

3.5 What is the Medicare Population's Access to Care and How Satisfied are They with Their Care?

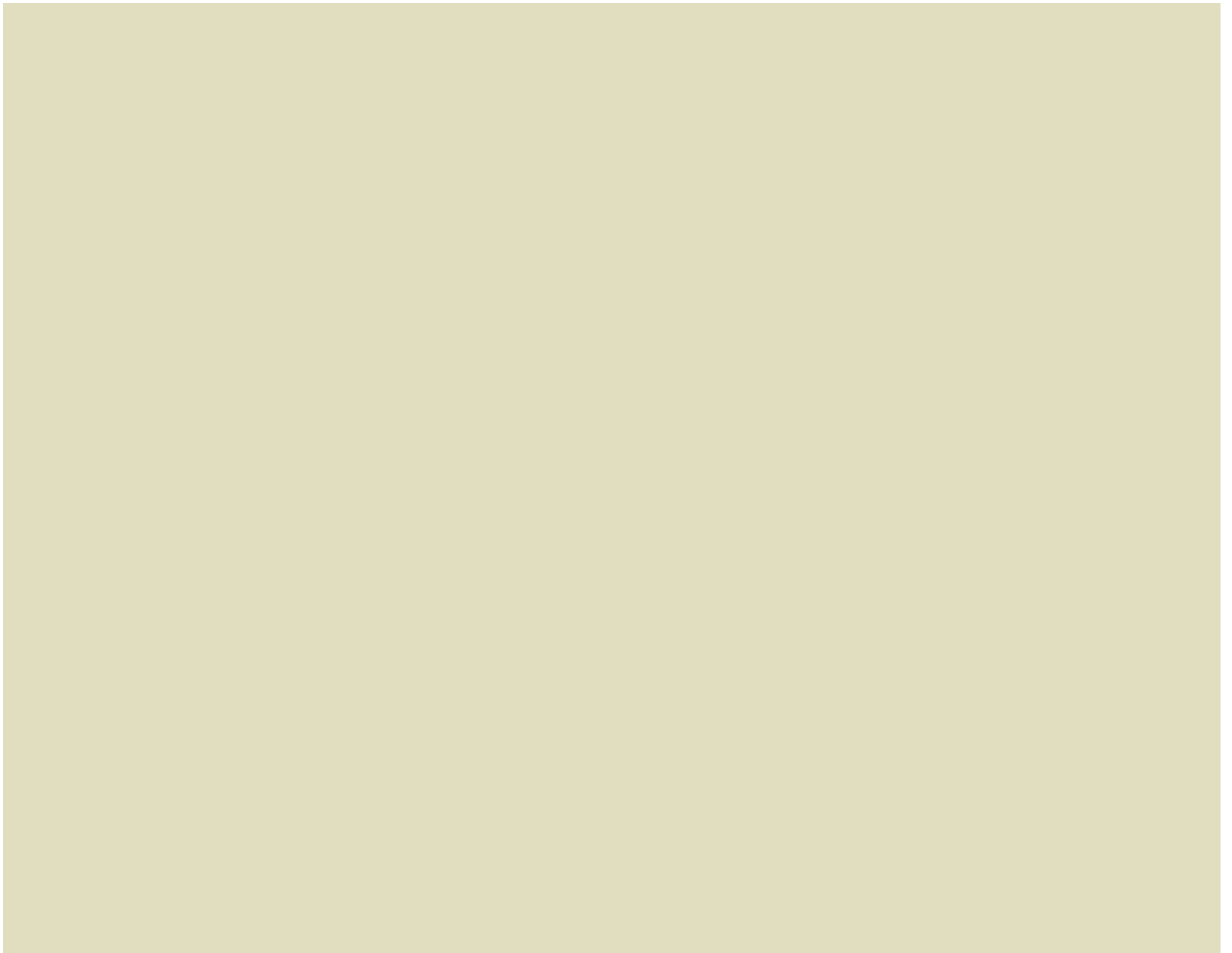


Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1998

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,379	4,827	18,261	11,196	3,095	2,765	8,393	4,478	1,016	16,652	2,063	9,868	6,717	2,079	20,727
	132	85	167	124	74	73	113	95	44	132	53	136	103	55	153
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	6.18	7.16	6.68	5.51	4.20	9.66	7.37	5.63	3.82	7.06	3.79	6.08	5.43	4.39	5.47
	0.26	0.68	0.38	0.42	0.57	1.04	0.55	0.66	0.95	0.40	0.68	0.57	0.53	0.66	0.33
Doctor's office	68.29	60.89	66.32	72.38	76.53	56.76	64.31	69.63	73.48	65.06	66.44	68.02	74.22	78.02	70.88
	0.72	1.28	0.96	0.92	1.08	1.79	1.26	1.26	1.87	0.93	1.67	1.09	1.11	1.25	0.75
Doctor's clinic	8.11	9.40	8.51	7.40	6.29	8.37	8.03	7.02	7.00	7.75	10.79	8.93	7.66	5.94	8.40
	0.45	0.75	0.57	0.56	0.56	0.82	0.68	0.67	1.09	0.48	1.18	0.73	0.62	0.62	0.52
HMO ⁴	11.05	7.77	12.79	10.11	9.26	6.37	12.82	10.66	10.96	11.06	9.65	12.76	9.74	8.43	11.04
	0.44	0.74	0.67	0.64	0.76	0.77	0.93	0.85	1.47	0.60	1.27	0.77	0.78	0.83	0.49
Hospital OPD/ER ⁵	2.31	6.26	2.09	1.25	1.29	6.76	2.09	1.34	1.30	2.61	5.59	2.10	1.19	1.28	2.06
	0.14	0.61	0.24	0.18	0.28	0.85	0.31	0.30	0.50	0.21	0.91	0.36	0.28	0.34	0.19
Other clinic/health center	4.06	8.52	3.61	3.35	2.43	12.08	5.38	5.72	3.43	6.46	3.73	2.11	1.76	1.94	2.14
	0.18	0.81	0.25	0.28	0.39	1.25	0.51	0.60	0.87	0.36	0.70	0.26	0.25	0.44	0.18
Difficulty Obtaining Care															
Yes	3.34	9.54	2.41	2.41	2.58	8.90	2.02	2.22	2.21	3.23	10.41	2.74	2.54	2.75	3.43
	0.19	0.74	0.25	0.29	0.39	0.81	0.32	0.47	0.71	0.25	1.39	0.38	0.35	0.49	0.27
No	96.66	90.46	97.59	97.59	97.42	91.10	97.98	97.78	97.79	96.77	89.59	97.26	97.46	97.25	96.57
	0.19	0.74	0.25	0.29	0.39	0.81	0.32	0.47	0.71	0.25	1.39	0.38	0.35	0.49	0.27
Delayed Care Due to Cost															
Yes	6.37	19.67	5.32	3.52	2.38	18.48	4.44	2.92	1.12	6.15	21.28	6.06	3.92	2.99	6.55
	0.28	1.03	0.38	0.36	0.39	1.29	0.54	0.52	0.44	0.41	1.64	0.55	0.50	0.54	0.37
No	93.63	80.33	94.68	96.48	97.62	81.52	95.56	97.08	98.88	93.85	78.72	93.94	96.08	97.01	93.45
	0.28	1.03	0.38	0.36	0.39	1.29	0.54	0.52	0.44	0.41	1.64	0.55	0.50	0.54	0.37

