



CLOSING THE DIVIDE: HOW MEDICAL HOMES PROMOTE EQUITY IN HEALTH CARE

***Results from the
Commonwealth Fund 2006 Health Care Quality Survey***

**Anne C. Beal, Michelle M. Doty, Susan E. Hernandez,
Katherine Shea, and Karen Davis**

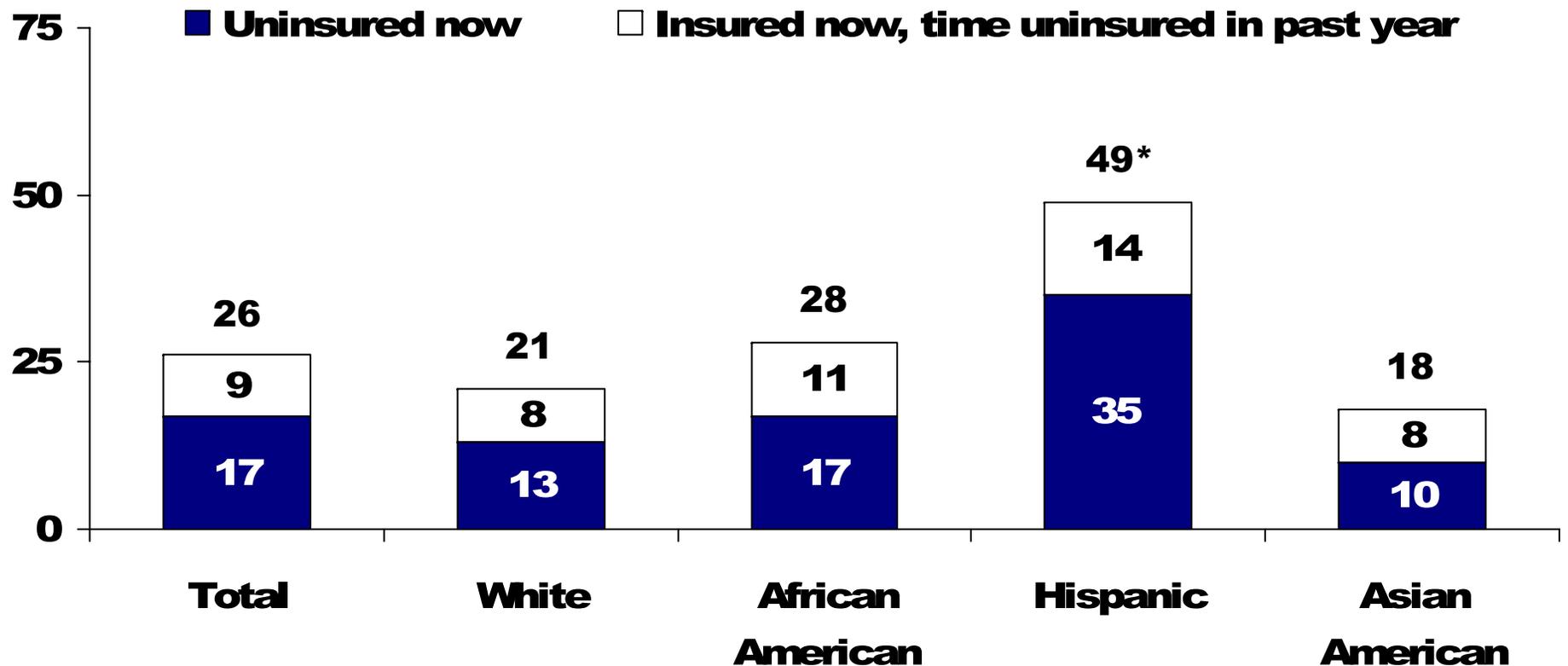
June 2007

EXECUTIVE SUMMARY



Figure ES-1. Nearly Half of Hispanics and One of Four African Americans Were Uninsured for All or Part of 2006

Percent of adults 18–64



* Compared with whites, differences remain statistically significant after adjusting for income.
 Source: Commonwealth Fund 2006 Health Care Quality Survey.



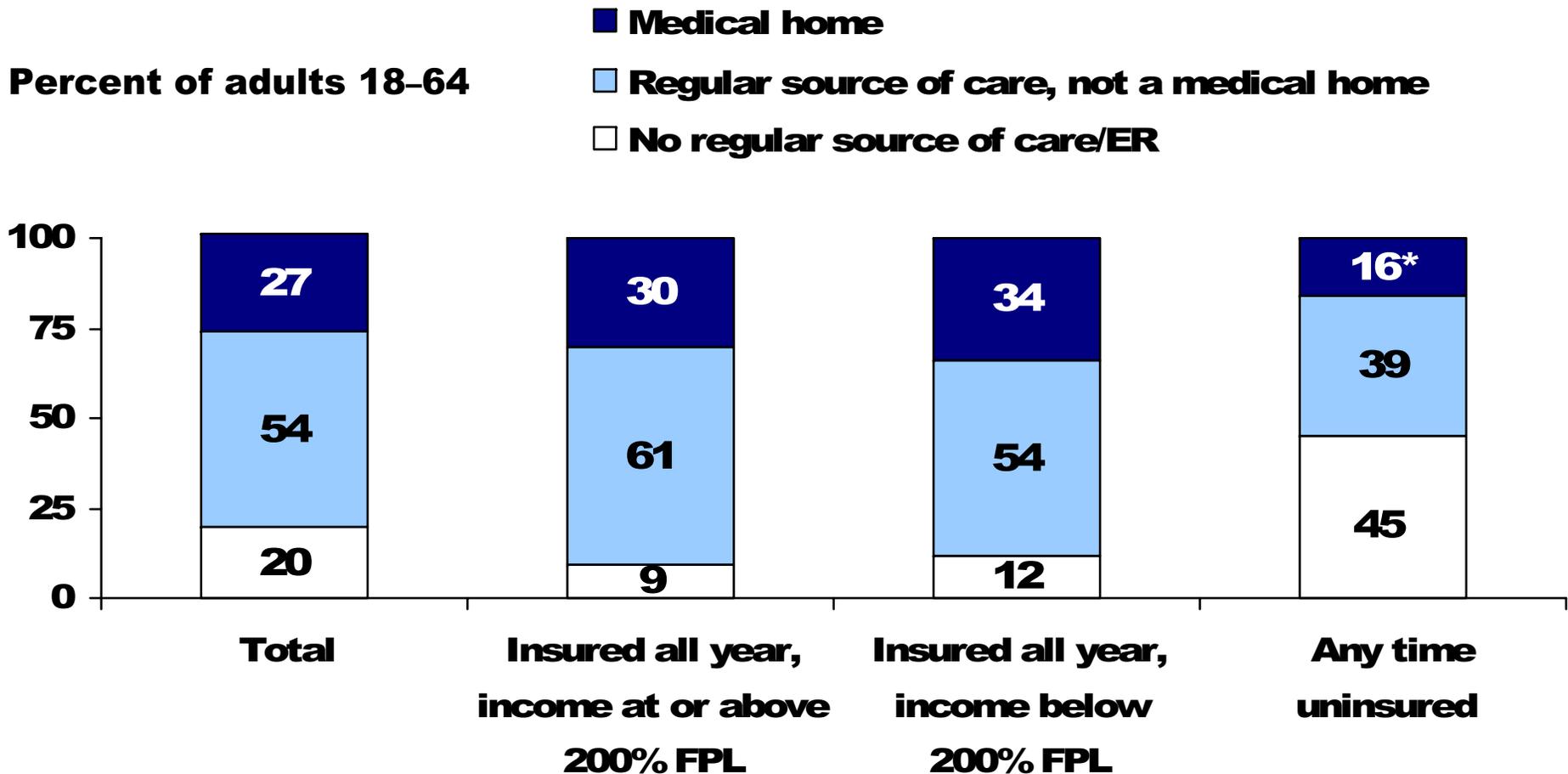
**Figure ES-2. Indicators of a Medical Home
(adults 18–64)**

Indicator	Total		Percent by Race			
	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
<i>Among those with a regular doctor or source of care . . .</i>						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult to get care or medical advice after hours	92	65	65	69	60	66
Doctors' office visits are always or often well organized and running on time	93	66	68	65	60	62
All four indicators of medical home	47	27	28	34	15	26

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure ES-3. Uninsured Are Least Likely to Have a Medical Home and Many Do Not Have a Regular Source of Care



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

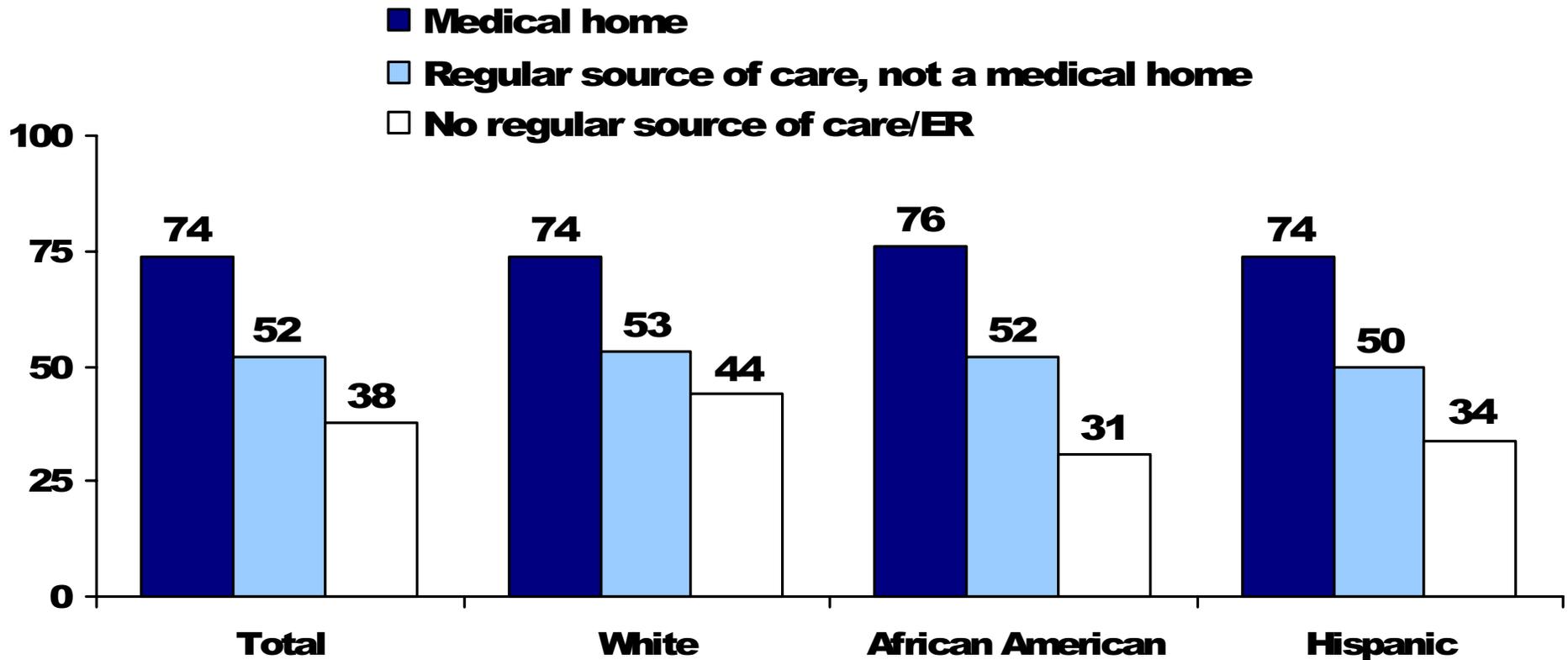
* Compared with insured with income at or above 200% FPL, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure ES-4. Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it

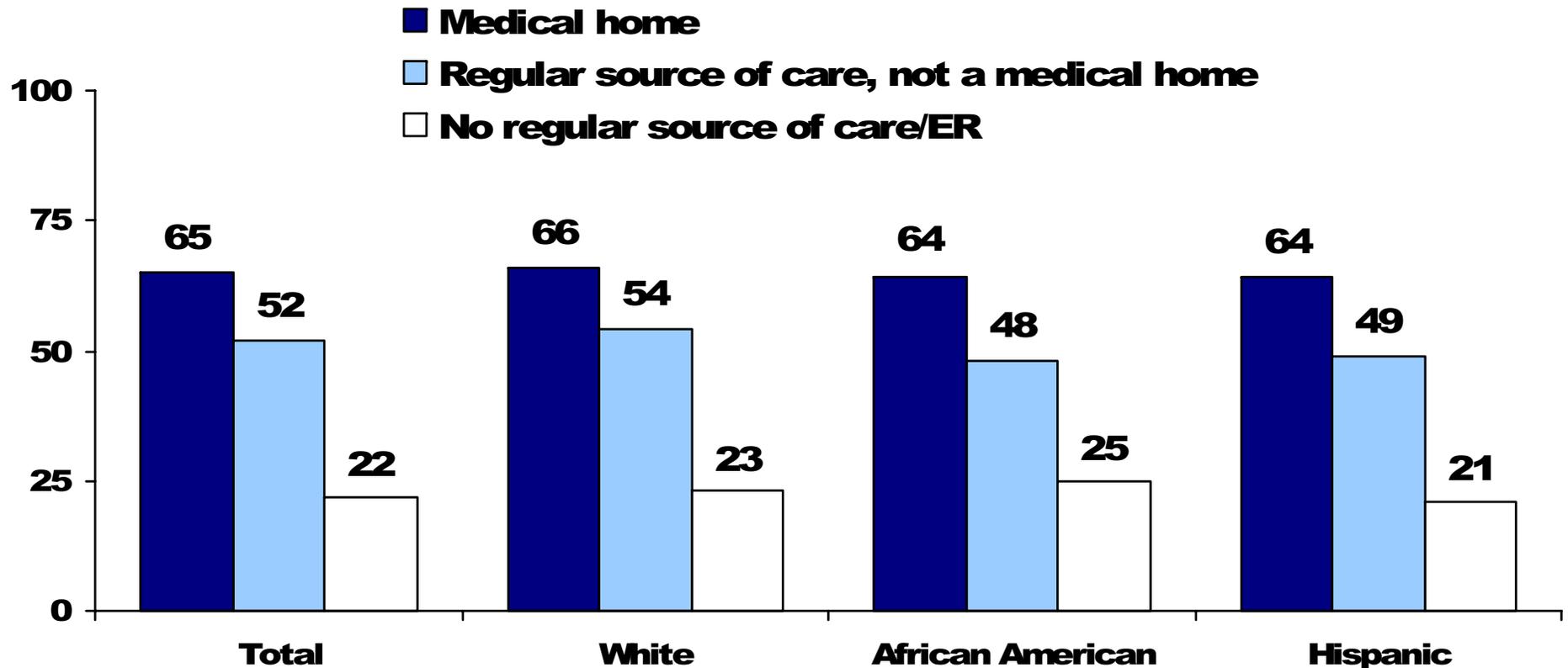


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure ES-5. When African Americans and Hispanics Have Medical Homes They Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors' office

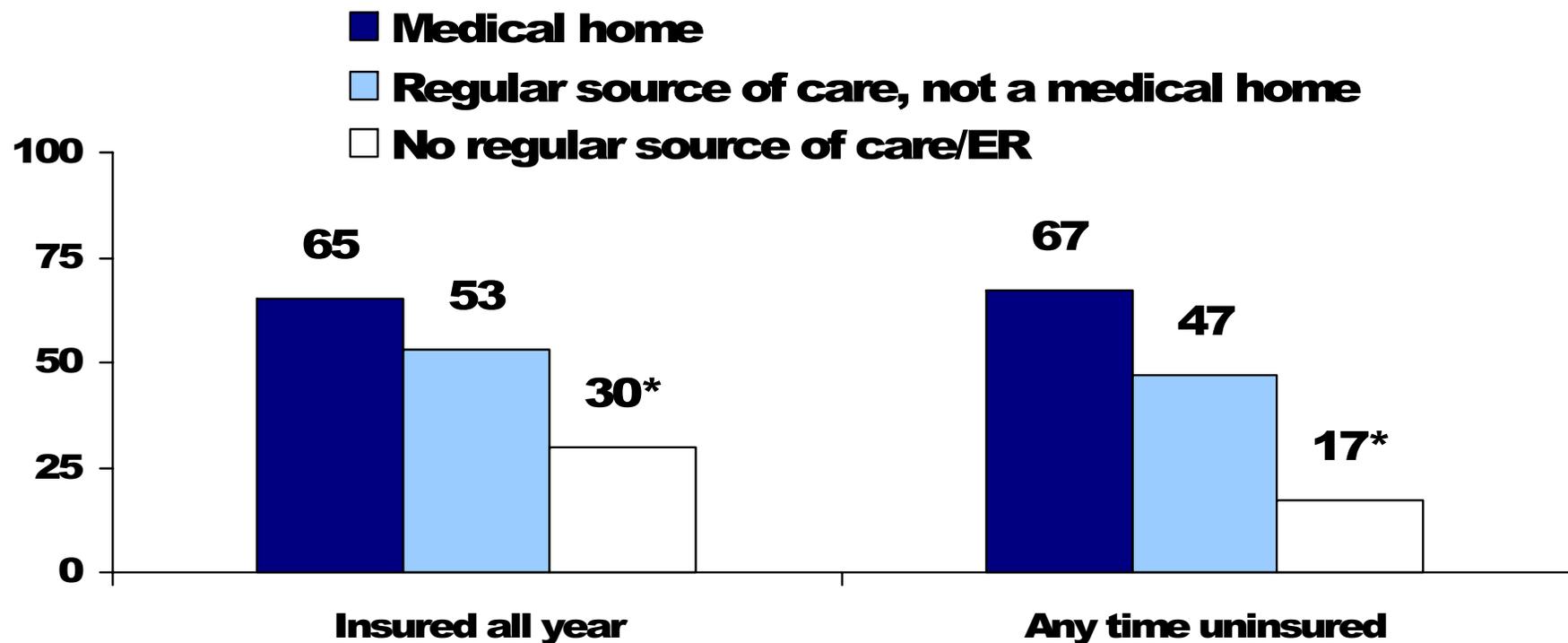


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure ES-6. Patients with Medical Homes—Whether Insured or Uninsured—Are Most Likely to Receive Preventive Care Reminders

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctor's office



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with medical home, differences are statistically significant.

