



PULSE

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Fewer Patients Have Usual Source of Care

Study found there are health disparities in the percentage of patients who have a usual source of care, with particular racial groups and people with public insurance lacking a primary care physician.

A [study from the Primary Care Collaborative \(PCC\) and AAFP Graham Center](#) found that the number of Americans with a usual source of care (USC) has dropped 10% in the last 18 years, with only around three-quarters of people saying they have a regular primary care provider or facility where they know they can access care.

A usual source of care, according to PCC, is defined as either a specific clinician or a place where a patient frequently receives medical attention. A common source of care is often a primary care provider, although it can also be another type of specialist, like a clinician specializing in a chronic illness, according to the report.

“This recommendation [for a USC] is grounded in the strong evidence that a USC, particularly a longitudinal one, improves access to health care, reduces health care costs, increases patient and provider satisfaction, and results in better population health outcomes,” according to the report.

Additionally, study results found that groups who are Hispanic, have less than a high school education, are uninsured, and are younger, were found to be less likely to have a USC compared to their counterparts.

Not having a USC has many consequences, including a higher likelihood of the patient admitting themselves to the emergency department, which can lead to costlier visits—or the patient avoiding seeking care altogether.

Across the last two decades, data from the Medical Expenditure Panel Survey found a 10% decrease in the number of people saying they have a USC. In 2000, 84% of people had a USC, but by 2019, that number decreased to 74%.

In particular, there were large disparities between different racial groups and those who had access to health insurance. Hispanic people and

non-Hispanic Black people were 66% and 38% more likely to lack a USC than their white counterparts, according to the findings.

Likewise, younger patients aged 18 to 34 were less likely to have a USC. In 2019, 46% reported having no usual source of care, compared to 34% in 2014.

“For millennial patients and younger, there is some evidence that the access and convenience that retail or urgent care settings provide matter more than clinician continuity,” the study states. “For other patients, especially those who are uninsured or underinsured, the challenge of finding

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a regular clinician who is taking new patients can be burdensome and may lead to delays in care.”

Lastly, increasing health care costs play a large role in the likelihood of a patient having a USC. Researchers noted that there is room for policymakers to support the primary care workforce, not

only to increase primary care providers and mitigate shortages seen from the COVID-19 pandemic, but to increase patient access as well.

“More robust primary care across all geographies is one mechanism to support USC,” researchers wrote. “Both public and private sector leaders must

offer new opportunities for primary care practices to pivot to hybrid payment, align their efforts, and commit to greater investment through these models.”

[Read the complete study here.](#)

No Surprises Act Prevented 9 Million Unexpected Bills Since January

Despite the No Surprises Act’s success in preventing unanticipated bills since the start of 2022, it has also led to a possible misuse of the dispute resolution process.

A [survey from insurer industry groups the Blue Cross Blue Shield Association \(BCBSA\) and AHIP](#) found that the No Surprises Act successfully averted surprise bills for 9 million Americans in the first nine months of 2022. However, it found the federal independent dispute resolution process may be overburdened.

“A health care emergency should not lead to a financial crisis. The No Surprises Act has now protected 9 million Americans from receiving costly surprise medical bills from care providers—a huge win for patients,” David Merritt, senior vice president of policy and advocacy for BCBSA, said in a press release.

AHIP and BCBSA conducted the study of commercial market insurers with group health plans or qualifying health plans to determine the number of surprise bills and independent settlement disputes. The poll was distributed to 84 insurers and 33 of them answered, accounting for 57% of the commercial sector. This information is based on a [prior poll conducted early in 2022 by BCBSA and AHIP](#).

Of the 9.36 million averted surprise bills, the survey found that providers submitted 275,245 claims for independent dispute resolution.

“The No Surprises Act has provided relief from the fear, stress, and frustration that comes with surprise medical bills,

and we’ll continue to work with the Administration, Congress, and other health care stakeholders to protect patients from surprise medical bills for care they did not choose—or they didn’t even know they received in the first place,” said Matt Eyles, AHIP president and CEO.

Despite the fact that medical bills were avoided, experts warned that the system might be abused.

Specifically, the No Surprises Act established an arbitration mechanism through independent dispute resolution. However, if stakeholders become overly dependent on the system, it might result in inefficiencies and added expenses. This overreliance was foreseen by policymakers and health care executives, but the severity of the problem was unexpected.

Payers have speculated that since the projected number of claims exceeds the stated number of disputes, providers may be sending multiple claims at once in batches. The payer organizations warned that this method would cause delays and irrational expenses.

