

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1995 (1 of 2)

Community-Only Residents¹

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)	35,971	4,140	18,558	10,441	2,832	2,393	8,353	4,261	913	15,920	1,746	10,205	6,180	1,919	20,050
	151	58	157	133	68	46	109	70	34	104	34	131	100	52	134
Beneficiaries as a Percent of Column Total Access to Care															
Usual Source of Care															
None ³	7.22	10.68	7.33	6.07	5.72	13.05	8.71	7.49	7.91	8.99	7.43	6.21	5.09	4.67	5.82
	0.37	0.97	0.53	0.51	0.69	1.40	0.73	0.85	1.32	0.51	1.13	0.60	0.56	0.79	0.42
Doctor's office	70.77	61.25	69.84	74.50	76.93	56.86	65.26	70.90	72.32	65.93	67.25	73.57	76.99	79.14	74.61
	1.16	1.70	1.21	1.56	1.49	2.26	1.60	1.94	2.35	1.32	2.42	1.24	1.66	1.75	1.20
Doctor's clinic	8.23	7.62	8.88	7.77	6.48	6.85	9.29	8.20	7.07	8.50	8.68	8.55	7.48	6.20	8.00
	0.85	0.93	0.82	1.19	1.10	1.04	0.89	1.32	1.23	0.85	1.28	0.95	1.27	1.27	0.94
HMO ⁴	5.88	2.87	6.73	5.98	4.31	2.61	6.62	6.22	5.11	5.83	3.24	6.82	5.81	3.93	5.92
	0.36	0.56	0.53	0.47	0.59	0.90	0.80	0.81	1.11	0.50	0.80	0.62	0.59	0.67	0.41
Hospital OPD/ER ⁵	3.07	8.65	2.50	1.99	2.59	8.64	2.87	1.87	2.80	3.46	8.68	2.20	2.08	2.49	2.75
	0.26	0.91	0.29	0.30	0.41	1.19	0.46	0.36	0.74	0.37	1.29	0.36	0.42	0.49	0.28
Other clinic/health center	4.84	8.93	4.71	3.68	3.97	12.00	7.24	5.32	4.80	7.29	4.72	2.65	2.55	3.57	2.89
	0.31	0.92	0.38	0.38	0.65	1.37	0.60	0.65	1.21	0.46	0.92	0.41	0.44	0.65	0.33
Difficulty Obtaining Care															
Yes	3.63	11.75	2.89	2.01	2.73	11.79	2.71	1.61	2.05	3.73	11.70	3.04	2.29	3.06	3.55
	0.22	0.85	0.28	0.27	0.47	1.06	0.41	0.28	0.57	0.28	1.26	0.42	0.42	0.64	0.30
No	96.37	88.25	97.11	97.99	97.27	88.21	97.29	98.39	97.95	96.27	88.30	96.96	97.71	96.94	96.45
	0.22	0.85	0.28	0.27	0.47	1.06	0.41	0.28	0.57	0.28	1.26	0.42	0.42	0.64	0.30
Delayed Care Due to Cost															
Yes	9.00	26.25	7.82	5.58	4.23	25.39	6.38	4.28	3.89	8.51	27.43	9.00	6.48	4.39	9.38
	0.35	1.19	0.54	0.37	0.53	1.74	0.72	0.57	1.00	0.51	1.72	0.76	0.50	0.65	0.48
No	91.00	73.75	92.18	94.42	95.77	74.61	93.62	95.72	96.11	91.49	72.57	91.00	93.52	95.61	90.62
	0.35	1.19	0.54	0.37	0.53	1.74	0.72	0.57	1.00	0.51	1.72	0.76	0.50	0.65	0.48

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1995 (2 of 2)

Community-Only Residents¹

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)	35,971	4,140	18,558	10,441	2,832	2,393	8,353	4,261	913	15,920	1,746	10,205	6,180	1,919	20,050
	<i>151</i>	<i>58</i>	<i>157</i>	<i>133</i>	<i>68</i>	<i>46</i>	<i>109</i>	<i>70</i>	<i>34</i>	<i>104</i>	<i>34</i>	<i>131</i>	<i>100</i>	<i>52</i>	<i>134</i>
Beneficiaries as a Percent of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	7.26	10.73	7.36	6.10	5.79	13.11	8.75	7.53	7.95	9.03	7.47	6.23	5.12	4.75	5.85
	<i>0.37</i>	<i>0.97</i>	<i>0.53</i>	<i>0.51</i>	<i>0.70</i>	<i>1.41</i>	<i>0.73</i>	<i>0.85</i>	<i>1.33</i>	<i>0.51</i>	<i>1.14</i>	<i>0.61</i>	<i>0.56</i>	<i>0.80</i>	<i>0.42</i>
Less than 1 year	9.82	11.34	9.75	9.00	11.13	10.35	9.76	9.09	10.03	9.68	12.70	9.75	8.94	11.67	9.94
	<i>0.34</i>	<i>0.84</i>	<i>0.54</i>	<i>0.52</i>	<i>0.76</i>	<i>1.08</i>	<i>0.71</i>	<i>0.90</i>	<i>1.32</i>	<i>0.46</i>	<i>1.32</i>	<i>0.76</i>	<i>0.68</i>	<i>0.97</i>	<i>0.44</i>
1 to less than 3 years	18.65	21.24	18.80	17.80	16.93	21.45	18.17	16.95	16.72	18.25	20.96	19.32	18.40	17.04	18.96
	<i>0.51</i>	<i>1.12</i>	<i>0.74</i>	<i>0.71</i>	<i>1.13</i>	<i>1.52</i>	<i>1.10</i>	<i>1.09</i>	<i>1.81</i>	<i>0.75</i>	<i>1.85</i>	<i>0.92</i>	<i>0.86</i>	<i>1.34</i>	<i>0.59</i>
3 to less than 5 years	15.46	17.01	16.07	14.39	13.18	16.67	16.19	14.47	12.70	15.60	17.46	15.97	14.34	13.42	15.36
	<i>0.39</i>	<i>1.13</i>	<i>0.60</i>	<i>0.60</i>	<i>0.98</i>	<i>1.55</i>	<i>0.88</i>	<i>0.96</i>	<i>1.55</i>	<i>0.69</i>	<i>1.73</i>	<i>0.85</i>	<i>0.77</i>	<i>1.23</i>	<i>0.51</i>
5 years or more	48.81	39.68	48.02	52.70	52.96	38.42	47.13	51.97	52.60	47.44	41.40	48.74	53.20	53.13	49.89
	<i>0.75</i>	<i>1.55</i>	<i>1.08</i>	<i>1.08</i>	<i>1.47</i>	<i>2.29</i>	<i>1.46</i>	<i>1.43</i>	<i>2.16</i>	<i>1.02</i>	<i>2.35</i>	<i>1.42</i>	<i>1.34</i>	<i>1.91</i>	<i>0.92</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 Access to Care Public-Use File).
- 3 The percentages for *none* under *usual source of care* differ from the percentages 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, 1995 (1 of 2)
Community-Only Residents¹

