Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

STATISTICAL BRIEF #74

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# Access to Urgent Medical Care among Adults 18 Years and Older, 2000–2002

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## Introduction

While the overall quality of health care in America shows signs of progress, improving this system remains 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, safe, and efficient medical care to the population in need of services. Second, estimates of quality of care are vital to evaluate the costs and outcomes of health care delivery and to help identify potential areas where improvements are necessary. Finally, all subgroups of the population may not be receiving care equally. Following population subgroups over time can provide information about whether greater equity has been achieved or whether serious gaps remain.*

This Statistical Brief examines the quality of health care among adults ages 18 and older as it pertains to urgent medical care in 2000, 2001, and 2002. The results reflect the need for urgent care as it is defined and reported by adults in the U.S. civilian noninstitutionalized population. The brief focuses on whether or not one had urgent care needs and how timely those needs were met for selected characteristics of the population. Only differences that are statistically significant at the 0.05 level are discussed in the text.

## Findings

From 2000 to 2002, the urgent care needs of the adult (age 18 or older) U.S. civilian noninstitutionalized population steadily decreased. In 2000, more than one-third (34.4 percent) reported that they had an illness or injury and needed care right away from a clinic, emergency room, or doctor's office. By 2002, the percentage reporting urgent care needs had dropped to 29.9 percent. (figure 1)

In 2000, of those in the population needing urgent care, more than half said that they always received urgent care as soon as they wanted (54.1 percent). By 2002, the percentage saying they always received urgent care as soon as they wanted increased to 57.5 percent. (figure 2)

### Highlights

- From 2000 to 2002, the percentage of adults reporting a need for urgent medical care decreased from 34.4 percent to 29.9 percent.
- Of those adults with urgent care needs, the percentage who reported always receiving urgent medical care as soon as they wanted increased from 54.1 percent in 2000 to 57.5 percent in 2002.
- During 2000 to 2002, people 65 and over were consistently more likely than people under age 65 to say that they needed urgent medical care and they always received urgent care as soon as they wanted.
- In 2002, Hispanic Americans were most likely to report that they sometimes or never received urgent care when needed.
- Although uninsured adults age 18 to 64 were the least likely to say they needed urgent care in 2002, they were the most likely to say they sometimes or never received urgent care as soon as they wanted.

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**National Healthcare Quality Report.* Prepublication copy. AHRQ Pub. No. 04-RG003. U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality Rockville, Md. December 2003. http://qualitytools.ahrq.gov/qualityreport/download_report.aspx

*Age*

During 2000 to 2002, people 65 and over were consistently more likely than people 18 to 64 to say they needed urgent medical care. The needs of older people were relatively stable between 2000 and 2002 (38.7 percent in 2000, 36.5 percent in 2001, 36.3 percent in 2002). However, younger adults, age 18 to 64, were less likely in 2002 than in 2000 to say they needed urgent care (33.6 percent in 2000, 31.8 percent in 2001, and 28.7 percent in 2002). (figure 3)

Similarly, people 65 and over were consistently more likely than people under age 65 to say they always received urgent care as soon as they wanted. While the percentage of older people always receiving care were relatively stable between 2000 and 2002 (65.6 percent in 2000, 68.6 percent in 2001, and 69.6 percent in 2002), the percentage of younger adults always receiving urgent care when needed increased from 51.6 percent in 2000 to 54.7 percent in 2002. (figure 4)

*Race/ethnicity*

In 2002, non-Hispanic whites/others and non-Hispanic blacks were more likely than Hispanics to say they needed urgent care (30.1 percent, 32.1 percent, and 26.7 percent, respectively). In addition, the percentage of whites/others reporting a need for urgent care decreased from 35.2 percent in 2000 to 30.1 percent in 2002, while the percentage of blacks with urgent care needs was relatively stable between 2000 and 2002 (33.9 percent in 2000 and 32.1 percent in 2002). (figure 5)