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1998

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,379	4,827	18,261	11,196	3,095	2,765	8,393	4,478	1,016	16,652	2,063	9,868	6,717	2,079	20,727
	<i>132</i>	<i>85</i>	<i>167</i>	<i>124</i>	<i>74</i>	<i>73</i>	<i>113</i>	<i>95</i>	<i>44</i>	<i>132</i>	<i>53</i>	<i>136</i>	<i>103</i>	<i>55</i>	<i>153</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	6.21	7.20	6.69	5.53	4.26	9.70	7.39	5.63	3.88	7.08	3.82	6.10	5.46	4.45	5.50
	<i>0.26</i>	<i>0.69</i>	<i>0.38</i>	<i>0.42</i>	<i>0.58</i>	<i>1.04</i>	<i>0.56</i>	<i>0.66</i>	<i>0.96</i>	<i>0.40</i>	<i>0.68</i>	<i>0.57</i>	<i>0.53</i>	<i>0.67</i>	<i>0.33</i>
Less than 1 year	9.60	11.25	9.55	9.26	8.51	11.41	9.17	8.82	8.79	9.42	11.03	9.87	9.56	8.37	9.73
	<i>0.35</i>	<i>0.92</i>	<i>0.51</i>	<i>0.47</i>	<i>0.66</i>	<i>1.27</i>	<i>0.69</i>	<i>0.58</i>	<i>1.31</i>	<i>0.48</i>	<i>1.21</i>	<i>0.68</i>	<i>0.63</i>	<i>0.89</i>	<i>0.45</i>
1 to less than 3 years	19.65	23.55	19.71	18.01	19.12	22.97	19.97	19.10	19.39	20.19	24.33	19.50	17.28	18.99	19.20
	<i>0.43</i>	<i>1.11</i>	<i>0.62</i>	<i>0.64</i>	<i>1.24</i>	<i>1.71</i>	<i>0.88</i>	<i>0.97</i>	<i>1.99</i>	<i>0.59</i>	<i>1.86</i>	<i>0.85</i>	<i>0.74</i>	<i>1.49</i>	<i>0.56</i>
3 to less than 5 years	16.06	19.67	15.66	15.80	13.79	19.79	14.28	15.06	13.13	15.33	19.50	16.83	16.30	14.10	16.65
	<i>0.38</i>	<i>1.03</i>	<i>0.54</i>	<i>0.69</i>	<i>0.88</i>	<i>1.58</i>	<i>0.84</i>	<i>0.84</i>	<i>1.54</i>	<i>0.51</i>	<i>1.61</i>	<i>0.81</i>	<i>0.97</i>	<i>1.11</i>	<i>0.57</i>
5 years or more	48.49	38.33	48.38	51.39	54.32	36.12	49.19	51.39	54.80	47.97	41.32	47.70	51.39	54.09	48.91
	<i>0.68</i>	<i>1.28</i>	<i>0.96</i>	<i>0.80</i>	<i>1.21</i>	<i>1.81</i>	<i>1.25</i>	<i>1.09</i>	<i>2.07</i>	<i>0.84</i>	<i>2.20</i>	<i>1.11</i>	<i>1.12</i>	<i>1.54</i>	<i>0.80</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1998

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,379	4,827	18,261	11,196	3,095	2,765	8,393	4,478	1,016	16,652	2,063	9,868	6,717	2,079	20,727
	132	85	167	124	74	73	113	95	44	132	53	136	103	55	153
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	28.03	21.12	30.84	27.69	23.36	21.63	31.45	28.52	24.34	28.60	20.44	30.32	27.14	22.88	27.57
	0.83	1.34	1.02	0.98	1.39	1.80	1.37	1.50	2.32	1.05	1.70	1.22	1.11	1.57	0.90
(Very) Unsatisfied	3.45	5.55	2.99	3.31	3.37	5.90	2.76	2.98	4.43	3.44	5.09	3.19	3.52	2.85	3.45
	0.17	0.67	0.27	0.30	0.49	0.95	0.39	0.44	1.07	0.29	0.86	0.33	0.39	0.52	0.21
Follow-up Care															
Very satisfied	17.56	16.15	19.36	16.40	13.30	14.83	19.39	17.21	15.65	17.82	17.93	19.35	15.86	12.16	17.35
	0.66	1.24	0.87	0.76	0.95	1.48	1.14	1.17	1.76	0.80	1.88	1.04	0.91	1.10	0.75
(Very) Unsatisfied	2.36	4.56	1.67	2.43	2.82	4.39	1.01	1.90	3.36	1.95	4.80	2.23	2.79	2.56	2.69
	0.15	0.56	0.22	0.29	0.45	0.72	0.19	0.31	0.92	0.18	0.94	0.32	0.40	0.53	0.22
Access/Coordination of Care															
Availability															
Very satisfied	10.20	8.96	11.29	8.97	10.21	9.62	12.65	9.83	9.51	11.20	8.07	10.13	8.39	10.56	9.41
	0.39	0.95	0.54	0.48	0.73	1.17	0.84	0.83	1.27	0.54	1.43	0.68	0.69	1.00	0.47
(Very) Unsatisfied	2.31	5.12	1.84	1.93	2.10	5.91	1.91	2.21	2.80	2.71	4.05	1.78	1.74	1.76	1.99
	0.15	0.67	0.19	0.25	0.41	1.01	0.28	0.38	0.91	0.26	0.88	0.27	0.28	0.45	0.17
Ease of Access to Doctor															
Very satisfied	17.70	12.01	20.86	16.20	13.28	11.58	21.59	17.96	13.50	18.46	12.58	20.25	15.01	13.17	17.09
	0.65	1.05	0.87	0.74	1.12	1.26	1.17	1.12	1.86	0.84	1.70	1.05	0.93	1.30	0.70
(Very) Unsatisfied	4.89	8.58	3.90	4.43	6.60	7.97	3.32	3.84	5.54	4.37	9.41	4.39	4.83	7.11	5.30
	0.24	0.80	0.34	0.31	0.72	0.88	0.45	0.43	1.05	0.30	1.37	0.44	0.42	0.84	0.33
Can Obtain Care in Same Location															
Very satisfied	14.14	11.93	15.56	13.42	11.71	11.99	16.70	14.53	11.19	15.00	11.86	14.60	12.67	11.97	13.44
	0.63	1.04	0.81	0.78	1.00	1.23	1.07	1.08	1.38	0.76	1.61	0.86	0.88	1.31	0.64
(Very) Unsatisfied	3.61	6.80	3.38	2.89	2.72	5.98	2.99	2.25	3.09	3.29	7.90	3.70	3.31	2.54	3.87
	0.18	0.63	0.28	0.28	0.46	0.74	0.36	0.39	0.89	0.28	1.18	0.45	0.46	0.50	0.30

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1998

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,379	4,827	18,261	11,196	3,095	2,765	8,393	4,478	1,016	16,652	2,063	9,868	6,717	2,079	20,727
	<i>132</i>	<i>85</i>	<i>167</i>	<i>124</i>	<i>74</i>	<i>73</i>	<i>113</i>	<i>95</i>	<i>44</i>	<i>132</i>	<i>53</i>	<i>136</i>	<i>103</i>	<i>55</i>	<i>153</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	17.37	16.45	19.49	15.63	12.59	16.39	19.77	17.24	12.39	18.08	16.52	19.24	14.55	12.68	16.79
	<i>0.69</i>	<i>1.00</i>	<i>0.88</i>	<i>0.74</i>	<i>1.19</i>	<i>1.37</i>	<i>1.06</i>	<i>1.17</i>	<i>1.62</i>	<i>0.82</i>	<i>1.67</i>	<i>1.08</i>	<i>0.85</i>	<i>1.33</i>	<i>0.76</i>
(Very) Unsatisfied	4.46	7.34	3.65	4.22	5.68	7.88	3.32	3.38	7.12	4.32	6.61	3.92	4.78	4.98	4.57
	<i>0.22</i>	<i>0.64</i>	<i>0.30</i>	<i>0.36</i>	<i>0.64</i>	<i>0.92</i>	<i>0.40</i>	<i>0.45</i>	<i>1.37</i>	<i>0.30</i>	<i>1.13</i>	<i>0.43</i>	<i>0.50</i>	<i>0.71</i>	<i>0.32</i>
Doctor's Concern for Overall Health															
Very satisfied	19.18	17.57	21.37	17.43	15.09	15.94	22.33	18.38	15.74	19.80	19.78	20.56	16.80	14.78	18.69
	<i>0.66</i>	<i>1.36</i>	<i>0.82</i>	<i>0.89</i>	<i>1.12</i>	<i>1.56</i>	<i>1.17</i>	<i>1.28</i>	<i>1.39</i>	<i>0.83</i>	<i>2.04</i>	<i>0.95</i>	<i>0.99</i>	<i>1.42</i>	<i>0.72</i>
(Very) Unsatisfied	4.21	7.12	3.57	4.04	4.13	6.46	3.01	3.44	3.88	3.75	8.01	4.05	4.44	4.24	4.59
	<i>0.21</i>	<i>0.66</i>	<i>0.33</i>	<i>0.33</i>	<i>0.54</i>	<i>0.90</i>	<i>0.44</i>	<i>0.41</i>	<i>0.98</i>	<i>0.30</i>	<i>1.31</i>	<i>0.45</i>	<i>0.43</i>	<i>0.60</i>	<i>0.30</i>
Cost of Care															
Cost															
Very satisfied	16.83	13.69	18.72	15.96	13.72	13.47	19.46	16.94	12.71	17.37	14.00	18.09	15.31	14.21	16.40
	<i>0.66</i>	<i>1.05</i>	<i>0.82</i>	<i>0.86</i>	<i>1.16</i>	<i>1.24</i>	<i>0.98</i>	<i>1.17</i>	<i>1.62</i>	<i>0.71</i>	<i>1.62</i>	<i>0.99</i>	<i>0.99</i>	<i>1.34</i>	<i>0.77</i>
(Very) Unsatisfied	10.80	19.46	9.43	9.66	9.62	18.77	8.92	8.60	8.67	10.45	20.40	9.86	10.36	10.09	11.08
	<i>0.35</i>	<i>0.98</i>	<i>0.48</i>	<i>0.57</i>	<i>0.76</i>	<i>1.21</i>	<i>0.62</i>	<i>0.77</i>	<i>1.28</i>	<i>0.44</i>	<i>1.59</i>	<i>0.68</i>	<i>0.70</i>	<i>0.95</i>	<i>0.46</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1998

