

## low-income Californians' health care preferences: the private patient population

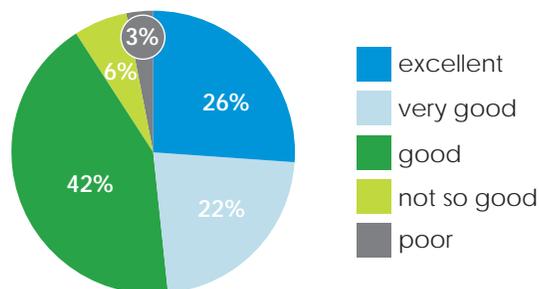
The Patient Protection and Affordable Care Act (ACA) will extend health insurance coverage to millions of low-income Americans, creating a newly competitive marketplace that presents risks and opportunities alike for a broad range of health care providers, from traditional safety net clinics to private doctors serving poor and near-poor patients.

Success to a large extent depends on understanding and meeting the wants and needs of low-income patients. To that end, Blue Shield of California Foundation (BSCF) commissioned "On the Cusp of Change," a statewide survey of Californians aged 19 to 64 with household incomes under 200 percent of the federal poverty level, about \$45,000 for a family of four.<sup>1</sup> The study examined the health care experiences of low-income Californians and their desires for future care. This issue brief, one of four follow-up reports, examines one group in particular – patients who currently obtain their care from private doctor offices.

Overall, "On the Cusp of Change" finds substantial interest in the choices the ACA will provide. Four in 10 low-income Californians believe their coverage will improve when the law is implemented, a far better reception than the bill has received among the general population. But expectations may be high, in part, because current experiences have room for improvement. Fewer than half, 48 percent, rate the overall care

they receive now as excellent or very good, and on 18 specific elements of care, just five (e.g., cleanliness of the facility and courtesy of the staff) are rated as excellent or very good by majorities of respondents.

satisfaction with care  
among low-income Californians



More than four in 10 low-income Californians report having no choice now where they go for care; for most, that's because their current facility is the only one they can afford. Forty-three percent have no regular personal doctor. Those two factors – having no choice now, and lacking but wanting a personal doctor – are key factors motivating interest in changing care providers. And that interest is high – overall, nearly six in 10 express interest in switching to a new facility if they had insurance to cover it.

While the "On the Cusp of Change" report provides a detailed overall account, this series of issue briefs was developed in response to requests for further analysis of results among specific groups within the poor and near-poor

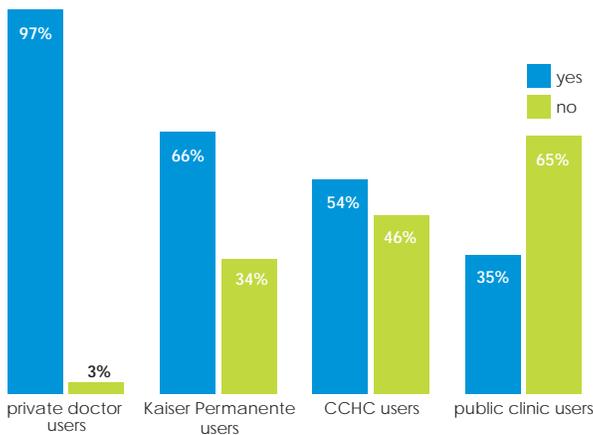
population. Other briefs in this series examine views among public clinic patients, among patients at California community clinics and health centers (CCHCs), and on a regional level.

## Private Patients

One finding of the study is that a substantial number of low-income Californians age 19 to 64 – 28 percent – receive their care from private doctor offices.<sup>2</sup> It's a population that differs in significant respects from many other poor- and near-poor residents, in background, experiences and preferences alike.

The largest difference, naturally, is the presence of a personal doctor. Ninety-seven percent of low-income patients who use private doctor offices say they have a regular personal doctor. That drops sharply among other groups, to 66 percent of those who use Kaiser Permanente, 54 percent of patients at CCHCs and 35 percent of patients at public clinics (i.e. those run by public hospitals, counties or cities).

### do you have a regular personal doctor, or not?

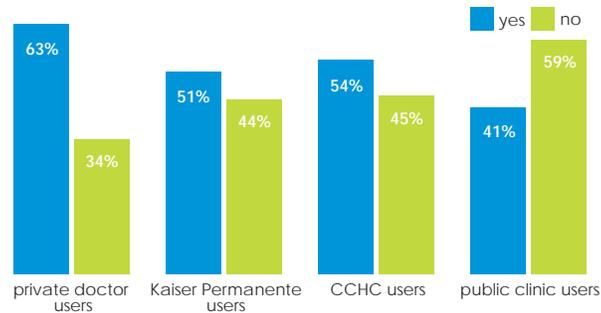


It matters, because having a well-regarded personal doctor is one of the prime predictors of

overall satisfaction with care, and by extension, loyalty to one's current provider. Lacking but wanting a personal doctor, in turn, is a key predictor of wanting to find a new care provider.

To some extent private doctor patients already have greater choice than others about where they go for health care. Sixty-three percent say they chose to go to their current facility, rather than going there because it is the only place available to them. That declines to 49 percent among all other low-income Californians.

### do you have a choice of where you go for health care, or not?



Insurance is one key reason private doctor patients have more choice. Especially compared with CCHC and public clinic patients, they're more apt to be privately insured: Fifty-one percent of poor and near-poor private doctor patients report having private insurance, compared with just 17 percent and 14 percent, respectively, at CCHCs and public clinics. (The rate of private insurance is highest in another group, Kaiser Permanente patients.<sup>3</sup>)

In another difference, 36 percent of private doctor patients rate their current health as excellent or very good; it's about the same among Kaiser Permanente patients, compared with just 21 percent among patients of CCHCs. Having healthier patients is an advantage, since

they tend to be more satisfied with their care. At the same time, among all low-income groups, health status ratings are far lower than they are among Californians at all income levels, or among all Americans at all income levels.

