

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



**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2001**

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

1 of 2

Indicator of Access to Care <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>	38,506	5,302	18,313	11,580	3,312	2,969	8,262	4,840	1,059	17,130	2,333	10,050	6,740	2,253	21,376
	128	125	152	137	80	100	116	88	48	129	72	128	96	67	130
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Access to Care</b>															
<b>Usual Source of Care</b>															
None <sup>3</sup>	5.07	7.54	5.48	3.74	3.51*	8.76	6.84	4.27	3.92*	6.26	6.00	4.36	3.35	3.33*	4.11
	0.23	0.73	0.35	0.38	0.53	0.95	0.56	0.55	1.00	0.35	1.00	0.44	0.40	0.60	0.28
Doctor's office	75.29	69.29	74.20	78.23	80.56	65.28	71.65	74.77	80.89	72.02	74.36	76.28	80.72	80.40	77.91
	0.90	1.32	1.02	1.16	1.58	1.94	1.32	1.31	2.54	1.08	1.69	1.16	1.30	1.64	0.93
Doctor's clinic	8.43	9.80	8.78	7.78	6.60	8.97	8.20	7.30	6.18*	7.95	10.84	9.25	8.12	6.80	8.81
	0.61	0.91	0.63	0.75	1.24	1.02	0.79	0.80	1.90	0.68	1.48	0.74	0.91	1.10	0.68
HMO <sup>4</sup>	5.15	2.76*	6.07	4.88	4.73	3.24*	5.23	5.40	3.57*	4.83	2.17*	6.76	4.51	5.28*	5.40
	0.42	0.51	0.52	0.53	0.60	0.72	0.63	0.69	0.72	0.50	0.70	0.60	0.61	0.88	0.45
Hospital OPD/ER <sup>5</sup>	2.34	5.61	1.87	1.70	1.97*	6.11	2.15*	1.92*	2.70*	2.80	4.97*	1.64*	1.55*	1.62*	1.97
	0.16	0.64	0.20	0.21	0.34	0.85	0.35	0.35	0.88	0.26	0.72	0.24	0.26	0.39	0.17
Other clinic/health center	3.73	5.00	3.61	3.66	2.62*	7.64	5.93	6.34	2.73*	6.14	1.66*	1.71*	1.75*	2.57*	1.81
	0.19	0.68	0.29	0.29	0.41	1.21	0.53	0.58	0.87	0.39	0.43	0.30	0.30	0.45	0.20
<b>Difficulty Obtaining Care</b>															
Yes	3.92	11.14	2.98	2.47	2.68*	8.71	2.58	2.39*	3.88*	3.66	14.20	3.32	2.53	2.11*	4.12
	0.20	0.91	0.28	0.25	0.48	1.13	0.37	0.36	1.04	0.31	1.42	0.42	0.33	0.50	0.27
No	96.08	88.86	97.02	97.53	97.32	91.29	97.42	97.61	96.12	96.34	85.80	96.68	97.47	97.89	95.88
	0.20	0.91	0.28	0.25	0.48	1.13	0.37	0.36	1.04	0.31	1.42	0.42	0.33	0.50	0.27
<b>Delayed Care Due to Cost</b>															
Yes	7.27	21.03	6.19	3.74	3.80	19.35	5.70	3.56	2.95*	7.26	23.16	6.60	3.87	4.20*	7.28
	0.29	1.22	0.39	0.27	0.51	1.76	0.59	0.44	0.71	0.50	1.66	0.57	0.37	0.67	0.36
No	92.73	78.97	93.81	96.26	96.20	80.65	94.30	96.44	97.05	92.74	76.84	93.40	96.13	95.80	92.72
	0.29	1.22	0.39	0.27	0.51	1.76	0.59	0.44	0.71	0.50	1.66	0.57	0.37	0.67	0.36

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2001**

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

2 of 2

Indicator of Access to Care <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>	38,506	5,302	18,313	11,580	3,312	2,969	8,262	4,840	1,059	17,130	2,333	10,050	6,740	2,253	21,376
	<i>128</i>	<i>125</i>	<i>152</i>	<i>137</i>	<i>80</i>	<i>100</i>	<i>116</i>	<i>88</i>	<i>48</i>	<i>129</i>	<i>72</i>	<i>128</i>	<i>96</i>	<i>67</i>	<i>130</i>
<b>Beneficiaries as a Percentage 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>	5.09	7.59	5.49	3.75	3.57*	8.85	6.86	4.29	3.99*	6.29	6.02	4.37	3.36	3.37*	4.13
	<i>0.24</i>	<i>0.74</i>	<i>0.35</i>	<i>0.38</i>	<i>0.54</i>	<i>0.96</i>	<i>0.56</i>	<i>0.55</i>	<i>1.01</i>	<i>0.35</i>	<i>1.01</i>	<i>0.44</i>	<i>0.40</i>	<i>0.61</i>	<i>0.29</i>
Less than 1 year	8.96	11.84	8.87	8.27	7.32	10.62	8.40	7.95	7.12*	8.57	13.37	9.25	8.49	7.42	9.27
	<i>0.32</i>	<i>1.08</i>	<i>0.44</i>	<i>0.46</i>	<i>0.76</i>	<i>1.40</i>	<i>0.61</i>	<i>0.67</i>	<i>0.96</i>	<i>0.41</i>	<i>1.52</i>	<i>0.56</i>	<i>0.62</i>	<i>0.99</i>	<i>0.38</i>
1 to less than 3 years	20.00	22.07	20.11	19.60	17.54	22.00	19.05	18.32	16.08	19.17	22.17	20.98	20.52	18.22	20.67
	<i>0.47</i>	<i>1.26</i>	<i>0.71</i>	<i>0.82</i>	<i>1.15</i>	<i>1.50</i>	<i>0.94</i>	<i>0.91</i>	<i>1.71</i>	<i>0.57</i>	<i>1.88</i>	<i>1.04</i>	<i>1.15</i>	<i>1.46</i>	<i>0.69</i>
3 to less than 5 years	15.84	17.41	16.36	14.37	15.65	16.23	17.20	14.69	15.69	16.23	18.87	15.68	14.14	15.62	15.54
	<i>0.40</i>	<i>0.94</i>	<i>0.66</i>	<i>0.63</i>	<i>0.90</i>	<i>1.18</i>	<i>0.74</i>	<i>0.93</i>	<i>1.76</i>	<i>0.50</i>	<i>1.71</i>	<i>0.94</i>	<i>0.80</i>	<i>1.14</i>	<i>0.56</i>
5 years or more	50.11	41.08	49.17	54.01	55.93	42.30	48.50	54.74	57.12	49.74	39.57	49.72	53.49	55.37	50.40
	<i>0.60</i>	<i>1.41</i>	<i>0.88</i>	<i>0.98</i>	<i>1.37</i>	<i>1.93</i>	<i>1.08</i>	<i>1.41</i>	<i>2.35</i>	<i>0.73</i>	<i>2.08</i>	<i>1.22</i>	<i>1.16</i>	<i>1.99</i>	<i>0.81</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