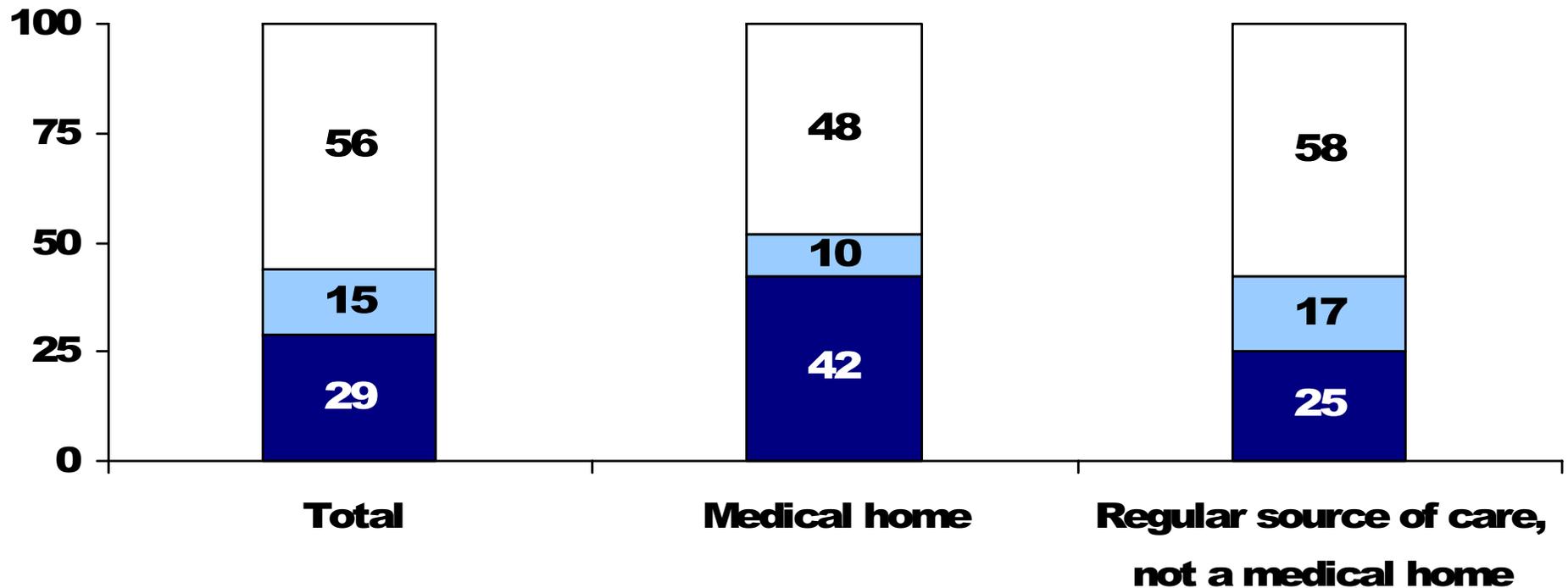
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure ES-7. Adults with a Medical Home Are More Likely to Report Checking Their Blood Pressure Regularly and Keeping It in Control

Percent of adults 18–64 with high blood pressure

- Does not check BP
- Checks BP, not controlled
- Checks BP, controlled



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



**Figure ES-8. Indicators of a Medical Home
by Usual Health Care Setting
(adults 18–64)**

		Usual Health Care Setting		
Indicator	Total	Doctors' office	Community health center or public clinic	Other settings*
Regular doctor or source of care	80%	95%	78%	63%
<i>Among those with a regular doctor or source of care . . .</i>				
Not difficult to contact provider over telephone	85	87	77	77
Not difficult to get care or medical advice after hours	65	67	54	69
Always or often find visits to doctors' office well organized and running on time	66	68	56	60
All four indicators of a medical home	27	32	21	22

* Includes hospital outpatient departments and other settings.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

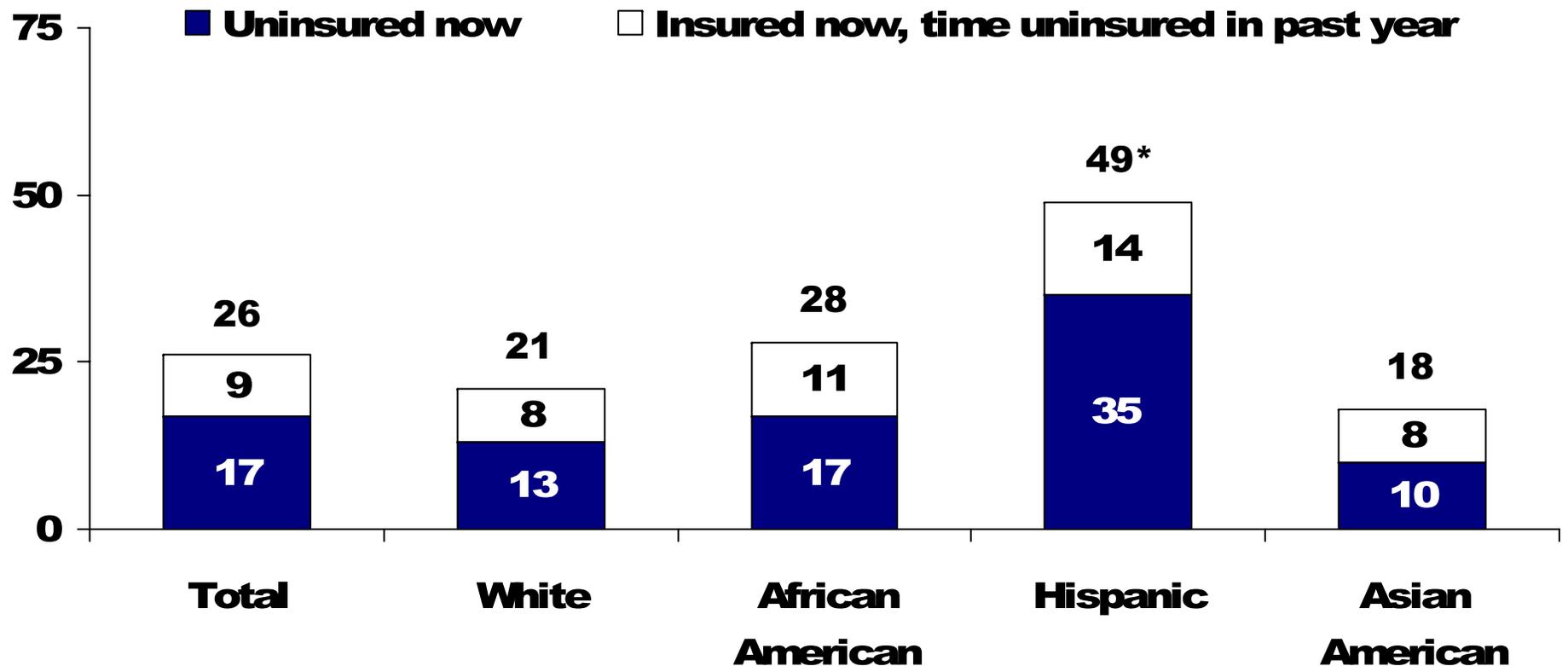


HEALTH CARE COVERAGE AND A MEDICAL HOME FOR MINORITIES



Figure 1. Nearly Half of Hispanics and One of Four African Americans Were Uninsured for All or Part of 2006

Percent of adults 18–64

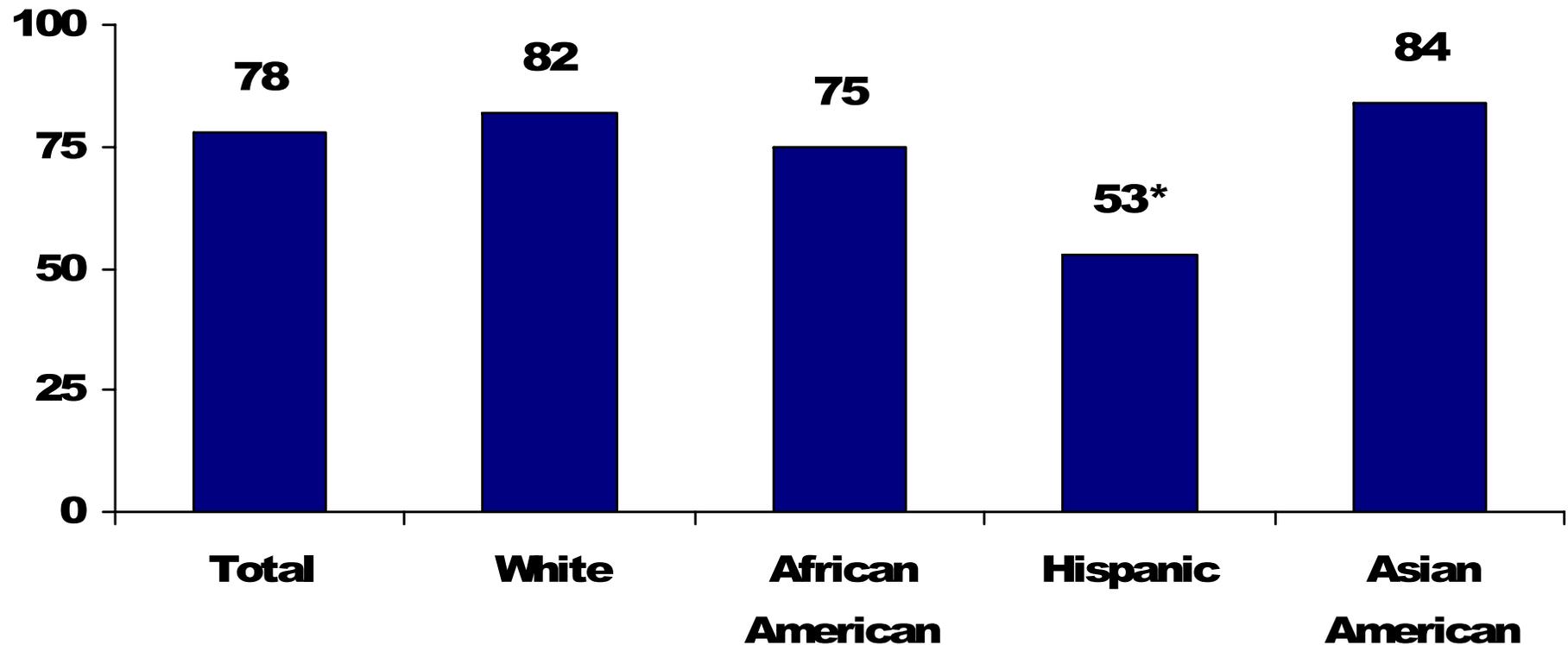


* Compared with whites, differences remain statistically significant after adjusting for income.
 Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 2. Hispanics Are Least Likely to Have Continuous Insurance Coverage Even When a Family Member Has Full-Time Employment

Percent of adults 18–64 insured all year with at least one full-time worker in their family

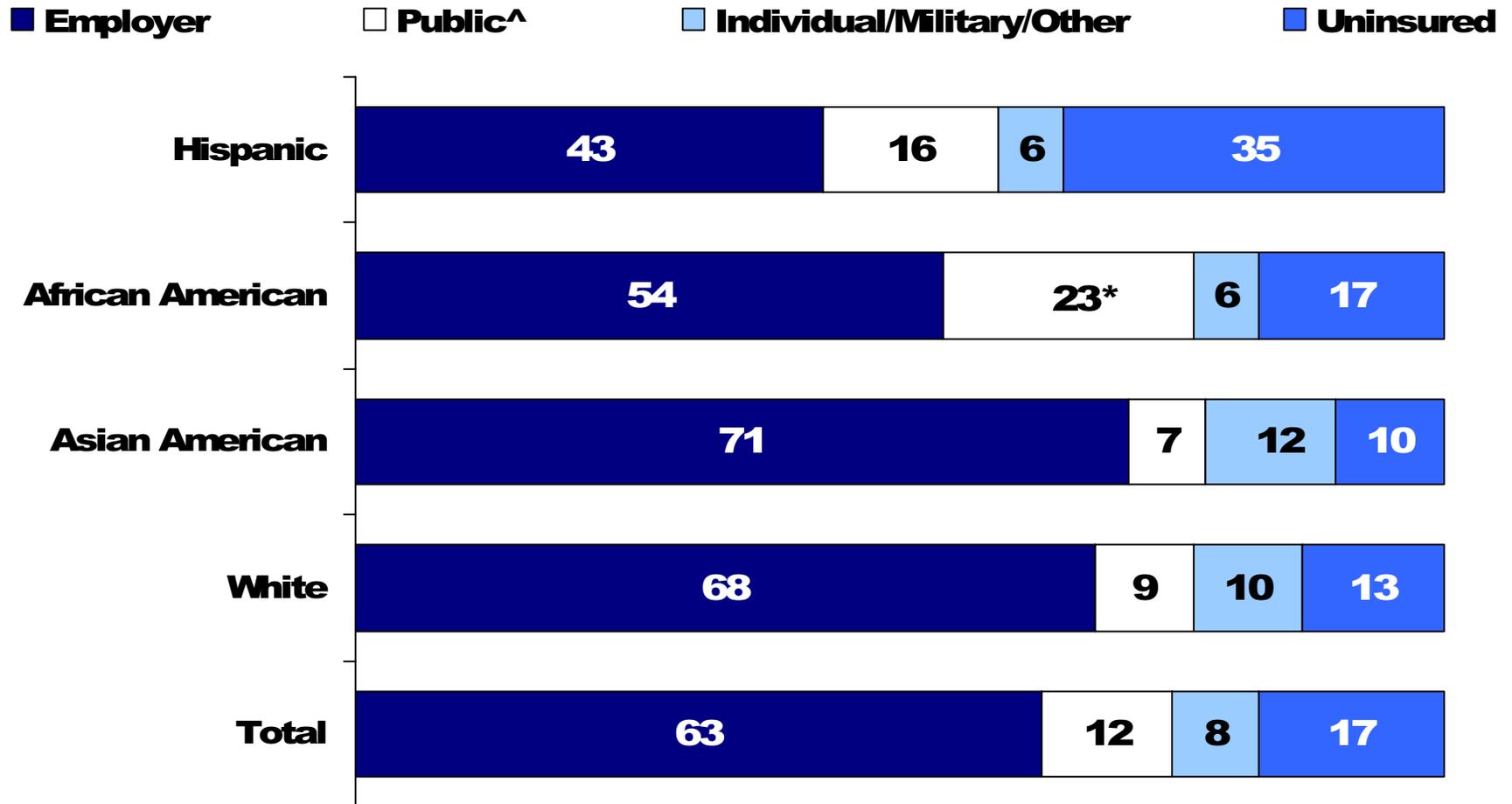


* Compared with whites, differences remain statistically significant after adjusting for income.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 3. Hispanics and African Americans Are Least Likely to Have Health Insurance Through an Employer

Percent of adults 18–64 with following insurance sources at time of survey



[^] Includes Medicare and Medicaid.

