

Statistical Brief # 8

Access to Urgent Medical Care: 2001

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The quality of the health care received by Americans is an issue of public policy concern for several reasons. First, the level of quality of the health care delivery system affects the capacity to provide timely, accessible, effective and efficient medical care to the population in need of services. Second, estimates of quality are vital to evaluate the costs and outcomes of health care delivery and to help identify potential areas where improvements are necessary. Finally, all components of the population may not be receiving care equally. Following these population subgroups over time can provide information about whether greater equity has been achieved or whether serious gaps remain. The first self-administered questionnaire (SAQ) was added to the 2000 Medical Expenditure Panel Survey (MEPS) to collect information on health care utilization, access, health status and the quality of health care received. The quality of care measures were taken from an AHRQ-sponsored instrument, the Consumer Assessments of Health Plans (CAHPS®). The second SAQ was administered in late 2001 and early 2002. This MEPS Statistical Brief presents preliminary findings based on the data obtained from the 2001 SAQ. All of the questions refer to events experienced in the last 12 months. Only differences that are statistically significant at the 0.05 level are discussed in the text.

ACCESS TO CARE: *Getting urgent care when needed*

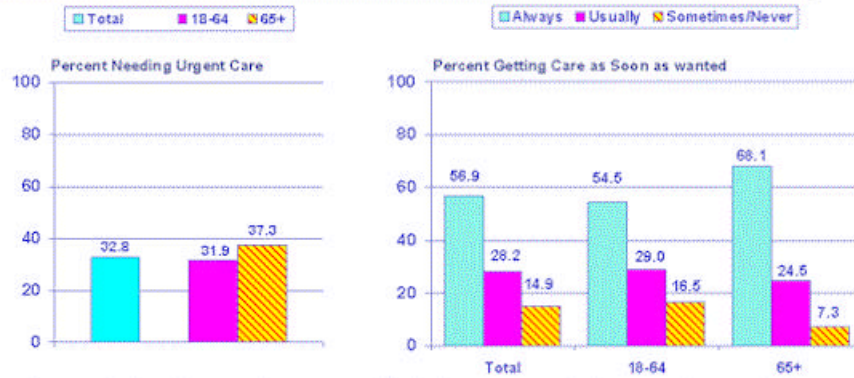
Overall in 2001, 32.8% of the U.S. civilian noninstitutionalized population age 18 or older (67.0 million) reported that they had an illness or injury that needed care right away from a doctor's office, clinic, or emergency room. More than half of those needing urgent care (56.9%) said they always received care as soon as they wanted. Older people were more likely than adults under age 65 to say they needed urgent care (37.3% for age 65 and older and 31.9% for age 18-64) and of those needing care, older people were more likely than adults under age 65 to say they always

received care as soon as they wanted (68.1% for age 65 and older and 54.5% for age 18-64) ([figure 1](#)). Among those age 18-64, whites and blacks were more likely than Hispanics and others to say they needed urgent care (33.3% of whites, 33.0% of blacks, 25.2% of Hispanics and 24.7% of others) and among those needing care, whites were less likely than the other race/ethnicity groups to say they sometimes or never received care as soon as they wanted (14.3% of whites, 20.3% of blacks, 24.2% of Hispanics and 28.6% of others) ([figure 2](#)) The percent of Hispanics age 18-64 saying they always received care as soon as they wanted increased to 49.9% in 2001 from 41.2% in 2000. Also among those age 18-64, adults with only public insurance were the most likely to report having an illness or injury needing urgent care and the insured were more likely than the uninsured to report needing urgent care (41.3% for public only, 32.2% for any private, and 27.4% for uninsured). Among those age 18-64 getting urgent care, the uninsured were more likely than those with insurance to report sometimes or never receiving care as soon as they wanted (26.2% of uninsured, 19.9% of public only, 13.8% of any private) ([figure 3](#)) This pattern is consistent with the differences noted in 2000 between those with coverage and the uninsured.

