

Latino Access to the Patient-Centered Medical Home

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BACKGROUND: Disparities can be caused by minorities receiving care in low-quality settings. The patient-centered medical home (PCMH) has been identified as a model of high-quality primary care that can eliminate disparities. However, Latinos are less likely to have PCMHs.

OBJECTIVE: To identify Latino subgroup variations in having a PCMH, its impact on disparities, and to identify factors associated with Latinos having a PCMH.

DESIGN: Analysis of the 2005 MEPS Household Component, a nationally representative survey with an oversample of Latino adults. The total sample was 24,000 adults, including 6,200 Latinos.

MEASUREMENTS: The PCMH was defined as having a regular provider, who provides total care, fosters patient engagement in care, and offers easy access to care. Self reports of preventive care (cholesterol screening, blood pressure check, mammography, and prostate-specific antigen screening) and patient experiences were examined.

RESULTS: White (57.1%) and Puerto Rican (59.3%) adults were most likely to have a PCMH, while Mexican/Mexican Americans (35.4%) and Central and South Americans (34.2%) were least likely. Much of the disparity was caused by lack of access to a regular provider. Respondents with a PCMH had higher rates of preventive care and positive patient experiences. Disparities in care were eliminated or reduced for Latinos with PCMHs. The regression models showed private insurance, which is less common among all Latinos, was an important predictor of having a PCMH.

CONCLUSIONS: Eliminating health-care disparities will require assuring access to the PCMH. Addressing differences in health-care coverage that contribute to lower rates of Latino access to the PCMH will also reduce disparities.

KEY WORDS: Latino subgroup; primary care; medical home; quality; patient experience; patient-centered medical home.
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