

POSTER ABSTRACTS
8th Annual HMO Research Network Conference
April 9-10, 2002 Long Beach, CA

Evaluating Care Delivery
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Patient Preferences For Access To Care.

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Background: There is a dearth of information on patient preferences for access to care. To address this, we investigated preferences for three components of access to care, in a large health maintenance organization (HMO).

Methods: Within a cross-sectional telephone interview study of a random sample of HMO members, we assessed preferences for receiving care right away (Timeliness), receiving care from a provider that knows them well (Familiarity), and receiving care from a provider with special expertise (Specialist). We categorized strong preferences as having ratings of "extremely important" or "very important" for two hypothetical scenarios: Low Severity, i.e. symptoms of a Sore Throat, Runny nose, Coughing, and Muscle aches for 2 days; and High Severity symptoms, i.e. Chest pain, Difficulty breathing, and a Racing heartbeat. We also noted two vulnerable populations: Low Income subjects, i.e. household income less than \$35,000, and Low Education subjects, i.e. a high school education or less.

Results: The 615 subjects tended to be female (58%), to be over the age of 65 (61%), to have Low Income (53%), and usually to have seen their primary care provider for medical care (65%). In addition, 45% reported being in excellent or very good health, and 34% reported having Low Education. In the Low Severity scenario, 38% of subjects reported a strong preference for Timeliness, 45% for Familiarity, and 18% for a Specialist; conversely in the High Severity scenario, 95% of subjects reported a strong preference for Timeliness, 58% for Familiarity, and 54% for a Specialist. Interestingly, having Low Education was associated with Familiarity preferences in both the Low Severity (54% v. 40%, $p<0.05$) and High Severity scenarios (66% v. 54%, $p<0.05$). Low Education also associated with lower Timeliness preferences in the High Severity scenario (92% v. 97%, $p<0.05$). Similarly, Low Income was associated with Familiarity preferences in the High Severity scenario (65% v. 50%, $p<0.05$).

Conclusions: These preliminary results suggest that preferences for access to care may vary across the type of access, and with the level of symptom severity. Further research in this area is necessary to assess the predictors of access preferences.