About MEPS and CAHPS7

This Statistical Brief summarizes an access and quality of care measure pertaining to the health care received by the civilian noninstitutionalized population of the United States. The Medical Expenditure Panel Survey (MEPS) is sponsored by the Agency for Healthcare Research and Quality (AHRQ). The health care quality measures used for this study were taken from the Consumer Assessments of Health Plans (CAHPS7), an AHRQ sponsored instrument to measure quality of care by consumers. A conditional response rate of 87% was achieved for the MEPS self-administered questionnaire, yielding an overall response rate of 61% for the survey (21,435 respondents to the SAQ). Specific item nonresponse rates generally varied from 1 to 4 percent for the SAQ questions. More information about MEPS can be obtained through the MEPS website at www.meps.ahrq.gov. More information about CAHPS7 can be obtained through the CAHPS7 website (www.cahps-sun.org) or on the AHRQ website (www.ahrq.gov).

Figure 1
 Percent of adults needing urgent care in the last 12 months
 and percent distribution of getting care as soon as wanted by age

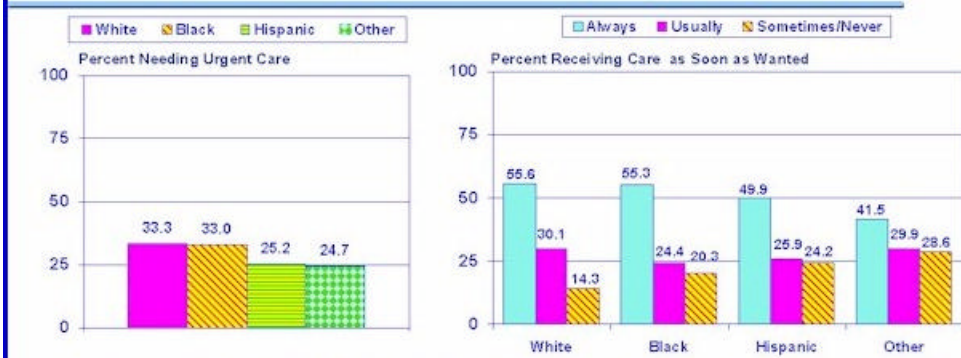


- Among adults, older people were more likely than younger adults to say they needed urgent care and among those needing care, older people were more likely than younger adults to say they always received care as soon as wanted.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001



Figure 2
 Percent of adults age 18-64 needing urgent care in the last 12 months
 and percent distribution of getting care as soon as wanted by race/ethnicity

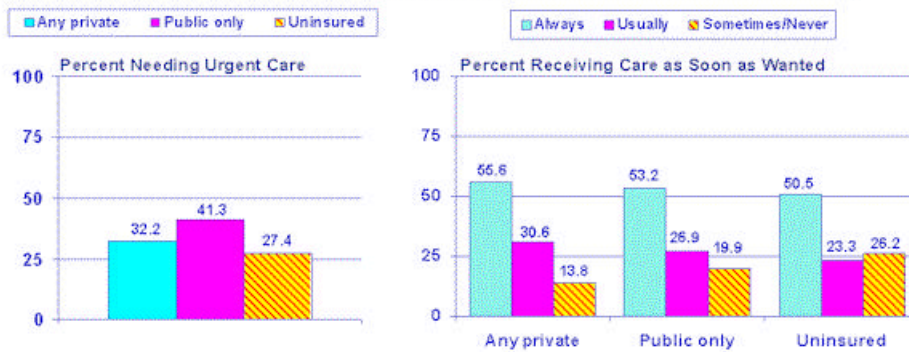


- Among those age 18-64, whites and blacks were more likely than Hispanics and others to report needing urgent care and among those needing care, whites were less likely than the other groups to report sometimes or never receiving care when needed.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001



Figure 3
 Percent of adults age 18-64 needing urgent care in the last 12 months
 and percent distribution of getting care as soon as wanted by insurance coverage



- Among those age 18-64, persons with only public insurance were more likely than others to report needing urgent care and among those needing care, the uninsured were more likely than the insured to report they sometimes or never received care when needed.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2001