## Satisfaction With Care

Across a range of measures, private doctor patients are notably more satisfied with their care than are other low-income Californians. In the largest difference, 69 percent give a positive rating (excellent or very good) to their ability to see the same doctor each time; that drops to 45 percent among Kaiser Permanente patients, about the same at CCHCs (44 percent) and 32 percent at public clinics.

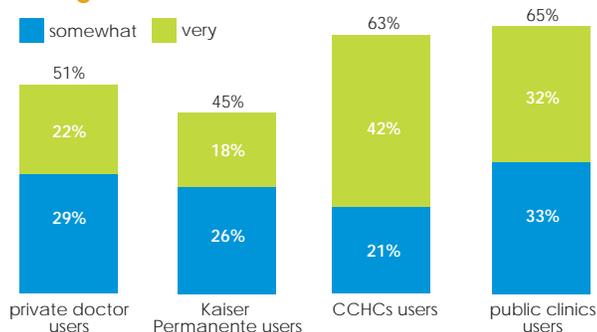
Out of 15 individual aspects of care tested in the survey, nine are rated positively by at least six in 10 private doctor patients – feeling welcome, being able to see the same doctor, courtesy of staff, cleanliness of facility, how well the doctor communicates, convenience of the location, patients' involvement in medical decisions, the staff's understanding of the patient's medical history and the amount of time the doctor spends with the patient. Fewer, four of these items, are positively rated by at least six in 10 Kaiser Permanente patients, and none is rated positively by that many CCHC or public clinic patients.

Overall, 56 percent of low-income patients of private doctor offices rate the quality of the health care they receive as excellent or very good. It's about the same among Kaiser Permanente patients, compared with 45 percent among CCHC patients and 37 percent among public clinic users.

## Interest in Change

Satisfaction with care is a central component of loyalty. Twenty-nine percent of private doctor patients say they are somewhat interested in changing their facility, and an additional 22 percent are "very interested." While that means 51 percent overall express some interest in changing their care facility, that is considerably lower than interest in change among CCHC and public clinic patients, 63 and 65 percent, respectively.

### interest in changing facilities among low-income Californians

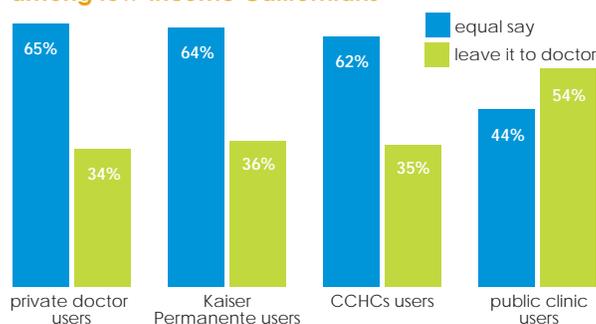


Private doctor patients also have somewhat different patterns of interest in a new facility, if they were to change. Fewer, 29 percent, cite cost as their main concern, compared with 50 percent of low-income Kaiser Permanente patients and 42 percent of CCHC users. Instead, more of those at private doctor offices are concerned with a facility where they can see the same doctor each time they visit (40 percent).

These patients also are somewhat less interested in a "health care home" offering a broader range of health services. A majority, 57 percent, say this would be extremely or very important to them in choosing a new facility, but that's fewer than the share of either Kaiser Permanente or public clinic patients who say so, 71 and 72 percent, respectively.

There are fewer difference in some other areas. In terms of what services are most desirable in a new health care facility, the availability of continuing care ranks higher than family care or wellness programs, the ability to make timely appointments tends to be prioritized over walk-in or night and weekend hours and a doctor who can offer clear explanations is as important as one who takes the patient's concerns into account. (Both are deemed more important than face time alone.) Nearly two-thirds desire an equal say in decision-making with their care provider, rather than leaving decisions up to the doctor.

**preferences for medical decision making among low-income Californians**



**Navigating the Waters**

Clearly the doctor-patient relationship is a built-in advantage for private doctor offices. Other fundamentals, including courtesy, cleanliness of the facility and communication, also are differentiating factors that work to their benefit. The challenge for these facilities, as the ACA moves toward full implementation, is in their extending these advantages to a more diverse and more cost-sensitive clientele among the state's poor- and near-poor population.

**Endnotes**

1. The representative, random-sample telephone survey of 1,005 low-income Californians was produced for BSCF by Langer Research Associates, of New York, N.Y., which also is responsible for this issue brief. See the full report at [http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/On\\_the\\_Cusp\\_of\\_Change\\_6\\_2011.pdf](http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/On_the_Cusp_of_Change_6_2011.pdf)
2. The survey included a highly detailed effort to identify usage of various types of healthcare facilities. Respondents first were asked if they usually go for health care to a Kaiser Permanente facility, a private doctor's office, a community clinic or health center, a hospital, or someplace else (the order of these options was randomized, with "someplace else" always listed last). Respondents who indicated they went to a clinic for care were asked the clinic's name and location. These were compared with a list of all California community clinics and health centers (CCHCs) and a list of all California public hospital clinics. For clinics not matched to either list, the respondent was asked follow-up questions to identify whether the clinic was hospital-operated or not, and whether it was county- or privately run. These clinics also were back-checked against the lists, and when in doubt clinic type was confirmed by online searches for information about the clinic, or by calling the facility directly. The survey has a margin of sampling error of plus or minus 4 points for all respondents and plus or minus 7 points for the 301 private doctor office patients in the sample.
3. This result is expected, as Kaiser Permanente is both an insurance plan and health care service system.