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>	38,506	5,302	18,313	11,580	3,312	2,969	8,262	4,840	1,059	17,130	2,333	10,050	6,740	2,253	21,376
	128	125	152	137	80	100	116	88	48	129	72	128	96	67	130
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>															
<b>Quality of Care</b>															
<b>General Care</b>															
Very satisfied	26.72	23.10	29.22	26.04	21.06	21.81	30.97	27.05	22.26	27.74	24.72	27.79	25.31	20.50	25.91
	0.65	1.14	0.98	0.78	1.17	1.65	1.32	1.26	2.04	0.90	1.73	1.13	0.97	1.45	0.72
(Very) Unsatisfied	3.64	6.79	3.32	2.89	3.09*	6.30	2.93	2.52*	2.36*	3.36	7.41	3.64	3.15	3.43*	3.87
	0.20	0.69	0.23	0.28	0.51	0.91	0.35	0.39	0.73	0.29	1.01	0.34	0.37	0.68	0.27
<b>Follow-up Care</b>															
Very satisfied	16.28	15.09	17.35	16.11	12.78	14.56	19.14	16.72	14.18	17.36	15.77	15.89	15.68	12.12	15.42
	0.51	1.22	0.77	0.71	0.95	1.60	1.06	1.06	1.57	0.73	1.57	0.96	0.79	1.15	0.61
(Very) Unsatisfied	3.02	5.96	2.59	2.49	2.50*	6.06	2.40	2.58*	2.33*	3.08	5.82*	2.76	2.43	2.58*	2.97
	0.19	0.60	0.25	0.30	0.43	0.77	0.33	0.48	0.70	0.26	0.98	0.35	0.33	0.59	0.23
<b>Access/Coordination of Care</b>															
<b>Availability</b>															
Very satisfied	8.75	8.72	9.14	8.52	7.42	9.36	10.96	8.96	8.23*	9.95	7.90	7.66	8.20	7.04	7.79
	0.41	0.84	0.49	0.68	0.71	1.13	0.72	0.95	1.13	0.54	1.07	0.64	0.75	0.83	0.46
(Very) Unsatisfied	2.87	6.22	2.55	2.20	1.72*	5.98	2.47	2.08*	1.70*	2.92	6.52	2.61	2.28	1.73*	2.84
	0.20	0.63	0.27	0.28	0.38	0.90	0.40	0.37	0.63	0.31	0.96	0.36	0.41	0.47	0.25
<b>Ease of Access to Doctor</b>															
Very satisfied	18.13	12.98	20.90	17.14	14.50	12.45	22.36	17.51	14.17	18.78	13.66	19.70	16.88	14.65	17.62
	0.52	1.04	0.81	0.67	1.10	1.39	1.16	1.00	1.45	0.73	1.51	0.88	0.79	1.37	0.56
(Very) Unsatisfied	4.97	9.14	3.88	4.78	5.02	7.98	3.49	3.87	4.70*	4.44	10.59	4.19	5.43	5.18*	5.38
	0.22	0.73	0.28	0.40	0.57	0.94	0.41	0.55	0.93	0.27	1.18	0.41	0.56	0.70	0.33
<b>Can Obtain Care in Same Location</b>															
Very satisfied	12.66	11.32	13.77	12.16	10.37	11.31	13.48	12.97	10.70*	12.79	11.34	14.01	11.57	10.21	12.55
	0.50	1.00	0.68	0.73	0.89	1.35	0.80	0.96	1.32	0.60	1.37	0.94	0.81	1.03	0.59
(Very) Unsatisfied	4.32	8.87	4.09	3.06	2.84*	7.67	4.03	3.26	3.52*	4.40	10.39	4.14	2.91	2.53*	4.26
	0.24	0.95	0.38	0.36	0.51	1.30	0.49	0.50	0.89	0.39	1.37	0.52	0.47	0.58	0.29

**Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2001**

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

2 of 2

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>	38,506	5,302	18,313	11,580	3,312	2,969	8,262	4,840	1,059	17,130	2,333	10,050	6,740	2,253	21,376
	<i>128</i>	<i>125</i>	<i>152</i>	<i>137</i>	<i>80</i>	<i>100</i>	<i>116</i>	<i>88</i>	<i>48</i>	<i>129</i>	<i>72</i>	<i>128</i>	<i>96</i>	<i>67</i>	<i>130</i>
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>															
<b>Relationship with Primary Doctor</b>															
<b>Information from Doctor</b>															
Very satisfied	15.81	14.30	17.73	14.69	11.47	14.16	19.32	15.45	12.64	16.92	14.48	16.44	14.15	10.92	14.92
	<i>0.50</i>	<i>1.07</i>	<i>0.72</i>	<i>0.71</i>	<i>0.82</i>	<i>1.43</i>	<i>1.15</i>	<i>0.96</i>	<i>1.46</i>	<i>0.74</i>	<i>1.37</i>	<i>0.82</i>	<i>0.75</i>	<i>1.01</i>	<i>0.56</i>
(Very) Unsatisfied	5.11	9.21	4.61	4.42	3.86	9.22	4.09	4.22	3.47*	4.97	9.19	5.03	4.56	4.04*	5.23
	<i>0.26</i>	<i>0.91</i>	<i>0.29</i>	<i>0.46</i>	<i>0.57</i>	<i>1.22</i>	<i>0.37</i>	<i>0.57</i>	<i>0.89</i>	<i>0.33</i>	<i>1.29</i>	<i>0.40</i>	<i>0.56</i>	<i>0.69</i>	<i>0.33</i>
<b>Doctor's Concern for Overall Health</b>															
Very satisfied	17.28	15.91	18.84	16.48	13.55	14.36	19.06	17.74	16.64	17.73	17.89	18.67	15.57	12.09	16.91
	<i>0.54</i>	<i>1.20</i>	<i>0.72</i>	<i>0.74</i>	<i>0.95</i>	<i>1.49</i>	<i>1.06</i>	<i>1.06</i>	<i>1.61</i>	<i>0.75</i>	<i>1.69</i>	<i>0.97</i>	<i>0.84</i>	<i>1.11</i>	<i>0.66</i>
(Very) Unsatisfied	5.02	9.16	4.95	3.81	3.09*	8.54	4.39	3.69	2.62*	4.79	9.94	5.41	3.90	3.32*	5.20
	<i>0.26</i>	<i>0.90</i>	<i>0.39</i>	<i>0.35</i>	<i>0.45</i>	<i>1.29</i>	<i>0.42</i>	<i>0.49</i>	<i>0.88</i>	<i>0.34</i>	<i>1.30</i>	<i>0.52</i>	<i>0.43</i>	<i>0.58</i>	<i>0.33</i>
<b>Cost of Care</b>															
<b>Cost</b>															
Very satisfied	15.43	13.38	16.89	14.66	13.27	12.45	18.07	16.02	14.76	16.32	14.56	15.92	13.67	12.57	14.71
	<i>0.44</i>	<i>0.99</i>	<i>0.63</i>	<i>0.63</i>	<i>1.06</i>	<i>1.51</i>	<i>0.92</i>	<i>0.93</i>	<i>1.59</i>	<i>0.65</i>	<i>1.17</i>	<i>0.79</i>	<i>0.83</i>	<i>1.27</i>	<i>0.53</i>
(Very) Unsatisfied	14.30	25.20	12.89	12.43	11.32	22.47	11.70	11.52	12.09	13.53	28.65	13.87	13.09	10.95	14.93
	<i>0.37</i>	<i>1.33</i>	<i>0.56</i>	<i>0.51</i>	<i>0.98</i>	<i>1.65</i>	<i>0.80</i>	<i>0.80</i>	<i>1.61</i>	<i>0.51</i>	<i>1.98</i>	<i>0.68</i>	<i>0.80</i>	<i>1.08</i>	<i>0.50</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

