

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	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 +	
<b>Beneficiaries (in 000s)</b>	35,503	3,904	18,895	9,997	2,706	2,361	8,448	3,989	846	15,645	1,543	10,447	6,008	1,860	19,858
	93	45	66	69	53	35	51	37	25	72	27	46	50	48	72
<b>Beneficiaries as a Percent of Column Total Access to Care</b>															
<b>Usual Source of Care</b>															
None <sup>3</sup>	8.27	12.27	8.57	6.51	6.98	15.64	9.34	8.36	8.96	10.01	7.17	7.94	5.29	6.08	6.91
	0.29	0.96	0.44	0.41	0.71	1.31	0.66	0.72	1.49	0.42	1.15	0.59	0.50	0.94	0.38
Doctor's office	69.59	61.53	68.57	73.05	75.52	56.77	65.09	69.54	70.76	65.29	68.73	71.38	75.39	77.68	72.98
	1.14	1.54	1.24	1.56	1.48	2.09	1.60	1.85	2.14	1.35	1.98	1.29	1.61	1.71	1.17
Doctor's clinic	8.92	7.64	9.26	9.33	6.81	6.89	9.77	8.40	7.94	8.89	8.79	8.86	9.94	6.29	8.94
	0.91	0.87	0.88	1.32	1.13	1.03	1.01	1.40	1.58	0.90	1.30	1.02	1.42	1.16	0.99
HMO <sup>4</sup>	5.47	3.51	6.22	5.36	3.51	3.50	6.76	5.83	3.75	5.87	3.51	5.78	5.05	3.41	5.16
	0.35	0.57	0.42	0.55	0.41	0.85	0.52	0.83	0.87	0.42	0.93	0.59	0.57	0.51	0.41
Hospital OPD/ER <sup>5</sup>	3.17	7.46	2.92	2.12	2.59	7.06	2.55	2.20	4.21	3.22	8.07	3.23	2.07	1.86	3.13
	0.24	0.72	0.29	0.24	0.51	0.86	0.41	0.36	1.18	0.32	1.27	0.40	0.27	0.52	0.27
Other clinic/health center	4.57	7.59	4.46	3.62	4.58	10.14	6.49	5.67	4.37	6.71	3.72	2.81	2.27	4.68	2.89
	0.30	0.76	0.43	0.31	0.57	1.27	0.69	0.68	0.96	0.51	0.59	0.36	0.29	0.73	0.24
<b>Difficulty Obtaining Care</b>															
Yes	3.57	11.94	2.71	2.12	3.01	12.59	2.71	1.61	2.67	3.91	10.95	2.71	2.46	3.16	3.31
	0.23	0.90	0.32	0.27	0.48	1.13	0.42	0.36	0.78	0.31	1.20	0.45	0.36	0.61	0.31
No	96.43	88.06	97.29	97.88	96.99	87.41	97.29	98.39	97.33	96.09	89.05	97.29	97.54	96.84	96.69
	0.23	0.90	0.32	0.27	0.48	1.13	0.42	0.36	0.78	0.31	1.20	0.45	0.36	0.61	0.31
<b>Delayed Care Due to Cost</b>															
Yes	9.69	26.72	8.92	6.10	3.89	27.48	7.48	4.99	2.22	9.55	25.56	10.09	6.84	4.64	9.79
	0.35	1.38	0.54	0.37	0.49	1.50	0.76	0.59	0.68	0.50	1.95	0.77	0.47	0.66	0.47
No	90.31	73.28	91.08	93.90	96.11	72.52	92.52	95.01	97.78	90.45	74.44	89.91	93.16	95.36	90.21
	0.35	1.38	0.54	0.37	0.49	1.50	0.76	0.59	0.68	0.50	1.95	0.77	0.47	0.66	0.47

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	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 +	
<b>Beneficiaries (in 000s)</b>	35,503	3,904	18,895	9,997	2,706	2,361	8,448	3,989	846	15,645	1,543	10,447	6,008	1,860	19,858
	<i>93</i>	<i>45</i>	<i>66</i>	<i>69</i>	<i>53</i>	<i>35</i>	<i>51</i>	<i>37</i>	<i>25</i>	<i>72</i>	<i>27</i>	<i>46</i>	<i>50</i>	<i>48</i>	<i>72</i>
<b>Beneficiaries as a Percent of Column Total</b>															
<b>Continuity of Care</b>															
<b>Length of Association with Usual Source of Care</b>															
No usual source <sup>3</sup>	8.32	12.31	8.61	6.54	7.09	15.70	9.39	8.39	9.08	10.07	7.19	7.98	5.32	6.19	6.95
	<i>0.29</i>	<i>0.96</i>	<i>0.44</i>	<i>0.42</i>	<i>0.72</i>	<i>1.31</i>	<i>0.66</i>	<i>0.73</i>	<i>1.51</i>	<i>0.42</i>	<i>1.15</i>	<i>0.60</i>	<i>0.50</i>	<i>0.95</i>	<i>0.38</i>
Less than 1 year	9.40	10.30	9.09	9.53	9.87	9.89	9.97	8.18	11.29	9.57	10.92	8.38	10.42	9.22	9.27
	<i>0.34</i>	<i>0.87</i>	<i>0.52</i>	<i>0.49</i>	<i>0.89</i>	<i>1.11</i>	<i>0.82</i>	<i>0.71</i>	<i>1.48</i>	<i>0.50</i>	<i>1.28</i>	<i>0.58</i>	<i>0.64</i>	<i>1.02</i>	<i>0.40</i>
1 to less than 3 years	18.97	20.15	20.03	17.34	15.88	19.43	19.68	18.56	13.23	19.01	21.24	20.31	16.53	17.10	18.94
	<i>0.50</i>	<i>1.04</i>	<i>0.71</i>	<i>0.72</i>	<i>1.08</i>	<i>1.46</i>	<i>1.01</i>	<i>1.22</i>	<i>1.55</i>	<i>0.72</i>	<i>1.71</i>	<i>0.88</i>	<i>0.79</i>	<i>1.23</i>	<i>0.59</i>
3 to less than 5 years	15.54	16.23	15.78	15.02	14.81	15.45	14.38	14.85	12.76	14.57	17.41	16.92	15.13	15.75	16.31
	<i>0.41</i>	<i>0.99</i>	<i>0.61</i>	<i>0.59</i>	<i>0.90</i>	<i>1.34</i>	<i>0.81</i>	<i>0.98</i>	<i>1.52</i>	<i>0.54</i>	<i>1.60</i>	<i>0.91</i>	<i>0.71</i>	<i>1.08</i>	<i>0.54</i>
5 years or more	47.76	41.01	46.48	51.57	52.34	39.54	46.58	50.02	53.65	46.78	43.24	46.41	52.60	51.75	48.53
	<i>0.66</i>	<i>1.22</i>	<i>0.93</i>	<i>0.95</i>	<i>1.48</i>	<i>1.65</i>	<i>1.21</i>	<i>1.34</i>	<i>2.53</i>	<i>0.86</i>	<i>2.08</i>	<i>1.15</i>	<i>1.13</i>	<i>1.77</i>	<i>0.78</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 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, 1994 (1 of 2)**  
Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	35,503	3,904	18,895	9,997	2,706	2,361	8,448	3,989	846	15,645	1,543	10,447	6,008	1,860	19,858
	93	45	66	69	53	35	51	37	25	72	27	46	50	48	72
<b>Beneficiaries as a Percent of Column Total<sup>3</sup></b>															
<b>Quality of Care</b>															
<b>General Care</b>															
Very satisfied	32.00	23.09	34.99	30.58	29.14	20.89	34.42	31.49	27.01	31.24	26.44	35.45	29.98	30.12	32.60
	0.70	1.29	0.88	0.96	1.60	1.53	1.27	1.42	2.29	1.01	2.22	1.18	1.11	1.84	0.80
(Very) Unsatisfied	3.79	8.06	3.29	3.34	2.84	8.74	3.14	3.16	4.38	4.05	7.03	3.40	3.45	2.14	3.58
	0.18	0.80	0.26	0.31	0.47	1.13	0.34	0.48	1.02	0.26	1.00	0.35	0.40	0.50	0.23
<b>Follow-up Care</b>															
Very satisfied	18.06	13.92	19.65	16.65	18.06	11.38	20.80	18.09	16.40	18.46	17.78	18.73	15.69	18.82	17.75
	0.64	1.18	0.77	0.80	1.45	1.22	0.99	1.13	2.18	0.70	2.15	1.01	0.98	1.57	0.76
(Very) Unsatisfied	3.27	7.09	2.96	2.64	2.32	7.22	2.79	2.55	3.26	3.42	6.90	3.09	2.70	1.89	3.16
