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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PCC’s 2022 Evidence Report

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

Yalda Jabbarpour, MD
Director
Robert Graham Center
November 16th, 2022
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, et 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)
• 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
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?
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
Determining whether someone had a USC

Is there a particular doctor’s office, clinic, health center or other place that you usually go if you are sick or need advice about your health?

- No
- Yes

No USC

Does the USC work at a clinic in a hospital, a hospital outpatient department, an Emergency Department (ED) or some other place?

- ED

All other locations

Have usual source of Care
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.
2020 USC State Findings

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Odds ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1.45**</td>
<td>(1.35 - 1.56)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age &lt;18</td>
<td>6.84**</td>
<td>(5.73 - 8.17)</td>
</tr>
<tr>
<td>Age 35-49</td>
<td>1.78**</td>
<td>(1.59 - 1.99)</td>
</tr>
<tr>
<td>Age 50-64</td>
<td>2.91**</td>
<td>(2.56 - 3.30)</td>
</tr>
<tr>
<td>Age 65+</td>
<td>3.01**</td>
<td>(2.33 - 3.90)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>1.15*</td>
<td>(1.00 - 1.32)</td>
</tr>
<tr>
<td>&gt; High School</td>
<td>1.11*</td>
<td>(1.00 - 1.24)</td>
</tr>
<tr>
<td><strong>Race-Ethnicity</strong></td>
<td></td>
<td></td>
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<tr>
<td>Non-Hispanic, White</td>
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<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>0.78**</td>
<td>(0.67 - 0.92)</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>0.87</td>
<td>(0.72 - 1.06)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.68**</td>
<td>(0.59 - 0.79)</td>
</tr>
<tr>
<td><strong>Census Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>1.03</td>
<td>(0.78 - 1.37)</td>
</tr>
<tr>
<td>Midwest</td>
<td>1.54**</td>
<td>(1.25 - 1.89)</td>
</tr>
<tr>
<td>West</td>
<td>1.08</td>
<td>(0.90 - 1.30)</td>
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<tr>
<td><strong>Insurance coverage</strong></td>
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<tr>
<td>Private</td>
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<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>1.11</td>
<td>(0.97 - 1.27)</td>
</tr>
<tr>
<td>Dual</td>
<td>2.16**</td>
<td>(1.67 - 2.80)</td>
</tr>
<tr>
<td>Uninsured</td>
<td>0.26**</td>
<td>(0.22 - 0.31)</td>
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<tr>
<td><strong>Income</strong></td>
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<tr>
<td>&lt;100% FPL</td>
<td></td>
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<tr>
<td>101-124% FPL</td>
<td>1.16</td>
<td>(0.91 - 1.47)</td>
</tr>
<tr>
<td>125-199% FPL</td>
<td>1.25*</td>
<td>(1.03 - 1.51)</td>
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<tr>
<td>200-399% FPL</td>
<td>1.17*</td>
<td>(1.00 - 1.37)</td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>1.50**</td>
<td>(1.24 - 1.81)</td>
</tr>
<tr>
<td>Constant</td>
<td>0.80*</td>
<td>(0.64 - 0.98)</td>
</tr>
<tr>
<td>Observations</td>
<td>27,052</td>
<td></td>
</tr>
</tbody>
</table>

Source: Analyses of Medical Expenditure Panel Survey, 2019. USC Type, a two-category measure combined from HaveUS42, Provty42 and Locatn42. No USC includes No USC and those who reported Hospital, ED as the USC on Locatn42, ** p<0.01, * p<0.05.
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
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
Next Steps

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


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
Thank you!