

## STATISTICAL BRIEF #509

March 2018

### Characteristics of Practices Used as Usual Source of Care Providers during 2015, by Age—Results from the MEPS Medical Organizations Survey

Anita Soni, PhD, MBA and Marie N. Stagnitti, MPA

#### Introduction

The U.S. office based physician market has experienced substantial changes in recent years. A growing number of office based physicians are practicing in large group practices, and vertical integration between hospitals and physician group practices through ownership and contractual relationships has accelerated.<sup>1</sup> Understanding the organizational characteristics of office based physicians and how those characteristics are associated with use and costs of care are critical to informing policies designed to promote high-quality and efficient health care delivery.

The Agency for Healthcare Research and Quality's (AHRQ) Medical Expenditure Panel Survey (MEPS) supplemental Medical Organizations Survey (MOS) is designed to provide nationally representative estimates of the characteristics of patients' USC providers and to support analyses of the association between practice characteristics and patients' experiences with care, including access to care, service use, quality of care, and expenditures. This is the first federal survey that has the capability of directly linking practice characteristics with patients' experiences. The MEPS MOS was funded in part by support from the Robert Wood Johnson Foundation, and the data were collected for the first time for calendar year 2015.

The MEPS MOS expands the current MEPS Medical Provider Component (MPC) to include information on characteristics of the practices of office based providers identified by MEPS Household Component (HC) respondents as a USC. Research domains included in the MOS survey instrument include practice ownership and size, provider mix, financial incentives, patient mix, access, quality, coordination of care, and use of EHR/EMR systems. To be eligible for the MOS, a medical provider had to be 1) identified as an office based USC for a MEPS-HC respondent and 2) seen by the respondent during 2015.

In 2015, an estimated 80 percent of the U.S. civilian noninstitutionalized population, about 250.5 million people, had a USC, and, of those persons, about 60 percent (150.8 million people) had an office based USC who they saw at least once during the year.

Based on these criteria, estimates presented in this Brief reflect the characteristics of people in the U.S. civilian noninstitutionalized population who had a USC that was a physician in an office based setting and who visited that USC in 2015 (hereafter referred to as "patients with a USC" or "USC patients") by age—children (ages 0–17), adults (ages 18–64) and the elderly (ages 65 and older).

#### Findings

Almost two-thirds of children with USC providers who visited them during 2015, had a USC that was an independent practice (61.8 percent) compared to about half of adults (49.5 percent) (figure 1). The percentage of children who had a USC provider that described itself as a "physician network owned by a hospital" was lower than for adults or the elderly (14.8 versus 24.5 and 24.0 percent, respectively). A higher percentage of adults than the elderly had a USC provider that described itself as a "non-profit or government clinic" (17.5 versus 10.7 percent).

In 2015, for patients with a USC, the largest proportion of children and the elderly visited medium-sized practices that had between 4 and 10 physicians working full or part time at the practice (33.7 and 31.1 percent, respectively) (figure 2). Children, adults, and the elderly were all least likely to visit the largest practices with 51 or more physicians working full or part time at the practice (3.0, 5.1, and 5.2 percent, respectively).

Across all three age categories, half or more of those who visited their USC in 2015 visited a practice that had 2 or more nurse practitioners or physician assistants working in the practice (children, 50.4 percent; adults, 54.3 percent; and the elderly, 50.9 percent) (figure 3). About a quarter of the USC patients in all three age categories who visited a practice in 2015, went to practices that did not have a nurse practitioner or physician assistant working in the practice (children, 25.5 percent; adults, 23.0 percent; and the elderly, 26.9 percent, respectively).

Overall, nearly all practices visited by USC patients in 2015 routinely set aside time for same day appointments regardless of patient age—96.6 percent for children, 95.1 percent for adults, and 95.3 percent for the elderly (figure 4).

In 2015, the USC practices seen by more than 90 percent of elderly, adult, and child patients used an EHR/EMR system (figure 5). A higher percentage of elderly than child patients visited practices where the EHR/EMR system sent guideline-based intervention or screening tests reminders (84.9 versus 73.9 percent).

