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Public Acceptance of Alternative Provider Encounter Options for Primary Care

By Wei Yen
The Health Care Research Group

Introduction

Until recently, when one had a primary health care need, the encounter with the health care provider meant a visit to a provider's office. These office encounters have been increasingly accompanied by a variety of alternative options. Examples of such options include calling a provider hotline, contacting the provider through email, using web-chat or video conference to discuss health concerns, and a visit to an in-store health clinic instead. A number of reasons may explain the emergence of these alternative options, such as technology advancements, the quest to cut cost, desire for convenience, and attempts to meet the challenge of primary care physician shortage. To understand if Washington residents are willing to use these alternative options and to what extent, the Office of Financial Management (OFM) conducted a survey with adult health care consumers in 2012.¹ The survey asked the respondents, in addition to other topics, about their acceptance of alternative options for routine care and urgent care encounters. Respondents were allowed to select any and all options for routine care and urgent care presented to them.

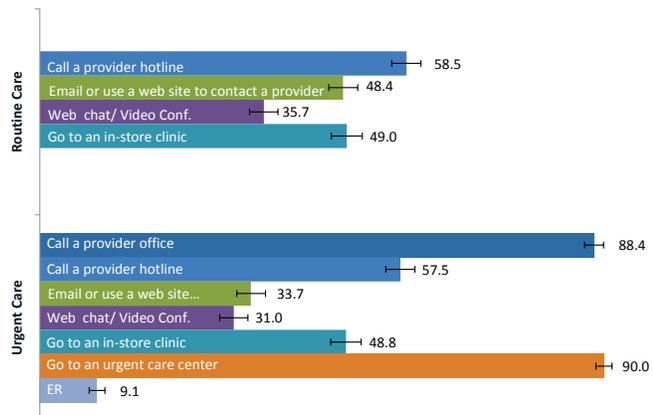
In this brief, we report findings from the OFM health care consumer survey about Washington adult residents' acceptance of alternative options for primary care encounters and variations in their acceptance. For the purpose of our study, we consider both routine care and urgent care as primary care. Routine care refers to preventive care or routine follow-up care for medical management of diagnosed health conditions. Urgent care refers to care for health conditions that are not life-threatening but require evaluation and treatment within 24 hours. The appendix contains tables of detailed data supporting the discussions and figures used in this brief. The confidence intervals provided for the data points in the figures and Tables 1, 2, and 4 are used to determine whether the differences between rates are statistically significant. Furthermore, in discussing the variations of acceptance of alternative options among population groups, results from logistic regressions (Tables 3 and 5) are used to determine if something else might be at work to cause the observed difference between two population groups.

Findings

A. Overall Acceptance of Provider Encounter Options for Routine Care and Urgent Care:

Acceptance of routine care encounter options – Figure 1 shows that, of the four options presented in the survey regarding routine care provider encounters², “calling a provider hotline” was one option that would be used by nearly six in ten adults (58.5 percent). The options of “email or use a web site...” and “go to an in-store clinic” were choices each selected by about half of the adult population (48.4 percent and 49 percent).

Figure 1. Percent Accepting Provider Encounter Options for Routine Care and Urgent Care



¹ For more information about the health care consumer survey, see: http://www.ofm.wa.gov/healthcare/health_care_data_report.pdf

² It was assumed that everyone would consider calling a provider's office for routine care. Therefore this option was not asked in the survey.

percent, respectively). The option of “web chat/video conference” was an option chosen by more than one third of the adults (35.7 percent).

Acceptance of urgent care encounter options – For urgent care encounters, respondents were presented with six options. A seventh option was volunteered by a small number of respondents. The most favored option is “go to an urgent care center,” chosen by 90 percent of the adults (Figure 1). Almost equally favored is the option of “call a provider’s office,” by 88.4 percent. The option of “call a provider hotline” for urgent health concerns was chosen by approximately six in ten adults (57.5 percent), similar to the share that chose this option for routine care. Also similar to the share in routine care, about one half (48.8 percent) chose the option of “go to an in-store clinic” for urgent care. The option of “email or use a web site...” in urgent care was chosen by about one third of the adults (33.7 percent), a share that is about 15 percentage points lower than that for routine care. The option of “web chat/video conference” in urgent care was the choice for 31 percent of the adults, a share roughly similar to that for routine care. Finally, the option of “go to an emergency room (ER)” for urgent care conditions was volunteered by 9.1 percent of the adult population who might have chosen one or more of the other choices at the same time.

B. Variations in Acceptance of Provider Encounter Options for Routine Care

Gender – In routine care encounter options, men and women differ only in their acceptance of the option “go to an in-store health clinic” (Figure 2). Men are more likely than women to take this option (53.5 percent vs. 44.3 percent). However, this difference becomes non-significant after other known population characteristics are controlled for, according to the logistic regression results (see Table 3), while the option of “email or use a web site...” becomes significant with men more likely to accept it.

Age – The oldest age group (ages 65 and older) reported significantly lower acceptance levels for all four routine care encounter options than the other age groups (Figure 3). The shares of the oldest age group for these options range from 21 percent to 43 percent, compared to the lowest shares ranging from 36 percent to 56 percent among the other age groups. These differences remain significant even when holding other population characteristics constant (Table 3). Among the other age groups, the youngest age group (18-34) has the highest shares for acceptance of “email or use web site...” (61.5 percent) and “go to an in-store clinic” (64.6 percent); and the 35-49 age group has the highest shares for acceptance of “call a provider hotline” (66.4 percent) and “web chat or video conference” (40.7 percent).

Figure 2. Percent Accepting Routine Care Options by Gender

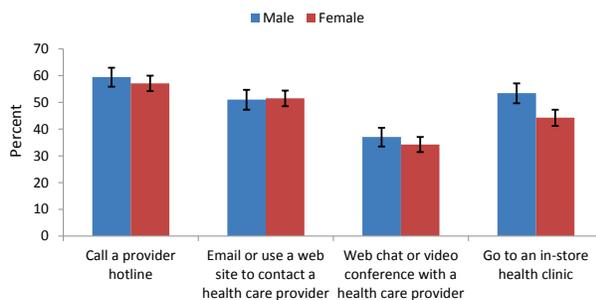
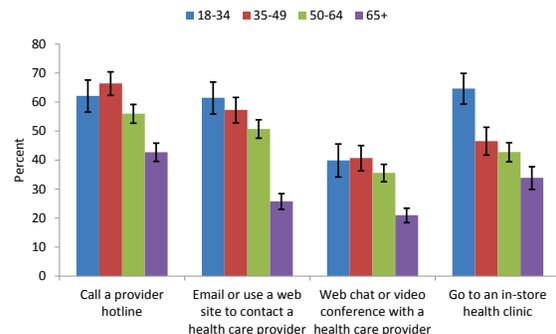


Figure 3. Percent Accepting Routine Care Options by Age



Race/Ethnicity - The only significant difference among the three racial/ethnic groups defined for this study is the higher level of acceptance (72.6 percent) for “call a provider hotline” among persons of Hispanic origin, compared with 57.3 percent of non-Hispanic white persons and 55.5 percent of other non-Hispanic persons (Figure 4). The difference between Hispanic persons and non-Hispanic white persons remains significant after controlling for all other population characteristics (Table 3). In addition, non-Hispanic white persons are shown to be more likely than persons of other non-Hispanic races to accept “go to an in-store clinic” after controlling for all other population characteristics (Table 3).

