

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2007Community-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 1,000s)	42,427	6,828	19,575	11,946	4,078	3,537	9,180	5,198	1,410	19,325	3,291	10,395	6,747	2,668	23,102
	144	146	195	148	96	105	149	91	56	152	118	157	113	70	162
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	4.75	7.45	5.24	3.09	2.71*	9.76	6.19	3.30*	2.29*	5.78	4.95	4.41	2.94	2.93*	3.88
	0.25	0.81	0.38	0.29	0.48	1.31	0.54	0.40	0.58	0.38	0.76	0.55	0.39	0.64	0.33
Doctor's office	73.99	66.86	73.82	76.85	78.26	58.57	71.57	73.31	74.84	69.90	75.83	75.80	79.58	80.08	77.41
	0.78	1.52	0.97	0.92	1.25	2.12	1.44	1.12	2.12	1.01	1.97	1.23	1.11	1.31	0.95
Doctor's clinic	11.48	13.21	11.54	10.99	9.77	12.89	11.55	11.81	10.33	11.77	13.55	11.53	10.36	9.48	11.24
	0.63	1.03	0.77	0.67	1.03	1.28	1.06	0.73	1.65	0.72	1.52	0.85	0.89	0.97	0.72
HMO ⁴	3.38	1.64*	3.93	3.72	2.63*	2.38*	3.60	3.68	1.96*	3.28	0.84*	4.22	3.75	2.98*	3.46
	0.24	0.46	0.34	0.32	0.43	0.77	0.47	0.39	0.63	0.32	0.33	0.53	0.41	0.66	0.31
Hospital OPD/ER ⁵	1.92	2.93	1.87	1.41*	2.01*	4.07	1.44*	1.37*	2.06*	1.95	1.70*	2.24*	1.45*	1.99*	1.90
	0.23	0.50	0.31	0.24	0.40	0.81	0.36	0.30	0.70	0.27	0.47	0.47	0.30	0.49	0.30
Other clinic/health center	4.48	7.91	3.60	3.94	4.61	12.33	5.65	6.53	8.52*	7.32	3.12*	1.79*	1.93*	2.54*	2.11
	0.25	0.93	0.30	0.32	0.62	1.56	0.60	0.59	1.34	0.48	0.65	0.37	0.31	0.52	0.22
Difficulty Obtaining Care															
Yes	4.20	11.91	3.35	2.01	1.89*	10.50	2.76	1.69*	1.48*	3.79	13.44	3.86	2.25*	2.10*	4.54
	0.30	1.07	0.36	0.29	0.36	1.45	0.45	0.38	0.58	0.39	1.52	0.47	0.38	0.42	0.35
No	95.80	88.09	96.65	97.99	98.11	89.50	97.24	98.31	98.52	96.21	86.56	96.14	97.75	97.90	95.46
	0.30	1.07	0.36	0.29	0.36	1.45	0.45	0.38	0.58	0.39	1.52	0.47	0.38	0.42	0.35
Delayed Care Due to Cost															
Yes	7.37	21.68	5.95	3.34	2.24*	18.88	4.67	2.80*	2.39*	6.59	24.70	7.09	3.75	2.16*	8.03
	0.31	1.32	0.39	0.31	0.42	1.74	0.52	0.45	0.75	0.44	1.80	0.63	0.47	0.51	0.43
No	92.63	78.32	94.05	96.66	97.76	81.12	95.33	97.20	97.61	93.41	75.30	92.91	96.25	97.84	91.97
	0.31	1.32	0.39	0.31	0.42	1.74	0.52	0.45	0.75	0.44	1.80	0.63	0.47	0.51	0.43

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2007Community-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 1,000s)	42,427	6,828	19,575	11,946	4,078	3,537	9,180	5,198	1,410	19,325	3,291	10,395	6,747	2,668	23,102
	<i>144</i>	<i>146</i>	<i>195</i>	<i>148</i>	<i>96</i>	<i>105</i>	<i>149</i>	<i>91</i>	<i>56</i>	<i>152</i>	<i>118</i>	<i>157</i>	<i>113</i>	<i>70</i>	<i>162</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	4.77	7.49	5.26	3.11	2.75*	9.79	6.21	3.31*	2.32*	5.80	4.99	4.42	2.95	2.98*	3.90
	<i>0.25</i>	<i>0.81</i>	<i>0.38</i>	<i>0.29</i>	<i>0.49</i>	<i>1.31</i>	<i>0.54</i>	<i>0.40</i>	<i>0.59</i>	<i>0.38</i>	<i>0.76</i>	<i>0.56</i>	<i>0.39</i>	<i>0.65</i>	<i>0.33</i>
Less than 1 year	9.59	11.01	9.27	9.12	10.17	9.07	9.82	9.33	8.41*	9.45	13.12	8.79	8.96	11.11	9.72
	<i>0.29</i>	<i>0.83</i>	<i>0.52</i>	<i>0.46</i>	<i>0.86</i>	<i>1.07</i>	<i>0.87</i>	<i>0.71</i>	<i>1.40</i>	<i>0.43</i>	<i>1.33</i>	<i>0.70</i>	<i>0.63</i>	<i>1.21</i>	<i>0.42</i>
1 to less than 3 years	16.07	18.35	15.84	15.58	14.74	20.09	16.24	14.30	15.65	16.38	16.46	15.49	16.57	14.25	15.80
	<i>0.42</i>	<i>1.15</i>	<i>0.64</i>	<i>0.61</i>	<i>1.01</i>	<i>1.71</i>	<i>0.92</i>	<i>0.86</i>	<i>1.78</i>	<i>0.62</i>	<i>1.50</i>	<i>0.86</i>	<i>0.89</i>	<i>1.27</i>	<i>0.56</i>
3 to less than 5 years	14.87	19.62	14.46	12.92	14.71	19.28	14.41	13.30	14.42	15.00	19.99	14.51	12.63	14.86	14.77
	<i>0.39</i>	<i>1.23</i>	<i>0.56</i>	<i>0.61</i>	<i>1.00</i>	<i>1.57</i>	<i>0.79</i>	<i>0.84</i>	<i>1.61</i>	<i>0.55</i>	<i>1.88</i>	<i>0.80</i>	<i>0.73</i>	<i>1.11</i>	<i>0.49</i>
5 years or more	54.70	43.53	55.16	59.27	57.63	41.77	53.32	59.76	59.20	53.37	45.45	56.79	58.90	56.80	55.81
	<i>0.52</i>	<i>1.47</i>	<i>0.84</i>	<i>0.78</i>	<i>1.41</i>	<i>2.04</i>	<i>1.22</i>	<i>0.95</i>	<i>2.39</i>	<i>0.71</i>	<i>2.37</i>	<i>1.13</i>	<i>1.06</i>	<i>1.71</i>	<i>0.74</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	42,427	6,828	19,575	11,946	4,078	3,537	9,180	5,198	1,410	19,325	3,291	10,395	6,747	2,668	23,102
	144	146	195	148	96	105	149	91	56	152	118	157	113	70	162
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	32.47	24.06	35.26	33.53	29.92	22.95	34.12	33.17	31.87	31.66	25.27	36.27	33.80	28.88	33.14
	0.76	1.21	1.03	1.04	1.51	1.79	1.37	1.53	2.35	0.95	1.79	1.37	1.14	1.85	1.02
(Very) Unsatisfied	3.18	5.93	2.60	2.70	2.74*	6.75	2.70*	2.35*	1.91*	3.29	5.03	2.52	2.97	3.18*	3.08
	0.17	0.68	0.25	0.27	0.44	1.01	0.43	0.42	0.63	0.32	0.91	0.33	0.36	0.60	0.23
Follow-up Care															
Very satisfied	19.86	15.44	21.91	19.39	18.78	13.06	22.47	20.23	19.99	19.96	18.04	21.41	18.74	18.15	19.78
	0.61	1.13	0.84	0.93	1.16	1.46	1.17	1.25	1.84	0.73	1.71	1.05	1.02	1.48	0.74
(Very) Unsatisfied	2.83	5.63	2.32	2.09	2.78*	6.21	1.94*	1.96*	2.82*	2.79	4.99	2.65	2.19*	2.76*	2.86
	0.18	0.74	0.25	0.25	0.45	1.03	0.32	0.35	0.76	0.28	1.05	0.39	0.34	0.54	0.25
Access/Coordination of Care															
Availability															
Very satisfied	10.42	9.10	10.37	10.76	11.84	8.61	11.76	11.94	13.13	11.33	9.64	9.15	9.85	11.16	9.65
	0.42	0.80	0.60	0.63	0.99	1.10	0.83	0.93	1.58	0.59	1.33	0.85	0.75	1.33	0.55
(Very) Unsatisfied	3.89	8.25	3.18	2.78	3.27*	7.09	3.39	2.40*	4.48*	3.88	9.51	2.99	3.08	2.62*	3.89
	0.23	0.87	0.32	0.31	0.53	1.02	0.46	0.38	0.90	0.29	1.57	0.43	0.42	0.59	0.35
Ease of Access to Doctor															
Very satisfied	22.07	14.67	25.54	21.39	19.73	13.82	26.29	21.32	22.17	22.37	15.58	24.88	21.45	18.44	21.82
	0.63	1.03	0.87	0.84	1.21	1.26	1.30	1.12	2.01	0.82	1.58	1.04	1.04	1.46	0.73
(Very) Unsatisfied	5.28	10.30	4.19	4.29	5.04	9.89	3.27	4.04	5.42*	4.84	10.75	5.01	4.48	4.84*	5.64
	0.28	0.87	0.40	0.35	0.61	1.26	0.43	0.51	0.94	0.37	1.33	0.60	0.51	0.74	0.38
Can Obtain Care in Same Location															
Very satisfied	15.40	12.52	16.63	15.61	13.66	12.91	17.43	15.22	14.12	15.77	12.08	15.92	15.91	13.41	15.09
	0.53	1.05	0.74	0.76	1.08	1.40	1.03	1.08	1.57	0.71	1.52	0.88	0.88	1.34	0.60
(Very) Unsatisfied	5.28	9.65	4.80	4.01	4.06	9.54	4.15	4.44	4.57*	5.24	9.76	5.38	3.67	3.79*	5.31
	0.32	1.01	0.45	0.42	0.50	1.46	0.62	0.50	0.93	0.53	1.36	0.59	0.54	0.60	0.37