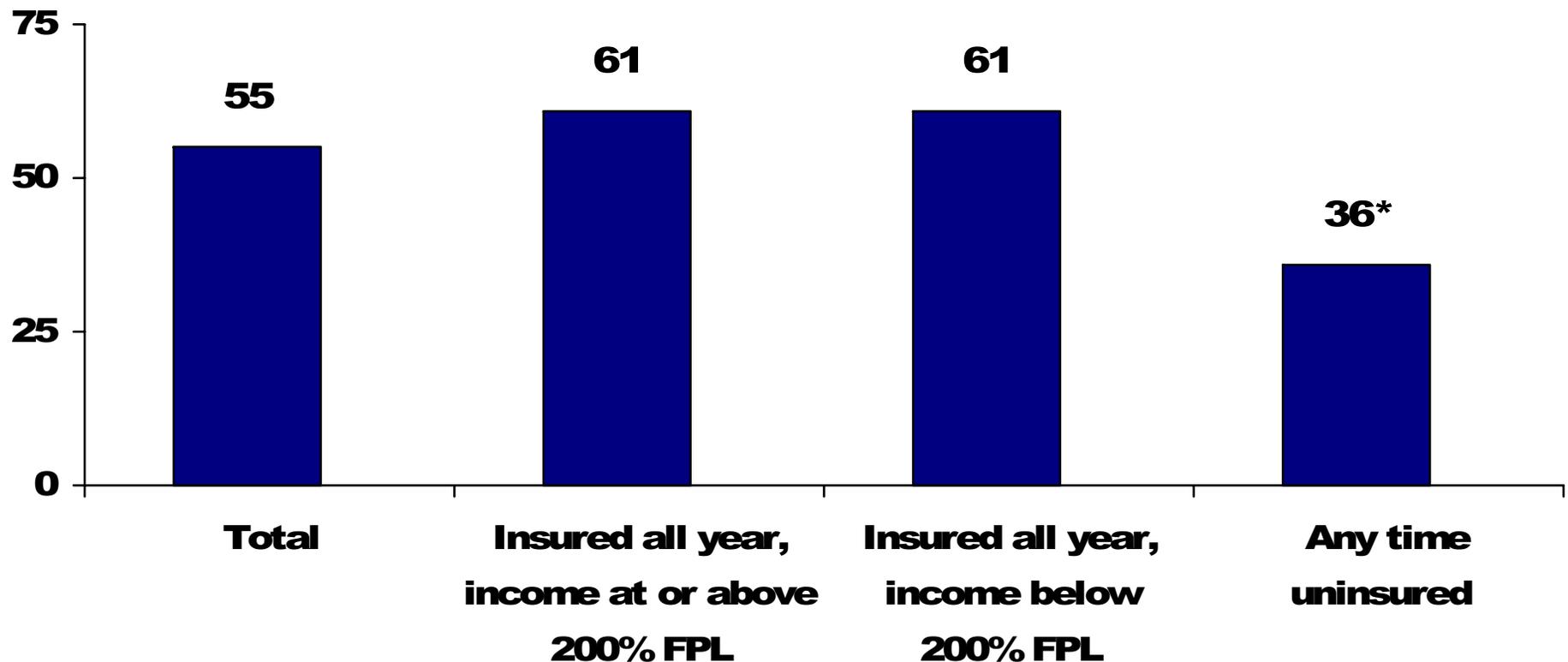
* Compared with whites, results are statistically significant even after controlling for income.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 4. Uninsured Are Less Likely to Report Always Getting the Care They Need When They Need It; Low-Income Adults, When Insured, Are as Satisfied as Higher-Income Adults

Percent of adults 18–64 reporting always getting care they need when they need it

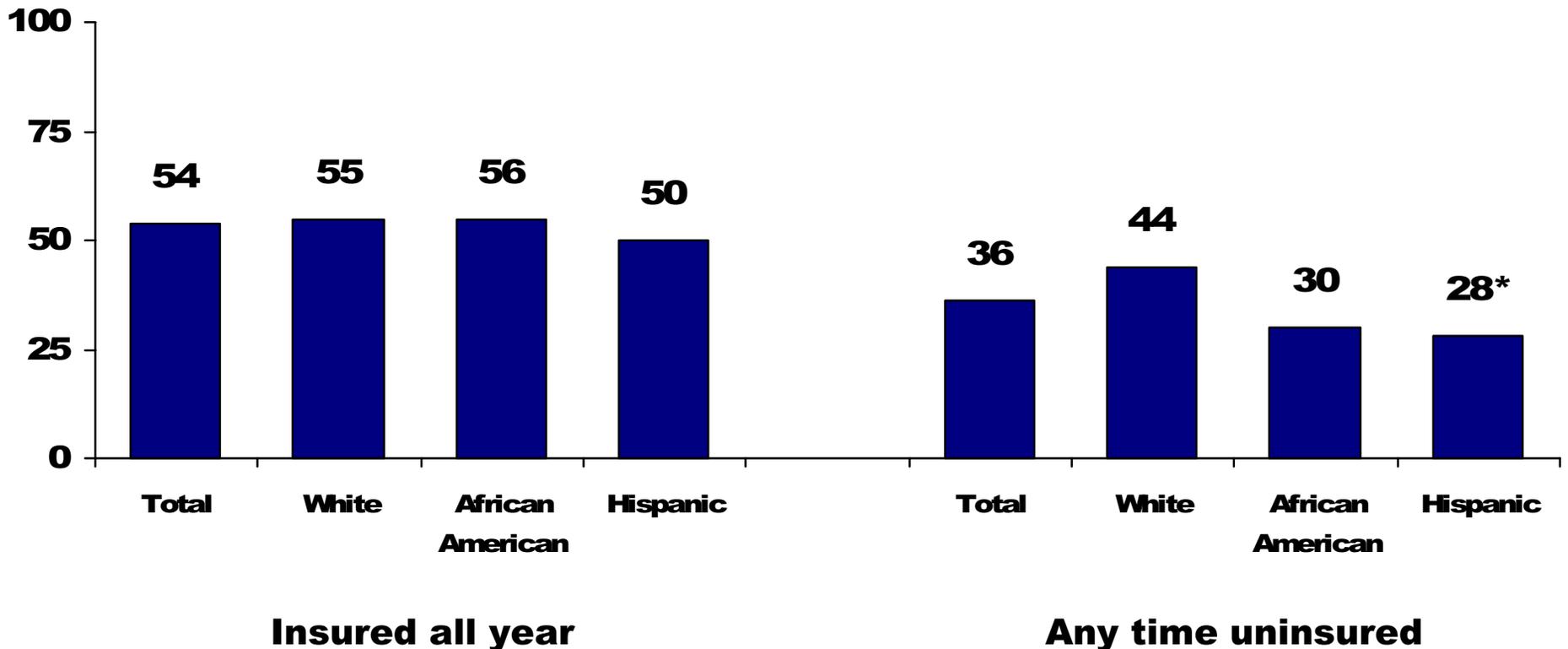


* Compared with insured with income at/above 200% poverty, differences are statistically significant.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 5. When Insured, Minorities Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits; Rates Are Low for All Uninsured Adults, Especially Hispanics

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctor’s office

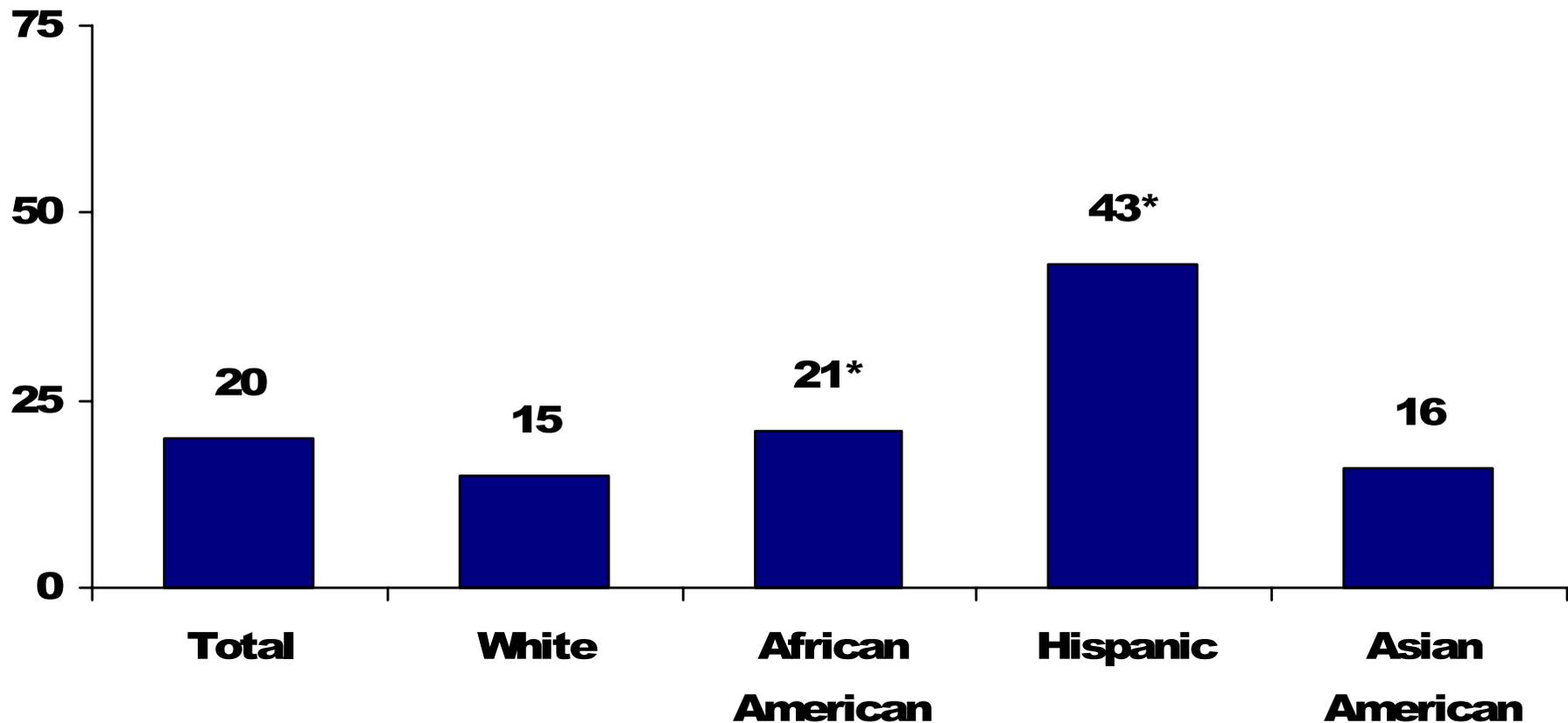


* Compared with whites, differences are statistically significant.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 6. Hispanics Are Most Likely to Be Without a Regular Doctor or Source of Care

Percent of adults 18-64 with no regular doctor or source of care



* Compared with whites, differences remain statistically significant after adjusting for age, income, and insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



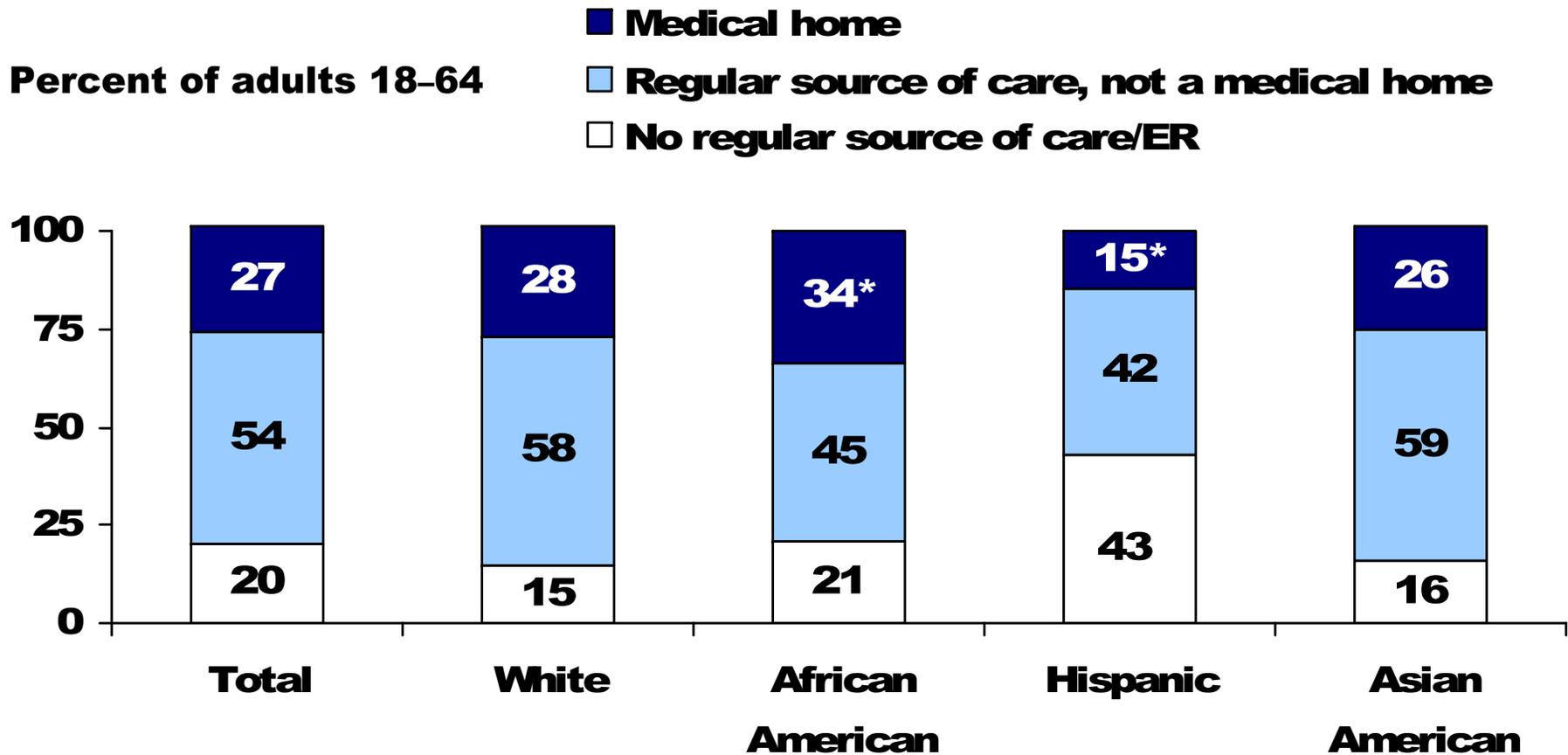
**Figure 7. Indicators of a Medical Home
(adults 18–64)**

Indicator	Total		Percent by Race			
	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
<i>Among those with a regular doctor or source of care . . .</i>						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult to get care or medical advice after hours	92	65	65	69	60	66
Doctors' office visits are always or often well organized and running on time	93	66	68	65	60	62
All four indicators of medical home	47	27	28	34	15	26

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 8. African Americans and Hispanics Are More Likely to Lack a Regular Provider or Source of Care; Hispanics Are Least Likely to Have a Medical Home



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with whites, differences remain statistically significant after adjusting for income and insurance.

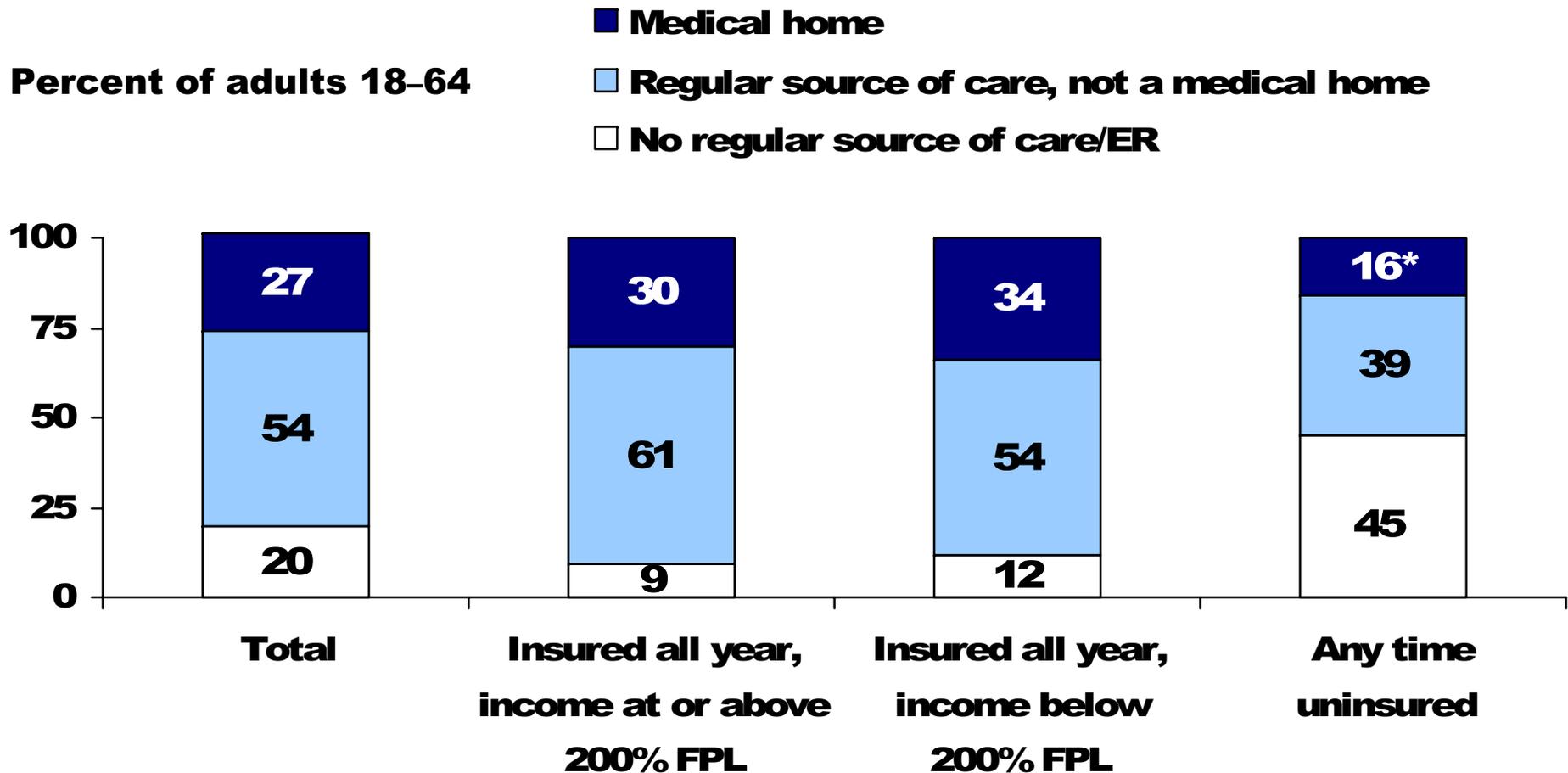
Source: Commonwealth Fund 2006 Health Care Quality Survey.