General health status – In Figure 5, those with self-reported good health are shown to have a much higher acceptance level (54.2 percent) for “email or use a web site...” when compared with those with poor health (36.3 percent). However, this difference is not significant when other population characteristics are considered at the same time, suggesting that some other characteristic or characteristics are accountable for this difference.

Figure 4. Percent Accepting Routine Care Options by Race/Ethnicity

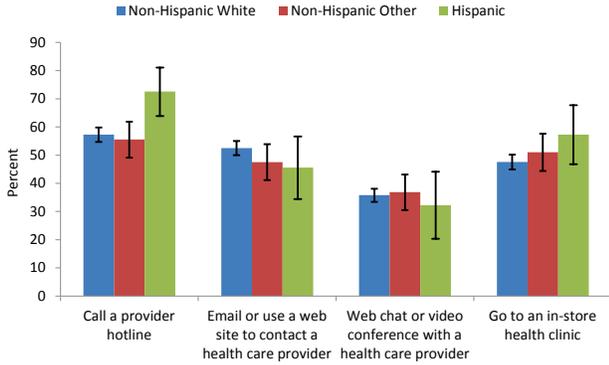
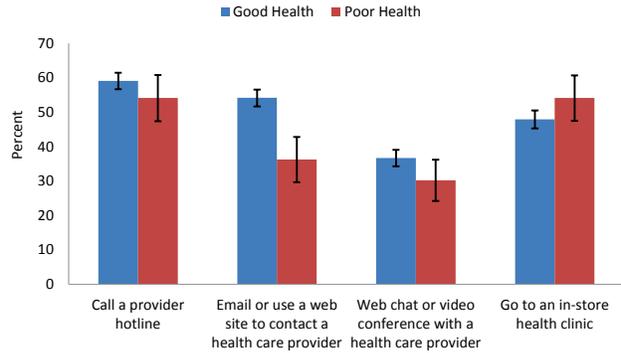


Figure 5. Percent Accepting Routine Care Options by General Health Status



Chronic health conditions - Individuals with a chronic health condition of diabetes, high blood pressure, asthma, or heart disease have a significant lower level of acceptance for “email or use web site ...” than persons without any of those conditions (44.2 percent vs. 55.7 percent) (Figure 6). Similar to the case in general health status, the significance of this difference disappears when holding constant other population characteristics.

Health insurance coverage – Figure 7 shows that uninsured persons are significantly more likely than persons with health insurance to accept “go to an in-store clinic” for routine care (63.3 percent vs. 45.8 percent). However, the significance of this difference goes away when controlling for all other population characteristics while the difference in “email or use a web site...” becomes significant with uninsured persons more likely to accept it (Table 3).

Figure 6. Percent Accepting Routine Care Options by Presence of Any Chronic Conditions (Diabetes, High Blood Pressure, Asthma, and Heart Disease)

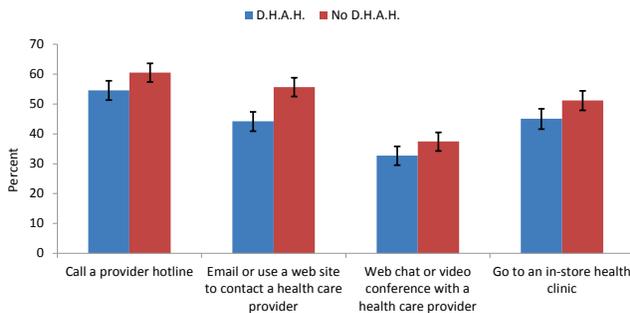
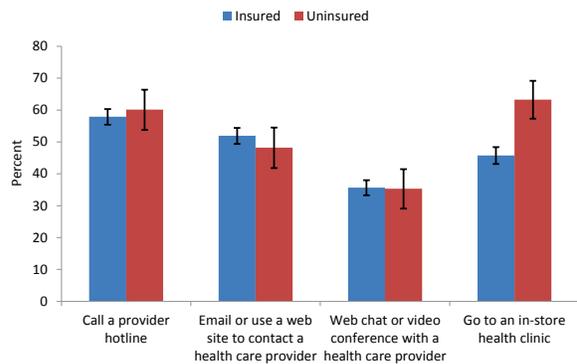


Figure 7. Percent Accepting Routine Care Options by Health Insurance Status



Marital status – In Figure 8, married persons are shown to have a lower level of acceptance for “go to an in-store clinic” than those not currently married (42.9 percent vs. 56.7 percent). When holding other population characteristics constant, this significance disappears while the difference in accepting the option of “email or use a website...” becomes significant with unmarried persons more likely to accept it (Table 3).

Households with and without children under age 18 - Persons in households with children under age 18 are more likely than persons without children under age 18 to accept the options of “call a provider hotline” (64.7 percent vs. 54.7 percent), “email or use a website...” (57.9 percent vs. 47.5 percent), and “web chat or video conference” (41 percent vs. 32.5 percent) (Figure 9). However, there is no significant difference between these two groups in their acceptance of any of these options after controlling for all other population characteristics.

Figure 8. Percent Accepting Routine Care Options by Marital Status

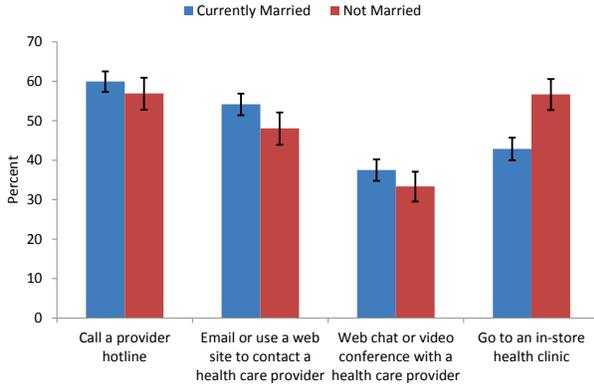
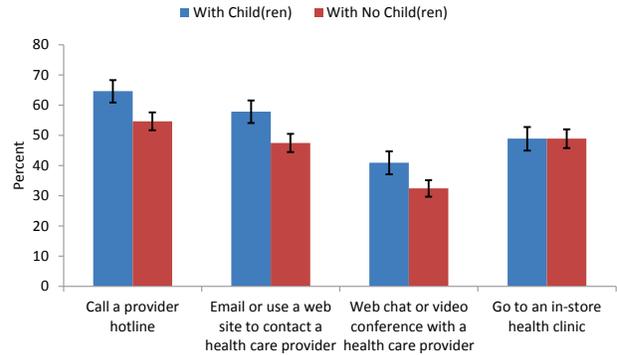


Figure 9. Percent Accepting Routine Care Options by Presence of Children Under 18 in Household



Urban/Non-urban areas - Urban county dwellers as a whole differ from non-urban dwellers only in the option for “email or use a web site...” with 56.7 percent of urban dwellers accepting this option, compared with 42.2 percent of the non-urban dwellers (Figure 10), although this significance no longer exists when other population characteristics are considered at the same time. On the other hand, when controlling for other population characteristics, urban dwellers are significantly more likely to accept “call a provider hotline” and “go to an in-store clinic” than non-urban dwellers (Table 3).

Income – Figure 11 shows that individuals with household income at or below 300 percent of the federal poverty line (FPL), when compared with those above 300 percent of the FPL, have a higher level of acceptance for “go to an in-store clinic” (52 percent vs. 44.5 percent), but they have lower levels of acceptance for “email or use a web site...” (44.8 percent vs. 60.5 percent) and “web chat or video conference” (32.5 percent vs. 40.1 percent). However, when controlling for all other population characteristics, only the difference in the option of “go to an in-store clinic” remains significant (Table 3).