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	3,266	14,847	9,589	2,649	30,352	828	1,465	776	220	3,289	560	1,324	601	175	2,660
	132	88	181	116	71	196	40	54	37	19	63	42	99	49	22	154
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	6.18	6.90	6.57	4.89	3.71	5.82	7.99	6.48	8.81	6.59	7.42	6.13	6.56	9.88	8.39	7.35
	0.26	0.82	0.39	0.40	0.57	0.26	1.20	1.17	1.82	2.43	0.72	2.28	1.67	2.08	3.23	0.88
Doctor's office	68.29	65.68	68.65	74.29	77.86	70.92	52.60	57.45	62.75	66.80	58.13	48.42	56.26	57.05	69.89	55.73
	0.72	1.64	1.06	1.02	1.10	0.82	3.24	3.23	2.95	4.07	2.02	4.56	2.79	3.74	4.78	2.18
Doctor's clinic	8.11	9.65	9.09	7.85	6.62	8.54	7.62	6.52	3.22	3.72	5.82	8.03	4.17	5.38	6.33	5.38
	0.45	1.12	0.67	0.64	0.62	0.54	1.54	1.21	0.83	0.88	0.77	2.90	0.92	2.36	2.75	1.08
HMO ⁵	11.05	7.17	11.78	9.80	9.28	10.44	4.30	13.82	8.60	10.48	9.99	17.66	20.36	16.88	7.55	18.16
	0.44	0.89	0.73	0.71	0.83	0.51	1.52	2.20	1.81	3.12	1.14	3.06	2.48	2.99	2.68	1.71
Hospital OPD/ER ⁶	2.31	3.27	1.09	0.52	0.73	1.11	13.75	6.80	7.07	7.54	8.64	10.90	8.04	5.28	1.19	7.55
	0.14	0.61	0.16	0.14	0.25	0.11	2.31	1.44	1.46	2.39	1.10	1.60	1.84	1.84	1.18	0.92
Other clinic/health center	4.06	7.33	2.82	2.66	1.81	3.16	13.74	8.93	9.55	4.86	10.00	8.87	4.61	5.52	6.66	5.83
	0.18	1.03	0.23	0.29	0.39	0.18	2.26	1.63	1.66	2.02	1.02	2.00	1.42	1.68	2.49	0.63
Difficulty Obtaining Care																
Yes	3.34	8.75	2.31	2.17	2.36	2.96	8.47	3.10	5.25	3.66	4.99	12.11	1.71	3.53	3.71	4.40
	0.19	0.75	0.25	0.30	0.40	0.19	1.73	0.87	1.28	1.78	0.72	2.66	0.78	1.33	2.44	0.79
No	96.66	91.25	97.69	97.83	97.64	97.04	91.53	96.90	94.75	96.34	95.01	87.89	98.29	96.47	96.29	95.60
	0.19	0.75	0.25	0.30	0.40	0.19	1.73	0.87	1.28	1.78	0.72	2.66	0.78	1.33	2.44	0.79
Delayed Care Due to Cost																
Yes	6.37	21.51	5.00	3.35	2.04	5.99	12.53	7.86	4.63	2.63	7.90	15.06	4.65	4.90	2.18	6.69
	0.28	1.29	0.39	0.39	0.37	0.29	1.56	1.19	0.76	1.37	0.72	2.54	1.14	1.57	1.51	0.84
No	93.63	78.49	95.00	96.65	97.96	94.01	87.47	92.14	95.37	97.37	92.10	84.94	95.35	95.10	97.82	93.31
	0.28	1.29	0.39	0.39	0.37	0.29	1.56	1.19	0.76	1.37	0.72	2.54	1.14	1.57	1.51	0.84

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1998

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	3,266	14,847	9,589	2,649	30,352	828	1,465	776	220	3,289	560	1,324	601	175	2,660
	<i>132</i>	<i>88</i>	<i>181</i>	<i>116</i>	<i>71</i>	<i>196</i>	<i>40</i>	<i>54</i>	<i>37</i>	<i>19</i>	<i>63</i>	<i>42</i>	<i>99</i>	<i>49</i>	<i>22</i>	<i>154</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	6.21	6.94	6.58	4.91	3.76	5.85	8.05	6.52	8.81	6.64	7.46	6.13	6.59	9.92	8.49	7.37
	<i>0.26</i>	<i>0.83</i>	<i>0.39</i>	<i>0.40</i>	<i>0.58</i>	<i>0.27</i>	<i>1.21</i>	<i>1.16</i>	<i>1.82</i>	<i>2.43</i>	<i>0.72</i>	<i>2.28</i>	<i>1.67</i>	<i>2.09</i>	<i>3.27</i>	<i>0.88</i>
Less than 1 year	9.60	11.54	8.98	8.87	8.71	9.19	10.13	10.40	11.12	9.11	10.42	11.59	13.72	13.59	4.58	12.65
	<i>0.35</i>	<i>1.22</i>	<i>0.52</i>	<i>0.46</i>	<i>0.74</i>	<i>0.36</i>	<i>1.75</i>	<i>1.63</i>	<i>2.21</i>	<i>2.68</i>	<i>0.98</i>	<i>3.08</i>	<i>2.27</i>	<i>2.34</i>	<i>2.30</i>	<i>1.47</i>
1 to less than 3 years	19.65	22.51	18.42	17.85	18.37	18.67	25.02	23.93	16.52	21.72	22.28	29.53	27.48	20.89	31.21	26.66
	<i>0.43</i>	<i>1.21</i>	<i>0.65</i>	<i>0.72</i>	<i>1.23</i>	<i>0.43</i>	<i>3.29</i>	<i>2.25</i>	<i>1.89</i>	<i>3.61</i>	<i>1.60</i>	<i>3.19</i>	<i>3.00</i>	<i>2.91</i>	<i>5.61</i>	<i>1.87</i>
3 to less than 5 years	16.06	20.23	15.52	16.07	13.80	16.05	13.78	15.27	13.97	12.72	14.42	23.05	18.46	15.82	14.26	18.53
	<i>0.38</i>	<i>1.28</i>	<i>0.59</i>	<i>0.76</i>	<i>0.98</i>	<i>0.42</i>	<i>1.95</i>	<i>1.71</i>	<i>1.75</i>	<i>3.14</i>	<i>0.94</i>	<i>3.16</i>	<i>2.54</i>	<i>2.88</i>	<i>3.61</i>	<i>1.20</i>
5 years or more	48.49	38.78	50.51	52.30	55.36	50.24	43.02	43.88	49.57	49.81	45.42	29.70	33.75	39.78	41.45	34.79
	<i>0.68</i>	<i>1.54</i>	<i>0.98</i>	<i>0.87</i>	<i>1.21</i>	<i>0.67</i>	<i>3.21</i>	<i>2.81</i>	<i>2.65</i>	<i>4.93</i>	<i>1.99</i>	<i>4.05</i>	<i>2.11</i>	<i>4.16</i>	<i>4.81</i>	<i>1.87</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 *Total* includes persons reported as other race/ethnicity and persons who did not report their race/ethnicity.
- 4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for no *usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 5 *HMO* stands for Health Maintenance Organization.
- 6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1998

