

# Californians with 'medical home' more likely to get flu shots, preventive treatment

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Too many cooks may spoil a recipe, and too many doctors may give you the flu.

That's the takeaway from a new study by the UCLA Center for [Health Policy Research](#) that found that [Californians](#) who jump from provider to provider rather than seeing a regular doctor who coordinates their care may be less likely to get the kind of [preventive treatment](#) that protects against the flu and flare ups in their [chronic conditions](#).

Specifically, the study used data from the 2009 California [Health Interview Survey](#) (CHIS) to estimate whether the approximately 4.76 million California adults with chronic conditions such as diabetes, asthma and [heart disease](#) had three key characteristics of "medical home" care. Those three characteristics are:

- The patient saw a regular doctor over time rather than switching from provider to provider.
- This regular doctor developed an individual treatment plan for the patient.
- The doctor coordinated the patient's care.

The result? Californians who had all three of these characteristics were the most likely to get a regular flu shot, compared with those without a usual source of care. They were also more likely to have seen their doctor five or more times in the past year and to have called their doctor with a question about their care. Additionally, they were the most

confident about their ability to manage their health.

"Seeing the same doctor over time builds familiarity, trust and confidence for both provider and patient," said Nadereh Pourat, the UCLA center's director of research and lead author of the study. "And if that doctor takes a coordinated approach to their patients' care, there seems to be a big payoff in terms of [better health](#) for their patients."

[Preventive care](#) is a key tenet of federal [health care reform](#), under which millions of California residents will be eligible to gain coverage in 2014. The success of this coverage expansion in improving access partly depends on the more efficient delivery of care to everyone, but particularly those with chronic conditions who require more concentrated care management and whose conditions, if not treated early and consistently, could prove costly for the overall [health care](#) system.

"Giving patients, especially those with complex conditions, a medical place to call 'home' may not only keep them healthier but may keep our health system solvent," Pourat said.

## **Among the study's findings:**

### **Flu shots**

The rate of flu shots, an essential preventive measure for those with chronic conditions, was highest among adults who reported having all three key characteristics of a medical home, at 59 percent. In comparison, only 26 percent of adults with chronic conditions without any of the three characteristics received the flu shot.

### **Regular care**

Adults who had all the characteristics of a medical home were more

likely (50 percent) to have had five or more doctor visits over the past year than adults who reported having two of the three (43 percent) one of the three (31 percent) or none of the three characteristics (30 percent). Adults who reported having none of the three characteristics were least likely to have seen a provider in the past year (22 percent).

### Call and response

Adults with chronic conditions who had all three characteristics of a medical home were the most likely to have called the doctor's office in the past year (46 percent), compared with those who had two (34 percent), one (25 percent) or no (7 percent) medical home key characteristics. They were also the most likely to report getting a call back from their provider.

## Left out

Uninsured Medi-Cal beneficiaries, the poor, Latinos, Asian-Americans and those receiving care in clinics or from alternative and non-conventional providers were the least likely to report having a "medical home."

Currently, many Californians with chronic conditions see a doctor only in response to a flare-up of their condition, and they are often left to coordinate their own care among a bewildering variety of specialist medical providers. The "medical home" model, said Pourat, takes that burden off the patient and ensures that conditions are treated in a holistic and preventive manner, rather than as health emergencies arise.

"We must move away from this expensive model of 'sick care' and move to a prevention-based health care system," said Dr. Robert K. Ross, CEO and president of The California Endowment, which funded the policy brief. "The goal should be to keep people healthy, rather than only responding when people are sick. Having a regular and consistent source

of care can help prevent Californians from developing chronic health conditions, which comprise the majority of health care spending in the state."

The authors recommended promotion of the medical home model to those expected to participate in Medi-Cal or purchase coverage through Covered California, the health-care benefit exchange. Specifically, efforts targeting groups least likely to have a [medical home](#), such as the poor, Latinos and Asian-Americans, could prove effective, they said.

**More information:** Read the policy brief: "[Patient-Centered Medical Homes Improve Care for Adults With Chronic Conditions.](#)"

Provided by University of California, Los Angeles

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