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

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

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>	38,506	3,555	14,609	9,566	2,728	30,459	905	1,491	890	274	3,559	550	1,398	685	214	2,847
	128	104	177	132	71	232	46	56	52	21	89	54	84	64	25	138
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Access to Care</b>																
<b>Usual Source of Care</b>																
None <sup>4</sup>	5.07	7.36	5.09	3.49	3.27*	4.69	7.77*	6.86*	4.18*	3.78*	6.19	7.21*	7.43*	5.91*	3.99*	6.76
	0.23	0.80	0.36	0.40	0.57	0.25	1.49	1.34	1.15	1.67	0.77	2.24	1.53	1.49	2.27	0.95
Doctor's office	75.29	71.75	76.50	80.24	83.07	77.71	65.14	66.48	67.90	75.20	67.17	63.07	60.08	65.34	58.83	61.83
	0.90	1.75	1.16	1.23	1.74	1.05	3.25	2.81	2.88	3.79	1.92	3.83	3.07	3.03	6.70	1.82
Doctor's clinic	8.43	10.23	9.04	8.19	6.84	8.71	8.39*	7.45*	5.95*	4.75*	7.11	6.31*	9.41*	5.26*	5.05*	7.48
	0.61	1.18	0.73	0.79	1.38	0.70	1.78	1.52	1.78	2.03	1.03	2.17	1.74	1.93	2.78	0.94
HMO <sup>5</sup>	5.15	2.41*	4.93	4.07	4.04*	4.29	1.24*	8.44*	6.59*	3.36*	5.75	8.62*	14.20*	12.58*	14.11*	12.73
	0.42	0.55	0.55	0.54	0.57	0.45	0.65	1.60	1.77	1.71	0.91	2.58	2.06	2.28	6.11	1.50
Hospital OPD/ER <sup>6</sup>	2.34	3.25*	1.27*	1.13*	1.56*	1.48	12.58	4.66*	6.43*	6.63*	7.27	8.95*	4.44*	2.84*	1.05*	4.66*
	0.16	0.58	0.20	0.20	0.33	0.14	2.37	1.18	1.11	2.24	1.00	2.15	0.82	1.13	1.03	0.57
Other clinic/health center	3.73	5.01	3.17	2.88	1.22*	3.12	4.89*	6.11*	8.96*	6.28*	6.52	5.85*	4.45*	8.07*	16.96*	6.54
	0.19	0.83	0.30	0.32	0.27	0.20	1.17	1.19	1.37	2.11	0.66	1.97	0.91	1.52	4.79	0.71
<b>Difficulty Obtaining Care</b>																
Yes	3.92	10.14	2.85	2.42	2.76*	3.56	13.54	2.43*	2.96*	1.55*	5.32	11.44*	5.87*	2.37*	3.10*	5.89*
	0.20	1.15	0.30	0.27	0.52	0.24	2.29	0.72	1.12	1.09	0.75	3.01	1.59	1.04	1.82	1.12
No	96.08	89.86	97.15	97.58	97.24	96.44	86.46	97.57	97.04	98.45	94.68	88.56	94.13	97.63	96.90	94.11
	0.20	1.15	0.30	0.27	0.52	0.24	2.29	0.72	1.12	1.09	0.75	3.01	1.59	1.04	1.82	1.12
<b>Delayed Care Due to Cost</b>																
Yes	7.27	21.29	6.06	3.34	3.32*	6.73	17.52	6.43*	5.76*	9.54*	9.33	21.81*	8.30*	4.92*	3.30*	9.70
	0.29	1.43	0.42	0.27	0.52	0.31	1.99	1.24	1.59	1.80	0.84	5.07	1.56	1.50	1.94	1.42
No	92.73	78.71	93.94	96.66	96.68	93.27	82.48	93.57	94.24	90.46	90.67	78.19	91.70	95.08	96.70	90.30
	0.29	1.43	0.42	0.27	0.52	0.31	1.99	1.24	1.59	1.80	0.84	5.07	1.56	1.50	1.94	1.42

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2001**

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

2 of 2

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>	38,506	3,555	14,609	9,566	2,728	30,459	905	1,491	890	274	3,559	550	1,398	685	214	2,847
	<i>128</i>	<i>104</i>	<i>177</i>	<i>132</i>	<i>71</i>	<i>232</i>	<i>46</i>	<i>56</i>	<i>52</i>	<i>21</i>	<i>89</i>	<i>54</i>	<i>84</i>	<i>64</i>	<i>25</i>	<i>138</i>
<b>Beneficiaries as a Percentage 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>	5.09	7.40	5.10	3.50	3.32*	4.71	7.85*	6.87*	4.17*	3.81*	6.21	7.26*	7.43*	5.95*	4.09*	6.79
	<i>0.24</i>	<i>0.81</i>	<i>0.36</i>	<i>0.40</i>	<i>0.58</i>	<i>0.26</i>	<i>1.50</i>	<i>1.34</i>	<i>1.15</i>	<i>1.68</i>	<i>0.77</i>	<i>2.26</i>	<i>1.53</i>	<i>1.50</i>	<i>2.32</i>	<i>0.95</i>
Less than 1 year	8.96	12.79	8.53	7.90	7.22	8.71	9.88*	8.79*	9.71*	8.99*	9.31	10.39*	12.58*	10.74*	6.59*	11.27
	<i>0.32</i>	<i>1.25</i>	<i>0.46</i>	<i>0.48</i>	<i>0.88</i>	<i>0.34</i>	<i>2.11</i>	<i>1.49</i>	<i>1.70</i>	<i>2.18</i>	<i>1.06</i>	<i>2.92</i>	<i>2.10</i>	<i>1.75</i>	<i>2.26</i>	<i>1.21</i>
1 to less than 3 years	20.00	20.38	19.52	19.12	17.20	19.29	20.57	16.28	17.51	20.56*	18.00	32.01	28.27	25.30	19.71*	27.63
	<i>0.47</i>	<i>1.54</i>	<i>0.74</i>	<i>0.94</i>	<i>1.29</i>	<i>0.55</i>	<i>2.59</i>	<i>2.37</i>	<i>1.90</i>	<i>3.58</i>	<i>1.29</i>	<i>4.16</i>	<i>3.03</i>	<i>2.58</i>	<i>4.47</i>	<i>1.96</i>
3 to less than 5 years	15.84	17.51	16.07	14.19	15.64	15.61	19.83	20.11	15.88*	13.10*	18.44	14.02*	14.62	15.93*	15.46*	14.88
	<i>0.40</i>	<i>1.18</i>	<i>0.72</i>	<i>0.67</i>	<i>1.02</i>	<i>0.45</i>	<i>2.37</i>	<i>1.90</i>	<i>2.67</i>	<i>2.90</i>	<i>1.20</i>	<i>2.97</i>	<i>1.69</i>	<i>2.41</i>	<i>3.77</i>	<i>1.23</i>
5 years or more	50.11	41.92	50.78	55.29	56.63	51.68	41.87	47.95	52.73	53.55	48.04	36.32	37.10	42.08	54.16*	39.42
	<i>0.60</i>	<i>1.85</i>	<i>1.01</i>	<i>1.11</i>	<i>1.45</i>	<i>0.74</i>	<i>2.92</i>	<i>2.43</i>	<i>3.11</i>	<i>3.99</i>	<i>1.63</i>	<i>3.90</i>	<i>2.86</i>	<i>3.19</i>	<i>5.29</i>	<i>1.56</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