Figure 10. Percent Accepting Routine Care Options by Urban/Non-urban Location of Residence

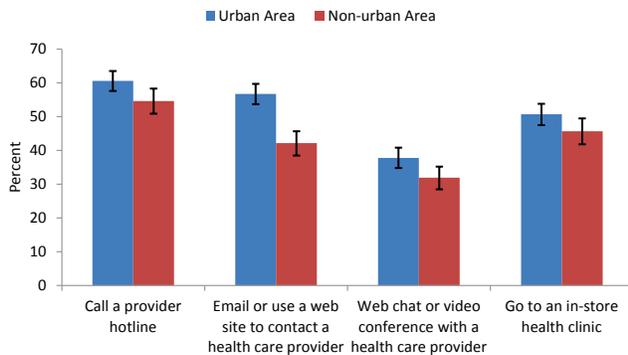
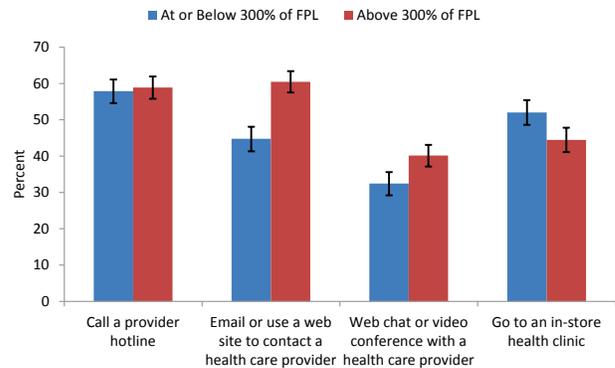
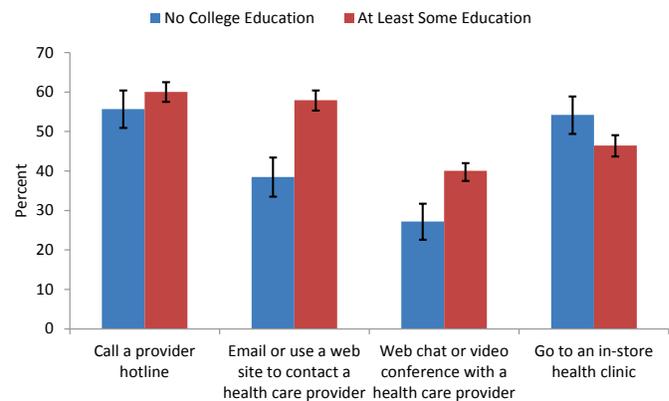


Figure 11. Percent Accepting Routine Care Options by Household Income Level



Education attainment – Adults with at least some college education, when compared with those without any, have significantly higher levels of acceptance of options for “email or use web site ...” and “web chat or video conference” (57.9 percent vs. 38.5 percent and 40 percent vs. 27.2 percent, respectively) while they are less likely to accept the option of “go to an in-store clinic” (46.5 percent vs. 54.2 percent) (Figure 12). When all other population characteristics are considered, the difference in “web chat or video conference” remains statistically significant, but the difference in “go to an in-store clinic” goes the opposite direction, significantly, with adults with at least some college education more likely to accept it (Table 3).

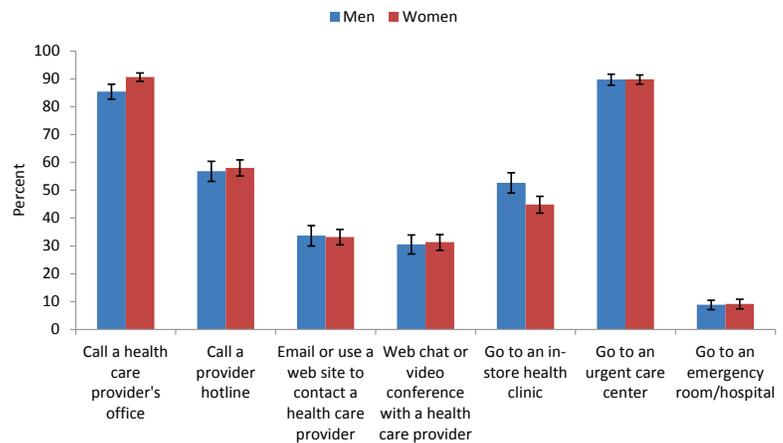
Figure 12. Percent Accepting Routine Care Options by Education Attainment



C. Variations in Acceptance of Provider Encounter Options for Urgent Care

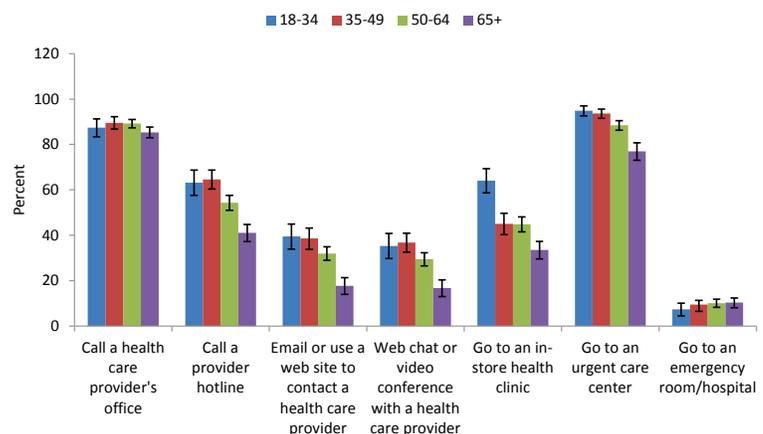
Gender - Women are more likely than men to accept the option of “call a provider office” (90.7 percent vs. 85.5 percent), but they are less likely to accept the option of “go to an in-store clinic” (44.9 percent vs. 52.7 percent) (Figure 13). Both differences remain statistically significant when other population characteristics are controlled for (Table 5).

Figure 13. Percent Accepting Urgent Care Options by Gender



Age - In five of the seven options for urgent care, a trend showing a negative association appears between age and the acceptance level of the options, i.e., the older the age group, the lower their acceptance level (Figure 14). Of all age groups, the oldest age group (age 65 and older) have the lowest levels of acceptance for “call a provider hotline,” “email or use a web site...,” “web chat or video conference,” “go to an in-store clinic,” and “go to an urgent care center” (41.0 percent, 17.7 percent, 16.8 percent, 33.5 percent, and 76.9 percent, respectively). These patterns continue to be statistically significant when other population characteristics are held constant (Table 5). The next younger age group (50-64) in turn has a lower level of acceptance for “call a provider hotline” (54.3 percent) than the youngest two age groups, a lower level for “web

Figure 14. Percent Accepting Urgent Care Options by Age



chat or video conference” (29.5 percent) than the 35-49 age group, a lower level for “go to an in-store clinic” (44.8 percent) than the 18-35 age group, and a lower level for “go to an urgent care center” (88.5 percent) than two youngest age groups. The 35-49 age group has a lower level of acceptance for “go to in-store clinic” than the youngest age group (45.1 percent vs. 64.1 percent).

Race/Ethnicity - Persons of Hispanic origins have a higher level of acceptance for “call a provider hotline” (71.2 percent) than the two non-Hispanic groups (Figure 15). They are also more likely to accept the option of “go to an in-store clinic” (60.4 percent) than the non-Hispanic white group (46.9 percent), but less likely to report the option of “go to an ER” than the latter group (3.5 percent vs. 9.2 percent). When controlling for all other population characteristics, only the difference between Hispanic persons and non-Hispanic white persons in the option of “call a provider hotline” remains statistically significant (Table 5).

