

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2008Community-Only Residents¹

Indicator of Access to Care 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)	43,616	7,012	20,259	11,923	4,421	3,721	9,503	5,170	1,517	19,911	3,291	10,756	6,753	2,905	23,705
	154	151	204	141	104	121	156	94	59	167	101	165	115	85	186
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	5.07	7.68	5.83	3.09	2.84*	10.08	6.59	3.68	2.12*	6.14	4.98	5.15	2.63	3.21*	4.17
	0.25	0.72	0.45	0.33	0.54	1.15	0.67	0.56	0.70	0.40	0.87	0.55	0.35	0.66	0.30
Doctor's office	74.08	67.33	73.86	77.10	77.63	58.92	72.13	72.62	75.00	70.02	76.78	75.40	80.53	79.00	77.50
	0.86	1.51	1.01	1.06	1.35	1.93	1.49	1.24	2.23	1.04	2.09	1.23	1.31	1.46	0.97
Doctor's clinic	11.07	11.42	11.26	10.74	10.50	11.55	10.64	10.61	11.90	10.90	11.28	11.81	10.84	9.76	11.21
	0.71	1.01	0.81	0.82	1.29	1.28	1.12	0.68	1.73	0.76	1.47	0.86	1.15	1.40	0.82
HMO ⁴	3.12	2.59*	3.22	3.46	2.52*	3.54*	2.94	4.20	1.76*	3.29	1.52*	3.48	2.89	2.92*	2.97
	0.24	0.70	0.34	0.28	0.36	1.11	0.41	0.52	0.63	0.33	0.58	0.54	0.36	0.49	0.30
Hospital OPD/ER ⁵	1.92	3.42	1.73	1.59	1.37*	4.24	1.62*	1.39*	1.07*	2.00	2.50*	1.82*	1.75*	1.53*	1.86
	0.30	0.56	0.37	0.29	0.36	0.79	0.43	0.33	0.48	0.35	0.78	0.43	0.38	0.49	0.32
Other clinic/health center	4.74	7.56	4.10	4.02	5.14	11.66	6.09	7.50	8.15*	7.65	2.95*	2.33	1.36*	3.57*	2.29
	0.26	0.85	0.39	0.36	0.56	1.40	0.64	0.78	1.12	0.48	0.69	0.40	0.25	0.58	0.23
Difficulty Obtaining Care															
Yes	4.05	11.39	3.41	1.47	2.39*	11.13	2.96	0.85*	2.58*	3.90	11.69	3.81	1.94*	2.30*	4.18
	0.24	0.96	0.34	0.20	0.46	1.31	0.51	0.25	0.76	0.36	1.26	0.47	0.28	0.53	0.30
No	95.95	88.61	96.59	98.53	97.61	88.87	97.04	99.15	97.42	96.10	88.31	96.19	98.06	97.70	95.82
	0.24	0.96	0.34	0.20	0.46	1.31	0.51	0.25	0.76	0.36	1.26	0.47	0.28	0.53	0.30
Delayed Care Due to Cost															
Yes	7.87	21.70	6.85	3.69	1.98*	19.18	5.25	2.88*	1.06*	6.91	24.54	8.26	4.31	2.45*	8.68
	0.33	1.31	0.52	0.33	0.33	1.65	0.56	0.45	0.43	0.45	1.87	0.77	0.48	0.45	0.43
No	92.13	78.30	93.15	96.31	98.02	80.82	94.75	97.12	98.94	93.09	75.46	91.74	95.69	97.55	91.32
	0.33	1.31	0.52	0.33	0.33	1.65	0.56	0.45	0.43	0.45	1.87	0.77	0.48	0.45	0.43

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2008Community-Only Residents¹

Indicator of Access to Care 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)	43,616	7,012	20,259	11,923	4,421	3,721	9,503	5,170	1,517	19,911	3,291	10,756	6,753	2,905	23,705
	<i>154</i>	<i>151</i>	<i>204</i>	<i>141</i>	<i>104</i>	<i>121</i>	<i>156</i>	<i>94</i>	<i>59</i>	<i>167</i>	<i>101</i>	<i>165</i>	<i>115</i>	<i>85</i>	<i>186</i>