Measure of Satisfaction <sup>2</sup>	White non-Hispanic						Black non-Hispanic					Hispanic				
	Total <sup>3</sup>	< 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>	38,506	3,555	14,609	9,566	2,728	30,459	905	1,491	890	274	3,559	550	1,398	685	214	2,847
	128	104	177	132	71	232	46	56	52	21	89	54	84	64	25	138
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>																
<b>Quality of Care</b>																
<b>General Care</b>																
Very satisfied	26.72	26.95	31.56	27.68	22.74	29.02	14.70	14.64	11.27*	11.20*	13.55	16.86*	22.68	22.21*	16.16*	20.95
	0.65	1.43	1.13	0.82	1.30	0.74	2.23	1.98	2.11	2.77	1.14	3.30	2.84	4.33	3.79	2.36
(Very) Unsatisfied	3.64	6.41	3.38	2.66	3.11*	3.49	7.39*	3.05*	3.15*	3.75*	4.23	8.45*	3.24*	4.97*	2.14*	4.57*
	0.20	0.81	0.27	0.27	0.58	0.21	1.39	0.87	0.94	1.36	0.52	3.08	0.97	1.38	1.50	0.84
<b>Follow-up Care</b>																
Very satisfied	16.28	16.25	18.56	17.10	13.34	17.37	9.90*	7.79*	6.86*	6.23*	7.97	17.44*	15.96	15.03*	15.54*	15.99
	0.51	1.34	0.86	0.74	1.07	0.56	2.07	1.60	1.78	1.97	0.99	3.83	2.33	4.69	3.77	2.43
(Very) Unsatisfied	3.02	6.05	2.71	2.59	2.86*	3.08	5.33*	1.03*	1.39*	0.85*	2.20*	5.74*	2.71*	1.46*	0.00	2.79*
	0.19	0.77	0.30	0.33	0.53	0.23	1.35	0.36	0.71	0.83	0.46	2.42	1.02	0.78	0.00	0.75
<b>Access/Coordination of Care</b>																
<b>Availability</b>																
Very satisfied	8.75	9.59	9.39	8.77	7.71	9.07	4.67*	3.44*	3.11*	4.49*	3.75*	8.78*	11.97*	11.71*	7.34*	10.95
	0.41	1.06	0.49	0.69	0.80	0.41	1.37	0.90	1.02	2.03	0.60	2.18	2.47	4.66	1.93	2.37
(Very) Unsatisfied	2.87	6.07	2.78	2.37	1.94*	2.96	5.43*	0.26*	0.36*	0.72*	1.64*	5.72*	3.03*	2.30*	1.03*	3.22*
	0.20	0.67	0.31	0.33	0.45	0.23	1.33	0.19	0.51	0.76	0.35	2.10	1.15	1.02	1.03	0.76
<b>Ease of Access to Doctor</b>																
Very satisfied	18.13	13.72	22.79	18.21	15.60	19.65	10.89*	6.84*	7.32*	8.99*	8.15	13.84*	18.00	16.50*	10.67*	16.29
	0.52	1.20	0.93	0.72	1.27	0.59	2.22	1.40	1.81	2.60	1.03	3.14	2.83	4.49	2.73	2.56
(Very) Unsatisfied	4.97	9.43	3.48	4.48	4.88	4.61	6.59*	3.82*	6.71*	4.18*	5.28	11.30*	8.14*	5.79*	6.73*	8.07
	0.22	0.79	0.30	0.45	0.66	0.24	1.26	0.98	1.33	1.47	0.62	2.78	1.60	1.41	3.27	1.13
<b>Can Obtain Care in Same Location</b>																
Very satisfied	12.66	12.58	14.42	12.42	11.00	13.27	7.23*	5.41*	5.41*	6.19*	5.94	12.57*	15.47	15.00*	10.17*	14.40
	0.50	1.17	0.73	0.75	1.06	0.54	1.56	1.29	1.46	1.99	0.83	2.99	2.36	4.95	2.43	2.33
(Very) Unsatisfied	4.32	9.60	4.04	3.04	2.94*	4.28	6.58*	2.60*	2.23*	0.85*	3.39*	6.41*	5.43*	3.47*	5.37*	5.14*
	0.24	1.20	0.42	0.38	0.56	0.27	1.59	0.86	0.95	0.83	0.61	2.75	1.46	1.09	1.90	0.88

**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2001**

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

2 of 2

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>	38,506	3,555	14,609	9,566	2,728	30,459	905	1,491	890	274	3,559	550	1,398	685	214	2,847
	<i>128</i>	<i>104</i>	<i>177</i>	<i>132</i>	<i>71</i>	<i>232</i>	<i>46</i>	<i>56</i>	<i>52</i>	<i>21</i>	<i>89</i>	<i>54</i>	<i>84</i>	<i>64</i>	<i>25</i>	<i>138</i>
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	15.81	14.87	19.06	15.63	12.28	16.89	12.91*	6.29*	5.77*	5.58*	7.78	16.78*	15.03	14.82*	10.47*	14.97
	<i>0.50</i>	<i>1.25</i>	<i>0.85</i>	<i>0.78</i>	<i>1.01</i>	<i>0.58</i>	<i>2.52</i>	<i>1.39</i>	<i>1.49</i>	<i>1.90</i>	<i>0.86</i>	<i>3.29</i>	<i>2.11</i>	<i>4.46</i>	<i>2.25</i>	<i>2.29</i>
(Very) Unsatisfied	5.11	9.60	4.78	4.71	4.28*	5.28	7.50*	2.57*	2.70*	2.42*	3.84*	7.92*	4.68*	2.58*	0.00	4.45*
	<i>0.26</i>	<i>1.21</i>	<i>0.33</i>	<i>0.54</i>	<i>0.70</i>	<i>0.29</i>	<i>1.58</i>	<i>0.74</i>	<i>1.03</i>	<i>1.39</i>	<i>0.51</i>	<i>2.92</i>	<i>1.44</i>	<i>0.94</i>	<i>0.00</i>	<i>0.97</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	17.28	17.71	20.11	17.51	14.20	18.49	9.40*	7.87*	7.32*	9.74*	8.26	16.67*	16.54	15.27*	11.21*	15.85
	<i>0.54</i>	<i>1.45</i>	<i>0.80</i>	<i>0.78</i>	<i>1.04</i>	<i>0.59</i>	<i>1.98</i>	<i>1.49</i>	<i>1.90</i>	<i>3.29</i>	<i>1.10</i>	<i>3.53</i>	<i>2.37</i>	<i>5.01</i>	<i>2.40</i>	<i>2.44</i>
(Very) Unsatisfied	5.02	9.57	5.23	4.06	3.36*	5.20	6.82*	3.33*	2.32*	2.13*	3.87	10.47*	3.55*	2.03*	1.04*	4.32*
	<i>0.26</i>	<i>1.13</i>	<i>0.46</i>	<i>0.39</i>	<i>0.53</i>	<i>0.30</i>	<i>1.30</i>	<i>0.92</i>	<i>0.86</i>	<i>1.23</i>	<i>0.53</i>	<i>2.85</i>	<i>1.22</i>	<i>0.82</i>	<i>1.03</i>	<i>0.81</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	15.43	14.66	17.74	14.77	13.56	16.07	8.67*	7.52*	8.30*	8.83*	8.11	11.89*	15.92	20.16*	15.69*	16.15
	<i>0.44</i>	<i>1.25</i>	<i>0.69</i>	<i>0.64</i>	<i>1.20</i>	<i>0.47</i>	<i>1.39</i>	<i>1.50</i>	<i>1.63</i>	<i>2.48</i>	<i>0.87</i>	<i>2.43</i>	<i>1.97</i>	<i>4.64</i>	<i>3.29</i>	<i>2.12</i>
(Very) Unsatisfied	14.30	25.90	12.67	12.63	11.67	14.11	24.49	15.60	10.57*	11.25*	16.27	22.15*	15.60*	12.25*	8.52*	15.52
	<i>0.37</i>	<i>1.86</i>	<i>0.62</i>	<i>0.57</i>	<i>1.18</i>	<i>0.44</i>	<i>2.56</i>	<i>1.94</i>	<i>2.00</i>	<i>2.49</i>	<i>1.12</i>	<i>3.27</i>	<i>2.28</i>	<i>2.56</i>	<i>2.97</i>	<i>1.16</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.  
Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