General health status - Those adults in poor health are statistically similar to those with good health in their acceptance levels for five of the seven options (Figure 16). The two options for which the two groups differ are “call a provider hotline” and “go to an urgent care center.” In both cases, those in poor health have lower levels of acceptance than those in good health (46.2 percent vs. 59.5 percent and 81.1 percent vs. 91.4 percent, respectively). These differences continue to be significant after holding constant other population characteristics (Table 5).

Chronic health conditions - Individuals with a chronic health condition of diabetes, high blood pressure, asthma, or heart disease (DHAAH.) have lower acceptance

Figure 15. Percent Accepting Urgent Care Options by Race/Ethnicity

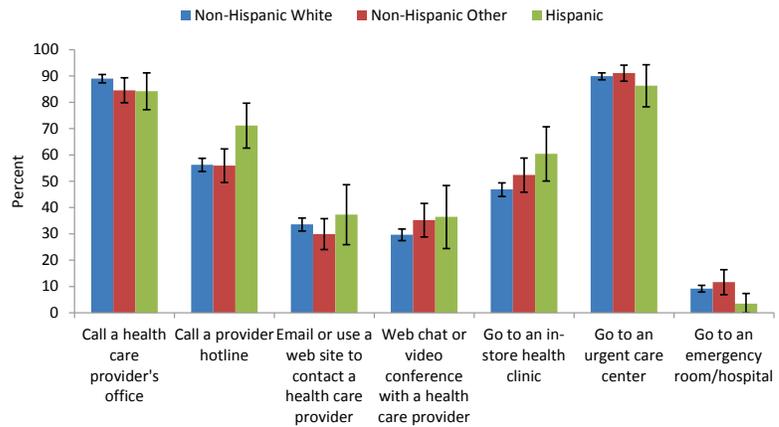


Figure 16. Percent Accepting Urgent Care Options by General Health Status

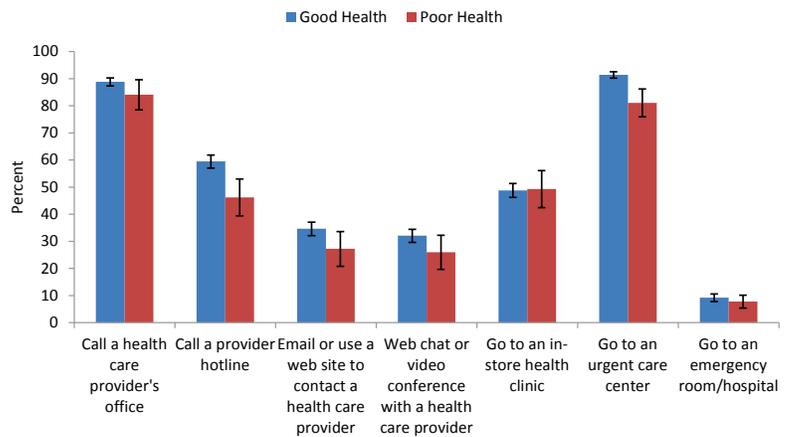
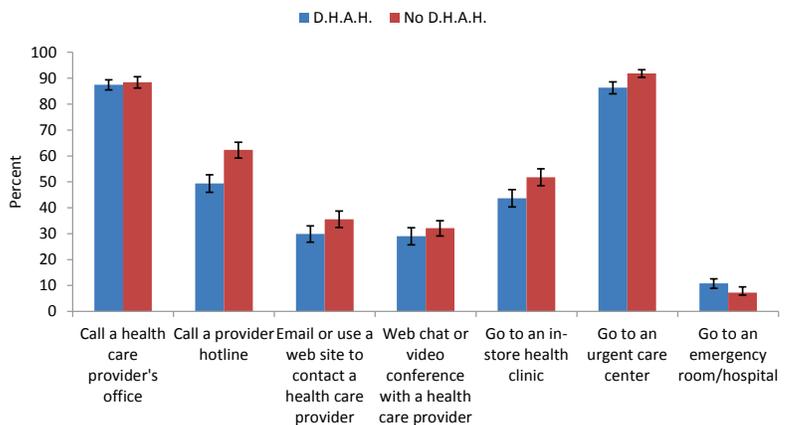


Figure 17. Percent Accepting Urgent Care Options by Presence of Any Chronic Conditions (Diabetes, High Blood Pressure, Asthma, Heart Disease)



levels of “call a provider hotline,” “go to an in-store clinic,” and “go to an urgent care center” than people without these chronic conditions (49.4 percent vs. 62.3 percent, 43.7 percent vs. 51.8 percent, and 86.4 percent vs. 91.9 percent, respectively) (Figure 17). However, only the differences in “call a provider hotline” and “go an ER” are still significant after controlling for all other population characteristics (Table 5).

Health insurance coverage - The only significant difference between people without health insurance coverage and the insured in acceptance of urgent care encounter options is for the option of “go to an in-store clinic” (Figure 18). Uninsured persons are more likely to accept this option than insured persons (57.9 percent vs. 46.8 percent), but the statistical significance of this difference disappears when other population characteristics are considered at the same time.

Marital status - The option of “go to an in-store clinic” is also the only option for which a significant difference in its acceptance is found between those who are married and those who are not currently married (Figure 19). Married individuals have a lower level of acceptance for this option than unmarried individuals (44.7 percent vs. 54.1 percent), but this difference is not significant after controlling for other population characteristics.

Households with and without children under age 18 - People in households with children under 18 years of age are more likely to accept several options for urgent care encounters than those in households without children under 18. Specifically, those with children are more likely than those without children in the household to accept “call a provider hotline” (64.2 percent vs. 53.4 percent), “email or use a web site...” (38.4 percent vs. 30.6 percent), “web

