

## STATISTICAL BRIEF #502

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

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#### 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 organizational characteristics of office based physicians and how they interact with quality and costs of care is imperative when discussing policies 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' usual sources of care (USC) 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 Medical Provider Component (MPC) to include information on characteristics of the practices of office based providers identified by MEPS household respondents as their 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 electronic health/medical record systems. To be eligible for the MOS, a medical provider had to be 1) identified as an office based USC for a MEPS respondent and 2) seen by the respondent during 2015.

In 2015, an estimated 80 percent of the U.S. civilian noninstitutionalized population, about 249.6 million people, had a USC, and of those persons, about 44.1 percent (110.1 million people) saw their USC at least once during the year. The MOS sample was further limited to practices that were office based (representing about 92 percent of the people who saw their USC, or the USC practices associated with 101.2 million people, data not shown).

Under 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").

#### Findings

In 2015, for patients with a USC, the largest proportion visited practices with between 4 and 10 physicians working full or part time at the practice (30 percent), followed by solo practices (24.8 percent) (figure 1). Only a little more than one-fifth (21.9 percent) visited practices with more than 10 physicians. More than 60 percent of persons visiting their USC practice visited a single specialty practice (63.1 percent, data not shown).

The majority of USC patients had a USC that was described by the practice as "an independent practice" (54.7 percent) (figure 2). Nearly 20 percent had a USC provider that practiced in what was described as "a physician network owned by a hospital", and 17.0 percent had a USC that was described as "non-profit or government clinic." The practice for the remainder of USC patients was categorized as "other" (9.1 percent), which includes practices owned by academic medical centers, corporations, and health maintenance organizations (HMOs).

In 2015, 27.9 percent of USC patients visited practices that did not have a nurse practitioner or physician assistant working in the practice (figure 3). Just over a fifth of practices had one (20.9 percent) and a little more than half (51.2 percent) had 2 or more such practitioners.

The use of electronic health record (EHR) or electronic medical record (EMR) systems was high across all practice types (figure 4). Overall, more than 90 percent of patients with a USC visited practices that used one of these systems. The rate was lower among USC patients whose USC was an independent practice (84.5 percent) compared to USC patients whose USC was a physician network owned by a hospital (97.2 percent), non-profit/government clinic (96.9 percent), or other practice type (97.1 percent).

#### Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS HC-175 2015 Full Year Medical Organizations Survey (MOS) File. Estimates provided were derived using the preliminary MOS weight, MOSWT15P, which does not adjust to control totals for poverty status.

#### Highlights

- About a quarter of persons who visited their usual source of care (USC) practice in 2015 used a practice with only one physician. Practices of 4-10 physicians were most common.
- A slight majority of persons with a USC provider and who visited them during 2015 had a USC that was an independent practice (54.7 percent).
- A substantial majority of practices visited as USC practices in 2015 included a nurse practitioner or physician assistant (72.1 percent).

<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.

## Definitions

### *MEPS Medical Organizations Survey*

The MEPS Medical Organizations Survey (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 usual sources of care 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, MEPS ascertains whether there is a particular doctors office, clinic, health center, or other place that the respondent usually visits if he/she is sick or needs advice about his/her health. For the MEPS MOS, the usual source of care can be reported as an individual, an individual in a group practice, or as a practice, however, note that the MOS survey respondent is asked to answer the questions at the practice level.

### *MEPS MOS Sample Frame*

The 2015 Medical Organizations Survey was fielded in 2016 but is linked to data collected for the 2015 MEPS. 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 101,159,262, 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 Health Care Policy and Research, 2001.  
[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 Health Care Policy and Research, 2001.  
[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.

