USUAL SOURCE OF CARE FOR ADULTS WITH AND WITHOUT BACK PAIN: MEDICAL EXPENDITURES PANEL SURVEY DATA POOLED FOR YEARS 2000 TO 2006

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ABSTRACT

Objectives: The purpose of this study was to explore the extent to which individuals with back pain or other health conditions and individuals with no health problems report having a usual source of care (USC) for their health care needs.

Methods: This study evaluated longitudinal Medical Expenditures Panel Survey data (data pooled for survey calendar years 2000-2006). Comparisons were made between adult Medical Expenditures Panel Survey respondents identified as having a back pain condition (n = 10 194) compared with those without back pain but with other health condition (n = 45 541) and those with no back pain and no other condition (n = 5497).

Results: Compared with individuals with no health problems, those with back pain were almost 8 times more likely (odds ratio, 7.8; $P < .001$) to report having a USC, and those with other health problems besides back pain were 5 times more likely (odds ratio, 5.4; $P < .001$). For those with a USC, individuals with back pain and those with other problems but not back pain were both approximately one-and-a-half times more likely than those without any health problems to report a specific provider type as their USC ($P < .001$).

Conclusion: Study findings suggest that relatively healthy adults without back pain are less likely to have a USC than those with back pain or other health problems. (J Manipulative Physiol Ther 2011;34:356-361)

Key Indexing Terms: *Back Pain; Spine; Chiropractic*

Per Congressional mandate, the US Agency for Healthcare Research and Quality (AHRQ) produces reports to the nation about the quality of health care and access to health care.[1] The AHRQ *National Healthcare Quality Report* and *National Healthcare Disparities Report* document national trends in the effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care.

The AHRQ *National Healthcare Disparities Report* measures trends in access to care among priority populations such as residents of rural areas; women; children; older adults; individuals with disabilities or special health care needs; and racial, ethnic, or income groups.[2-4] Toward development of the current and future reports on health care disparities, policy and research working groups have vetted various data sources and methods for measuring access to care.[2] The AHRQ-sponsored Medical Expenditures Panel Survey (MEPS) data are a key source for data on access to care, and other sources include data from Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, Indian Health Service, National Committee for Quality Assurance, National Institutes of Health, and the US Census Bureau.[3] As synthesized by the multiple AHRQ working groups, an individual's access to care may be measured along several dimensions such as their ability to gain initial entry into the health care system (eg, health insurance coverage, having a usual source of care [USC], or patient perceptions of need), their ability to get needed care within the system (eg, wait times or obtaining referrals), patient perceptions of their care (eg, patient-provider communication and relationship, cultural competency, health information), and their pattern of using various services (eg, general and specialty care, ambulatory care, emergency and urgent care, or avoidable admissions to hospital and inpatient care).[4]

Access to care as a function of an individual's having a USC has been described using data from the AHRQ-sponsored MEPS,[5-9] National Health Interview Survey,[10,11]

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National Health and Nutrition Examination Survey,[12] Community Tracking Study,[13] regional or local area surveys,[14] or targeted surveys (eg, using a consumer mailing list of the National Multiple Sclerosis Society).[15]

This study analyzes data from the MEPS to explore the extent to which individuals with back pain or other health conditions and individuals with no health problems report having a USC for their health care needs.

METHODS

Adult MEPS respondents (N = 61 323) were identified in the 2-year longitudinal MEPS panels 5 through 10 (MEPS survey calendar years 2000-2006) as reported in a previously published study.[16] Medical Expenditures Panel Survey respondents with back pain were defined based on 2 condition coding classification schemes that are available in the MEPS medical conditions datafile,[17] the Clinical Classification Category[18] codes, and the *International Classification of Diseases* codes (encompassing 66 *International Classification of Diseases* codes of acute, chronic, or recurrent episodic back pain conditions such as spondylosis and intervertebral disc disorders, sacroiliac sprain/strain, other back sprain/strain). Each of the 61 232 adult MEPS respondents were assigned to 1 of 3 "condition groups" for this study: (*a*) individuals identified as having a back pain condition (n = 10 194), (*b*) individuals who did not report back pain but did report having some other health condition (n = 45 541), and (*c*) individuals who reported no health condition (no back pain and no other condition) during the 2-year MEPS longitudinal panel survey (n = 5497).

Medical Expenditures Panel Survey participants are surveyed on whether they have a USC and, if so, the type of health care provider, their satisfaction with the USC provider's care, and any problems with accessing the USC provider. During the MEPS field interviews, USC is defined for participants as "…a particular doctor's office, clinic, or other place that the individual usually goes to if they are sick or need advice about their health…" followed by a set of MEPS interview questions about that USC provider: "Is provider a medical doctor?" "Is provider a nurse, nurse practitioner, physician's assistant, midwife, or some other kind of person?" or "What is provider's specialty?"

For this study, USC is operationalized using the 3 MEPS survey variables: "Does person have a USC?" If yes, "Does person have a specific USC provider type?" If yes, "What type of provider?" Of the 51 842 MEPS respondents who reported having a USC, 56% (n = 29 134) listed a specific USC provider type (Fig 1).

Two hypotheses were tested in this study (Fig 1), comparing the 3 condition groups of (*a*) individuals with back pain, (*b*) individuals without back pain but with some other health condition, and (*c*) individuals with no condition. The null hypotheses were no significant differences between the 3 groups.

The first hypothesis test compared the 3 condition groups as to their reporting that they have a USC, operationalized as an affirmative response code for the MEPS variable "Does person have a USC".

The second hypothesis test examined only those respondents who did report having a USC and compared the 3 groups as to whether they report a specific "provider type" as their USC.

The 2 hypotheses were tested using bivariate χ^2 tests and binomial logistic regression modeling. Medical Expenditures Panel Survey uses a complex sample design and oversamples certain population groups of interest; therefore, longitudinal sampling weights and longitudinal adjusted variance estimators (strata, primary sampling unit [PSU]) were applied during the inferential hypothesis testing to account for the MEPS sampling frame and complex survey design features. All data management and statistical analyses (unweighted and weighted, descriptive and inferential) were performed using SPSS for Windows versions 17.0 and 12.0 (SPSS Inc, Chicago, IL).

RESULTS

The 3 condition groups differed significantly on having a USC (Fig 1). Compared with individuals with no health problems, those with back pain were almost 8 times more likely (odds ratio [OR], 7.8; $P < .001$) to report having a USC, and those with other health problems besides back pain were 5 times more likely (OR, 5.4; $P < .001$). Comparing only the 2 groups with health problems, those with back pain were significantly more likely to have a USC than those with other health problems but not back pain (OR, 1.5; $P < .001$).

For those who reported having a USC (n = 51 842), individuals with back pain and those with other problems but not back pain were both approximately one-and-a-half times more likely than those without any health problems to report a specific provider type as their USC ($P < .001$).

The specific categories and categorical assignment of provider types has evolved over successive administrations of the MEPS survey (Appendix A), necessitating a panel-by-panel approach to describing the specific provider types that are identified by MEPS respondents as their USC. The USC provider types from MEPS panels 10, 9, and 8 are presented in Table 1 for each of the 3 condition groups.

DISCUSSION

These findings suggest that relatively healthy adults, that is, those who report no active health problems during the course of the MEPS 2-year longitudinal data collection timeframe, are also less likely to have a USC. This is consistent with other studies that have found that many adults may not have a USC simply because they choose not to, most probably because they do not perceive the need since they are relatively healthy.[5,19,20] Interestingly, some