#### Highlights

- Nearly two-thirds (61.8 percent) of children with a usual source of care (USC) provider and who visited them during 2015 had a USC that was an independent practice, compared to only about half of non-elderly adults.
- The largest proportion of children and the elderly visited medium-sized practices that had between 4 and 10 physicians working full or part time at the practice.
- For children, adults, and the elderly, about half of those who visited a USC in 2015 visited a practice that had 2 or more nurse practitioners or physician assistants.
- An overwhelming majority of practices (95 percent or higher) visited as USC providers by children, adults, and the elderly routinely set aside time for same-day appointments.
- A higher percentage of elderly than child patients visited practices where the electronic health record/electronic medical record (EHR/EMR) system sent guideline-based intervention or screening test reminders.

<sup>1</sup> Burns, L.R., Goldsmith J.C., and Sen, A. "Horizontal and Vertical Integration of Physicians: a Tale of Two Tails." *Annual Review of Health Care Management: Revisiting the Evolution of Health Systems Organization*. Emerald Group Publishing Limited, 2014. 39–117.

## Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2015 Full Year Medical Organizations Survey File (HC-182).

## Definitions

### *MEPS Medical Organizations Survey (MOS)*

The MEPS MOS is an expansion of the MPC data collection, and collects data on the organization of the practices of office based care providers identified as a USC in the MEPS-HC that were seen by an HC sampled person in 2015. This additional data collection is for a subset of office based care providers already included in the MEPS MPC sample. In the MEPS MPC sample, primary locations for individuals' office based USC were identified. The MEPS MPC contacted these places where medical care was provided to determine the appropriate respondent and then administer a MEPS MOS. The design of the survey is multi-modal, including phone, fax, mail, self-administration, electronic transmission, and secure email. The data collection method chosen for a provider was the method that resulted in the most complete and accurate data with minimal burden to the respondent.

### *Usual Source of Care (USC)*

For each individual family member, the MEPS-HC ascertains whether there is a particular doctor's office, clinic, health center, or other place that the respondent usually visits if he or she is sick or needs advice about his or her health. For the MEPS MOS, the USC can be reported as an individual, an individual in a group practice, or a practice. However, the MOS survey respondent is asked to answer the questions at the practice level.

### *MEPS MOS Sample Frame*

The 2015 MOS was fielded in 2016 but is linked to data collected for the 2015 MEPS-HC. Data are for persons that had a visit to their USC provider in 2015, and the USC question was asked in Panel 19 Round 4 and Panel 20 Round 2. Only persons who saw their office based USC provider were included in the sample frame. The sum of the MOS weights across sample persons in this file is 150,803,945, which represents the estimated number of persons in the U.S. civilian noninstitutionalized population who had one or more visits to their office based USC provider in 2015. This estimate assumes that the 1.7 percent of persons with missing data for the USC question did not visit an office based USC provider during the year.

## About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

## References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Healthcare Policy and Research, 1997.  
[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf)

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Healthcare Policy and Research, 1997.  
[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf)

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5-III-12.

Cohen, S.B., Cohen, J.W., Stagnitti, M.N., Lefkowitz, D.C. Implementation of a Linked Medical Organization Survey in the Medical Expenditure Panel Survey. *Journal of Economic and Social Measurement*, February 2017: 41(4): 417-432.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD.  
[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

Stagnitti, M.N., Beauregard, K., and Solis, A. *Design, Methods, and Field Results of the Medical Expenditure Panel Survey Medical Provider Component (MEPS MPC)—2006 Calendar Year Data*. Methodology Report No. 23. November 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr23/mr23.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr23/mr23.pdf)

Zodet, M., S. Chowdhury, S. Machlin, and J. Cohen. 2016. Linked designs of the MEPS Medical Provider and Organization Surveys. In *JSM Proceedings*, Survey Research Methods Section. Alexandria, VA: American Statistical Association. 1914-1921.

Stagnitti, M.N., Moriya, A., Soni, A., Wolford, M., Zodet, M. *Characteristics of Practices Used as Usual Source of Care Providers during 2015—Results from the MEPS Medical Organizations Survey*. Statistical Brief #502. April 2017. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st502/stat502.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st502/stat502.pdf)

## Suggested Citation

Soni, A. and Stagnitti, M.N. *Characteristics of Practices Used as Usual Source of Care Providers during 2015, by Age—Results from the MEPS Medical Organizations Survey*. Statistical Brief #509. March 2018. Agency for Healthcare Research and Quality, Rockville, MD.  
[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st509/stat509.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st509/stat509.pdf)