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	42,427	6,828	19,575	11,946	4,078	3,537	9,180	5,198	1,410	19,325	3,291	10,395	6,747	2,668	23,102
	<i>144</i>	<i>146</i>	<i>195</i>	<i>148</i>	<i>96</i>	<i>105</i>	<i>149</i>	<i>91</i>	<i>56</i>	<i>152</i>	<i>118</i>	<i>157</i>	<i>113</i>	<i>70</i>	<i>162</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	20.17	15.86	23.14	18.33	18.50	15.24	22.91	18.18	18.54	19.91	16.53	23.35	18.45	18.47	20.39
	<i>0.55</i>	<i>1.12</i>	<i>0.75</i>	<i>0.80</i>	<i>1.21</i>	<i>1.43</i>	<i>1.18</i>	<i>1.08</i>	<i>1.71</i>	<i>0.76</i>	<i>1.74</i>	<i>1.08</i>	<i>0.86</i>	<i>1.61</i>	<i>0.72</i>
(Very) Unsatisfied	4.81	8.86	3.71	4.33	4.79	9.51	3.30	3.79	4.77*	4.67	8.15	4.07	4.76	4.80*	4.93
	<i>0.26</i>	<i>0.88</i>	<i>0.34</i>	<i>0.38</i>	<i>0.64</i>	<i>1.32</i>	<i>0.47</i>	<i>0.48</i>	<i>1.06</i>	<i>0.41</i>	<i>1.15</i>	<i>0.45</i>	<i>0.53</i>	<i>0.71</i>	<i>0.30</i>
Doctor's Concern for Overall Health															
Very satisfied	22.72	16.99	25.10	22.78	20.58	15.40	25.19	22.71	19.43	22.33	18.70	25.01	22.84	21.18	23.04
	<i>0.61</i>	<i>1.13</i>	<i>0.89</i>	<i>0.98</i>	<i>1.41</i>	<i>1.54</i>	<i>1.22</i>	<i>1.40</i>	<i>2.04</i>	<i>0.86</i>	<i>1.66</i>	<i>1.09</i>	<i>1.10</i>	<i>1.64</i>	<i>0.77</i>
(Very) Unsatisfied	4.76	8.39	4.12	4.09	3.76	8.59	3.57	3.12*	3.18*	4.33	8.16	4.61	4.84	4.07*	5.12
	<i>0.25</i>	<i>0.85</i>	<i>0.33</i>	<i>0.38</i>	<i>0.50</i>	<i>1.20</i>	<i>0.51</i>	<i>0.49</i>	<i>0.83</i>	<i>0.39</i>	<i>1.38</i>	<i>0.46</i>	<i>0.53</i>	<i>0.60</i>	<i>0.35</i>
Cost of Care															
Cost															
Very satisfied	18.99	15.58	20.39	18.49	19.47	16.71	20.86	19.58	23.01	19.91	14.36	19.97	17.64	17.60	18.22
	<i>0.55</i>	<i>1.01</i>	<i>0.82</i>	<i>0.74</i>	<i>1.19</i>	<i>1.39</i>	<i>1.21</i>	<i>1.13</i>	<i>1.65</i>	<i>0.76</i>	<i>1.47</i>	<i>0.98</i>	<i>0.88</i>	<i>1.56</i>	<i>0.64</i>
(Very) Unsatisfied	15.19	23.36	15.34	12.12	9.82	22.30	15.61	11.57	7.51*	15.15	24.51	15.11	12.54	11.04	15.22
	<i>0.48</i>	<i>1.46</i>	<i>0.65</i>	<i>0.63</i>	<i>0.91</i>	<i>2.12</i>	<i>1.00</i>	<i>0.83</i>	<i>1.29</i>	<i>0.68</i>	<i>1.98</i>	<i>0.90</i>	<i>0.81</i>	<i>1.24</i>	<i>0.60</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 file.