Indicator of Access to Care <sup>2</sup>	Lives Alone						Lives with Spouse					Lives with Children/Others				
	Total	< 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>	38,506	1,263	4,496	4,053	1,703	11,515	2,099	11,576	5,752	773	20,199	1,889	2,178	1,775	835	6,678
	128	67	134	115	58	203	95	180	141	43	237	83	104	64	49	161
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Access to Care</b>																
<b>Usual Source of Care</b>																
None <sup>3</sup>	5.07	8.33*	7.48	4.32	4.29*	5.99	4.88*	4.50	3.19	2.76*	4.10	9.97	6.54*	4.17*	2.63*	6.39
	0.23	1.48	0.89	0.65	0.82	0.48	0.92	0.36	0.49	0.99	0.29	1.21	1.18	0.93	0.83	0.53
Doctor's office	75.29	68.65	70.18	76.85	79.84	73.79	75.94	76.11	79.54	81.00	77.25	62.32	72.32	77.15	81.62	71.94
	0.90	2.66	1.80	1.54	2.14	1.14	1.99	1.04	1.44	2.49	1.02	2.11	2.08	1.90	2.16	1.19
Doctor's clinic	8.43	10.02*	9.98	8.65	7.46	9.14	7.99	8.62	7.51	6.11*	8.14	11.67	7.12*	6.66*	5.32*	8.05
	0.61	1.63	1.14	1.10	1.48	0.76	1.19	0.69	0.86	1.94	0.65	1.55	1.21	1.20	1.25	0.84
HMO <sup>4</sup>	5.15	1.91*	5.74	5.02	4.21*	4.84	3.65*	5.78	4.70	5.27*	5.23	2.34*	8.30*	5.15*	5.31*	5.40
	0.42	0.97	0.72	0.77	0.83	0.49	0.93	0.54	0.72	1.01	0.51	0.63	1.39	0.93	1.89	0.65
Hospital OPD/ER <sup>5</sup>	2.34	6.91*	2.12*	1.99*	2.19*	2.61	4.03*	1.77*	1.37*	1.46*	1.88	6.49	1.88*	2.14*	1.98*	3.27
	0.16	1.50	0.51	0.47	0.53	0.31	0.81	0.25	0.23	0.65	0.19	1.07	0.51	0.61	0.75	0.41
Other clinic/health center	3.73	4.18*	4.50*	3.17*	2.02*	3.63	3.50*	3.22	3.69	3.40*	3.39	7.21	3.84*	4.72*	3.14*	4.94
	0.19	1.08	0.74	0.50	0.53	0.38	0.81	0.32	0.48	0.80	0.23	1.32	0.96	0.89	0.74	0.58
<b>Difficulty Obtaining Care</b>																
Yes	3.92	11.32	3.05*	3.29*	2.23*	3.92	9.68	2.78	1.64*	2.60*	3.17	12.64	3.92*	3.28*	3.66*	6.19
	0.20	1.93	0.54	0.51	0.52	0.35	1.39	0.32	0.27	0.87	0.22	1.51	1.00	0.81	1.15	0.64
No	96.08	88.68	96.95	96.71	97.77	96.08	90.32	97.22	98.36	97.40	96.83	87.36	96.08	96.72	96.34	93.81
	0.20	1.93	0.54	0.51	0.52	0.35	1.39	0.32	0.27	0.87	0.22	1.51	1.00	0.81	1.15	0.64
<b>Delayed Care Due to Cost</b>																
Yes	7.27	20.61	7.87	4.85	3.48*	7.56	21.57	4.91	2.62*	2.32*	5.89	20.71	9.55*	4.86*	5.81*	10.98
	0.29	2.43	0.85	0.54	0.61	0.50	1.91	0.47	0.34	0.76	0.37	2.01	1.39	0.86	1.33	0.85
No	92.73	79.39	92.13	95.15	96.52	92.44	78.43	95.09	97.38	97.68	94.11	79.29	90.45	95.14	94.19	89.02
	0.29	2.43	0.85	0.54	0.61	0.50	1.91	0.47	0.34	0.76	0.37	2.01	1.39	0.86	1.33	0.85

**Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2001**

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

2 of 2

Indicator of Access to Care <sup>2</sup>	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
<b>Beneficiaries (in 000s)</b>	38,506	1,263	4,496	4,053	1,703	11,515	2,099	11,576	5,752	773	20,199	1,889	2,178	1,775	835	6,678
	<i>128</i>	<i>67</i>	<i>134</i>	<i>115</i>	<i>58</i>	<i>203</i>	<i>95</i>	<i>180</i>	<i>141</i>	<i>43</i>	<i>237</i>	<i>83</i>	<i>104</i>	<i>64</i>	<i>49</i>	<i>161</i>
<b>Beneficiaries as a Percentage 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>	5.09	8.39*	7.52	4.35	4.37*	6.03	4.90*	4.51	3.20	2.78*	4.11	10.07	6.55*	4.19*	2.67*	6.43
	<i>0.24</i>	<i>1.49</i>	<i>0.89</i>	<i>0.65</i>	<i>0.84</i>	<i>0.48</i>	<i>0.92</i>	<i>0.36</i>	<i>0.49</i>	<i>0.99</i>	<i>0.29</i>	<i>1.22</i>	<i>1.19</i>	<i>0.93</i>	<i>0.84</i>	<i>0.53</i>
Less than 1 year	8.96	13.15	10.72	9.08	7.80	9.98	12.24	8.17	7.32	6.35*	8.28	10.51	8.76*	9.50	7.26*	9.26
	<i>0.32</i>	<i>1.90</i>	<i>0.85</i>	<i>0.87</i>	<i>1.07</i>	<i>0.50</i>	<i>1.92</i>	<i>0.58</i>	<i>0.65</i>	<i>1.30</i>	<i>0.44</i>	<i>1.10</i>	<i>1.11</i>	<i>1.10</i>	<i>1.48</i>	<i>0.64</i>
1 to less than 3 years	20.00	22.70	20.05	20.09	17.23	19.94	20.73	19.70	18.88	15.97	19.43	23.16	22.40	20.83	19.63	21.85
	<i>0.47</i>	<i>2.43</i>	<i>1.41</i>	<i>1.34</i>	<i>1.59</i>	<i>0.81</i>	<i>1.82</i>	<i>0.86</i>	<i>1.08</i>	<i>1.91</i>	<i>0.62</i>	<i>2.09</i>	<i>1.99</i>	<i>1.71</i>	<i>2.10</i>	<i>1.05</i>
3 to less than 5 years	15.84	21.14	16.42	13.12	14.52	15.50	16.75	16.63	15.02	16.31	16.17	15.62	14.82	15.11	17.30	15.43
	<i>0.40</i>	<i>2.74</i>	<i>1.12</i>	<i>0.98</i>	<i>1.19</i>	<i>0.71</i>	<i>1.82</i>	<i>0.83</i>	<i>0.93</i>	<i>2.09</i>	<i>0.59</i>	<i>1.34</i>	<i>1.48</i>	<i>1.43</i>	<i>2.10</i>	<i>0.78</i>
5 years or more	50.11	34.61	45.30	53.36	56.08	48.54	45.37	50.98	55.59	58.59	52.00	40.64	47.47	50.37	53.13	47.02
	<i>0.60</i>	<i>3.11</i>	<i>1.58</i>	<i>1.70</i>	<i>1.72</i>	<i>0.98</i>	<i>2.61</i>	<i>1.07</i>	<i>1.22</i>	<i>2.46</i>	<i>0.82</i>	<i>2.30</i>	<i>2.24</i>	<i>2.03</i>	<i>3.18</i>	<i>1.29</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