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)	35,971	4,140	18,558	10,441	2,832	2,393	8,353	4,261	913	15,920	1,746	10,205	6,180	1,919	20,050
	151	58	157	133	68	46	109	70	34	104	34	131	100	52	134
Beneficiaries as a Percent of Column Total³															
Quality of Care															
General Care															
Very satisfied	29.98	20.97	32.49	29.98	26.67	18.25	32.93	31.98	26.55	30.12	24.69	32.13	28.59	26.73	29.88
	0.71	1.21	0.96	0.89	1.63	1.47	1.46	1.58	2.51	1.03	1.85	1.22	0.92	1.83	0.83
(Very) Unsatisfied	3.91	6.96	3.53	3.29	4.27	8.63	3.78	2.31	4.15	4.13	4.66	3.33	3.97	4.32	3.74
	0.24	0.78	0.35	0.32	0.60	0.99	0.50	0.42	0.88	0.32	0.97	0.47	0.49	0.76	0.31
Follow-up Care															
Very satisfied	17.49	13.91	19.70	15.91	13.99	12.36	21.56	17.71	14.74	18.76	16.02	18.17	14.67	13.63	16.48
	0.57	1.16	0.80	0.74	1.29	1.18	1.17	1.31	1.77	0.80	1.91	0.95	0.82	1.49	0.64
(Very) Unsatisfied	2.99	6.28	2.51	2.59	2.79	7.24	2.27	2.77	2.61	3.17	4.96	2.71	2.47	2.88	2.85
	0.21	0.70	0.33	0.29	0.42	0.93	0.45	0.48	0.82	0.32	0.94	0.44	0.35	0.53	0.25
Access/Coordination of Care															
Availability (Night/Weekends)															
Very satisfied	10.36	9.36	11.29	9.27	9.79	7.97	12.22	8.67	10.70	10.54	11.25	10.52	9.69	9.35	10.22
	0.48	0.98	0.65	0.67	1.03	0.98	0.90	1.02	1.76	0.64	1.72	0.81	0.70	1.16	0.53
(Very) Unsatisfied	3.01	6.54	2.64	2.53	2.02	5.88	2.33	2.71	2.43	2.97	7.43	2.89	2.40	1.83	3.03
	0.22	0.69	0.30	0.32	0.38	0.89	0.37	0.46	0.78	0.28	1.05	0.45	0.40	0.49	0.31
Ease of Access to Doctor															
Very satisfied	19.53	11.12	23.64	17.02	14.09	10.08	23.96	18.55	17.04	20.04	12.54	23.37	15.96	12.68	19.13
	0.58	1.15	0.84	0.76	1.21	1.11	1.29	1.36	1.82	0.88	1.98	1.16	0.85	1.22	0.70
(Very) Unsatisfied	5.78	12.62	4.17	5.87	6.14	12.14	4.30	4.92	6.13	5.74	13.28	4.07	6.53	6.14	5.82
	0.27	0.86	0.36	0.44	0.69	1.20	0.55	0.61	1.22	0.39	1.16	0.44	0.59	0.82	0.34
Can Obtain Care in Same Location															
Very satisfied	15.00	11.48	17.10	13.16	13.06	11.07	17.26	13.53	15.60	15.24	12.03	16.96	12.90	11.84	14.80
	0.54	1.21	0.67	0.74	1.18	1.37	1.08	1.17	2.03	0.76	1.87	0.82	0.83	1.17	0.60
(Very) Unsatisfied	4.77	10.91	3.84	4.32	3.54	10.59	3.52	4.28	4.02	4.80	11.35	4.11	4.35	3.31	4.73
	0.35	1.20	0.44	0.46	0.50	1.41	0.57	0.71	0.94	0.44	1.74	0.52	0.48	0.62	0.37

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1995 (2 of 2)

Community-Only Residents¹

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)	35,971	4,140	18,558	10,441	2,832	2,393	8,353	4,261	913	15,920	1,746	10,205	6,180	1,919	20,050
	<i>151</i>	<i>58</i>	<i>157</i>	<i>133</i>	<i>68</i>	<i>46</i>	<i>109</i>	<i>70</i>	<i>34</i>	<i>104</i>	<i>34</i>	<i>131</i>	<i>100</i>	<i>52</i>	<i>134</i>
Beneficiaries as a Percent of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	18.07	13.03	20.49	16.33	15.92	11.59	21.03	18.06	13.54	19.19	18.98	21.10	15.98	17.87	19.08
	<i>0.56</i>	<i>1.24</i>	<i>0.84</i>	<i>0.79</i>	<i>1.31</i>	<i>1.33</i>	<i>1.22</i>	<i>0.59</i>	<i>3.04</i>	<i>0.74</i>	<i>2.52</i>	<i>0.42</i>	<i>1.66</i>	<i>1.40</i>	<i>0.39</i>
(Very) Unsatisfied	5.85	9.92	5.19	5.70	4.84	9.63	4.93	5.12	5.60	5.56	8.72	5.59	6.10	4.67	5.90
	<i>0.27</i>	<i>0.90</i>	<i>0.40</i>	<i>0.41</i>	<i>0.66</i>	<i>1.04</i>	<i>0.59</i>	<i>0.07</i>	<i>1.01</i>	<i>0.31</i>	<i>0.92</i>	<i>0.27</i>	<i>0.38</i>	<i>0.30</i>	<i>0.24</i>
Doctor's Concern for Overall Health															
Very satisfied	19.98	15.54	22.53	18.11	16.61	13.21	22.73	19.20	15.79	19.49	18.53	22.48	18.04	18.51	20.46
	<i>0.55</i>	<i>1.22</i>	<i>0.70</i>	<i>0.75</i>	<i>1.34</i>	<i>1.29</i>	<i>1.15</i>	<i>0.27</i>	<i>1.84</i>	<i>0.48</i>	<i>1.50</i>	<i>0.56</i>	<i>1.02</i>	<i>2.52</i>	<i>0.09</i>
(Very) Unsatisfied	4.91	8.72	4.39	4.50	4.31	9.49	4.00	4.39	4.46	5.53	8.09	5.93	4.87	4.79	5.67
	<i>0.28</i>	<i>0.85</i>	<i>0.42</i>	<i>0.40</i>	<i>0.55</i>	<i>1.09</i>	<i>0.62</i>	<i>0.22</i>	<i>0.80</i>	<i>0.03</i>	<i>1.02</i>	<i>0.24</i>	<i>0.48</i>	<i>0.30</i>	<i>0.33</i>
Cost of Care															
Cost															
Very satisfied	16.23	12.13	18.56	14.61	12.88	11.23	18.70	16.94	15.27	17.24	14.73	17.12	12.86	13.70	15.33
	<i>0.52</i>	<i>0.96</i>	<i>0.73</i>	<i>0.69</i>	<i>1.05</i>	<i>1.20</i>	<i>1.16</i>	<i>0.46</i>	<i>2.73</i>	<i>0.77</i>	<i>1.07</i>	<i>1.13</i>	<i>0.22</i>	<i>0.77</i>	<i>0.60</i>
(Very) Unsatisfied	13.45	24.67	12.06	11.92	11.93	23.84	10.41	11.02	9.16	13.50	25.57	14.02	13.49	12.86	14.65
	<i>0.44</i>	<i>1.24</i>	<i>0.68</i>	<i>0.69</i>	<i>0.85</i>	<i>1.65</i>	<i>0.84</i>	<i>1.66</i>	<i>0.21</i>	<i>0.55</i>	<i>0.74</i>	<i>1.12</i>	<i>1.03</i>	<i>0.30</i>	<i>0.37</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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, 1995 (1 of 2)