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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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-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 1,000s)	42,427	4,588	15,226	9,840	3,366	33,020	1,198	1,578	813	257	3,846	712	1,641	762	313	3,427
	144	126	219	134	92	238	67	72	38	23	99	74	97	70	34	195
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	4.75	8.37	5.25	2.79	2.91*	4.70	6.49*	4.42*	4.00*	2.72*	4.86	3.77*	4.88*	6.60*	0.91*	4.67*
	0.25	1.14	0.44	0.27	0.56	0.30	1.24	1.24	1.20	1.53	0.59	1.20	1.41	1.80	0.88	0.83
Doctor's office	73.99	68.41	74.91	77.88	80.05	75.43	66.02	74.34	75.26	72.49	71.80	60.71	68.88	65.71	65.79	66.19
	0.78	1.95	1.15	1.02	1.32	0.93	3.14	2.56	2.72	5.43	1.52	4.60	2.86	3.77	4.37	2.12
Doctor's clinic	11.48	11.97	12.09	11.40	10.04	11.66	12.52	8.41*	7.57*	8.89*	9.55	19.72*	7.94*	11.05*	8.19*	11.10
	0.63	1.10	0.90	0.74	1.18	0.73	2.65	1.66	1.63	2.89	1.12	3.80	1.30	2.84	3.03	1.27
HMO ⁵	3.38	1.73*	3.10	3.24	2.04*	2.85	1.17*	4.28*	6.26*	1.83*	3.56*	1.64*	9.91*	7.29*	8.50*	7.48
	0.24	0.62	0.37	0.34	0.44	0.24	0.67	1.33	1.65	1.30	0.85	1.02	1.66	1.63	2.20	0.95
Hospital OPD/ER ⁶	1.92	2.31*	1.23*	1.12*	1.46*	1.37	3.70*	3.88*	3.09*	6.41*	3.83*	6.50*	4.54*	2.62*	4.41*	4.51*
	0.23	0.61	0.29	0.26	0.36	0.22	1.16	1.38	1.28	3.09	0.83	1.45	1.65	1.22	2.17	1.22
Other clinic/health center	4.48	7.20	3.42	3.56	3.50*	3.99	10.11*	4.68*	3.81*	7.66*	6.40	7.66*	3.85*	6.73*	12.20*	6.05
	0.25	1.09	0.38	0.34	0.63	0.27	2.50	1.37	1.23	2.67	1.01	2.49	0.87	1.47	2.72	0.78
Difficulty Obtaining Care																
Yes	4.20	11.58	2.71	1.59*	1.41*	3.46	8.18*	5.28*	2.87*	6.73*	5.78	18.59*	5.90*	4.76*	2.96*	8.00
	0.30	1.34	0.37	0.27	0.38	0.30	1.58	1.27	1.00	2.51	0.90	3.95	1.91	2.20	1.12	1.80
No	95.80	88.42	97.29	98.41	98.59	96.54	91.82	94.72	97.13	93.27	94.22	81.41	94.10	95.24	97.04	92.00
	0.30	1.34	0.37	0.27	0.38	0.30	1.58	1.27	1.00	2.51	0.90	3.95	1.91	2.20	1.12	1.80
Delayed Care Due to Cost																
Yes	7.37	22.68	5.23	2.87	2.24*	6.62	17.15	8.58*	4.92*	5.01*	10.25	22.20*	8.87*	4.35*	0.82*	9.88
	0.31	1.67	0.38	0.30	0.45	0.33	2.90	2.02	1.85	2.81	1.40	4.58	2.22	1.07	0.77	1.42
No	92.63	77.32	94.77	97.13	97.76	93.38	82.85	91.42	95.08	94.99	89.75	77.80	91.13	95.65	99.18	90.12
	0.31	1.67	0.38	0.30	0.45	0.33	2.90	2.02	1.85	2.81	1.40	4.58	2.22	1.07	0.77	1.42

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2007Community-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 1,000s)	42,427	4,588	15,226	9,840	3,366	33,020	1,198	1,578	813	257	3,846	712	1,641	762	313	3,427
	<i>144</i>	<i>126</i>	<i>219</i>	<i>134</i>	<i>92</i>	<i>238</i>	<i>67</i>	<i>72</i>	<i>38</i>	<i>23</i>	<i>99</i>	<i>74</i>	<i>97</i>	<i>70</i>	<i>34</i>	<i>195</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	4.77	8.41	5.26	2.80	2.96*	4.73	6.55*	4.42*	4.04*	2.72*	4.89	3.78*	4.89*	6.60*	0.92*	4.69*
	<i>0.25</i>	<i>1.14</i>	<i>0.44</i>	<i>0.27</i>	<i>0.57</i>	<i>0.30</i>	<i>1.25</i>	<i>1.24</i>	<i>1.21</i>	<i>1.53</i>	<i>0.59</i>	<i>1.20</i>	<i>1.41</i>	<i>1.80</i>	<i>0.89</i>	<i>0.83</i>
Less than 1 year	9.59	10.70	8.78	8.99	9.78	9.21	10.32*	10.20*	12.75*	13.71*	11.01	12.75*	11.95*	9.61*	11.95*	11.59
	<i>0.29</i>	<i>0.96</i>	<i>0.58</i>	<i>0.55</i>	<i>0.94</i>	<i>0.34</i>	<i>1.63</i>	<i>1.94</i>	<i>1.76</i>	<i>4.08</i>	<i>1.00</i>	<i>3.11</i>	<i>2.32</i>	<i>2.11</i>	<i>3.41</i>	<i>1.49</i>
1 to less than 3 years	16.07	17.21	15.14	14.95	13.87	15.24	22.20	11.66*	11.77*	20.60*	15.57	19.22*	25.04	23.28	18.52*	22.84
	<i>0.42</i>	<i>1.56</i>	<i>0.67</i>	<i>0.72</i>	<i>1.14</i>	<i>0.47</i>	<i>3.06</i>	<i>1.50</i>	<i>1.94</i>	<i>4.32</i>	<i>1.30</i>	<i>3.26</i>	<i>2.94</i>	<i>2.97</i>	<i>3.20</i>	<i>1.70</i>
3 to less than 5 years	14.87	18.43	14.31	12.60	15.07	14.44	19.88	13.98*	12.50*	12.71*	15.42	26.08*	14.66	15.07*	11.79*	16.86
	<i>0.39</i>	<i>1.42</i>	<i>0.58</i>	<i>0.66</i>	<i>1.11</i>	<i>0.42</i>	<i>2.81</i>	<i>2.21</i>	<i>2.24</i>	<i>2.26</i>	<i>1.35</i>	<i>4.43</i>	<i>1.89</i>	<i>2.72</i>	<i>2.63</i>	<i>1.55</i>
5 years or more	54.70	45.25	56.50	60.66	58.32	56.38	41.06	59.75	58.94	50.26*	53.11	38.17	43.46	45.44	56.82	44.02
	<i>0.52</i>	<i>1.63</i>	<i>0.85</i>	<i>0.94</i>	<i>1.58</i>	<i>0.59</i>	<i>3.37</i>	<i>2.96</i>	<i>2.87</i>	<i>5.31</i>	<i>1.82</i>	<i>4.57</i>	<i>3.01</i>	<i>3.58</i>	<i>4.34</i>	<i>1.90</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-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 1,000s)	42,427	4,588	15,226	9,840	3,366	33,020	1,198	1,578	813	257	3,846	712	1,641	762	313	3,427
	144	126	219	134	92	238	67	72	38	23	99	74	97	70	34	195
Beneficiaries as a Percentage of Column Total ⁴																
Quality of Care																
General Care																
Very satisfied	32.47	26.57	38.63	35.74	32.20	35.46	19.29	24.46	22.81	19.15*	22.14	15.06*	22.51	20.97*	16.51*	20.09
	0.76	1.60	1.09	1.10	1.75	0.85	2.87	2.61	2.90	4.66	1.38	3.68	2.91	3.76	3.46	2.12
(Very) Unsatisfied	3.18	6.83	2.40	2.53	2.79*	3.09	3.69*	3.28*	2.97*	3.77*	3.38*	5.39*	3.47*	3.25*	1.60*	3.65*
	0.17	0.96	0.25	0.29	0.49	0.20	1.22	1.21	1.07	1.89	0.70	1.78	1.33	1.27	1.12	0.72
Follow-up Care																
Very satisfied	19.86	16.76	23.82	20.84	19.87	21.56	13.50*	13.25*	10.44*	10.65*	12.56	11.52*	16.14	11.79*	12.54*	13.88
	0.61	1.50	0.90	1.05	1.28	0.71	2.73	2.17	1.65	3.71	1.24	3.24	2.48	2.74	3.11	1.71
(Very) Unsatisfied	2.83	5.71	2.14	1.89	2.68*	2.61	2.64*	4.42*	1.92*	3.96*	3.31*	9.76*	2.44*	3.07*	2.01*	4.05*
	0.18	0.88	0.27	0.26	0.49	0.18	1.03	1.33	1.00	1.98	0.68	3.07	1.06	1.31	1.40	0.91
Access/Coordination of Care																
Availability																
Very satisfied	10.42	9.99	11.40	11.03	12.66	11.22	7.76*	5.90*	10.50*	7.42*	7.55	6.92*	6.63*	8.11*	5.80*	6.95
	0.42	1.05	0.75	0.68	1.09	0.49	1.55	1.38	1.84	2.60	0.90	2.02	1.66	2.07	2.25	1.27
(Very) Unsatisfied	3.89	9.19	3.36	2.85	3.29*	4.01	5.14*	1.58*	1.54*	1.99*	2.71*	4.17*	2.86*	2.09*	4.50*	3.10*
	0.23	1.18	0.36	0.34	0.55	0.25	1.59	0.68	0.77	1.40	0.62	1.62	1.20	0.94	2.87	0.80
Ease of Access to Doctor																
Very satisfied	22.07	15.43	28.38	22.79	21.16	24.20	14.72	12.53*	13.45*	11.76*	13.36	11.23*	16.09	14.43*	13.48*	14.47
	0.63	1.41	1.01	0.98	1.36	0.73	2.25	1.82	2.27	4.98	1.24	2.98	2.02	2.26	3.85	1.26
(Very) Unsatisfied	5.28	10.96	3.65	4.03	4.49	4.85	7.00*	5.16*	6.50*	4.91*	6.00	10.94*	5.50*	4.33*	8.73*	6.65
	0.28	1.21	0.39	0.37	0.57	0.31	1.15	1.39	1.57	2.29	0.72	2.81	1.27	2.06	3.15	0.98
Can Obtain Care in Same Location																
Very satisfied	15.40	13.72	17.60	15.89	13.76	16.17	12.78*	14.10*	14.81*	13.89*	13.82	7.80*	12.92*	13.24*	13.28*	11.97
	0.53	1.38	0.82	0.82	1.25	0.59	2.78	2.14	2.05	3.96	1.35	2.37	2.02	2.97	3.04	1.66
(Very) Unsatisfied	5.28	11.52	4.69	3.78	3.95*	5.28	3.55*	3.34*	4.19*	6.13*	3.77*	8.55*	5.87*	5.39*	2.58*	6.02
	0.32	1.41	0.51	0.45	0.57	0.38	0.93	1.30	1.19	2.47	0.71	2.62	1.51	1.60	1.51	0.91