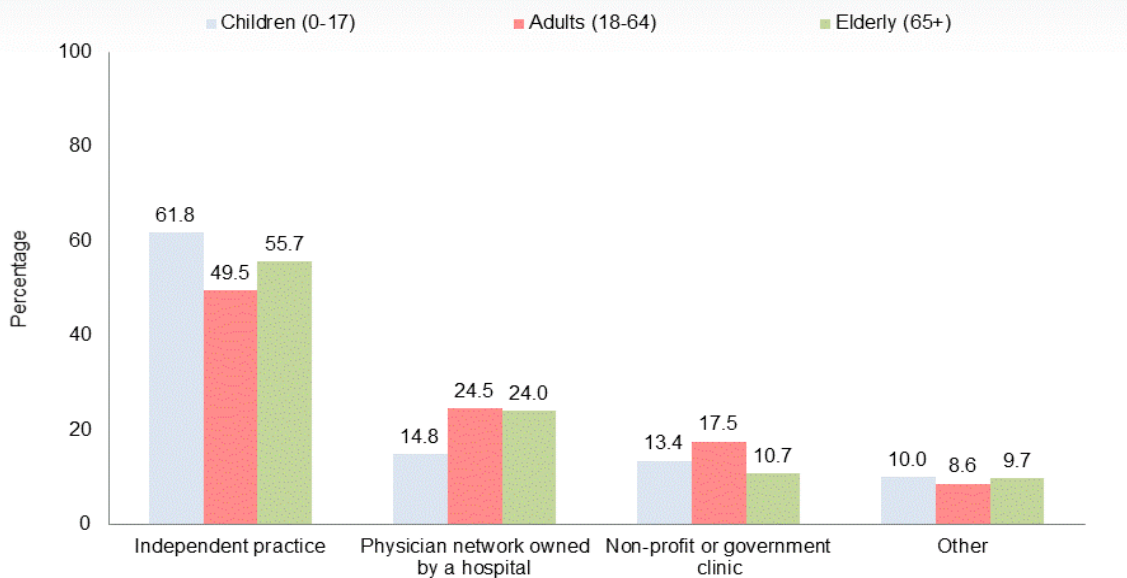
\* \* \*

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please email us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

Joel Cohen, PhD, Director  
Center for Financing, Access, and Cost Trends  
Agency for Healthcare Research and Quality  
5600 Fishers Lane, Mailstop 07W41A  
Rockville, MD 20857



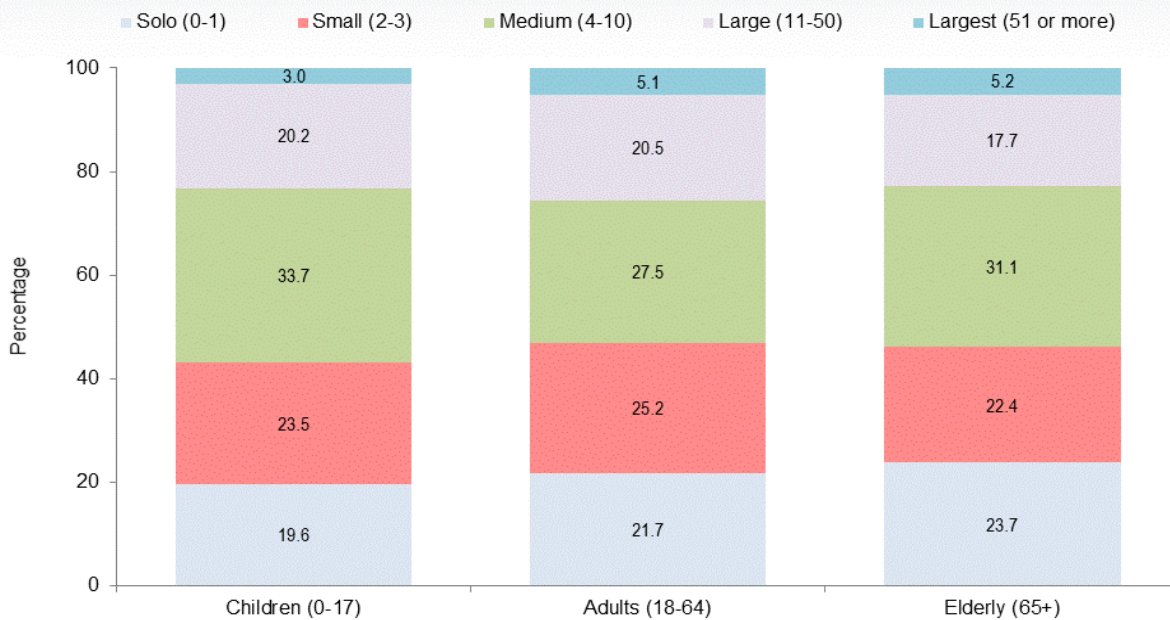
**Figure 1. Distribution of practice type visited among persons who saw their usual source of care, by age, 2015**