Among those needing care, Hispanics were most likely to say they sometimes or never received care as soon as they wanted. In 2002, about one in four Hispanics—25.9 percent—reported having an ill-timed or unmet response to an urgent care need, an increase from 2000 (22.3 percent). (figure 6)

While the percentage of Hispanics saying they always received care as soon as they wanted increased from 42.7 percent in 2000 to 44.9 percent in 2002, Hispanics remained the group least likely to report always getting urgent care when needed. (figure 7)

*Health insurance coverage*

In 2002, uninsured adults age 18 to 64 were less likely than insured adults (those having either any private or public only insurance) to report needing urgent care (28.0 percent any private, 44.4 percent public only, and 23.7 percent uninsured). The percentage of the uninsured reporting urgent care needs steadily decreased between 2000 and 2002 (29.2 percent in 2000, 25.9 percent in 2001, and 23.7 percent in 2002). (figure 8)

Again in 2002, among those needing urgent care, uninsured adults age 18 to 64 were 1.7 to 2.4 times as likely as those with insurance to say they sometimes or never received care as soon as they wanted (13.7 percent any private, 19.7 percent public only, and 32.8 percent uninsured). In addition, the percentage of the uninsured who sometimes or never received urgent care increased from 28.7 percent in 2000 to 32.8 percent in 2002. (figure 9)

## Data Source

The data presented in this Statistical Brief are drawn from the 2000, 2001, and 2002 Medical Expenditure Panel Survey (MEPS) Household Component (HC) Full Year Consolidated data files: MEPS-HC-050, MEPS-HC-060, and MEPS-HC-070.

To collect information on the quality of health care received, the first self-administered questionnaire (SAQ) was added to the MEPS in 2000. The SAQ contains quality of care measures taken from an AHRQ-sponsored instrument, the Consumer Assessments of Health Plans (CAHPS®). The second SAQ was administered in late 2001 and early 2002. The third SAQ was administered in late 2002 and early 2003.

In each of the SAQs, the questions regarding urgent medical care needs refer to events experienced within the last 12 months. It should be noted that the order of the questions pertaining to the need for urgent care changed between the 2000 and 2002 SAQ. There were also minor wording changes in the question pertaining to the respondent’s ability to obtain care when wanted.

## Definitions

*Urgent (medical) care*

In the 2000 and 2001 SAQ, urgent (medical) care is defined as medical care for an illness or injury that is needed right away from a doctor's office, clinic, or emergency room. However, in the 2002 SAQ, the definition was expanded to include conditions; respondents were asked the following two survey questions:

> "In the last 12 months, did you have an illness, injury, or condition that needed care right away from a clinic, emergency room, or doctor's office?"
>
> "In the last 12 months, when you needed care right away for an illness, injury, or condition how often did you get care as soon as you wanted? "

*Type of health insurance coverage*

Any private indicates persons having private insurance coverage (including CHAMPUS/VA) any time during the year, public only denotes persons having only public insurance coverage all year, and uninsured indicates persons who were uninsured all year.

## About MEPS-HC and CAHPS®

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 civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics. For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at http://www.meps.ahrq.gov/.

The health care quality measures used for this study were taken from the Consumer Assessments of Health Plans (CAHPS®), an AHRQ-sponsored instrument to measure quality of care by consumers. Conditional response rates of 87, 88, and 88 percent were achieved for the MEPS self-administered questionnaire in 2000, 2001, and 2002, respectively, yielding overall response rates of 61, 63, and 61 percent for the survey (15,662 respondents to the 2000 SAQ; 21,435 respondents to the 2001 SAQ; and 24,249 respondents to the 2002 SAQ). Specific item nonresponse rates generally varied from 1 to 4 percent for the study questions.