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2007Community-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 1,000s)	42,427	4,588	15,226	9,840	3,366	33,020	1,198	1,578	813	257	3,846	712	1,641	762	313	3,427
	<i>144</i>	<i>126</i>	<i>219</i>	<i>134</i>	<i>92</i>	<i>238</i>	<i>67</i>	<i>72</i>	<i>38</i>	<i>23</i>	<i>99</i>	<i>74</i>	<i>97</i>	<i>70</i>	<i>34</i>	<i>195</i>
Beneficiaries as a Percentage of Column Total ⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	20.17	17.34	25.36	19.23	19.23	21.80	13.80*	13.71*	14.92*	11.96*	13.87	9.63*	16.37*	13.56*	16.83*	14.39
	<i>0.55</i>	<i>1.55</i>	<i>0.86</i>	<i>0.87</i>	<i>1.40</i>	<i>0.66</i>	<i>2.65</i>	<i>2.16</i>	<i>2.01</i>	<i>3.14</i>	<i>1.37</i>	<i>2.96</i>	<i>2.51</i>	<i>3.24</i>	<i>4.25</i>	<i>1.68</i>
(Very) Unsatisfied	4.81	9.53	3.55	4.28	4.81	4.72	5.07*	3.40*	3.87*	5.27*	4.15*	11.03*	4.79*	4.79*	3.64*	5.97*
	<i>0.26</i>	<i>1.15</i>	<i>0.36</i>	<i>0.42</i>	<i>0.67</i>	<i>0.30</i>	<i>1.38</i>	<i>1.20</i>	<i>1.13</i>	<i>2.50</i>	<i>0.79</i>	<i>3.17</i>	<i>1.49</i>	<i>1.54</i>	<i>1.79</i>	<i>1.02</i>
Doctor's Concern for Overall Health																
Very satisfied	22.72	19.13	27.54	24.26	21.43	24.79	14.18	17.34	15.88*	13.23*	15.77	9.54*	17.30	14.14*	18.06*	15.03
	<i>0.61</i>	<i>1.49</i>	<i>0.99</i>	<i>1.05</i>	<i>1.59</i>	<i>0.75</i>	<i>2.81</i>	<i>2.30</i>	<i>2.00</i>	<i>3.59</i>	<i>1.40</i>	<i>2.69</i>	<i>2.32</i>	<i>3.25</i>	<i>4.18</i>	<i>1.54</i>
(Very) Unsatisfied	4.76	9.09	3.87	3.84	3.60*	4.55	6.31*	4.25*	4.81*	5.79*	5.11	8.10*	5.62*	5.35*	3.62*	5.90*
	<i>0.25</i>	<i>1.02</i>	<i>0.36</i>	<i>0.40</i>	<i>0.53</i>	<i>0.26</i>	<i>2.12</i>	<i>1.30</i>	<i>1.51</i>	<i>2.30</i>	<i>0.97</i>	<i>2.12</i>	<i>1.45</i>	<i>1.57</i>	<i>1.70</i>	<i>1.03</i>
Cost of Care																
Cost																
Very satisfied	18.99	16.10	22.08	19.04	19.55	20.09	13.50	11.36*	15.08*	13.52*	12.95	15.29*	15.43	14.98*	20.08*	15.72
	<i>0.55</i>	<i>1.25</i>	<i>0.90</i>	<i>0.80</i>	<i>1.34</i>	<i>0.60</i>	<i>2.31</i>	<i>1.90</i>	<i>2.45</i>	<i>3.27</i>	<i>1.29</i>	<i>3.73</i>	<i>2.63</i>	<i>3.79</i>	<i>5.15</i>	<i>2.63</i>
(Very) Unsatisfied	15.19	25.55	14.66	11.96	9.79	14.86	21.57	18.31	18.95*	12.66*	19.09	16.03*	19.35	7.31*	9.16*	15.02
	<i>0.48</i>	<i>1.73</i>	<i>0.70</i>	<i>0.68</i>	<i>0.96</i>	<i>0.51</i>	<i>3.18</i>	<i>2.32</i>	<i>2.63</i>	<i>3.37</i>	<i>1.57</i>	<i>3.74</i>	<i>2.59</i>	<i>1.64</i>	<i>3.53</i>	<i>1.69</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-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 1,000s)	42,427	1,781	4,624	4,161	1,983	12,550	2,682	12,358	5,835	1,040	21,915	2,313	2,508	1,949	1,054	7,824
	144	101	127	106	68	215	124	195	121	57	203	92	119	81	47	176
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	4.75	10.32	6.97	4.07*	2.72*	5.81	4.95*	4.38	2.15*	1.04*	3.70	8.15	6.32*	3.82*	4.33*	5.97
	0.25	1.83	0.95	0.59	0.67	0.51	1.04	0.50	0.37	0.52	0.35	1.29	1.28	0.84	1.15	0.59
Doctor's office	73.99	61.66	73.27	76.09	78.78	73.42	70.64	75.07	77.00	77.15	75.14	66.48	68.68	78.01	78.41	71.66
	0.78	2.80	1.86	1.67	1.57	1.21	2.15	1.13	1.07	2.53	0.94	2.45	2.28	1.86	2.41	1.32
Doctor's clinic	11.48	13.11	9.77	10.31	9.79	10.43	12.22	12.34	12.30	11.61*	12.28	14.42	10.83	8.52*	7.92*	10.93
	0.63	1.83	1.20	1.08	0.99	0.83	1.64	0.88	0.84	2.23	0.72	1.64	1.51	1.42	1.53	0.85
HMO ⁴	3.38	2.51*	4.01*	4.13*	1.76*	3.49	1.65*	3.85	3.30	2.64*	3.38	0.97*	4.16*	4.10*	4.22*	3.21
	0.24	1.10	0.82	0.55	0.64	0.42	0.70	0.40	0.36	0.89	0.27	0.34	0.99	0.86	1.10	0.44
Hospital OPD/ER ⁵	1.92	4.01*	2.61*	1.42*	2.18*	2.35	1.83*	1.20*	1.55*	1.65*	1.39	3.38*	3.77*	1.00*	2.06*	2.73
	0.23	1.22	0.70	0.44	0.58	0.42	0.78	0.29	0.35	0.66	0.25	0.63	0.99	0.40	0.71	0.44
Other clinic/health center	4.48	8.40*	3.36*	3.97*	4.77*	4.50	8.71*	3.16	3.70	5.90*	4.11	6.61*	6.23*	4.56*	3.06*	5.50
	0.25	1.57	0.64	0.57	1.08	0.39	1.50	0.48	0.52	1.32	0.38	1.34	1.04	0.80	0.76	0.58
Difficulty Obtaining Care																
Yes	4.20	13.00	4.14*	2.39*	1.46*	4.39	9.96	2.49	1.54*	1.14*	3.09	13.33	6.08*	2.60*	3.44*	7.00
	0.30	2.26	0.70	0.49	0.41	0.47	1.66	0.39	0.38	0.57	0.34	1.63	1.20	0.76	1.01	0.64
No	95.80	87.00	95.86	97.61	98.54	95.61	90.04	97.51	98.46	98.86	96.91	86.67	93.92	97.40	96.56	93.00
	0.30	2.26	0.70	0.49	0.41	0.47	1.66	0.39	0.38	0.57	0.34	1.63	1.20	0.76	1.01	0.64
Delayed Care Due to Cost																
Yes	7.37	18.91	8.26	3.87*	2.58*	7.42	22.37	4.24	2.85*	0.81*	5.92	22.99	10.14*	3.68*	3.00*	11.36
	0.31	2.22	1.05	0.59	0.60	0.59	2.36	0.43	0.40	0.47	0.40	2.03	1.51	0.88	1.11	0.84
No	92.63	81.09	91.74	96.13	97.42	92.58	77.63	95.76	97.15	99.19	94.08	77.01	89.86	96.32	97.00	88.64
	0.31	2.22	1.05	0.59	0.60	0.59	2.36	0.43	0.40	0.47	0.40	2.03	1.51	0.88	1.11	0.84