Beneficiaries as a Percentage of Column Total

		Continuity of Care													
Length of Association with Usual Source of Care															
No usual source ³	5.09	7.72	5.85	3.10	2.87*	10.12	6.61	3.70	2.13*	6.16	5.02	5.17	2.64	3.25*	4.19
	<i>0.25</i>	<i>0.73</i>	<i>0.45</i>	<i>0.33</i>	<i>0.54</i>	<i>1.16</i>	<i>0.68</i>	<i>0.56</i>	<i>0.70</i>	<i>0.40</i>	<i>0.88</i>	<i>0.56</i>	<i>0.35</i>	<i>0.67</i>	<i>0.31</i>
Less than 1 year	8.29	10.28	7.72	8.11	8.29	8.74	7.03	7.49	8.23*	7.56	12.03	8.33	8.58	8.32	8.91
	<i>0.31</i>	<i>0.92</i>	<i>0.51</i>	<i>0.53</i>	<i>0.70</i>	<i>1.13</i>	<i>0.72</i>	<i>0.70</i>	<i>1.20</i>	<i>0.45</i>	<i>1.52</i>	<i>0.75</i>	<i>0.72</i>	<i>0.90</i>	<i>0.45</i>
1 to less than 3 years	16.76	21.36	16.69	14.78	15.18	20.02	17.61	14.30	14.99	17.00	22.87	15.87	15.15	15.29	16.57
	<i>0.43</i>	<i>1.18</i>	<i>0.68</i>	<i>0.64</i>	<i>1.00</i>	<i>1.78</i>	<i>1.00</i>	<i>0.87</i>	<i>1.57</i>	<i>0.56</i>	<i>1.52</i>	<i>0.89</i>	<i>0.86</i>	<i>1.28</i>	<i>0.58</i>
3 to less than 5 years	15.99	18.45	15.05	16.18	15.95	19.69	15.02	15.44	13.88	15.91	17.05	15.07	16.74	17.05	16.06
	<i>0.43</i>	<i>1.30</i>	<i>0.62</i>	<i>0.67</i>	<i>0.93</i>	<i>2.00</i>	<i>0.82</i>	<i>0.95</i>	<i>1.55</i>	<i>0.58</i>	<i>1.59</i>	<i>0.89</i>	<i>0.93</i>	<i>1.31</i>	<i>0.56</i>
5 years or more	53.86	42.18	54.69	57.84	57.71	41.42	53.72	59.08	60.77	53.37	43.04	55.56	56.88	56.10	54.26
	<i>0.65</i>	<i>1.62</i>	<i>0.88</i>	<i>1.05</i>	<i>1.32</i>	<i>2.32</i>	<i>1.00</i>	<i>1.20</i>	<i>2.20</i>	<i>0.74</i>	<i>2.19</i>	<i>1.31</i>	<i>1.38</i>	<i>1.69</i>	<i>0.88</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	7,012	20,259	11,923	4,421	3,721	9,503	5,170	1,517	19,911	3,291	10,756	6,753	2,905	23,705
	154	151	204	141	104	121	156	94	59	167	101	165	115	85	186
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	32.35	21.80	35.45	34.12	30.02	21.93	36.01	34.42	32.13	32.69	21.66	34.96	33.89	28.92	32.07
	0.74	1.35	0.94	0.91	1.38	1.82	1.30	1.39	2.13	0.84	1.96	1.40	1.12	1.66	1.02
(Very) Unsatisfied	3.00	6.35	2.60	2.14	1.83*	7.51	3.00	1.28*	1.12*	3.25	5.04*	2.25*	2.80	2.20*	2.79
	0.20	0.70	0.26	0.28	0.31	1.06	0.46	0.27	0.46	0.33	0.84	0.30	0.45	0.40	0.24
Follow-up Care															
Very satisfied	22.06	16.68	24.15	22.61	19.47	17.46	24.70	23.02	21.84	22.71	15.80	23.67	22.29	18.23	21.52
	0.56	1.03	0.90	0.82	1.21	1.58	1.21	1.14	1.94	0.73	1.76	1.22	1.02	1.37	0.77
(Very) Unsatisfied	2.64	5.62	2.25	1.78	2.03*	6.40	2.25*	1.40*	1.32*	2.73	4.75*	2.26*	2.07*	2.40*	2.57
	0.18	0.70	0.23	0.23	0.38	0.92	0.35	0.30	0.49	0.28	0.98	0.30	0.33	0.51	0.25
Access/Coordination of Care															
Availability															
Very satisfied	10.11	8.22	10.35	10.38	11.26	8.84	12.20	11.50	12.53	11.41	7.51	8.71	9.53	10.60	9.01
	0.42	0.79	0.59	0.60	0.85	1.16	0.93	1.05	1.45	0.61	0.96	0.77	0.67	1.11	0.51
(Very) Unsatisfied	3.72	8.12	3.09	2.48	2.96*	6.87	2.93	2.34*	3.03*	3.52	9.54	3.24	2.59*	2.92*	3.89
	0.22	0.70	0.30	0.29	0.54	1.03	0.49	0.40	0.78	0.32	1.41	0.39	0.41	0.65	0.32
Ease of Access to Doctor															
Very satisfied	23.69	14.51	27.03	24.35	21.17	15.08	28.17	25.20	23.38	24.60	13.87	26.01	23.69	20.02	22.93
	0.59	1.13	0.90	0.82	1.15	1.52	1.21	1.22	2.02	0.78	1.66	1.35	1.05	1.36	0.82
(Very) Unsatisfied	4.95	10.97	3.81	3.60	4.29	10.81	3.22	3.37*	3.62*	4.70	11.15	4.33	3.78	4.64*	5.16
	0.31	1.14	0.41	0.32	0.66	1.40	0.43	0.52	1.02	0.40	1.74	0.64	0.42	0.78	0.40
Can Obtain Care in Same Location															
Very satisfied	16.34	12.43	17.81	16.61	15.07	13.04	19.20	16.11	17.47	17.12	11.74	16.57	16.99	13.82	15.68
	0.51	0.97	0.81	0.80	1.13	1.34	1.16	1.12	2.08	0.70	1.54	1.03	1.06	1.20	0.67
(Very) Unsatisfied	5.26	10.25	4.77	3.83	3.48	10.98	4.36	3.16*	3.21*	5.19	9.43	5.14	4.35	3.62*	5.32
	0.30	0.94	0.42	0.38	0.44	1.29	0.67	0.50	0.81	0.49	1.49	0.56	0.48	0.61	0.35