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	3,266	14,847	9,589	2,649	30,352	828	1,465	776	220	3,289	560	1,324	601	175	2,660
	132	88	181	116	71	196	40	54	37	19	63	42	99	49	22	154
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	28.03	23.92	33.51	29.45	24.44	30.41	14.65	15.52	14.84	15.22	15.12	14.93	23.77	19.57	19.06	20.68
	0.83	1.98	1.10	1.04	1.51	0.91	1.91	2.02	2.23	3.55	1.36	2.38	2.59	3.91	3.66	1.64
(Very) Unsatisfied	3.45	4.91	2.80	3.43	3.35	3.28	5.15	2.59	2.31	1.07	3.06	9.18	5.30	3.79	6.54	5.84
	0.17	0.84	0.29	0.32	0.55	0.19	1.42	0.76	0.88	1.08	0.54	3.13	1.28	1.22	2.93	1.00
Follow-up Care																
Very satisfied	17.56	18.23	20.93	17.27	13.19	18.80	11.23	9.04	10.47	9.37	9.94	11.60	15.26	12.43	19.05	14.11
	0.66	1.71	0.99	0.79	1.07	0.76	2.21	1.61	2.03	2.74	1.10	2.59	1.68	3.19	3.55	1.27
(Very) Unsatisfied	2.36	4.07	1.41	2.42	3.11	2.16	2.76	1.93	3.70	0.00	2.43	6.29	1.73	1.95	2.72	2.78
	0.15	0.66	0.17	0.31	0.51	0.14	0.88	0.62	1.08	0.00	0.46	2.47	0.71	0.98	1.60	0.67
Access/Coordination of Care																
Availability																
Very satisfied	10.20	8.89	11.79	9.37	10.11	10.57	8.74	5.59	4.14	9.70	6.31	8.67	12.88	8.89	12.89	11.11
	0.39	1.22	0.63	0.51	0.79	0.46	1.55	1.13	1.48	2.66	0.85	2.41	1.51	2.70	2.34	1.20
(Very) Unsatisfied	2.31	5.05	2.00	1.94	2.30	2.33	3.84	0.87	2.00	0.00	1.82	5.58	1.49	1.94	2.44	2.50
	0.15	0.73	0.21	0.27	0.47	0.16	0.99	0.31	0.76	0.00	0.38	2.39	0.66	0.99	1.52	0.65
Ease of Access to Doctor																
Very satisfied	17.70	13.24	22.44	17.51	13.45	19.11	9.75	11.09	7.26	10.03	9.78	10.45	15.46	8.38	13.88	12.72
	0.65	1.38	0.99	0.80	1.19	0.73	1.79	1.90	1.43	2.62	1.17	2.48	1.44	2.80	2.93	1.19
(Very) Unsatisfied	4.89	7.93	3.43	4.10	6.45	4.39	7.15	4.54	4.67	7.88	5.45	11.42	7.11	10.40	6.64	8.71
	0.24	0.91	0.35	0.36	0.78	0.24	1.49	1.03	0.86	2.80	0.64	2.12	2.29	2.03	2.72	1.50
Can Obtain Care in Same Location																
Very satisfied	14.14	12.39	16.27	13.97	11.76	14.73	10.12	11.04	8.95	6.30	9.99	10.55	14.66	11.44	16.25	13.19
	0.63	1.44	0.92	0.83	1.10	0.72	1.77	2.03	1.65	2.45	1.15	2.69	1.64	2.94	2.67	1.07
(Very) Unsatisfied	3.61	7.10	3.50	2.99	2.84	3.67	4.30	2.48	3.48	2.01	3.14	6.18	2.04	1.42	2.54	2.79
	0.18	0.75	0.31	0.32	0.49	0.19	1.09	0.83	0.97	1.51	0.58	1.53	0.69	0.98	1.74	0.54

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1998

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	3,266	14,847	9,589	2,649	30,352	828	1,465	776	220	3,289	560	1,324	601	175	2,660
	<i>132</i>	<i>88</i>	<i>181</i>	<i>116</i>	<i>71</i>	<i>196</i>	<i>40</i>	<i>54</i>	<i>37</i>	<i>19</i>	<i>63</i>	<i>42</i>	<i>99</i>	<i>49</i>	<i>22</i>	<i>154</i>
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.37	17.65	20.98	16.77	12.32	18.54	13.31	10.91	7.44	10.48	10.66	14.79	15.43	10.37	19.23	14.40
	<i>0.69</i>	<i>1.48</i>	<i>1.01</i>	<i>0.80</i>	<i>1.29</i>	<i>0.80</i>	<i>2.32</i>	<i>1.94</i>	<i>1.46</i>	<i>2.87</i>	<i>1.21</i>	<i>3.02</i>	<i>1.77</i>	<i>3.06</i>	<i>3.53</i>	<i>1.21</i>
(Very) Unsatisfied	4.46	7.39	3.39	4.16	6.19	4.30	4.03	3.62	5.02	2.44	3.97	7.55	4.38	3.49	3.86	4.80
	<i>0.22</i>	<i>0.83</i>	<i>0.29</i>	<i>0.38</i>	<i>0.72</i>	<i>0.23</i>	<i>0.94</i>	<i>0.89</i>	<i>1.40</i>	<i>1.37</i>	<i>0.63</i>	<i>2.56</i>	<i>1.14</i>	<i>1.23</i>	<i>2.27</i>	<i>0.85</i>
Doctor's Concern for Overall Health																
Very satisfied	19.18	20.33	22.70	18.59	15.10	20.49	11.46	12.28	7.39	11.01	10.83	12.30	19.39	13.89	19.43	16.68
	<i>0.66</i>	<i>1.89</i>	<i>0.90</i>	<i>0.94</i>	<i>1.17</i>	<i>0.74</i>	<i>1.90</i>	<i>2.05</i>	<i>1.52</i>	<i>3.09</i>	<i>1.17</i>	<i>2.65</i>	<i>1.95</i>	<i>3.73</i>	<i>3.12</i>	<i>1.29</i>
(Very) Unsatisfied	4.21	6.93	3.51	4.19	4.68	4.19	4.06	2.96	2.94	0.80	3.08	9.13	3.59	3.48	1.26	4.56
	<i>0.21</i>	<i>0.77</i>	<i>0.33</i>	<i>0.36</i>	<i>0.64</i>	<i>0.21</i>	<i>1.08</i>	<i>0.93</i>	<i>0.83</i>	<i>0.79</i>	<i>0.58</i>	<i>2.44</i>	<i>1.04</i>	<i>1.35</i>	<i>1.25</i>	<i>0.88</i>
Cost of Care																
Cost																
Very satisfied	16.83	13.66	19.57	16.47	13.29	17.41	13.34	12.95	10.60	12.77	12.48	15.06	13.76	13.16	18.22	14.18
	<i>0.66</i>	<i>1.30</i>	<i>0.90</i>	<i>0.83</i>	<i>1.25</i>	<i>0.70</i>	<i>1.99</i>	<i>1.98</i>	<i>2.24</i>	<i>2.77</i>	<i>1.26</i>	<i>3.21</i>	<i>1.56</i>	<i>3.44</i>	<i>3.17</i>	<i>1.44</i>
(Very) Unsatisfied	10.80	20.61	9.23	9.59	9.92	10.63	17.86	10.93	12.88	9.27	13.01	12.21	11.68	7.15	6.86	10.45
	<i>0.35</i>	<i>1.34</i>	<i>0.54</i>	<i>0.60</i>	<i>0.86</i>	<i>0.41</i>	<i>2.21</i>	<i>1.61</i>	<i>1.90</i>	<i>2.80</i>	<i>1.09</i>	<i>2.39</i>	<i>2.01</i>	<i>1.95</i>	<i>2.90</i>	<i>1.22</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 *Total* includes persons reported as other race/ethnicity and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1998