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2007Community-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 1,000s)	42,427	1,781	4,624	4,161	1,983	12,550	2,682	12,358	5,835	1,040	21,915	2,313	2,508	1,949	1,054	7,824
	<i>144</i>	<i>101</i>	<i>127</i>	<i>106</i>	<i>68</i>	<i>215</i>	<i>124</i>	<i>195</i>	<i>121</i>	<i>57</i>	<i>203</i>	<i>92</i>	<i>119</i>	<i>81</i>	<i>47</i>	<i>176</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	4.77	10.42	6.99	4.10*	2.78*	5.86	4.95*	4.39	2.16*	1.04*	3.71	8.20	6.35*	3.82*	4.42*	6.01
	<i>0.25</i>	<i>1.85</i>	<i>0.95</i>	<i>0.60</i>	<i>0.69</i>	<i>0.51</i>	<i>1.04</i>	<i>0.50</i>	<i>0.37</i>	<i>0.52</i>	<i>0.35</i>	<i>1.30</i>	<i>1.29</i>	<i>0.84</i>	<i>1.18</i>	<i>0.59</i>
Less than 1 year	9.59	12.75	8.57	9.10	10.79	9.68	7.77	9.40	8.74	10.73*	9.09	13.44	9.97	10.30	8.45*	10.88
	<i>0.29</i>	<i>1.94</i>	<i>0.95</i>	<i>0.71</i>	<i>1.20</i>	<i>0.51</i>	<i>1.23</i>	<i>0.66</i>	<i>0.65</i>	<i>1.65</i>	<i>0.40</i>	<i>1.47</i>	<i>1.39</i>	<i>1.33</i>	<i>1.61</i>	<i>0.70</i>
1 to less than 3 years	16.07	18.99	15.70	16.67	13.62	16.17	16.79	15.58	14.93	12.99*	15.43	19.69	17.41	15.21	18.56	17.68
	<i>0.42</i>	<i>2.52</i>	<i>1.38</i>	<i>1.01</i>	<i>1.48</i>	<i>0.77</i>	<i>1.85</i>	<i>0.76</i>	<i>0.92</i>	<i>2.00</i>	<i>0.60</i>	<i>1.75</i>	<i>1.79</i>	<i>1.59</i>	<i>2.29</i>	<i>0.84</i>
3 to less than 5 years	14.87	18.35	14.91	11.85	13.53	14.17	21.47	13.62	13.12	16.15	14.57	18.43	17.80	14.59	15.45	16.87
	<i>0.39</i>	<i>2.47</i>	<i>1.28</i>	<i>1.06</i>	<i>1.37</i>	<i>0.70</i>	<i>2.04</i>	<i>0.75</i>	<i>0.88</i>	<i>1.82</i>	<i>0.53</i>	<i>1.67</i>	<i>1.61</i>	<i>1.40</i>	<i>2.12</i>	<i>0.85</i>
5 years or more	54.70	39.48	53.83	58.27	59.27	54.12	49.02	57.02	61.05	59.09	57.21	40.23	48.47	56.08	53.12	48.56
	<i>0.52</i>	<i>2.71</i>	<i>1.75</i>	<i>1.39</i>	<i>1.90</i>	<i>0.94</i>	<i>2.34</i>	<i>1.04</i>	<i>1.18</i>	<i>2.53</i>	<i>0.75</i>	<i>2.40</i>	<i>2.00</i>	<i>2.42</i>	<i>2.71</i>	<i>1.19</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	42,427	1,781	4,624	4,161	1,983	12,550	2,682	12,358	5,835	1,040	21,915	2,313	2,508	1,949	1,054	7,824
	144	101	127	106	68	215	124	195	121	57	203	92	119	81	47	176
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	32.47	26.64	35.83	32.34	29.72	32.41	20.95	36.59	35.02	32.28	34.06	25.70	27.65	31.58	27.96	28.10
	0.76	2.38	1.58	1.32	1.84	0.91	1.99	1.44	1.65	2.76	1.14	2.05	2.28	1.79	2.51	1.16
(Very) Unsatisfied	3.18	5.99*	3.59*	2.64*	3.31*	3.57	5.87*	2.23	2.67*	1.26*	2.75	5.94	2.63*	2.92*	3.16*	3.75
	0.17	1.45	0.64	0.50	0.76	0.38	1.05	0.31	0.38	0.56	0.23	0.85	0.79	0.72	0.98	0.44
Follow-up Care																
Very satisfied	19.86	15.12	20.64	18.88	19.06	19.03	15.95	23.02	20.46	19.78	21.32	15.10	18.75	17.27	17.28	17.10
	0.61	1.97	1.45	1.26	1.69	0.82	1.90	1.04	1.20	2.20	0.78	1.52	1.75	1.99	2.00	0.92
(Very) Unsatisfied	2.83	5.16*	3.45*	1.83*	2.95*	3.08	5.07*	1.83*	2.23*	2.17*	2.35	6.63	2.59*	2.26*	3.07*	3.77
	0.18	1.35	0.74	0.40	0.65	0.37	0.89	0.29	0.34	0.77	0.24	1.31	0.74	0.65	0.96	0.46
Access/Coordination of Care																
Availability																
Very satisfied	10.42	9.19*	9.54	9.38	12.62	9.91	8.49*	11.18	11.48	12.01*	10.97	9.74	7.95*	11.50	10.25*	9.68
	0.42	1.65	1.16	0.92	1.41	0.69	1.33	0.82	0.79	1.69	0.58	1.20	1.29	1.48	1.53	0.66
(Very) Unsatisfied	3.89	6.50*	3.40*	2.30*	2.28*	3.30	9.64	3.30	3.25	5.00*	4.15	7.96	2.14*	2.42*	3.39*	4.10
	0.23	1.24	0.69	0.46	0.58	0.34	1.80	0.43	0.45	1.13	0.32	1.27	0.77	0.61	1.18	0.49
Ease of Access to Doctor																
Very satisfied	22.07	15.90	25.11	20.60	19.32	21.39	12.16	27.32	23.01	22.26	24.09	16.62	17.51	18.22	18.00	17.49
	0.63	2.04	1.63	1.18	1.71	0.88	1.63	1.13	1.30	2.37	0.88	1.59	1.86	1.67	2.29	0.90
(Very) Unsatisfied	5.28	8.85*	4.88*	4.93	5.03*	5.48	9.94	3.20	3.56	4.58*	4.18	11.84	7.84*	5.10*	5.52*	8.03
	0.28	1.36	0.90	0.56	0.84	0.43	1.39	0.43	0.49	1.02	0.32	1.62	1.24	0.96	1.30	0.70
Can Obtain Care in Same Location																
Very satisfied	15.40	14.77	16.89	14.74	13.10	15.28	11.20	17.60	15.60	13.60*	16.10	12.31	11.35	17.52	14.76	13.63
	0.53	2.01	1.20	0.96	1.50	0.77	1.62	0.99	1.01	2.06	0.75	1.48	1.65	1.78	2.05	0.85
(Very) Unsatisfied	5.28	7.59*	4.73*	3.69*	4.73*	4.79	12.24	4.65	4.33	4.11*	5.47	8.23	5.67*	3.73*	2.75*	5.56
	0.32	1.63	1.08	0.57	0.75	0.54	1.84	0.57	0.50	0.96	0.41	1.36	1.13	0.94	0.74	0.66

