

INTRODUCTION

- US adults with two or more chronic conditions increased from 21.8% in 2001 to 27.2% in 2018.¹
- Current US healthcare delivery models often focus on specialty disease management approaches for single conditions, fragmenting care for those with multiple chronic conditions (MCC).²
- Managing MCC involves complex oversight and care activities. Patients with MCC face unique challenges due to potential interactions and conflicting demands from other treatments for different conditions.³
- A usual source of care (USC) provider can play a pivotal role in navigating these complexities and enhancing patients' self-management efforts.
- Our understanding of the degree to which patients with MCC have access to a USC in the US is limited.
- We know little about the characteristics of USC providers, accessibility, and quality of care provided overall and within patient subgroups among those with MCC at a national level.

OBJECTIVES

- To examine the access and quality of USC and identify racial/ethnic disparities in US adults with MCC.

METHODS

- Data source**
2019 and 2021 Medical Expenditure Panel Survey (MEPS) data
- Inclusion criteria**
 - Positive person weight
 - Aged 18 years or older
 - Reported two or more chronic conditions
 - A valid response to the USC
- Exclusion criteria**
 - Missing values of demographic characteristics
- Outcome measures**
 - USC provider characteristics
 - Accessibility and quality of care provided by USC
- Statistical analysis**
 - Person weight was applied to obtain national estimates
 - Multivariable logistics regression was used to identify racial/ethnic disparities in the quality of USC care, including provider inquiry about other treatments and patient involvement in treatment decision-making.

RESULTS

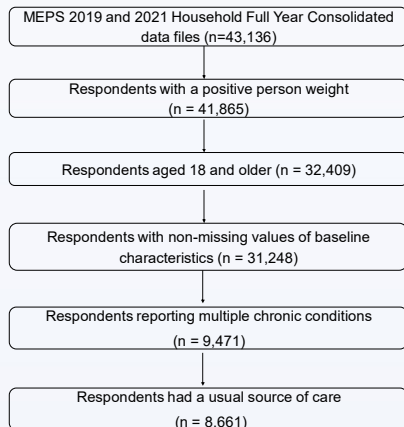


Figure 1 Study sample

Table 1 Characteristics of study sample by usual source of care (n=9,086)

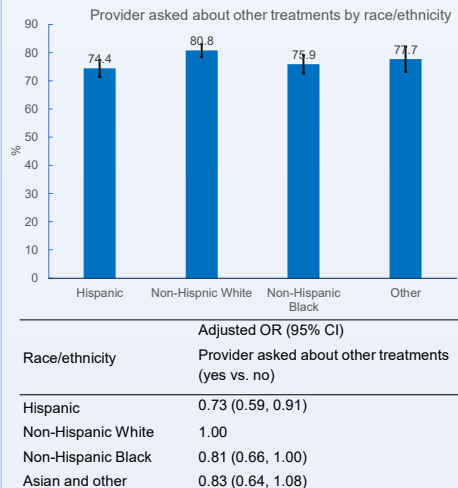
| Characteristics | USC (n = 8,661), Weighted % (95% CI) | No USC (n=810), Weighted % (95% CI) | Adjusted OR of USC (95% CI) |
|------------------------------|---|--|--------------------------------|
| Age (years) | | | |
| 18-64 | 89.6 (88.0, 91.2) | 10.4 (8.8, 12.0) | 1.00 |
| 65+ | 93.2 (92.2, 94.2) | 6.8 (5.8, 7.8) | 1.37 (1.12, 1.69) |
| Sex | | | |
| Female | 92.0 (91.0, 93.0) | 8.0 (7.0, 9.0) | 1.00 |
| Male | 91.1 (89.5, 92.7) | 8.9 (7.3, 10.5) | 0.84 (0.70, 1.01) |
| Race | | | |
| Non-Hispanic White | 92.7 (91.4, 94.0) | 7.3 (6.0, 8.6) | 1.00 |
| Non-Hispanic Black | 88.7 (86.4, 91.0) | 11.3 (9.0, 13.6) | 0.73 (0.55, 0.97) |
| Hispanic | 87.8 (85.7, 89.9) | 12.2 (10.1, 14.3) | 0.72 (0.53, 0.97) |
| Asian and other | 90.2 (87.4, 93.0) | 9.8 (7.0, 12.6) | 0.82 (0.56, 1.16) |
| Income | | | |
| Poor | 88.6 (86.7, 90.5) | 11.4 (9.5, 13.3) | 1.00 |
| Low | 93.1 (91.3, 94.9) | 6.9 (5.1, 8.7) | 1.50 (1.07, 2.12) |
| Middle | 92.1 (90.3, 93.8) | 7.9 (6.2, 9.7) | 1.26 (0.98, 1.63) |
| High | 91.9 (90.5, 93.3) | 8.1 (6.7, 9.5) | 1.12 (0.83, 1.51) |
| Education years | | | |
| <12 | 89.7 (87.9, 91.6) | 10.9 (8.9, 12.9) | 1.00 |
| 12 | 91.5 (90.1, 92.9) | 8.9 (7.3, 10.4) | 1.00 (0.74, 1.34) |
| >12 | 92.1 (90.7, 93.5) | 8.9 (7.5, 10.4) | 0.90 (0.68, 1.19) |
| Marital status | | | |
| Unmarried | 90.3 (89.1, 91.5) | 9.7 (8.5, 10.9) | 1.00 |
| Married | 92.6 (91.2, 94.0) | 7.4 (6.0, 8.8) | 1.35 (1.08, 2.12) |
| General health status | | | |
| Poor-fair | 90.4 (88.7, 92.1) | 9.6 (7.9, 11.3) | 1.00 |
| Good | 91.7 (90.4, 93.1) | 8.3 (6.9, 9.6) | 1.15 (0.93, 1.43) |
| Very good-excellent | 92.3 (90.9, 93.7) | 7.7 (6.3, 9.1) | 1.20 (0.95, 1.53) |
| Region | | | |
| Midwest | 95.0 (93.8, 96.1) | 5.0 (3.9, 6.2) | 1.00 |
| Northeast | 90.6 (86.9, 94.3) | 9.4 (5.7, 13.1) | 0.50 (0.30, 0.84) |
| South | 90.7 (89.4, 92.1) | 9.3 (7.9, 10.6) | 0.55 (0.41, 0.74) |
| West | 90.3 (87.7, 93.0) | 9.7 (7.1, 12.3) | 0.51 (0.34, 0.76) |
| Insurance | | | |
| Uninsured | 80.1 (72.1, 88.1) | 19.9 (11.9, 27.9) | 1.00 |
| Public | 91.3 (90.1, 92.5) | 8.7 (7.5, 9.9) | 1.84 (1.06, 3.19) |
| Private | 92.0 (90.7, 93.4) | 8.0 (6.6, 9.3) | 1.99 (1.11, 3.55) |
| Number of chronic conditions | | | |
| 2 | 89.7 (88.2, 91.2) | 10.3 (8.8, 11.8) | 1.00 |
| 3 | 92.6 (91.4, 93.9) | 7.4 (6.1, 8.6) | 1.44 (1.17, 1.78) |
| 4+ | 93.8 (92.3, 95.2) | 6.2 (4.8, 7.7) | 1.76 (1.38, 2.25) |