THE IMPORTANCE OF A MEDICAL HOME: ACCESS



Figure 9. Uninsured Are Least Likely to Have a Medical Home and Many Do Not Have a Regular Source of Care



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

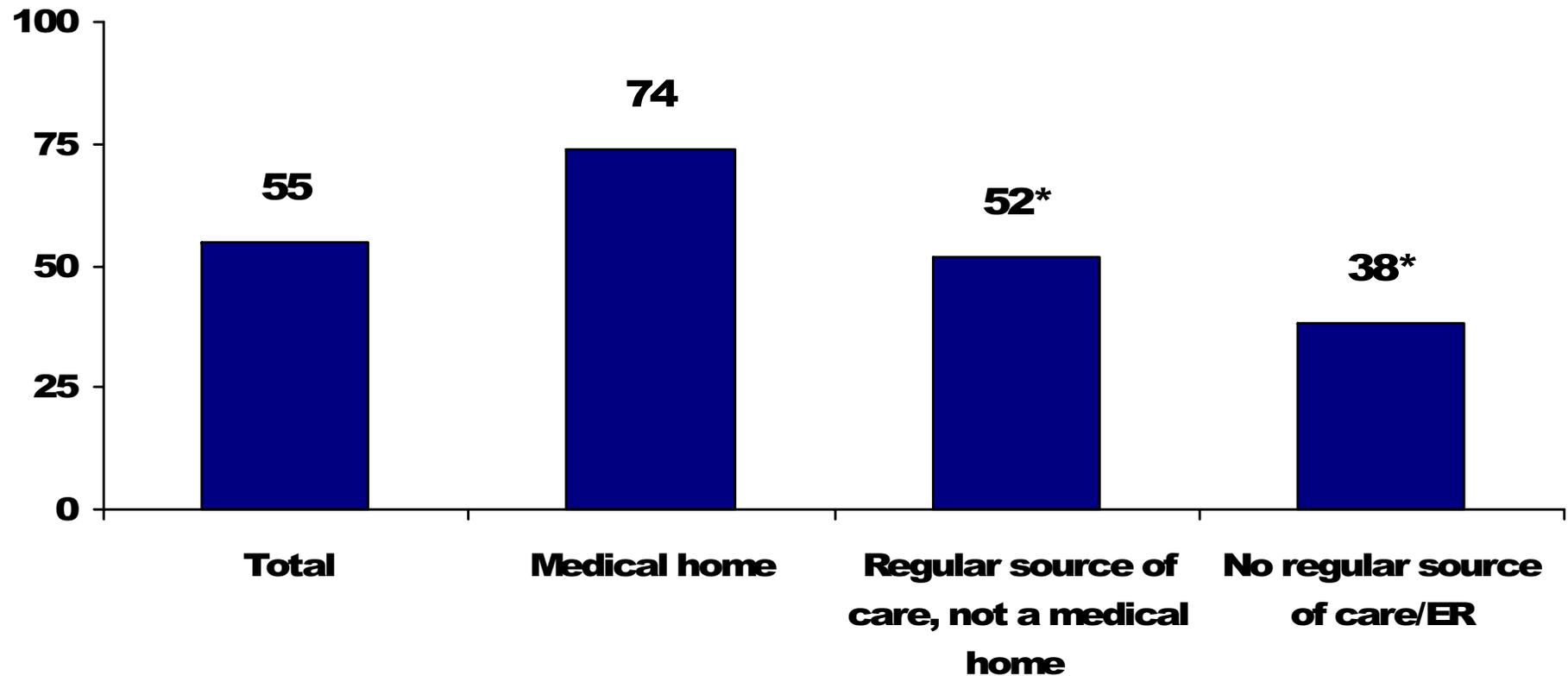
* Compared with insured with income at or above 200% FPL, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 10. The Majority of Adults with a Medical Home Always Get the Care They Need

Percent of adults 18–64 reporting always getting care they need when they need it



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

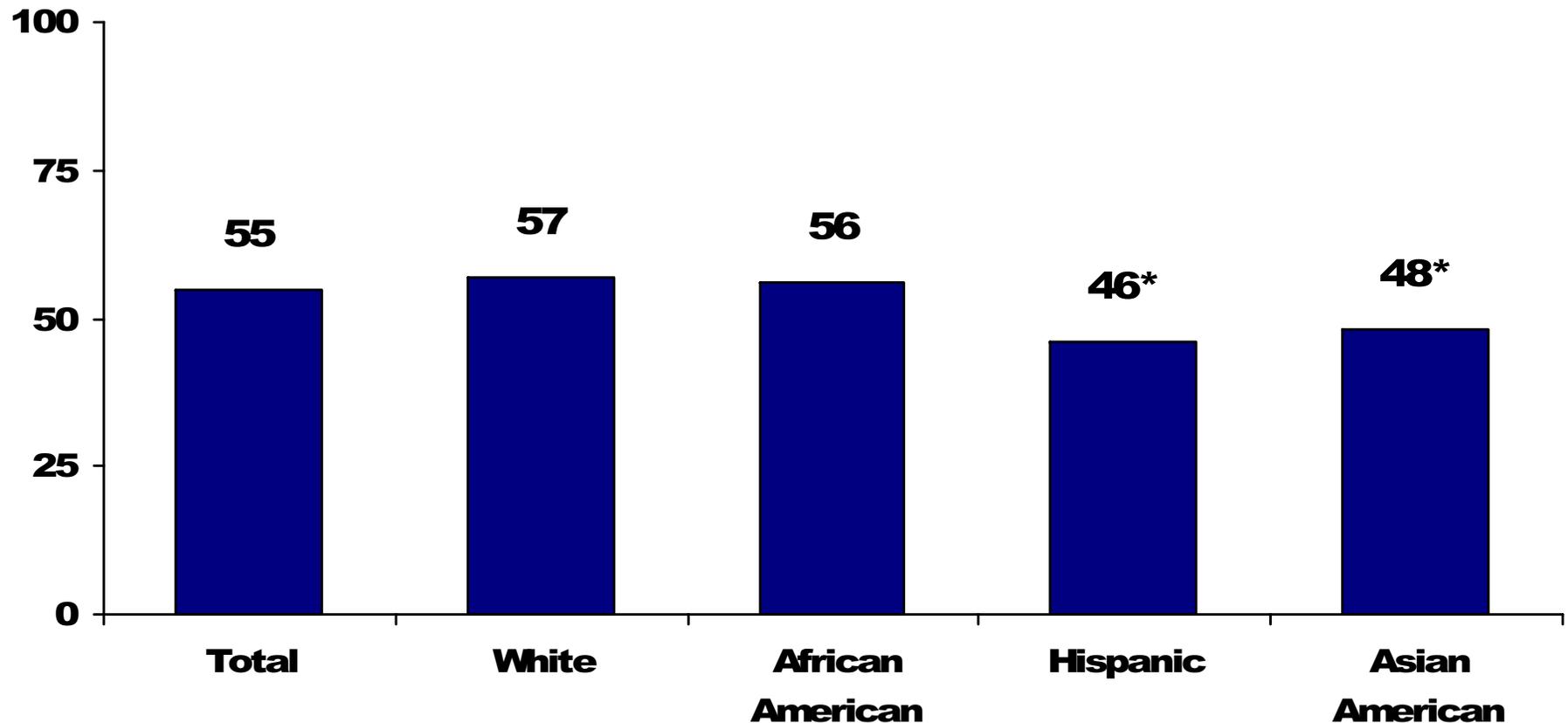
* Compared with medical home, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 11. Hispanics and Asian Americans Are Less Likely to Report Always Getting Medical Care When Needed

Percent of adults 18–64 reporting always getting care they need when they need it

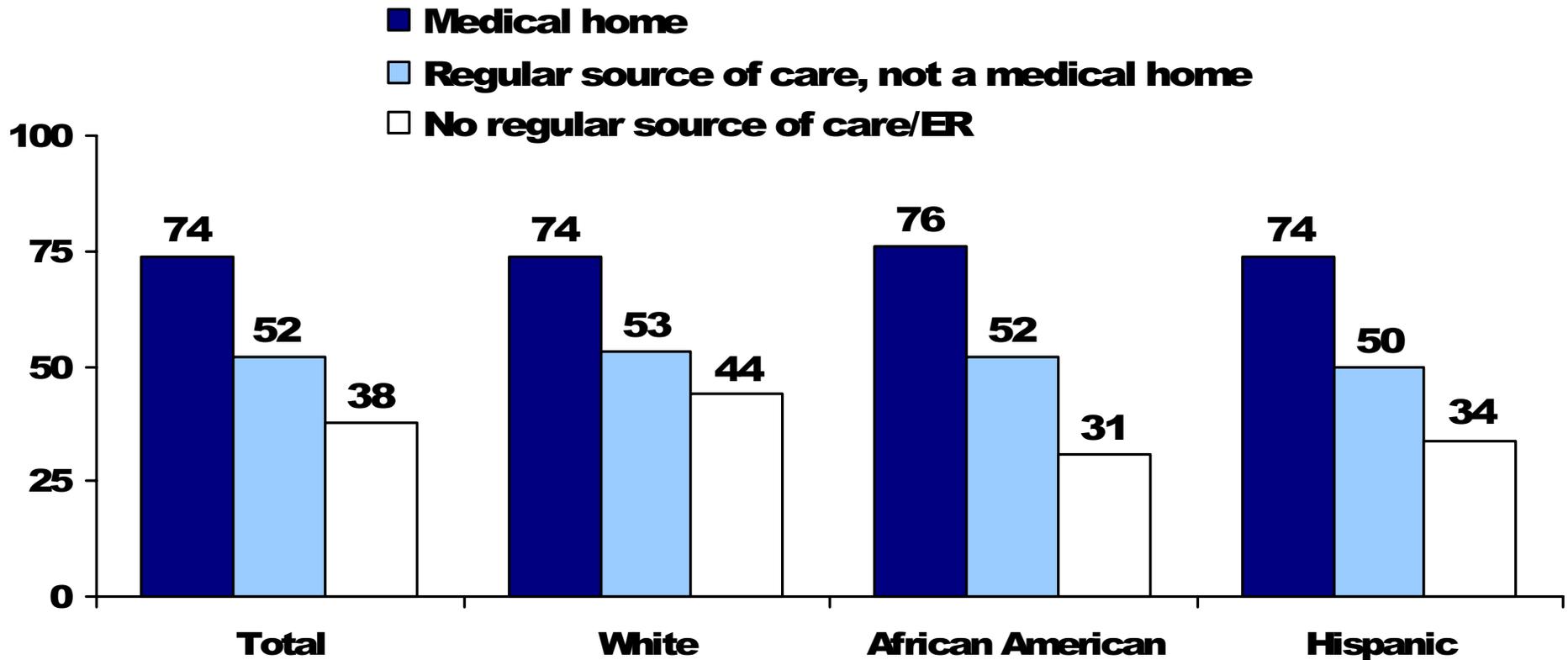


* Compared with whites, differences remain statistically significant after adjusting for income.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 12. Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it

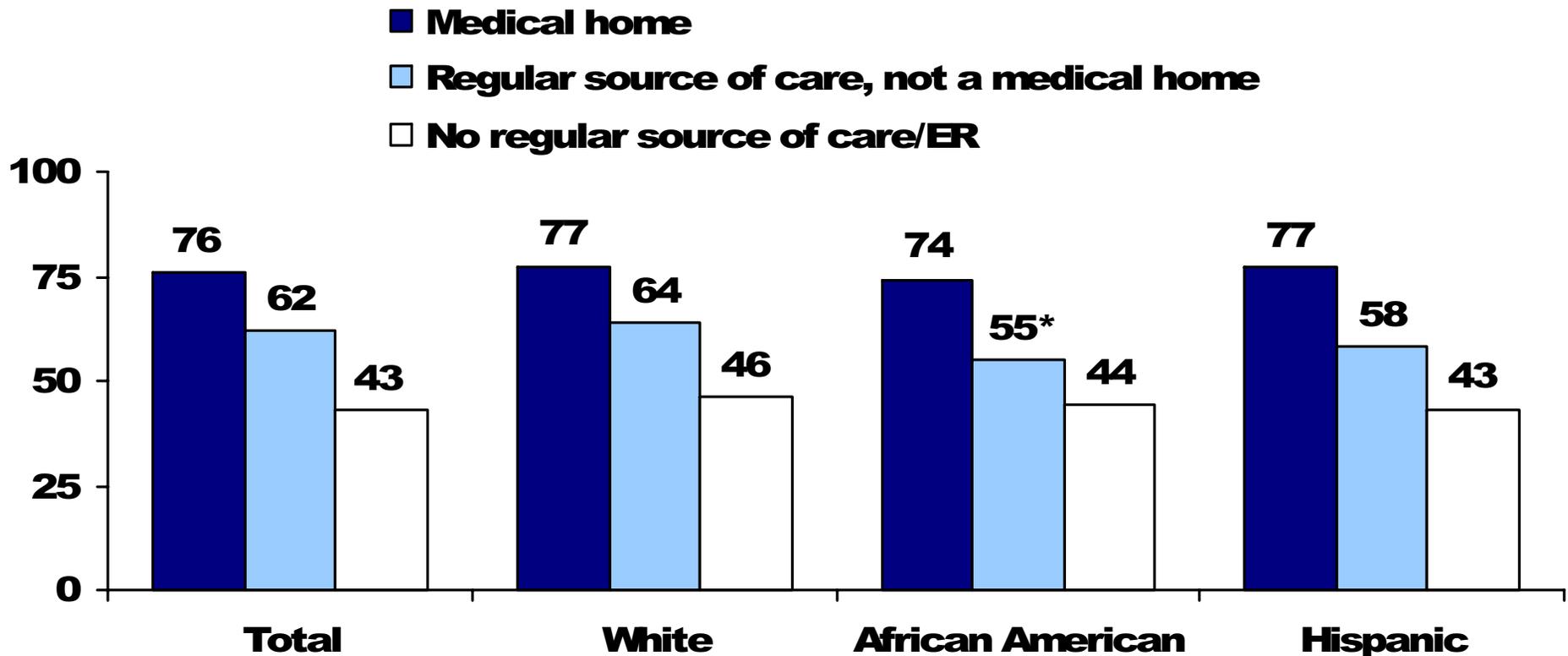


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 13. African American and Hispanic Adults Who Have Medical Homes Have Rapid Access to Medical Appointments

Percent of adults 18–64 able to get an appointment same or next day



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with whites, differences are significant within category of medical home.

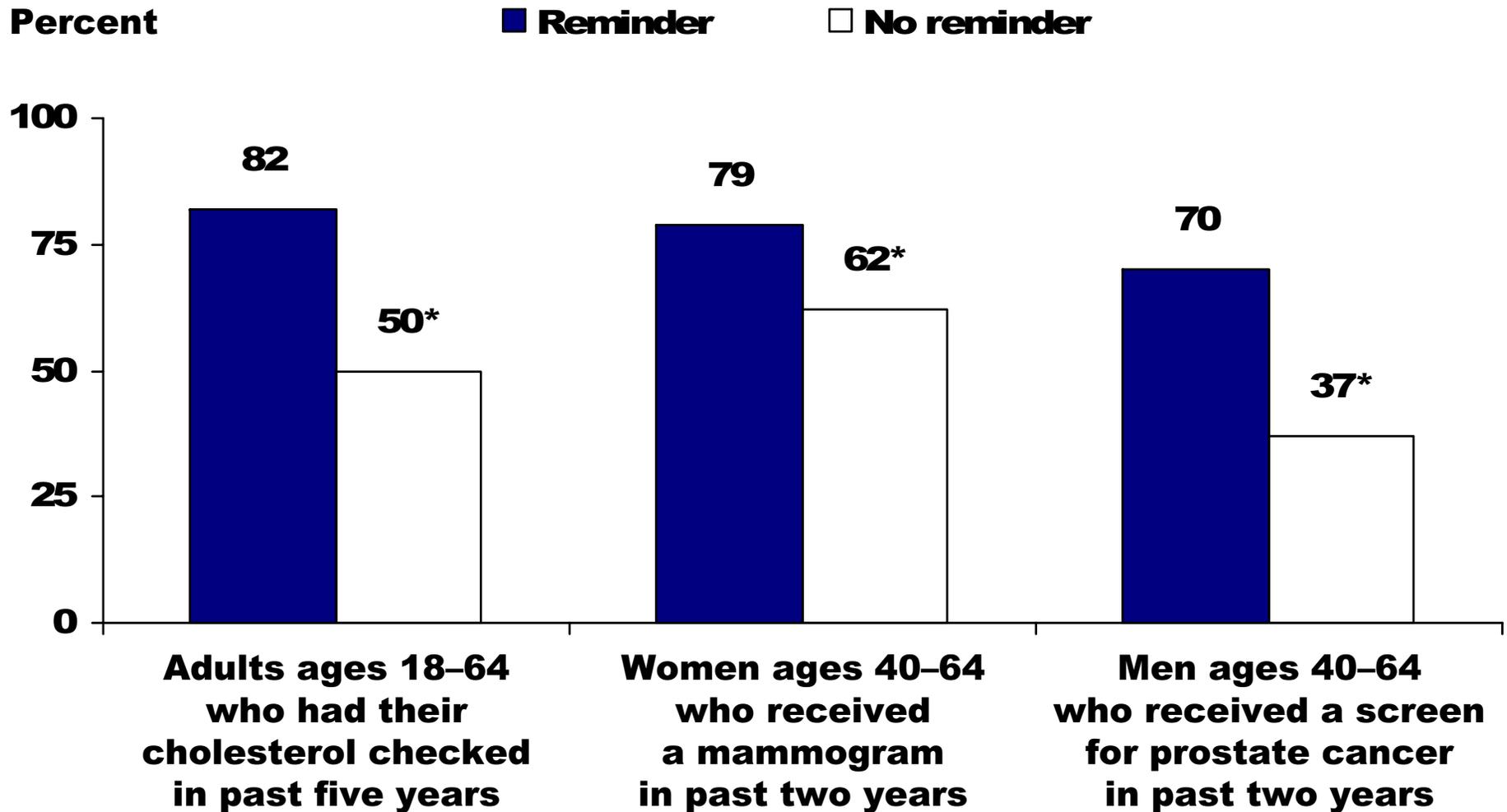
Source: Commonwealth Fund 2006 Health Care Quality Survey.