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2008Community-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)	43,616	7,012	20,259	11,923	4,421	3,721	9,503	5,170	1,517	19,911	3,291	10,756	6,753	2,905	23,705
	<i>154</i>	<i>151</i>	<i>204</i>	<i>141</i>	<i>104</i>	<i>121</i>	<i>156</i>	<i>94</i>	<i>59</i>	<i>167</i>	<i>101</i>	<i>165</i>	<i>115</i>	<i>85</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	22.22	16.39	24.98	21.83	19.89	16.61	25.70	23.42	19.93	22.97	16.14	24.34	20.61	19.87	21.59
	<i>0.59</i>	<i>1.17</i>	<i>0.86</i>	<i>0.80</i>	<i>1.29</i>	<i>1.79</i>	<i>1.23</i>	<i>1.39</i>	<i>1.74</i>	<i>0.82</i>	<i>1.56</i>	<i>1.16</i>	<i>0.94</i>	<i>1.51</i>	<i>0.76</i>
(Very) Unsatisfied	4.78	9.66	3.86	3.93	3.49	10.67	3.56	3.33	3.29*	4.81	8.53	4.12	4.40	3.60*	4.75
	<i>0.27</i>	<i>0.85</i>	<i>0.36</i>	<i>0.29</i>	<i>0.45</i>	<i>1.29</i>	<i>0.48</i>	<i>0.47</i>	<i>0.82</i>	<i>0.39</i>	<i>1.08</i>	<i>0.46</i>	<i>0.47</i>	<i>0.50</i>	<i>0.34</i>
Doctor's Concern for Overall Health															
Very satisfied	24.71	19.87	26.51	25.37	22.34	20.31	27.72	26.13	23.43	25.61	19.36	25.42	24.78	21.77	23.95
	<i>0.54</i>	<i>1.03</i>	<i>0.72</i>	<i>0.90</i>	<i>1.41</i>	<i>1.72</i>	<i>1.14</i>	<i>1.27</i>	<i>2.19</i>	<i>0.77</i>	<i>1.66</i>	<i>0.96</i>	<i>1.19</i>	<i>1.51</i>	<i>0.75</i>
(Very) Unsatisfied	4.54	9.04	3.77	3.38	4.13	8.68	3.42	3.08*	3.68*	4.32	9.44	4.07	3.61	4.36*	4.72
	<i>0.24</i>	<i>0.92</i>	<i>0.34</i>	<i>0.29</i>	<i>0.55</i>	<i>1.14</i>	<i>0.49</i>	<i>0.45</i>	<i>0.85</i>	<i>0.33</i>	<i>1.50</i>	<i>0.46</i>	<i>0.48</i>	<i>0.66</i>	<i>0.36</i>
Cost of Care															
Cost															
Very satisfied	20.42	17.72	20.88	21.53	19.59	17.99	22.07	21.96	21.76	21.26	17.40	19.81	21.20	18.46	19.71
	<i>0.57</i>	<i>1.24</i>	<i>0.88</i>	<i>0.82</i>	<i>1.18</i>	<i>1.65</i>	<i>1.28</i>	<i>1.22</i>	<i>1.68</i>	<i>0.82</i>	<i>2.06</i>	<i>1.03</i>	<i>1.01</i>	<i>1.40</i>	<i>0.69</i>
(Very) Unsatisfied	14.31	23.39	14.26	10.98	9.12	22.74	13.58	10.90	9.02*	14.25	24.13	14.86	11.04	9.17	14.36
	<i>0.43</i>	<i>1.53</i>	<i>0.67</i>	<i>0.53</i>	<i>0.77</i>	<i>2.13</i>	<i>0.84</i>	<i>0.79</i>	<i>1.49</i>	<i>0.62</i>	<i>2.02</i>	<i>0.92</i>	<i>0.72</i>	<i>1.00</i>	<i>0.51</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	4,587	15,849	9,761	3,695	33,892	1,300	1,603	855	276	4,034	815	1,680	755	299	3,549
	154	138	210	131	104	214	57	87	42	25	124	78	91	51	38	147
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	5.07	7.27	5.52	2.71	2.68*	4.64	9.91*	6.98*	5.11*	2.58*	7.23	7.79*	7.56*	5.93*	6.46*	7.17
	0.25	0.96	0.50	0.33	0.56	0.28	2.03	1.60	1.72	1.87	0.93	2.10	1.72	1.86	3.51	1.19
Doctor's office	74.08	69.98	74.87	78.20	78.63	75.58	63.53	70.46	72.72	73.08	68.88	60.44	68.76	70.44	68.14	67.16
	0.86	2.24	1.12	1.22	1.58	1.02	3.12	2.94	3.50	4.93	1.99	4.93	2.52	3.26	5.24	2.12
Doctor's clinic	11.07	11.29	11.72	11.00	10.93	11.37	10.39*	9.34*	10.16*	12.34*	10.06	11.64*	9.38*	8.51*	3.42*	9.21
	0.71	1.34	0.90	0.91	1.51	0.80	2.11	1.83	2.14	3.57	1.27	2.74	1.43	2.19	1.96	1.00
HMO ⁵	3.12	2.98*	2.51	3.08	2.37*	2.72	1.59*	3.27*	5.03*	0.00	2.88*	2.18*	8.25*	4.34*	6.63*	5.90*
	0.24	0.99	0.33	0.28	0.36	0.23	0.85	1.26	1.63	0.00	0.61	1.35	1.59	0.96	2.79	0.91
Hospital OPD/ER ⁶	1.92	2.08*	1.45*	1.35*	1.25*	1.48	4.32*	4.27*	1.21*	3.11*	3.56*	10.05*	1.96*	4.76*	2.00*	4.41*
	0.30	0.58	0.43	0.30	0.39	0.35	1.09	1.23	0.79	2.14	0.77	3.36	0.79	1.51	1.50	1.01
Other clinic/health center	4.74	6.41	3.92	3.66	4.14	4.20	10.25*	5.67*	5.78*	8.89*	7.39	7.89*	4.09*	6.01*	13.35*	6.15
	0.26	1.25	0.39	0.39	0.60	0.29	2.24	1.42	1.89	2.91	0.93	2.15	0.96	1.42	2.72	1.01
Difficulty Obtaining Care																
Yes	4.05	10.95	2.90	1.44*	1.91*	3.45	10.86*	5.21*	2.22*	3.91*	6.31	10.85*	4.84*	1.56*	4.43*	5.48
	0.24	1.03	0.34	0.22	0.37	0.20	2.32	1.54	1.14	2.06	1.03	2.55	1.42	0.61	3.61	1.29
No	95.95	89.05	97.10	98.56	98.09	96.55	89.14	94.79	97.78	96.09	93.69	89.15	95.16	98.44	95.57	94.52
	0.24	1.03	0.34	0.22	0.37	0.20	2.32	1.54	1.14	2.06	1.03	2.55	1.42	0.61	3.61	1.29
Delayed Care Due to Cost																
Yes	7.87	22.18	6.27	3.42	2.01*	7.13	18.81	9.91*	8.64*	3.83*	12.09	22.61*	9.38*	1.89*	0.00	10.02
	0.33	1.57	0.50	0.33	0.36	0.35	2.87	1.93	2.00	1.97	1.11	3.83	2.20	0.99	0.00	1.34
No	92.13	77.82	93.73	96.58	97.99	92.87	81.19	90.09	91.36	96.17	87.91	77.39	90.62	98.11	100.00	89.98
	0.33	1.57	0.50	0.33	0.36	0.35	2.87	1.93	2.00	1.97	1.11	3.83	2.20	0.99	0.00	1.34