RESULTS

Table 2 Characteristics, access, and quality of usual source of care in US adults with multiple chronic conditions

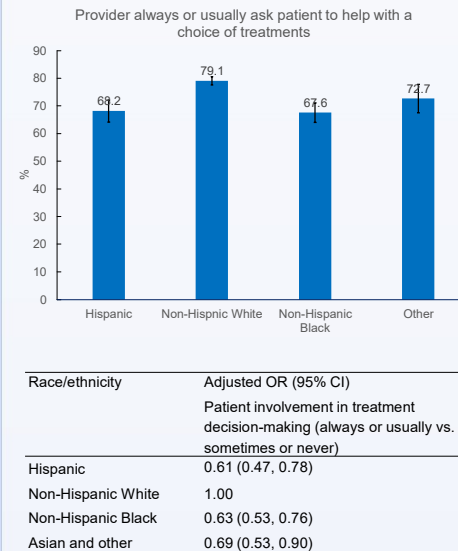
| Usual source of care | Weighted % (95% CI) |
|---|---------------------|
| Type of provider | |
| MD-General/family practice | 63.5 (61.8, 65.1) |
| MD-Internal medicine | 20.5 (19.0, 22.0) |
| Nurse Practitioner | 6.5 (5.5, 7.5) |
| Physician Assistant | 5.6 (4.9, 6.3) |
| Other medical specialties ¹ | 3.5 (2.8, 4.2) |
| Non-MD provider ² | 0.5 (0.3, 0.6) |
| Access to usual source of care | |
| Travel time to the provider | |
| < 15 min | 52.9 (51.3, 54.4) |
| 15 - 30 min | 35.3 (34.0, 36.7) |
| > 30 min | 11.8 (10.8, 12.7) |
| Office hours at night or on the weekend | 24.1 (22.5, 25.7) |
| Access provider by phone | |
| Very difficult | 6.3 (5.6, 7.0) |
| Somewhat difficult | 13.7 (12.7, 14.7) |
| Not too difficult | 28.1 (26.8, 29.3) |
| Not at all difficult | 51.9 (50.4, 53.5) |
| Access provider after hours | |
| Very difficult | 26.2 (24.3, 28.2) |
| Somewhat difficult | 16.9 (15.5, 18.4) |
| Not too difficult | 25.7 (24.0, 27.5) |
| Not at all difficult | 31.1 (29.1, 33.1) |
| Quality of usual source of care | |
| Usually ask about prescription medications and treatments other providers may give them | 79.5 (78.4, 80.6) |
| Explain all options to the person | 95.3 (94.7, 96.0) |
| Ask person to help make decisions between a choice of treatments | |
| Never | 9.9 (9.0, 10.9) |
| Sometimes | 13.8 (12.8, 14.9) |
| Usually | 19.2 (18.0, 20.4) |
| Always | 57.1 (55.4, 58.8) |

Figure 1 and Table 3 Racial/ethnic disparity in provider inquiry about other treatment in US adults with multiple chronic conditions



RESULTS

Figure 2 and Table 4 Racial/ethnic disparity in patient involvement in treatment decision-making in US adults with multiple chronic conditions



CONCLUSION

- Most US adults with MCC reported having a USC.
- However, racial/ethnic disparities between non-Hispanic Whites and non-Hispanic Blacks and Hispanics exist regarding having access to a USC and quality of care.

REFERENCES

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