	0.20	0.76	0.28	0.28	0.43	0.97	0.41	0.41	0.88	0.30	1.13	0.38	0.39	0.49	0.26
<b>Access/Coordination of Care</b>															
<b>Availability</b>															
Very satisfied	11.28	10.10	11.96	10.46	11.31	9.24	12.77	11.89	11.60	11.95	11.42	11.30	9.51	11.18	10.76
	0.50	1.04	0.63	0.71	1.01	0.95	0.83	1.05	1.49	0.63	1.94	0.81	0.79	1.13	0.59
(Very) Unsatisfied	3.29	7.73	2.75	2.79	2.60	7.69	2.93	2.58	4.38	3.63	7.80	2.60	2.93	1.79	3.03
	0.22	0.62	0.31	0.29	0.44	0.82	0.46	0.47	0.82	0.31	1.06	0.38	0.42	0.48	0.27
<b>Ease of Access to Doctor</b>															
Very satisfied	20.95	13.00	24.04	19.13	17.44	11.24	25.44	21.56	17.28	21.88	15.67	22.91	17.52	17.51	20.21
	0.66	1.13	0.91	1.03	1.26	1.18	1.15	1.42	2.13	0.80	2.08	1.12	1.05	1.49	0.75
(Very) Unsatisfied	5.80	11.54	4.36	6.28	5.84	11.83	4.18	4.04	5.50	5.36	11.11	4.51	7.77	5.99	6.14
	0.30	1.04	0.36	0.46	0.69	1.20	0.59	0.55	1.12	0.45	1.43	0.44	0.59	0.80	0.33
<b>Can Obtain Care in Same Location</b>															
Very satisfied	15.35	11.73	16.81	14.36	13.98	10.84	18.12	15.30	13.48	16.06	13.09	15.74	13.74	14.21	14.79
	0.64	1.33	0.78	0.82	1.12	1.28	1.13	1.07	1.80	0.87	2.23	0.87	0.96	1.29	0.66
(Very) Unsatisfied	5.29	12.77	4.69	3.98	3.59	12.11	4.34	3.81	4.06	5.36	13.76	4.97	4.09	3.38	5.24
	0.28	1.13	0.37	0.44	0.46	1.36	0.42	0.64	1.01	0.37	1.56	0.51	0.55	0.60	0.33

**Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	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 +	
<b>Beneficiaries (in 000s)</b>	35,503	3,904	18,895	9,997	2,706	2,361	8,448	3,989	846	15,645	1,543	10,447	6,008	1,860	19,858
	<i>93</i>	<i>45</i>	<i>66</i>	<i>69</i>	<i>53</i>	<i>35</i>	<i>51</i>	<i>37</i>	<i>25</i>	<i>72</i>	<i>27</i>	<i>46</i>	<i>50</i>	<i>48</i>	<i>72</i>
<b>Beneficiaries as a Percent of Column Total<sup>3</sup></b>															
<b>Relationship with Primary Doctor</b>															
<b>Information from Doctor</b>															
Very satisfied	19.13	14.85	21.61	16.81	16.52	12.13	22.25	18.06	13.54	19.19	18.98	21.10	15.98	17.87	19.08
	<i>0.64</i>	<i>1.20</i>	<i>0.82</i>	<i>0.82</i>	<i>1.18</i>	<i>1.17</i>	<i>1.16</i>	<i>1.20</i>	<i>1.79</i>	<i>0.80</i>	<i>2.23</i>	<i>1.01</i>	<i>0.95</i>	<i>1.41</i>	<i>0.72</i>
(Very) Unsatisfied	5.75	9.09	5.21	5.71	4.96	9.34	4.73	5.12	5.60	5.56	8.72	5.59	6.10	4.67	5.90
	<i>0.24</i>	<i>0.69</i>	<i>0.40</i>	<i>0.41</i>	<i>0.61</i>	<i>0.87</i>	<i>0.46</i>	<i>0.61</i>	<i>1.12</i>	<i>0.29</i>	<i>1.03</i>	<i>0.58</i>	<i>0.49</i>	<i>0.76</i>	<i>0.37</i>
<b>Doctor's Concern for Overall Health</b>															
Very satisfied	20.03	15.27	22.15	18.50	17.66	13.12	21.74	19.20	15.79	19.49	18.53	22.48	18.04	18.51	20.46
	<i>0.63</i>	<i>1.22</i>	<i>0.83</i>	<i>0.86</i>	<i>1.39</i>	<i>1.30</i>	<i>1.10</i>	<i>1.16</i>	<i>1.95</i>	<i>0.82</i>	<i>2.07</i>	<i>1.04</i>	<i>0.96</i>	<i>1.57</i>	<i>0.69</i>
(Very) Unsatisfied	5.61	9.40	5.46	4.68	4.69	10.26	4.87	4.39	4.46	5.53	8.09	5.93	4.87	4.79	5.67
	<i>0.28</i>	<i>0.80</i>	<i>0.37</i>	<i>0.36</i>	<i>0.56</i>	<i>1.11</i>	<i>0.48</i>	<i>0.56</i>	<i>0.91</i>	<i>0.32</i>	<i>1.08</i>	<i>0.54</i>	<i>0.48</i>	<i>0.71</i>	<i>0.37</i>
<b>Cost of Care</b>															
<b>Cost</b>															
Very satisfied	16.17	11.99	18.20	14.49	14.19	10.19	19.53	16.94	15.27	17.24	14.73	17.12	12.86	13.70	15.33
	<i>0.58</i>	<i>0.98</i>	<i>0.75</i>	<i>0.77</i>	<i>1.15</i>	<i>1.06</i>	<i>1.13</i>	<i>1.13</i>	<i>2.14</i>	<i>0.77</i>	<i>1.65</i>	<i>0.85</i>	<i>0.96</i>	<i>1.23</i>	<i>0.63</i>
(Very) Unsatisfied	14.14	26.69	12.78	12.50	11.70	27.42	11.25	11.02	9.16	13.50	25.57	14.02	13.49	12.86	14.65
	<i>0.41</i>	<i>1.46</i>	<i>0.60</i>	<i>0.70</i>	<i>0.97</i>	<i>1.79</i>	<i>0.85</i>	<i>1.03</i>	<i>1.50</i>	<i>0.59</i>	<i>1.72</i>	<i>0.82</i>	<i>0.80</i>	<i>1.17</i>	<i>0.57</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Total	Black non-Hispanic					Total	Hispanic				
		< 65	65 - 74	75 - 84	85 +	< 65		65 - 74	75 - 84	85 +	< 65	65 - 74		75 - 84	85 +	Total		
Beneficiaries (in 000s)	35,503	2,653	15,952	8,541	2,274	29,420	736	1,568	728	236	3,269	383	1,037	520	150	2,089		
	93	52	127	80	53	202	27	46	23	15	50	40	93	54	27	162		
Beneficiaries as a Percent of Column Total Access to Care																		
Usual Source of Care																		
None <sup>4</sup>	8.27	13.13	8.16	6.13	6.85	7.91	9.20	8.91	6.66	6.90	8.33	13.58	15.53	12.58	11.22	14.13		
	0.29	1.16	0.48	0.46	0.82	0.31	1.93	1.72	1.63	2.54	1.01	2.86	2.65	2.01	3.77	1.40		
Doctor's office	69.59	65.24	70.63	74.70	77.55	71.86	54.23	60.97	61.86	65.96	60.02	48.79	52.39	62.24	63.01	54.95		
	1.14	1.86	1.35	1.70	1.66	1.27	3.83	2.72	2.56	4.75	1.95	4.15	4.74	3.94	5.56	3.03		
Doctor's clinic	8.92	7.30	9.77	9.85	6.87	9.35	8.10	7.07	7.21	6.74	7.31	8.45	4.43	5.28	5.43	5.45		
	0.91	0.95	1.00	1.49	1.29	1.04	1.87	1.27	1.86	1.73	0.90	2.64	1.28	1.95	2.33	1.09		
HMO <sup>5</sup>	5.47	3.41	5.78	5.06	3.66	5.20	2.78	5.15	5.64	2.74	4.56	4.70	12.78	9.72	3.56	9.89		
	0.35	0.68	0.44	0.55	0.48	0.35	0.92	1.29	1.28	1.37	0.88	2.13	3.06	3.29	2.09	2.18		
Hospital OPD/ER <sup>6</sup>	3.17	4.81	1.87	1.42	1.50	1.97	13.41	9.11	9.00	10.49	10.15	16.19	8.77	4.06	3.94	8.60		
	0.24	0.66	0.25	0.22	0.39	0.20	2.49	1.68	1.67	2.69	1.36	3.27	2.33	0.93	1.68	1.34		
Other clinic/health center	4.57	6.12	3.79	2.84	3.57	3.71	12.29	8.79	9.63	7.17	9.64	8.29	6.10	6.11	12.85	6.98		
	0.30	0.74	0.44	0.32	0.57	0.31	1.89	1.62	1.62	2.48	1.11	3.51	1.86	1.83	4.69	1.08		
Difficulty Obtaining Care																		
