OBJECTIVE: To better inform the healthcare decision making regarding AOR, the aim of this study was to examine trends and utilization of AOR and the perceived impact of sociodemographic characteristics.

METHODS: Data from the 2013 US (N=75,000) and 2013 5EU (France, Germany, Italy, Spain, and UK; N=62,000) National Health and Wellness Survey (NHWS) were used. The NHWS is an annual self-reported survey administered to a random sample of adults age 18 and older living in the US and EU. Respondents were presented with a list of healthcare providers which they have visited in the past 12 months.

RESULTS: Of the overall 107 respondents, 7,595 (71.9%) reported having at least one AOR visit during the past six months. Significant differences among countries were observed with respect to rates of AOR visits (p<0.05; see Figure 1). In France (19.0%) and UK (12.8%) and the most frequent visits while Spain (12.9%) and Germany (13.9%) had the least frequent.

CONCLUSIONS: The NHWS is broadly representative of the countries it is fielded in with respect to key sociodemographic characteristics. For all comorbidity clusters, a significant association with having at least one AOR visit was observed. The overall AOR rate was twice as high (7.3% vs. 3.8%) for respondents with at least one AOR visit (see Table 2).

METHODS: Data Source

- Data from the 2013 US (NH=75,000) and 2013 EU (NH=62,000) National Health and Wellness Survey (NHWS) were used.

- The NHWS is an annual self-administered, internet-based survey from a random sample of adults age 18 and older living in the US and EU.

- Respondents were presented with a list of healthcare providers which they have visited in the past 12 months.

- The NHWS is broadly representative of the countries it is fielded in with respect to key sociodemographic characteristics.

- For all comorbidity clusters, a significant association with having at least one PT/OT visit was observed.

- The overall AOR rate was twice as high (7.3% vs. 3.8%) for respondents with at least one AOR visit (see Table 2).

- To assess the relative importance of sociodemographic and comorbidity factors for having at least one AOR visit, a logistic model was conducted.

- Entering all factors into a single logistic model suggested that being in Germany (OR=3.46), being in the 10% above the country median income (OR=1.14) were the strongest sociodemographic and health characteristics.

- For all comorbidity clusters, a significant association with having at least one PT/OT visit was observed.

- The overall AOR rate was twice as high (7.3% vs. 3.8%) for respondents with at least one AOR visit (see Table 2).

- To assess the relative importance of sociodemographic and comorbidity factors for having at least one AOR visit, a logistic model was conducted.

- Entering all factors into a single logistic model suggested that being in Germany (OR=3.46), being in the 10% above the country median income (OR=1.14) were the strongest sociodemographic and health characteristics.

- For all comorbidity clusters, a significant association with having at least one PT/OT visit was observed.

- The overall AOR rate was twice as high (7.3% vs. 3.8%) for respondents with at least one AOR visit (see Table 2).