## References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources on 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, 1997. http://www.meps.ahrq.gov/papers/mr1_97-0026/mr1.htm

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, 1997. http://www.meps.ahrq.gov/papers/mr2_97-0027/mr2.htm

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

## Suggested Citation

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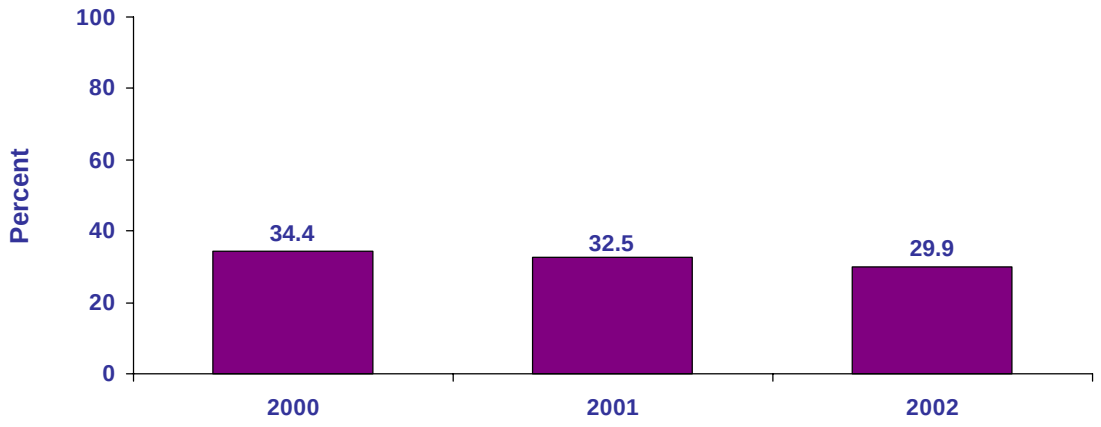
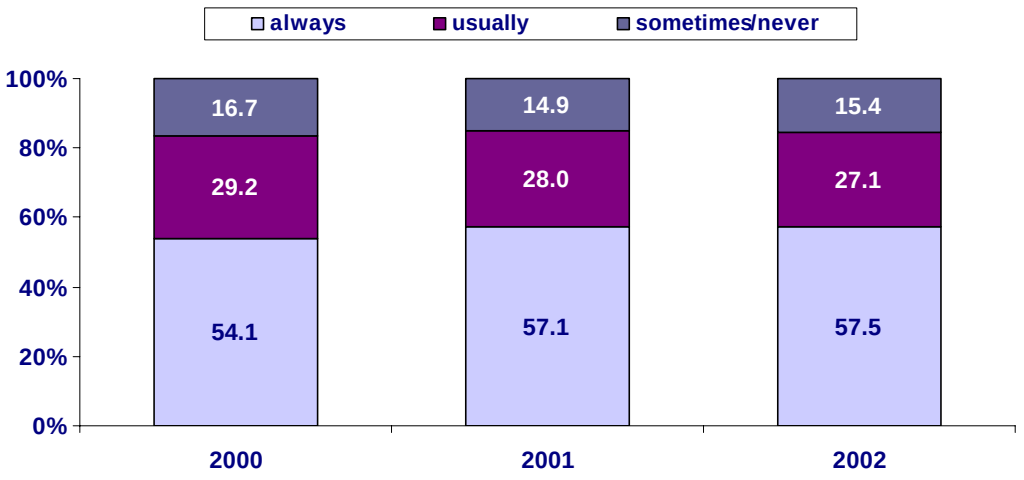
## Figure 1. Percentage of adults age 18 and older with urgent care needs, 2000–2002



