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Insured Californians Report High Satisfaction with Health Care

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More than 24 million insured Californians report “good” to “excellent” satisfaction with their health care, based on data from the 2003 California Health Interview Survey. These individuals who represent 96% of the total insured, non-elderly population in California report a positive health care experience, while having health insurance and visiting a doctor within the past two years. The 900,000 individuals with “fair” or “poor” satisfaction (3.6%) are more likely to delay seeking medical care and to have experienced problems getting the necessary health care. The percent of dissatisfied individuals is slightly higher for HMO enrollees (3.8%) than it is for insured individuals in Preferred Provider Organizations (PPOs) or Fee-for-Service (FFS) plans at 3.3%. Although the overall rate of satisfaction with health care is high among insured individuals (96.3%), we found that many of these individuals are not obtaining recommended preventive services for their age group, gender and/or disease condition.

Research has shown that patient satisfaction with the care they receive is an important component in addressing quality of care in terms of process, structure and health outcomes. Although this brief does not deal directly with clinical health outcomes, studies demonstrate that health outcomes are associated with self-reported patient satisfaction.¹ In 2002, Miller and Luft reported that HMO enrollees had lower levels of satisfaction when compared with patients who were not HMO enrollees.² In addition, other researchers have found that quality of care cannot be measured solely by clinical outcomes alone, but must also include the patient’s broader perception of quality and satisfaction.³

Data Source and the Population Studied

The estimates in this brief come from analysis of the 2003 California Health Interview Survey (CHIS 2003). The population studied

is made up of insured individuals from ages 0 to 64, and focuses on satisfaction ratings and provision of preventive services—such as cancer screening and asthma management. Satisfaction is measured using a ten-point scale in which patients are asked to self-rate their health care experiences. A majority of patients report scores of five or better, indicating good, very good, or excellent care. However, almost 4% of the population reports fair or poor care (scores of four or lower).

Satisfaction Scores

Overall, 3.6% of insured individuals report low satisfaction with their health care. Looking across all insured individuals covered through privately-purchased or employer-based plans, Medi-Cal, or Healthy Families, HMO enrollees report fair or poor satisfaction with their health care significantly more than individuals in PPO/FFS arrangements (3.8% vs. 3.3%, $p < 0.05$).⁴ This finding is also true

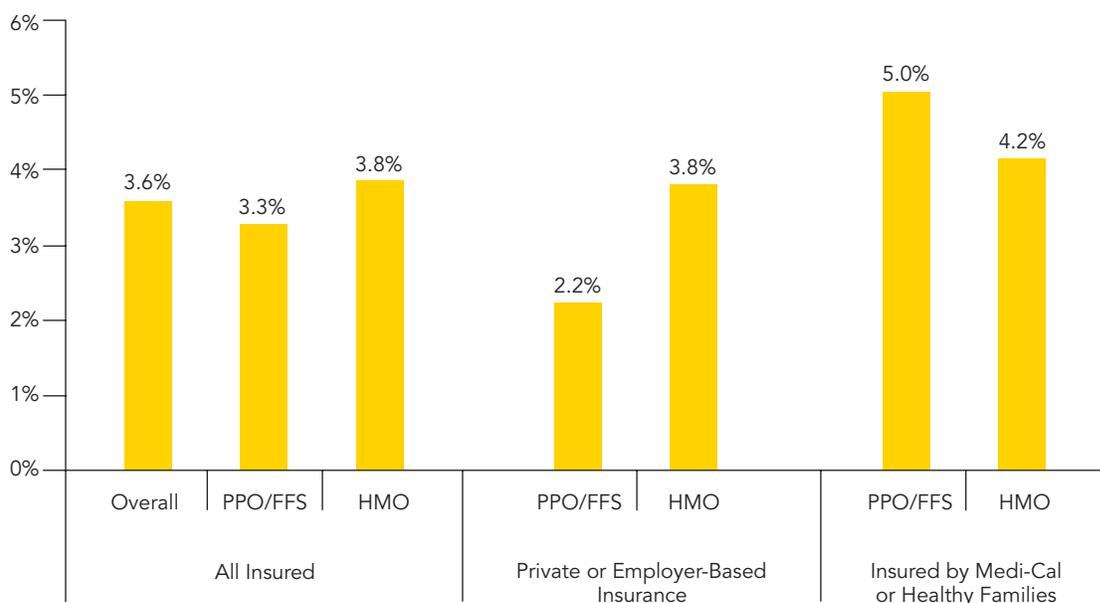


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Exhibit 1

Fair or Poor Patient Satisfaction Scores by Insurance Type and PPO/FFS or HMO Enrollment, Ages 0-64, California, 2003



when looking only at individuals with insurance provided through their employer or having privately-purchased insurance coverage (3.8% vs. 2.2%, $p < 0.05$).⁵ However, for individuals with Medi-Cal or Healthy Families coverage, those in PPO/FFS plans are more likely to report low satisfaction with care than their HMO counterparts, although the two groups are not significantly different (5% vs. 4.2%).

Screening Rates

Rates of preventive services offer another way to analyze the differences between HMO and PPO/FFS patients. These measures include cancer screening and other preventive services that indicate whether individuals are receiving recommended care based on age, gender and/or disease conditions.