Yes	3.57	11.57	2.36	1.87	2.55	3.06	11.62	6.58	4.00	4.49	6.98	12.66	3.09	3.33	7.34	5.20		
	0.23	0.96	0.32	0.28	0.52	0.23	2.11	1.51	1.21	1.64	0.94	3.50	1.16	1.92	2.82	0.93		
No	96.43	88.43	97.64	98.13	97.45	96.94	88.38	93.42	96.00	95.51	93.02	87.34	96.91	96.67	92.66	94.80		
	0.23	0.96	0.32	0.28	0.52	0.23	2.11	1.51	1.21	1.64	0.94	3.50	1.16	1.92	2.82	0.93		
Delayed Care Due to Cost																		
Yes	9.69	28.42	7.99	5.79	3.57	8.84	21.59	15.40	9.02	4.92	14.61	22.70	12.05	7.03	5.81	12.29		
	0.35	1.44	0.62	0.40	0.50	0.41	2.55	2.23	1.54	2.07	1.31	5.99	2.60	1.94	3.13	1.32		
No	90.31	71.58	92.01	94.21	96.43	91.16	78.41	84.60	90.98	95.08	85.39	77.30	87.95	92.97	94.19	87.71		
	0.35	1.44	0.62	0.40	0.50	0.41	2.55	2.23	1.54	2.07	1.31	5.99	2.60	1.94	3.13	1.32		

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	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
<b>Beneficiaries (in 000s)</b>	35,503	2,653	15,952	8,541	2,274	29,420	736	1,568	728	236	3,269	383	1,037	520	150	2,089
	<i>93</i>	<i>52</i>	<i>127</i>	<i>80</i>	<i>53</i>	<i>202</i>	<i>27</i>	<i>46</i>	<i>23</i>	<i>15</i>	<i>50</i>	<i>40</i>	<i>93</i>	<i>54</i>	<i>27</i>	<i>162</i>
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>4</sup>	8.32	13.18	8.20	6.15	6.94	7.96	9.21	8.91	6.71	6.96	8.35	13.58	15.53	12.69	12.10	14.24
	<i>0.29</i>	<i>1.17</i>	<i>0.48</i>	<i>0.46</i>	<i>0.83</i>	<i>0.31</i>	<i>1.94</i>	<i>1.72</i>	<i>1.64</i>	<i>2.57</i>	<i>1.02</i>	<i>2.86</i>	<i>2.65</i>	<i>2.04</i>	<i>4.05</i>	<i>1.41</i>
Less than 1 year	9.40	11.06	8.67	9.57	10.53	9.29	7.50	11.56	10.20	6.61	9.99	9.01	10.32	6.21	5.01	8.70
	<i>0.34</i>	<i>1.14</i>	<i>0.58</i>	<i>0.54</i>	<i>0.95</i>	<i>0.38</i>	<i>1.31</i>	<i>1.83</i>	<i>1.59</i>	<i>2.05</i>	<i>1.03</i>	<i>2.53</i>	<i>2.29</i>	<i>1.78</i>	<i>2.36</i>	<i>1.27</i>
1 to less than 3 years	18.97	19.08	19.33	17.13	15.15	18.35	24.37	23.04	22.45	17.87	22.84	20.93	23.19	16.35	26.95	21.33
	<i>0.50</i>	<i>1.19</i>	<i>0.73</i>	<i>0.78</i>	<i>1.17</i>	<i>0.52</i>	<i>2.77</i>	<i>2.39</i>	<i>2.51</i>	<i>4.01</i>	<i>1.45</i>	<i>3.74</i>	<i>3.06</i>	<i>2.58</i>	<i>6.90</i>	<i>1.91</i>
3 to less than 5 years	15.54	14.35	15.90	14.69	13.78	15.25	20.01	14.57	11.96	25.57	15.99	20.96	15.17	18.59	11.27	16.82
	<i>0.41</i>	<i>1.14</i>	<i>0.71</i>	<i>0.64</i>	<i>0.91</i>	<i>0.49</i>	<i>2.47</i>	<i>1.95</i>	<i>1.82</i>	<i>5.17</i>	<i>1.26</i>	<i>4.60</i>	<i>3.38</i>	<i>2.41</i>	<i>4.58</i>	<i>1.95</i>
5 years or more	47.76	42.32	47.89	52.46	53.59	49.16	38.91	41.93	48.69	42.98	42.83	35.52	35.79	46.16	44.68	38.91
	<i>0.66</i>	<i>1.37</i>	<i>1.04</i>	<i>0.98</i>	<i>1.64</i>	<i>0.74</i>	<i>3.22</i>	<i>2.73</i>	<i>2.92</i>	<i>6.07</i>	<i>2.02</i>	<i>4.59</i>	<i>3.13</i>	<i>2.77</i>	<i>10.22</i>	<i>2.03</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 Access to Care Public-Use File).
- 3 *Total* includes persons of 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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Total	Black non-Hispanic					Total	Hispanic				
		< 65	65 - 74	75 - 84	85 +			< 65	65 - 74	75 - 84	85 +			< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 000s)</b>	35,503	2,653	15,952	8,541	2,274	29,420	736	1,568	728	236	3,269	383	1,037	520	150	2,089		
	93	52	127	80	53	202	27	46	23	15	50	40	93	54	27	162		
<b>Beneficiaries as a Percent of Column Total<sup>4</sup></b>																		
<b>Quality of Care</b>																		
<b>General Care</b>																		
Very satisfied	32.00	25.55	36.81	31.61	30.72	33.82	14.93	27.06	24.07	16.39	22.91	21.95	22.73	26.58	30.52	24.10		
	0.70	1.40	0.97	1.07	1.75	0.82	2.15	3.09	2.30	3.38	1.72	7.41	2.67	2.89	7.96	2.16		
(Very) Unsatisfied	3.79	7.76	3.29	3.01	2.73	3.57	8.04	3.69	5.43	3.26	5.02	9.91	3.29	5.08	1.06	4.78		
	0.18	0.89	0.27	0.29	0.49	0.19	1.81	1.09	1.36	1.51	0.81	2.82	1.33	2.18	0.96	0.92		
<b>Follow-up Care</b>																		
Very satisfied	18.06	14.93	20.55	17.08	18.90	18.91	9.25	15.76	9.11	5.15	12.05	16.19	16.30	21.30	25.73	18.19		
	0.64	1.32	0.87	0.89	1.57	0.72	1.84	2.65	1.83	2.24	1.43	6.43	2.39	2.73	6.48	2.18		
(Very) Unsatisfied	3.27	7.85	2.83	2.49	2.47	3.15	4.56	3.84	3.33	0.52	3.65	3.02	3.34	3.65	1.06	3.20		
	0.20	1.05	0.32	0.27	0.49	0.22	1.16	0.99	1.21	0.56	0.64	1.30	0.88	1.63	0.96	0.73		
<b>Access/Coordination of Care</b>																		
<b>Availability</b>																		
Very satisfied	11.28	10.33	12.31	10.54	11.86	11.58	8.14	8.98	6.87	4.15	7.97	14.63	12.82	14.44	17.65	13.90		
	0.50	1.03	0.63	0.76	1.06	0.51	1.57	1.68	1.55	1.83	1.02	6.61	2.15	3.12	7.07	2.35		
(Very) Unsatisfied	3.29	7.94	2.64	2.83	2.64	3.17	7.51	3.01	2.48	0.53	3.73	6.81	4.41	2.97	4.61	4.50		
	0.22	0.80	0.33	0.32	0.50	0.24	1.50	0.84	0.95	0.56	0.60	1.27	1.35	1.12	1.96	0.77		
<b>Ease of Access to Doctor</b>																		
Very satisfied	20.95	13.66	25.74	19.87	18.49	22.39	8.44	15.49	11.34	6.41	12.34	18.25	16.05	19.68	21.21	17.72		
	0.66	1.05	0.99	1.19	1.39	0.73	1.81	2.32	2.02	1.89	1.41	7.25	2.50	3.22	6.66	2.29		
(Very) Unsatisfied	5.80	10.97	3.80	5.82	5.50	5.16	12.30	7.04	9.22	4.46	8.52	12.60	7.64	10.14	12.32	9.50		
	0.30	1.19	0.38	0.48	0.73	0.31	1.75	1.59	1.82	1.95	1.07	2.49	2.14	1.87	5.21	1.31		
<b>Can Obtain Care in Same Location</b>																		
Very satisfied	15.35	12.79	17.57	14.66	14.44	16.05	8.16	14.81	7.85	8.64	11.32	13.10	12.47	19.09	16.50	14.52		
	0.64	1.41	0.85	0.86	1.25	0.69	1.51	2.20	1.78	2.58	1.37	7.84	2.30	3.20	6.40	2.44		
