

HEALTH CARE QUALITY

High quality health care can support effective disease prevention, detection, and treatment as well as opportunities to promote health and wellness. The quality of health care can be measured in many ways, including patient safety, receipt of evidence-based clinical services, care coordination, the timeliness of care and the extent to which patients feel that they are able to communicate with their doctors and engage in health care decision-making.^{18,19}

In 2010, nearly one-sixth of women reported that they were only sometimes or never able to make an appointment for routine care and sick care as soon as they wanted (13.9 and 13.1 percent, respectively). This varied by race and eth-

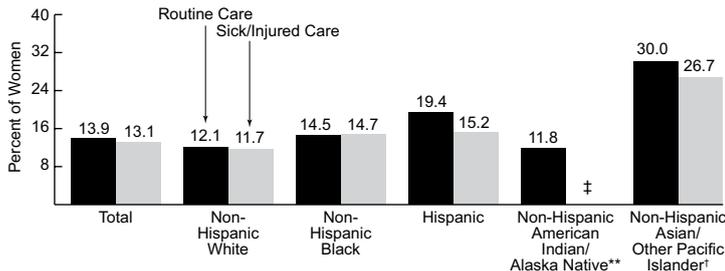
nicity. For example, non-Hispanic Asian/Pacific Islander and Hispanic women (30.0 and 19.4 percent, respectively) were more likely to report difficulty in making timely appointments for routine care than non-Hispanic Black (14.5 percent), non-Hispanic White (12.1 percent), or non-Hispanic American Indian/Alaska Native women (11.8 percent).

Patient centeredness refers to health care that is delivered in partnership with patients (and their families) and prioritizes informed patient engagement in health care decision-making.²⁰ In 2010, approximately three in five women who reported going to a doctor's office or clinic in the previous 12 months reported that their health care provider always listened carefully to them

(61.1 percent); a similar proportion reported that their provider always explained things clearly (60.9 percent). Nearly two-thirds (65.0 percent) reported that their provider showed respect for what they had to say, while only about half reported that their provider always spent enough time with them (50.4 percent). Among women younger than 65 years of age, privately insured women were more likely than publicly insured and uninsured women to report that their health care providers always engaged in each type of patient-provider communication. For example, 62.8 percent of privately insured women reported that their provider always explained things clearly compared to about 54 percent of publicly insured and uninsured women.

Trouble Making Appointments* for Routine and Sick/Injured Health Care Among Women Aged 18 and Older, by Race/Ethnicity, 2010

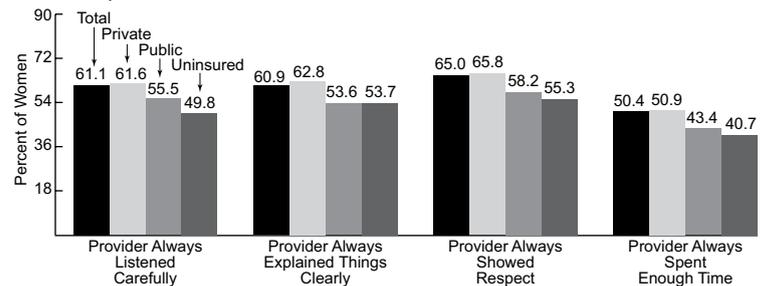
Source III.5: U.S. Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey



*Sometimes or never able to get an appointment as soon as desired among women who reported making an appointment for routine health care in the past 12 months. **Includes individuals of multiple races. ¹Separate estimates for Asians, Native Hawaiians, and Other Pacific Islanders were not available. [†]Estimate does not meet standards of reliability or precision.

Patient Centeredness Experienced by Women Aged 18 and Older,* by Health Insurance Coverage,** 2010

Source III.5: U.S. Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey



*Among women who reported going to a doctor's office or clinic in the past 12 months. **Insurance type is presented for women under 65 years of age, consistent with the data source; totals include all women aged 18 and older. Private coverage includes persons with any private insurance, either alone or in combination with public coverage; public includes those covered only by government programs such as Medicaid, Medicare, military plans, and state-sponsored health plans.