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	42,427	1,781	4,624	4,161	1,983	12,550	2,682	12,358	5,835	1,040	21,915	2,313	2,508	1,949	1,054	7,824
	<i>144</i>	<i>101</i>	<i>127</i>	<i>106</i>	<i>68</i>	<i>215</i>	<i>124</i>	<i>195</i>	<i>121</i>	<i>57</i>	<i>203</i>	<i>92</i>	<i>119</i>	<i>81</i>	<i>47</i>	<i>176</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	20.17	16.40	21.23	18.03	17.71	18.93	15.62	24.40	19.13	17.70	21.61	15.73	20.46	16.58	20.76	18.12
	<i>0.55</i>	<i>2.01</i>	<i>1.58</i>	<i>1.05</i>	<i>1.70</i>	<i>0.82</i>	<i>2.02</i>	<i>0.98</i>	<i>1.11</i>	<i>2.07</i>	<i>0.75</i>	<i>1.61</i>	<i>1.87</i>	<i>1.86</i>	<i>2.20</i>	<i>0.87</i>
(Very) Unsatisfied	4.81	9.13*	4.86*	4.10*	4.84*	5.21	8.02	3.30	4.58	5.41*	4.31	9.62	3.61*	4.10*	4.06*	5.58
	<i>0.26</i>	<i>1.88</i>	<i>0.82</i>	<i>0.71</i>	<i>0.77</i>	<i>0.49</i>	<i>1.29</i>	<i>0.40</i>	<i>0.49</i>	<i>1.22</i>	<i>0.32</i>	<i>1.17</i>	<i>0.90</i>	<i>0.78</i>	<i>1.30</i>	<i>0.54</i>
Doctor's Concern for Overall Health																
Very satisfied	22.72	17.47	23.92	22.83	19.21	21.91	16.12	26.60	23.52	20.57	24.22	17.64	19.82	20.48	23.13	19.78
	<i>0.61</i>	<i>2.13</i>	<i>1.36</i>	<i>1.17</i>	<i>1.73</i>	<i>0.84</i>	<i>1.90</i>	<i>1.12</i>	<i>1.38</i>	<i>2.03</i>	<i>0.86</i>	<i>1.47</i>	<i>2.13</i>	<i>2.17</i>	<i>2.32</i>	<i>0.93</i>
(Very) Unsatisfied	4.76	8.40*	5.90	4.44	3.12*	5.33	9.31	3.60	4.18	4.73*	4.50	7.30	3.40*	3.07*	3.99*	4.55
	<i>0.25</i>	<i>1.80</i>	<i>0.87</i>	<i>0.60</i>	<i>0.66</i>	<i>0.54</i>	<i>1.42</i>	<i>0.46</i>	<i>0.58</i>	<i>1.01</i>	<i>0.35</i>	<i>1.09</i>	<i>0.81</i>	<i>0.78</i>	<i>0.89</i>	<i>0.45</i>
Cost of Care																
Cost																
Very satisfied	18.99	17.84	20.66	19.71	18.87	19.66	10.28	20.81	18.44	23.14	19.00	19.98	17.75	16.05	16.96	17.88
	<i>0.55</i>	<i>2.08</i>	<i>1.47</i>	<i>1.12</i>	<i>1.75</i>	<i>0.82</i>	<i>1.50</i>	<i>0.96</i>	<i>0.98</i>	<i>1.91</i>	<i>0.69</i>	<i>1.81</i>	<i>1.81</i>	<i>1.70</i>	<i>2.25</i>	<i>1.00</i>
(Very) Unsatisfied	15.19	22.17	14.03	11.86	9.82	13.81	30.74	16.19	12.11	9.25*	16.55	15.76	13.53	12.68	10.37*	13.56
	<i>0.48</i>	<i>2.57</i>	<i>1.25</i>	<i>0.90</i>	<i>1.18</i>	<i>0.71</i>	<i>2.74</i>	<i>0.84</i>	<i>0.88</i>	<i>1.56</i>	<i>0.70</i>	<i>1.50</i>	<i>1.59</i>	<i>1.49</i>	<i>2.00</i>	<i>0.79</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	42,427	17,461	24,573	13,858	11,476	2,519	1,723
	144	251	309	220	197	131	100
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	4.75	5.67	5.25	6.07	4.66	4.53*	4.66*
	0.25	0.42	0.34	0.50	0.46	1.01	1.31
Doctor's office	73.99	74.25	74.17	73.71	73.11	72.01	72.18
	0.78	1.07	0.96	1.25	1.34	2.04	2.45
Doctor's clinic	11.48	11.83	11.51	11.94	10.67	9.77	8.64*
	0.63	0.79	0.75	0.96	0.88	1.69	2.01
HMO ⁷	3.38	3.67	3.39	3.80	2.74	3.41*	3.04*
	0.24	0.33	0.32	0.38	0.34	0.82	0.70
Hospital OPD/ER ⁸	1.92	1.22	1.89	1.28*	2.87	2.23*	2.11*
	0.23	0.24	0.27	0.27	0.44	0.58	0.59
Other clinic/health center	4.48	3.36	3.79	3.19	5.96	8.06	9.37*
	0.25	0.31	0.31	0.36	0.58	1.30	1.76
Difficulty Obtaining Care							
Yes	4.20	1.69	1.99	1.18*	8.36	12.02	13.68
	0.30	0.27	0.23	0.25	0.72	1.86	2.30
No	95.80	98.31	98.01	98.82	91.64	87.98	86.32
	0.30	0.27	0.23	0.25	0.72	1.86	2.30
Delayed Care Due to Cost							
Yes	7.37	3.71	4.13	2.63	13.57	13.89	15.64
	0.31	0.35	0.29	0.30	0.81	1.99	2.70
No	92.63	96.29	95.87	97.37	86.43	86.11	84.36
	0.31	0.35	0.29	0.30	0.81	1.99	2.70