THE IMPORTANCE OF A MEDICAL HOME: PREVENTION



Figure 14. Adults Who Are Sent Reminders Are More Likely to Receive Preventive Screening

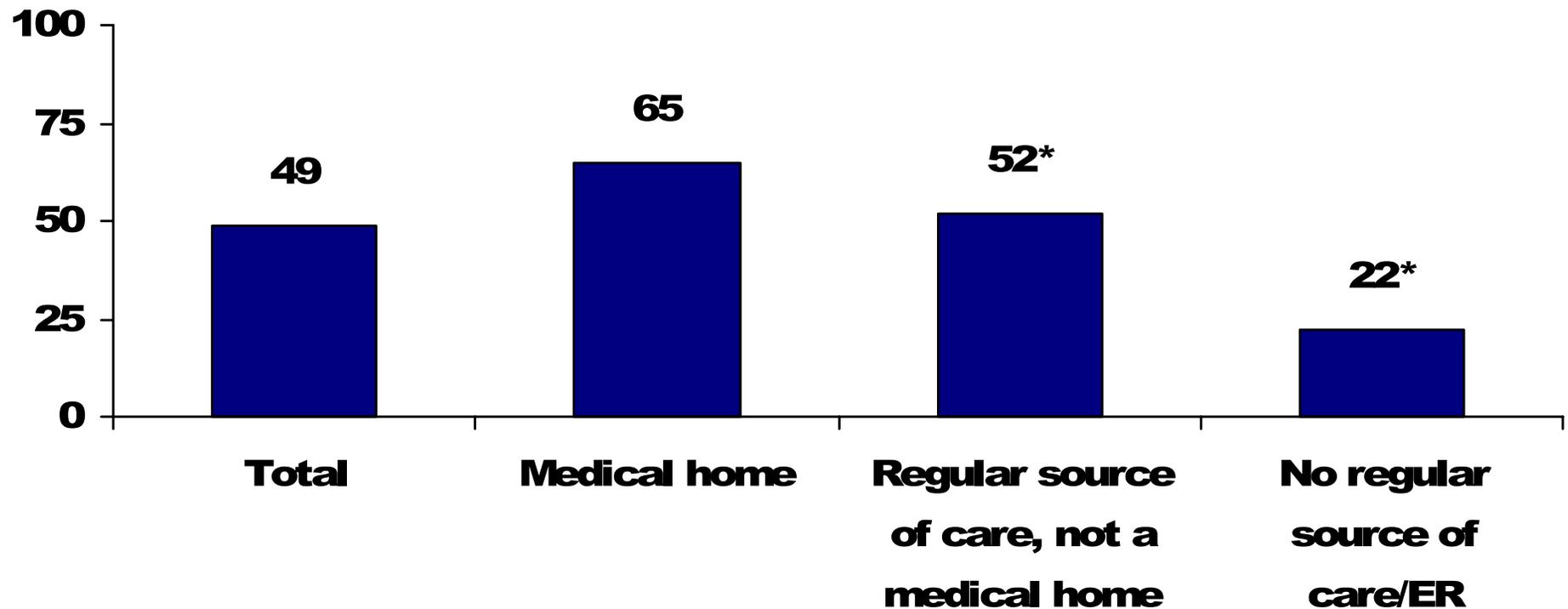


* Compared with reminders, differences remain statistically significant after adjusting for income or insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 15. Nearly Two-Thirds of Adults with Medical Homes Receive Reminders for Preventive Care

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors' office



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

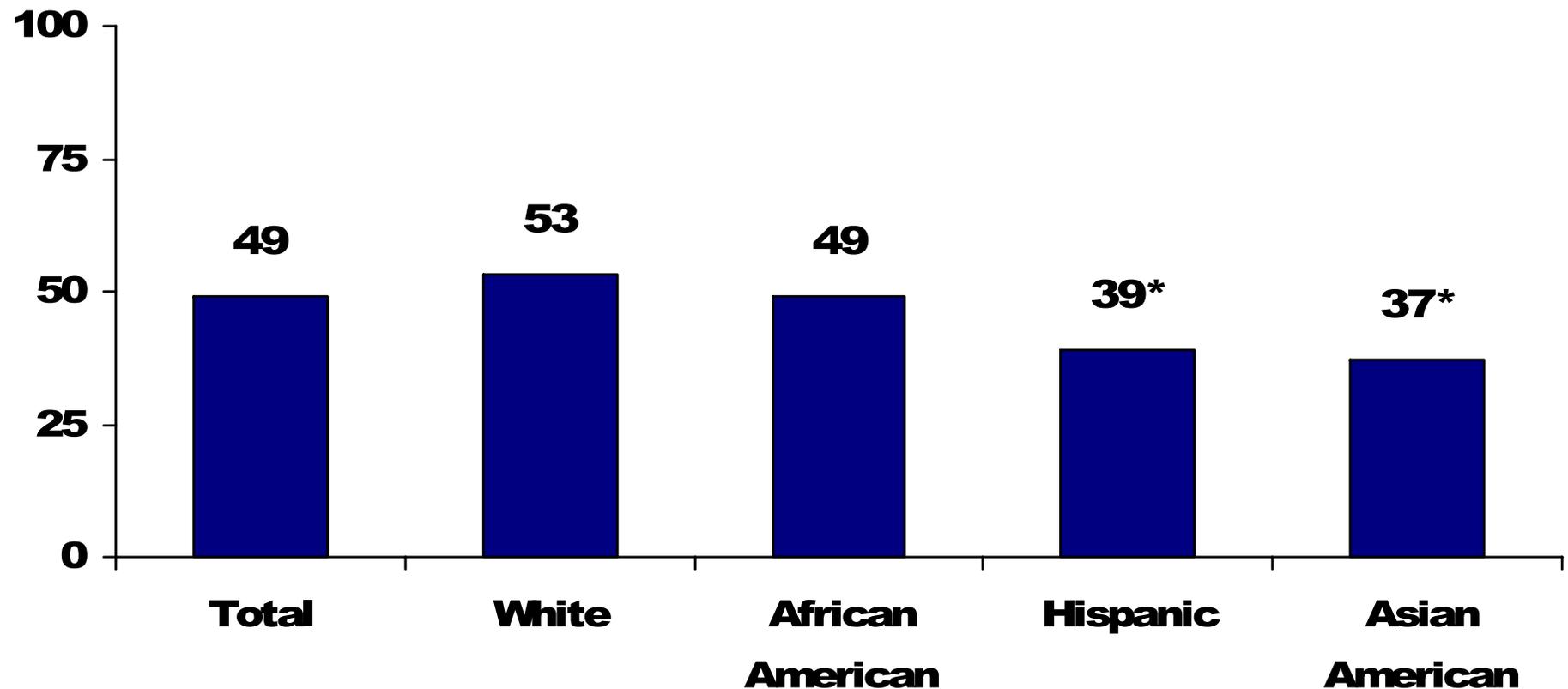
* Compared with medical home, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 16. Hispanics and Asian Americans Are Less Likely to Receive a Reminder for Preventive Care Visits

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors' office

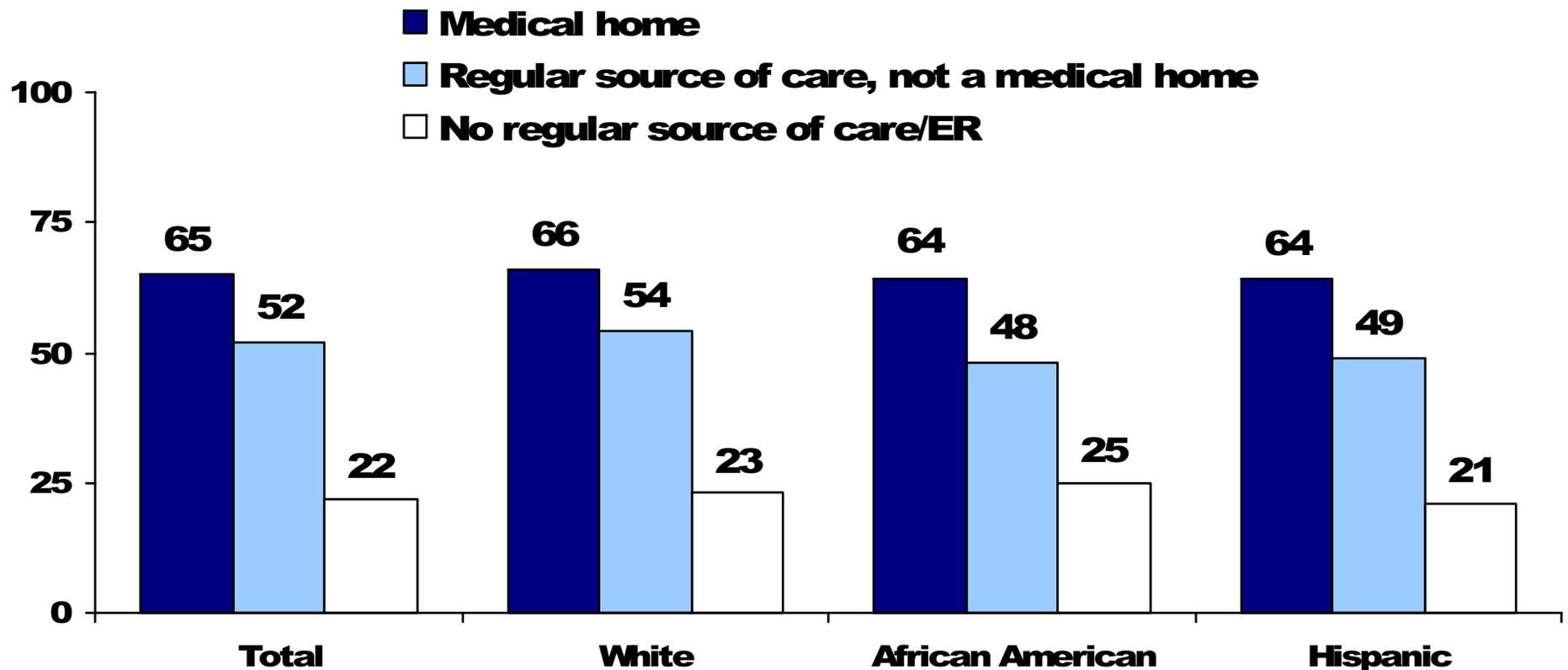


* Compared with whites, differences remain statistically significant after adjusting for income or insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 17. When African Americans and Hispanics Have Medical Homes They Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors' office

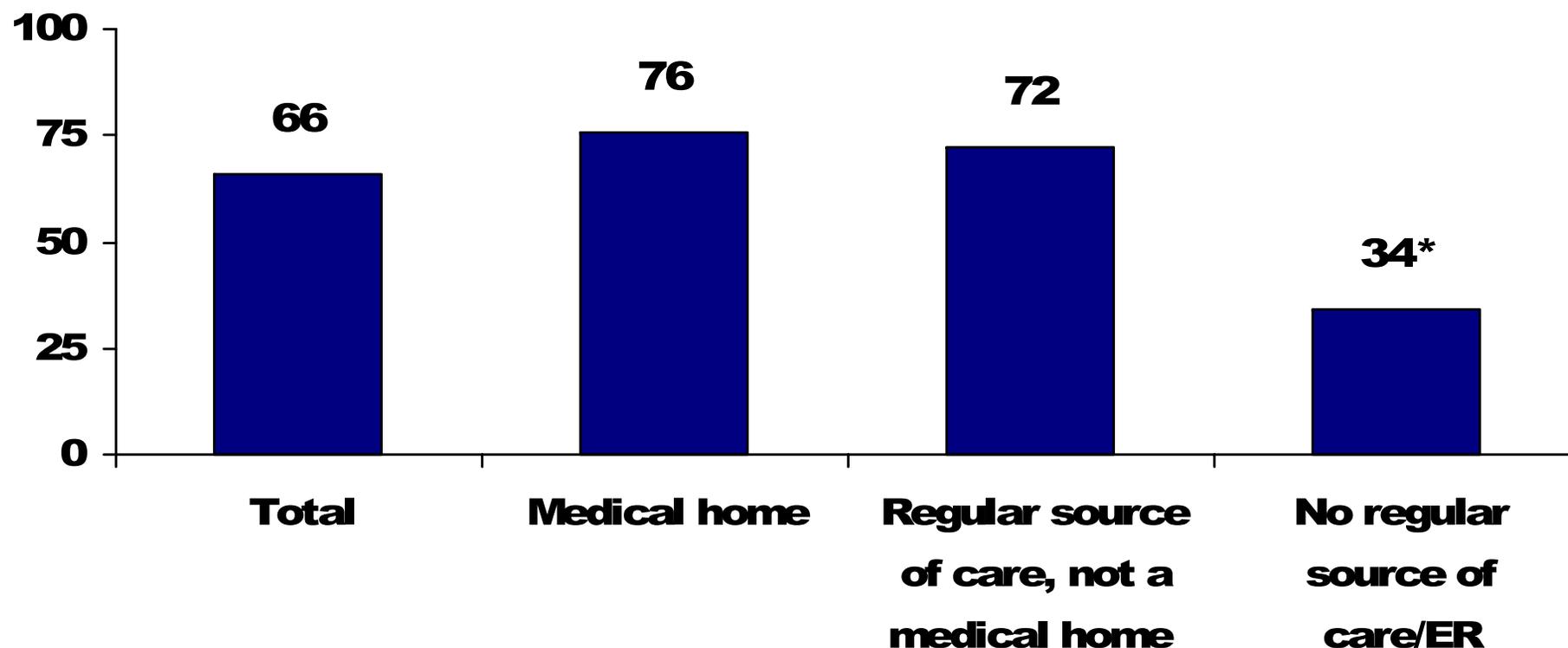


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 18. Missed Opportunities for Preventive Care for Adults Who Lack a Regular Source of Care: Just One-Third Had Their Cholesterol Screened