Figure 18. Percent Accepting Urgent Care Options by Health Insurance Status

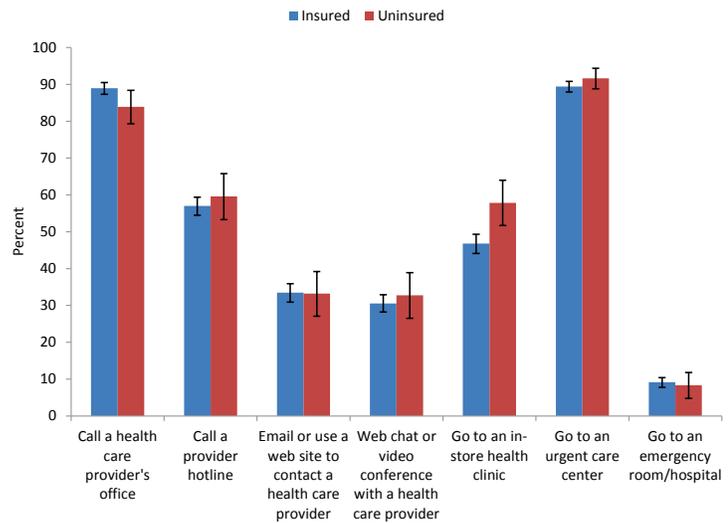


Figure 19. Percent Accepting Urgent Care Options by Marital Status

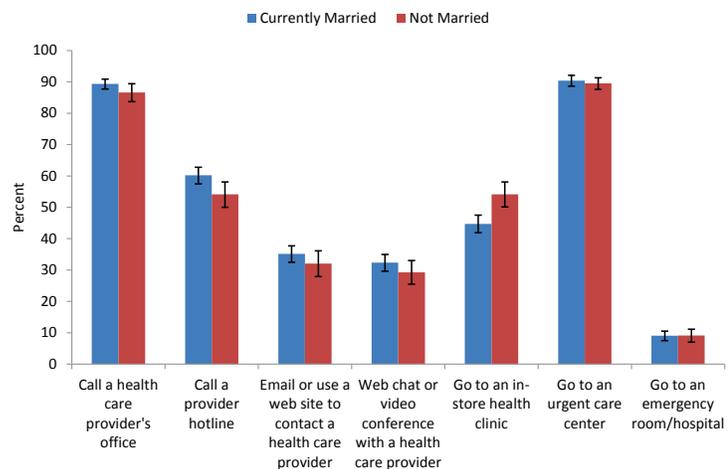
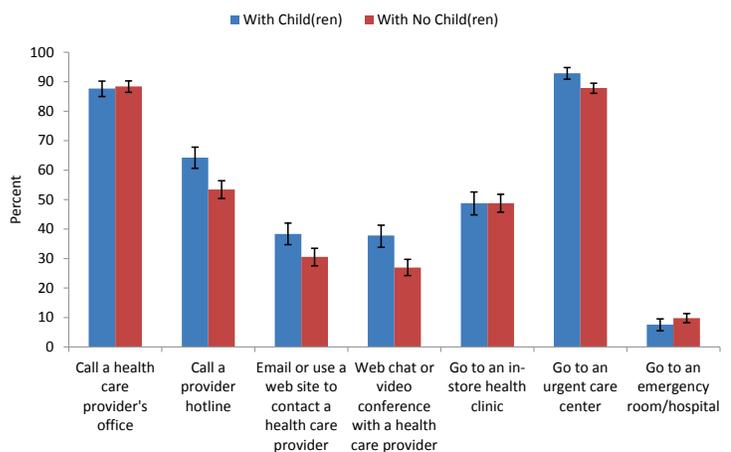


Figure 20. Percent Accepting Urgent Care Options by Presence of Children under 18 in Household



chat or video conference” (37.8 percent vs. 27 percent), and “go to an urgent care center” (92.9 percent vs. 87.9 percent) (Figure 20). However, only the difference in “go to an in-store clinic” still remains significant when other population characteristics are held constant (Table 5).

Urban/Non-urban areas - Living in urban and non-urban areas seems to only make a difference in the option of “email or use a web site...” (Figure 21). The difference is significant with 36 percent of those adults in urban areas and 29.4 percent of those in non-urban areas accepting this option. This difference continues to be significant with other population characteristics being held constant (Table 5).

Income - Significant differences between persons with household income at or below 300 percent of the federal poverty line (FPL) and those above 300 percent of the FPL are found in two of the seven options for urgent care encounters. Those above 300 percent of the FPL are more likely than those with a lower household income to accept the options of “email or use a web site...” and “web chat or video conference” (38.4 percent vs. 29.9 percent and 34.7 percent vs. 28.3 percent, respectively) (Figure 22). These differences remain significant after controlling for other characteristics (Table 5).

Education attainment – Figure 23 shows that adults with at least some college education have a higher acceptance level, compared with those without college education, of accepting “call a provider hotline,” “email or use a web site...,” and “web chat or video conference” (61.2 percent vs. 50.3 percent, 38.1 percent vs. 24.9 percent, and 35.3 percent vs. 22.7 percent, respectively). These differences remain significant after holding other characteristics constant (Table 5).

Figure 21. Percent Accepting Urgent Care Options by Urban and Non-urban Location of Residence

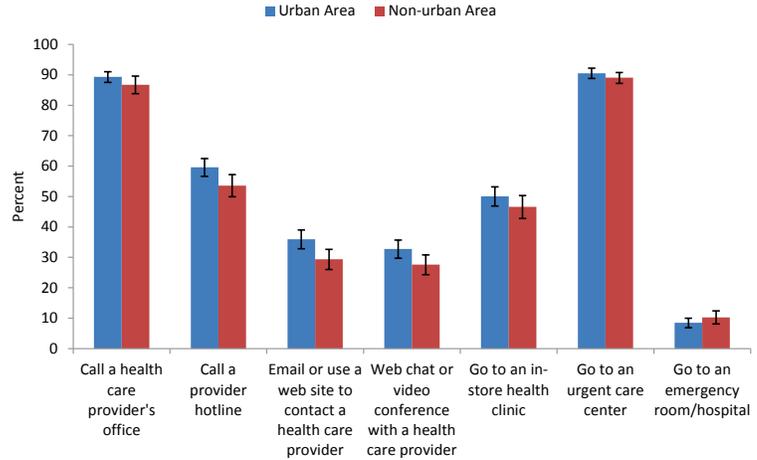


Figure 22. Percent Accepting Urgent Care Options by Household Income Level

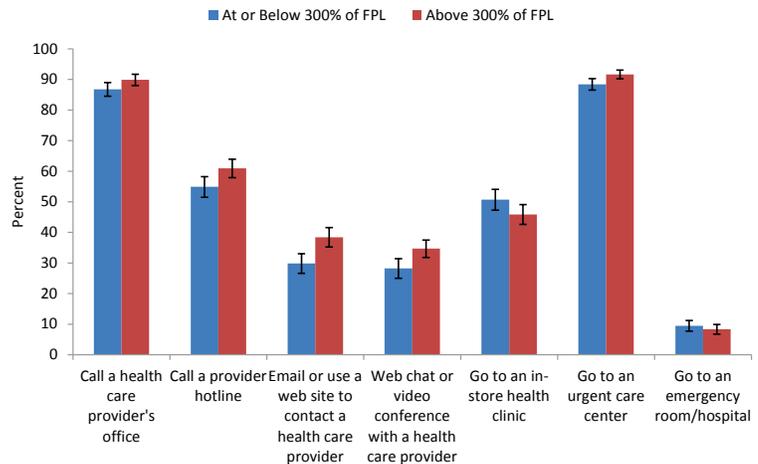
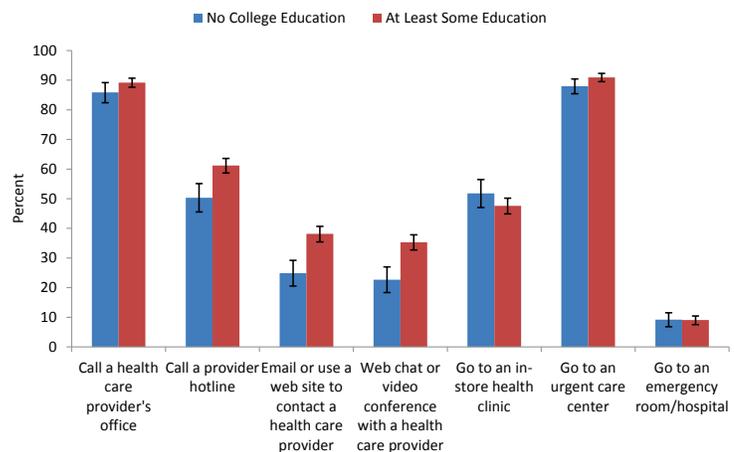


Figure 23. Percent Accepting Urgent Care Options by Education Attainment



Summary

Patient encounters with providers for primary care nowadays can take place in a variety of alternative forms to the standard visit to the provider's office. The public appears to accept these alternatives. In routine care, one half or more of the adult population would be willing to call a provider hotline, email or use a web site, or go to an in-store health clinic; more than one third would consider web chatting or video conferencing. For urgent care, approximately one third of the adults would accept using email/website and web-chat/video conference; forty-nine percent would go to an in-store health clinic and 58 percent would call a provider hotline. The overwhelmingly accepted urgent care encounter options, however, are those of calling a provider office and going to an urgent care center, each chosen by approximately nine in ten adults. The findings about urgent care encounter options are particularly meaningful, as hospital emergency rooms may be the destination for urgent care in the absence of such options.