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	1,116	4,357	4,273	1,572	11,317	2,105	11,666	5,285	759	19,815	1,607	2,237	1,636	764	6,245
	132	67	105	100	50	135	69	158	101	42	180	63	82	66	44	125
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	6.18	9.85	7.61	6.00	4.93	6.84	3.18	5.90	4.73	2.96	5.18	10.53	8.94	6.76	3.94	8.15
	0.26	1.65	0.79	0.74	0.82	0.46	0.70	0.44	0.50	0.90	0.30	1.36	1.32	1.28	1.00	0.64
Doctor's office	68.29	52.58	64.39	71.42	76.33	67.56	66.45	67.58	72.99	75.96	69.23	59.37	63.49	72.91	77.51	66.65
	0.72	2.78	1.73	1.27	1.37	0.93	2.15	0.97	1.25	2.21	0.82	2.15	2.30	2.06	2.47	1.24
Doctor's clinic	8.11	10.06	7.99	7.70	5.90	7.79	8.81	9.17	7.40	7.89	8.61	9.71	6.09	6.64	5.49	7.08
	0.45	1.51	1.04	0.75	0.89	0.60	1.34	0.60	0.83	1.76	0.55	1.44	0.99	0.97	1.29	0.69
HMO ⁴	11.05	6.14	13.19	10.04	9.86	10.84	9.78	12.54	10.65	9.94	11.64	6.26	13.33	8.57	7.34	9.54
	0.44	1.43	1.19	0.76	1.14	0.62	1.34	0.77	0.79	1.91	0.57	1.08	1.36	1.34	1.60	0.71
Hospital OPD/ER ⁵	2.31	10.05	2.94	1.41	1.01	2.79	3.87	1.40	0.88	0.67	1.49	6.76	4.05	2.01	2.47	4.01
	0.14	1.81	0.60	0.28	0.32	0.31	0.71	0.24	0.23	0.47	0.18	0.95	0.89	0.65	0.79	0.39
Other clinic/health center	4.06	11.31	3.88	3.43	1.96	4.17	7.92	3.41	3.35	2.58	3.84	7.37	4.10	3.11	3.25	4.57
	0.18	2.14	0.64	0.53	0.51	0.35	1.32	0.35	0.39	0.86	0.25	1.11	0.92	0.70	0.92	0.54
Difficulty Obtaining Care																
Yes	3.34	11.16	2.83	3.10	2.34	3.68	8.37	2.02	1.87	0.63	2.59	9.97	3.65	2.33	5.01	5.08
	0.19	2.10	0.57	0.45	0.58	0.35	1.12	0.30	0.37	0.46	0.22	1.32	0.85	0.58	1.11	0.48
No	96.66	88.84	97.17	96.90	97.66	96.32	91.63	97.98	98.13	99.37	97.41	90.03	96.35	97.67	94.99	94.92
	0.19	2.10	0.57	0.45	0.58	0.35	1.12	0.30	0.37	0.46	0.22	1.32	0.85	0.58	1.11	0.48
Delayed Care Due to Cost																
Yes	6.37	23.71	7.11	3.90	2.63	6.89	17.84	3.85	2.94	1.09	4.97	19.26	9.52	4.40	3.13	9.86
	0.28	2.35	0.99	0.58	0.61	0.51	1.58	0.34	0.43	0.54	0.30	1.72	1.45	0.97	0.79	0.80
No	93.63	76.29	92.89	96.10	97.37	93.11	82.16	96.15	97.06	98.91	95.03	80.74	90.48	95.60	96.87	90.14
	0.28	2.35	0.99	0.58	0.61	0.51	1.58	0.34	0.43	0.54	0.30	1.72	1.45	0.97	0.79	0.80

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1998

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	1,116	4,357	4,273	1,572	11,317	2,105	11,666	5,285	759	19,815	1,607	2,237	1,636	764	6,245
	<i>132</i>	<i>67</i>	<i>105</i>	<i>100</i>	<i>50</i>	<i>135</i>	<i>69</i>	<i>158</i>	<i>101</i>	<i>42</i>	<i>180</i>	<i>63</i>	<i>82</i>	<i>66</i>	<i>44</i>	<i>125</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	6.21	9.89	7.63	6.04	5.00	6.89	3.18	5.91	4.73	2.98	5.19	10.66	8.99	6.78	4.01	8.22
	<i>0.26</i>	<i>1.65</i>	<i>0.80</i>	<i>0.74</i>	<i>0.83</i>	<i>0.46</i>	<i>0.70</i>	<i>0.44</i>	<i>0.50</i>	<i>0.90</i>	<i>0.31</i>	<i>1.36</i>	<i>1.33</i>	<i>1.28</i>	<i>1.02</i>	<i>0.65</i>
Less than 1 year	9.60	10.97	11.21	9.69	7.81	10.14	10.47	8.92	8.52	8.12	8.94	12.48	9.63	10.57	10.34	10.69
	<i>0.35</i>	<i>2.08</i>	<i>1.00</i>	<i>0.83</i>	<i>0.92</i>	<i>0.61</i>	<i>1.37</i>	<i>0.57</i>	<i>0.59</i>	<i>1.32</i>	<i>0.45</i>	<i>1.39</i>	<i>1.64</i>	<i>1.47</i>	<i>1.94</i>	<i>0.71</i>
1 to less than 3 years	19.65	24.25	19.89	17.46	18.09	19.15	24.34	19.02	18.35	17.33	19.34	21.99	23.03	18.39	23.06	21.54
	<i>0.43</i>	<i>2.65</i>	<i>1.16</i>	<i>1.11</i>	<i>1.50</i>	<i>0.80</i>	<i>2.08</i>	<i>0.72</i>	<i>0.92</i>	<i>2.49</i>	<i>0.54</i>	<i>1.77</i>	<i>1.95</i>	<i>1.52</i>	<i>2.34</i>	<i>0.98</i>
3 to less than 5 years	16.06	18.07	15.87	16.16	13.21	15.83	21.92	15.76	14.85	13.75	16.09	17.81	14.72	17.96	15.02	16.40
	<i>0.38</i>	<i>2.33</i>	<i>1.14</i>	<i>1.02</i>	<i>1.23</i>	<i>0.71</i>	<i>1.93</i>	<i>0.68</i>	<i>0.84</i>	<i>1.95</i>	<i>0.50</i>	<i>1.74</i>	<i>1.55</i>	<i>1.89</i>	<i>2.00</i>	<i>0.86</i>
5 years or more	48.49	36.81	45.39	50.66	55.89	47.99	40.09	50.40	53.55	57.81	50.44	37.07	43.63	46.30	47.56	43.15
	<i>0.68</i>	<i>3.01</i>	<i>1.70</i>	<i>1.24</i>	<i>2.04</i>	<i>1.03</i>	<i>2.32</i>	<i>1.06</i>	<i>1.09</i>	<i>2.81</i>	<i>0.80</i>	<i>2.18</i>	<i>2.33</i>	<i>2.19</i>	<i>2.50</i>	<i>1.31</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1998