Percent of adults 18–64 who had their cholesterol checked in past five years



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

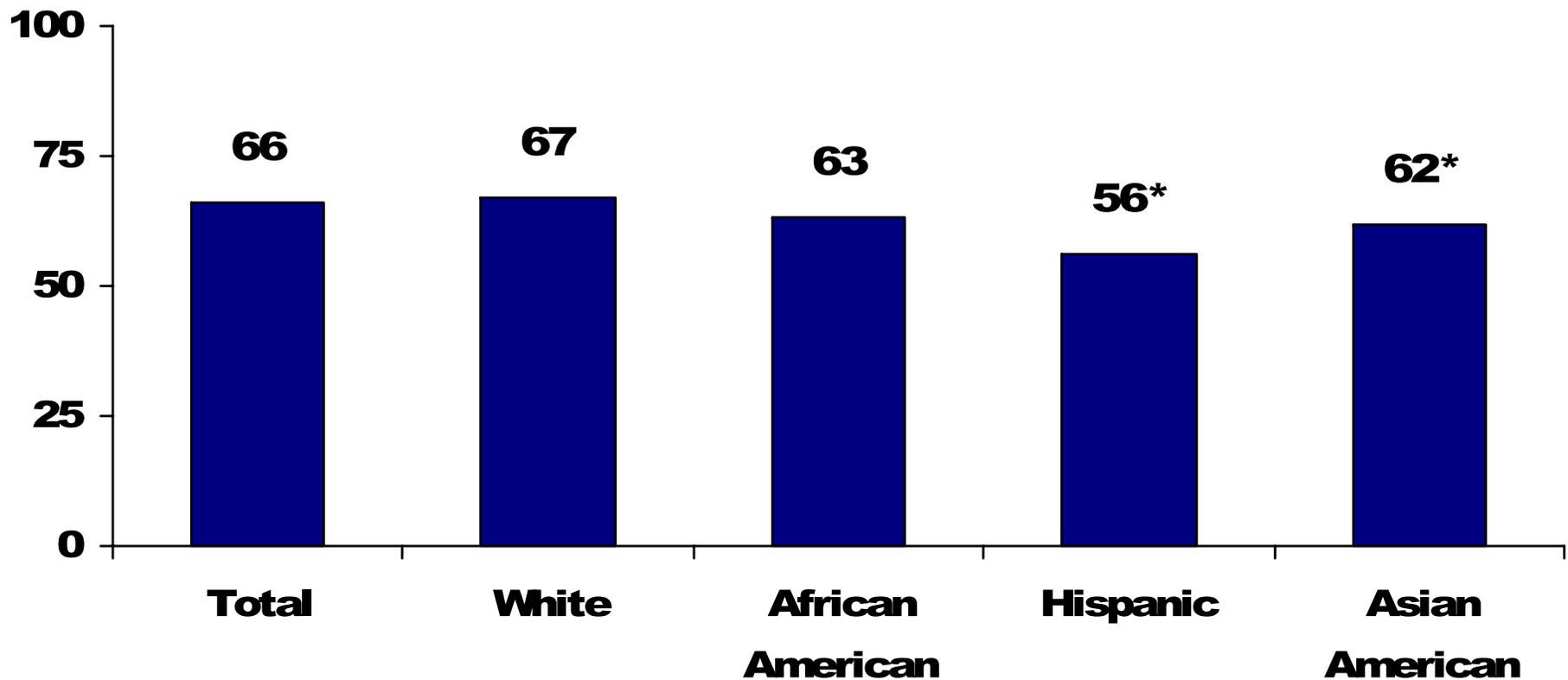
* Compared with medical home, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 19. Hispanics and Asian Americans Are Less Likely to Have Their Cholesterol Checked

Percent of adults 18–64 who had their cholesterol checked in past five years

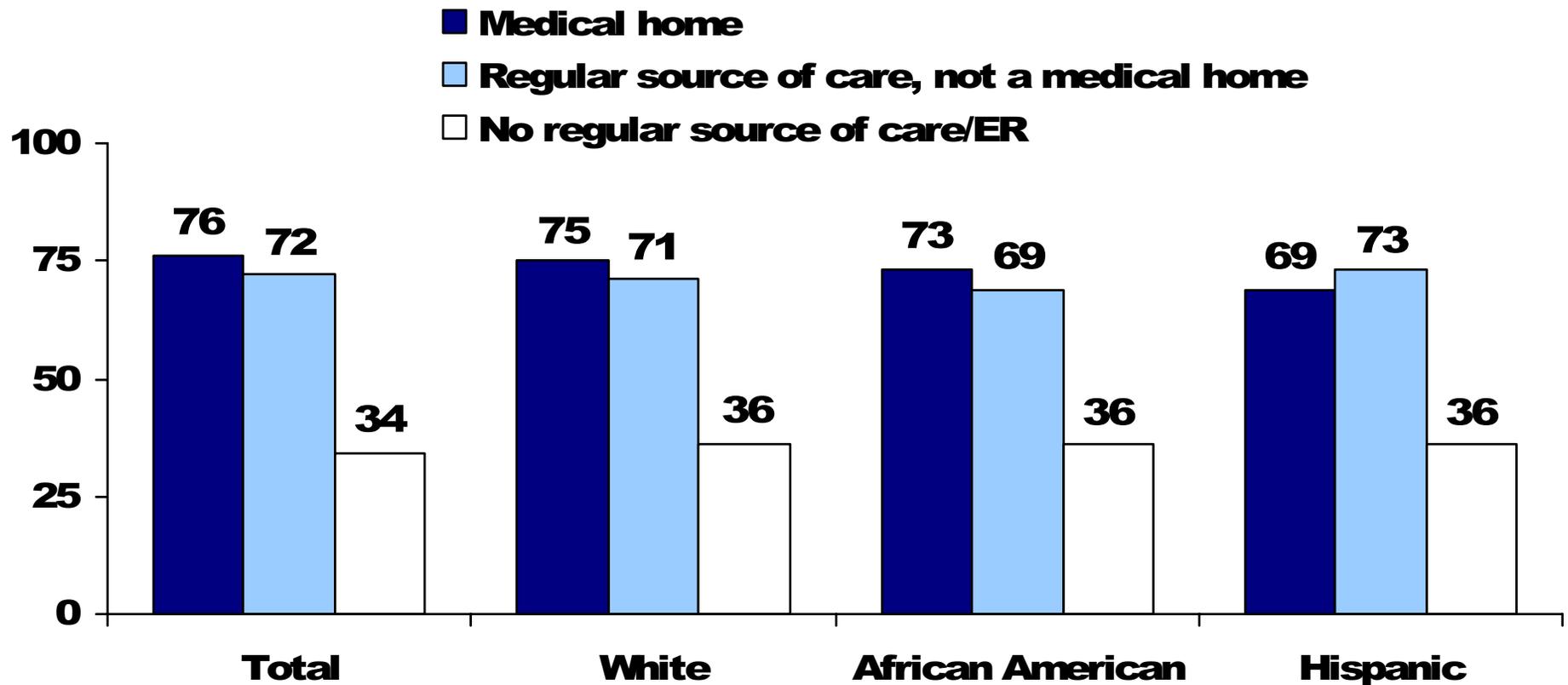


* Compared with whites, differences remain statistically significant after adjusting for income or insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 20. African Americans and Hispanics with Medical Homes Are Equally as Likely as Whites to Receive Cholesterol Checks

Percent of adults 18–64 who had their cholesterol checked in past five years



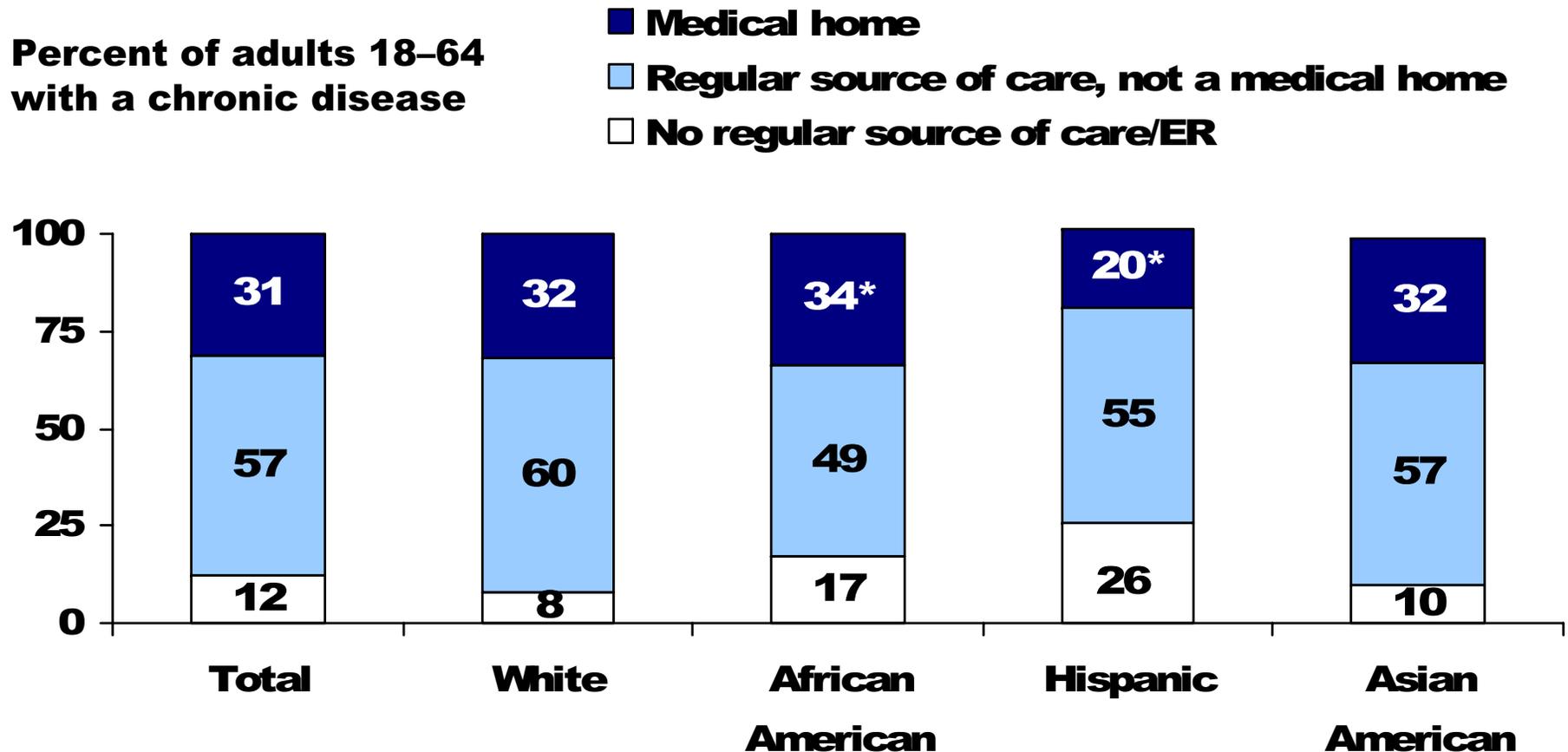
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



THE IMPORTANCE OF A MEDICAL HOME: CHRONIC CARE



Figure 21. Only One-Third of Patients with Chronic Conditions Have Medical Homes; Hispanics Are Least Likely to Have a Medical Home



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

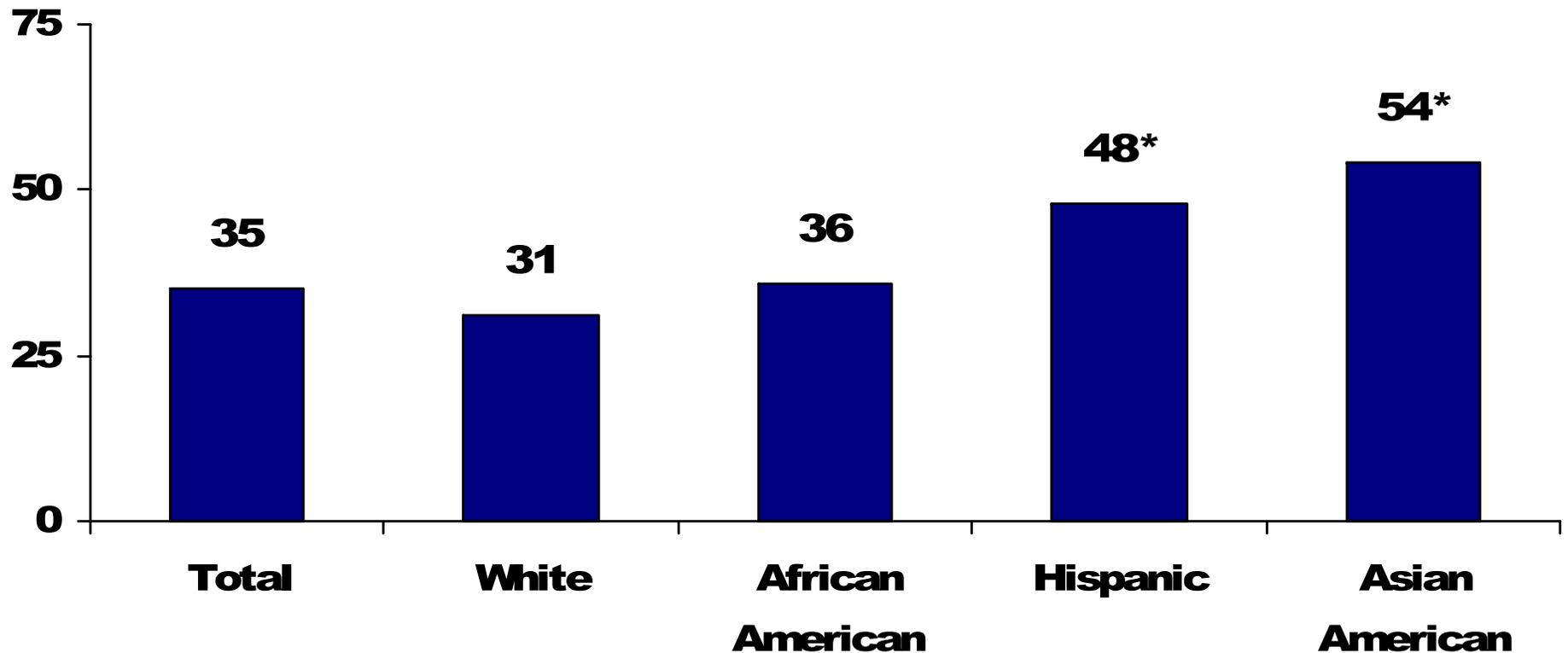
* Compared with whites, differences remain statistically significant after adjusting for income and insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 22. About Half or More of Hispanics and Asian Americans with Chronic Conditions Were Not Given Plans to Manage Their Condition at Home

Percent of adults ages 18–64 with any chronic condition who were *not* given a plan from a doctor or nurse to manage condition at home

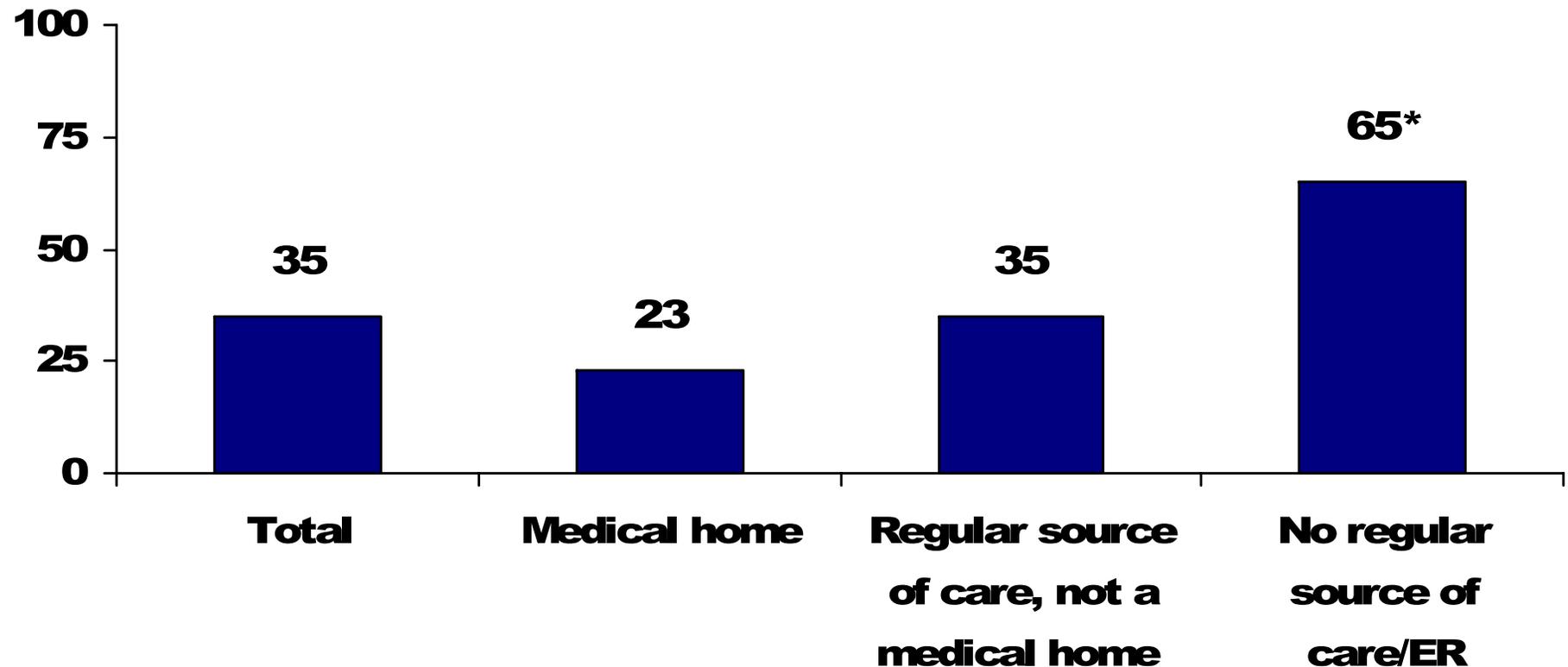


* Compared with whites, differences remain statistically significant after adjusting for income or insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 23. Less than One-Quarter of Adults with Medical Homes Did Not Receive Plans to Manage Their Conditions at Home

Percent of adults ages 18–64 with any chronic condition who were *not* given a plan from a doctor or nurse to manage condition at home