Note: Estimates are for the U.S. civilian noninstitutionalized population who have a usual source of care office based provider and who visited that provider in 2015. Percentages may not add to exactly 100.0 due to rounding.  
 Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2015.



**Figure 2. Distribution of the number of doctors in the practice visited among persons who saw their usual source of care, by age, 2015**

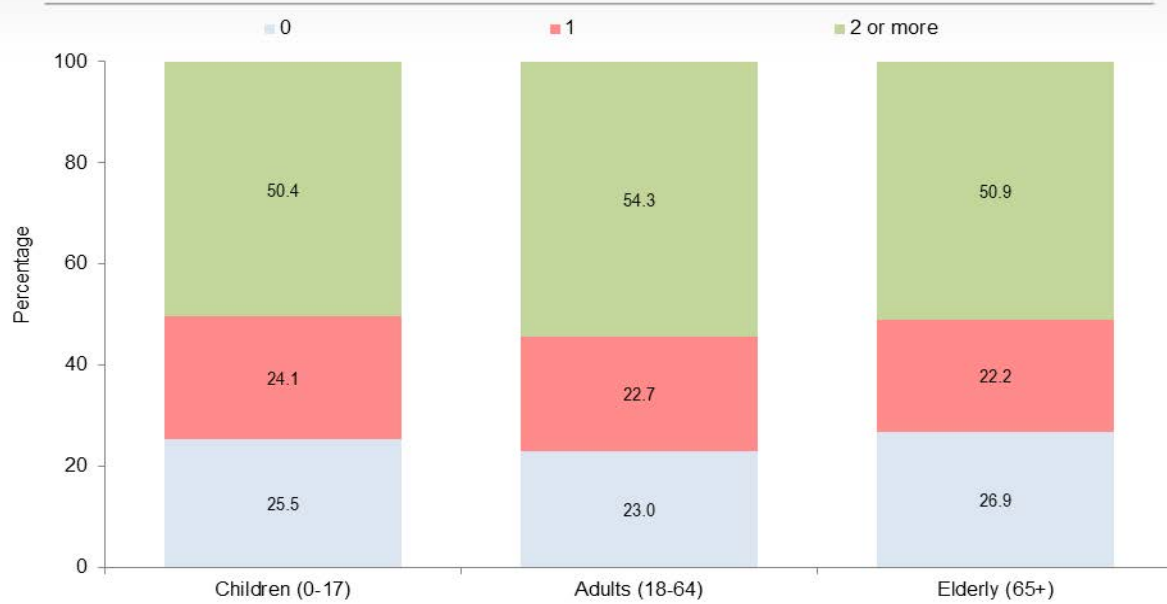


Note: Estimates are for the U.S. civilian noninstitutionalized population who have a usual source of care office based provider and who visited that provider in 2015.  
 Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2015.