Community-Only Residents¹

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)	35,971	2,794	15,549	8,945	2,389	29,678	760	1,548	745	248	3,301	439	1,034	540	154	2,167
	151	76	202	150	64	304	31	69	41	18	74	62	121	68	30	246
Beneficiaries as a Percent of Column Total Access to Care																
Usual Source of Care																
None ⁴	7.22	10.64	6.83	5.44	4.91	6.61	10.48	7.30	6.97	8.96	8.07	10.22	15.16	16.80	12.01	14.35
	0.37	1.16	0.58	0.50	0.73	0.39	1.71	1.30	1.68	2.75	0.89	4.23	2.50	2.97	3.06	1.67
Doctor's office	70.77	65.50	72.20	76.27	78.60	73.32	49.11	60.12	66.72	72.57	60.05	53.46	52.42	57.33	57.64	54.23
	1.16	2.02	1.33	1.65	1.63	1.25	3.63	2.71	2.44	4.25	1.87	3.81	3.42	4.41	5.32	2.15
Doctor's clinic	8.23	7.94	9.42	8.27	7.08	8.75	6.84	7.15	4.32	2.04	6.05	7.46	3.08	5.14	3.64	4.51
	0.85	1.06	0.93	1.33	1.23	0.98	1.83	1.58	1.27	1.15	0.94	1.98	0.92	1.88	1.74	0.98
HMO ⁵	5.88	2.77	6.21	5.72	4.27	5.58	1.84	6.27	6.81	0.97	4.98	4.43	13.55	9.06	11.51	10.45
	0.36	0.68	0.54	0.49	0.64	0.37	0.77	1.67	1.35	0.64	0.86	1.77	2.53	2.01	4.39	1.52
Hospital OPD/ER ⁶	3.07	5.02	1.52	1.39	1.56	1.81	19.95	8.51	6.50	10.88	10.84	14.41	8.00	5.62	5.12	8.49
	0.26	0.73	0.26	0.26	0.36	0.20	3.15	1.45	1.72	3.01	1.17	2.63	1.83	1.83	1.90	1.26
Other clinic/health center	4.84	8.13	3.82	2.91	3.58	3.93	11.79	10.65	8.68	4.58	10.00	10.02	7.78	6.05	10.08	7.96
	0.31	1.00	0.46	0.34	0.64	0.32	1.87	1.72	1.84	1.86	1.07	2.83	1.64	2.14	5.11	1.39
Difficulty Obtaining Care																
Yes	3.63	11.75	2.52	1.94	2.44	3.20	10.56	4.38	3.45	5.59	5.67	13.26	4.17	1.28	2.12	5.13
	0.22	1.02	0.28	0.30	0.47	0.22	1.85	1.12	1.07	2.48	0.74	3.10	1.63	0.55	0.46	1.00
No	96.37	88.25	97.48	98.06	97.56	96.80	89.44	95.62	96.55	94.41	94.33	86.74	95.83	98.72	97.88	94.87
	0.22	1.02	0.28	0.30	0.47	0.22	1.85	1.12	1.07	2.48	0.74	3.10	1.63	0.55	0.46	1.00
Delayed Care Due to Cost																
Yes	9.00	27.35	7.17	5.48	3.92	8.29	17.28	10.92	6.50	3.75	10.83	31.46	10.42	3.74	9.55	12.93
	0.35	1.39	0.56	0.42	0.57	0.37	2.31	1.73	1.39	1.48	1.15	5.17	2.21	1.16	2.79	1.31
No	91.00	72.65	92.83	94.52	96.08	91.71	82.72	89.08	93.50	96.25	89.17	68.54	89.58	96.26	90.45	87.07
	0.35	1.39	0.56	0.42	0.57	0.37	2.31	1.73	1.39	1.48	1.15	5.17	2.21	1.16	2.79	1.31

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1995 (2 of 2)

Community-Only Residents¹

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)	35,971	2,794	15,549	8,945	2,389	29,678	760	1,548	745	248	3,301	439	1,034	540	154	2,167
	151	76	202	150	64	304	31	69	41	18	74	62	121	68	30	246
Beneficiaries as a Percent of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	7.26	10.70	6.85	5.47	4.97	6.65	10.53	7.31	6.99	8.96	8.09	10.22	15.26	16.96	12.38	14.46
	0.37	1.16	0.59	0.50	0.74	0.39	1.71	1.29	1.68	2.75	0.89	4.23	2.51	2.99	3.15	1.68
Less than 1 year	9.82	11.96	9.14	8.93	11.44	9.52	9.07	13.05	10.06	11.50	11.35	9.39	12.73	8.51	7.06	10.61
	0.34	1.04	0.57	0.58	0.89	0.36	1.59	2.13	1.89	2.90	1.22	2.20	2.17	2.27	2.67	1.28
1 to less than 3 years	18.65	19.88	18.40	17.91	17.02	18.28	23.44	16.31	16.95	17.79	18.19	27.71	25.36	16.53	15.91	22.98
	0.51	1.34	0.77	0.82	1.30	0.54	2.80	2.22	2.06	3.23	1.36	5.07	2.87	2.97	4.14	1.65
3 to less than 5 years	15.46	16.78	16.10	14.33	12.93	15.37	18.32	14.64	15.43	12.30	15.48	19.83	17.74	12.48	17.92	16.87
	0.39	1.26	0.70	0.65	1.04	0.43	2.66	1.94	2.45	3.61	1.32	4.13	2.61	2.85	4.07	1.73
5 years or more	48.81	40.69	49.51	53.37	53.64	50.18	38.64	48.68	50.57	49.45	46.89	32.84	28.91	45.52	46.74	35.08
	0.75	1.63	1.19	1.13	1.63	0.79	3.74	3.04	3.48	4.94	2.09	6.12	3.13	3.72	7.07	1.89

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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 percentages for *none* under *usual source of care* differ from the percentages 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, 1995 (1 of 2)

