



Data Bulletin

Results from HSC Research

WHY PEOPLE CHANGE THEIR HEALTH CARE PROVIDERS

by Marie C. Reed

This Data Bulletin presents findings from the Household Survey, a nationally representative telephone survey of the civilian, non-institutionalized population conducted as part of the Community Tracking Study. The 1996-1997 survey includes nearly 33,000 families and 60,000 individuals, while the 1998-1999 survey includes approximately 32,000 families and 59,000 individuals.

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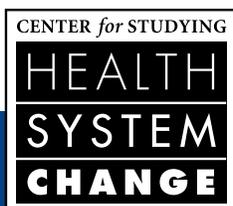


FIGURE 1
REASONS WHY PEOPLE CHANGE HEALTH CARE PROVIDERS

REASON FOR CHANGE	PERCENT
Health Insurance	22%
• Provider no longer covered by plan	9
• Changed health insurance plan	9
• Other health insurance reason	4
Personal Preference	40%
• Quality	23
• Convenience	12
• Needed a particular doctor	5
Other	38%
• Provider no longer available (e.g., retired)	24
• Patient/family moved	12
• Other	2

Source: Community Tracking Study Household Survey, 1998-1999

Patients' ability to be treated by the same health care provider is often considered a key aspect in the delivery of quality medical care. In recent years, managed care and other changes in the health care market, including some plans changing the provider panels, have led to widespread reports of patients switching their regular providers. This, in turn, has fueled concerns that continuity of care has been impaired. However, health plans are not the only reason why people change providers. Providers retire, patients and their families move or a patient may want a more convenient provider.

Recent surveys by the Center for Studying Health System Change (HSC) show that 13 percent of people with a usual source of care changed providers last year. Nationwide, 85 percent of people identify a doctor, nurse, another health professional or a specific place other than a hospital emergency room as their usual source of care.

FIGURE 2
REASONS FOR CHANGING USUAL SOURCE OF CARE AMONG THE INSURED BY HMO STATUS

REASON FOR CHANGE	HMO STATUS	
	In HMO	Not in HMO
Health Insurance	28%	15%*
• Provider no longer covered by plan	11	6*
• Changed health insurance plan	13	6*
• Other health insurance reason	4	3
Personal Preference	39%	43%*
• Quality	22	25
• Convenience	12	12
• Needed a particular doctor	5	6
Other	33%	42%*
• Provider no longer available (e.g., retired)	21	27*
• Patient/family moved	10	13*
• Other	2	2

*Significantly different from those in HMOs at p<.05.
 Source: Community Tracking Study Household Survey, 1998-1999

Reasons for Changing Health Care Providers

Over two-fifths of those who changed their usual health care provider did so because of personal preferences, such as the desire to obtain better quality care (see Figure 1). Slightly more than 20 percent cited changes in their health insurance as the reason for switching—for example, they or their employer changed plans. The rest, nearly 40 percent, gave other reasons, such as physician retirement.

Role of Insurance and Plan Type

Among people with a usual source of care, 13 percent of those who were privately insured changed providers in the past year, compared with 11 percent for those with Medicare coverage or who were uninsured. More than 14 percent of people in health maintenance organizations (HMOs) changed their usual source of care, while only slightly

more than 11 percent of the insured who are not in HMOs did so. Those in HMOs were nearly twice as likely as those who were not to indicate that their health insurance was the reason they changed health care providers (see Figure 2).

Rate of Changing Providers Is Stable

Anecdotal evidence suggests that changes in the health care market may have caused increases in the rate at which people have changed providers in recent years. However, HSC data show that the rate of changing providers remained the same—13 percent—during two different survey periods (1996-1997 and 1998-1999).

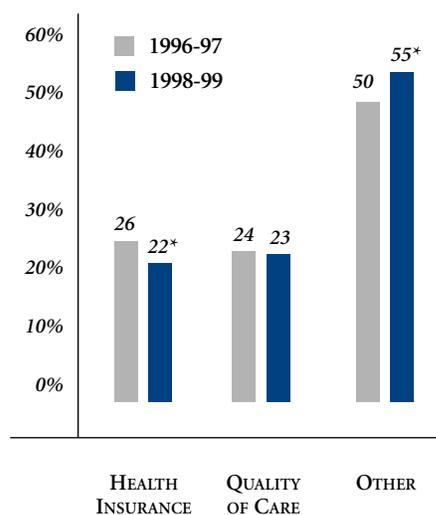
At the same time, there are changes in the reasons people give for switching providers. In particular, people are less likely to identify health insurance as the reason than they were two years ago (see Figure 3).

Implications

Some recent patients' bill of rights proposals stem from fears that changes in health plans are forcing people to change providers. In fact, this is the reason given by 11 percent of enrollees in HMOs who changed providers and 6 percent of those not in HMOs.

Even though health plans play an important role in the decision to change providers, less than one-quarter of the people who change do so because of their plan. People are much more likely to switch because of personal preferences. This is true for people in HMOs and those not in HMOs. It appears that insurers are not driving provider change to the extent they did a few years ago. This may be due to the growing popularity of preferred provider organizations and point-of-service products and broader networks of plan physicians, all of which reflect health plan and employer responses to consumer demands for more choice. ●

FIGURE 3
REASONS FOR CHANGING HEALTH CARE PROVIDERS



* Significantly different from 1996-97 to 1998-99 at p<.05.
 Source: Community Tracking Study Household Survey, 1996-1997 and 1998-1999.