Compared to the high level of satisfaction among insured individuals, Exhibit 2 shows that the rates of preventive services are also generally high among California's insured population. HMO and PPO/FFS enrollees

have slightly different rates on a number of measures, including rates of prostate cancer screening (PPO/FFS is higher by 4.6%), breast cancer screening (HMO is higher by 6.3%), colon cancer screening (HMO is higher by 3.5%), daily medication to control asthma (PPO/FFS is higher by 6.4%), and having an asthma management plan (HMO is higher by 1.8%). Exhibit 2 shows that HMO enrollees overall seem to have higher screening and preventive-service-provision rates than PPO/FFS patients—HMOs seem to do a better job of screening for breast cancer, colon cancer and prostate cancer in Medi-Cal and Healthy Families enrollees. In privately-purchased and employer-based HMO plans, enrollees also have higher screening rates for breast cancer, colon cancer and asthma prevention care, while PPO/FFS enrollees have better screening rates for prostate and cervical cancer. These differences could be due to demographic variation between plans, although these rates include only those individuals eligible for the service based on guidelines for age and gender.

Screening Rates and Receipt of Other Preventive Services by Insurance Type, Ages 0-64, California, 2003

Exhibit 2

	All Insured			Private or Employer-Based Insurance		Insured by Medi-Cal or Healthy Families	
	Overall	PPO/FFS	HMO	PPO/FFS	HMO	PPO/FFS	HMO
Cancer Screening (Age Range)							
Prostate Cancer Screening in Past Year (40-64)	25.2%	27.7%	23.1%	30.1%	23.2%	21.0%	22.4%
Breast Cancer Screening in Past Two Years (52-64)	86.2%	83.0%	88.9%	85.8%	89.1%	74.3%	85.8%
Colon Cancer Screening in Past Five Years (50-64)	49.5%	47.7%	51.2%	48.6%	51.3%	44.9%	49.1%
Cervical Cancer Screening in Past Three Years (21-64)	90.5%	90.5%	90.4%	91.5%	90.5%	88.5%	88.6%
Other Preventive Services							
Daily Medication to Control Asthma	44.8%	48.0%	41.6%	39.8%	41.7%	61.4%	40.9%
Asthma Management Plan	34.3%	33.5%	35.2%	33.1%	35.3%	34.3%	33.5%

The Health Plan Employer Data and Information Set (HEDIS) allows consumers of health care to compare HMO plans across a number of different performance measures. Although some CHIS 2003 measures of process outcomes are similar to HEDIS measures, others—such as prostate cancer screening in health plans and colorectal cancer screening for Medi-Cal plans—are absent in HEDIS. Prostate cancer screening has not been adopted as a clinical recommendation by the U.S. Preventive Services Task Force or by HEDIS as an indicator. This may result in lower rates across the board, regardless of health plan type. Interestingly, CHIS 2003 data show that those measures absent from HEDIS are not a priority for HMO plans, as these rates are substantially lower than for the indicators included in HEDIS. In items that are specifically tracked by HEDIS, HMO enrollees tend to have higher rates, while PPO/FFS patients seem to have better access to services not tracked by HEDIS (such as prostate cancer screening) than HMO enrollees.

Conclusions and Policy Implications

Satisfaction scores and screening rates vary depending on individual insurance coverage. Insured individuals are not consistently receiving necessary services and some have problems accessing health care. While overall satisfaction scores are very high, provision of

preventive services varies considerably for different types of insurance. These findings underscore the need for patients to obtain the proper preventive care for their age group and condition, regardless of HMO or PPO/FFS plan enrollment. Expanding HEDIS reporting to include other preventive services may be an efficient way to help increase the use of preventive services for all insurance plans.

Data Source and Methods

The 2003 California Health Interview Survey was used for this study. All respondents ages 0 to 64 were included. For additional information on CHIS data collection and methodology, or for further data, please visit www.chis.ucla.edu. The patient scoring scales used in CHIS 2003 have been tested in many clinical settings, and were determined to be more reliable than comparable scoring systems.⁶ To test for differences between HMO and PPO/FFS members in terms of their satisfaction, we employed a logistic regression model to control for other factors that could be associated with substandard health care. These factors include race/ethnicity, income, gender, self-reported health status, age group, education and having a usual source of care.

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Notes

- 1 Kane RL, Maciejewski M, Finch M. 1997. The Relationship of Patient Satisfaction with Care and Clinical Outcomes. *Medical Care*. 35(7):714-730.
- 2 Miller RH and Luft HS. 2002. HMO Plan Performance Update: An Analysis of the Literature, 1997-2001. *Health Affairs*. 21(4): 63-86.
- 3 Lin B and Kelly E. 1995. Methodological issues in patient satisfaction surveys. *International Journal of Health Care Quality Assurance*. 8(6): 32-27.
- 4 A $p < 0.05$ notation indicates that the two groups were significantly different from each other when compared using a logistic regression model. This model controlled for factors such as race/ethnicity, health status, income and other demographic characteristics that may be associated with health-care-satisfaction scores.
- 5 Ibid.
- 6 Ware JE, Hays RD. 1988. Methods for measuring patient satisfaction with specific medical encounters. *Medical Care*. 26(4): 393-402.

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