of patient care experience, including an eight-point reduction (out of 100 points) in rating of overall healthcare. Respondents without a personal physician also scored lower on measures of getting needed care, getting care quickly, and getting needed drugs.

The effects on care were larger than those associated with key demographic characteristics, include ethnicity, socioeconomic status, sex, and age. "Beneficiaries without a personal physician were more than three times as likely to have not seen any healthcare provider in the last six months," the researchers add.

Having a personal physician is an important aspect of continuity of care, which is linked to improvement in a wide range of healthcare quality measures. But little is known about which groups are less likely to have a personal physician, or if care experience differs for patients with or without a regular doctor. The health benefits associated with continuity of care may be especially important for older adults on Medicare.

The study confirms previous research reporting racial/ethnic disparities in having a usual source of <u>healthcare</u> or a personal physician. It also



identifies other characteristics associated with not having a regular provider, including male sex and lower education. The authors note some limitations of their study, including a lack of data on other factors that likely affect patient experience.

"Our findings provide further evidence of the relatively poorer care experiences among those who do not have a personal physician," Dr. Elliott and colleagues conclude. "Medicare would be well-served to better understand who does and does not have a personal <u>physician</u> and take actions to help connect beneficiaries to providers."

More information: Grant R. Martsolf et al. Care Experiences Among Medicare Beneficiaries With and Without a Personal Physician, *Medical Care* (2018). DOI: 10.1097/MLR.000000000000886

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