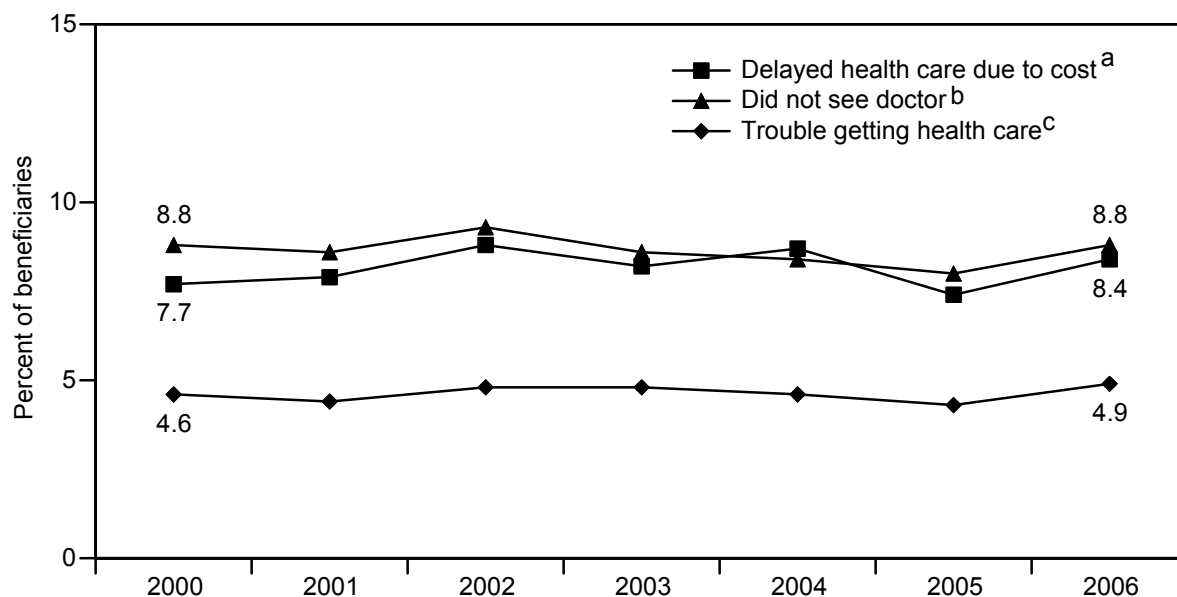


S E C T I O N

5

**Access to care in the
Medicare program**

Chart 5-1. Beneficiaries' reports of difficulties accessing care, 2000–2006

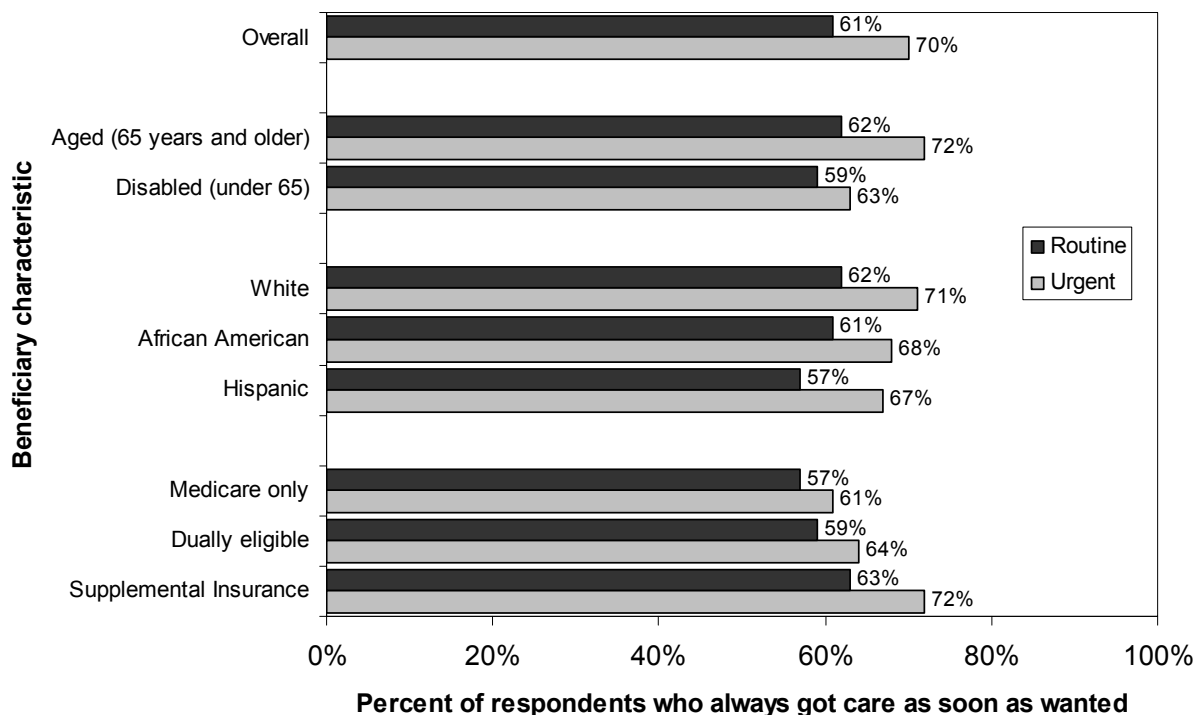


Note: These data reflect the answers given by noninstitutionalized beneficiaries.
^a Answered “yes” when asked if they delayed seeking medical care because they were worried about the cost.
^b Answered “yes” when asked if they had a serious health problem or condition about which they should have seen a doctor or other medical person, but did not.
^c Answered “yes” when asked if they had any trouble getting health care that they wanted or needed.