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	1,116	4,357	4,273	1,572	11,317	2,105	11,666	5,285	759	19,815	1,607	2,237	1,636	764	6,245
	132	67	105	100	50	135	69	158	101	42	180	63	82	66	44	125
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	28.03	20.48	27.84	27.20	23.63	26.29	24.86	33.04	29.45	25.10	30.91	16.63	25.17	23.30	21.06	21.99
	0.83	2.36	1.67	1.31	1.73	1.10	2.33	1.12	1.38	2.61	0.98	1.59	1.97	2.17	2.34	1.13
(Very) Unsatisfied	3.45	5.75	4.16	4.04	3.31	4.15	5.90	2.54	2.92	3.82	3.05	4.97	3.09	2.65	3.06	3.45
	0.17	1.53	0.56	0.58	0.66	0.36	1.13	0.34	0.40	1.16	0.24	0.95	0.71	0.68	0.99	0.42
Follow-up Care																
Very satisfied	17.56	14.40	17.44	15.81	12.50	15.84	19.58	20.72	18.00	14.56	19.64	12.84	16.04	12.79	13.69	14.08
	0.66	2.40	1.41	0.96	1.27	0.80	2.04	1.04	1.05	2.27	0.82	1.64	1.66	1.43	1.90	0.88
(Very) Unsatisfied	2.36	4.82	2.66	2.75	2.78	2.92	5.26	1.33	2.23	3.24	2.06	3.47	1.50	2.25	2.47	2.32
	0.15	1.04	0.63	0.49	0.61	0.28	1.00	0.22	0.33	0.99	0.17	0.90	0.55	0.57	0.77	0.32
Access/Coordination of Care																
Availability																
Very satisfied	10.20	9.97	10.30	8.08	9.92	9.38	10.11	11.92	9.96	11.09	11.17	6.72	9.92	8.08	9.94	8.62
	0.39	2.04	1.01	0.69	1.12	0.57	1.61	0.64	0.73	1.48	0.49	1.11	1.06	1.07	1.77	0.64
(Very) Unsatisfied	2.31	3.78	1.66	1.67	1.85	1.90	5.51	1.95	2.15	1.65	2.37	5.54	1.60	1.87	3.09	2.86
	0.15	1.25	0.39	0.41	0.44	0.25	1.17	0.23	0.35	0.76	0.19	1.23	0.42	0.56	0.97	0.42
Ease of Access to Doctor																
Very satisfied	17.70	12.03	17.37	15.44	13.29	15.55	12.94	23.09	18.36	13.93	20.40	10.76	16.03	11.20	12.61	12.99
	0.65	2.05	1.36	1.04	1.48	0.82	1.63	1.01	1.01	2.03	0.74	1.59	1.60	1.46	1.91	1.01
(Very) Unsatisfied	4.89	13.58	5.13	5.21	7.55	6.33	6.97	3.00	3.52	5.03	3.64	7.21	6.21	5.35	6.18	6.24
	0.24	2.65	0.76	0.59	0.96	0.50	1.09	0.28	0.36	1.23	0.22	1.13	1.09	0.89	1.44	0.57
Can Obtain Care in Same Location																
Very satisfied	14.14	11.38	12.11	12.48	11.86	12.14	13.60	17.17	15.28	11.82	16.08	10.12	13.87	9.89	11.30	11.55
	0.63	2.16	1.06	1.02	1.46	0.72	1.78	1.04	1.07	1.60	0.79	1.42	1.50	1.24	1.83	0.85
(Very) Unsatisfied	3.61	6.46	4.65	3.41	2.44	4.05	7.24	3.10	2.55	1.80	3.34	6.45	2.31	2.63	4.22	3.69
	0.18	1.24	0.61	0.51	0.57	0.34	1.16	0.35	0.32	0.73	0.24	0.97	0.62	0.68	1.24	0.43

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1998

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,379	1,116	4,357	4,273	1,572	11,317	2,105	11,666	5,285	759	19,815	1,607	2,237	1,636	764	6,245
	<i>132</i>	<i>67</i>	<i>105</i>	<i>100</i>	<i>50</i>	<i>135</i>	<i>69</i>	<i>158</i>	<i>101</i>	<i>42</i>	<i>180</i>	<i>63</i>	<i>82</i>	<i>66</i>	<i>44</i>	<i>125</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.37	16.34	16.48	15.71	11.93	15.54	18.66	21.25	16.63	14.48	19.49	13.59	16.09	12.20	12.06	13.93
	<i>0.69</i>	<i>2.15</i>	<i>1.34</i>	<i>1.04</i>	<i>1.36</i>	<i>0.77</i>	<i>1.70</i>	<i>1.12</i>	<i>1.01</i>	<i>2.35</i>	<i>0.89</i>	<i>1.44</i>	<i>1.58</i>	<i>1.50</i>	<i>2.03</i>	<i>0.97</i>
(Very) Unsatisfied	4.46	7.23	4.43	4.82	6.68	5.17	8.26	3.61	3.68	6.69	4.24	6.21	2.33	4.41	2.59	3.90
	<i>0.22</i>	<i>1.29</i>	<i>0.66</i>	<i>0.62</i>	<i>0.90</i>	<i>0.38</i>	<i>1.18</i>	<i>0.39</i>	<i>0.40</i>	<i>1.59</i>	<i>0.27</i>	<i>1.14</i>	<i>0.58</i>	<i>0.88</i>	<i>0.89</i>	<i>0.46</i>
Doctor's Concern for Overall Health																
Very satisfied	19.18	14.90	18.69	16.33	14.88	16.89	21.53	22.82	19.73	15.41	21.58	14.21	19.01	12.92	15.22	15.71
	<i>0.66</i>	<i>2.43</i>	<i>1.25</i>	<i>1.01</i>	<i>1.56</i>	<i>0.81</i>	<i>2.27</i>	<i>1.01</i>	<i>1.20</i>	<i>1.97</i>	<i>0.82</i>	<i>1.77</i>	<i>1.68</i>	<i>1.60</i>	<i>2.00</i>	<i>0.91</i>
(Very) Unsatisfied	4.21	6.70	4.48	4.95	4.62	4.90	7.04	3.43	3.34	3.74	3.80	7.52	2.56	3.93	3.48	4.30
	<i>0.21</i>	<i>1.13</i>	<i>0.53</i>	<i>0.59</i>	<i>0.79</i>	<i>0.33</i>	<i>1.17</i>	<i>0.40</i>	<i>0.39</i>	<i>1.03</i>	<i>0.27</i>	<i>1.21</i>	<i>0.69</i>	<i>0.79</i>	<i>1.05</i>	<i>0.43</i>
Cost of Care																
Cost																
Very satisfied	16.83	13.46	17.07	17.01	14.07	16.28	14.72	20.03	16.34	12.29	18.19	12.50	15.09	12.00	14.42	13.53
	<i>0.66</i>	<i>2.03</i>	<i>1.32</i>	<i>1.19</i>	<i>1.67</i>	<i>0.90</i>	<i>1.73</i>	<i>0.99</i>	<i>1.02</i>	<i>2.03</i>	<i>0.79</i>	<i>1.21</i>	<i>1.33</i>	<i>1.53</i>	<i>2.14</i>	<i>0.82</i>
(Very) Unsatisfied	10.80	19.16	9.59	10.18	10.08	10.82	20.38	9.03	9.29	8.10	10.26	18.45	11.25	9.45	10.20	12.49
	<i>0.35</i>	<i>2.09</i>	<i>0.88</i>	<i>0.93</i>	<i>1.13</i>	<i>0.56</i>	<i>1.73</i>	<i>0.63</i>	<i>0.80</i>	<i>1.30</i>	<i>0.49</i>	<i>1.57</i>	<i>1.33</i>	<i>1.23</i>	<i>1.56</i>	<i>0.74</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1998