Community-Only Residents¹

Measure of Satisfaction ²	Total ³	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)	35,971	2,794	15,549	8,945	2,389	29,678	760	1,548	745	248	3,301	439	1,034	540	154	2,167		
	151	76	202	150	64	304	31	69	41	18	74	62	121	68	30	246		
Beneficiaries as a Percent of Column Total⁴																		
Quality of Care																		
General Care																		
Very satisfied	29.98	21.88	34.63	31.87	28.52	32.11	17.51	21.65	15.97	9.78	18.52	22.70	20.62	20.87	26.71	21.53		
	0.71	1.47	1.07	1.06	1.82	0.82	2.46	2.67	2.54	2.82	1.56	4.94	2.72	2.94	8.26	2.06		
(Very) Unsatisfied	3.91	7.16	3.49	3.60	4.50	3.95	4.74	3.02	0.70	3.28	2.90	8.91	3.78	1.64	3.40	4.25		
	0.24	0.94	0.37	0.35	0.70	0.25	1.42	1.13	0.49	1.36	0.73	2.63	1.53	1.37	1.77	0.86		
Follow-up Care																		
Very satisfied	17.49	13.93	20.97	16.61	15.07	18.52	10.99	11.30	7.60	4.64	9.89	18.45	16.51	14.57	11.94	16.09		
	0.57	1.28	0.88	0.81	1.44	0.63	2.00	1.79	1.81	1.85	1.01	6.18	2.91	3.34	6.02	2.78		
(Very) Unsatisfied	2.99	7.29	2.44	2.60	2.41	2.94	3.03	3.02	1.75	3.69	2.78	5.04	3.16	3.41	8.07	3.95		
	0.21	0.94	0.33	0.31	0.42	0.22	0.84	1.18	0.72	1.58	0.61	1.96	1.41	2.11	2.79	0.89		
Access/Coordination of Care																		
Availability (Night/Weekends)																		
Very satisfied	10.36	9.66	11.61	9.65	10.30	10.73	6.85	6.91	5.00	2.97	6.17	12.54	11.73	9.31	12.79	11.37		
	0.48	1.04	0.71	0.74	1.13	0.52	1.66	1.39	1.39	1.63	0.81	5.09	2.79	3.31	6.11	2.79		
(Very) Unsatisfied	3.01	6.78	2.67	2.60	2.12	2.99	5.68	1.50	1.21	0.92	2.34	4.57	3.78	3.55	2.90	3.82		
	0.22	0.86	0.33	0.34	0.43	0.24	2.04	0.65	0.65	0.81	0.71	2.06	1.55	1.74	2.27	0.94		
Ease of Access to Doctor																		
Very satisfied	19.53	12.20	25.39	18.16	15.14	21.15	7.18	10.76	9.09	4.88	9.12	10.87	17.95	12.53	13.25	14.84		
	0.58	1.02	0.95	0.84	1.35	0.64	1.71	1.56	1.89	2.05	0.90	6.81	3.04	3.00	5.78	2.83		
(Very) Unsatisfied	5.78	12.62	3.63	5.83	5.32	5.27	12.10	6.21	5.44	4.47	7.25	12.48	7.95	7.15	17.80	9.36		
	0.27	1.01	0.36	0.50	0.72	0.29	2.45	1.40	1.51	1.89	1.04	2.35	1.90	1.29	3.57	1.14		
Can Obtain Care in Same Location																		
Very satisfied	15.00	11.98	17.93	13.92	13.85	15.84	8.39	10.22	7.11	5.59	8.75	13.57	14.24	10.57	12.59	13.08		
	0.54	1.07	0.76	0.81	1.31	0.57	1.57	1.60	1.48	2.00	0.87	6.81	2.96	3.17	7.57	3.27		
(Very) Unsatisfied	4.77	11.55	3.80	4.30	3.50	4.65	7.65	3.42	2.44	1.61	4.02	10.82	4.82	6.83	5.43	6.57		
	0.35	1.16	0.48	0.53	0.54	0.35	2.16	1.17	0.96	1.13	0.82	5.52	1.68	1.59	2.36	1.75		

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1995 (2 of 2)

Community-Only Residents¹

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)	35,971	2,794	15,549	8,945	2,389	29,678	760	1,548	745	248	3,301	439	1,034	540	154	2,167
	<i>151</i>	<i>76</i>	<i>202</i>	<i>150</i>	<i>64</i>	<i>304</i>	<i>31</i>	<i>69</i>	<i>41</i>	<i>18</i>	<i>74</i>	<i>62</i>	<i>121</i>	<i>68</i>	<i>30</i>	<i>246</i>
Beneficiaries as a Percent of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	18.07	13.68	21.58	16.97	16.64	19.06	9.46	12.78	9.79	7.34	10.94	16.26	16.71	17.08	19.01	16.88
	<i>0.56</i>	<i>1.26</i>	<i>0.93</i>	<i>0.91</i>	<i>1.47</i>	<i>0.64</i>	<i>1.95</i>	<i>1.97</i>	<i>2.05</i>	<i>2.36</i>	<i>0.99</i>	<i>6.81</i>	<i>3.00</i>	<i>3.31</i>	<i>8.19</i>	<i>3.17</i>
(Very) Unsatisfied	5.85	10.56	5.08	6.04	5.24	5.90	8.12	4.72	3.84	2.05	5.10	7.59	6.28	3.63	2.83	5.64
	<i>0.27</i>	<i>1.12</i>	<i>0.42</i>	<i>0.47</i>	<i>0.76</i>	<i>0.30</i>	<i>1.91</i>	<i>1.65</i>	<i>0.93</i>	<i>1.13</i>	<i>0.92</i>	<i>2.64</i>	<i>1.99</i>	<i>2.05</i>	<i>2.12</i>	<i>1.13</i>
Doctor's Concern for Overall Health																
Very satisfied	19.98	16.46	24.04	19.32	17.93	21.42	11.05	12.88	9.02	4.81	10.98	19.17	16.34	12.40	15.82	15.89
	<i>0.55</i>	<i>1.47</i>	<i>0.81</i>	<i>0.83</i>	<i>1.49</i>	<i>0.64</i>	<i>1.94</i>	<i>2.11</i>	<i>1.90</i>	<i>2.09</i>	<i>1.20</i>	<i>6.57</i>	<i>2.69</i>	<i>3.11</i>	<i>6.81</i>	<i>2.78</i>
(Very) Unsatisfied	4.91	9.12	4.43	4.65	4.28	4.92	7.84	2.67	3.87	6.40	4.39	8.67	4.62	3.07	2.60	4.90
	<i>0.28</i>	<i>0.96</i>	<i>0.46</i>	<i>0.44</i>	<i>0.60</i>	<i>0.30</i>	<i>1.84</i>	<i>1.06</i>	<i>1.22</i>	<i>2.33</i>	<i>0.75</i>	<i>2.73</i>	<i>1.75</i>	<i>1.75</i>	<i>1.66</i>	<i>0.96</i>
Cost of Care																
Cost																
Very satisfied	16.23	13.01	19.45	15.30	13.14	17.09	9.37	12.73	9.96	7.42	10.94	12.65	16.09	9.75	19.60	14.07
	<i>0.52</i>	<i>1.12</i>	<i>0.78</i>	<i>0.76</i>	<i>1.17</i>	<i>0.56</i>	<i>2.00</i>	<i>2.03</i>	<i>2.06</i>	<i>2.34</i>	<i>1.11</i>	<i>3.93</i>	<i>3.43</i>	<i>4.02</i>	<i>5.43</i>	<i>2.91</i>
(Very) Unsatisfied	13.45	25.38	11.69	12.09	12.21	13.14	21.77	15.67	10.55	7.66	15.30	24.55	11.87	9.54	13.07	13.93
	<i>0.44</i>	<i>1.47</i>	<i>0.75</i>	<i>0.74</i>	<i>0.99</i>	<i>0.49</i>	<i>2.72</i>	<i>2.54</i>	<i>2.26</i>	<i>2.45</i>	<i>1.21</i>	<i>3.32</i>	<i>1.73</i>	<i>1.70</i>	<i>3.23</i>	<i>1.09</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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, 1995 (1 of 2)