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

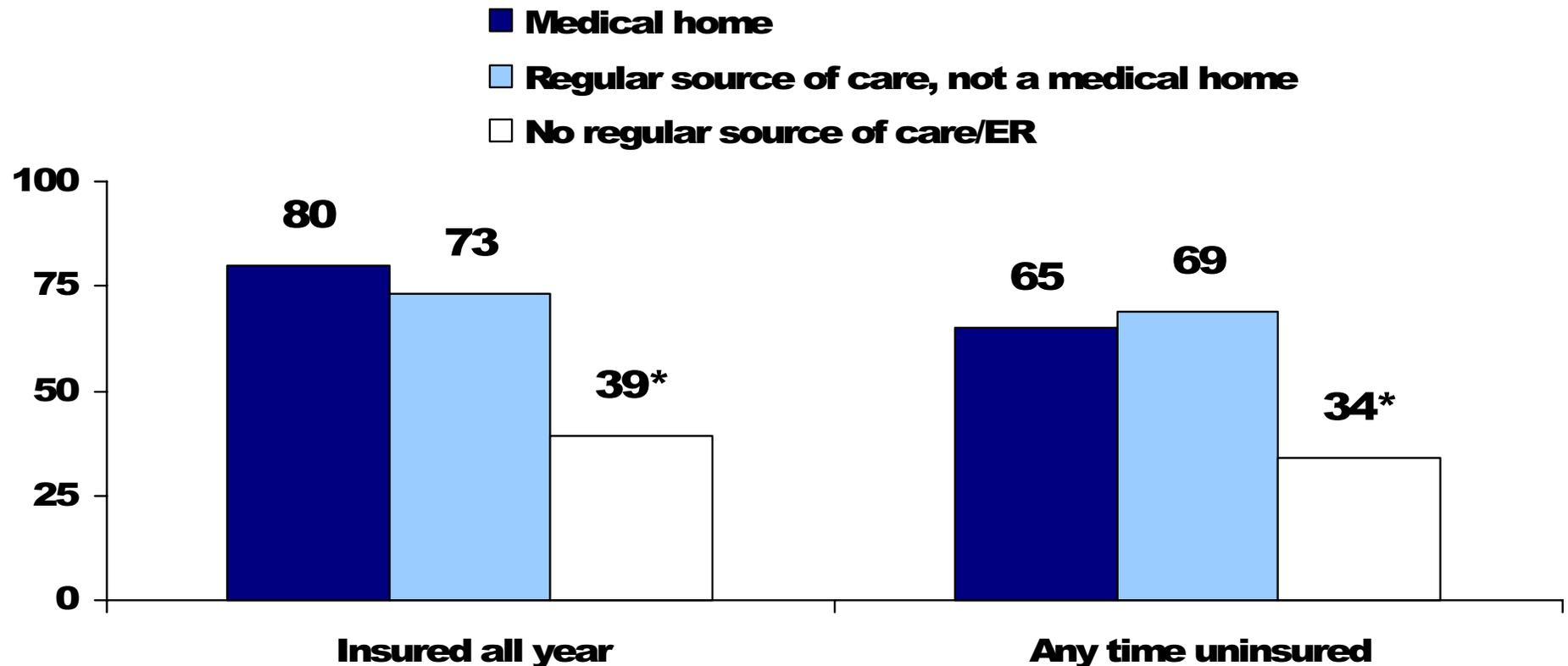
* Compared with medical home, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 24. Adults with a Medical Home Have Higher Rates of Counseling on Diet and Exercise Even When Uninsured

Percent of obese or overweight adults 18–64 who were counseled on diet and exercise by doctor



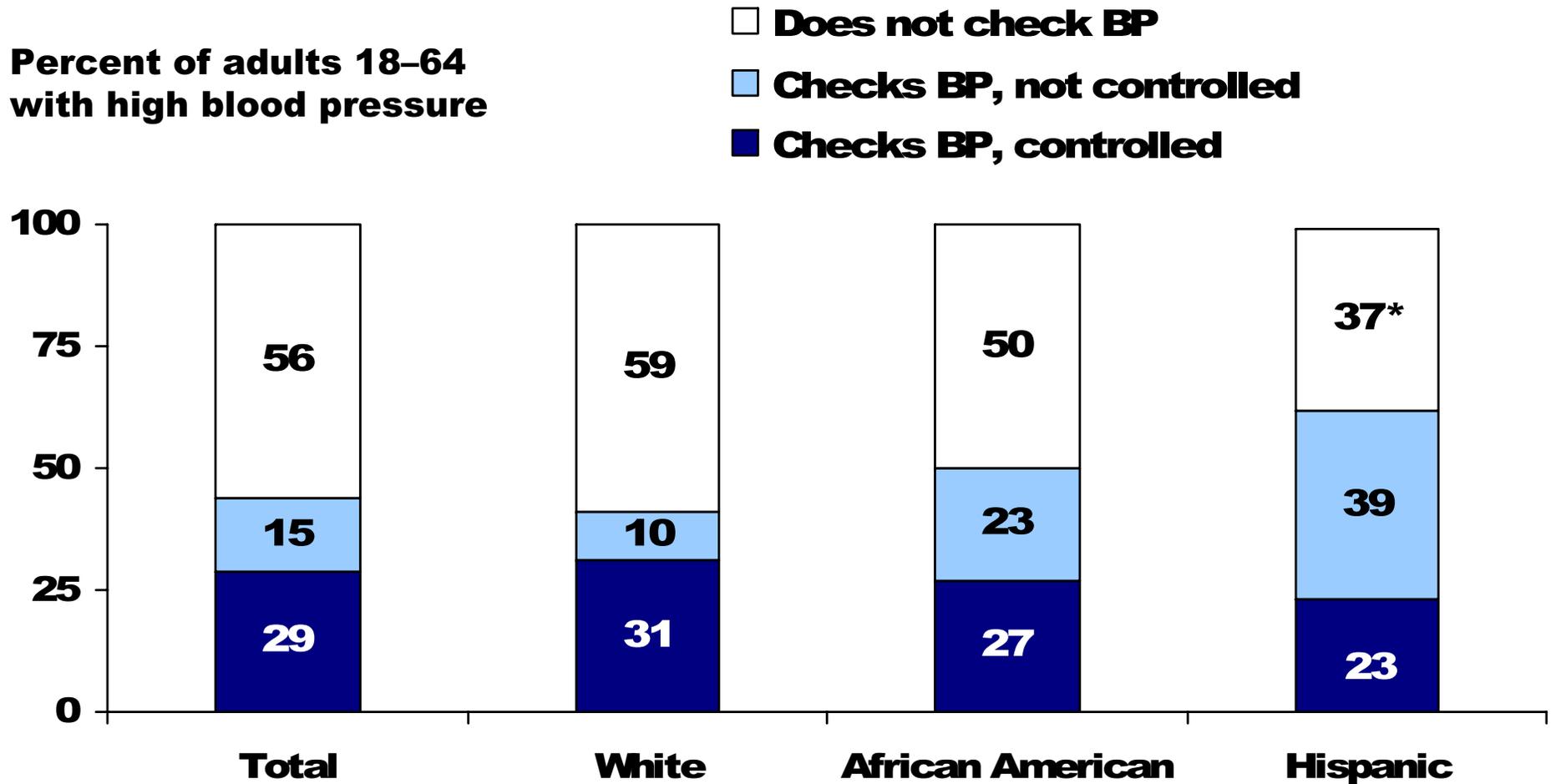
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with medical home, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 25. Missed Opportunities for Blood Pressure Management Exist Across All Groups, Especially Hispanics



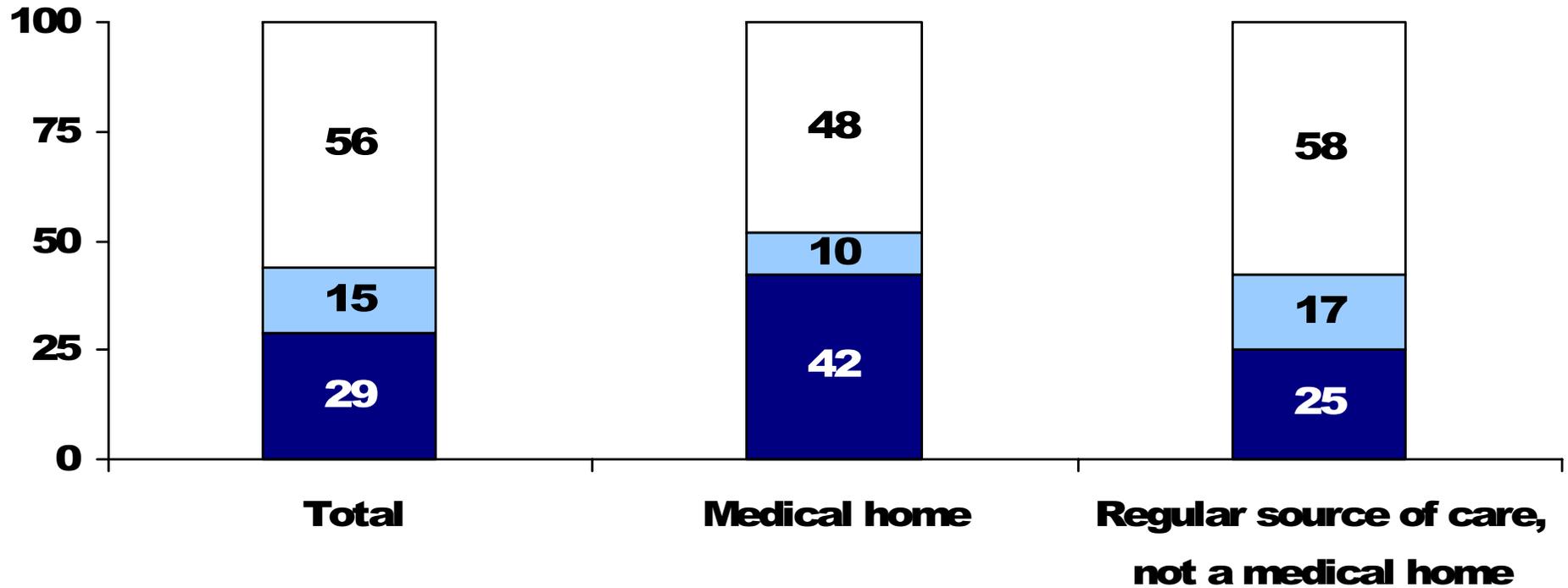
* Compared with whites, differences remain statistically significant after adjusting for income and insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 26. Adults with a Medical Home Are More Likely to Report Checking Their Blood Pressure Regularly and Keeping It in Control

Percent of adults 18–64 with high blood pressure

- Does not check BP
- Checks BP, not controlled
- Checks BP, controlled

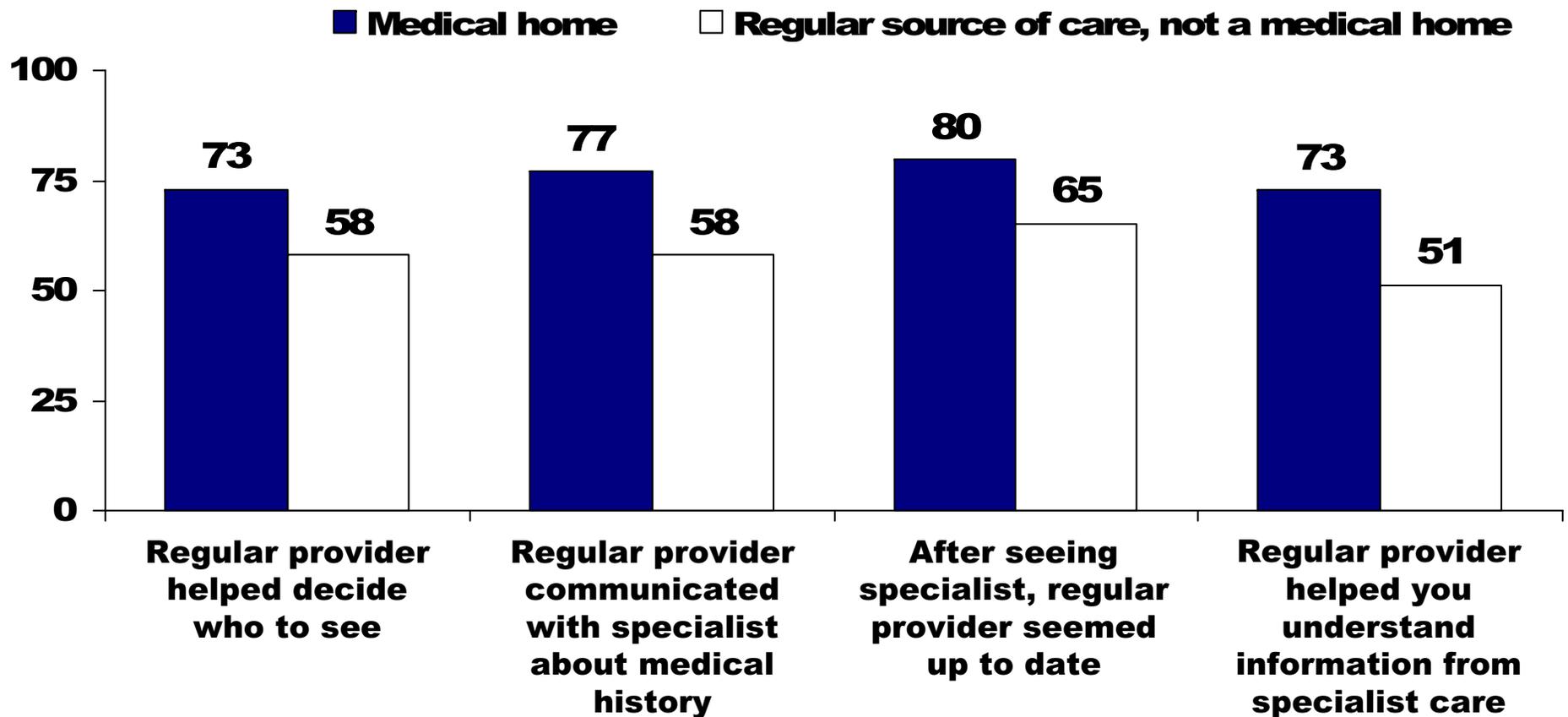


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
 Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 27. Patients with a Medical Home Report Better Coordination Between Their Regular Provider and Specialist

Percent of adults ages 18–64 who have seen a specialist in past two years



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



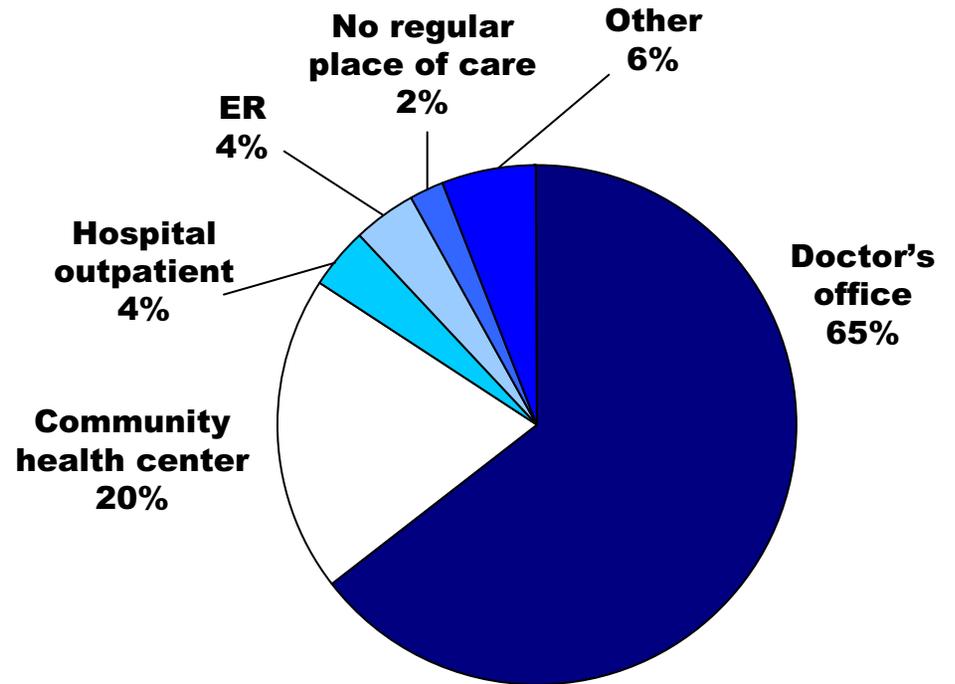
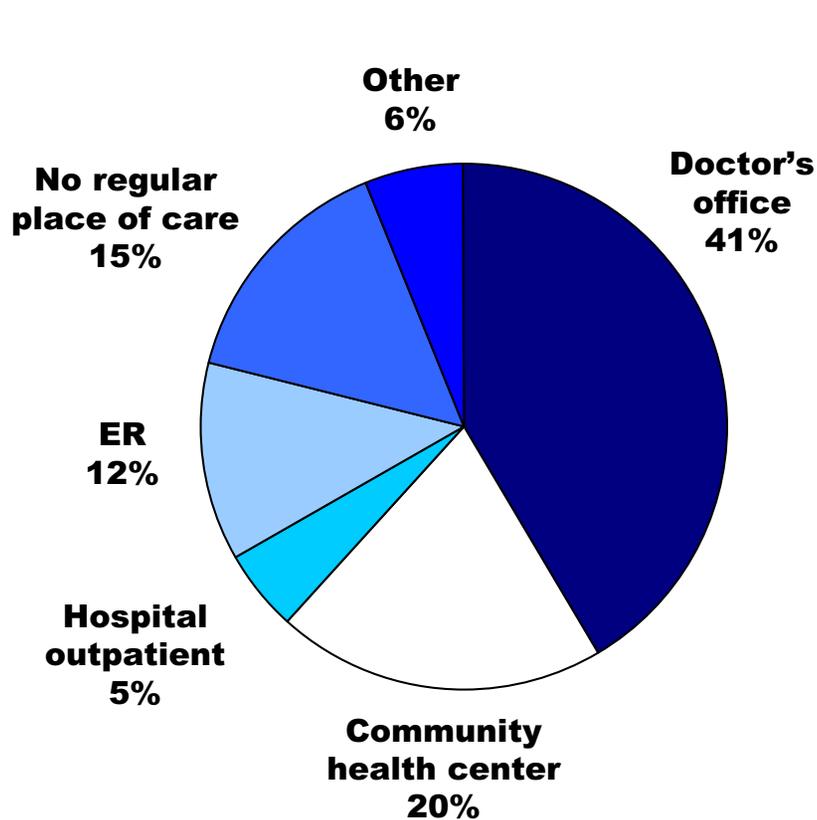
THE IMPORTANCE OF SAFETY NET PROVIDERS



