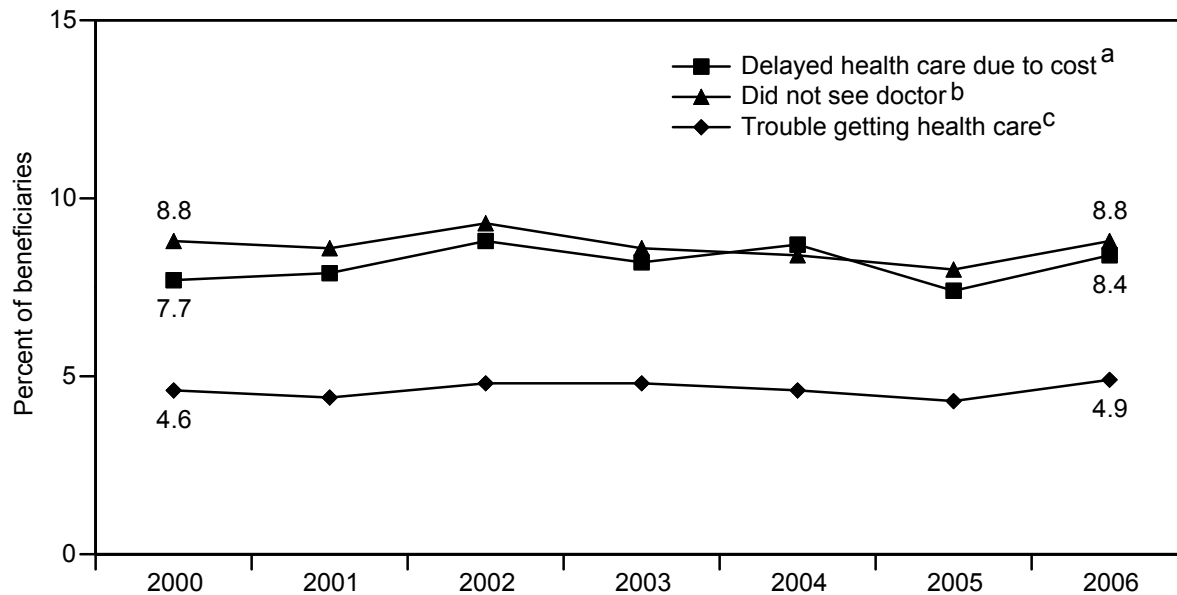


S E C T I O N

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, 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. Access to physicians is similar for Medicare beneficiaries and privately insured people

Survey question	Medicare Age 65 and older		Private insurance Age 50–64	
	2006	2007	2006	2007
Unwanted delay in getting an appointment: Among those who had an appointment, “How often did you have to wait longer than you wanted to get a doctor’s appointment?”				
For routine care				
Never	75%*	75%	69%*	67%
Sometimes	18*	18*	21*	24*
Usually	3*	3	5*	4
Always	3	3	4	3
For illness or injury				
Never	84*	82*	79*	76*
Sometimes	11*	13*	15*	17*
Usually	2	3	2	3
Always	1*	2	2*	3
Getting a new physician: Among those who tried to get an appointment with a primary care physician or a specialist, “How much of a problem was it finding a primary care doctor/specialist who would treat you? Was it...”				
Primary care physician				
No problem	76	70*	75	82*
Small problem	10	12	16	7
Big problem	14	17	9	10
Specialist				
No problem	80	85	83	79
Small problem	7	6	9	11
Big problem	11	9	7	10
Not accessing a doctor for medical problems: “In the past year, do you think you should have seen a doctor for a medical problem, but did not?”				
Yes	8*	10*	11*	12*

Note: Numbers may not sum to 100 percent due to rounding. Missing responses are not presented.

*Indicates a statistically significant difference between the Medicare and privately insured populations, at a 95 percent confidence level.

Source: MedPAC-sponsored telephone surveys conducted August–September 2006 and 2007.

- Medicare beneficiaries and privately insured people age 50 to 64 reported very similar experiences accessing physicians. For some indicators, Medicare beneficiaries enjoyed slightly better access than their privately insured counterparts.
- Most Medicare beneficiaries and people age 50 to 64 did not have a delay getting an appointment due to scheduling issues. For both groups, appointment scheduling was easier for illness or injury appointments than for routine care. Both reported more difficulty finding a primary care physician than a specialist, but most were able to access either type with little or no problem.
- In 2007, 10 percent of Medicare beneficiaries and 12 percent of privately insured individuals said they think they should have seen a doctor for a medical problem in the past year, but did not. Physician availability issues (e.g., appointment time, finding a doctor) were not as common a reason for not seeing a doctor than other reasons, such as cost.