Acceptance of primary care encounter options varies significantly with some population groups:

- The oldest age registered lower acceptance in nearly all alternative options listed for routine care and urgent care, compared with other age groups.
- Men are more likely than women to accept the option of using email/web site for routine care and the option of going to an in-store health clinic for urgent care; women have a higher acceptance level than men for the option of calling a provider office for routine care.
- Hispanic persons have a higher acceptance level than non-Hispanic white persons for the option of calling a provider hotline for both routine and urgent care; non-Hispanic white persons are more likely to choose going to an in-store health clinic than other non-Hispanic persons for routine care.
- Persons in good health have a greater likelihood of accepting calling a provider hotline and going to an urgent care center for their urgent health concerns than those in poor health. Individuals with a chronic health condition are less likely to consider calling a provider hotline and going to an ER for urgent care than those adults without a chronic condition.
- Uninsured persons are more likely to accept using email or a web site for routine care than the insured.
- Married adults are less likely to consider using email or a web site for routine care.
- Adults with children under age 18 are more likely to choose the option of going to an urgent care center for urgent care needs than adults without children under 18.
- Urban dwellers are more likely to consider calling a provider hotline and going to an in-store health clinic for routine care than non-urban dwellers. Urban dwellers are also more likely to accept the option of using email or a web site for urgent health concerns than non-urban dwellers.
- Persons with a household income at or below 300 percent of the federal poverty line are more likely to choose going to an in-store health clinic for routine care than persons with higher income while they are less likely to consider using email/website and web chat/video conference for urgent care.
- Compared with adults without any college education, those adults with college education have a higher level of acceptance for web chatting/video conferencing and going to an in-store health clinic for both routine care and urgent care. They are also more likely to consider calling a provider hotline and emailing/using a web site for urgent care.

This brief shows a general acceptance of alternative options by the public to the standard primary care encounters in a provider's office and also reveals some variations in the public's acceptance of those options. What this brief does not show is the utilization of those options and, more importantly, the cost-savings and health outcomes from utilization of those options. We recommend future research to engage those areas. We also recommend monitoring the public's actual utilization and the trend in their acceptance of the alternative encounter options.

Appendix

Table 1: Percent Accepting Utilization Options for Routine Care and Urgent Care

	Routine Care		Urgent Care	
	Percent	CI	Percent	CI
Call a health care provider's office			88.4	(86.8-89.9)
Call a provider hotline	58.5	(56.1-60.8)	57.5	(55.2-59.9)
Email or use a web site to contact a health care provider	48.4	(46.0-50.7)	33.7	(31.3-36.0)
Web chat or video conference with a health care provider	35.7	(33.4-38.0)	31.0	(28.7-33.2)
Go to an in-store health clinic	49.0	(46.5-51.4)	48.8	(46.4-51.3)
Go to an urgent care center			90.0	(88.7-91.3)
Go to an emergency room or hospital			9.1	(7.8-10.4)

Note 1: No data were collected for shaded cells.

Note 2: Respondents were allowed to select more than one option.

Note 3: For routine care, it was assumed that the option "go to a primary care provider office" would be accepted by all and, therefore, was not asked on the survey.

Note 4: Confidence intervals (CIs) are at the 95-percent confidence level.

Table 2: Percent Accepting Routine Care Encounter Options

	Call a provider hotline		Email or use a web site to contact a health care provider		Web chat or video conference with a health care provider		Go to an in-store health clinic	
	Percent	CI	Percent	CI	Percent	CI	Percent	CI
Gender								
Male	59.5	(55.9-63.0)	51.1	(47.3-54.7)	37.1	(33.5-40.5)	53.5	(49.7-57.1)
Female	57.1	(54.2-60.0)	51.6	(48.6-54.4)	34.3	(31.4-37.1)	44.3	(41.2-47.3)
Age								
18-34	62.1	(56.5-67.6)	61.5	(55.9-66.9)	39.9	(34.2-45.5)	64.6	(59.3-69.9)
35-49	66.4	(62.3-70.4)	57.3	(52.8-61.6)	40.7	(36.3-45.0)	46.5	(41.7-51.3)
50-64	56.0	(52.7-59.2)	50.7	(47.5-53.9)	35.6	(32.5-38.5)	42.8	(39.4-46.0)
65+	42.7	(39.5-45.8)	25.7	(23.0-28.4)	21.0	(18.4-23.4)	33.9	(29.9-37.7)
Race/Ethnicity								
Non-Hispanic White	57.3	(54.7-59.8)	52.5	(50.0-55.0)	35.8	(33.4-38.1)	47.6	(44.9-50.2)
Non-Hispanic Other	55.5	(49.1-61.9)	47.5	(41.1-53.9)	36.9	(30.5-43.1)	51.1	(44.4-57.6)
Hispanic	72.6	(63.9-81.1)	45.6	(34.4-56.6)	32.3	(20.3-44.1)	57.3	(46.8-67.7)
General Health Status								
Good Health	59.1	(56.7-61.5)	54.2	(51.7-56.6)	36.7	(34.3-39.1)	47.9	(45.3-50.5)
Poor Health	54.2	(47.4-60.8)	36.3	(29.7-42.8)	30.2	(24.2-36.2)	54.2	(47.5-60.7)
Health Conditions								
DHAH	54.6	(51.3-57.8)	44.2	(40.9-47.4)	32.7	(29.5-35.8)	45.1	(41.6-48.4)
No DHAH	60.5	(57.4-63.6)	55.7	(52.5-58.8)	37.5	(34.3-40.5)	51.2	(47.9-54.4)
Health Coverage								
Insured	57.9	(55.4-60.3)	51.9	(49.4-54.4)	35.7	(33.3-38.0)	45.8	(43.1-48.4)
Uninsured	60.2	(53.8-66.4)	48.2	(41.8-54.5)	35.4	(29.1-41.5)	63.3	(57.3-69.2)
Marital Status								
Currently Married	60.0	(57.3-62.5)	54.2	(51.4-56.9)	37.5	(34.8-40.2)	42.9	(40.0-45.7)
Not Married	56.9	(52.8-60.9)	48.1	(43.9-52.1)	33.3	(29.5-37.1)	56.7	(52.7-60.6)
Household with Children								
With Children	64.7	(60.9-68.3)	57.9	(54.1-61.6)	41.0	(37.1-44.7)	49.0	(45.0-52.8)
Without Children	54.7	(51.7-57.6)	47.5	(44.5-50.5)	32.5	(29.7-35.2)	49.0	(45.8-52.0)
Urban/Non-Urban Area								
Urban Area	60.6	(57.6-63.5)	56.7	(53.7-59.7)	37.8	(34.8-40.8)	50.7	(47.5-53.8)
Non-Urban Area	54.6	(50.9-58.3)	42.2	(38.5-45.7)	31.9	(28.5-35.2)	45.7	(41.8-49.5)
Income Level								
At or Below 300% FPL	57.9	(54.6-61.1)	44.8	(41.3-48.1)	32.5	(29.2-35.6)	52.0	(48.6-55.4)
Above 300% FPL	58.9	(55.8-61.9)	60.5	(57.5-63.4)	40.1	(37.1-43.1)	44.5	(41.1-47.8)
Educational Attainment								
No College Education	55.7	(50.9-60.4)	38.5	(33.5-43.4)	27.2	(22.6-31.7)	54.2	(49.4-58.9)
At Least Some College	60.1	(57.5-62.5)	57.9	(55.3-60.4)	40.0	(37.5-42.5)	46.5	(43.7-49.1)

Confidence intervals (CI) are at the 95-percent confidence level

Note: DHAH = has one or more of the following chronic conditions: diabetes, high blood pressure, asthma, or heart disease.

