

Relationship Between Disability and Patient Satisfaction with Overall Care, Personal Doctor, and Health Plan among Medicaid Beneficiaries

Cilia E. Zayas, MHA¹, Jessica R. Schumacher, PhD², Allyson G. Hall, PhD¹, Sarah E. Bauer, MPH¹, Claudia Tamayo-Friedel, MPH³

¹Department of Health Services Research, Policy and Management, University of Florida

²Department of Population Health Sciences, University of Wisconsin-Madison

³Florida Disability and Health Program

Background

- Patient satisfaction and ratings of care are important measures of patient-centered care in the delivery of health care.
- Despite health care being critical for optimizing outcomes for people with disabilities, studies to date have not described barriers of care experienced by this patient group.

Objectives

- To assess the relationship between experienced barriers to care and patient rating of their overall care, personal doctor, and health plan.
- To describe differences between how patients with and without a disability rate health care.

Methods

- The study included respondents to the Florida Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS version 4), a representative telephone survey conducted between April-June 2013 of adults and children with Florida Medicaid insurance.
- The study sample was limited to respondents who reported having a personal doctor (n=2,042).

Weighted multivariable linear regression models (controlling for age, gender, race / ethnicity, education) were used to:

1. Assess the relationship between perceived health care barriers and ratings of health care.
2. Assess the relationship between disability status and ratings of health care.

Explanatory Variables

- **Disability status** was assessed with two questions. Respondents were defined as having a disability if they indicated yes to one of the two following questions:

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, or a special telephone?

- **Personal Doctor Communication Barriers: (yes/no)** See Table 1

- **Access to Care Barriers (yes/no):** See Table 1

Dependent Variables

A 10-point scale was used to assess perceived satisfaction with overall care, personal doctor, and health plan (1=low; 10=high).

Results (Table 1)

Findings suggest:

- Personal doctor communication not only influences personal doctor ratings, but also overall care received, and health plan.
- A statistically significant relationship exists between difficulty getting into a building and lower health plan rating, but not with ratings of overall care or personal doctor.
- Experiencing difficulty getting into the exam room, on the exam table, or getting a physical exam are not statistically significant factors that influence care ratings.
- Difficulty finding a doctor that understands their health condition and difficulty coordinating care between providers negatively influences all three satisfaction ratings.

Table 1. Adjusted Association between Personal Doctor Communication and Access to Care Barriers and Overall Care, Personal Doctor, and Health Plan Ratings (n=2,042). **

| Personal Doctor Communication Barriers | Overall Care Rating | Personal Doctor Rating | Health Plan Rating |
|---|--------------------------------|--------------------------------|--------------------------------|
| How often did your personal doctor listen carefully to you? | -1.28 (-1.78, -0.78) | -2.07 (-2.61, -1.53) | -0.79 (-1.26, -0.33) |
| How often did your personal doctor explain things in a way that was easy to understand? | -1.20 (-1.60, -0.82) | -1.62 (-2.06, -1.18) | -0.72 (-1.08, -0.37) |
| How often did your personal doctor show respect for what you had to say? | -1.40 (-1.92, -0.89) | -2.37 (-2.96, -1.78) | -0.95 (-1.43, -0.47) |
| How often did your personal doctor spend enough time with you? | -1.28 (-1.60, 0.95) | -1.57 (-1.91, -1.22) | -1.46 (-3.16, 0.23) |
| Access To Care Variables | | | |
| Did you experience difficulty getting into the building? | -1.46 (-3.16, 0.23) | -0.83 (-2.35, 0.69) | -2.70 (-4.71, -0.68) |
| Did you experience difficulty getting into the exam room? | -0.19 (-1.69, 1.31) | -0.40 (-1.55, 0.75) | -1.24 (-3.39, 0.90) |
| Did you experience difficulty getting on the exam table? | -0.74 (-1.92, 0.44) | -0.56 (-1.63, 0.52) | -1.14 (-2.33, 0.53) |
| Did you experience difficulty getting a physical examination? | -0.60 (-2.16, 0.96) | -1.10 (-2.43, 0.26) | -0.91 (-2.42, 0.61) |
| Did you experience difficulty finding a doctor that understands your health condition? | -1.60 (-2.57, 0.64) | -1.43 (-2.40, 0.46) | -1.95 (-2.86, -1.03) |
| Did you experience difficulty coordinating care between providers? | -1.57 (-2.44, -0.68) | -1.27 (-2.22, 0.32) | -1.96 (-2.81, -1.18) |

**Findings in red represent statistically significant parameter estimates (p<0.05)

Results (Table 2 and Figure 1)

Findings suggest:

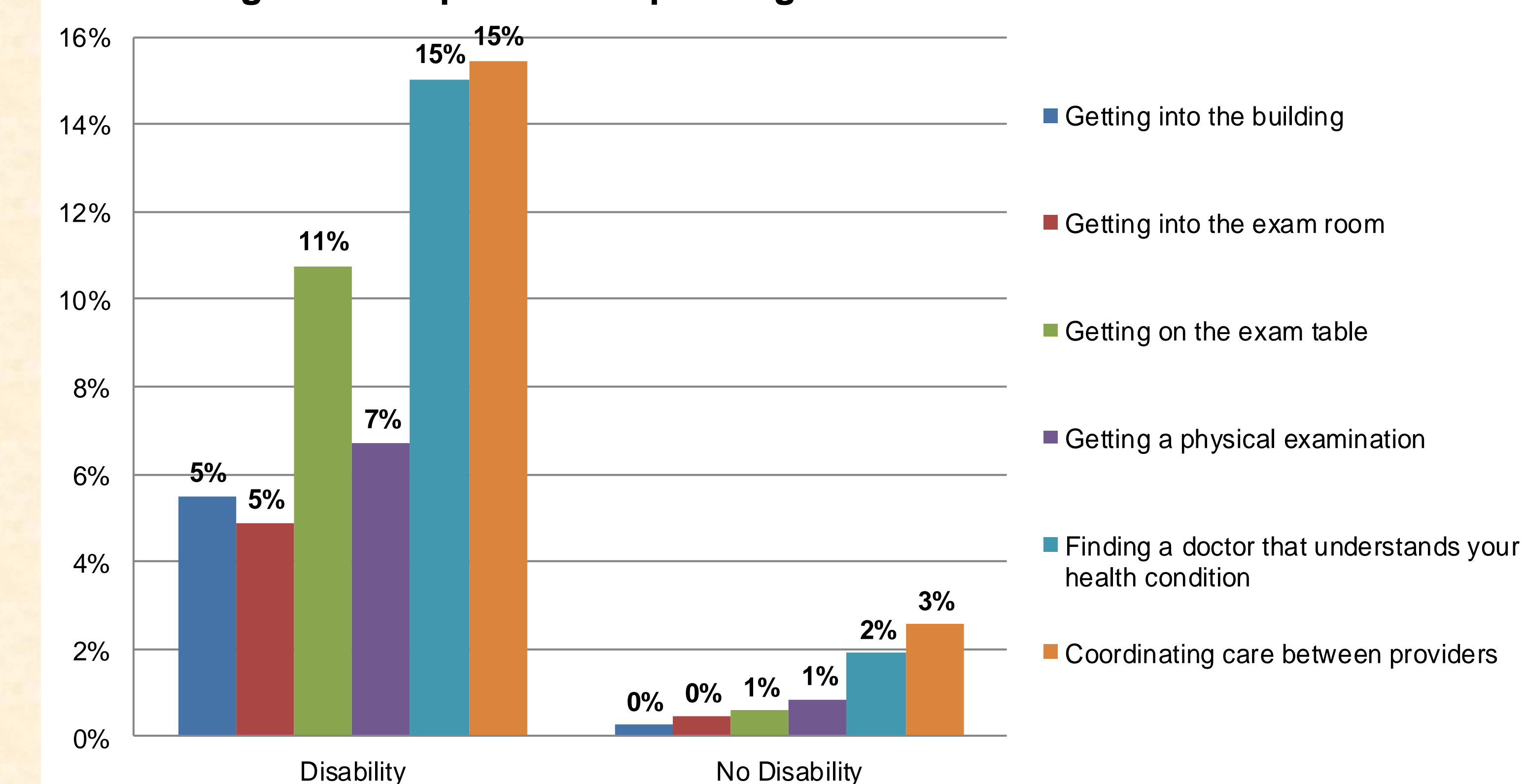
- A statistically significant relationship between disability status and health plan satisfaction but not satisfaction with overall care, or personal doctor.
- As a percentage of the population, individuals with a disability are more likely to report experiencing an access barrier to care..

Table 2. Adjusted Association Between Disability Status and Overall Care, Personal Doctor, and Health Plan Satisfaction Ratings (n=2,042). **

| Disability Variable | Overall Care Rating | Personal Doctor Rating | Health Plan Rating |
|---------------------|------------------------|------------------------|--------------------------------|
| Disability | -0.25 (-0.74, 0.24) | 0.16 (-0.57, 0.25) | -0.42 (-0.84, 0.001) |

**Findings in red represent statistically significant parameter estimates (p<0.05)

Figure 1: Proportion Responding Yes to an Access To Care Barrier



Conclusion

- Individuals with disabilities, who may have multiple conditions to be treated for and who tend to visit multiple doctors for their specific care needs may be experiencing greater difficulty finding a doctor that understands their health condition(s) and coordinating care between providers within the Medicaid Managed Care System.
- It is possible these particular barriers to care might be influencing the observed differences between disability status and health plan satisfaction.
- Future research is needed to understand if patients with disabilities, who are also more likely to depend on Medicaid as their primary care provider, are disproportionately affected by personal doctor communication and access to care barriers.