



Quality Primary Care Requires More Than Insurance

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High-quality primary care is a cornerstone of the nation’s efforts to improve children’s health. Policymakers have long recognized that access to quality primary care is essential, and have focused on programs (such as public insurance) designed to remove financial barriers to primary care.

However, adequate insurance is only one aspect of high-quality primary care. RAND Corporation researchers have analyzed and compared three key components of children’s primary care: financial access (whether the child is covered by public or private insurance), potential access (whether the child has a regular provider of medical care), and realized access (whether the child actually receives care when it is needed).

The study focused on parents of elementary-school children in a large urban school district. Participants represented a diversity of ethnic, racial, and socio-economic backgrounds, and included native speakers of English, Spanish, Vietnamese, and Tagalog (a language spoken in the Philippines). The study was designed to measure parents’ experiences with their children’s primary care, including how well the doctors understood the child’s needs, communicated with parents, provided comprehensive care, and coordinated care with other providers when necessary.

Findings

- All three components—financial access, potential access, and realized access—were vital to receiving high-quality primary care.
- However, absence of potential access (e.g., the child had no regular provider) had a greater negative effect on primary care quality than did absence of insurance.
- Lack of a regular provider had a negative effect similar to the negative effect of not receiving care at all when it was needed.
- The scores for children with chronic health problems, such as asthma, were no different from the scores for other children. These data (which should be refined through additional research) suggest that good primary care is equally important for all children.

Policy Implications

While financial access is an important component of good primary care, the study results indicate that policy-makers should place an increased emphasis on programs to enhance both potential and realized access. For example, health plans could improve potential access through open panels (so new enrollees would not have to change existing providers) and by setting up programs to link providers and enrollees. Realized access could be improved through nurse helplines and extended hours for office and urgent care.

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