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2007Community-Only Residents¹

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	42,427	17,461	24,573	13,858	11,476	2,519	1,723
	144	251	309	220	197	131	100

Beneficiaries as a Percentage of Column Total

Continuity of Care

Length of Association with Usual Source of Care

No usual source ⁶	4.77	5.68	5.27	6.09	4.70	4.55*	4.70*
	0.25	0.42	0.34	0.51	0.46	1.01	1.32
Less than 1 year	9.59	9.05	9.15	8.70	10.34	13.03	13.99
	0.29	0.48	0.37	0.52	0.69	1.55	2.07
1 to less than 3 years	16.07	15.52	15.44	15.20	16.29	15.54	13.33
	0.42	0.51	0.53	0.61	0.84	1.50	1.72
3 to less than 5 years	14.87	13.23	14.51	13.51	17.13	18.01	19.81
	0.39	0.57	0.54	0.68	0.84	1.67	2.24
5 years or more	54.70	56.52	55.63	56.50	51.54	48.86	48.18
	0.52	0.78	0.68	0.94	0.98	2.54	3.18

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	42,427	17,461	24,573	13,858	11,476	2,519	1,723
	144	251	309	220	197	131	100
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	32.47	42.91	35.03	42.75	21.89	24.15	21.72
	0.76	1.10	1.09	1.24	0.91	1.98	2.23
(Very) Unsatisfied	3.18	1.61	2.01	1.39*	5.82	6.70*	8.31*
	0.17	0.22	0.16	0.24	0.49	1.07	1.55
Follow-up Care							
Very satisfied	19.86	24.61	20.38	24.19	15.16	16.59	16.63
	0.61	0.94	0.79	1.01	0.81	1.43	1.76
(Very) Unsatisfied	2.83	1.31	1.67	1.16*	5.18	7.46*	8.11*
	0.18	0.18	0.17	0.22	0.49	1.17	1.42
Access/Coordination of Care							
Availability							
Very satisfied	10.42	13.01	11.01	12.97	7.52	9.20	7.83*
	0.42	0.64	0.59	0.74	0.54	0.97	1.07
(Very) Unsatisfied	3.89	2.29	2.52	1.88	6.43	8.65	9.36*
	0.23	0.25	0.23	0.24	0.52	1.62	2.11
Ease of Access to Doctor							
Very satisfied	22.07	30.53	25.19	31.24	13.06	13.19	10.41
	0.63	0.97	0.89	1.09	0.78	1.45	1.70
(Very) Unsatisfied	5.28	2.47	2.92	1.70	10.01	13.66	15.81
	0.28	0.24	0.27	0.21	0.68	1.54	2.05
Can Obtain Care in Same Location							
Very satisfied	15.40	20.14	16.73	20.26	10.43	10.37	7.77*
	0.53	0.86	0.74	0.99	0.72	1.28	1.37
(Very) Unsatisfied	5.28	3.15	3.13	2.50	8.74	10.14	11.50*
	0.32	0.31	0.31	0.31	0.72	1.53	2.33

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	42,427	17,461	24,573	13,858	11,476	2,519	1,723
	144	251	309	220	197	131	100
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	20.17	26.81	21.57	26.72	13.57	15.57	15.28
	0.55	0.86	0.67	0.90	0.76	1.66	2.03
(Very) Unsatisfied	4.81	2.58	3.03	2.10	8.59	9.25	10.16*
	0.26	0.27	0.26	0.27	0.62	1.41	1.84
Doctor's Concern for Overall Health							
Very satisfied	22.72	29.43	24.14	29.42	15.93	18.82	17.32
	0.61	0.87	0.81	0.98	0.88	1.67	1.94
(Very) Unsatisfied	4.76	2.96	3.08	2.28	7.60	8.85	10.30*
	0.25	0.27	0.25	0.28	0.62	1.23	1.65
Cost of Care							
Cost							
Very satisfied	18.99	24.37	20.09	24.27	13.49	16.99	14.44
	0.55	0.83	0.70	0.93	0.77	1.65	1.68
(Very) Unsatisfied	15.19	10.26	12.55	9.61	22.38	21.68	25.42
	0.48	0.68	0.57	0.70	1.06	1.80	2.45