Chart 5-3. 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**

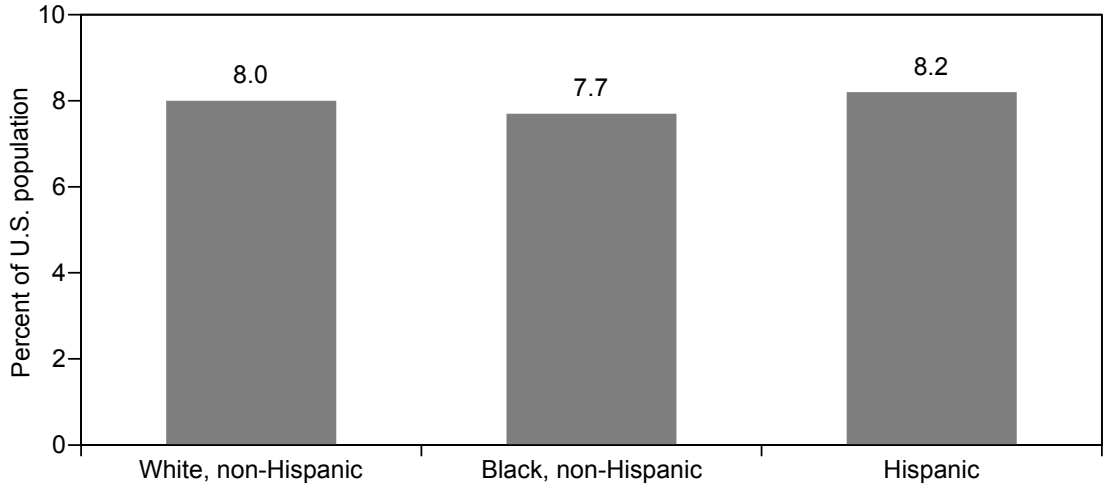
Note: HMO (health maintenance organization), FFS (fee-for-service), PPO (preferred provider organization). Proceduralists include physicians in medical specialties that are procedurally oriented (cardiology, dermatology, gastroenterology, and radiation oncology). Nonproceduralists include physicians 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.

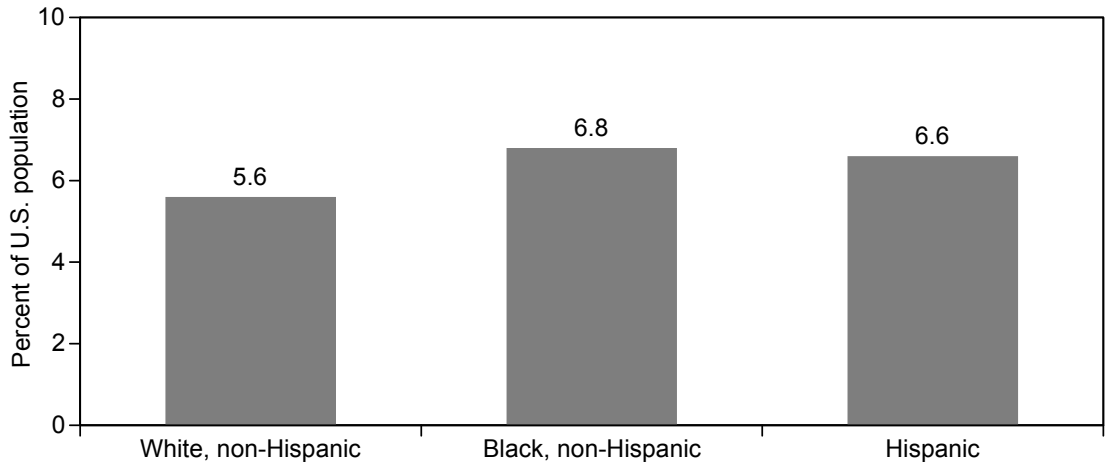
- Most physicians (almost 97 percent) accept at least some new Medicare FFS patients, with 80 percent accepting all or most (data not shown). Acceptance of new Medicare FFS patients compares favorably with Medicaid and HMO patients but is a little lower than for private PPO patients.
- If private PPO patients and (non-Medicaid) HMO patients were combined into one “private” category, then physicians are more likely to accept Medicare FFS (97%) than this private category (76%, 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.

Chart 5-4. Ethnic and racial disparities in delaying or failing to receive care, 2006

Delayed medical care due to cost



Did not receive medical care due to cost



Source: National Center for Health Statistics, Centers for Disease Control and Prevention: National Health Interview Survey, 2006.

- Rates of delaying medical care due to cost in 2006 were slightly higher for Hispanic than for non-Hispanic beneficiaries; rates of failing to get care due to cost were higher for both black and Hispanic beneficiaries than for white non-Hispanic beneficiaries. These differences among groups may be related to differences in insurance status and availability of a regular source of care.

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

Beneficiary characteristic	Always got care as soon as wanted	
	Urgent	Routine
Overall	70%	61%
Aged (65 years and older)	72	62
Disabled (Under 65)	63	59
White	71	62
African American	68	61
Hispanic	67	57
Medicare only	61	57
Dually eligible	64	59
Supplemental Insurance	72	63

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.
- The presence and type of supplemental insurance affected beneficiaries' ability to always obtain care as soon as 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.

Web links. Access to care in the Medicare program

- Chapter 2B of the MedPAC March 2008 Report to the Congress provides more information on beneficiary access to physicians.

http://www.medpac.gov/chapters/Mar08_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

- Additional information about physician acceptance of new Medicare patients can be found at:

<http://www.hschange.org>