Table 3: Odds of Accepting A Routine Care Option

	Call a provider hotline		Email or use a web site to contact a health care provider		Web chat or video conference with a health care provider		Go to an in-store health clinic	
	OR	CI	OR	CI	OR	CI	OR	CI
Gender (Ref = Male)								
Female	0.90	(0.74-1.09)	0.72	(0.59-0.88)	0.88	(0.71-1.08)	1.02	(0.83-1.26)
Age (Ref = 65+)								
18-34	1.92	(1.39-2.65)	3.46	(2.48-4.82)	2.50	(1.78-3.50)	5.56	(3.89-7.94)
35-49	2.29	(1.71-3.07)	2.01	(1.46-2.77)	2.16	(1.57-2.98)	3.53	(2.61-4.76)
50-64	1.65	(1.34-2.03)	1.56	(1.23-1.98)	1.87	(1.49-2.33)	2.77	(2.24-3.44)
Race/Ethnicity (Ref = Non-Hispanic White)								
Non-Hispanic Other	0.92	(0.68-1.24)	1.09	(0.80-1.50)	0.97	(0.71-1.33)	0.72	(0.53-0.98)
Hispanic	1.95	(1.17-3.25)	0.80	(0.46-1.40)	0.96	(0.51-1.83)	0.87	(0.51-1.48)
General Health Status (Ref = Poor Health)								
Good Health	1.17	(0.86-1.59)	0.76	(0.57-1.02)	1.03	(0.74-1.43)	1.38	(0.99-1.94)
Health Conditions (Ref = DHAH)								
No DHAH	1.00	(0.82-1.23)	1.04	(0.85-1.28)	0.92	(0.74-1.15)	0.98	(0.79-1.22)
Health Coverage (Ref = Insured)								
Uninsured	0.84	(0.62-1.15)	1.50	(1.1-2.04)	1.04	(0.74-1.47)	0.92	(0.66-1.27)
Marital Status (Ref = Married)								
Not Married	0.92	(0.75-1.14)	1.35	(1.08-1.69)	0.92	(0.73-1.17)	0.81	(0.65-1.02)
Household with Children (Ref = With Children)								
Without Children	0.88	(0.68-1.13)	1.28	(0.99-1.66)	0.83	(0.64-1.09)	0.97	(0.74-1.26)
Urban/Non-Urban Area (Ref = Urban)								
Non-Urban Area	0.78	(0.64-0.95)	0.82	(0.67-1.01)	0.82	(0.67-1.02)	0.59	(0.48-0.73)
Income Level (Ref = Income Above 300% FPL)								
At or Below 300% FPL	1.10	(0.90-1.35)	1.11	(0.90-1.37)	0.81	(0.66-1.01)	0.66	(0.53-0.82)
Educational Attainment (Ref = Any College)								
No College Education	0.83	(0.66-1.04)	1.13	(0.89-1.43)	0.62	(0.48-0.79)	0.55	(0.43-0.69)

Confidence interval (CI) at 95-percent confidence level.

Note: OR - Odds Ratio; DHAH - diagnosis of one or more of the following chronic conditions: diabetes, high blood pressure, asthma, or heart disease; Ref – reference group.

Table 4: Percent of Adults Accepting Urgent Care Encounter Options

	Call a health care provider's office		Call a provider hotline		Email or use a website to contact a health care provider		Web chat or video conference with a health care provider		Go to an in-store health clinic		Go to an urgent care center		Go to an emergency room/hospital	
	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
Gender														
Male	85.5	(82.7-88.1)	56.8	(53.2-60.4)	33.7	(30.0-37.3)	30.5	(27.1-33.9)	52.7	(49.0-56.3)	89.8	(87.7-91.7)	8.9	(7.1-10.5)
Female	90.7	(89.1-92.1)	58.1	(55.1-60.9)	33.2	(30.4-35.9)	31.3	(28.4-34.1)	44.9	(41.8-47.8)	89.8	(88.1-91.4)	9.2	(7.4-10.9)
Age														
18-34	87.4	(83.4-91.3)	63.2	(57.6-68.7)	39.5	(33.9-44.9)	35.3	(29.8-40.8)	64.1	(58.7-69.3)	94.9	(92.6-97.0)	7.4	(4.5-10.1)
35-49	89.5	(86.8-92.2)	64.6	(60.4-68.7)	38.6	(33.8-43.2)	36.8	(32.6-40.9)	45.1	(40.3-49.7)	93.6	(91.5-95.6)	9.5	(6.5-11.3)
50-64	89.2	(87.3-91.0)	54.3	(51.0-57.6)	32.0	(29.0-34.9)	29.5	(26.5-32.3)	44.8	(41.5-48.1)	88.5	(86.3-90.5)	10.1	(8.3-11.9)
65+	85.3	(82.9-87.7)	41.0	(37.2-44.8)	17.7	(14.0-21.3)	16.8	(13.0-20.4)	33.5	(29.6-37.3)	76.9	(73.0-80.7)	10.3	(8.1-12.4)
Race/Ethnicity														
Non-Hispanic White	89.1	(87.4-90.6)	56.2	(53.7-58.7)	33.6	(31.1-36.0)	29.6	(27.4-31.8)	46.9	(44.2-49.4)	89.9	(88.6-91.2)	9.2	(7.9-10.4)
Non-Hispanic Other	84.6	(79.8-89.3)	55.9	(49.5-62.3)	29.9	(24.0-35.8)	35.3	(28.8-41.6)	52.4	(45.8-58.8)	91.1	(88.0-94.1)	11.7	(6.9-16.4)
Hispanic	84.3	(77.2-91.2)	71.2	(62.6-79.7)	37.4	(25.9-48.7)	36.5	(24.4-48.4)	60.4	(50.1-70.7)	86.3	(78.3-94.3)	3.5	(0.0-7.3)
Health Status														
Good Health	88.9	(87.3-90.3)	59.5	(57.0-61.8)	34.7	(32.1-37.1)	32.1	(29.6-34.4)	48.8	(46.2-51.3)	91.4	(90.2-92.5)	9.2	(7.8-10.6)
Poor Health	84.1	(78.5-89.6)	46.2	(39.4-53.0)	27.3	(20.8-33.6)	26.0	(19.6-32.2)	49.3	(42.4-56.1)	81.1	(75.9-86.2)	7.8	(5.4-10.1)
Chronic Health Conditions														
Has DHAH	87.5	(85.5-89.4)	49.4	(46.0-52.7)	29.9	(26.7-33.0)	29.0	(25.7-32.3)	43.7	(40.3-47.0)	86.4	(84.0-88.6)	10.8	(8.9-12.6)
No DHAH	88.4	(86.2-90.6)	62.3	(59.2-65.3)	35.6	(32.4-38.7)	32.1	(29.1-35.0)	51.8	(48.5-55.0)	91.9	(90.3-93.3)	7.2	(6.3-9.5)
Health Coverage														
Insured	89.0	(87.3-90.5)	57.0	(54.5-59.4)	33.5	(30.9-35.9)	30.6	(28.2-32.9)	46.8	(44.1-49.3)	89.4	(87.9-90.8)	9.2	(7.8-10.4)
Uninsured	83.9	(79.3-88.4)	59.6	(53.3-65.8)	33.2	(27.1-39.2)	32.7	(26.5-38.9)	57.9	(51.7-64.0)	91.6	(88.8-94.4)	8.4	(4.8-11.8)
Marital Status														
Currently Married	89.4	(87.7-90.9)	60.2	(57.5-62.8)	35.1	(32.5-37.7)	32.4	(29.6-35.0)	44.7	(41.9-47.5)	90.4	(88.6-92.1)	9.1	(7.5-10.5)
Not Married	86.6	(83.7-89.4)	54.1	(50.0-58.1)	32.1	(27.9-36.1)	29.3	(25.5-33.0)	54.1	(50.1-58.1)	89.5	(87.6-91.3)	9.1	(7.0-11.1)
Household with Children														
With Children	87.7	(85.0-90.2)	64.2	(60.6-67.8)	38.4	(34.7-42.0)	37.8	(33.8-41.3)	48.8	(44.8-52.6)	92.9	(90.9-94.8)	7.6	(5.5-9.5)
Without Children	88.4	(86.4-90.3)	53.4	(50.4-56.4)	30.6	(27.5-33.5)	27.0	(24.2-29.7)	48.8	(45.7-51.8)	87.9	(86.1-89.5)	9.8	(8.2-11.3)
Urban/Non-Urban														
Urban Area	89.3	(87.5-91.0)	59.6	(56.6-62.5)	36.0	(32.8-39.0)	32.7	(29.7-35.7)	50.1	(46.9-53.2)	90.5	(88.8-92.2)	8.5	(6.9-10.0)
Non-Urban Area	86.7	(83.8-89.6)	53.6	(49.9-57.2)	29.4	(26.0-32.6)	27.6	(24.3-30.8)	46.6	(42.8-50.3)	89.1	(87.2-90.8)	10.3	(8.1-12.4)
Household Income														
At or Below 300% FPL	86.8	(84.5-89.0)	54.9	(51.5-58.2)	29.9	(26.6-33.0)	28.3	(25.0-31.4)	50.7	(47.3-54.1)	88.4	(86.5-90.3)	9.5	(7.7-11.2)
Above 300% FPL	89.9	(88.0-91.7)	61.0	(57.9-63.9)	38.4	(35.2-41.6)	34.7	(31.8-37.5)	45.9	(42.6-49.1)	91.7	(90.2-93.1)	8.4	(6.7-9.9)
Educational Attainment														
No College	85.9	(82.4-89.2)	50.3	(45.5-55.1)	24.9	(20.5-29.2)	22.7	(18.3-27.0)	51.8	(47.0-56.5)	88.0	(85.4-90.4)	9.2	(6.8-11.5)
Any College	89.2	(87.6-90.7)	61.2	(58.7-63.6)	38.1	(35.4-40.7)	35.3	(32.7-37.8)	47.6	(44.9-50.2)	91.0	(89.5-92.3)	9.0	(7.5-10.4)