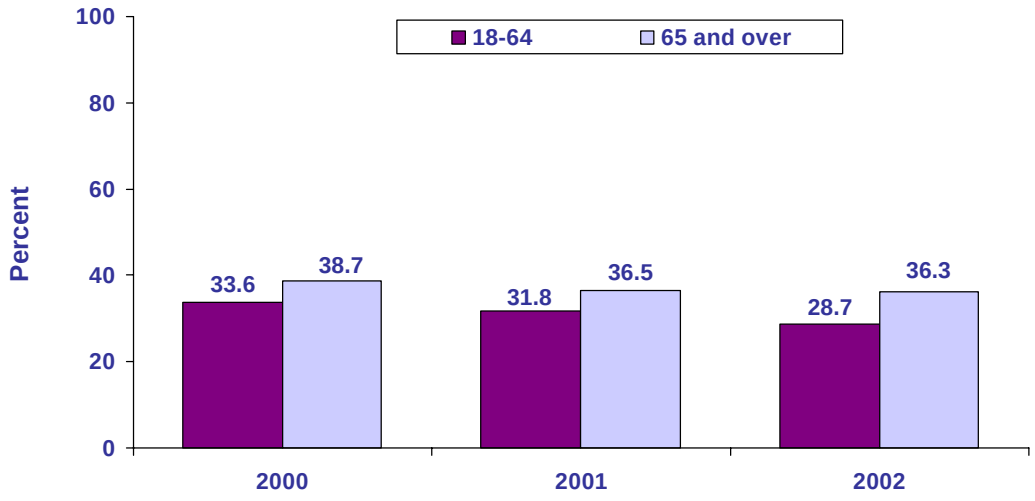

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 2. Percentage of adults age 18 and older receiving urgent care when needed, 2000–2002



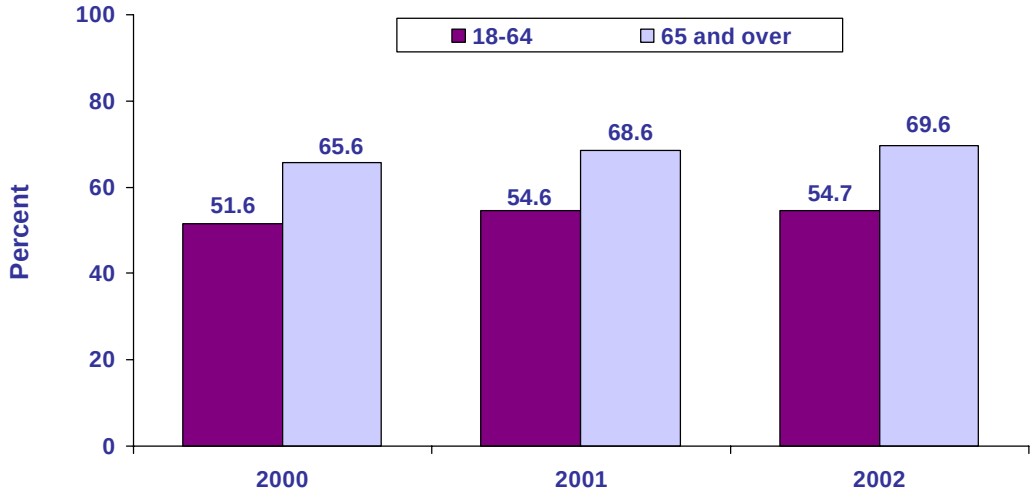

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 3. Percentage of adults age 18 and older with urgent care needs, by age, 2000–2002