Community-Only Residents¹

Indicator of Access to Care ²	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)	35,971	1,024	4,444	3,996	1,395	10,859	1,682	11,931	4,932	661	19,206	1,434	2,183	1,513	774	5,904
	151	52	150	107	54	188	69	178	113	39	223	58	115	77	38	154
Beneficiaries as a Percent of Column Total Access to Care																
Usual Source of Care																
None ³	7.22	14.41	9.05	5.44	6.53	7.90	6.98	5.91	6.09	3.69	5.97	12.36	11.66	7.69	5.97	10.06
	0.37	1.95	1.02	0.76	1.05	0.58	1.26	0.58	0.71	1.10	0.41	1.32	1.89	1.07	1.36	0.87
Doctor's office	70.77	53.95	67.24	74.40	75.71	69.73	66.74	70.92	74.31	78.27	71.68	60.00	69.20	75.39	77.99	69.72
	1.16	3.46	1.80	2.13	2.03	1.52	2.40	1.44	1.77	2.52	1.28	2.61	2.45	2.29	2.38	1.54
Doctor's clinic	8.23	6.07	9.73	8.99	7.23	8.79	7.72	9.39	7.58	6.03	8.66	8.61	4.35	5.19	5.50	5.75
	0.85	1.44	1.45	1.67	1.62	1.33	1.25	0.91	1.29	1.26	0.89	1.31	1.07	0.93	1.21	0.61
HMO ⁴	5.88	1.01	4.95	5.96	3.74	4.80	5.23	7.37	6.43	5.83	6.89	1.44	6.85	4.53	4.05	4.58
	0.36	0.54	0.70	0.68	0.72	0.40	1.24	0.67	0.74	1.35	0.53	0.48	1.48	0.84	1.07	0.65
Hospital OPD/ER ⁵	3.07	11.54	3.61	1.51	2.90	3.49	6.39	2.01	1.91	1.68	2.36	9.25	2.94	3.53	2.81	4.60
	0.26	1.76	0.71	0.35	0.63	0.42	1.06	0.30	0.37	0.65	0.27	1.51	0.84	1.25	0.73	0.71
Other clinic/health center	4.84	13.02	5.41	3.70	3.88	5.30	6.93	4.40	3.68	4.48	4.44	8.34	5.00	3.67	3.68	5.29
	0.31	2.03	0.77	0.66	0.74	0.44	1.20	0.50	0.55	1.47	0.41	1.30	1.02	1.00	1.56	0.70
Difficulty Obtaining Care																
Yes	3.63	11.47	4.32	2.24	2.79	4.02	11.90	2.10	1.37	1.23	2.74	11.77	4.28	3.51	3.90	5.84
	0.22	1.54	0.74	0.39	0.61	0.37	1.59	0.31	0.29	0.61	0.28	1.49	1.14	1.01	1.20	0.67
No	96.37	88.53	95.68	97.76	97.21	95.98	88.10	97.90	98.63	98.77	97.26	88.23	95.72	96.49	96.10	94.16
	0.22	1.54	0.74	0.39	0.61	0.37	1.59	0.31	0.29	0.61	0.28	1.49	1.14	1.01	1.20	0.67
Delayed Care Due to Cost																
Yes	9.00	27.20	9.76	6.81	3.45	9.49	28.75	6.17	4.24	2.93	7.53	22.64	12.94	6.70	6.75	12.87
	0.35	2.41	1.04	0.72	0.79	0.45	2.31	0.59	0.61	0.77	0.46	1.93	1.65	1.45	1.25	0.85
No	91.00	72.80	90.24	93.19	96.55	90.51	71.25	93.83	95.76	97.07	92.47	77.36	87.06	93.30	93.25	87.13
	0.35	2.41	1.04	0.72	0.79	0.45	2.31	0.59	0.61	0.77	0.46	1.93	1.65	1.45	1.25	0.85

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1995 (2 of 2)

Community-Only Residents¹

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)	35,971	1,024	4,444	3,996	1,395	10,859	1,682	11,931	4,932	661	19,206	1,434	2,183	1,513	774	5,904
	<i>151</i>	<i>52</i>	<i>150</i>	<i>107</i>	<i>54</i>	<i>188</i>	<i>69</i>	<i>178</i>	<i>113</i>	<i>39</i>	<i>223</i>	<i>58</i>	<i>115</i>	<i>77</i>	<i>38</i>	<i>154</i>
Beneficiaries as a Percent of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	7.26	14.51	9.08	5.49	6.65	7.96	7.00	5.94	6.10	3.69	5.99	12.42	11.69	7.71	6.08	10.11
	<i>0.37</i>	<i>1.96</i>	<i>1.03</i>	<i>0.77</i>	<i>1.07</i>	<i>0.59</i>	<i>1.26</i>	<i>0.58</i>	<i>0.71</i>	<i>1.10</i>	<i>0.41</i>	<i>1.33</i>	<i>1.90</i>	<i>1.07</i>	<i>1.39</i>	<i>0.88</i>
Less than 1 year	9.82	9.62	8.56	9.07	9.91	9.02	11.86	9.73	8.40	11.74	9.64	11.95	12.32	10.80	12.80	11.90
	<i>0.34</i>	<i>1.56</i>	<i>1.11</i>	<i>0.79</i>	<i>1.08</i>	<i>0.56</i>	<i>1.47</i>	<i>0.63</i>	<i>0.78</i>	<i>1.82</i>	<i>0.44</i>	<i>1.32</i>	<i>1.70</i>	<i>1.53</i>	<i>1.76</i>	<i>0.85</i>
1 to less than 3 years	18.65	23.41	19.88	18.15	17.00	19.20	19.94	18.56	16.64	15.79	18.09	21.24	17.91	20.70	17.80	19.42
	<i>0.51</i>	<i>2.37</i>	<i>1.55</i>	<i>1.22</i>	<i>1.38</i>	<i>0.92</i>	<i>1.67</i>	<i>0.92</i>	<i>0.95</i>	<i>2.03</i>	<i>0.69</i>	<i>1.63</i>	<i>1.91</i>	<i>1.65</i>	<i>2.11</i>	<i>0.84</i>
3 to less than 5 years	15.46	15.70	14.76	15.01	12.44	14.64	18.87	16.37	14.49	14.69	16.05	15.75	17.05	12.44	13.22	15.05
	<i>0.39</i>	<i>2.52</i>	<i>1.12</i>	<i>0.93</i>	<i>1.46</i>	<i>0.61</i>	<i>1.81</i>	<i>0.77</i>	<i>0.97</i>	<i>1.93</i>	<i>0.57</i>	<i>1.56</i>	<i>1.99</i>	<i>1.61</i>	<i>1.89</i>	<i>0.94</i>
5 years or more	48.81	36.75	47.73	52.29	54.00	49.17	42.33	49.40	54.36	54.08	50.22	38.65	41.03	48.35	50.10	43.52
	<i>0.75</i>	<i>2.82</i>	<i>1.60</i>	<i>1.55</i>	<i>2.08</i>	<i>0.97</i>	<i>2.22</i>	<i>1.40</i>	<i>1.33</i>	<i>2.70</i>	<i>0.99</i>	<i>2.30</i>	<i>2.76</i>	<i>2.62</i>	<i>2.69</i>	<i>1.34</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 Access to Care Public-Use File).
- 3 The percentages for *none* under *usual source of care* differ from the percentages 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, 1995 (1 of 2)