## Suggested Citation

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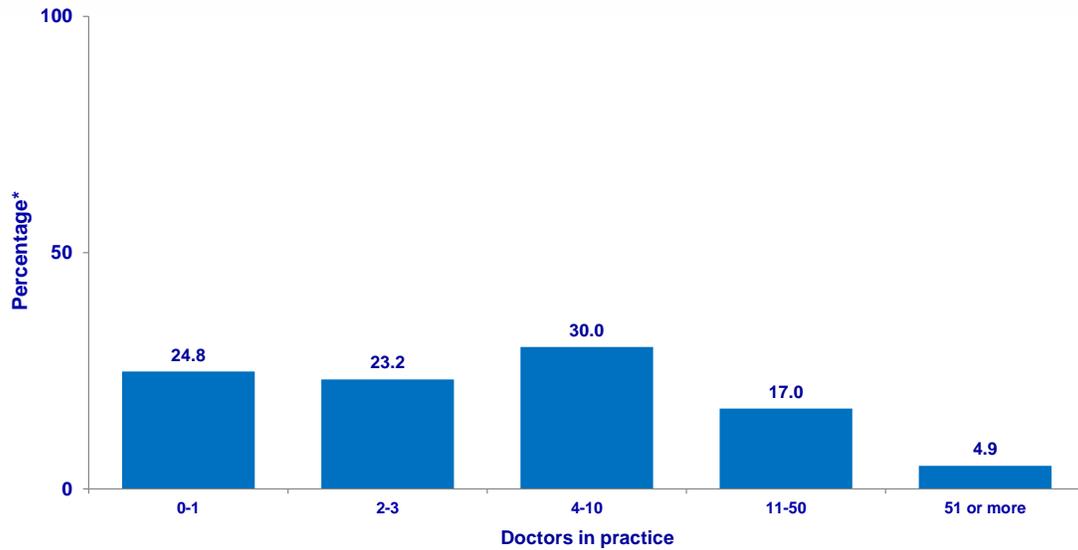
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using 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:

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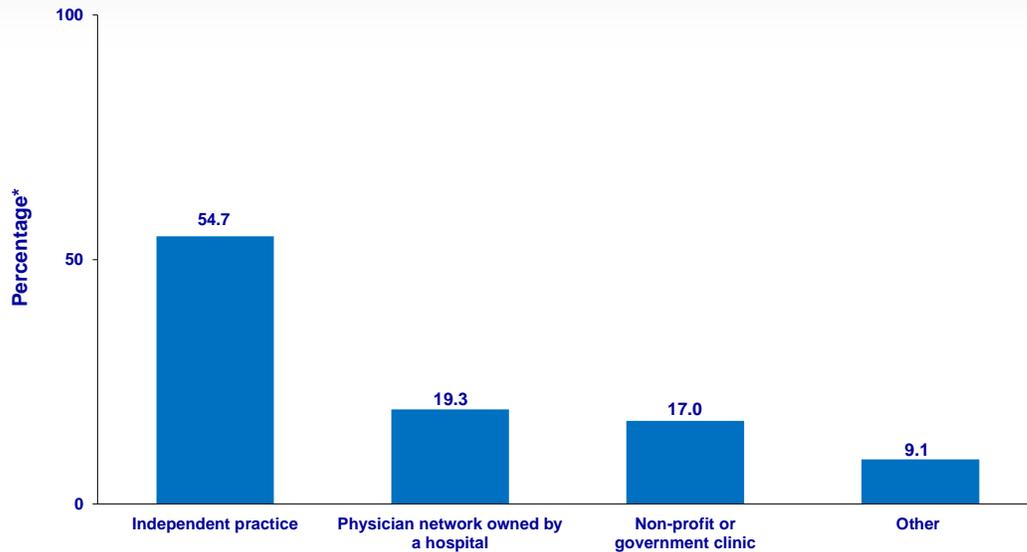
**Figure 1. Distribution of the number of doctors in the practice visited among persons who saw their usual source of care, 2015**



\*Percentages may not add to exactly 100.0 due to rounding.  
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