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2008Community-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)	43,616	4,587	15,849	9,761	3,695	33,892	1,300	1,603	855	276	4,034	815	1,680	755	299	3,549
	<i>154</i>	<i>138</i>	<i>210</i>	<i>131</i>	<i>104</i>	<i>214</i>	<i>57</i>	<i>87</i>	<i>42</i>	<i>25</i>	<i>124</i>	<i>78</i>	<i>91</i>	<i>51</i>	<i>38</i>	<i>147</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	5.09	7.31	5.54	2.72	2.70*	4.66	9.94*	7.03*	5.16*	2.65*	7.28	7.84*	7.57*	5.99*	6.73*	7.23
	<i>0.25</i>	<i>0.97</i>	<i>0.51</i>	<i>0.33</i>	<i>0.56</i>	<i>0.28</i>	<i>2.04</i>	<i>1.61</i>	<i>1.73</i>	<i>1.91</i>	<i>0.94</i>	<i>2.10</i>	<i>1.72</i>	<i>1.88</i>	<i>3.65</i>	<i>1.20</i>
Less than 1 year	8.29	10.26	7.08	7.78	8.01	7.81	8.60*	9.39*	6.26*	6.79*	8.30	10.66*	10.49*	13.00*	12.97*	11.26
	<i>0.31</i>	<i>1.22</i>	<i>0.51</i>	<i>0.55</i>	<i>0.77</i>	<i>0.33</i>	<i>1.73</i>	<i>1.81</i>	<i>1.59</i>	<i>2.84</i>	<i>1.15</i>	<i>2.52</i>	<i>1.83</i>	<i>2.52</i>	<i>3.38</i>	<i>1.25</i>
1 to less than 3 years	16.76	19.78	16.08	14.27	14.24	15.86	21.83	16.82	12.34*	24.14*	17.99	28.33	21.58	21.22*	15.56*	22.56
	<i>0.43</i>	<i>1.51</i>	<i>0.79</i>	<i>0.68</i>	<i>1.01</i>	<i>0.51</i>	<i>2.31</i>	<i>2.18</i>	<i>2.30</i>	<i>5.05</i>	<i>1.24</i>	<i>4.86</i>	<i>2.55</i>	<i>2.71</i>	<i>3.37</i>	<i>1.78</i>
3 to less than 5 years	15.99	18.30	15.12	15.79	15.84	15.82	17.09	13.61*	18.25*	13.48*	15.71	17.27*	15.93	14.17*	14.58*	15.75
	<i>0.43</i>	<i>1.56</i>	<i>0.69</i>	<i>0.70</i>	<i>1.00</i>	<i>0.42</i>	<i>2.91</i>	<i>1.82</i>	<i>2.90</i>	<i>3.58</i>	<i>1.26</i>	<i>3.68</i>	<i>2.26</i>	<i>2.20</i>	<i>3.29</i>	<i>1.53</i>
5 years or more	53.86	44.35	56.17	59.43	59.21	55.85	42.54	53.15	57.99	52.95*	50.72	35.89	44.44	45.62	50.15	43.20
	<i>0.65</i>	<i>1.81</i>	<i>0.90</i>	<i>1.16</i>	<i>1.49</i>	<i>0.67</i>	<i>3.20</i>	<i>3.65</i>	<i>3.47</i>	<i>4.75</i>	<i>1.98</i>	<i>5.48</i>	<i>3.06</i>	<i>3.24</i>	<i>5.68</i>	<i>2.41</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	4,587	15,849	9,761	3,695	33,892	1,300	1,603	855	276	4,034	815	1,680	755	299	3,549
	154	138	210	131	104	214	57	87	42	25	124	78	91	51	38	147
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	32.35	23.07	38.66	37.19	32.02	35.41	18.31	20.82	18.34*	15.58*	19.12	19.28*	22.97	19.89*	18.71*	21.10
	0.74	1.57	1.05	0.98	1.59	0.83	3.65	2.45	3.54	3.88	1.94	3.60	2.44	2.95	3.27	1.82
(Very) Unsatisfied	3.00	6.04	2.47	2.22	1.78*	2.81	5.42*	3.37*	1.36*	2.96*	3.58*	7.94*	1.95*	1.95*	1.08*	3.25*
	0.20	0.94	0.28	0.30	0.34	0.23	1.51	1.03	0.82	1.80	0.70	2.37	0.72	1.01	1.04	0.71
Follow-up Care																
Very satisfied	22.06	17.66	26.35	24.56	21.01	24.09	14.80*	13.13*	9.55*	3.03*	12.22	12.09*	15.97	13.17*	12.38*	14.18
	0.56	1.35	1.02	0.93	1.31	0.63	2.74	1.61	1.86	1.79	1.41	3.33	2.54	2.45	3.07	1.69
(Very) Unsatisfied	2.64	4.73	2.26	1.67*	2.17*	2.41	5.86*	2.67*	1.28*	0.89*	3.29*	7.74*	1.28*	3.51*	1.07*	3.21*
	0.18	0.74	0.25	0.24	0.43	0.18	1.57	1.03	0.75	0.93	0.78	2.88	0.57	1.36	1.03	0.77
Access/Coordination of Care																
Availability																
Very satisfied	10.11	8.99	11.10	11.19	11.86	10.92	7.18*	7.16*	5.45*	5.08*	6.66	6.00*	6.29*	6.29*	7.16*	6.30
	0.42	0.94	0.76	0.65	0.98	0.49	1.70	1.37	1.49	2.13	1.01	2.02	1.37	1.82	2.56	0.95
(Very) Unsatisfied	3.72	9.14	3.20	2.69	2.90*	3.82	4.14*	1.56*	1.41*	3.10*	2.47*	7.32*	3.11*	0.97*	3.80*	3.68*
	0.22	0.91	0.36	0.31	0.50	0.27	1.32	0.80	0.91	2.23	0.62	3.67	1.21	0.67	2.80	1.13
Ease of Access to Doctor																
Very satisfied	23.69	15.55	29.50	26.57	22.09	25.96	12.58*	15.08	11.37*	18.10*	13.70	13.04*	17.41	14.21*	12.63*	15.32
	0.59	1.25	1.04	0.92	1.41	0.67	2.54	2.24	2.61	5.37	1.56	4.41	2.31	2.49	2.54	1.55
(Very) Unsatisfied	4.95	10.97	3.30	3.12	4.20	4.38	11.09*	3.89*	6.78*	3.68*	6.82	10.29*	6.23*	4.94*	8.04*	7.04
	0.31	1.45	0.40	0.34	0.68	0.32	2.11	1.35	1.89	1.47	0.97	3.64	1.87	1.43	3.51	1.28
Can Obtain Care in Same Location																
Very satisfied	16.34	12.84	19.07	17.97	15.48	17.52	13.04*	13.84*	7.55*	13.28*	12.21	9.61*	11.52*	13.00*	9.99*	11.27
	0.51	1.18	0.94	0.84	1.23	0.57	2.92	1.94	2.17	4.17	1.47	2.03	1.80	2.56	2.79	1.13
(Very) Unsatisfied	5.26	10.59	4.60	3.88	3.44*	5.08	7.97*	3.44*	4.08*	3.80*	5.06*	10.07*	5.81*	3.32*	1.96*	5.94*
	0.30	1.26	0.47	0.40	0.50	0.34	1.99	1.20	1.17	1.63	0.82	3.69	1.66	1.18	1.33	1.14