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,379	15,340	22,508	12,243	10,160	2,322	1,623
	<i>132</i>	<i>260</i>	<i>203</i>	<i>235</i>	<i>235</i>	<i>91</i>	<i>77</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	6.18	8.07	7.24	8.62	5.02	4.93	5.16
	<i>0.26</i>	<i>0.43</i>	<i>0.38</i>	<i>0.53</i>	<i>0.43</i>	<i>0.73</i>	<i>1.06</i>
Doctor's office	68.29	66.20	67.35	65.91	68.16	68.87	67.74
	<i>0.72</i>	<i>1.03</i>	<i>0.91</i>	<i>1.19</i>	<i>1.10</i>	<i>1.87</i>	<i>2.16</i>
Doctor's clinic	8.11	8.22	7.70	7.78	8.16	8.35	7.94
	<i>0.45</i>	<i>0.56</i>	<i>0.57</i>	<i>0.66</i>	<i>0.64</i>	<i>1.40</i>	<i>1.64</i>
HMO ⁷	11.05	13.12	12.47	13.54	8.57	8.28	8.43
	<i>0.44</i>	<i>0.66</i>	<i>0.57</i>	<i>0.77</i>	<i>0.62</i>	<i>1.20</i>	<i>1.53</i>
Hospital OPD/ER ⁸	2.31	1.35	1.73	1.19	4.11	4.06	4.24
	<i>0.14</i>	<i>0.17</i>	<i>0.15</i>	<i>0.18</i>	<i>0.41</i>	<i>0.80</i>	<i>0.93</i>
Other clinic/health center	4.06	3.03	3.51	2.96	5.98	5.52	6.49
	<i>0.18</i>	<i>0.29</i>	<i>0.24</i>	<i>0.33</i>	<i>0.41</i>	<i>0.70</i>	<i>0.86</i>
Difficulty Obtaining Care							
Yes	3.34	1.73	1.68	1.44	6.42	9.37	10.89
	<i>0.19</i>	<i>0.21</i>	<i>0.16</i>	<i>0.19</i>	<i>0.47</i>	<i>0.92</i>	<i>1.29</i>
No	96.66	98.27	98.32	98.56	93.58	90.63	89.11
	<i>0.19</i>	<i>0.21</i>	<i>0.16</i>	<i>0.19</i>	<i>0.47</i>	<i>0.92</i>	<i>1.29</i>
Delayed Care Due to Cost							
Yes	6.37	3.09	3.47	2.26	12.30	12.92	15.46
	<i>0.28</i>	<i>0.33</i>	<i>0.27</i>	<i>0.34</i>	<i>0.69</i>	<i>1.44</i>	<i>1.92</i>
No	93.63	96.91	96.53	97.74	87.70	87.08	84.54
	<i>0.28</i>	<i>0.33</i>	<i>0.27</i>	<i>0.34</i>	<i>0.69</i>	<i>1.44</i>	<i>1.92</i>

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1998

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,379	15,340	22,508	12,243	10,160	2,322	1,623
	<i>132</i>	<i>260</i>	<i>203</i>	<i>235</i>	<i>235</i>	<i>91</i>	<i>77</i>
Beneficiaries as a Percentage of Column Total							
Length of Association with Usual Source of Care	Continuity of Care						
No usual source ⁶	6.21	8.09	7.26	8.63	5.05	4.99	5.22
	<i>0.26</i>	<i>0.44</i>	<i>0.38</i>	<i>0.53</i>	<i>0.43</i>	<i>0.74</i>	<i>1.07</i>
Less than 1 year	9.60	8.94	8.82	8.26	10.84	12.49	12.67
	<i>0.35</i>	<i>0.47</i>	<i>0.44</i>	<i>0.57</i>	<i>0.57</i>	<i>1.28</i>	<i>1.73</i>
1 to less than 3 years	19.65	19.61	19.77	19.62	20.83	20.20	19.31
	<i>0.43</i>	<i>0.70</i>	<i>0.54</i>	<i>0.74</i>	<i>0.75</i>	<i>1.31</i>	<i>1.66</i>
3 to less than 5 years	16.06	14.96	16.05	15.22	16.79	16.47	16.82
	<i>0.38</i>	<i>0.63</i>	<i>0.51</i>	<i>0.70</i>	<i>0.65</i>	<i>1.36</i>	<i>1.63</i>
5 years or more	48.49	48.39	48.10	48.27	46.48	45.86	45.97
	<i>0.68</i>	<i>1.02</i>	<i>0.88</i>	<i>1.20</i>	<i>1.01</i>	<i>1.79</i>	<i>2.21</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1998

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,379	15,340	22,508	12,243	10,160	2,322	1,623
	132	260	203	235	235	91	77
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	28.03	35.62	29.29	34.29	19.78	22.93	19.55
	0.83	1.15	0.99	1.26	0.78	1.54	1.66
(Very) Unsatisfied	3.45	2.11	2.46	1.80	5.67	6.42	7.62
	0.17	0.24	0.20	0.28	0.43	0.95	1.23
Follow-up Care							
Very satisfied	17.56	21.37	17.71	20.45	14.50	14.83	12.94
	0.66	0.89	0.74	0.95	0.78	1.38	1.55
(Very) Unsatisfied	2.36	1.21	1.44	1.03	4.32	5.54	6.48
	0.15	0.19	0.16	0.20	0.35	0.96	1.14
Access/Coordination of Care							
Availability							
Very satisfied	10.20	12.15	10.74	11.62	8.17	9.31	7.98
	0.39	0.52	0.48	0.58	0.52	0.91	1.10
(Very) Unsatisfied	2.31	1.69	1.60	1.45	3.87	5.37	6.27
	0.15	0.20	0.18	0.21	0.41	0.85	1.14
Ease of Access to Doctor							
Very satisfied	17.70	23.17	19.79	23.29	11.41	12.94	9.76
	0.65	0.85	0.70	0.89	0.70	1.60	1.55
(Very) Unsatisfied	4.89	2.71	2.46	1.91	9.12	12.49	14.80
	0.24	0.26	0.20	0.27	0.55	1.10	1.43
Can Obtain Care in Same Location							
Very satisfied	14.14	17.55	14.93	17.30	10.61	11.17	9.67
	0.63	0.83	0.66	0.84	0.75	1.42	1.45
(Very) Unsatisfied	3.61	2.25	2.11	1.83	6.68	8.16	9.82
	0.18	0.25	0.20	0.31	0.45	1.11	1.53

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1998

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,379	15,340	22,508	12,243	10,160	2,322	1,623
	<i>132</i>	<i>260</i>	<i>203</i>	<i>235</i>	<i>235</i>	<i>91</i>	<i>77</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.37	22.07	18.36	21.82	13.48	15.69	14.00
	<i>0.69</i>	<i>0.93</i>	<i>0.84</i>	<i>0.98</i>	<i>0.74</i>	<i>1.60</i>	<i>1.83</i>
(Very) Unsatisfied	4.46	2.37	2.96	2.05	7.77	9.49	10.71
	<i>0.22</i>	<i>0.25</i>	<i>0.23</i>	<i>0.28</i>	<i>0.45</i>	<i>1.11</i>	<i>1.43</i>
Doctor's Concern for Overall Health							
Very satisfied	19.18	23.73	19.56	23.13	15.20	17.32	15.18
	<i>0.66</i>	<i>0.89</i>	<i>0.72</i>	<i>0.94</i>	<i>0.80</i>	<i>1.52</i>	<i>1.81</i>
(Very) Unsatisfied	4.21	2.69	2.68	2.31	6.91	8.81	9.95
	<i>0.21</i>	<i>0.27</i>	<i>0.21</i>	<i>0.32</i>	<i>0.48</i>	<i>0.96</i>	<i>1.37</i>
Cost of Care							
Cost							
Very satisfied	16.83	20.46	17.76	20.15	12.98	14.44	11.99
	<i>0.66</i>	<i>0.91</i>	<i>0.88</i>	<i>1.05</i>	<i>0.80</i>	<i>1.33</i>	<i>1.36</i>
(Very) Unsatisfied	10.80	7.35	7.51	6.68	17.49	18.31	20.56
	<i>0.35</i>	<i>0.46</i>	<i>0.31</i>	<i>0.48</i>	<i>0.78</i>	<i>1.46</i>	<i>1.86</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1998

