

TABLE 26. Measures of Access to Care for Non-Institutionalized Individuals Age 19 to 64 by Source of Health Insurance, 2012

	Measure Number ¹	Adults with Selected Sources of Insurance			
		All Adults ²	Medicaid ³	Private ⁴	Uninsured ⁵
Connection to the health care system (past 12 months)					
Has a usual source of care when sick or needs advice	S9	79.6%	87.1%	89.9%*	41.7%*
Access barrier is reason for having no usual source of care ⁶	S11	8.4	3.1	1.4*	34.5*
Had trouble finding a doctor ⁷	S12	3.1	4.5	1.5*	6.3*
Had usual source of care barrier or trouble finding a doctor ⁸	S13	13.3	11.6	5.1*	38.4*
Contact with health professionals (past 12 months)					
Had at least one office visit ⁹	C6	77.5	84.9	84.7	46.6*
Saw a selected health professional (any setting) ¹⁰					
Saw a nurse practitioner, physician assistant (PA), or midwife	C7	19.1	22.3	20.7	9.0*
Saw a medical doctor, nurse practitioner, PA, or midwife ¹¹	C8	76.7	81.7	84.2*	45.7*
Saw a mental health professional (adults with SMI only) ¹²	C9	39.5	45.9	38.9	24.2*
Saw a dental professional	C10	61.3	50.7	74.2*	28.1*
Saw any health professional, excluding dental ¹³	C11	82.4	88.6	89.1	53.4*
Saw any health professional, including dental ¹³	C12	88.8	92.8	94.9*	62.3*
Timeliness of care (past 12 months)					
Delayed medical care due to an access barrier (any below) ¹⁴					
Because of costs		13.0	7.9	6.0*	32.4*
Provider-related reasons ¹⁴		10.3	14.6	9.5*	8.4*
Did not have transportation		1.9	6.0	0.6*	2.5*
Unmet need for selected types of care due to cost					
Medical care	T8	9.9	6.1	3.4*	28.1*
Mental health care or counseling		3.0	2.2	1.2*	7.1*
Did not take medication as prescribed to save money ¹⁵	T9	14.3	12.8	8.0*	28.6*
Had any barriers to finding a doctor, delayed care, or unmet need ¹⁶	T10	34.1	33.5	21.8*	65.3*

TABLE 26, Continued

	Measure Number ¹	Adults with Selected Sources of Insurance			
		All Adults ²	Medicaid ³	Private ⁴	Uninsured ⁵
Receipt of appropriate care (past 12 months)					
Received any preventive visit or counseling, all individuals ¹⁷	A7	84.1%	89.1%	90.3%	57.3%*
Individuals age 19 to 49		80.7	87.8	87.8	54.2*
Individuals age 50 to 64		91.2	93.3	94.6	68.0*
Individuals with a chronic condition or pregnant, all ages		92.7	96.3	96.0	73.9*
Had cholesterol checked by health professional, all individuals	A8	57.3	60.9	64.9*	27.2*
Men age 35 to 64		65.4	67.4	73.8*	28.6*
Individuals with health-related risk of heart disease (CHD) ¹⁸		65.6	69.2	75.6*	33.3*
All individuals at increased risk of CHD		63.5	66.8	72.6*	30.0*
Had a flu shot, all individuals	A9	31.6	31.3	37.3*	13.0*
Individuals age 50 to 64		42.8	42.6	46.4	19.3*
Individuals with a chronic condition or pregnant		40.5	38.8	46.5*	18.5*
All individuals at high-risk of influenza complications ¹⁹		39.1	38.1	44.2*	17.4*
Had professional counseling about smoking (current smokers)	A10	49.2	59.0	55.0	28.8*
Had any test for colorectal cancer (age 50 to 64)	A11	22.8	24.7	25.1	6.3*
Men age 50 to 64		24.9	22.1	27.5	5.9*
Women age 50 to 64		20.9	26.4	22.8	6.7*
Had Pap smear or test for cervical cancer (women age 21 to 60)	A12	59.3	61.6	65.8*	33.6*
Had more than 15 office visits	A13	5.3	9.6	5.0*	1.9*
Had at least one hospital emergency room (ER) visit	A14	18.8	35.9	14.9*	17.1*
ER visit was related to a serious health problem ²⁰		12.1	23.8	9.7*	8.9*
ER visit was related to an access barrier, not a serious problem ²⁰		4.9	8.7	4.0*	5.0*
Four or more ER visits	A15	2.0	7.2	0.8*	2.0*

TABLE 26, Continued

Notes: Measures in this table are based on national samples of adults from the 2012 National Health Interview Survey (NHIS). Measures are for adults age 19–64, unless otherwise noted. The population in this table is limited to individuals insured for the entire year or uninsured for the entire year and excludes individuals insured for only part of the year and uninsured part of the year. Responses to access and use questions are based on the previous 12 months, during which time the individual may have had a different source of coverage than that shown in the table. Not separately shown are individuals covered by Medicare.

* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.

- 1 Measure number corresponds to the index of access measures in the MACStats Appendix. See the appendix for additional details on each measure.
- 2 In addition to individuals in the Medicaid, private, and uninsured columns, includes individuals dually covered by Medicare and Medicaid and covered by Medicare only.
- 3 Medicaid includes a small number of individuals covered by other state-sponsored health plans. Individuals with both Medicaid and Medicare or other public coverage at the time of interview were excluded.
- 4 Private health insurance coverage includes individuals with employer-sponsored coverage, other private plans, and military health plans at the time of interview and includes individuals with both private insurance and Medicaid/CHIP, Medicare, or other public coverage.
- 5 Uninsured includes individuals who did not have any health insurance coverage at the time of interview (individuals were also classified as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care).
- 6 Reasons given by those who reported no usual place of care that were classified as access barriers include: too expensive/cost, previous doctor not available, respondent does not know where to go, and respondent speaks a different language.
- 7 Individual reported one of these barriers in the past 12 months: trouble finding a doctor or provider, doctor's office/clinic did not accept the individual's insurance coverage, or office/clinic did not accept individual as a new patient.
- 8 Reported any experiences captured in measures S11 and S12.
- 9 Respondents may report encounters with a broad range of health professionals (e.g., a chiropractor or physical therapist) but the question is limited to visits in a doctor's office or clinic.
- 10 Respondents may not limit encounters with health professionals to visits in a doctor's office or clinic.
- 11 Medical doctor includes general doctor, obstetrician-gynecologist, medical specialist, and eye doctor, but excludes other health professionals (e.g., a chiropractor, podiatrist or foot doctor, or physical therapist).
- 12 SMI is serious mental illness. Individuals were defined as having SMI if they reported a limitation due to a mental health or behavioral problem or received a score over 30 (out of 40) on the Kessler Psychological Distress Scale (K10) in the NHIS. For more information on the Kessler Psychological Distress Scale, see R. Kessler, P. Barker, L. Colpe, et al., Screening for serious mental illness in the general population, *Archives of General Psychiatry* 60, no. 2 (2003): 184–189.
- 13 C11 is a global measure of professional contact and includes all encounters in C8, all encounters with a mental health professional (not just those in C9 by individuals with SMI), and encounters with other health professionals not counted elsewhere (e.g. chiropractor, podiatrist or foot doctor, or physical therapist). C12 adds to C11 all dental professional visits. Responses to questions about specific types of health professionals may not align with reported office visits in C6 due to differences in question wording, respondent interpretation, and recall.
- 14 Reasons given for delayed care classified as access barriers include: cost, transportation, and provider-related reasons (respondent couldn't get an appointment, had to wait too long to see doctor, couldn't go when open, couldn't get through on phone, and speaks a different language).
- 15 Individuals reporting unmet need because of cost for prescription drugs, and individuals who took specific actions to save money on medications (skipped doses, took less medicine, and delayed filling a prescription).
- 16 Measure T10 is all individuals with an access problem reported in S13 and T7–T9.
- 17 Includes all preventive services in measures A8–A12 and other services reported in the NHIS: health professional talked to you about diet, blood pressure checked by health professional, and screening for breast cancer. Includes individuals who reported receiving the service, but who are not in a high-risk group or of a recommended age for the service.
- 18 Individuals of any age or sex reporting hypertension, diabetes, and who currently smoke. See details in MACStats Appendix.
- 19 Based on common risk factors that can be measured in the NHIS. See details in MACStats Appendix.
- 20 Based on responses to questions about the most recent emergency room (ER) visit. Most recent ER visit is classified as related to a serious health problem if the individual reported that the visit resulted in a hospital admission, or reason for the visit was either taken by ambulance, advised by doctor to go, or problem too serious for doctor's office/clinic. Visit is classified as related to an access barrier if the individual reported the visit occurred at night or on weekend, or reason for the visit was doctor's office/clinic was closed, and excludes individuals reporting a serious health problem.

Source: MACPAC analysis of the 2012 National Health Interview Survey (NHIS).