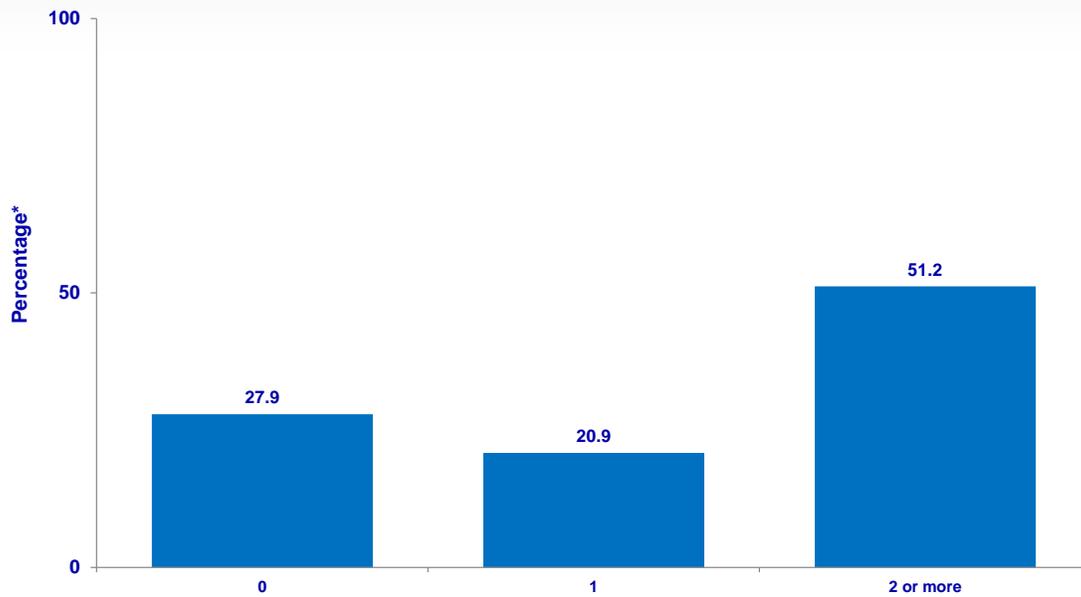
**Figure 2. Distribution of practice type visited among persons who saw their usual source of care, 2015**



\*Percentages may not add to exactly 100.0 due to rounding.  
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



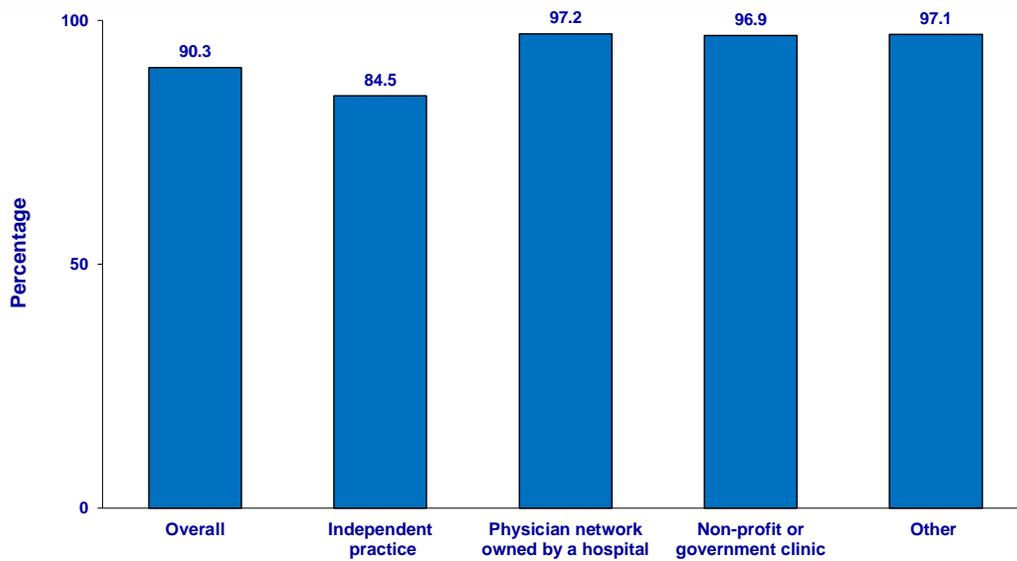
**Figure 3. Number of nurse practitioners and physician assistants working in the practice visited among persons who saw their usual source of care, 2015**



\*Percentages may not add to exactly 100.0 due to rounding.  
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 4. Percentage of people whose usual source of care used an EHR/EMR system among persons who saw their usual source of care, 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