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2008Community-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)	43,616	4,587	15,849	9,761	3,695	33,892	1,300	1,603	855	276	4,034	815	1,680	755	299	3,549
	<i>154</i>	<i>138</i>	<i>210</i>	<i>131</i>	<i>104</i>	<i>214</i>	<i>57</i>	<i>87</i>	<i>42</i>	<i>25</i>	<i>124</i>	<i>78</i>	<i>91</i>	<i>51</i>	<i>38</i>	<i>147</i>
Beneficiaries as a Percentage of Column Total ⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	22.22	16.62	27.35	24.13	21.23	24.30	17.32*	15.20*	8.12*	8.18*	13.90	11.40*	14.63*	11.16*	14.49*	13.14
	<i>0.59</i>	<i>1.48</i>	<i>1.00</i>	<i>0.93</i>	<i>1.48</i>	<i>0.68</i>	<i>3.02</i>	<i>1.90</i>	<i>1.82</i>	<i>3.26</i>	<i>1.59</i>	<i>2.19</i>	<i>2.53</i>	<i>1.69</i>	<i>3.84</i>	<i>1.47</i>
(Very) Unsatisfied	4.78	9.79	3.63	3.84	3.87*	4.55	7.35*	4.50*	4.92*	2.80*	5.39	9.34*	4.92*	3.60*	0.00	5.23*
	<i>0.27</i>	<i>1.11</i>	<i>0.40</i>	<i>0.34</i>	<i>0.50</i>	<i>0.30</i>	<i>1.72</i>	<i>1.45</i>	<i>1.46</i>	<i>1.71</i>	<i>0.89</i>	<i>2.33</i>	<i>1.24</i>	<i>1.14</i>	<i>0.00</i>	<i>0.82</i>
Doctor's Concern for Overall Health																
Very satisfied	24.71	21.53	29.47	27.54	23.58	27.20	17.98*	13.95*	11.46*	13.11*	14.66	15.46*	14.84*	15.31*	14.97*	15.09
	<i>0.54</i>	<i>1.37</i>	<i>0.84</i>	<i>1.02</i>	<i>1.58</i>	<i>0.60</i>	<i>2.95</i>	<i>1.75</i>	<i>2.27</i>	<i>4.01</i>	<i>1.45</i>	<i>3.85</i>	<i>2.51</i>	<i>2.49</i>	<i>3.01</i>	<i>1.78</i>
(Very) Unsatisfied	4.54	8.65	3.48	3.33	4.06	4.19	7.26*	2.46*	3.46*	4.60*	4.37	12.01*	4.91*	3.72*	4.63*	6.26
	<i>0.24</i>	<i>1.00</i>	<i>0.35</i>	<i>0.33</i>	<i>0.57</i>	<i>0.24</i>	<i>1.62</i>	<i>1.02</i>	<i>1.32</i>	<i>2.19</i>	<i>0.85</i>	<i>2.95</i>	<i>1.21</i>	<i>1.21</i>	<i>1.95</i>	<i>0.99</i>
Cost of Care																
Cost																
Very satisfied	20.42	17.25	22.29	22.81	19.93	21.50	14.90*	12.46*	9.49*	12.08*	12.59	21.41*	16.47	20.10*	17.26*	18.45
	<i>0.57</i>	<i>1.48</i>	<i>0.99</i>	<i>0.93</i>	<i>1.32</i>	<i>0.66</i>	<i>3.07</i>	<i>1.48</i>	<i>2.09</i>	<i>3.84</i>	<i>1.40</i>	<i>4.19</i>	<i>2.05</i>	<i>2.78</i>	<i>3.57</i>	<i>1.96</i>
(Very) Unsatisfied	14.31	25.29	13.82	10.84	9.32	14.02	19.61	18.55	16.35*	7.95*	17.70	17.49*	13.82*	6.72*	7.38*	12.59
	<i>0.43</i>	<i>2.13</i>	<i>0.69</i>	<i>0.66</i>	<i>0.86</i>	<i>0.49</i>	<i>3.02</i>	<i>2.08</i>	<i>2.16</i>	<i>2.38</i>	<i>1.35</i>	<i>3.81</i>	<i>2.30</i>	<i>1.70</i>	<i>3.23</i>	<i>1.45</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	1,926	4,832	4,195	2,081	13,034	2,692	12,897	5,701	1,138	22,428	2,377	2,439	2,025	1,202	8,043
	154	117	151	119	74	253	124	207	116	64	261	99	127	90	60	194
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	5.07	8.93	6.09	3.53*	3.55*	5.27	6.02*	4.91	2.57*	1.76*	4.29	8.58	10.16*	3.61*	2.63*	6.92
	0.25	1.29	0.87	0.61	0.86	0.47	1.23	0.52	0.45	0.72	0.35	1.15	1.67	0.79	0.74	0.57
Doctor's office	74.08	59.68	72.16	76.59	79.43	72.92	73.51	75.40	76.96	75.00	75.55	66.41	69.14	78.54	77.00	71.88
	0.86	2.94	1.76	1.54	1.72	1.22	2.32	1.15	1.24	3.09	0.98	2.05	2.52	1.85	2.10	1.16
Doctor's clinic	11.07	13.88	10.51	10.65	9.45	10.88	9.07	12.00	11.46	13.22	11.57	12.14	8.85	8.90	9.72*	9.96
	0.71	1.88	1.29	1.34	1.30	1.00	1.62	0.97	0.85	2.79	0.77	1.47	1.54	1.49	1.59	1.00
HMO ⁴	3.12	4.19*	3.70*	3.47*	2.30*	3.48	2.34*	3.04	3.66	1.98*	3.06	1.58*	3.25*	2.90*	3.42*	2.70
	0.24	1.69	0.67	0.44	0.58	0.38	1.19	0.38	0.46	0.64	0.28	0.64	1.21	0.69	0.83	0.44
Hospital OPD/ER ⁵	1.92	3.76*	2.45*	2.18*	1.19*	2.35	2.21*	1.35*	1.45*	1.61*	1.49	4.53*	2.24*	0.76*	1.47*	2.43
	0.30	1.14	0.66	0.51	0.47	0.41	0.74	0.38	0.37	0.57	0.34	1.03	0.70	0.40	0.62	0.43
Other clinic/health center	4.74	9.56*	5.09	3.59*	4.08*	5.10	6.85*	3.30	3.90	6.43*	4.04	6.76*	6.36*	5.29*	5.75*	6.12
	0.26	2.02	0.80	0.48	0.72	0.49	1.15	0.41	0.61	1.20	0.30	1.36	1.23	0.98	1.01	0.68
Difficulty Obtaining Care																
Yes	4.05	11.36	4.06*	1.76*	1.96*	4.06	9.87	2.64	0.87*	1.80*	3.01	13.17	6.23*	2.53*	3.72*	6.96
	0.24	1.61	0.76	0.36	0.55	0.38	1.65	0.35	0.27	0.70	0.30	1.45	1.25	0.67	1.02	0.59
No	95.95	88.64	95.94	98.24	98.04	95.94	90.13	97.36	99.13	98.20	96.99	86.83	93.77	97.47	96.28	93.04
	0.24	1.61	0.76	0.36	0.55	0.38	1.65	0.35	0.27	0.70	0.30	1.45	1.25	0.67	1.02	0.59
Delayed Care Due to Cost																
Yes	7.87	24.34	6.95	4.11	1.88*	7.78	21.49	5.78	3.13	1.92*	6.80	19.80	12.28	4.41*	2.19*	11.00
	0.33	2.14	1.01	0.58	0.52	0.57	2.14	0.58	0.46	0.70	0.43	1.98	1.60	0.83	0.71	0.73
No	92.13	75.66	93.05	95.89	98.12	92.22	78.51	94.22	96.87	98.08	93.20	80.20	87.72	95.59	97.81	89.00
	0.33	2.14	1.01	0.58	0.52	0.57	2.14	0.58	0.46	0.70	0.43	1.98	1.60	0.83	0.71	0.73

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2008Community-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)	43,616	1,926	4,832	4,195	2,081	13,034	2,692	12,897	5,701	1,138	22,428	2,377	2,439	2,025	1,202	8,043
	154	117	151	119	74	253	124	207	116	64	261	99	127	90	60	194
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	5.09	8.99	6.12	3.57*	3.60*	5.32	6.04*	4.92	2.57*	1.77*	4.30	8.64	10.26*	3.63*	2.65*	6.97
	0.25	1.29	0.88	0.62	0.87	0.47	1.24	0.52	0.46	0.73	0.35	1.16	1.68	0.79	0.75	0.57
Less than 1 year	8.29	12.44	9.35	9.17	6.43*	9.28	8.99	6.63	7.23	9.92*	7.24	10.04	10.25	8.36*	9.94*	9.67
	0.31	2.07	1.13	0.99	0.93	0.60	1.48	0.58	0.60	1.52	0.39	1.07	1.37	1.21	1.51	0.69
1 to less than 3 years	16.76	23.01	17.16	15.43	14.20	16.99	18.61	16.44	14.10	13.68	15.97	23.19	17.07	15.35	18.30	18.62
	0.43	2.33	1.80	1.11	1.42	0.83	2.01	0.82	0.81	1.78	0.59	2.00	1.88	1.78	1.94	1.01
3 to less than 5 years	15.99	19.30	16.00	17.53	14.83	16.79	16.68	14.83	15.93	15.49	15.37	19.80	14.32	14.07	18.33	16.47
	0.43	2.53	1.35	1.11	1.37	0.69	1.82	0.71	0.89	1.84	0.52	1.96	1.49	1.62	2.39	1.03
5 years or more	53.86	36.26	51.37	54.30	60.94	51.62	49.69	57.18	60.16	59.14	57.13	38.32	48.10	58.59	50.78	48.27
	0.65	2.70	1.93	1.49	1.71	0.93	2.64	1.05	1.31	2.83	0.86	2.52	2.42	2.57	2.69	1.30

