Snapshot of Determinants for an Enhanced Primary Care Home Initiative for Ohio

With increased interest in the role of primary care, and especially the development of patient-centered medical homes, it is important to understand Ohio’s current status on access to, and use of, primary care. This policy brief presents general findings based on data from the 2008 and 2010 Ohio Family Health Surveys. It finds that while most Ohioans have a usual source of health care, that source of care often does not equate to an engaged primary care relationship.

Usual Source of Care
Whether or not one has a usual source of health care is necessary for having an engaged relationship with a primary care provider. According to the OFHS surveys, over 90 percent of all Ohioans had a usual source of health care, including people with Medicaid coverage. The only coverage group with a lower rate of having a usual source of health care is the uninsured (74.8% in 2008 and 75.3% in 2010).

While the overall rate of having a usual source of health care is above 90%, several specific groups have rates below 90%. For both 2008 and 2010 these groups include: individual with incomes between 0 and 150% of the Federal Poverty Level (FPL) ($16,245 in 2009), individuals ages 18 to 34, Hispanics, and Ohioans with chronic non-mental health conditions. In 2008, people with incomes between 151 and 200% FPL ($16,353 - $21,660), African-Americans, and individuals between the ages 35 and 44 also had usual source of health care below the general population rate.

People with a usual source of health care also have better overall health than those without a usual source of care. Even though the population with a usual source of health care had worse self-rated health status, they had higher overall satisfaction with their health care, better control of their diabetes, were less likely to have unmet needs, had an easier time accessing a specialist, and smoked less than those without a usual source of health care.

Non-financial issues accounted for most of the reasons why Ohioans did not have a usual source of health care. The single most frequent reason was seldom or never getting sick (43.5%). Other non-financial reasons included preferring not to use doctors (9.5%), not having an existing regular source of health care or knowing where to go (6.3%), and preferring to use differing health care providers for differing health needs (1.3%). Financial reasons accounted for 29.4% of the reasons for not having a usual source of health care, including cost (16.8%) and having no insurance (12.6%).

Location of the Usual Source of Health Care
People with a usual source of health care varied in the location of that care. For 72 to 74 percent of Ohioans, that place of care was a doctor’s office or HMO. For another 13 to 14 percent, it was a non-hospital clinic, and another 8 percent fell into the “other” category. Between 5 and 6 percent of Ohioans reported the emergency room (ER) as their usual source of health care. The highest users of the ER as their usual source of health care in 2010 were the uninsured, followed by African-Americans, those with Medicaid, people below 101% FPL, and people with incomes between 139% and 150% FPL.

People whose usual source of health care was a doctor’s office or clinic experienced better health than those who used the ER as their usual source of care. These people, overall, had fewer hospitalizations and unmet health-related needs than did those using the ER as their usual source of health care. The ER usual source of care population did have lower overall self-rated health status compared to the clinic and doctor’s office groups.

Certain populations were much higher users of clinics than the overall population. The population groups with the highest rate of using clinics as their usual source of health care in 2010 were: individuals with Medicaid, including the dual-eligibles; the uninsured; African-Americans; Hispanics; people with incomes below 100% FPL; and people with chronic mental health conditions. Populations with the highest rate of using a doctor’s office as their usual source of health care in 2010 included: those with Medicare and private insurance; Suburban and Rural non-Appalachian
residents; people without a chronic health condition; people ages 45 to 64; Whites, females, and people with incomes above 201% FPL. The patients with a clinic as their usual source of health care had similar rates related to access to specialist and unmet needs as those being served through a doctor’s office, even though the clinic population had lower self-rated health status.

Similar to the case with people who reported no usual source of health care, non-financial reasons accounted for the vast majority of the reasons that people used the ER as their usual source of health care (79.2%). The leading non-financial reasons for using the ER as a usual source of health care were: felt it was the best place to go (36.1%); convenience (28.9%); and not having an existing regular source of care other than the ER or not knowing where else to go (13.2%). Financial reasons, specifically not being able to afford health care elsewhere and the ER doesn’t turn anyone away, represented 15.8% of the responses.

Frequency of Care
Though there are limitations with the OFHS questions on use of someone’s usual source of care, just having a usual source of health care with a doctor’s office or clinic does not translate into an engaged primary care relationship. According to the 2010 OFHS, 19.6% of clinic patients and 11.9% of doctor’s office patients reported not seeing any community-based provider in the previous twelve months. Another 24.1% of clinic patients and 24.6% of doctor’s office patients reported seeing a community-based a provider at least once during the previous twelve months but did not get a regular checkup as part of their visit(s). These groups appear to be using their usual source of care for acute care-related needs primarily or exclusively. Interestingly, privately covered patients had the highest rates of no use and limited use of primary care, except for the uninsured. Medicare patients had the highest rate of more enhanced use of the clinic or doctor’s office. The 2008 and 2010 OFHS did not include questions asking about why these patients used their usual source of care in the manner that they did.

Ohioans with a more enhanced relationship with their clinic or doctor’s office as a usual source of health care had worse self-rated health status that those with either limited or no use. They also had a higher rate of ER use and hospital admissions. These findings likely reflect that people with more involved health issues have a more engaged relationship with primary care and specialty care providers. At the same time, they rated their health care higher and reported fewer unmet needs that those with limited or no use in 2008.

Policy Implications
The Ohio Health Improvement Quality Plan emphasized the importance of primary care, especially focused on patient-centered medical homes, as an essential cornerstone in creating an affordable and sustainable health care system for all Ohioans. This analysis finds that while most Ohioans report a usual source of health care, this care relationship is less focused on preventive and general primary care. Additionally, many Ohioans use the ER as their source of health care, primarily for non-financial reasons. During a discussion of these findings with a small group of diverse stakeholders it was noted that Ohio needs to continue its ongoing work to develop a robust, effective primary care capacity. To achieve that end, these stakeholders suggested that the following needs to occur:

1. Multi-payer payment reform that rewards and encourages primary care;
2. More consumer engagement activities;
3. Identification of key non-financial reasons that people use the ER as their usual source of health care and incorporating important components into community-based non-ER locations; and
4. Employer and government insistence on the need for patient-centered medical homes.

![Ohio Family Health Survey](OFHS_logo.png)