(Very) Unsatisfied	5.29	12.22	4.58	3.98	3.59	5.02	12.92	3.80	2.34	3.30	5.49	12.41	7.55	6.57	2.49	7.83		
	0.28	1.30	0.41	0.44	0.51	0.28	2.64	1.14	0.62	1.38	0.87	4.26	1.60	2.39	1.78	1.37		

**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	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
<b>Beneficiaries (in 000s)</b>	35,503	2,653	15,952	8,541	2,274	29,420	736	1,568	728	236	3,269	383	1,037	520	150	2,089
	<i>93</i>	<i>52</i>	<i>127</i>	<i>80</i>	<i>53</i>	<i>202</i>	<i>27</i>	<i>46</i>	<i>23</i>	<i>15</i>	<i>50</i>	<i>40</i>	<i>93</i>	<i>54</i>	<i>27</i>	<i>162</i>
<b>Beneficiaries as a Percent of Column Total<sup>4</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	19.13	16.39	22.73	17.31	16.85	20.13	9.68	17.33	7.95	6.04	12.71	16.59	15.58	22.04	27.64	18.23
	<i>0.64</i>	<i>1.32</i>	<i>0.95</i>	<i>0.90</i>	<i>1.31</i>	<i>0.74</i>	<i>1.71</i>	<i>2.30</i>	<i>1.77</i>	<i>1.97</i>	<i>1.23</i>	<i>7.68</i>	<i>2.87</i>	<i>2.68</i>	<i>6.08</i>	<i>2.53</i>
(Very) Unsatisfied	5.75	9.77	5.16	5.62	5.01	5.70	7.14	4.93	7.01	4.54	5.86	6.87	4.66	5.01	2.64	5.00
	<i>0.24</i>	<i>0.82</i>	<i>0.43</i>	<i>0.40</i>	<i>0.70</i>	<i>0.26</i>	<i>1.35</i>	<i>1.37</i>	<i>1.84</i>	<i>1.77</i>	<i>0.88</i>	<i>2.46</i>	<i>1.10</i>	<i>2.20</i>	<i>1.78</i>	<i>0.91</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	20.03	16.65	23.55	19.06	18.38	21.23	10.60	15.85	10.59	9.92	13.08	16.70	15.68	22.85	19.49	17.92
	<i>0.63</i>	<i>1.35</i>	<i>0.88</i>	<i>0.95</i>	<i>1.54</i>	<i>0.69</i>	<i>1.84</i>	<i>2.42</i>	<i>1.83</i>	<i>2.76</i>	<i>1.43</i>	<i>7.60</i>	<i>2.75</i>	<i>3.03</i>	<i>6.46</i>	<i>2.40</i>
(Very) Unsatisfied	5.61	10.26	5.33	4.56	4.81	5.51	7.78	5.70	6.28	5.01	6.24	6.96	5.36	5.05	2.64	5.38
	<i>0.28</i>	<i>1.02</i>	<i>0.40</i>	<i>0.34</i>	<i>0.63</i>	<i>0.29</i>	<i>1.92</i>	<i>1.24</i>	<i>1.75</i>	<i>1.84</i>	<i>0.97</i>	<i>2.22</i>	<i>1.51</i>	<i>2.19</i>	<i>1.78</i>	<i>0.99</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	16.17	12.78	19.27	14.80	14.45	17.02	8.74	10.76	7.78	8.34	9.47	14.81	15.64	17.00	21.09	16.21
	<i>0.58</i>	<i>1.11</i>	<i>0.85</i>	<i>0.84</i>	<i>1.24</i>	<i>0.64</i>	<i>1.78</i>	<i>1.56</i>	<i>1.50</i>	<i>2.41</i>	<i>0.99</i>	<i>5.01</i>	<i>2.60</i>	<i>3.03</i>	<i>6.17</i>	<i>2.02</i>
(Very) Unsatisfied	14.14	27.48	12.43	12.14	12.55	13.70	25.37	17.81	18.41	7.67	18.92	22.18	11.53	14.28	6.24	13.78
	<i>0.41</i>	<i>1.52</i>	<i>0.64</i>	<i>0.70</i>	<i>1.11</i>	<i>0.45</i>	<i>2.33</i>	<i>2.15</i>	<i>2.32</i>	<i>1.74</i>	<i>1.13</i>	<i>5.12</i>	<i>1.92</i>	<i>2.71</i>	<i>2.46</i>	<i>1.35</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 Access to Care Public-Use File).
- 3 *Total* includes persons of 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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	35,503	652	3,478	3,159	1,160	8,449	1,754	12,806	5,151	729	20,440	1,497	2,610	1,687	817	6,612
	<i>93</i>	<i>37</i>	<i>130</i>	<i>73</i>	<i>50</i>	<i>166</i>	<i>52</i>	<i>158</i>	<i>78</i>	<i>36</i>	<i>163</i>	<i>51</i>	<i>114</i>	<i>60</i>	<i>42</i>	<i>140</i>
<b>Beneficiaries as a Percent of Column Total Access to Care</b>																
<b>Usual Source of Care</b>																
None <sup>3</sup>	8.27	15.86	9.57	6.63	9.63	8.95	7.84	7.32	6.48	4.47	7.05	15.93	13.38	6.39	5.46	11.19
	<i>0.29</i>	<i>2.28</i>	<i>1.21</i>	<i>0.77</i>	<i>1.32</i>	<i>0.68</i>	<i>1.20</i>	<i>0.54</i>	<i>0.60</i>	<i>1.07</i>	<i>0.38</i>	<i>1.53</i>	<i>1.40</i>	<i>0.99</i>	<i>1.12</i>	<i>0.69</i>
Doctor's office	69.59	55.57	67.12	72.58	75.79	69.48	66.59	69.91	73.88	74.48	70.79	58.13	63.90	71.42	76.09	66.02
	<i>1.14</i>	<i>3.42</i>	<i>1.95</i>	<i>2.01</i>	<i>1.81</i>	<i>1.40</i>	<i>2.22</i>	<i>1.46</i>	<i>1.97</i>	<i>2.87</i>	<i>1.39</i>	<i>2.15</i>	<i>2.25</i>	<i>1.92</i>	<i>2.11</i>	<i>1.25</i>
Doctor's clinic	8.92	7.94	10.40	9.91	6.36	9.48	7.70	9.42	9.46	8.01	9.23	7.46	6.96	7.83	6.36	7.22
	<i>0.91</i>	<i>2.09</i>	<i>1.68</i>	<i>1.77</i>	<i>1.19</i>	<i>1.35</i>	<i>1.28</i>	<i>0.95</i>	<i>1.51</i>	<i>1.90</i>	<i>0.98</i>	<i>1.10</i>	<i>1.15</i>	<i>1.12</i>	<i>1.43</i>	<i>0.65</i>
HMO <sup>4</sup>	5.47	2.44	4.59	5.45	3.53	4.60	5.98	6.75	5.21	3.47	6.18	1.07	5.75	5.64	3.52	4.39
	<i>0.35</i>	<i>1.17</i>	<i>0.85</i>	<i>0.86</i>	<i>0.70</i>	<i>0.53</i>	<i>1.11</i>	<i>0.52</i>	<i>0.68</i>	<i>1.02</i>	<i>0.46</i>	<i>0.46</i>	<i>1.10</i>	<i>0.94</i>	<i>0.68</i>	<i>0.56</i>
Hospital OPD/ER <sup>5</sup>	3.17	9.92	3.62	2.06	1.86	3.27	5.01	2.31	1.61	3.48	2.41	9.28	5.04	3.79	2.84	5.41
	<i>0.24</i>	<i>1.72</i>	<i>0.76</i>	<i>0.47</i>	<i>0.53</i>	<i>0.40</i>	<i>0.88</i>	<i>0.33</i>	<i>0.29</i>	<i>1.10</i>	<i>0.28</i>	<i>1.40</i>	<i>0.72</i>	<i>0.84</i>	<i>0.87</i>	<i>0.53</i>
Other clinic/health center	4.57	8.28	4.70	3.36	2.82	4.21	6.88	4.28	3.36	6.10	4.34	8.13	4.97	4.92	5.74	5.77
	<i>0.30</i>	<i>1.88</i>	<i>0.81</i>	<i>0.55</i>	<i>0.61</i>	<i>0.45</i>	<i>1.20</i>	<i>0.54</i>	<i>0.42</i>	<i>1.33</i>	<i>0.40</i>	<i>1.03</i>	<i>0.92</i>	<i>0.90</i>	<i>1.07</i>	<i>0.58</i>
<b>Difficulty Obtaining Care</b>																
Yes	3.57	12.90	2.76	2.83	2.72	3.56	11.92	2.14	1.57	1.90	2.82	11.55	5.46	2.44	4.41	5.93
	<i>0.23</i>	<i>2.50</i>	<i>0.64</i>	<i>0.50</i>	<i>0.62</i>	<i>0.36</i>	<i>1.34</i>	<i>0.31</i>	<i>0.36</i>	<i>0.92</i>	<i>0.26</i>	<i>1.24</i>	<i>1.13</i>	<i>0.64</i>	<i>1.02</i>	<i>0.59</i>
No	96.43	87.10	97.24	97.17	97.28	96.44	88.08	97.86	98.43	98.10	97.18	88.45	94.54	97.56	95.59	94.07