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	1,926	4,832	4,195	2,081	13,034	2,692	12,897	5,701	1,138	22,428	2,377	2,439	2,025	1,202	8,043
	154	117	151	119	74	253	124	207	116	64	261	99	127	90	60	194
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	32.35	23.60	32.62	32.56	29.11	30.72	19.56	37.67	37.13	33.38	35.14	22.92	29.32	28.90	28.41	27.20
	0.74	2.39	1.75	1.29	1.83	0.93	2.29	1.11	1.44	2.58	0.92	2.12	2.01	1.82	2.52	1.11
(Very) Unsatisfied	3.00	5.91*	3.04*	2.55*	2.05*	3.14	6.34*	2.45	1.87*	1.09*	2.70	6.71	2.54*	2.07*	2.14*	3.59
	0.20	1.53	0.59	0.49	0.54	0.36	0.92	0.33	0.41	0.56	0.26	1.00	0.73	0.50	0.72	0.41
Follow-up Care																
Very satisfied	22.06	16.68	21.68	22.57	19.43	20.88	16.80	26.27	22.95	22.70	24.11	16.54	17.85	21.75	16.47	18.25
	0.56	2.09	1.64	1.12	1.64	0.86	1.78	1.21	1.20	2.38	0.74	1.92	2.06	1.90	1.85	1.01
(Very) Unsatisfied	2.64	4.41*	2.49*	1.87*	1.61*	2.43	6.06*	1.90	1.63*	1.84*	2.32	6.11*	3.67*	2.03*	2.94*	3.86
	0.18	0.93	0.52	0.39	0.50	0.28	1.21	0.27	0.36	0.70	0.25	0.90	0.87	0.58	0.86	0.43
Access/Coordination of Care																
Availability																
Very satisfied	10.11	7.41*	7.92	8.98	9.60	8.46	8.25*	11.48	12.32	14.14	11.44	8.83	9.18*	7.83*	11.38*	9.07
	0.42	1.26	1.10	0.86	1.24	0.59	1.31	0.78	0.98	2.05	0.56	1.41	1.36	1.05	1.60	0.74
(Very) Unsatisfied	3.72	5.12*	2.98*	2.58*	2.16*	3.03	10.90	3.20	2.37*	4.39*	3.98	7.38	2.72*	2.59*	2.97*	4.10
	0.22	0.99	0.58	0.51	0.54	0.34	1.47	0.38	0.39	1.09	0.32	1.27	0.91	0.68	1.15	0.53
Ease of Access to Doctor																
Very satisfied	23.69	12.25	23.23	23.28	21.22	21.32	15.55	29.86	26.63	23.31	26.98	15.15	19.61	20.13	19.06	18.35
	0.59	1.61	1.67	1.34	1.65	0.80	2.20	1.10	1.12	2.19	0.79	1.88	2.08	1.63	1.94	0.89
(Very) Unsatisfied	4.95	11.05	4.95*	4.01*	4.14*	5.41	9.68*	3.46	2.70*	4.54*	4.07	12.38	3.39*	5.26*	4.31*	6.64
	0.31	1.60	0.96	0.61	0.79	0.47	2.07	0.37	0.43	1.18	0.36	1.49	1.05	0.85	1.12	0.61
Can Obtain Care in Same Location																
Very satisfied	16.34	14.24	16.54	16.88	13.27	15.79	10.20	18.95	16.85	19.71	17.40	13.51	14.24	15.37	13.79	14.24
	0.51	1.87	1.56	1.16	1.34	0.78	1.81	0.99	1.12	2.07	0.72	1.55	1.89	1.67	1.76	0.93
(Very) Unsatisfied	5.26	7.80*	4.69*	4.11	2.93*	4.68	13.85	5.25	3.44	4.78*	5.80	8.12	2.43*	4.35*	3.19*	4.70
	0.30	1.42	0.87	0.71	0.66	0.49	1.80	0.53	0.48	1.18	0.43	1.33	0.68	0.82	0.87	0.49

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2008Community-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)	43,616	1,926	4,832	4,195	2,081	13,034	2,692	12,897	5,701	1,138	22,428	2,377	2,439	2,025	1,202	8,043
	<i>154</i>	<i>117</i>	<i>151</i>	<i>119</i>	<i>74</i>	<i>253</i>	<i>124</i>	<i>207</i>	<i>116</i>	<i>64</i>	<i>261</i>	<i>99</i>	<i>127</i>	<i>90</i>	<i>60</i>	<i>194</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	22.22	14.62	22.98	21.14	18.80	20.49	16.54	26.90	23.32	22.55	24.52	17.66	18.75	19.04	19.25	18.58
	<i>0.59</i>	<i>1.82</i>	<i>1.60</i>	<i>1.15</i>	<i>1.73</i>	<i>0.79</i>	<i>2.10</i>	<i>1.02</i>	<i>1.27</i>	<i>2.49</i>	<i>0.80</i>	<i>1.76</i>	<i>2.21</i>	<i>1.78</i>	<i>1.95</i>	<i>0.94</i>
(Very) Unsatisfied	4.78	9.56*	4.67*	4.42	3.14*	5.07	10.42	3.30	3.39	4.98*	4.27	8.87	5.23*	4.46*	2.70*	5.72
	<i>0.27</i>	<i>1.81</i>	<i>0.85</i>	<i>0.63</i>	<i>0.64</i>	<i>0.51</i>	<i>1.56</i>	<i>0.41</i>	<i>0.41</i>	<i>1.19</i>	<i>0.33</i>	<i>1.10</i>	<i>1.14</i>	<i>0.86</i>	<i>0.78</i>	<i>0.57</i>
Doctor's Concern for Overall Health																
Very satisfied	24.71	21.97	23.92	26.60	22.77	24.31	18.23	28.36	25.78	23.05	26.22	20.02	21.84	21.68	20.91	21.13
	<i>0.54</i>	<i>2.54</i>	<i>1.67</i>	<i>1.49</i>	<i>1.79</i>	<i>0.86</i>	<i>1.98</i>	<i>0.94</i>	<i>1.34</i>	<i>2.61</i>	<i>0.70</i>	<i>1.90</i>	<i>2.24</i>	<i>1.88</i>	<i>2.19</i>	<i>0.97</i>
(Very) Unsatisfied	4.54	8.04	4.20*	3.65*	3.67*	4.50	9.42	3.45	3.34	5.35*	4.23	9.41	4.56*	2.95*	3.77*	5.46
	<i>0.24</i>	<i>1.17</i>	<i>0.67</i>	<i>0.56</i>	<i>0.64</i>	<i>0.40</i>	<i>1.79</i>	<i>0.42</i>	<i>0.47</i>	<i>1.15</i>	<i>0.32</i>	<i>1.25</i>	<i>1.03</i>	<i>0.84</i>	<i>1.06</i>	<i>0.62</i>
Cost of Care																
Cost																
Very satisfied	20.42	20.76	21.57	21.36	19.05	20.98	12.26	21.41	21.89	22.49	20.48	21.51	16.64	20.84	17.77	19.31
	<i>0.57</i>	<i>2.49</i>	<i>1.42</i>	<i>1.35</i>	<i>1.49</i>	<i>0.83</i>	<i>1.87</i>	<i>1.14</i>	<i>1.02</i>	<i>2.13</i>	<i>0.80</i>	<i>1.87</i>	<i>1.77</i>	<i>2.07</i>	<i>2.14</i>	<i>1.12</i>
(Very) Unsatisfied	14.31	23.05	12.26	10.16	8.14	12.52	30.91	14.82	11.80	10.33*	15.77	15.05	15.25	10.35	9.67*	13.12
	<i>0.43</i>	<i>2.31</i>	<i>1.24</i>	<i>0.69</i>	<i>1.09</i>	<i>0.71</i>	<i>2.57</i>	<i>0.80</i>	<i>0.79</i>	<i>1.64</i>	<i>0.60</i>	<i>1.67</i>	<i>1.74</i>	<i>1.27</i>	<i>1.56</i>	<i>0.78</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	18,284	25,960	14,572	11,432	2,626	1,767
	154	259	259	237	210	121	97
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	5.07	6.53	5.98	6.97	3.60	2.85*	2.93*
	0.25	0.44	0.37	0.54	0.43	0.64	0.80
Doctor's office	74.08	73.51	74.03	73.41	74.48	75.12	75.14
	0.86	1.00	0.91	1.09	1.22	2.47	3.05
Doctor's clinic	11.07	11.33	10.67	11.12	10.18	9.81	9.69*
	0.71	0.77	0.72	0.78	0.78	1.49	1.77
HMO ⁷	3.12	3.31	3.26	3.26	2.81	3.11*	2.69*
	0.24	0.31	0.30	0.34	0.52	1.33	1.58
Hospital OPD/ER ⁸	1.92	1.47	1.86	1.57*	2.90	1.97*	2.17*
	0.30	0.35	0.38	0.44	0.49	0.67	0.81
Other clinic/health center	4.74	3.85	4.21	3.66	6.04	7.14	7.39*
	0.26	0.33	0.33	0.36	0.57	1.46	1.99
Difficulty Obtaining Care							
Yes	4.05	2.02	2.05	1.47*	7.95	11.62	12.71
	0.24	0.25	0.21	0.24	0.71	1.45	1.88
No	95.95	97.98	97.95	98.53	92.05	88.38	87.29
	0.24	0.25	0.21	0.24	0.71	1.45	1.88
Delayed Care Due to Cost							
Yes	7.87	4.00	4.60	3.43	14.96	16.25	19.82
	0.33	0.37	0.35	0.41	0.81	1.82	2.57
No	92.13	96.00	95.40	96.57	85.04	83.75	80.18
	0.33	0.37	0.35	0.41	0.81	1.82	2.57