Confidence intervals (CI) are at the 95-percent confidence level.

Table 5: Odds of Accepting Urgent Care Encounter Options

	Call a health care provider's office		Call a provider hotline		Email or use a website to contact a health care provider		Web chat or video conference with a health care provider		Go to an in-store health clinic		Go to an urgent care center		Go to an emergency room	
	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI
Gender (Ref = Male)														
Female	1.64	(1.22-2.19)	1.04	(0.85-1.26)	0.95	(0.77-1.18)	1.03	(0.83-1.29)	0.76	(0.62-0.92)	1.05	(0.80-1.38)	0.92	(0.71-1.19)
Age (Ref = 65+)														
18-34	1.62	(0.97-2.70)	2.10	(1.51-2.93)	3.17	(2.19-4.61)	2.51	(1.71-3.68)	3.44	(2.48-4.78)	7.86	(4.25-14.52)	1.12	(0.69-1.81)
35-49	1.77	(1.14-2.74)	2.03	(1.51-2.73)	2.57	(1.77-3.73)	2.29	(1.59-3.30)	1.84	(1.35-2.52)	4.48	(2.79-7.18)	0.91	(0.62-1.34)
50-64	1.56	(1.15-2.12)	1.48	(1.19-1.84)	1.96	(1.48-2.61)	1.82	(1.36-2.43)	1.63	(1.30-2.05)	2.27	(1.66-3.10)	0.93	(0.72-1.22)
Race/Ethnicity (Ref = Non-Hispanic White)														
Non-Hispanic Other	0.73	(0.48-1.11)	0.94	(0.70-1.26)	0.81	(0.58-1.12)	1.30	(0.94-1.79)	1.26	(0.94-1.69)	0.85	(0.54-1.33)	0.84	(0.56-1.27)
Hispanic	0.80	(0.42-1.52)	2.06	(1.22-3.49)	1.34	(0.70-2.59)	1.61	(0.81-3.18)	1.16	(0.66-2.03)	0.53	(0.26-1.11)	2.33	(1.00-5.45)
Health Status (Ref = Poor health)														
Good Health	1.34	(0.81-2.21)	1.40	(1.03-1.90)	1.08	(0.74-1.57)	1.06	(0.74-1.52)	0.96	(0.72-1.29)	1.94	(1.36-2.77)	0.86	(0.61-1.21)
Chronic Health Conditions (Ref=DHAH)														
No DHAH	0.97	(0.70-1.34)	1.24	(1.01-1.52)	0.91	(0.73-1.15)	0.81	(0.64-1.02)	1.12	(0.91-1.36)	0.92	(0.69-1.22)	1.32	(1.02-1.71)
Health Coverage (Ref = Insured)														
Uninsured	0.69	(0.43-1.10)	0.98	(0.71-1.34)	0.96	(0.67-1.37)	1.09	(0.76-1.57)	1.13	(0.84-1.53)	1.06	(0.67-1.68)	0.95	(0.64-1.42)
Marital Status (Ref = Married)														
Not Married	0.82	(0.60-1.11)	0.84	(0.68-1.04)	0.93	(0.73-1.19)	0.98	(0.77-1.25)	1.17	(0.94-1.46)	0.89	(0.67-1.19)	0.91	(0.69-1.18)
Household with Children (Ref = With Children)														
Without children	1.18	(0.81-1.71)	0.94	(0.73-1.21)	0.92	(0.70-1.21)	0.78	(0.59-1.03)	1.35	(1.05-1.74)	0.98	(0.65-1.48)	0.77	(0.55-1.08)
Urban/Non-Urban(Ref = Urban)														
Non-urban	0.78	(0.57-1.07)	0.83	(0.68-1.01)	0.78	(0.63-0.98)	0.83	(0.67-1.04)	0.89	(0.73-1.09)	0.94	(0.71-1.24)	0.76	(0.58-1.00)
Household Income (Ref = Above 300% FPL)														
At or Below 300% FPL	0.99	(0.72-1.36)	0.90	(0.74-1.11)	0.79	(0.64-0.99)	0.79	(0.64-0.99)	1.10	(0.90-1.35)	0.81	(0.59-1.11)	0.76	(0.59-1.00)
Educational Attainment (Ref = Any College)														
No College	1.02	(0.73-1.42)	0.66	(0.52-0.83)	0.55	(0.41-0.72)	0.53	(0.40-0.71)	1.02	(0.81-1.29)	0.92	(0.65-1.31)	1.16	(0.86-1.56)

Confidence intervals (CI) are at the 95-percent confidence level.

Note: OR = Odds Ratio, DHAH = diagnosis of one or more of the following chronic conditions: diabetes, high blood pressure, asthma, or heart disease; Ref – reference group.