Health Care and Patients’ Attitudes: Does the type of health care insurance matter?

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Background

• Health care reform debate in Canada and US
• 2010 Patient Protection and Affordable Care Act

Obamacare
• multi-tiered system
• not universal coverage
• not equal access

Canada’s Medicare
• single payer system
• universal coverage
• equal access
Canada’s Medicare

- Covers Canadian citizens in Canada and permanent residents
- Covers medically necessary physician, hospital, and surgical-dental services
- Administered by the provinces
- Health care premiums in British Columbia, Alberta, Ontario, and Quebec
- Private insurance needed for services not covered
Research Questions

1) Does having health care insurance affect a patient’s perception of the quality of health care services he/she received and his/her rate of satisfaction of these services?

2) If so, the patients of which type of health care insurance are the most likely to positively perceive the quality of the health care services they received?

3) The patients of which type of health care insurance are the most likely to be satisfied with the health care services they received?
Hypotheses

- Having health care insurance will affect a patient’s perception of the quality of health care services he/she received and his/her rate of satisfaction of these services.

- Canadians and Americans with private insurance will be the ones most likely to positively perceive the quality of the health care services they received, and be satisfied with them.

- Americans with no health care insurance will be the least likely to do so, and Americans enrolled in government programs will fall somewhere in between.
Methodology

Dataset
• Joint Canada/United States Survey of Health, 2002-2003
  Study sample size = 6,610 (2,750 Canadians + 3,860 Americans)
  Study subjects = working-age adults (18 to 64 year olds)

Dependent Variables
• Patient’s (1) perception of quality and (2) rate of satisfaction of services received:
  a) health
  b) hospital
  c) family doctor
  d) specialist
Methodology

Independent Variable
• Patient’s type of health insurance: Canada, US private, US government program, or US uninsured

Control Variables
• Sex, Race/Ethnicity, Age, Education, Marital Status, Household Income

Statistical Methods
• Bivariate descriptive statistics using design effects (SURVEYFREQ)
• Logistic regression models with design effects (SURVEYLOGISTIC)
Quality of Health Services

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Canada</th>
<th>US Private</th>
<th>US Govt</th>
<th>US None</th>
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</thead>
<tbody>
<tr>
<td>good/excellent</td>
<td>84.32</td>
<td>90.41</td>
<td>82.04</td>
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Satisfaction with Health Services

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>86.27</td>
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<tr>
<td>US Private</td>
<td>91.50</td>
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<tr>
<td>US Govt</td>
<td>83.89</td>
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<tr>
<td>US None</td>
<td>77.48</td>
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</tbody>
</table>

satisfied/very satisfied

Canada: 86.27%
US Private: 91.50%
US Govt: 83.89%
US None: 77.48%
Health Services

Quality
• Americans w/ private insurance 63% more likely ***
• Americans w/out insurance 44% less likely ***

Satisfaction
• Americans w/ private insurance 65% more likely ***
• Americans w/out insurance 49% less likely ***
• Individuals living in the 2nd highest quintile households 88% more likely ***
• Individuals living in the highest quintile households 45% more likely **

***significant at the 0.01 level, **significant at the 0.05 level, *significant at the 0.10 level
Quality of Hospital Services

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Canada</td>
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<tr>
<td>US Private</td>
<td>86.01</td>
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<td>US Govt</td>
<td>74.39</td>
</tr>
<tr>
<td>US None</td>
<td>71.02</td>
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good/excellent
Satisfaction with Hospital Services

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<tr>
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<th>Canada</th>
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<th>US None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>80.23</td>
<td>89.61</td>
<td>81.66</td>
<td>67.95</td>
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</table>

satisfied/very satisfied
Hospital Services

Quality
• Americans w/ private insurance 66% more likely ***
• Minorities 51% less likely ***

Satisfaction
• Americans w/ private insurance 100% more likely ***
• Minorities 44% less likely **
• Individuals living in the highest quintile households 77% more likely *

***significant at the 0.01 level, **significant at the 0.05 level, *significant at the 0.10 level
Quality of Family Doctor Services

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<thead>
<tr>
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<th>Canada</th>
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<tbody>
<tr>
<td>Percentage</td>
<td>91.64</td>
<td>91.12</td>
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good/excellent
Satisfaction with Family Doctor Services

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<tr>
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<th>Percentage</th>
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<tbody>
<tr>
<td>Canada</td>
<td>92.54</td>
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<tr>
<td>US Private</td>
<td>94.92</td>
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<tr>
<td>US Govt</td>
<td>91.31</td>
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<tr>
<td>US None</td>
<td>89.76</td>
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</table>

satisfied/very satisfied
Family Doctor Services

Quality
• Females 36% more likely **
• Individuals 60-64 years old 1.27 times more likely *
• Individuals living in the highest quintile households 62% more likely *

Satisfaction
• Americans w/ private insurance 52% more likely *
• Individuals 60-64 years old 2.14 times more likely **
• Individuals w/ high school education 1.29 times more likely **
• Individuals w/ some college education 2.12 times more likely ***
• Individuals w/ college or higher education 1.18 times more likely *

***significant at the 0.01 level, **significant at the 0.05 level, *significant at the 0.10 level
Quality of Specialists Services

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<th>Region</th>
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- good/excellent
Satisfaction with Specialists Services

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<th>US Govt</th>
<th>US None</th>
</tr>
</thead>
<tbody>
<tr>
<td>satisfied/very satisfied</td>
<td>81.19</td>
<td>90.00</td>
<td>79.63</td>
<td>88.45</td>
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</table>
Specialist Services

Quality
- Americans w/ private insurance 100% more likely ***
- Females 1.27 times more likely ***
- Minorities 43% less likely **
- Households in the highest quintile 1.32 times more likely ***

Satisfaction
- Americans w/ private insurance 1.41 times more likely ***
- Individuals 30-39 years old 74% less likely ***
- Individuals 40-49 years old 63% less likely *
- Individuals w/ high school education 1.49 times more likely *
- Individuals w/ some college education 3.44 times more likely ***
- Individuals living in the 2nd lowest quintile households 1.52 times more likely **
- Individuals living in the middle quintile households 100% more likely *

***significant at the 0.01 level, **significant at the 0.05 level, *significant at the 0.10 level
Conclusion

- Having health care insurance does affect a patient’s perception of the quality of health care services he/she received and his/her rate of satisfaction of these services.

- Americans with private insurance are most likely to positively perceive the quality of the health care services they received, and be satisfied with them.

- No statistical significance between Canadians and Americans with insurance through government programs.