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2008Community-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)	43,616	18,284	25,960	14,572	11,432	2,626	1,767
	154	259	259	237	210	121	97
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	5.09	6.55	6.00	7.00	3.62	2.87*	2.95*
	0.25	0.44	0.38	0.54	0.43	0.65	0.81
Less than 1 year	8.29	7.59	7.70	7.05	9.60	10.08	9.24*
	0.31	0.44	0.44	0.56	0.66	1.13	1.33
1 to less than 3 years	16.76	14.97	15.42	14.92	19.46	18.34	20.53
	0.43	0.67	0.57	0.75	0.87	2.14	2.59
3 to less than 5 years	15.99	14.75	15.42	14.66	17.74	17.57	17.11
	0.43	0.51	0.48	0.62	0.90	1.76	2.38
5 years or more	53.86	56.14	55.46	56.37	49.58	51.14	50.16
	0.65	0.90	0.78	1.09	1.18	2.36	2.82

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	18,284	25,960	14,572	11,432	2,626	1,767
	154	259	259	237	210	121	97
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	32.35	42.33	34.39	41.96	21.37	28.78	25.55
	0.74	0.99	0.85	1.05	1.07	2.38	2.69
(Very) Unsatisfied	3.00	1.35	1.83	0.95*	5.84	6.97*	8.42*
	0.20	0.20	0.21	0.20	0.55	1.37	1.91
Follow-up Care							
Very satisfied	22.06	27.33	22.72	26.86	15.76	20.85	17.20
	0.56	0.76	0.71	0.85	0.91	1.79	2.33
(Very) Unsatisfied	2.64	1.24	1.52	0.85*	5.27	5.98*	7.19*
	0.18	0.18	0.17	0.15	0.54	0.98	1.23
Access/Coordination of Care							
Availability							
Very satisfied	10.11	11.74	10.33	12.04	8.81	11.91	11.77
	0.42	0.61	0.53	0.67	0.68	1.67	1.93
(Very) Unsatisfied	3.72	2.39	2.27	1.87	6.48	8.47*	9.94*
	0.22	0.26	0.21	0.24	0.52	1.33	1.87
Ease of Access to Doctor							
Very satisfied	23.69	32.24	26.84	33.21	14.14	16.40	14.03
	0.59	0.96	0.82	1.12	0.79	2.00	2.22
(Very) Unsatisfied	4.95	1.84	2.50	1.27*	9.84	10.33	12.23
	0.31	0.20	0.21	0.17	0.88	1.38	1.86
Can Obtain Care in Same Location							
Very satisfied	16.34	21.56	17.66	21.60	10.28	12.79	9.65*
	0.51	0.87	0.72	1.02	0.73	1.58	1.74
(Very) Unsatisfied	5.26	2.79	3.16	2.45	9.86	13.38	16.87
	0.30	0.31	0.26	0.30	0.81	1.48	2.09

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2008Community-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)	43,616	18,284	25,960	14,572	11,432	2,626	1,767
	<i>154</i>	<i>259</i>	<i>259</i>	<i>237</i>	<i>210</i>	<i>121</i>	<i>97</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	22.22	28.99	23.70	28.96	14.94	20.60	18.34
	<i>0.59</i>	<i>0.80</i>	<i>0.72</i>	<i>0.88</i>	<i>0.90</i>	<i>2.15</i>	<i>2.66</i>
(Very) Unsatisfied	4.78	2.36	2.89	1.99	9.04	8.78	10.45*
	<i>0.27</i>	<i>0.28</i>	<i>0.26</i>	<i>0.29</i>	<i>0.63</i>	<i>1.52</i>	<i>1.99</i>
Doctor's Concern for Overall Health							
Very satisfied	24.71	31.69	26.03	31.68	17.59	25.43	22.24
	<i>0.54</i>	<i>0.83</i>	<i>0.70</i>	<i>0.91</i>	<i>0.97</i>	<i>2.09</i>	<i>2.64</i>
(Very) Unsatisfied	4.54	2.64	2.87	2.18	7.80	9.51	10.26*
	<i>0.24</i>	<i>0.30</i>	<i>0.27</i>	<i>0.32</i>	<i>0.63</i>	<i>1.37</i>	<i>1.51</i>
Cost of Care							
Cost							
Very satisfied	20.42	25.82	21.41	25.58	14.84	19.85	15.48
	<i>0.57</i>	<i>0.82</i>	<i>0.70</i>	<i>0.94</i>	<i>0.77</i>	<i>2.32</i>	<i>2.34</i>
(Very) Unsatisfied	14.31	10.45	11.76	10.28	21.25	21.07	24.60
	<i>0.43</i>	<i>0.63</i>	<i>0.51</i>	<i>0.72</i>	<i>0.95</i>	<i>2.10</i>	<i>2.54</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	3,473	7,748	6,645	14,721	1,987	9,042
	154	140	175	173	273	113	206
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
Access to Care							
None ³	5.07	14.95	6.12	4.71	4.05	3.81*	2.58
	0.25	1.30	0.55	0.81	0.41	1.02	0.40
Doctor's office	74.08	53.41	70.12	79.68	78.62	80.51	72.49
	0.86	1.99	1.30	1.41	0.98	2.05	1.46
Doctor's clinic	11.07	11.98	11.05	11.29	11.05	12.25	10.34
	0.71	1.45	0.88	1.17	0.81	1.56	1.00
HMO ⁴	3.12	0.00	3.31	0.20*	1.21*	0.00	10.09
	0.24	0.00	0.59	0.15	0.32	0.00	0.92
Hospital OPD/ER ⁵	1.92	2.00*	3.99	1.24*	1.59	1.20*	1.34*
	0.30	0.62	0.50	0.35	0.46	0.50	0.34
Other clinic/health center	4.74	17.66	5.41	2.88*	3.48	2.23*	3.16
	0.26	1.69	0.63	0.36	0.38	0.73	0.47
Difficulty Obtaining Care							
Yes	4.05	8.82	8.30	2.07*	2.32	1.62*	3.44
	0.24	1.32	0.78	0.38	0.26	0.64	0.42
No	95.95	91.18	91.70	97.93	97.68	98.38	96.56
	0.24	1.32	0.78	0.38	0.26	0.64	0.42
Delayed Care Due to Cost							
Yes	7.87	23.92	13.26	4.86	4.71	3.45*	5.48
	0.33	1.89	1.03	0.61	0.47	0.89	0.63
No	92.13	76.08	86.74	95.14	95.29	96.55	94.52
	0.33	1.89	1.03	0.61	0.47	0.89	0.63