	<i>0.23</i>	<i>2.50</i>	<i>0.64</i>	<i>0.50</i>	<i>0.62</i>	<i>0.36</i>	<i>1.34</i>	<i>0.31</i>	<i>0.36</i>	<i>0.92</i>	<i>0.26</i>	<i>1.24</i>	<i>1.13</i>	<i>0.64</i>	<i>1.02</i>	<i>0.59</i>
<b>Delayed Care Due to Cost</b>																
Yes	9.69	24.75	10.71	5.86	4.02	9.05	30.16	7.13	5.33	2.87	8.49	23.51	15.36	8.88	4.62	14.21
	<i>0.35</i>	<i>2.75</i>	<i>1.26</i>	<i>0.61</i>	<i>0.86</i>	<i>0.61</i>	<i>2.15</i>	<i>0.54</i>	<i>0.55</i>	<i>0.88</i>	<i>0.41</i>	<i>1.77</i>	<i>1.84</i>	<i>1.31</i>	<i>1.03</i>	<i>0.93</i>
No	90.31	75.25	89.29	94.14	95.98	90.95	69.84	92.87	94.67	97.13	91.51	76.49	84.64	91.12	95.38	85.79
	<i>0.35</i>	<i>2.75</i>	<i>1.26</i>	<i>0.61</i>	<i>0.86</i>	<i>0.61</i>	<i>2.15</i>	<i>0.54</i>	<i>0.55</i>	<i>0.88</i>	<i>0.41</i>	<i>1.77</i>	<i>1.84</i>	<i>1.31</i>	<i>1.03</i>	<i>0.93</i>

**Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	35,503	652	3,478	3,159	1,160	8,449	1,754	12,806	5,151	729	20,440	1,497	2,610	1,687	817	6,612
	<i>93</i>	<i>37</i>	<i>130</i>	<i>73</i>	<i>50</i>	<i>166</i>	<i>52</i>	<i>158</i>	<i>78</i>	<i>36</i>	<i>163</i>	<i>51</i>	<i>114</i>	<i>60</i>	<i>42</i>	<i>140</i>
<b>Beneficiaries as a Percent of Column Total</b>																
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>3</sup>	8.32	15.95	9.62	6.66	9.81	9.02	7.86	7.36	6.51	4.50	7.09	15.99	13.42	6.43	5.57	11.26
	<i>0.29</i>	<i>2.30</i>	<i>1.22</i>	<i>0.77</i>	<i>1.34</i>	<i>0.69</i>	<i>1.20</i>	<i>0.54</i>	<i>0.60</i>	<i>1.07</i>	<i>0.38</i>	<i>1.54</i>	<i>1.40</i>	<i>1.00</i>	<i>1.15</i>	<i>0.70</i>
Less than 1 year	9.40	13.25	7.68	10.48	8.40	9.25	10.22	9.08	8.56	12.15	9.16	9.13	11.04	10.69	9.88	10.38
	<i>0.34</i>	<i>2.25</i>	<i>0.94</i>	<i>1.00</i>	<i>1.28</i>	<i>0.60</i>	<i>1.34</i>	<i>0.71</i>	<i>0.65</i>	<i>2.01</i>	<i>0.51</i>	<i>1.35</i>	<i>1.27</i>	<i>1.08</i>	<i>1.49</i>	<i>0.62</i>
1 to less than 3 years	18.97	21.61	21.33	16.05	16.49	18.71	19.34	20.07	17.63	14.05	19.18	20.46	18.13	18.90	16.70	18.68
	<i>0.50</i>	<i>3.36</i>	<i>1.64</i>	<i>1.08</i>	<i>1.63</i>	<i>0.94</i>	<i>1.49</i>	<i>0.79</i>	<i>0.98</i>	<i>1.95</i>	<i>0.60</i>	<i>1.66</i>	<i>1.85</i>	<i>1.86</i>	<i>2.33</i>	<i>1.06</i>
3 to less than 5 years	15.54	14.07	16.20	15.57	13.68	15.46	16.69	15.08	14.18	15.38	15.00	16.60	18.67	16.57	15.92	17.33
	<i>0.41</i>	<i>2.51</i>	<i>1.42</i>	<i>1.06</i>	<i>1.43</i>	<i>0.73</i>	<i>1.58</i>	<i>0.82</i>	<i>0.76</i>	<i>1.87</i>	<i>0.62</i>	<i>1.58</i>	<i>1.89</i>	<i>1.45</i>	<i>1.86</i>	<i>0.89</i>
5 years or more	47.76	35.12	45.18	51.25	51.62	47.57	45.88	48.41	53.12	53.93	49.58	37.82	38.74	47.42	51.94	42.35
	<i>0.66</i>	<i>3.75</i>	<i>2.00</i>	<i>1.50</i>	<i>2.15</i>	<i>1.24</i>	<i>2.07</i>	<i>1.24</i>	<i>1.32</i>	<i>2.84</i>	<i>0.96</i>	<i>1.91</i>	<i>2.15</i>	<i>2.22</i>	<i>2.46</i>	<i>1.19</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Total	Lives with Spouse					Total	Lives with Children/Others					Total
		< 65	65 - 74	75 - 84	85 +	< 65		65 - 74	75 - 84	85 +	< 65	65 - 74		75 - 84	85 +				
Beneficiaries (in 000s)	35,503	652	3,478	3,159	1,160	8,449	1,754	12,806	5,151	729	20,440	1,497	2,610	1,687	817	6,612			
	93	37	130	73	50	166	52	158	78	36	163	51	114	60	42	140			
Beneficiaries as a Percent of Column Total <sup>3</sup>																			
Quality of Care																			
General Care																			
Very satisfied	32.00	19.34	31.29	29.49	30.26	29.56	24.88	36.91	32.06	30.28	34.42	22.61	30.50	28.10	26.53	27.62			
	0.70	3.04	1.80	1.65	2.08	1.09	2.16	1.01	1.37	2.90	0.90	1.73	2.65	1.71	2.35	1.22			
(Very) Unsatisfied	3.79	11.31	3.67	3.31	2.36	3.94	6.74	3.00	3.12	3.18	3.36	8.20	4.21	4.04	3.22	4.94			
	0.18	2.28	0.65	0.58	0.63	0.38	0.90	0.32	0.45	0.93	0.24	1.24	0.80	0.88	0.85	0.38			
Follow-up Care																			
Very satisfied	18.06	12.09	15.73	15.66	17.96	15.73	14.02	21.13	17.49	18.45	19.52	14.61	17.60	15.91	17.86	16.52			
	0.64	2.47	1.27	1.12	1.92	0.85	1.84	0.92	1.02	2.52	0.73	1.63	1.97	1.41	2.11	1.12			
(Very) Unsatisfied	3.27	8.02	3.76	2.37	2.58	3.41	6.53	2.65	2.49	2.98	2.95	7.35	3.39	3.63	1.35	4.09			
	0.20	2.07	0.72	0.49	0.67	0.43	1.11	0.31	0.36	0.87	0.25	1.19	0.85	0.91	0.64	0.52			
Access/Coordination of Care																			
Availability																			
Very satisfied	11.28	8.23	7.06	9.45	9.96	8.44	10.59	13.56	11.44	11.83	12.71	10.34	10.63	9.34	12.78	10.50			
	0.50	2.15	1.12	0.88	1.18	0.70	1.79	0.74	1.01	1.98	0.60	1.26	1.54	0.98	1.82	0.82			
(Very) Unsatisfied	3.29	9.10	2.29	2.36	1.91	2.79	7.50	2.99	3.00	3.77	3.40	7.42	2.19	2.95	2.52	3.60			
	0.22	2.14	0.52	0.56	0.63	0.37	0.89	0.38	0.37	0.83	0.27	1.04	0.76	0.81	0.75	0.45			
Ease of Access to Doctor																			
Very satisfied	20.95	11.73	21.99	18.27	16.52	19.06	12.41	26.17	21.71	20.54	23.67	14.25	16.28	12.84	15.94	14.90			
	0.66	2.68	1.65	1.32	1.56	0.99	1.80	1.09	1.42	2.52	0.84	1.34	1.71	1.28	2.05	0.90			
(Very) Unsatisfied	5.80	15.14	5.35	7.28	6.98	7.05	10.19	3.70	5.13	4.81	4.65	11.57	6.28	7.94	5.13	7.76			
	0.30	3.21	0.85	0.75	1.02	0.58	1.42	0.44	0.58	1.20	0.34	1.38	1.13	0.88	1.16	0.60			
Can Obtain Care in Same Location																			
Very satisfied	15.35	9.26	13.91	15.09	15.64	14.23	12.09	17.88	14.72	13.66	16.44	12.39	15.40	11.88	11.93	13.39			
	0.64	2.12	1.30	1.20	1.65	0.82	2.15	0.94	1.11	2.15	0.82	1.62	1.66	1.37	1.72	0.96			
(Very) Unsatisfied	5.29	15.26	5.80	3.79	3.79	5.50	12.69	4.54	3.92	3.70	5.05	11.78	3.98	4.49	3.21	5.78			
	0.28	2.72	1.00	0.67	0.87	0.55	1.87	0.42	0.59	0.91	0.35	1.52	0.85	0.81	0.79	0.54			

**Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 000s)</b>	35,503	652	3,478	3,159	1,160	8,449	1,754	12,806	5,151	729	20,440	1,497	2,610	1,687	817	6,612
	<i>93</i>	<i>37</i>	<i>130</i>	<i>73</i>	<i>50</i>	<i>166</i>	<i>52</i>	<i>158</i>	<i>78</i>	<i>36</i>	<i>163</i>	<i>51</i>	<i>114</i>	<i>60</i>	<i>42</i>	<i>140</i>
<b>Beneficiaries as a Percent of Column Total<sup>3</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	19.13	10.60	18.29	15.90	17.18	16.65	15.62	23.47	18.33	15.87	21.23	15.79	16.83	13.90	16.18	15.76
	<i>0.64</i>	<i>2.21</i>	<i>1.66</i>	<i>1.08</i>	<i>1.84</i>	<i>0.88</i>	<i>2.10</i>	<i>0.98</i>	<i>1.12</i>	<i>2.07</i>	<i>0.78</i>	<i>1.55</i>	<i>1.89</i>	<i>1.25</i>	<i>1.91</i>	<i>1.00</i>
(Very) Unsatisfied	5.75	11.24	5.75	5.17	6.05	5.99	8.74	5.20	5.54	5.65	5.60	8.58	4.53	7.24	2.78	5.92
	<i>0.24</i>	<i>2.13</i>	<i>0.88</i>	<i>0.65</i>	<i>1.13</i>	<i>0.49</i>	<i>0.99</i>	<i>0.45</i>	<i>0.59</i>	<i>1.17</i>	<i>0.31</i>	<i>1.19</i>	<i>0.90</i>	<i>1.19</i>	<i>0.79</i>	<i>0.52</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	20.03	12.16	20.04	18.30	18.16	18.53	16.96	23.08	18.95	16.93	21.30	14.65	20.37	17.53	17.61	18.01
	<i>0.63</i>	<i>2.28</i>	<i>1.68</i>	<i>1.25</i>	<i>1.86</i>	<i>1.01</i>	<i>2.00</i>	<i>0.88</i>	<i>1.18</i>	<i>2.25</i>	<i>0.69</i>	<i>1.59</i>	<i>2.17</i>	<i>1.54</i>	<i>2.01</i>	<i>1.20</i>
(Very) Unsatisfied	5.61	14.70	6.10	4.67	6.04	6.21	8.28	5.02	4.28	4.29	5.09	8.38	6.72	5.90	3.13	6.45
	<i>0.28</i>	<i>2.59</i>	<i>0.86</i>	<i>0.60</i>	<i>1.04</i>	<i>0.50</i>	<i>1.06</i>	<i>0.44</i>	<i>0.50</i>	<i>0.99</i>	<i>0.34</i>	<i>1.15</i>	<i>1.13</i>	<i>1.07</i>	<i>0.90</i>	<i>0.62</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	16.17	10.49	17.15	14.09	13.53	14.99	10.96	19.30	16.18	14.86	17.65	13.85	14.14	10.10	14.52	13.08
	<i>0.58</i>	<i>1.99</i>	<i>1.60</i>	<i>1.19</i>	<i>1.40</i>	<i>0.99</i>	<i>1.44</i>	<i>0.82</i>	<i>1.11</i>	<i>2.30</i>	<i>0.66</i>	<i>1.49</i>	<i>1.58</i>	<i>1.23</i>	<i>2.12</i>	<i>0.91</i>
(Very) Unsatisfied	14.14	26.69	13.65	11.60	13.79	13.90	30.87	12.33	12.90	9.40	13.95	21.75	13.89	12.96	10.81	15.05
	<i>0.41</i>	<i>3.42</i>	<i>1.45</i>	<i>0.96</i>	<i>1.50</i>	<i>0.73</i>	<i>2.40</i>	<i>0.73</i>	<i>0.98</i>	<i>1.71</i>	<i>0.53</i>	<i>1.78</i>	<i>1.69</i>	<i>1.27</i>	<i>1.71</i>	<i>0.81</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 Access to Care Public-Use File).
- 3 Column percentages do not sum to 100 percent because the responses to *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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	35,503	14,932	20,178	11,494	9,564	2,594	1,783
	<i>93</i>	<i>266</i>	<i>235</i>	<i>214</i>	<i>194</i>	<i>103</i>	<i>86</i>
<b>Beneficiaries as a Percent of Column Total Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>6</sup>	8.27	10.52	9.79	11.52	6.02	5.01	4.59
	<i>0.29</i>	<i>0.52</i>	<i>0.41</i>	<i>0.61</i>	<i>0.51</i>	<i>0.84</i>	<i>0.89</i>
Doctor's office	69.59	67.92	68.29	67.09	71.46	73.42	72.35
	<i>1.14</i>	<i>1.38</i>	<i>1.29</i>	<i>1.50</i>	<i>1.40</i>	<i>1.75</i>	<i>2.20</i>
Doctor's clinic	8.92	9.09	9.26	9.14	7.88	6.60	6.57
	<i>0.91</i>	<i>1.11</i>	<i>1.04</i>	<i>1.15</i>	<i>0.84</i>	<i>1.10</i>	<i>1.25</i>
HMO <sup>7</sup>	5.47	6.66	6.18	7.03	3.39	3.43	3.68
	<i>0.35</i>	<i>0.52</i>	<i>0.44</i>	<i>0.61</i>	<i>0.46</i>	<i>0.71</i>	<i>0.91</i>
Hospital OPD/ER <sup>8</sup>	3.17	1.84	2.26	1.59	5.41	5.39	6.06
	<i>0.24</i>	<i>0.22</i>	<i>0.26</i>	<i>0.24</i>	<i>0.52</i>	<i>1.01</i>	<i>1.28</i>
Other clinic/health center	4.57	3.97	4.21	3.62	5.84	6.15	6.76
	<i>0.30</i>	<i>0.36</i>	<i>0.36</i>	<i>0.44</i>	<i>0.61</i>	<i>0.93</i>	<i>1.12</i>
<b>Difficulty Obtaining Care</b>							
Yes	3.57	1.60	1.44	1.23	7.86	11.13	12.67
	<i>0.23</i>	<i>0.26</i>	<i>0.21</i>	<i>0.26</i>	<i>0.52</i>	<i>1.08</i>	<i>1.52</i>
No	96.43	98.40	98.56	98.77	92.14	88.87	87.33
	<i>0.23</i>	<i>0.26</i>	<i>0.21</i>	<i>0.26</i>	<i>0.52</i>	<i>1.08</i>	<i>1.52</i>
<b>Delayed Care Due to Cost</b>							
Yes	9.69	5.70	5.89	4.85	16.98	18.29	20.23
	<i>0.35</i>	<i>0.37</i>	<i>0.41</i>	<i>0.45</i>	<i>0.81</i>	<i>1.42</i>	<i>1.79</i>
No	90.31	94.30	94.11	95.15	83.02	81.71	79.77
	<i>0.35</i>	<i>0.37</i>	<i>0.41</i>	<i>0.45</i>	<i>0.81</i>	<i>1.42</i>	<i>1.79</i>

**Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	35,503	14,932	20,178	11,494	9,564	2,594	1,783
	<i>93</i>	<i>266</i>	<i>235</i>	<i>214</i>	<i>194</i>	<i>103</i>	<i>86</i>
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Continuity of Care</b>							
<b>Length of Association with Usual Source of Care</b>							
No usual source <sup>6</sup>	8.32	10.57	9.83	11.57	6.06	5.06	4.64
	<i>0.29</i>	<i>0.52</i>	<i>0.41</i>	<i>0.61</i>	<i>0.51</i>	<i>0.84</i>	<i>0.90</i>
Less than 1 year	9.40	8.97	8.71	8.53	10.64	9.11	8.92
	<i>0.34</i>	<i>0.53</i>	<i>0.49</i>	<i>0.65</i>	<i>0.59</i>	<i>1.06</i>	<i>1.29</i>
1 to less than 3 years	18.97	17.86	18.35	17.65	20.08	17.89	18.86
	<i>0.50</i>	<i>0.63</i>	<i>0.64</i>	<i>0.75</i>	<i>0.84</i>	<i>1.37</i>	<i>1.86</i>
3 to less than 5 years	15.54	14.69	15.23	14.88	15.49	19.11	18.94
	<i>0.41</i>	<i>0.67</i>	<i>0.58</i>	<i>0.81</i>	<i>0.75</i>	<i>1.40</i>	<i>1.72</i>
5 years or more	47.76	47.91	47.89	47.37	47.73	48.83	48.64
	<i>0.66</i>	<i>0.92</i>	<i>0.84</i>	<i>1.05</i>	<i>1.00</i>	<i>1.72</i>	<i>2.47</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 Access to Care Public-Use File).