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

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

Measure of Satisfaction <sup>2</sup>	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
<b>Beneficiaries (in 000s)</b>	38,506	1,263	4,496	4,053	1,703	11,515	2,099	11,576	5,752	773	20,199	1,889	2,178	1,775	835	6,678
	128	67	134	115	58	203	95	180	141	43	237	83	104	64	49	161
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>																
<b>Quality of Care</b>																
<b>General Care</b>																
Very satisfied	26.72	26.21	25.93	24.78	19.14	24.56	23.34	31.00	28.02	24.20	29.10	20.74	26.54	22.46	22.06	23.26
	0.65	2.53	1.51	1.29	1.50	0.87	1.86	1.23	1.09	2.08	0.90	1.85	2.15	1.80	2.54	1.07
(Very) Unsatisfied	3.64	7.23*	3.13*	3.37*	2.78*	3.61	7.98	3.24	2.59*	2.65*	3.53	5.17*	4.14*	2.76*	4.13*	4.06
	0.20	1.57	0.48	0.47	0.67	0.35	1.21	0.32	0.47	0.80	0.30	0.92	0.92	0.67	1.15	0.48
<b>Follow-up Care</b>																
Very satisfied	16.28	13.27	15.64	15.61	12.41	14.90	16.31	18.82	17.24	14.40*	17.94	14.96	13.07	13.61	12.04*	13.62
	0.51	1.85	1.34	1.04	1.54	0.76	2.00	0.89	0.95	1.90	0.65	1.61	1.72	1.63	1.72	0.85
(Very) Unsatisfied	3.02	6.90*	2.78*	2.91*	1.78*	3.13	5.16*	2.59	2.26*	3.86*	2.81	6.21*	2.21*	2.30*	2.70*	3.43
	0.19	1.52	0.43	0.43	0.46	0.31	0.98	0.30	0.43	1.15	0.28	1.10	0.83	0.73	0.88	0.51
<b>Access/Coordination of Care</b>																
<b>Availability</b>																
Very satisfied	8.75	11.53*	7.26	7.91	5.91*	7.76	8.00*	9.93	9.50	10.51*	9.63	7.62	8.88*	6.71*	7.62*	7.79
	0.41	1.75	0.95	0.88	0.91	0.53	1.27	0.62	0.85	1.36	0.53	1.09	1.29	1.30	1.67	0.61
(Very) Unsatisfied	2.87	5.58*	1.86*	2.16*	1.14*	2.27	6.29*	2.80	2.18*	2.15*	2.96	6.57*	2.60*	2.32*	2.51*	3.64
	0.20	1.24	0.42	0.38	0.43	0.25	1.07	0.31	0.42	0.93	0.27	0.91	0.73	0.70	0.83	0.39
<b>Ease of Access to Doctor</b>																
Very satisfied	18.13	13.14	16.69	15.20	12.40	15.15	12.98	23.39	19.50	18.29	21.01	12.87	16.34	13.91	15.23	14.57
	0.52	2.32	1.27	0.90	1.40	0.68	1.53	1.04	1.00	2.21	0.75	1.47	1.77	1.34	2.16	0.83
(Very) Unsatisfied	4.97	10.71	5.43	5.87	5.08*	6.11	6.68*	3.02	3.43	3.99*	3.55	10.80	5.22*	6.70*	5.85*	7.27
	0.22	1.69	0.66	0.67	0.82	0.41	1.27	0.31	0.50	1.24	0.25	1.38	0.94	1.21	1.38	0.71
<b>Can Obtain Care in Same Location</b>																
Very satisfied	12.66	11.42*	11.83	11.59	8.55	11.22	11.02	14.97	13.45	12.71*	14.04	11.59	11.43	9.22	11.89*	10.94
	0.50	1.89	1.21	1.01	1.19	0.74	1.51	0.83	0.95	1.67	0.60	1.46	1.47	1.33	1.97	0.80
(Very) Unsatisfied	4.32	7.26*	3.56*	4.04	2.36*	3.96	10.62	4.03	2.57*	3.30*	4.27	8.01	5.48*	2.39*	3.40*	5.11
	0.24	1.42	0.74	0.69	0.58	0.36	1.80	0.45	0.40	0.86	0.37	1.31	1.01	0.79	1.19	0.55

**Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2001**

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

2 of 2

Measure of Satisfaction <sup>2</sup>	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
<b>Beneficiaries (in 000s)</b>	38,506	1,263	4,496	4,053	1,703	11,515	2,099	11,576	5,752	773	20,199	1,889	2,178	1,775	835	6,678
	<i>128</i>	<i>67</i>	<i>134</i>	<i>115</i>	<i>58</i>	<i>203</i>	<i>95</i>	<i>180</i>	<i>141</i>	<i>43</i>	<i>237</i>	<i>83</i>	<i>104</i>	<i>64</i>	<i>49</i>	<i>161</i>
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	15.81	14.96	14.44	14.30	10.52	13.88	15.19	19.79	15.77	14.16*	17.95	12.87	13.61	12.08	10.88*	12.65
	<i>0.50</i>	<i>2.18</i>	<i>1.23</i>	<i>1.22</i>	<i>1.25</i>	<i>0.79</i>	<i>1.99</i>	<i>0.95</i>	<i>0.89</i>	<i>1.75</i>	<i>0.69</i>	<i>1.52</i>	<i>1.46</i>	<i>1.43</i>	<i>1.74</i>	<i>0.81</i>
(Very) Unsatisfied	5.11	10.61*	4.96	5.13	3.18*	5.38	9.45	4.49	4.09	4.03*	4.87	8.00	4.52*	3.84*	5.06*	5.39
	<i>0.26</i>	<i>2.00</i>	<i>0.63</i>	<i>0.67</i>	<i>0.63</i>	<i>0.42</i>	<i>1.36</i>	<i>0.39</i>	<i>0.56</i>	<i>0.99</i>	<i>0.34</i>	<i>1.16</i>	<i>1.06</i>	<i>0.89</i>	<i>1.23</i>	<i>0.58</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	17.28	15.90	15.79	15.99	12.34	15.36	17.64	20.38	17.92	16.45	19.24	14.01	17.03	12.92	13.29*	14.62
	<i>0.54</i>	<i>2.88</i>	<i>1.28</i>	<i>1.00</i>	<i>1.38</i>	<i>0.72</i>	<i>1.88</i>	<i>0.87</i>	<i>1.10</i>	<i>1.89</i>	<i>0.71</i>	<i>1.57</i>	<i>1.77</i>	<i>1.75</i>	<i>1.96</i>	<i>0.90</i>
(Very) Unsatisfied	5.02	8.95*	4.97	4.73	2.11*	4.90	8.59	4.92	3.36	3.51*	4.80	9.92	5.08*	3.21*	4.70*	5.90
	<i>0.26</i>	<i>1.84</i>	<i>0.76</i>	<i>0.61</i>	<i>0.51</i>	<i>0.41</i>	<i>1.50</i>	<i>0.46</i>	<i>0.43</i>	<i>1.11</i>	<i>0.37</i>	<i>1.35</i>	<i>1.23</i>	<i>0.77</i>	<i>1.30</i>	<i>0.72</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	15.43	15.39	14.39	13.53	12.04	13.85	11.06	18.54	16.14	16.67	17.01	14.62	13.26	12.39	12.63*	13.33
	<i>0.44</i>	<i>2.30</i>	<i>1.09</i>	<i>0.97</i>	<i>1.24</i>	<i>0.71</i>	<i>1.49</i>	<i>0.82</i>	<i>0.82</i>	<i>2.26</i>	<i>0.57</i>	<i>1.69</i>	<i>1.51</i>	<i>1.54</i>	<i>2.03</i>	<i>0.90</i>
(Very) Unsatisfied	14.30	23.08	11.78	13.32	10.29	13.35	30.16	13.00	11.91	13.62*	14.49	21.10	14.65	12.11	11.25*	15.38
	<i>0.37</i>	<i>2.73</i>	<i>1.12</i>	<i>0.79</i>	<i>1.21</i>	<i>0.70</i>	<i>2.25</i>	<i>0.80</i>	<i>0.75</i>	<i>2.03</i>	<i>0.52</i>	<i>1.65</i>	<i>1.63</i>	<i>1.37</i>	<i>1.74</i>	<i>0.84</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	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>	38,506	15,591	22,335	12,447	10,749	2,703	1,833
	128	173	218	172	178	94	67
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>6</sup>	5.07	6.73	5.90	7.14	3.86	3.99*	3.62*
	0.23	0.42	0.29	0.49	0.41	0.74	0.80
Doctor's office	75.29	73.77	74.97	73.41	75.54	73.62	73.59
	0.90	1.16	0.84	1.14	1.02	1.59	1.79
Doctor's clinic	8.43	8.79	8.22	8.70	8.19	7.70	7.36*
	0.61	0.82	0.58	0.75	0.70	1.14	1.08
HMO <sup>7</sup>	5.15	6.35	5.57	6.38	3.42	3.92*	2.94*
	0.42	0.59	0.43	0.59	0.48	0.67	0.66
Hospital OPD/ER <sup>8</sup>	2.34	1.53	2.16	1.58*	3.39	3.61*	4.33*
	0.16	0.18	0.18	0.21	0.36	0.63	0.78
Other clinic/health center	3.73	2.84	3.18	2.78	5.60	7.16	8.16*
	0.19	0.23	0.21	0.28	0.48	0.97	1.26
<b>Difficulty Obtaining Care</b>							
Yes	3.92	2.08	2.00	1.65	7.53	12.21	12.98
	0.20	0.23	0.18	0.24	0.51	1.55	1.77
No	96.08	97.92	98.00	98.35	92.47	87.79	87.02
	0.20	0.23	0.18	0.24	0.51	1.55	1.77
<b>Delayed Care Due to Cost</b>							
Yes	7.27	3.66	4.21	2.89	13.41	14.72	16.76
	0.29	0.33	0.33	0.38	0.75	1.61	2.21
No	92.73	96.34	95.79	97.11	86.59	85.28	83.24
	0.29	0.33	0.33	0.38	0.75	1.61	2.21

**Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2001**

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

2 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	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>	38,506	15,591	22,335	12,447	10,749	2,703	1,833
	<i>128</i>	<i>173</i>	<i>218</i>	<i>172</i>	<i>178</i>	<i>94</i>	<i>67</i>
<b>Beneficiaries as a Percentage 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>	5.09	6.74	5.92	7.15	3.89	4.03*	3.64*
	<i>0.24</i>	<i>0.42</i>	<i>0.30</i>	<i>0.50</i>	<i>0.41</i>	<i>0.74</i>	<i>0.81</i>
Less than 1 year	8.96	8.59	8.29	8.24	9.67	11.09	10.30
	<i>0.32</i>	<i>0.50</i>	<i>0.38</i>	<i>0.54</i>	<i>0.69</i>	<i>1.42</i>	<i>1.69</i>
1 to less than 3 years	20.00	19.39	19.04	18.66	21.81	21.56	23.03
	<i>0.47</i>	<i>0.69</i>	<i>0.56</i>	<i>0.76</i>	<i>0.83</i>	<i>1.65</i>	<i>2.15</i>
3 to less than 5 years	15.84	14.61	15.74	14.85	16.42	16.43	17.22
	<i>0.40</i>	<i>0.67</i>	<i>0.51</i>	<i>0.75</i>	<i>0.63</i>	<i>1.36</i>	<i>1.67</i>
5 years or more	50.11	50.67	51.01	51.10	48.20	46.89	45.81
	<i>0.60</i>	<i>0.97</i>	<i>0.70</i>	<i>1.06</i>	<i>0.93</i>	<i>1.83</i>	<i>2.12</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term community-only residents includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 Access to Care Public Use File).
- 3 *Indicators of good health and indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.



**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2001**

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

1 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	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>	38,506	15,591	22,335	12,447	10,749	2,703	1,833
	128	173	218	172	178	94	67
<b>Beneficiaries as a Percentage of Column Total<sup>6</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	26.72	34.13	28.88	34.59	20.58	22.14	20.18
	0.65	1.03	0.82	1.09	0.92	1.32	1.72
(Very) Unsatisfied	3.64	1.99	2.53	1.69	6.97	7.79	9.43*
	0.20	0.21	0.23	0.25	0.50	1.03	1.47
<b>Follow-up Care</b>							
Very satisfied	16.28	19.45	16.45	18.79	13.40	16.05	15.45
	0.51	0.74	0.64	0.80	0.83	1.28	1.70
(Very) Unsatisfied	3.02	1.80	2.16	1.56	5.02	7.34	7.00*
	0.19	0.22	0.20	0.22	0.41	1.06	1.29
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	8.75	9.31	8.65	9.37	9.01	11.59	10.85
	0.41	0.60	0.47	0.63	0.63	1.39	1.71
(Very) Unsatisfied	2.87	2.01	1.96	1.78	4.76	6.29	7.83*
	0.20	0.24	0.18	0.22	0.46	0.90	1.31
<b>Ease of Access to Doctor</b>							
Very satisfied	18.13	24.51	20.49	25.06	11.90	12.95	11.59
	0.52	0.84	0.65	0.86	0.74	1.04	1.22
(Very) Unsatisfied	4.97	2.69	2.69	2.01	9.05	12.22	13.66
	0.22	0.23	0.22	0.23	0.58	1.40	1.95
<b>Can Obtain Care in Same Location</b>							
Very satisfied	12.66	16.10	13.53	16.05	9.78	12.67	11.44
	0.50	0.77	0.54	0.76	0.73	1.30	1.80
(Very) Unsatisfied	4.32	3.01	3.00	2.59	7.02	9.13	10.35
	0.24	0.29	0.23	0.34	0.54	1.22	1.64

**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2001**

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

2 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	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>	38,506	15,591	22,335	12,447	10,749	2,703	1,833
	<i>128</i>	<i>173</i>	<i>218</i>	<i>172</i>	<i>178</i>	<i>94</i>	<i>67</i>
<b>Beneficiaries as a Percentage of Column Total<sup>6</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	15.81	30.30	16.99	20.48	11.82	12.80	12.47
	<i>0.50</i>	<i>0.73</i>	<i>0.59</i>	<i>0.78</i>	<i>0.73</i>	<i>1.26</i>	<i>1.50</i>
(Very) Unsatisfied	5.11	2.93	3.35	2.66	8.91	10.47	11.23
	<i>0.26</i>	<i>0.29</i>	<i>0.26</i>	<i>0.30</i>	<i>0.55</i>	<i>1.15</i>	<i>1.53</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	17.28	21.31	17.67	20.78	13.58	16.76	14.84
	<i>0.54</i>	<i>0.77</i>	<i>0.63</i>	<i>0.82</i>	<i>0.75</i>	<i>1.44</i>	<i>1.57</i>
(Very) Unsatisfied	5.02	3.43	3.65	3.20	8.24	9.52	10.10
	<i>0.26</i>	<i>0.38</i>	<i>0.27</i>	<i>0.41</i>	<i>0.61</i>	<i>1.09</i>	<i>1.42</i>
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	15.43	19.42	16.11	19.52	12.05	12.92	12.53
	<i>0.44</i>	<i>0.59</i>	<i>0.51</i>	<i>0.64</i>	<i>0.68</i>	<i>1.18</i>	<i>1.48</i>
(Very) Unsatisfied	14.30	9.51	10.72	8.57	20.43	25.62	26.63
	<i>0.37</i>	<i>0.51</i>	<i>0.46</i>	<i>0.57</i>	<i>0.83</i>	<i>2.02</i>	<i>2.00</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