Figure 28. Community Health Centers Serve Large Numbers of Uninsured Adults and Insured Adults with Low Incomes

**Uninsured any time
46.8 million**

**Insured, income below 200% poverty
22.2 million**

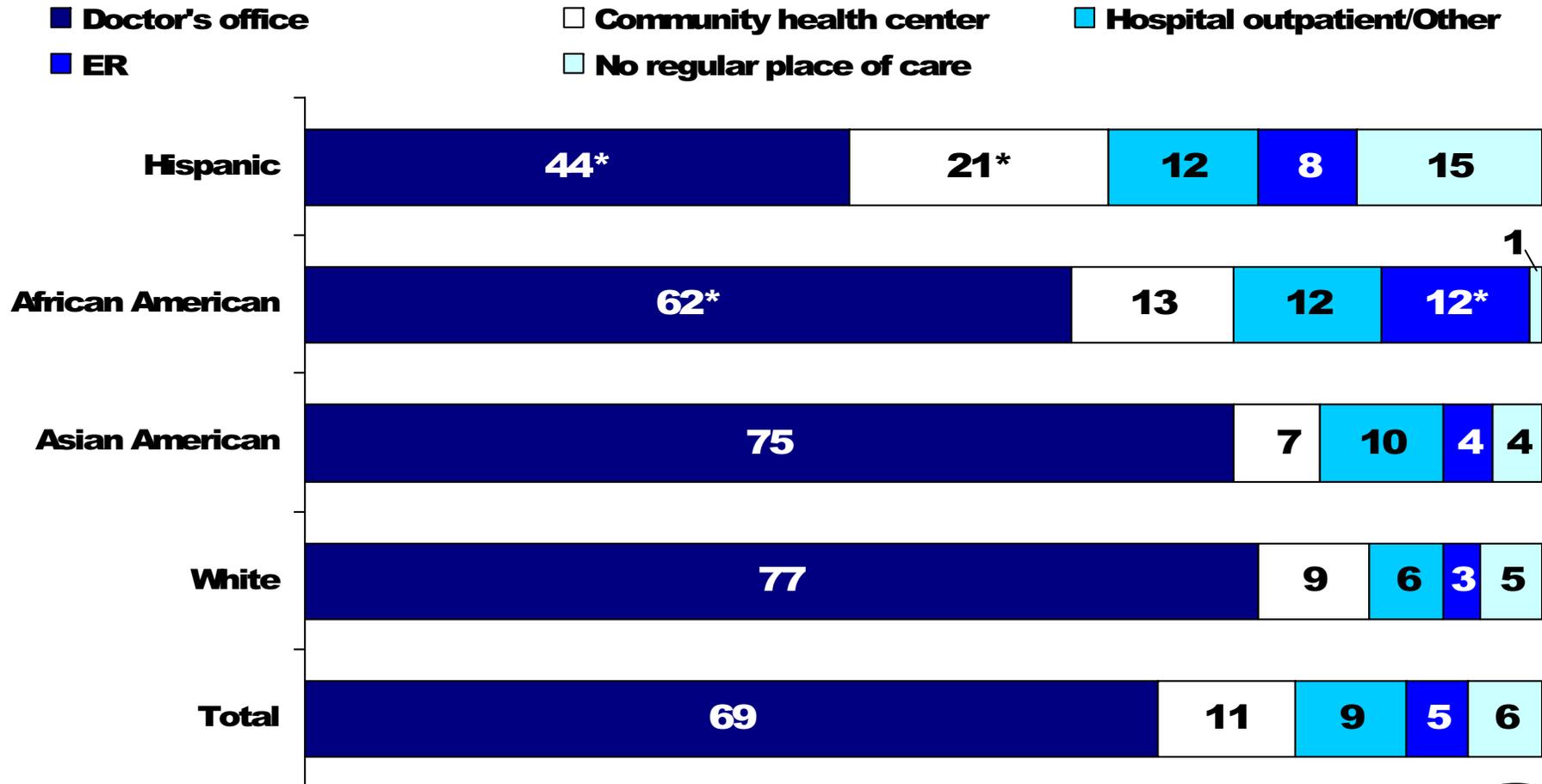


Note: Percentages may not sum to 100% because of rounding.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 29. Hispanics and African Americans Are More Likely to Rely on Community Health Centers as Their Regular Place of Care

Percent of adults 18–64



* Compared with whites, differences remain statistically significant after adjusting for insurance or income.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



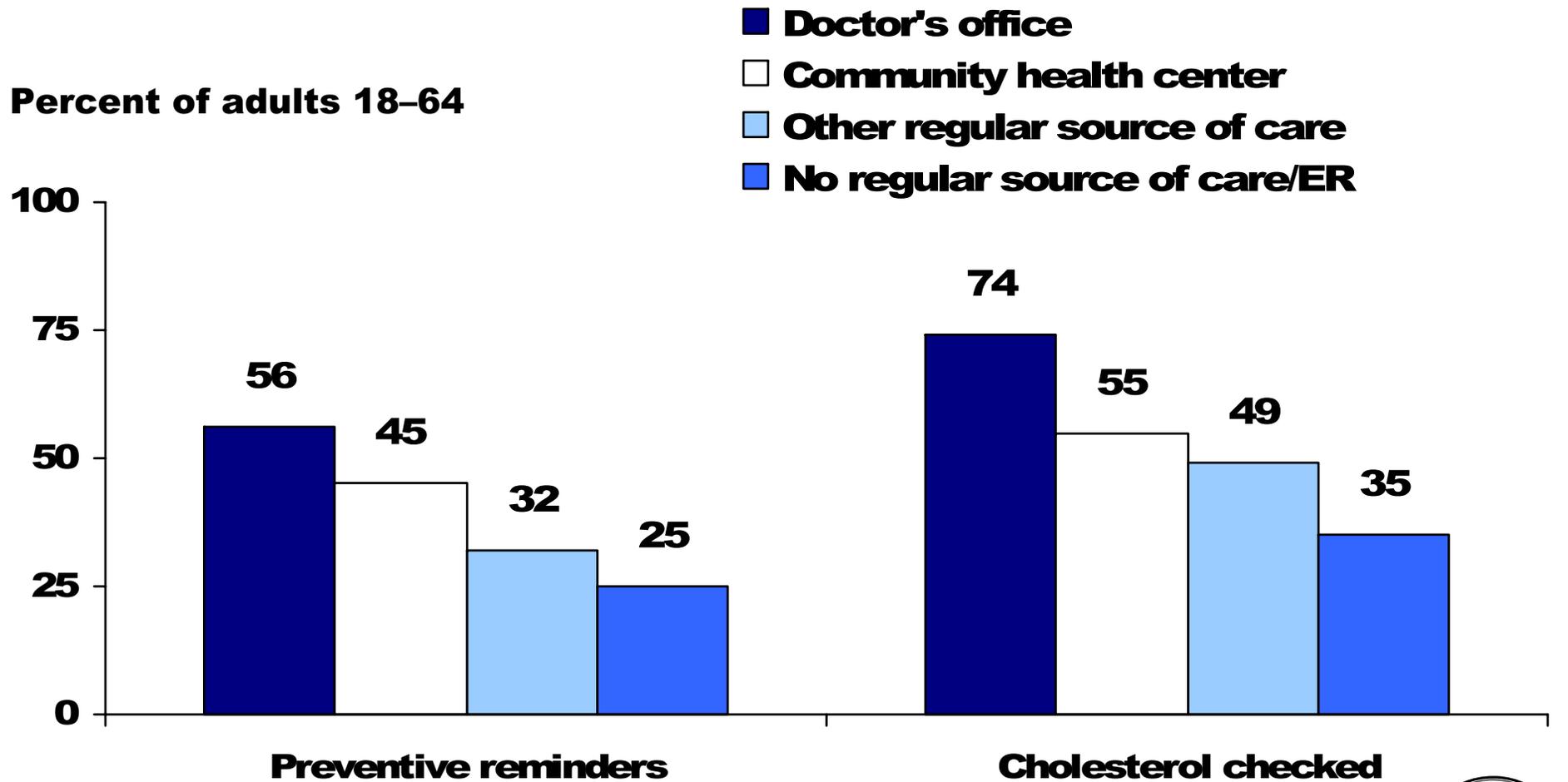
**Figure 30. Indicators of a Medical Home
by Usual Health Care Setting
(adults 18–64)**

Indicator	Total	Usual Health Care Setting		
		Doctors' office	Community health center or public clinic	Other settings*
Regular doctor or source of care	80%	95%	78%	63%
<i>Among those with a regular doctor or source of care . . .</i>				
Not difficult to contact provider over telephone	85	87	77	77
Not difficult to get care or medical advice after hours	65	67	54	69
Always or often find visits to doctors' office well organized and running on time	66	68	56	60
All four indicators of a medical home	27	32	21	22

* Includes hospital outpatient departments and other settings.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 31. Preventive Care Reminders and Cholesterol Screening Are More Common in Doctors' Offices, But Community Health Centers Are Not Far Behind

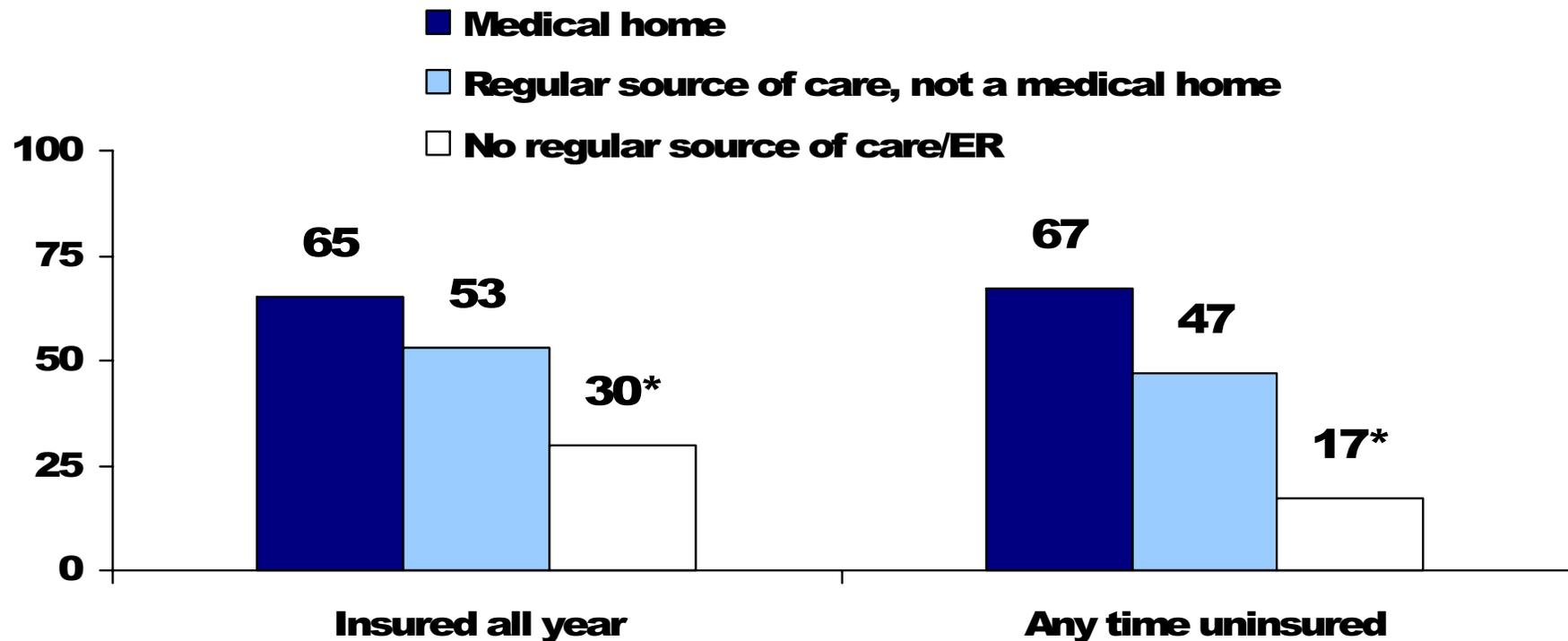


Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 32. Patients with Medical Homes— Whether Insured or Uninsured—Are Most Likely to Receive Preventive Care Reminders

Percent of adults 18–64 receiving a reminder
to schedule a preventive visit by doctor's office



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

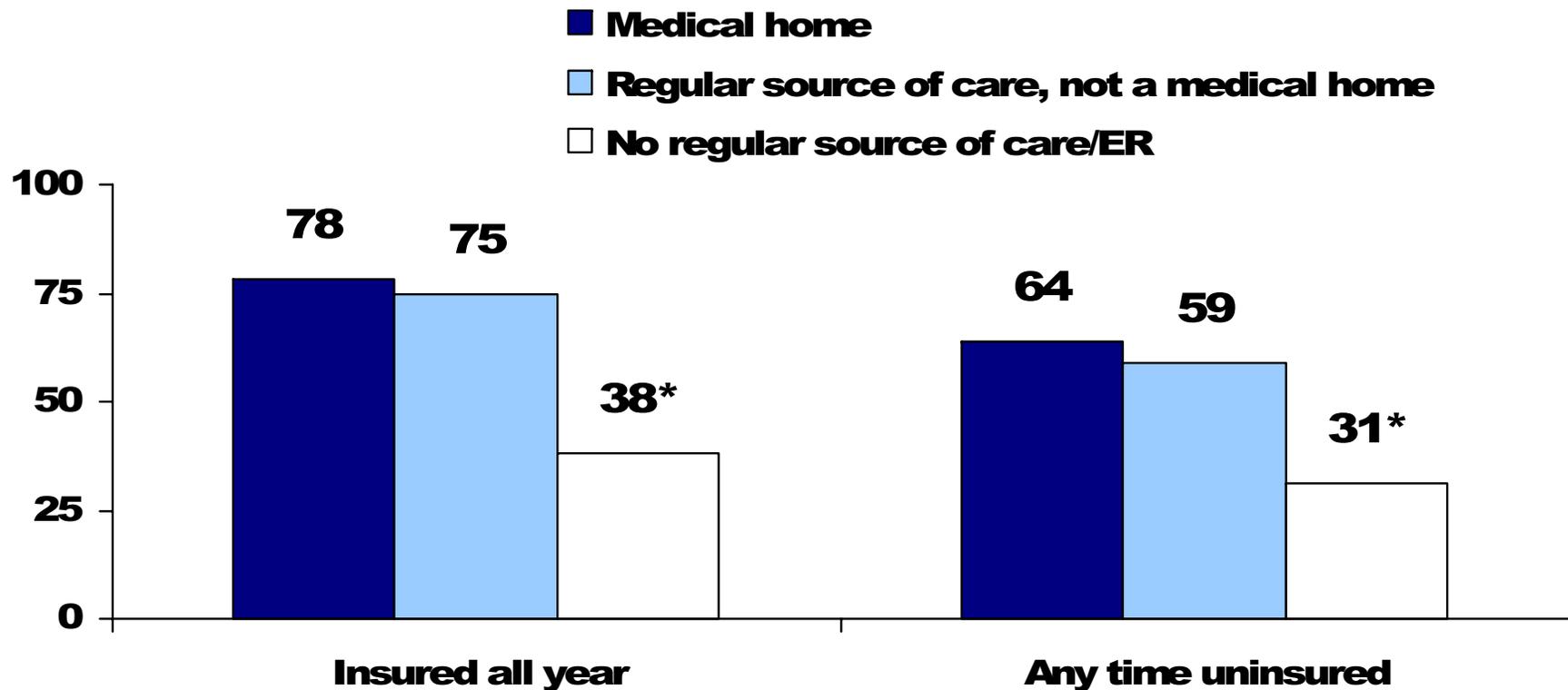
* Compared with medical home, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Figure 33. Even When Uninsured, Adults with a Medical Home Have Higher Rates of Cholesterol Screening

Percent of adults 18–64 who had their cholesterol checked in past five years



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with medical home, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