- 3 Subcategories of *Indicators of good health* and *Indicators of poor health* do not contain mutually exclusive groups. 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, 1994 (1 of 3)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	35,503	14,932	20,178	11,494	9,564	2,594	1,783
	<i>93</i>	<i>266</i>	<i>235</i>	<i>214</i>	<i>194</i>	<i>103</i>	<i>86</i>
<b>Beneficiaries as a Percent of Column Total<sup>6</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	32.00	39.90	33.84	39.29	23.17	24.42	19.44
	<i>0.70</i>	<i>1.03</i>	<i>0.90</i>	<i>1.18</i>	<i>0.94</i>	<i>1.60</i>	<i>1.65</i>
(Very) Unsatisfied	3.79	1.82	2.35	1.66	6.95	7.29	8.45
	<i>0.18</i>	<i>0.21</i>	<i>0.22</i>	<i>0.24</i>	<i>0.51</i>	<i>0.88</i>	<i>1.34</i>
<b>Follow-up Care</b>							
Very satisfied	18.06	21.85	18.55	21.24	14.33	15.06	12.38
	<i>0.64</i>	<i>0.92</i>	<i>0.76</i>	<i>0.97</i>	<i>0.83</i>	<i>1.35</i>	<i>1.36</i>
(Very) Unsatisfied	3.27	1.55	1.87	1.44	6.09	7.30	8.39
	<i>0.20</i>	<i>0.22</i>	<i>0.20</i>	<i>0.22</i>	<i>0.50</i>	<i>1.13</i>	<i>1.47</i>
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	11.28	12.95	11.47	12.92	10.87	11.42	10.52
	<i>0.50</i>	<i>0.65</i>	<i>0.54</i>	<i>0.72</i>	<i>0.81</i>	<i>1.13</i>	<i>1.48</i>
(Very) Unsatisfied	3.29	2.02	1.96	1.59	5.79	5.61	6.81
	<i>0.22</i>	<i>0.25</i>	<i>0.21</i>	<i>0.26</i>	<i>0.43</i>	<i>0.81</i>	<i>1.13</i>
<b>Ease of Access to Doctor</b>							
Very satisfied	20.95	27.80	23.94	28.27	12.56	11.98	9.57
	<i>0.66</i>	<i>0.95</i>	<i>0.81</i>	<i>1.02</i>	<i>0.74</i>	<i>1.25</i>	<i>1.43</i>
(Very) Unsatisfied	5.80	2.87	3.23	2.26	11.24	13.84	16.42
	<i>0.30</i>	<i>0.31</i>	<i>0.27</i>	<i>0.33</i>	<i>0.61</i>	<i>1.18</i>	<i>1.51</i>
<b>Can Obtain Care in Same Location</b>							
Very satisfied	15.35	19.29	16.06	18.71	12.08	11.02	10.39
	<i>0.64</i>	<i>0.85</i>	<i>0.78</i>	<i>0.97</i>	<i>0.87</i>	<i>1.17</i>	<i>1.46</i>
(Very) Unsatisfied	5.29	3.47	3.41	2.89	8.80	10.68	11.40
	<i>0.28</i>	<i>0.34</i>	<i>0.28</i>	<i>0.34</i>	<i>0.69</i>	<i>1.36</i>	<i>1.65</i>

**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1994 (2 of 3)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	35,503	14,932	20,178	11,494	9,564	2,594	1,783
	<i>93</i>	<i>266</i>	<i>235</i>	<i>214</i>	<i>194</i>	<i>103</i>	<i>86</i>
<b>Beneficiaries as a Percent of Column Total<sup>6</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	19.13	24.85	20.64	24.75	13.28	14.56	11.54
	<i>0.64</i>	<i>0.89</i>	<i>0.82</i>	<i>1.03</i>	<i>0.82</i>	<i>1.30</i>	<i>1.42</i>
(Very) Unsatisfied	5.75	3.24	3.62	2.70	9.64	10.89	11.77
	<i>0.24</i>	<i>0.32</i>	<i>0.29</i>	<i>0.34</i>	<i>0.62</i>	<i>1.29</i>	<i>1.57</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	20.03	24.91	20.89	24.66	15.49	16.47	15.28
	<i>0.63</i>	<i>0.83</i>	<i>0.77</i>	<i>1.02</i>	<i>0.81</i>	<i>1.21</i>	<i>1.56</i>
(Very) Unsatisfied	5.61	3.29	3.84	2.90	8.85	10.58	11.85
	<i>0.28</i>	<i>0.33</i>	<i>0.29</i>	<i>0.39</i>	<i>0.61</i>	<i>1.37</i>	<i>1.73</i>



**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1994 (3 of 3)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 000s)</b>	35,503	14,932	20,178	11,494	9,564	2,594	1,783
	<i>93</i>	<i>266</i>	<i>235</i>	<i>214</i>	<i>194</i>	<i>103</i>	<i>86</i>
<b>Beneficiaries as a Percent of Column Total<sup>6</sup></b>							
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	16.17	20.97	17.66	21.08	11.93	11.44	10.87
	<i>0.58</i>	<i>0.88</i>	<i>0.75</i>	<i>0.98</i>	<i>0.78</i>	<i>1.39</i>	<i>1.61</i>
(Very) Unsatisfied	14.14	9.80	10.64	8.76	21.80	22.61	24.62
	<i>0.41</i>	<i>0.59</i>	<i>0.51</i>	<i>0.62</i>	<i>0.85</i>	<i>1.31</i>	<i>1.74</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 Access to Care Public-Use File).