“The large number of disputes initiated, including thousands of batched claims and many found to be ineligible, indicates many health care providers who were previously able to balance bill patients may now be utilizing the Federal IDR Process to collect above-market reimbursement amounts,” according to the report. “Should this trend continue, health care costs could unnecessarily increase.”

[Read the complete report here.](#)

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NEWS & NOTES

22 States Urge CMS to Repeal Vaccine Mandate

A group of 22 state attorneys general has submitted a petition under the Administrative Procedures Act seeking the U.S. Department of Health and Human Services and Centers for Medicare & Medicaid Services to revoke the requirement that all health care workers who interact with patients receive the entire COVID-19 vaccine and any accompanying guidance.

Austin Knudsen, the attorney general of Montana, is leading the coalition and argues that the “mandate has limited many patients’ access to needed medical care and imposed substantial costs on patients and health care workers without

any corresponding benefits.”

Leaders in the health care industry, including the American Hospital Association, have expressed concern that the mandate for medical vaccines may worsen health care provider shortages brought on by the COVID-19 pandemic.

[Read the full article here.](#)

Butler Health System, Excelsior Health Enter Merger Agreement

Butler Health System (BHS) and Excelsior Health have entered into a definitive merger agreement to form a new hospital system that will serve 750,000 patients in western Pennsylvania.

The agreement comes five months after the health systems signed a letter of intent to merge back in June. They plan to create a five-hospital system consisting of Butler Health System and Clarion Hospital—currently part of BHS—and Excelsior’s Frick Hospital, Latrobe Hospital and Westmoreland Hospital.

[Read the full release here.](#)

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New York Governor Signs Medical Debt Bill

The new legislation, focusing on liens and garnishments of consumers’ medical debt, is now in effect.

New York Gov. Kathy Hochul has signed a bill that eliminates liens and garnishment of medical debt.

“No one should face the threat of losing their home or falling into further debt after seeking medical care,” Hochul said in a press release. “I’m proud to sign legislation today that will end this harmful and predatory collection practice to help protect New Yorkers from these unfair penalties. With medical debt a burden for far too many, this is an important step to address this crucial issue.”

The New York State Collectors Association has continued to advocate for industry priorities, including a more flexible approach instead of placing a one-size-fits-all restriction on all consumers despite an individual’s unique situation.

The main components of the new law, effective immediately, include:



- “No property lien shall be entered or enforced against a debtor’s primary residence in an action arising from a medical debt and brought by a hospital licensed under article twenty-eight of the public health law or a health care professional authorized under title eight of the education law.”
- “No amount shall be imposed in judgments arising from a medical debt action brought by a hospital licensed under article twenty-eight of the public health law or a health care professional authorized under title eight of the education law.”

[Read the full release here.](#)

DATAWATCH

Number of Americans Who Have Usual Source of Care Plummets

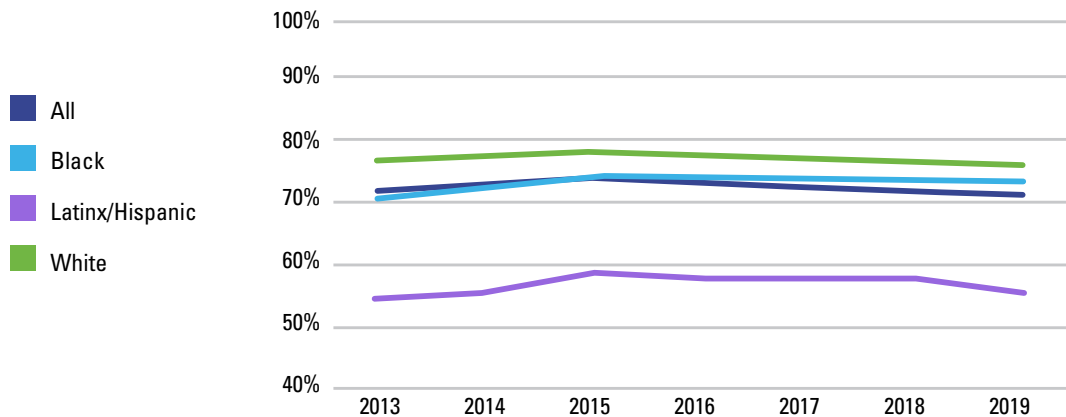
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Percentage of U.S. Adults Ages 18-64 Who Reported a Usual Source of Care, by Race/Ethnicity



Source: *PCC 2022 Evidence Report, Relationships Matter.* <https://bit.ly/3Vykjv2>



is a monthly bulletin that contains information important to health care credit and collection personnel. Readers are invited to send comments and contributions to:

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