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,379	3,526	5,156	8,471	12,110	1,609	6,507
	<i>132</i>	<i>117</i>	<i>144</i>	<i>194</i>	<i>198</i>	<i>70</i>	<i>185</i>
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
None ³	6.18	17.15	6.99	6.03	5.05	2.64	2.83
	<i>0.26</i>	<i>1.39</i>	<i>0.61</i>	<i>0.55</i>	<i>0.42</i>	<i>0.70</i>	<i>0.40</i>
Doctor's office	68.29	55.63	64.64	80.94	77.27	82.19	41.32
	<i>0.72</i>	<i>1.90</i>	<i>1.24</i>	<i>1.15</i>	<i>1.06</i>	<i>1.72</i>	<i>1.39</i>
Doctor's clinic	8.11	6.59	9.46	10.19	8.58	11.12	3.53
	<i>0.45</i>	<i>0.84</i>	<i>0.73</i>	<i>0.91</i>	<i>0.80</i>	<i>1.33</i>	<i>0.47</i>
HMO ⁴	11.05	0.23	4.88	0.02	5.20	0.00	49.72
	<i>0.44</i>	<i>0.16</i>	<i>0.61</i>	<i>0.02</i>	<i>0.55</i>	<i>0.00</i>	<i>1.55</i>
Hospital OPD/ER ⁵	2.31	4.49	8.19	0.69	1.11	1.83	0.95
	<i>0.14</i>	<i>0.58</i>	<i>0.80</i>	<i>0.18</i>	<i>0.22</i>	<i>0.64</i>	<i>0.27</i>
Other clinic/health center	4.06	15.91	5.85	2.14	2.78	2.22	1.65
	<i>0.18</i>	<i>1.41</i>	<i>0.61</i>	<i>0.28</i>	<i>0.34</i>	<i>0.70</i>	<i>0.32</i>
Difficulty Obtaining Care							
Yes	3.34	6.18	6.60	1.45	2.19	1.93	4.18
	<i>0.19</i>	<i>0.72</i>	<i>0.63</i>	<i>0.21</i>	<i>0.28</i>	<i>0.63</i>	<i>0.51</i>
No	96.66	93.82	93.40	98.55	97.81	98.07	95.82
	<i>0.19</i>	<i>0.72</i>	<i>0.63</i>	<i>0.21</i>	<i>0.28</i>	<i>0.63</i>	<i>0.51</i>
Delayed Care Due to Cost							
Yes	6.37	18.95	11.96	3.84	4.03	4.08	3.43
	<i>0.28</i>	<i>1.11</i>	<i>0.90</i>	<i>0.50</i>	<i>0.41</i>	<i>0.93</i>	<i>0.45</i>
No	93.63	81.05	88.04	96.16	95.97	95.92	96.57
	<i>0.28</i>	<i>1.11</i>	<i>0.90</i>	<i>0.50</i>	<i>0.41</i>	<i>0.93</i>	<i>0.45</i>

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1998

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,379	3,526	5,156	8,471	12,110	1,609	6,507
	<i>132</i>	<i>117</i>	<i>144</i>	<i>194</i>	<i>198</i>	<i>70</i>	<i>185</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	6.21	17.22	7.05	6.06	5.07	2.64	2.84
	<i>0.26</i>	<i>1.40</i>	<i>0.62</i>	<i>0.56</i>	<i>0.42</i>	<i>0.70</i>	<i>0.40</i>
Less than 1 year	9.60	6.69	11.35	7.25	7.95	5.95	16.80
	<i>0.35</i>	<i>0.76</i>	<i>0.84</i>	<i>0.56</i>	<i>0.48</i>	<i>0.96</i>	<i>0.85</i>
1 to less than 3 years	19.65	19.90	23.58	16.20	17.23	14.79	26.60
	<i>0.43</i>	<i>1.45</i>	<i>1.29</i>	<i>0.75</i>	<i>0.72</i>	<i>1.83</i>	<i>1.03</i>
3 to less than 5 years	16.06	15.68	18.07	15.18	15.58	15.21	16.94
	<i>0.38</i>	<i>1.38</i>	<i>1.09</i>	<i>0.75</i>	<i>0.68</i>	<i>1.68</i>	<i>0.75</i>
5 years or more	48.49	40.51	39.94	55.31	54.16	61.41	36.83
	<i>0.68</i>	<i>1.56</i>	<i>1.38</i>	<i>1.02</i>	<i>0.92</i>	<i>2.37</i>	<i>1.31</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1998

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,379	3,526	5,156	8,471	12,110	1,609	6,507
	132	117	144	194	198	70	185
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	28.03	18.58	18.09	27.53	32.38	37.25	31.21
	0.83	1.34	1.11	1.42	1.17	2.45	1.31
(Very) Unsatisfied	3.45	4.92	3.66	2.73	3.12	2.85	4.18
	0.17	0.72	0.50	0.30	0.35	0.71	0.38
Follow-up Care							
Very satisfied	17.56	12.26	11.71	15.78	20.45	23.09	20.57
	0.66	1.21	0.90	1.16	0.91	2.32	1.03
(Very) Unsatisfied	2.36	3.63	2.90	1.92	1.99	2.56	2.48
	0.15	0.56	0.50	0.26	0.25	0.70	0.39
Access/Coordination of Care							
Availability							
Very satisfied	10.20	7.09	8.99	8.83	11.50	11.39	11.91
	0.39	0.92	0.76	0.73	0.62	1.62	0.88
(Very) Unsatisfied	2.31	3.18	2.64	1.91	2.44	1.71	1.99
	0.15	0.52	0.39	0.33	0.30	0.60	0.37
Ease of Access to Doctor							
Very satisfied	17.70	9.66	11.13	15.83	20.75	24.93	22.15
	0.65	0.93	1.09	1.15	0.97	2.33	1.23
(Very) Unsatisfied	4.89	8.31	9.45	4.01	3.15	3.38	4.19
	0.24	0.84	0.92	0.49	0.30	0.95	0.47
Can Obtain Care in Same Location							
Very satisfied	14.14	12.42	10.52	11.19	14.96	15.50	19.87
	0.63	1.20	0.77	1.01	0.94	2.02	1.01
(Very) Unsatisfied	3.61	4.45	4.45	3.40	3.73	3.23	2.68
	0.18	0.74	0.53	0.38	0.33	0.77	0.42

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1998

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,379	3,526	5,156	8,471	12,110	1,609	6,507
	<i>132</i>	<i>117</i>	<i>144</i>	<i>194</i>	<i>198</i>	<i>70</i>	<i>185</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.37	12.27	12.89	14.40	19.69	21.51	22.15
	<i>0.69</i>	<i>1.22</i>	<i>0.98</i>	<i>1.07</i>	<i>1.03</i>	<i>1.87</i>	<i>1.15</i>
(Very) Unsatisfied	4.46	5.84	4.61	4.21	4.39	3.94	4.19
	<i>0.22</i>	<i>0.73</i>	<i>0.51</i>	<i>0.43</i>	<i>0.40</i>	<i>0.98</i>	<i>0.54</i>
Doctor's Concern for Overall Health							
Very satisfied	19.18	13.06	13.03	16.88	22.61	24.32	22.63
	<i>0.66</i>	<i>1.28</i>	<i>0.90</i>	<i>1.03</i>	<i>0.93</i>	<i>2.06</i>	<i>1.24</i>
(Very) Unsatisfied	4.21	4.39	4.56	3.75	4.04	3.66	4.91
	<i>0.21</i>	<i>0.62</i>	<i>0.61</i>	<i>0.32</i>	<i>0.39</i>	<i>0.99</i>	<i>0.48</i>
Cost of Care							
Cost							
Very satisfied	16.83	8.58	15.50	11.96	18.58	16.93	25.37
	<i>0.66</i>	<i>1.00</i>	<i>1.09</i>	<i>1.09</i>	<i>1.02</i>	<i>1.98</i>	<i>1.06</i>
(Very) Unsatisfied	10.80	21.09	10.30	13.58	9.16	7.57	5.93
	<i>0.35</i>	<i>1.22</i>	<i>0.65</i>	<i>0.75</i>	<i>0.49</i>	<i>1.31</i>	<i>0.60</i>

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File, CY 1998 Access to Care Public Use File, supplemented by CY 1997 and CY 1999 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1998 file.

Note: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 22 (i.e., the 1998 Access to Care Public Use File) were taken from their Round 19 interview (i.e., the 1997 Access to Care Public Use File) or from their Round 25 interview (i.e., the 1999 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.