Community-Only Residents¹

Measure of Satisfaction ²	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)	35,971	1,024	4,444	3,996	1,395	10,859	1,682	11,931	4,932	661	19,206	1,434	2,183	1,513	774	5,904			
	151	52	150	107	54	188	69	178	113	39	223	58	115	77	38	154			
Beneficiaries as a Percent of Column Total ³																			
Quality of Care																			
General Care																			
Very satisfied	29.98	20.28	28.42	26.67	27.73	26.93	20.25	34.42	33.92	27.89	32.83	22.32	30.18	25.81	23.71	26.30			
	0.71	2.70	1.67	1.30	2.12	1.11	2.02	1.14	1.36	2.81	0.91	1.74	2.43	1.81	2.64	1.24			
(Very) Unsatisfied	3.91	8.05	4.50	3.43	4.04	4.38	6.88	3.31	2.95	4.05	3.55	6.27	2.81	4.03	4.87	4.23			
	0.24	1.68	0.75	0.44	0.75	0.46	1.47	0.44	0.46	1.21	0.30	1.13	0.83	1.10	1.24	0.54			
Follow-up Care																			
Very satisfied	17.49	11.89	16.25	13.83	14.07	14.67	15.29	21.42	18.25	15.64	19.87	13.72	17.27	13.76	12.40	14.87			
	0.57	2.20	1.36	0.99	1.77	0.81	1.94	0.94	1.31	2.36	0.77	1.56	1.85	1.58	2.02	1.03			
(Very) Unsatisfied	2.99	6.48	3.48	2.06	2.99	3.18	5.11	2.18	2.74	2.06	2.58	7.49	2.35	3.49	3.06	3.98			
	0.21	1.47	0.66	0.38	0.61	0.33	1.03	0.35	0.46	0.79	0.26	1.18	0.74	1.03	0.91	0.50			
Access/Coordination of Care																			
Availability (Night/Weekends)																			
Very satisfied	10.36	9.15	9.71	9.16	8.40	9.29	9.21	12.27	9.68	11.46	11.31	9.68	9.08	8.24	10.87	9.24			
	0.48	2.12	1.25	0.98	1.18	0.78	1.64	0.77	1.02	2.13	0.64	1.19	1.44	1.07	1.81	0.79			
(Very) Unsatisfied	3.01	9.03	1.82	1.81	1.68	2.47	6.00	2.99	3.18	1.81	3.26	5.39	2.42	2.31	2.83	3.16			
	0.22	1.31	0.47	0.41	0.57	0.31	1.16	0.40	0.52	0.73	0.31	1.26	0.89	0.79	0.82	0.55			
Ease of Access to Doctor																			
Very satisfied	19.53	7.83	20.58	15.48	13.24	16.57	11.63	25.40	20.21	17.78	22.61	12.85	20.21	10.64	12.46	14.94			
	0.58	1.90	1.56	1.09	1.41	0.85	1.91	1.07	1.09	2.24	0.85	1.72	2.31	1.36	2.01	1.15			
(Very) Unsatisfied	5.78	17.93	5.57	6.02	5.20	6.84	11.62	3.30	5.10	5.03	4.55	10.01	6.10	8.00	8.79	7.89			
	0.27	2.10	0.75	0.64	0.93	0.47	1.81	0.45	0.67	1.38	0.36	1.30	1.45	1.18	1.65	0.74			
Can Obtain Care in Same Location																			
Very satisfied	15.00	10.67	15.27	12.37	11.29	13.27	10.12	18.34	14.87	16.65	16.68	13.64	13.98	9.62	13.15	12.68			
	0.54	1.92	1.34	0.96	1.38	0.77	1.94	0.89	1.21	2.39	0.74	1.52	1.73	1.41	2.25	1.01			
(Very) Unsatisfied	4.77	14.76	3.76	4.17	2.78	4.81	11.24	4.08	4.47	3.73	4.79	7.80	2.71	4.25	4.74	4.61			
	0.35	2.68	0.82	0.66	0.69	0.47	1.81	0.62	0.71	1.14	0.53	1.14	0.76	1.08	1.18	0.50			

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1995 (2 of 2)

Community-Only Residents¹

Measure of Satisfaction ²	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)	35,971	1,024	4,444	3,996	1,395	10,859	1,682	11,931	4,932	661	19,206	1,434	2,183	1,513	774	5,904
	<i>151</i>	<i>52</i>	<i>150</i>	<i>107</i>	<i>54</i>	<i>188</i>	<i>69</i>	<i>178</i>	<i>113</i>	<i>39</i>	<i>223</i>	<i>58</i>	<i>115</i>	<i>77</i>	<i>38</i>	<i>154</i>
Beneficiaries as a Percent of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	18.07	11.14	17.02	14.36	15.34	15.27	12.78	22.20	18.60	16.94	20.28	14.66	18.14	14.16	16.11	16.00
	<i>0.56</i>	<i>2.37</i>	<i>1.44</i>	<i>1.04</i>	<i>1.46</i>	<i>0.81</i>	<i>2.02</i>	<i>1.05</i>	<i>1.27</i>	<i>2.38</i>	<i>0.81</i>	<i>1.66</i>	<i>2.07</i>	<i>1.72</i>	<i>2.19</i>	<i>1.05</i>
(Very) Unsatisfied	5.85	11.15	5.96	5.34	5.32	6.13	8.94	4.77	5.42	4.65	5.29	10.18	5.96	7.59	4.12	7.16
	<i>0.27</i>	<i>1.73</i>	<i>0.71</i>	<i>0.57</i>	<i>1.07</i>	<i>0.46</i>	<i>1.55</i>	<i>0.49</i>	<i>0.55</i>	<i>1.13</i>	<i>0.33</i>	<i>1.49</i>	<i>1.17</i>	<i>1.58</i>	<i>1.12</i>	<i>0.74</i>
Doctor's Concern for Overall Health																
Very satisfied	19.98	13.82	19.79	16.53	16.04	17.55	17.06	23.70	20.48	17.83	22.10	14.98	21.63	14.54	16.61	17.54
	<i>0.55</i>	<i>2.43</i>	<i>1.52</i>	<i>1.15</i>	<i>1.60</i>	<i>0.89</i>	<i>2.09</i>	<i>1.04</i>	<i>1.23</i>	<i>2.40</i>	<i>0.83</i>	<i>1.57</i>	<i>2.06</i>	<i>1.62</i>	<i>2.35</i>	<i>1.10</i>
(Very) Unsatisfied	4.91	11.98	5.90	4.92	4.50	5.93	8.02	3.78	3.74	3.74	4.14	7.19	4.63	5.89	4.43	5.55
	<i>0.28</i>	<i>1.83</i>	<i>0.82</i>	<i>0.58</i>	<i>0.80</i>	<i>0.44</i>	<i>1.58</i>	<i>0.50</i>	<i>0.49</i>	<i>1.03</i>	<i>0.35</i>	<i>1.09</i>	<i>1.07</i>	<i>1.36</i>	<i>0.96</i>	<i>0.62</i>
Cost of Care																
Cost																
Very satisfied	16.23	14.64	18.20	12.99	12.81	15.26	9.39	18.94	17.09	16.44	17.55	13.58	17.19	10.79	9.95	13.73
	<i>0.52</i>	<i>1.99</i>	<i>1.37</i>	<i>1.08</i>	<i>1.38</i>	<i>0.78</i>	<i>1.49</i>	<i>0.94</i>	<i>0.96</i>	<i>2.37</i>	<i>0.68</i>	<i>1.62</i>	<i>1.80</i>	<i>1.38</i>	<i>1.66</i>	<i>0.89</i>
(Very) Unsatisfied	13.45	24.92	14.39	13.48	9.98	14.48	29.07	11.05	10.82	12.20	12.60	19.30	12.84	11.40	15.25	14.35
	<i>0.44</i>	<i>2.49</i>	<i>1.36</i>	<i>1.00</i>	<i>1.20</i>	<i>0.67</i>	<i>2.19</i>	<i>0.79</i>	<i>0.88</i>	<i>1.88</i>	<i>0.57</i>	<i>1.87</i>	<i>1.95</i>	<i>1.57</i>	<i>1.70</i>	<i>0.96</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1995 (1 of 2)