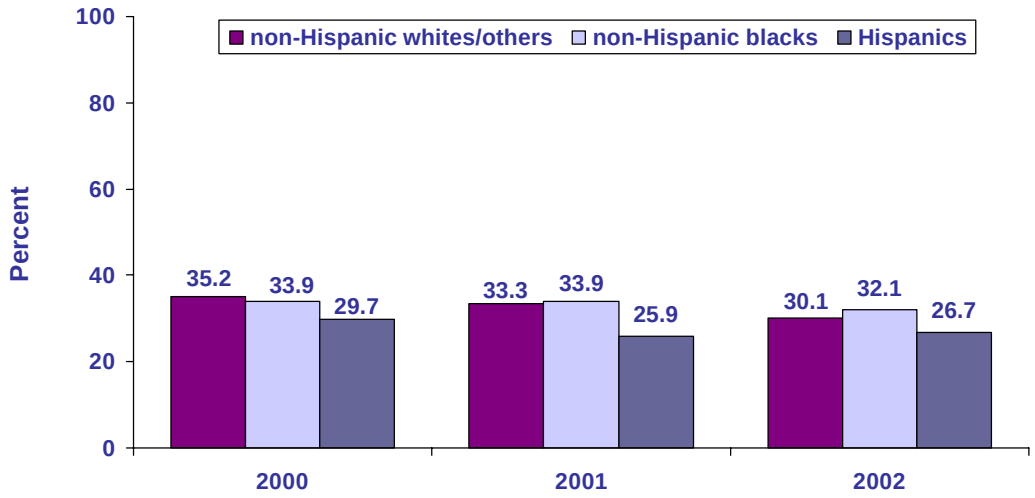

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 4. Percentage of adults age 18 and older who always received urgent care when needed, by age, 2000–2002



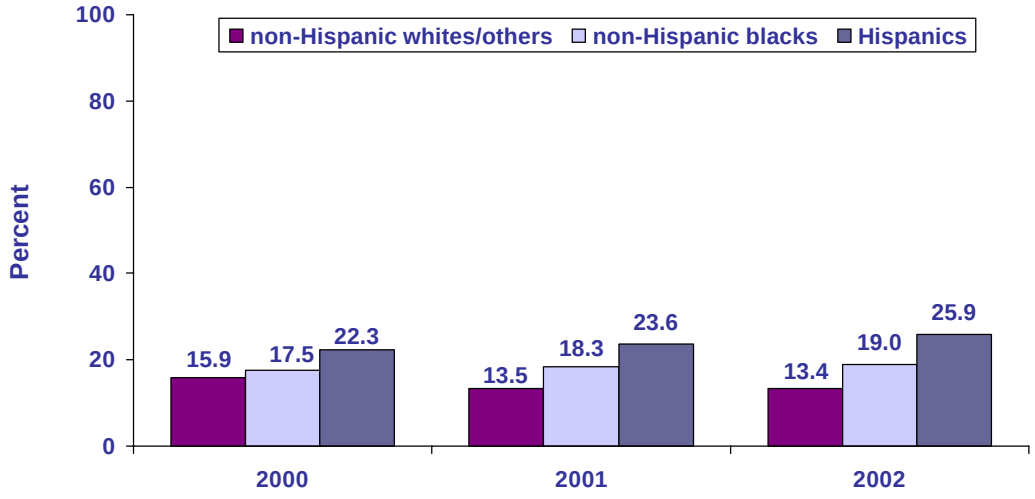

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 5. Percentage of adults age 18 and older with urgent care needs, by race/ethnicity, 2000–2002



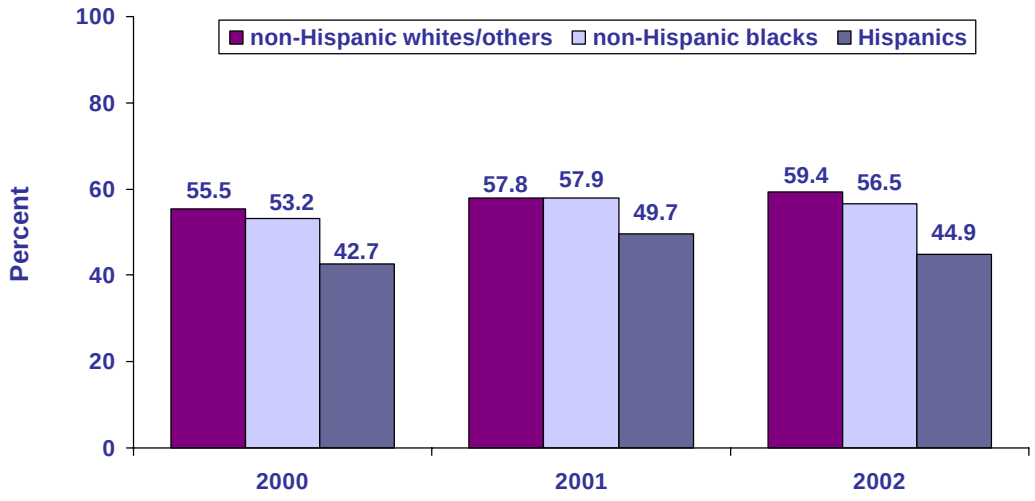

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 6. Percentage of adults age 18 and older who sometimes or never received urgent care when needed, by race/ethnicity, 2000–2002