- 3 Subcategories of *Indicators of good health* and *Indicators of poor health* do not contain mutually exclusive groups. 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 for *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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,503	4,212	4,799	10,154	11,907	1,694	2,736
	<i>93</i>	<i>136</i>	<i>146</i>	<i>234</i>	<i>225</i>	<i>83</i>	<i>116</i>
<b>Beneficiaries as a Percent of Column Total Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>3</sup>	8.27	16.13	10.20	7.96	6.45	4.18	4.49
	<i>0.29</i>	<i>1.21</i>	<i>0.79</i>	<i>0.56</i>	<i>0.51</i>	<i>0.94</i>	<i>1.04</i>
Doctor's office	69.59	53.59	65.14	77.09	76.68	80.19	36.73
	<i>1.14</i>	<i>1.78</i>	<i>1.59</i>	<i>1.73</i>	<i>1.44</i>	<i>2.41</i>	<i>2.33</i>
Doctor's clinic	8.92	7.52	7.21	10.20	8.89	11.86	7.58
	<i>0.91</i>	<i>1.23</i>	<i>0.82</i>	<i>1.57</i>	<i>1.02</i>	<i>2.17</i>	<i>1.12</i>
HMO <sup>4</sup>	5.47	2.59	2.58	0.13	2.98	0.00	48.96
	<i>0.35</i>	<i>0.66</i>	<i>0.57</i>	<i>0.08</i>	<i>0.39</i>	<i>0.00</i>	<i>2.67</i>
Hospital OPD/ER <sup>5</sup>	3.17	5.92	8.71	1.77	1.97	1.18	0.90
	<i>0.24</i>	<i>0.78</i>	<i>0.73</i>	<i>0.29</i>	<i>0.37</i>	<i>0.45</i>	<i>0.38</i>
Other clinic/health center	4.57	14.23	6.17	2.85	3.02	2.60	1.34
	<i>0.30</i>	<i>1.24</i>	<i>0.62</i>	<i>0.37</i>	<i>0.30</i>	<i>0.89</i>	<i>0.39</i>
<b>Difficulty Obtaining Care</b>							
Yes	3.57	8.06	7.62	2.05	2.03	1.31	3.40
	<i>0.23</i>	<i>0.71</i>	<i>0.75</i>	<i>0.31</i>	<i>0.31</i>	<i>0.58</i>	<i>0.82</i>
No	96.43	91.94	92.38	97.95	97.97	98.69	96.60
	<i>0.23</i>	<i>0.71</i>	<i>0.75</i>	<i>0.31</i>	<i>0.31</i>	<i>0.58</i>	<i>0.82</i>
<b>Delayed Care Due to Cost</b>							
Yes	9.69	22.52	14.68	7.95	6.18	5.48	5.64
	<i>0.35</i>	<i>1.27</i>	<i>1.09</i>	<i>0.66</i>	<i>0.48</i>	<i>1.16</i>	<i>0.98</i>
No	90.31	77.48	85.32	92.05	93.82	94.52	94.36
	<i>0.35</i>	<i>1.27</i>	<i>1.09</i>	<i>0.66</i>	<i>0.48</i>	<i>1.16</i>	<i>0.98</i>

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,503	4,212	4,799	10,154	11,907	1,694	2,736
	<i>93</i>	<i>136</i>	<i>146</i>	<i>234</i>	<i>225</i>	<i>83</i>	<i>116</i>
<b>Beneficiaries as a Percent of Column Total</b>							
<b>Continuity of Care</b>							
<b>Length of Association with Usual Source of Care</b>							
No usual source <sup>3</sup>	8.32	16.19	10.28	8.01	6.48	4.23	4.50
	<i>0.29</i>	<i>1.21</i>	<i>0.79</i>	<i>0.57</i>	<i>0.51</i>	<i>0.95</i>	<i>1.04</i>
Less than 1 year	9.40	8.59	11.90	8.91	7.67	6.66	17.36
	<i>0.34</i>	<i>0.98</i>	<i>0.87</i>	<i>0.62</i>	<i>0.52</i>	<i>1.21</i>	<i>1.81</i>
1 to less than 3 years	18.97	18.01	20.86	16.70	17.92	20.42	29.26
	<i>0.50</i>	<i>1.31</i>	<i>1.21</i>	<i>0.77</i>	<i>0.78</i>	<i>2.34</i>	<i>2.17</i>
3 to less than 5 years	15.54	13.34	17.32	14.64	15.64	16.65	18.06
	<i>0.41</i>	<i>1.06</i>	<i>1.04</i>	<i>0.65</i>	<i>0.73</i>	<i>1.55</i>	<i>2.34</i>
5 years or more	47.76	43.87	39.64	51.75	52.28	52.04	30.82
	<i>0.66</i>	<i>1.59</i>	<i>1.41</i>	<i>1.17</i>	<i>1.26</i>	<i>2.42</i>	<i>1.96</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 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, 1994 (1 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,503	4,212	4,799	10,154	11,907	1,694	2,736
	<i>93</i>	<i>136</i>	<i>146</i>	<i>234</i>	<i>225</i>	<i>83</i>	<i>116</i>
<b>Beneficiaries as a Percent of Column Total <sup>4</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	32.00	22.37	24.48	32.87	35.68	39.17	36.28
	<i>0.70</i>	<i>1.40</i>	<i>1.15</i>	<i>1.11</i>	<i>1.15</i>	<i>2.38</i>	<i>1.86</i>
(Very) Unsatisfied	3.79	6.13	5.84	2.68	3.28	2.45	3.78
	<i>0.18</i>	<i>0.59</i>	<i>0.64</i>	<i>0.34</i>	<i>0.33</i>	<i>0.80</i>	<i>0.85</i>
<b>Follow-up Care</b>							
Very satisfied	18.06	13.92	14.45	17.74	19.58	23.31	22.00
	<i>0.64</i>	<i>1.20</i>	<i>1.08</i>	<i>0.98</i>	<i>0.95</i>	<i>2.15</i>	<i>1.68</i>
(Very) Unsatisfied	3.27	5.67	4.28	2.85	2.71	1.90	2.72
	<i>0.20</i>	<i>0.70</i>	<i>0.61</i>	<i>0.32</i>	<i>0.30</i>	<i>0.69</i>	<i>0.55</i>
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	11.28	9.46	11.40	9.35	12.67	12.11	14.50
	<i>0.50</i>	<i>1.09</i>	<i>0.93</i>	<i>0.67</i>	<i>0.70</i>	<i>1.46</i>	<i>1.40</i>
(Very) Unsatisfied	3.29	4.54	4.34	2.65	3.10	3.82	2.45
	<i>0.22</i>	<i>0.52</i>	<i>0.56</i>	<i>0.36</i>	<i>0.39</i>	<i>0.95</i>	<i>0.70</i>
<b>Ease of Access to Doctor</b>							
Very satisfied	20.95	13.51	12.36	22.29	23.87	25.02	27.08
	<i>0.66</i>	<i>1.12</i>	<i>0.87</i>	<i>1.09</i>	<i>0.96</i>	<i>2.10</i>	<i>1.80</i>
(Very) Unsatisfied	5.80	9.48	10.71	3.84	4.56	3.63	5.61
	<i>0.30</i>	<i>1.00</i>	<i>0.82</i>	<i>0.40</i>	<i>0.39</i>	<i>0.80</i>	<i>0.95</i>
<b>Can Obtain Care in Same Location</b>							
Very satisfied	15.35	12.77	13.09	14.87	15.53	15.16	24.33
	<i>0.64</i>	<i>1.22</i>	<i>1.14</i>	<i>0.85</i>	<i>0.92</i>	<i>1.91</i>	<i>1.93</i>
(Very) Unsatisfied	5.29	5.91	7.55	4.30	5.05	6.75	4.23
	<i>0.28</i>	<i>0.68</i>	<i>0.75</i>	<i>0.43</i>	<i>0.45</i>	<i>1.49</i>	<i>0.93</i>

**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1994 (2 of 2)**

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 000s)</b>	35,503	4,212	4,799	10,154	11,907	1,694	2,736
	<i>93</i>	<i>136</i>	<i>146</i>	<i>234</i>	<i>225</i>	<i>83</i>	<i>116</i>
<b>Beneficiaries as a Percent of Column Total <sup>4</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	19.13	14.26	14.48	19.20	20.66	23.43	25.13
	<i>0.64</i>	<i>1.24</i>	<i>1.00</i>	<i>0.98</i>	<i>0.90</i>	<i>2.33</i>	<i>2.05</i>
(Very) Unsatisfied	5.75	7.54	7.39	5.29	5.16	4.95	4.98
	<i>0.24</i>	<i>0.83</i>	<i>0.67</i>	<i>0.47</i>	<i>0.39</i>	<i>1.04</i>	<i>0.86</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	20.03	15.24	15.44	21.08	21.28	26.61	22.04
	<i>0.63</i>	<i>1.27</i>	<i>1.19</i>	<i>0.90</i>	<i>1.02</i>	<i>2.26</i>	<i>1.61</i>
(Very) Unsatisfied	5.61	6.44	7.49	4.69	5.52	6.41	4.35
	<i>0.28</i>	<i>0.69</i>	<i>0.76</i>	<i>0.49</i>	<i>0.46</i>	<i>1.19</i>	<i>0.88</i>
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	16.17	10.68	15.38	13.25	18.28	16.72	27.24
	<i>0.58</i>	<i>1.09</i>	<i>1.06</i>	<i>0.72</i>	<i>0.81</i>	<i>1.87</i>	<i>1.85</i>
(Very) Unsatisfied	14.14	24.93	11.98	16.56	11.09	10.12	8.18
	<i>0.41</i>	<i>1.25</i>	<i>0.88</i>	<i>0.82</i>	<i>0.77</i>	<i>1.56</i>	<i>1.15</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File, CY 1994 Access to Care Public-Use File, supplemented by CY 1993 and CY 1995 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1994 file.

Note: Standard errors are shaded and in italics. 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 it excludes beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 10 (i.e., the 1994 Access to Care Public-Use File) were taken from their Round 7 interview (i.e., the 1993 Access to Care Public-Use File) or from their Round 13 interview (i.e., the 1995 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 to *satisfied* and *no experience* are excluded from the table for all satisfaction variables.