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

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2001**

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

1 of 2

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>	38,506	3,394	5,872	8,245	12,694	2,142	6,160
	128	105	139	202	222	88	158
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>3</sup>	5.07	13.78	6.07	4.15	4.14	3.57*	2.97
	0.23	1.11	0.69	0.44	0.38	0.88	0.42
Doctor's office	75.29	60.65	69.66	82.13	81.25	85.41	63.73
	0.90	1.75	1.35	1.27	1.23	1.96	1.59
Doctor's clinic	8.43	7.23	9.30	10.59	8.32	7.88*	5.80
	0.61	1.00	0.85	1.27	0.74	1.57	0.75
HMO <sup>4</sup>	5.15	0.10*	3.55	0.00	2.26	0.00	24.04
	0.42	0.10	0.61	0.00	0.55	0.00	1.65
Hospital OPD/ER <sup>5</sup>	2.34	4.04*	5.72	0.85*	1.75	1.44*	1.74*
	0.16	0.62	0.62	0.18	0.28	0.58	0.37
Other clinic/health center	3.73	14.19	5.71	2.29	2.28	1.70*	1.71*
	0.19	1.48	0.57	0.28	0.27	0.66	0.26
<b>Difficulty Obtaining Care</b>							
Yes	3.92	7.79	7.13	1.51*	2.81	1.37*	5.14
	0.20	1.14	0.61	0.26	0.29	0.54	0.55
No	96.08	92.21	92.87	98.49	97.19	98.63	94.86
	0.20	1.14	0.61	0.26	0.29	0.54	0.55
<b>Delayed Care Due to Cost</b>							
Yes	7.27	21.34	11.22	4.91	5.27	1.13*	5.21
	0.29	1.57	0.69	0.46	0.37	0.46	0.57
No	92.73	78.66	88.78	95.09	94.73	98.87	94.79
	0.29	1.57	0.69	0.46	0.37	0.46	0.57

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2001**

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

2 of 2

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>	38,506	3,394	5,872	8,245	12,694	2,142	6,160
	<i>128</i>	<i>105</i>	<i>139</i>	<i>202</i>	<i>222</i>	<i>88</i>	<i>158</i>
<b>Beneficiaries as a Percentage 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>	5.09	13.87	6.12	4.17	4.15	3.58*	2.97
	<i>0.24</i>	<i>1.12</i>	<i>0.69</i>	<i>0.44</i>	<i>0.38</i>	<i>0.88</i>	<i>0.42</i>
Less than 1 year	8.96	8.49	10.44	6.55	7.67	8.83	13.74
	<i>0.32</i>	<i>1.04</i>	<i>0.75</i>	<i>0.58</i>	<i>0.55</i>	<i>1.19</i>	<i>1.09</i>
1 to less than 3 years	20.00	19.18	24.11	16.68	18.71	14.41	25.64
	<i>0.47</i>	<i>1.41</i>	<i>1.14</i>	<i>0.91</i>	<i>0.83</i>	<i>1.76</i>	<i>1.11</i>
3 to less than 5 years	15.84	14.62	17.43	14.75	14.60	15.36	19.21
	<i>0.40</i>	<i>1.19</i>	<i>0.95</i>	<i>0.86</i>	<i>0.63</i>	<i>1.61</i>	<i>1.12</i>
5 years or more	50.11	43.84	41.90	57.84	54.86	57.81	38.44
	<i>0.60</i>	<i>1.92</i>	<i>1.14</i>	<i>1.20</i>	<i>1.02</i>	<i>2.63</i>	<i>1.26</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

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

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 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, 2001**

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

1 of 2

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>	38,506	3,394	5,872	8,245	12,694	2,142	6,160
	128	105	139	202	222	88	158
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	26.72	19.78	19.68	27.28	30.18	34.94	26.47
	0.65	1.29	1.09	1.11	1.18	2.52	1.26
(Very) Unsatisfied	3.64	4.19	5.59	2.59	3.29	1.40*	4.42
	0.20	0.58	0.65	0.40	0.30	0.46	0.50
<b>Follow-up Care</b>							
Very satisfied	16.28	10.73	11.95	15.53	19.43	19.07	16.95
	0.51	1.11	0.76	0.75	0.88	1.77	0.96
(Very) Unsatisfied	3.02	3.82*	4.05	2.50	2.68	2.49*	3.16
	0.19	0.57	0.47	0.34	0.32	0.73	0.46
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	8.75	7.25	8.06	8.19	10.08	8.79	8.20
	0.41	0.76	0.72	0.67	0.68	1.30	0.73
(Very) Unsatisfied	2.87	3.84*	3.76	2.10	2.98	3.19*	2.20*
	0.20	0.81	0.53	0.31	0.34	0.83	0.34
<b>Ease of Access to Doctor</b>							
Very satisfied	18.13	11.76	10.97	17.96	20.50	24.85	21.42
	0.52	1.18	0.85	1.00	0.88	1.83	1.03
(Very) Unsatisfied	4.97	8.85	8.99	3.33	3.70	2.83*	4.58
	0.22	0.99	0.77	0.41	0.31	0.69	0.53
<b>Can Obtain Care in Same Location</b>							
Very satisfied	12.66	8.71	9.53	12.12	14.09	13.55	15.21
	0.50	1.16	0.77	0.80	0.83	1.73	0.95
(Very) Unsatisfied	4.32	4.74	5.42	2.76	4.79	3.95*	4.30
	0.24	0.97	0.60	0.44	0.34	0.83	0.55

**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2001**

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

2 of 2

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>	38,506	3,394	5,872	8,245	12,694	2,142	6,160
	<i>128</i>	<i>105</i>	<i>139</i>	<i>202</i>	<i>222</i>	<i>88</i>	<i>158</i>
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	15.81	10.50	12.17	14.99	18.44	21.06	16.02
	<i>0.50</i>	<i>1.11</i>	<i>0.80</i>	<i>0.86</i>	<i>0.90</i>	<i>2.16</i>	<i>0.96</i>
(Very) Unsatisfied	5.11	5.79	6.61	3.68	5.02	2.98*	6.19
	<i>0.26</i>	<i>1.01</i>	<i>0.75</i>	<i>0.43</i>	<i>0.44</i>	<i>0.72</i>	<i>0.56</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	17.28	11.21	12.51	16.57	20.83	19.47	17.95
	<i>0.54</i>	<i>0.97</i>	<i>0.93</i>	<i>0.88</i>	<i>0.99</i>	<i>1.72</i>	<i>0.96</i>
(Very) Unsatisfied	5.02	5.72	6.59	3.54	5.00	3.09*	5.84
	<i>0.26</i>	<i>0.75</i>	<i>0.76</i>	<i>0.49</i>	<i>0.49</i>	<i>0.62</i>	<i>0.61</i>
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	15.43	7.72	15.24	12.47	18.00	18.37	17.46
	<i>0.44</i>	<i>0.87</i>	<i>0.92</i>	<i>0.86</i>	<i>0.78</i>	<i>1.58</i>	<i>1.00</i>
(Very) Unsatisfied	14.30	25.13	12.18	15.18	12.88	9.19	13.89
	<i>0.37</i>	<i>1.40</i>	<i>0.78</i>	<i>0.78</i>	<i>0.64</i>	<i>1.33</i>	<i>0.90</i>

Source: Medicare Current Beneficiary Survey, CY 2001 Cost and Use Public Use File, CY 2001 Access to Care Public Use File, supplemented by CY 2000 and CY 2002 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2001 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- <sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- <sup>2</sup> Responses for sample persons not interviewed in Round 31 (i.e., the 2001 Access to Care Public Use File) were taken from their Round 28 interview (i.e., the 2000 Access to Care Public Use File) or from their Round 34 interview (i.e., the 2002 Access to Care Public Use File).
- <sup>3</sup> HMO stands for Health Maintenance Organization.
- <sup>4</sup> 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.