Source: MedPAC analysis of Medicare Current Beneficiary Survey, Access to Care file, 2006.

- In 2006—the most recent year for which we have data from the Medicare Current Beneficiary Survey—more than 90 percent of beneficiaries reported good access to care, regardless of the question asked.
- The percentage of beneficiaries who reported trouble getting health care increased from 4.3 percent in 2005 to 4.9 percent in 2006.
- When asked whether they delayed seeking medical care due to cost, 8.4 percent of beneficiaries answered yes in 2006, up from 7.4 percent in 2005.
- The percentage of beneficiaries reporting that they did not see a doctor despite having a serious health problem or condition also increased in 2006 to 8.8 percent from 8.0 percent in 2005.

Chart 5-2. Beneficiaries differ in their reports of timeliness in obtaining urgent or routine care, 2006



Source: MedPAC analysis of CAHPS® (Consumer Assessment of Healthcare Providers and Systems®) for fee-for-service Medicare, 2006.

- Overall, 70 percent of Medicare beneficiaries who reported needing urgent care in a clinic, emergency room, or doctor’s office said that they always got care as soon as they wanted. For beneficiaries who reported making an appointment for routine care at a doctor’s office or clinic, 61 percent reported that they always got care as soon as they wanted.
- Compared with beneficiaries age 65 and over, smaller percentages of beneficiaries under age 65 and eligible for Medicare on the basis of disability reported that they always got urgent or routine care as soon as they wanted.
- Compared with white beneficiaries, somewhat smaller percentages of African American and Hispanic beneficiaries reported that they always got urgent or routine care as soon as they wanted.
- Beneficiaries with no supplemental insurance reported the lowest percentages of always getting urgent (61 percent) or routine (57 percent) care as soon as they wanted. Beneficiaries who also had Medicaid coverage reported the next highest percentages (64 percent for urgent care and 59 percent for routine appointments). Beneficiaries with private (e.g., medigap or employer-based retiree) or other public (veteran or active-duty military) supplemental coverage reported the highest rates of always getting care as soon as they wanted, with 72 percent for urgent care and 63 percent for routine appointments.

Chart 5-3. Medicare beneficiaries report as good or better ability to get timely appointments with physicians, compared with privately insured individuals

Survey question	Medicare (age 65 or older)				Private insurance (age 50–64)			
	2005	2006	2007	2008	2005	2006	2007	2008
Unwanted delay in getting an appointment: Among those who needed an appointment, “How often did you have to wait longer than you wanted to get a doctor’s appointment?”								
For routine care								
Never	74%	75%	75%*	76%*	67%	69%	67%*	69%*
Sometimes	21	18	18*	17*	25	21	24*	24*
Usually	3	3	3	3*	5	5	4	5*
Always	2	3	3	2	3	4	3	2
For illness or injury								
Never	82	84	82*	84*	75	79	76*	79*
Sometimes	15	11	13*	12*	19	15	17*	16*
Usually	1	2	3	1	3	2	3	2
Always	1	1	2	1	2	2	3	2

Note: Numbers may not sum to 100 percent due to rounding. Missing responses (“Don’t Know” or “Refused”) are not presented. Overall sample sizes for each group (Medicare and privately insured) were 2,000 in years 2005 to 2007 and 3,000 in 2008. Sample sizes for individual questions varied.
*Indicates a statistically significant difference between the Medicare and privately insured populations in the given year at a 95 percent confidence level.

Source: MedPAC-sponsored telephone surveys, conducted August–October 2005, 2006, 2007, and 2008.

- Most Medicare beneficiaries have one or more doctor appointments in a given year. Therefore, one access indicator we examine is their ability to schedule timely appointments.
- Medicare beneficiaries report better access to physicians for appointments compared with privately insured individuals age 50 to 64. For example, in 2008, 76 percent of Medicare beneficiaries and 69 percent of privately insured individuals reported “never” having to wait longer than they wanted to get an appointment for routine care.
- Medicare beneficiaries also report more timely appointments for injury and illness compared with their privately insured counterparts.
- As expected, appointment scheduling for illness or injury is better than for routine care appointments for both Medicare beneficiaries and privately insured individuals.

