

## **Access to care: the beneficiary perspective**

**ISSUE:** When considering the context for Medicare payment policy recommendations, it is important to evaluate beneficiary access to care. We do this routinely as part of the payment adequacy framework for each type of provider. This section of the context chapter in the March report will provide an overview from the beneficiary perspective on their access to care across multiple settings of care.

**KEY POINTS:** Medicare beneficiaries report good access to care. This mirrors our findings last year. Findings from the National Health Interview Survey (NHIS) from 2001 and 2002 and the Medicare Current Beneficiary Survey (MCBS) from 1991 - 2001 show that rates of reported problems accessing care due to costs or other financial barriers remain low. Beneficiaries report higher ability to access care than any other age group and very few were unable to see a doctor or obtain necessary care. A high percentage of beneficiaries also stated that they had a usual source of care.

A newly available source of information on the beneficiary view of access, the Medicare fee-for-service CAHPS survey from 2000 - 2002, confirms this high level of satisfaction with access to care found on the NHIS and the MCBS. Ninety-seven percent of beneficiaries reported few to no problems getting necessary care. However, there was some variation both from year to year, and for certain types of services. On another CAHPS measure of access we term continuity of care, a high percentage of beneficiaries (about 90 percent) have a provider they consider to be their regular source of care, and in 2002 over half of beneficiaries report that they have had this provider for 5 or more years.

This analysis provides a broad picture of beneficiary access to care to provide a context for our update chapters. However, these national numbers may obscure variation in beneficiary access between different regions and types of beneficiaries.

**ACTION:** These data provide the Commission with a preliminary look at the information that will be in the context chapter. The setting-specific chapters will include more in-depth information on access to care for each setting. The Commission is asked to review the information presented and provide comment on the analysis.

**STAFF CONTACT:** Karen Milgate (202) 220-3738 and Ann Marshall (202) 220-3753