AFFILIATIONS WITH MEDICAL CARE PROVIDERS

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ABSTRACT: Two analytical techniques are applied to a household survey of Rhode Island residents to develop the concept of an affiliation with a medical care provider. A modification of a deviant case analysis is used to examine those people who are extreme in terms of the numbers of affiliations that they have with medical care providers. Overall, 4.1% of the sample have no affiliations and 7.3% have four or more affiliations. One of the most important variables in distinguishing those people with an unusual number of affiliations is a subjective variable of health status—whether they worry about their health. Nonparticipants rarely worry about their health and are generally in good health, while those with a high number of affiliations worry a great deal, regardless of their actual health status. A multiple regression analysis reveals that the variables of number of health conditions, sex, insurance, worry about health, income, disability days, and family structure are significantly related to mean number of affiliations with an $R^2$ of 19.5%. Discussion includes the study's implications both for greater understanding of how and why people seek care and for application in the further development of a social psychological model of health behavior.

There have been a great number of studies in the field of health services research dealing with utilization of ambulatory care services. Many of these have concentrated on volume and quantity of care.1-4 More recent studies have examined whether people have a regular source of care and what effect this has on utilization rates and ability to proceed in a rational manner through the medical care system.5,6 There have, in addition, been a number of articles focusing on the issue of continuity of care5,8 and on the roles of physicians and other providers in the amount, quality, and continuity of care that people receive.9 Solon, in particular, has stressed the need for research in medical care to go beyond the volume and quantity of care and to focus more upon patterns of health care and use.10-12

Although the concept of affiliation is fairly new to the medical care literature, there are a few studies of special population groups that discuss the number of sources people use for ambulatory care. For example, in 1967 Solon found that over half the residents of a public housing project had developed patterns of medical care that embraced multiple sources.13 Only one tenth went beyond two sources of care, however, if one excluded inpatient and emergency situations. Avnet, in a study of the Group Health Insurance (GHI) plan (a comprehensive fee-for-service plan for reimbursing hospital and physicians' fees in the New York-New Jersey metropolitan area) found that 40% of the individuals...
had been treated by more than one physician in the past year and that 18% were treated by three or more physicians. Hassinger and associates examined rural areas to determine the number of different physicians that individuals actually used in a year. They found that 31% of the individuals had not seen a doctor in the past year, 43% had seen only one, 15% had seen two, and 5% had seen three or more.

Kessel and Sheperd, in a study of the British experience, examined the characteristics of people who seldom consult a physician. Within the group of people who had not consulted a physician during the past two years there was a disproportionate percentage of men, a disproportionate percentage of elderly, and a smaller percentage than expected of young. They found little difference between attenders and non-attenders in terms of social class, employment status, or size of household. They did find fewer young children in the households of non-attenders. Also, non-attenders were more likely to view themselves as healthy, even though there was little difference between attenders and non-attenders in terms of recent trivial ailments.

There is, then, some current research that has begun to focus on the goal of translating the vast spectrum of utilization into representative patterns. This paper represents an initial attempt to understand how people in a community obtain ambulatory care services. It focuses on the number of separate affiliations reported with a medical care provider and how people vary in terms of numbers of different affiliations or sources of care. One section of the study examines people who are extreme in terms of the number of affiliations they have, either by having none, and thus no contact with the medical care system in the past year, or by having a very large number of affiliations, which in this sample is four or more affiliations in one year. This variation of deviant case analysis focusing on extreme cases may enhance understanding of health behavior in ways that are different from analyses based on mean differences or differences between the more frequently occurring categories in the sample. A multiple regression analysis is also employed to examine the multivariate impact of a group of independent variables on the mean number of affiliations.

DATA AND METHODS

The data used in this analysis were collected as part of a statewide sample of Rhode Island in 1974, one of the major aims of which was to acquire detailed information on sources of ambulatory medical care maintained by community residents. The term "affiliation" refers to the stated existence of a relationship between a particular care provider and a particular client. The concept includes a person or place named by the respondent as a source of medical care, regardless of whether the relationship was activated for care within the past year.

In the statewide random sample of households city directories were used as the sampling frame, supplemented by listings for areas of the state in which city directory information was not available. The sampling unit was the address,