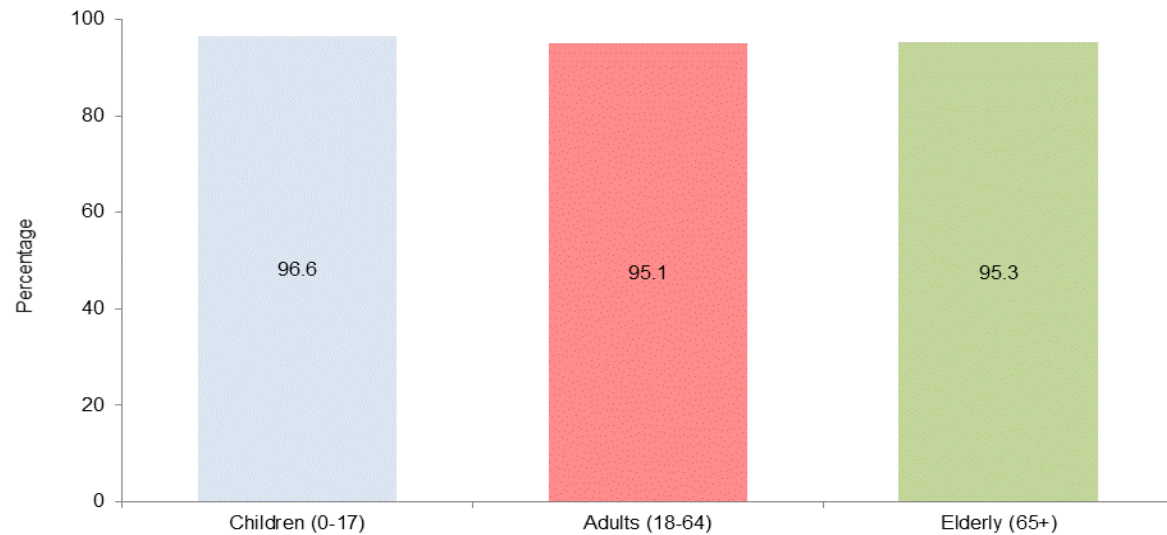
**Figure 3. Distribution of number of nurse practitioners and physician assistants working in the practice visited among persons who saw their usual source of care, by age, 2015**



Note: Estimates are for the U.S. civilian noninstitutionalized population who have a usual source of care office based provider and who visited that provider in 2015. Percentages may not add to exactly 100.0 due to rounding.  
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2015.



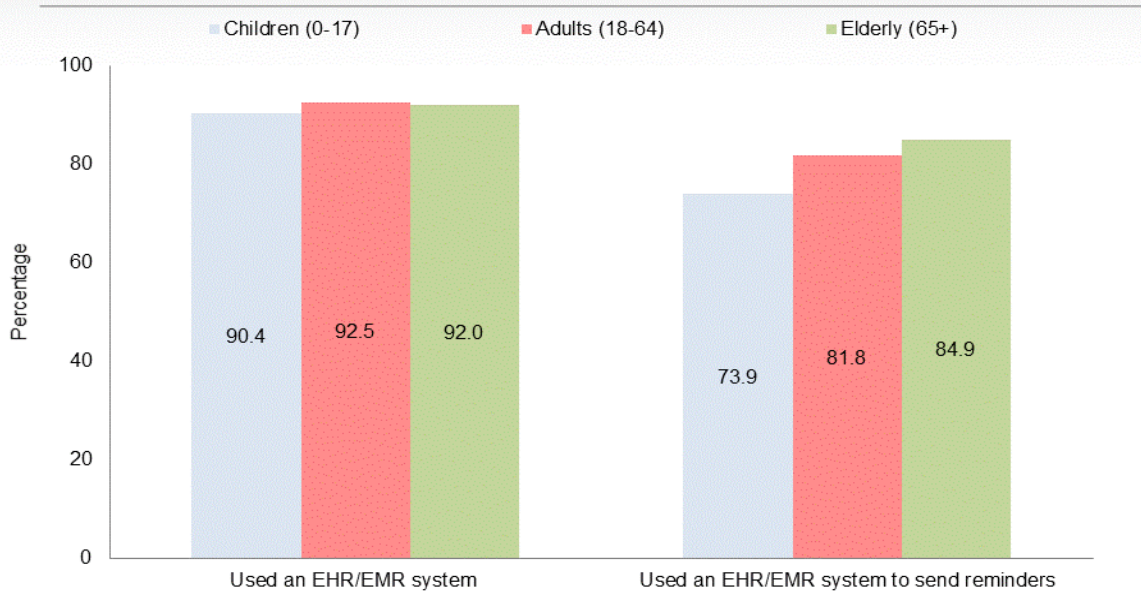
**Figure 4. Percentage of people whose usual source of care practice routinely set aside time for same day appointments among persons who saw their usual source of care, by age, 2015**



Note: Estimates are for the U.S. civilian noninstitutionalized population who have a usual source of care office based provider and who visited that provider in 2015.  
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2015.



**Figure 5. Percentage of people whose usual source of care used an EHR/EMR system and used it to send reminders, among persons who saw their usual source of care, by age, 2015**



Note: Estimates are for the U.S. civilian noninstitutionalized population who have a usual source of care office based provider and who visited that provider in 2015.  
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2015.