Community-Only Residents¹

Indicator of Access to Care ²	Total	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)	35,971	15,575	20,857	12,183	9,804	2,620	1,785
	151	249	240	239	233	101	93
Beneficiaries as a Percent of Column Total Access to Care							
Usual Source of Care							
None ⁶	7.22	8.83	8.30	9.34	5.67	4.59	4.46
	0.37	0.61	0.52	0.75	0.47	0.81	1.03
Doctor's office	70.77	69.82	70.19	69.29	70.36	71.49	70.88
	1.16	1.46	1.37	1.56	1.50	1.84	2.30
Doctor's clinic	8.23	8.55	8.32	8.59	7.44	6.86	5.07
	0.85	1.04	1.04	1.11	0.88	1.15	0.97
HMO ⁷	5.88	7.10	6.65	7.24	3.67	3.59	4.27
	0.36	0.51	0.46	0.57	0.44	0.68	1.00
Hospital OPD/ER ⁸	3.07	1.97	2.15	1.78	5.51	5.08	5.50
	0.26	0.24	0.22	0.28	0.65	1.03	1.35
Other clinic/health center	4.84	3.73	4.40	3.76	7.35	8.40	9.81
	0.31	0.37	0.33	0.43	0.67	1.16	1.49
Difficulty Obtaining Care							
Yes	3.63	1.71	1.84	1.30	7.39	10.62	11.87
	0.22	0.21	0.22	0.20	0.51	1.17	1.43
No	96.37	98.29	98.16	98.70	92.61	89.38	88.13
	0.22	0.21	0.22	0.20	0.51	1.17	1.43
Delayed Care Due to Cost							
Yes	9.00	4.82	5.33	3.59	16.51	17.50	19.65
	0.35	0.41	0.40	0.43	0.75	1.38	1.84
No	91.00	95.18	94.67	96.41	83.49	82.50	80.35
	0.35	0.41	0.40	0.43	0.75	1.38	1.84

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1995 (2 of 2)

Community-Only Residents¹

Indicator of Access to Care ²	Total	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)	35,971	15,575	20,857	12,183	9,804	2,620	1,785
	<i>151</i>	<i>249</i>	<i>240</i>	<i>239</i>	<i>233</i>	<i>101</i>	<i>93</i>
Beneficiaries as a Percent of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	7.26	8.87	8.33	9.38	5.70	4.64	4.50
	<i>0.37</i>	<i>0.62</i>	<i>0.52</i>	<i>0.75</i>	<i>0.48</i>	<i>0.81</i>	<i>1.04</i>
Less than 1 year	9.82	8.73	8.73	7.82	11.09	12.14	12.91
	<i>0.34</i>	<i>0.52</i>	<i>0.42</i>	<i>0.54</i>	<i>0.65</i>	<i>1.15</i>	<i>1.67</i>
1 to less than 3 years	18.65	17.28	18.22	17.09	19.90	20.88	20.67
	<i>0.51</i>	<i>0.80</i>	<i>0.62</i>	<i>0.82</i>	<i>0.91</i>	<i>1.47</i>	<i>1.96</i>
3 to less than 5 years	15.46	15.58	14.80	15.79	15.74	13.62	13.82
	<i>0.39</i>	<i>0.66</i>	<i>0.53</i>	<i>0.70</i>	<i>0.81</i>	<i>1.31</i>	<i>1.71</i>
5 years or more	48.81	49.54	49.92	49.92	47.56	48.73	48.10
	<i>0.75</i>	<i>1.17</i>	<i>0.95</i>	<i>1.30</i>	<i>1.29</i>	<i>1.84</i>	<i>2.40</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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 percentages for *none* under *usual source of care* differ from the percentages 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, 1995 (1 of 3)

Community-Only Residents¹

Measure of Satisfaction ²	Total	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)	35,971	15,575	20,857	12,183	9,804	2,620	1,785
	151	249	240	239	233	101	93
Beneficiaries as a Percent of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	29.98	38.26	32.08	37.91	20.77	25.55	22.69
	0.71	1.06	0.87	1.14	1.00	1.66	1.82
(Very) Unsatisfied	3.91	2.13	2.61	1.84	7.21	9.26	11.06
	0.24	0.21	0.23	0.25	0.56	1.30	1.64
Follow-up Care							
Very satisfied	17.49	22.17	18.69	21.92	13.10	15.73	14.73
	0.57	0.91	0.71	0.99	0.94	1.28	1.61
(Very) Unsatisfied	2.99	1.55	1.52	1.20	5.56	7.95	8.71
	0.21	0.23	0.20	0.21	0.40	1.03	1.26
Access/Coordination of Care							
Availability (Night/Weekends)							
Very satisfied	10.36	12.21	10.58	12.23	9.55	11.29	9.80
	0.48	0.64	0.58	0.69	0.91	1.20	1.44
(Very) Unsatisfied	3.01	2.03	1.87	1.50	5.46	5.99	7.54
	0.22	0.25	0.20	0.25	0.42	0.84	1.12
Ease of Access to Doctor							
Very satisfied	19.53	26.42	22.66	26.65	11.49	9.60	7.56
	0.58	0.94	0.73	0.98	0.92	1.03	1.16
(Very) Unsatisfied	5.78	3.01	2.96	2.24	11.77	16.84	19.90
	0.27	0.25	0.25	0.28	0.73	1.32	1.69
Can Obtain Care in Same Location							
Very satisfied	15.00	19.85	16.41	19.39	10.27	13.42	12.40
	0.54	0.76	0.64	0.77	1.08	1.33	1.70
(Very) Unsatisfied	4.77	2.91	3.18	2.54	8.28	10.31	12.12
	0.35	0.26	0.27	0.27	0.89	1.31	1.85

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1995 (2 of 3)

Community-Only Residents¹

Measure of Satisfaction ²	Total	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)	35,971	15,575	20,857	12,183	9,804	2,620	1,785
	151	249	240	239	233	101	93
Beneficiaries as a Percent of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	18.07	23.76	19.54	23.12	11.78	14.84	12.30
	0.56	0.89	0.68	0.98	0.97	1.27	1.43
(Very) Unsatisfied	5.85	3.19	3.77	2.63	10.30	11.57	12.29
	0.27	0.32	0.31	0.35	0.65	1.29	1.67
Doctor's Concern for Overall Health							
Very satisfied	19.98	25.54	21.15	25.11	14.44	17.38	15.93
	0.55	0.85	0.69	0.93	0.96	1.36	1.63
(Very) Unsatisfied	4.91	2.64	3.13	2.23	8.19	10.47	11.34
	0.28	0.26	0.28	0.29	0.61	1.33	1.79

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1995 (3 of 3)

Community-Only Residents¹

Measure of Satisfaction ²	Total	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)	35,971	15,575	20,857	12,183	9,804	2,620	1,785
	<i>151</i>	<i>249</i>	<i>240</i>	<i>239</i>	<i>233</i>	<i>101</i>	<i>93</i>
Beneficiaries as a Percent of Column Total⁶							
Cost of Care							
Cost							
Very satisfied	16.23	21.29	18.00	21.59	11.01	10.78	10.40
	<i>0.52</i>	<i>0.78</i>	<i>0.67</i>	<i>0.89</i>	<i>0.94</i>	<i>1.20</i>	<i>1.47</i>
(Very) Unsatisfied	13.45	8.98	10.26	7.96	21.49	25.28	27.44
	<i>0.44</i>	<i>0.51</i>	<i>0.46</i>	<i>0.50</i>	<i>0.83</i>	<i>1.64</i>	<i>1.95</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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 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, 1995 (1 of 2)