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2008Community-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)	43,616	3,473	7,748	6,645	14,721	1,987	9,042
	<i>154</i>	<i>140</i>	<i>175</i>	<i>173</i>	<i>273</i>	<i>113</i>	<i>206</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	5.09	15.03	6.17	4.73	4.07	3.82*	2.59
	<i>0.25</i>	<i>1.32</i>	<i>0.55</i>	<i>0.81</i>	<i>0.42</i>	<i>1.02</i>	<i>0.40</i>
Less than 1 year	8.29	8.22	11.54	6.96	6.35	7.26*	9.94
	<i>0.31</i>	<i>1.17</i>	<i>0.74</i>	<i>0.66</i>	<i>0.49</i>	<i>1.31</i>	<i>0.72</i>
1 to less than 3 years	16.76	17.14	21.70	14.30	14.56	13.73	18.50
	<i>0.43</i>	<i>1.52</i>	<i>1.09</i>	<i>0.87</i>	<i>0.72</i>	<i>2.11</i>	<i>0.93</i>
3 to less than 5 years	15.99	16.92	17.59	14.73	14.99	14.27	17.24
	<i>0.43</i>	<i>1.52</i>	<i>1.07</i>	<i>0.92</i>	<i>0.67</i>	<i>1.59</i>	<i>0.84</i>
5 years or more	53.86	42.68	42.99	59.29	60.03	60.91	51.73
	<i>0.65</i>	<i>2.50</i>	<i>1.29</i>	<i>1.30</i>	<i>0.94</i>	<i>2.58</i>	<i>1.25</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 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 52 (i.e., the 2008 Access to Care Public Use File) were taken from their Round 49 interview (i.e., the 2007 Access to Care Public Use File) or from their Round 55 interview (i.e., the 2009 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, 2008Community-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)	43,616	3,473	7,748	6,645	14,721	1,987	9,042
	154	140	175	173	273	113	206
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	32.35	21.32	22.70	36.30	36.41	44.75	32.53
	0.74	1.74	1.20	1.37	1.22	2.79	1.31
(Very) Unsatisfied	3.00	5.49*	5.20	2.41*	2.04	1.21*	2.56
	0.20	0.80	0.64	0.44	0.25	0.50	0.39
Follow-up Care							
Very satisfied	22.06	16.56	15.10	25.79	25.32	29.02	20.50
	0.56	1.62	0.91	1.24	0.88	2.24	1.16
(Very) Unsatisfied	2.64	3.41*	3.90	1.59*	2.23	1.72*	2.92
	0.18	0.73	0.47	0.29	0.29	0.52	0.43
Access/Coordination of Care							
Availability							
Very satisfied	10.11	7.18	8.08	10.93	12.10	11.22	8.87
	0.42	1.10	0.67	0.70	0.71	1.58	0.81
(Very) Unsatisfied	3.72	5.43*	4.83	3.52	3.58	2.03*	2.86
	0.22	1.24	0.46	0.48	0.41	0.69	0.43
Ease of Access to Doctor							
Very satisfied	23.69	16.12	12.90	26.57	27.97	37.68	23.61
	0.59	1.81	0.90	1.32	0.94	2.44	1.16
(Very) Unsatisfied	4.95	9.83	8.92	3.51	3.84	2.68*	3.06
	0.31	1.30	0.70	0.48	0.46	0.73	0.46
Can Obtain Care in Same Location							
Very satisfied	16.34	15.20	12.54	16.81	18.45	18.57	15.72
	0.51	1.60	0.92	1.14	0.88	2.28	0.99
(Very) Unsatisfied	5.26	7.43*	5.96	5.76	5.45	4.29*	3.39
	0.30	1.12	0.60	0.58	0.56	1.01	0.45

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2008Community-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)	43,616	3,473	7,748	6,645	14,721	1,987	9,042
	<i>154</i>	<i>140</i>	<i>175</i>	<i>173</i>	<i>273</i>	<i>113</i>	<i>206</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	22.22	18.56	15.21	25.18	25.08	32.22	20.54
	<i>0.59</i>	<i>1.87</i>	<i>1.04</i>	<i>1.18</i>	<i>1.03</i>	<i>2.35</i>	<i>1.14</i>
(Very) Unsatisfied	4.78	6.82	7.09	3.55	4.20	3.50*	4.15
	<i>0.27</i>	<i>1.02</i>	<i>0.63</i>	<i>0.48</i>	<i>0.47</i>	<i>0.84</i>	<i>0.53</i>
Doctor's Concern for Overall Health							
Very satisfied	24.71	20.00	16.95	29.34	27.48	31.67	23.63
	<i>0.54</i>	<i>1.80</i>	<i>1.00</i>	<i>1.47</i>	<i>0.81</i>	<i>2.43</i>	<i>1.20</i>
(Very) Unsatisfied	4.54	6.06*	6.71	3.88	3.76	2.65*	4.28
	<i>0.24</i>	<i>1.05</i>	<i>0.59</i>	<i>0.50</i>	<i>0.40</i>	<i>0.75</i>	<i>0.55</i>
Cost of Care							
Cost							
Very satisfied	20.42	14.63	20.66	20.97	22.17	26.89	17.73
	<i>0.57</i>	<i>1.78</i>	<i>1.06</i>	<i>1.23</i>	<i>0.91</i>	<i>2.38</i>	<i>0.97</i>
(Very) Unsatisfied	14.31	25.32	10.41	15.48	13.70	10.51	14.36
	<i>0.43</i>	<i>1.86</i>	<i>0.82</i>	<i>0.97</i>	<i>0.79</i>	<i>1.42</i>	<i>1.00</i>

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File, CY 2008 Access to Care Public Use File, supplemented by CY 2007 and CY 2009 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2008 file.

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- 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.