Chart 5-4. Medicare and privately insured patients who are looking for a new physician report more difficulty finding one in primary care

Survey question	Medicare (age 65 or older)				Private insurance (age 50–64)			
	2005	2006	2007	2008	2005	2006	2007	2008

Looking for a new physician: “In the past 12 months, have you tried to get a new primary care doctor?”

Yes	7%	10%	9%	6%	9%	10%	10%	7%
No	92	89	91	93	91	90	90	93

Getting a new physician: Among those who tried to get an appointment with a new physician, “How much of a problem was it finding a primary care doctor/specialist who would treat you? Was it...”

Primary care physician

No problem	75	76	70*	71	75	75	82*	72
Small problem	12	10	12	10	16	15	7	13
Big problem	13	14	17	18	9	10	10	13

Specialist

No problem	89	80	85	88*	86	83	79	83*
Small problem	6	7	6	7	7	9	11	9
Big problem	5	11	9	4*	6	7	10	7*

Note: Numbers may not sum to 100 percent due to rounding. Missing responses (“Don’t Know” or “Refused”) are not presented. Overall sample sizes for each group (Medicare and privately insured) were 2,000 in years 2005 to 2007 and 3,000 in 2008. Sample sizes for individual questions varied.
*Indicates a statistically significant difference between the Medicare and privately insured populations in the given year at a 95 percent confidence level.

Source: MedPAC-sponsored telephone surveys, conducted August–October 2005, 2006, 2007, and 2008.

- In 2008, only 6 percent of Medicare beneficiaries and 7 percent of privately insured individuals reported looking for a new primary care physician. This finding suggests that most people are either satisfied with their current physician or did not see a need to look for one.
- Of the 6 percent of Medicare beneficiaries who were looking for a new primary care physician in 2008, 28 percent reported problems finding one. Although this amounts to less than 2 percent of the total Medicare population reporting problems, the Commission is concerned about the continuing trend of greater access problems for primary care.
- Among the privately insured individuals who were looking for a new primary care physician, 26 percent reported problems finding a primary care physician. The difference between the Medicare and privately insured groups is not statistically significant.
- For 2008, Medicare beneficiaries and privately insured individuals were more likely to report problems accessing primary care physicians compared with specialists.

Chart 5-5. Physicians' acceptance of new patients is highest for private PPO and Medicare patients, 2006

	Type of patient insurance			
	Private PPO	FFS Medicare	HMO (Non-Medicaid)	Medicaid
Percent of physicians who are accepting at least some new patients				
Overall*	98.3%	96.7%	86.3%	70.4%
Urban	98.5	97.2	86.4	68.4**
Rural	96.8	93.1	85.8	84.8**
Proceduralists	99.0	97.9	91.9**	75.4
Surgeons	99.1	99.1**	88.2	74.2**
Nonproceduralists	97.5	94.8**	83.6**	66.4**

Note: PPO (preferred provider organization), FFS (fee-for-service), HMO (health maintenance organization). Proceduralists include physicians in medical specialties that are procedurally oriented (cardiology, dermatology, gastroenterology, and radiation oncology). Nonproceduralists include physicians in all other nonsurgical specialties. Private PPO category includes patients with private non-HMO coverage.
 *The distribution of responses in this row is significantly different from FFS Medicare patients ($p < 0.0001$), chi-square test.
 **Responses by type of physician are statistically significant within insurance group, at a 95% confidence level.

Source: MedPAC-sponsored survey of physicians conducted by the NORC at the University of Chicago and The Gallup Organization.

- MedPAC's most recent survey of physicians was conducted in 2006. This survey found that most physicians (almost 97 percent) accept at least some new Medicare FFS patients, with 80 percent accepting all or most (data not shown). Acceptance of new Medicare FFS patients compares favorably with Medicaid and HMO patients but is a little lower than for private PPO patients.
- If private PPO patients and (non-Medicaid) HMO patients were combined into one "private" category, then physicians are more likely to accept Medicare FFS (97 percent) than this private category (76 percent, not shown).
- For almost all payers, rural physicians were less likely to accept new patients than their urban counterparts, except in the case of Medicaid.
- In our sample, nonproceduralists (e.g., primary care physicians) were less likely than other types of physicians to accept new patients by each given insurance type. Statistically, this difference is not significant across all payers.

Web links. Access to care in the Medicare program

- Chapter 2B of the MedPAC March 2009 Report to the Congress provides more information on beneficiary access to physicians.

http://www.medpac.gov/chapters/Mar09_Ch02b.pdf

- Chapter 2B of the MedPAC March 2007 Report to the Congress provides a more detailed discussion of our most recent survey of physicians.

http://www.medpac.gov/publications/congressional_reports/Mar07_Ch02b.pdf

- Chapter 3 of the MedPAC March 2003 Report to the Congress provides a broad overview about beneficiary access to health care.

http://www.medpac.gov/publications/congressional_reports/Mar03_Ch3.pdf

- The Commonwealth Fund released a chart book in May 2005 which has further information on access in the Medicare program.

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=275195

- The Center for Studying Health System Change also conducts research on patient access to health care.

<http://www.hschange.org>