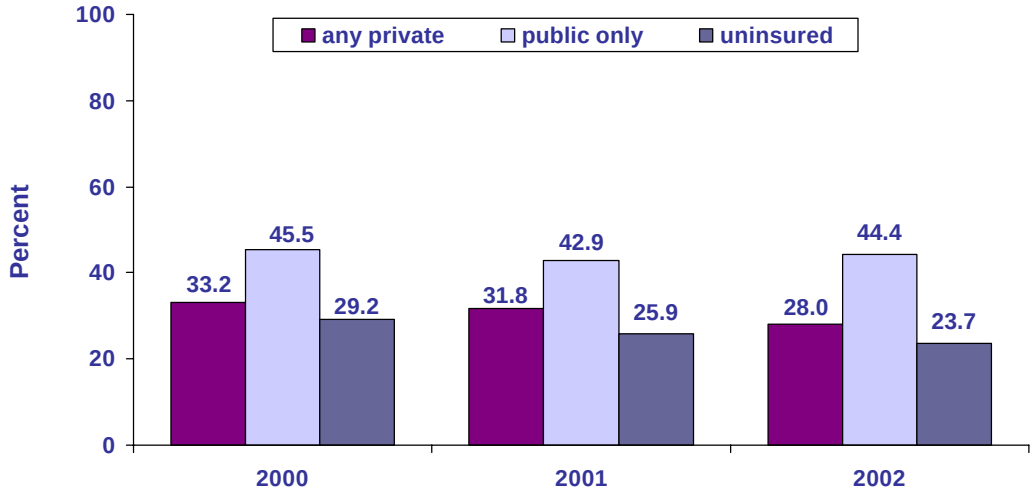

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 7. Percentage of adults age 18 and older who always received urgent care when needed, by race/ethnicity, 2000–2002



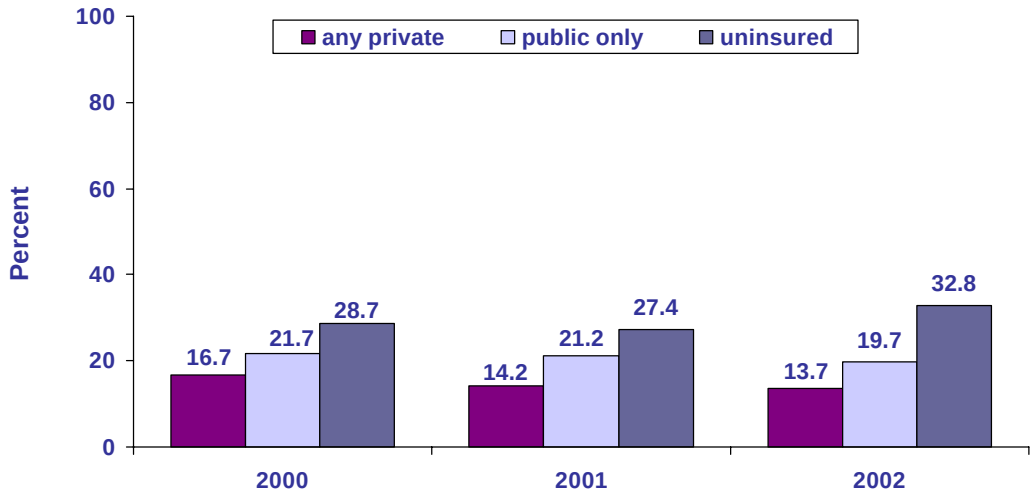

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 8. Percentage of adults age 18 to 64 with urgent care needs, by type of health insurance coverage, 2000–2002




Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File

## Figure 9. Percentage of adults age 18 to 64 who sometimes or never received urgent care when needed, by type of health insurance coverage, 2000–2002




Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000–2002 Full Year Consolidated File