Community-Only Residents¹

Indicator of Access to Care ²	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	
Beneficiaries (in 000s)	35,971	4,078	5,064	9,940	11,409	1,796	3,685
	151	139	172	221	218	117	131
Beneficiaries as a Percent of Column Total Access to Care							
Usual Source of Care							
None ³	7.22	14.20	8.81	7.50	5.52	4.15	3.41
	0.37	1.34	0.87	0.56	0.55	1.17	0.72
Doctor's office	70.77	56.34	65.85	79.62	78.38	82.40	40.08
	1.16	1.77	1.54	1.80	1.37	2.14	2.42
Doctor's clinic	8.23	6.60	8.03	8.97	8.22	9.64	7.62
	0.85	1.08	0.87	1.62	0.94	1.53	0.98
HMO ⁴	5.88	0.23	2.14	0.02	3.49	0.78	43.04
	0.36	0.10	0.40	0.02	0.45	0.59	2.10
Hospital OPD/ER ⁵	3.07	7.52	8.26	1.13	1.61	0.52	2.08
	0.26	0.92	0.95	0.21	0.34	0.25	0.58
Other clinic/health center	4.84	15.11	6.91	2.77	2.78	2.51	3.78
	0.31	1.15	0.77	0.40	0.39	0.65	0.61
Difficulty Obtaining Care							
Yes	3.63	8.27	7.12	1.89	1.90	2.35	4.47
	0.22	0.86	0.69	0.32	0.32	0.79	0.72
No	96.37	91.73	92.88	98.11	98.10	97.65	95.53
	0.22	0.86	0.69	0.32	0.32	0.79	0.72
Delayed Care Due to Cost							
Yes	9.00	22.96	13.21	6.59	6.00	4.70	5.77
	0.35	1.40	0.87	0.57	0.49	1.22	1.01
No	91.00	77.04	86.79	93.41	94.00	95.30	94.23
	0.35	1.40	0.87	0.57	0.49	1.22	1.01

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1995 (2 of 2)

Community-Only Residents¹

Indicator of Access to Care ²	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	
Beneficiaries (in 000s)	35,971	4,078	5,064	9,940	11,409	1,796	3,685
	<i>151</i>	<i>139</i>	<i>172</i>	<i>221</i>	<i>218</i>	<i>117</i>	<i>131</i>
Beneficiaries as a Percent of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	7.26	14.27	8.87	7.54	5.54	4.16	3.43
	<i>0.37</i>	<i>1.34</i>	<i>0.87</i>	<i>0.56</i>	<i>0.55</i>	<i>1.17</i>	<i>0.73</i>
Less than 1 year	9.82	8.86	11.83	8.07	7.91	7.13	20.17
	<i>0.34</i>	<i>0.86</i>	<i>0.80</i>	<i>0.53</i>	<i>0.59</i>	<i>1.21</i>	<i>1.24</i>
1 to less than 3 years	18.65	18.57	20.31	17.76	16.17	14.65	28.52
	<i>0.51</i>	<i>1.32</i>	<i>0.95</i>	<i>0.81</i>	<i>0.81</i>	<i>1.76</i>	<i>1.48</i>
3 to less than 5 years	15.46	15.51	15.75	14.60	15.52	15.72	17.05
	<i>0.39</i>	<i>1.32</i>	<i>1.02</i>	<i>0.72</i>	<i>0.68</i>	<i>1.80</i>	<i>1.13</i>
5 years or more	48.81	42.79	43.24	52.03	54.86	58.34	30.83
	<i>0.75</i>	<i>1.95</i>	<i>1.44</i>	<i>1.10</i>	<i>1.11</i>	<i>2.40</i>	<i>1.75</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 Access to Care Public-Use File).
- 3 The percentages for *none* under *usual source of care* differ from the percentages 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, 1995 (1 of 2)

Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	35,971	4,078	5,064	9,940	11,409	1,796	3,685
	151	139	172	221	218	117	131
Beneficiaries as a Percent of Column Total ⁴							
Quality of Care							
General Care							
Very satisfied	29.98	22.25	22.60	31.50	32.72	36.90	32.65
	0.71	1.36	1.26	1.35	1.00	2.45	1.75
(Very) Unsatisfied	3.91	6.11	4.73	3.19	3.47	3.45	3.95
	0.24	0.88	0.62	0.36	0.41	1.03	0.71
Follow-up Care							
Very satisfied	17.49	13.50	13.89	16.98	19.55	21.00	20.05
	0.57	1.21	0.92	1.00	0.99	2.08	1.60
(Very) Unsatisfied	2.99	4.65	4.16	2.18	2.64	2.12	3.24
	0.21	0.60	0.55	0.38	0.36	0.78	0.70
Access/Coordination of Care							
Availability (Night/Weekends)							
Very satisfied	10.36	8.74	9.91	9.73	11.00	10.94	12.22
	0.48	1.02	0.83	0.79	0.70	1.93	1.39
(Very) Unsatisfied	3.01	3.87	4.62	2.28	2.95	1.71	2.62
	0.22	0.57	0.55	0.35	0.35	0.69	0.53
Ease of Access to Doctor							
Very satisfied	19.53	12.20	11.21	19.92	23.15	22.67	25.16
	0.58	1.23	0.82	0.98	1.00	2.12	1.70
(Very) Unsatisfied	5.78	10.74	9.57	4.55	4.59	1.98	4.07
	0.27	1.05	0.77	0.44	0.47	0.71	0.74
Can Obtain Care in Same Location							
Very satisfied	15.00	12.77	12.31	13.73	15.71	14.55	22.53
	0.54	1.18	0.99	0.83	0.88	1.96	1.38
(Very) Unsatisfied	4.77	6.10	4.94	4.58	4.56	4.83	4.15
	0.35	0.87	0.85	0.53	0.44	1.19	0.70

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1995 (2 of 2)

Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	35,971	4,078	5,064	9,940	11,409	1,796	3,685
	<i>151</i>	<i>139</i>	<i>172</i>	<i>221</i>	<i>218</i>	<i>117</i>	<i>131</i>
Beneficiaries as a Percent of Column Total ⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	18.07	13.98	13.45	18.22	19.52	20.63	22.72
	<i>0.56</i>	<i>1.24</i>	<i>0.90</i>	<i>0.94</i>	<i>0.94</i>	<i>1.87</i>	<i>1.74</i>
(Very) Unsatisfied	5.85	7.10	7.48	4.99	5.45	4.26	6.61
	<i>0.27</i>	<i>0.76</i>	<i>0.86</i>	<i>0.47</i>	<i>0.41</i>	<i>0.95</i>	<i>0.82</i>
Doctor's Concern for Overall Health							
Very satisfied	19.98	16.31	14.96	20.29	22.31	23.16	21.29
	<i>0.55</i>	<i>1.40</i>	<i>1.00</i>	<i>0.89</i>	<i>0.91</i>	<i>1.98</i>	<i>1.56</i>
(Very) Unsatisfied	4.91	6.68	5.93	4.25	4.37	4.49	5.24
	<i>0.28</i>	<i>0.92</i>	<i>0.57</i>	<i>0.45</i>	<i>0.45</i>	<i>1.32</i>	<i>0.72</i>
Cost of Care							
Cost							
Very satisfied	16.23	9.44	15.07	13.03	17.83	18.90	27.72
	<i>0.52</i>	<i>0.96</i>	<i>1.09</i>	<i>0.76</i>	<i>0.89</i>	<i>1.93</i>	<i>1.47</i>
(Very) Unsatisfied	13.45	23.88	12.07	15.90	11.50	7.25	6.32
	<i>0.44</i>	<i>1.56</i>	<i>0.93</i>	<i>0.87</i>	<i>0.64</i>	<i>1.26</i>	<i>0.96</i>

Source: Medicare Current Beneficiary Survey, CY 1995 Cost and Use Public-Use File, CY 1995 Access to Care Public-Use File, supplemented by CY 1994 and CY 1996 Access to Care Public-Use Files as needed to fill in missing data for sample persons not in the CY 1995 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 13 (i.e., the 1995 Access to Care Public-Use File) were taken from their Round 10 interview (i.e., the 1994 Access to Care Public-Use File) or from their Round 16 interview (i.e., the 1996 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.