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	42,427	3,489	7,386	6,873	14,395	2,181	8,103
	144	139	174	177	240	113	222
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
None ³	4.75	12.24	6.32	4.27	3.72	4.17*	2.48*
	0.25	1.46	0.65	0.55	0.38	1.05	0.40
Doctor's office	73.99	57.05	69.77	79.65	78.82	80.90	69.81
	0.78	2.22	1.39	1.42	0.90	2.04	1.44
Doctor's clinic	11.48	10.00	12.38	12.82	10.93	11.42	11.17
	0.63	0.99	0.91	1.28	0.56	1.53	1.08
HMO ⁴	3.38	0.69*	2.54*	0.00	1.16*	0.24*	12.97
	0.24	0.45	0.45	0.00	0.25	0.24	1.12
Hospital OPD/ER ⁵	1.92	1.84*	4.47	1.13*	1.66	0.54*	1.16*
	0.23	0.59	0.69	0.28	0.36	0.27	0.29
Other clinic/health center	4.48	18.19	4.51	2.13*	3.72	2.72*	2.42
	0.25	1.73	0.49	0.38	0.40	0.73	0.43
Difficulty Obtaining Care							
Yes	4.20	7.72	8.94	1.91*	2.77	2.30*	3.36
	0.30	1.26	0.86	0.40	0.43	0.85	0.55
No	95.80	92.28	91.06	98.09	97.23	97.70	96.64
	0.30	1.26	0.86	0.40	0.43	0.85	0.55
Delayed Care Due to Cost							
Yes	7.37	21.20	11.95	3.87	5.32	3.11*	5.05
	0.31	1.66	0.93	0.41	0.46	1.08	0.50
No	92.63	78.80	88.05	96.13	94.68	96.89	94.95
	0.31	1.66	0.93	0.41	0.46	1.08	0.50

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2007Community-Only Residents¹

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	42,427	3,489	7,386	6,873	14,395	2,181	8,103
	<i>144</i>	<i>139</i>	<i>174</i>	<i>177</i>	<i>240</i>	<i>113</i>	<i>222</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	4.77	12.36	6.35	4.29	3.74	4.19*	2.49*
	<i>0.25</i>	<i>1.47</i>	<i>0.65</i>	<i>0.55</i>	<i>0.38</i>	<i>1.05</i>	<i>0.41</i>
Less than 1 year	9.59	10.44	13.01	8.01	8.12	7.80*	10.59
	<i>0.29</i>	<i>1.32</i>	<i>0.81</i>	<i>0.72</i>	<i>0.50</i>	<i>1.30</i>	<i>0.63</i>
1 to less than 3 years	16.07	16.92	19.44	13.30	14.11	13.87	19.06
	<i>0.42</i>	<i>1.60</i>	<i>0.91</i>	<i>0.80</i>	<i>0.75</i>	<i>1.55</i>	<i>1.14</i>
3 to less than 5 years	14.87	15.22	16.26	13.34	14.34	13.50	16.09
	<i>0.39</i>	<i>1.58</i>	<i>0.99</i>	<i>1.01</i>	<i>0.64</i>	<i>1.58</i>	<i>0.96</i>
5 years or more	54.70	45.05	44.93	61.06	59.70	60.64	51.77
	<i>0.52</i>	<i>1.97</i>	<i>1.30</i>	<i>1.49</i>	<i>0.88</i>	<i>2.04</i>	<i>1.41</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	42,427	3,489	7,386	6,873	14,395	2,181	8,103
	144	139	174	177	240	113	222
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	32.47	25.26	21.90	34.00	36.45	41.53	34.30
	0.76	1.90	1.06	1.40	1.16	2.20	1.36
(Very) Unsatisfied	3.18	4.99*	5.84	2.30*	1.85	2.02*	3.41
	0.17	0.90	0.53	0.41	0.24	0.66	0.45
Follow-up Care							
Very satisfied	19.86	13.43	13.51	20.40	23.32	25.17	20.30
	0.61	1.41	0.79	1.36	0.87	2.08	1.17
(Very) Unsatisfied	2.83	4.65*	5.16	1.96*	1.88	2.31*	2.50*
	0.18	0.96	0.56	0.34	0.22	0.75	0.39
Access/Coordination of Care							
Availability							
Very satisfied	10.42	7.80	8.09	9.88	11.76	13.23	10.97
	0.42	1.17	0.70	0.74	0.66	1.75	0.76
(Very) Unsatisfied	3.89	5.05*	5.80	3.28	3.55	3.78*	2.79*
	0.23	0.88	0.57	0.45	0.43	0.90	0.45
Ease of Access to Doctor							
Very satisfied	22.07	15.17	13.37	22.06	25.92	27.98	24.47
	0.63	1.71	0.79	1.22	1.06	2.08	1.15
(Very) Unsatisfied	5.28	8.66	9.58	4.37	3.72	3.53*	3.93
	0.28	1.26	0.69	0.57	0.30	0.74	0.53
Can Obtain Care in Same							
Very satisfied	15.40	13.61	11.42	12.83	17.44	17.77	17.68
	0.53	1.34	0.81	1.00	0.84	1.83	0.97
(Very) Unsatisfied	5.28	6.89	6.36	4.23	5.34	6.91*	3.96
	0.32	1.24	0.69	0.54	0.43	1.20	0.64

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2007Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	42,427	3,489	7,386	6,873	14,395	2,181	8,103
	<i>144</i>	<i>139</i>	<i>174</i>	<i>177</i>	<i>240</i>	<i>113</i>	<i>222</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	20.17	13.95	14.56	20.05	23.53	25.42	20.61
	<i>0.55</i>	<i>1.45</i>	<i>0.83</i>	<i>1.30</i>	<i>0.79</i>	<i>1.99</i>	<i>1.13</i>
(Very) Unsatisfied	4.81	7.59	7.98	3.95	3.45	3.34*	4.32
	<i>0.26</i>	<i>1.31</i>	<i>0.71</i>	<i>0.56</i>	<i>0.36</i>	<i>1.00</i>	<i>0.52</i>
Doctor's Concern for Overall Health							
Very satisfied	22.72	15.50	15.48	23.86	26.09	27.90	23.95
	<i>0.61</i>	<i>1.64</i>	<i>0.88</i>	<i>1.37</i>	<i>0.89</i>	<i>2.27</i>	<i>1.06</i>
(Very) Unsatisfied	4.76	8.12	6.90	3.83	3.81	4.87*	3.83
	<i>0.25</i>	<i>1.26</i>	<i>0.65</i>	<i>0.45</i>	<i>0.32</i>	<i>0.97</i>	<i>0.48</i>
Cost of Care							
Cost							
Very satisfied	18.99	13.20	19.01	16.54	21.98	27.32	15.94
	<i>0.55</i>	<i>1.26</i>	<i>1.20</i>	<i>1.21</i>	<i>0.91</i>	<i>2.14</i>	<i>0.96</i>
(Very) Unsatisfied	15.19	22.34	11.94	18.66	14.43	10.57	14.74
	<i>0.48</i>	<i>1.97</i>	<i>0.72</i>	<i>1.36</i>	<i>0.81</i>	<i>1.71</i>	<i>0.98</i>

Source: Medicare Current Beneficiary Survey, CY 2007 Cost and Use Public Use File, CY 2007 Access to Care Public Use File, supplemented by CY 2006 and CY 2008 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2007 file.

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- 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 49 (i.e., the 2007 Access to Care Public Use File) were taken from their Round 46 interview (i.e., the 2006 Access to Care Public Use File) or from their Round 52 interview (i.e., the 2008 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.