TMA March 2012
Survey of Texas Physicians

Preliminary Findings
Availability

Physicians Caring for Texans

TMA March 2012 Physician Survey
Preliminary Findings

Every two years, the Texas Medical Association (TMA) conducts a survey of Texas physicians to identify emerging issues, track the impact of practice and economic changes, assess physician priorities, and develop data to support TMA advocacy efforts. In March 2012, a survey was emailed to 27,917 physicians and residents. We received 1,139 responses for a 4 percent response rate.

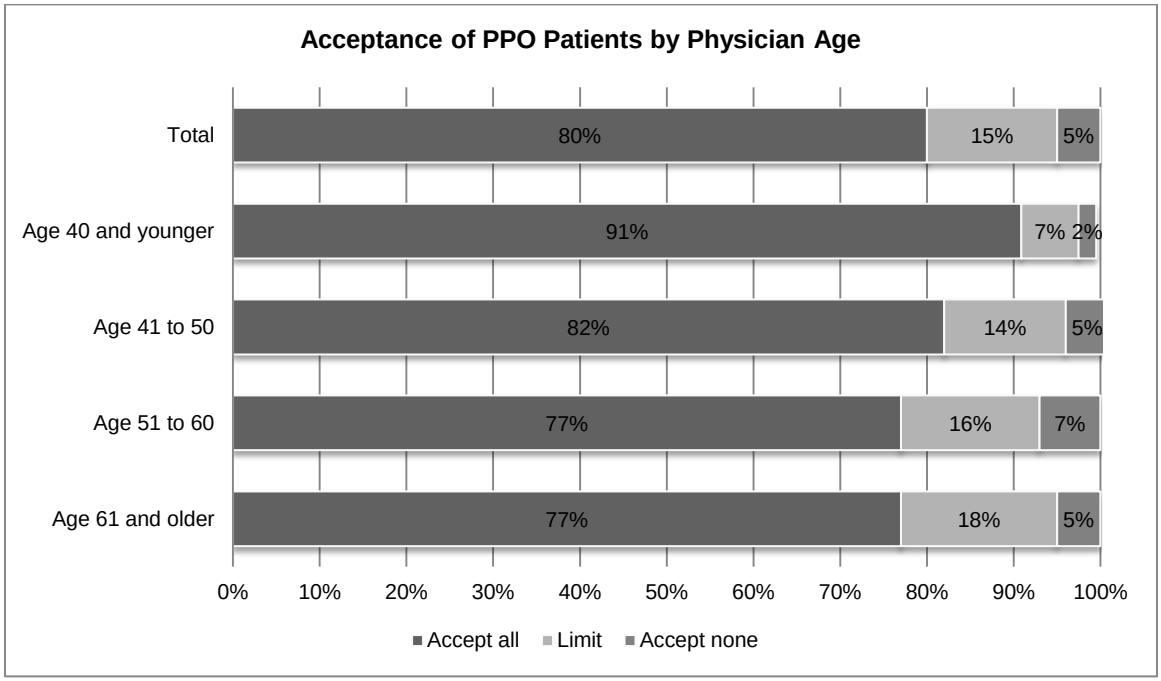
Acceptance of New Patients (Q5-6)

Ninety-six percent of physicians indicate their practice is accepting new patients. Physicians who are accepting new patients were asked about their specific policies towards new patients covered by various payment types. The results are reported as percentages of the physicians whose practices are not closed. Overall, access has declined for all third-party payers. This is the first year physicians were asked about Medicare Medicaid dual eligible so historical data on physician acceptance of these patients is not available.

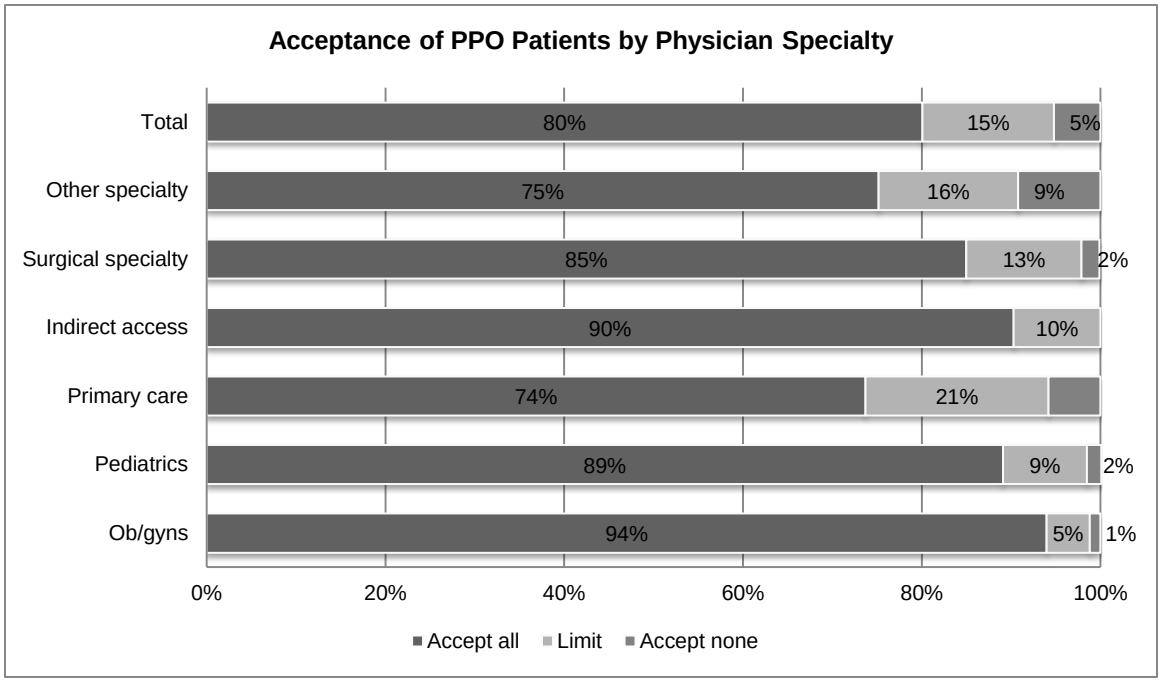
Acceptance of New Patients by Payer Type

	2008			2010			2012		
	Accept	Decline	Limit	Accept	Decline	Limit	Accept	Decline	Limit
	%	%	%	%	%	%	%	%	%
PPOs	81	4	15	83	4	14	80	5	15
Uninsured	60	2	38	67	3	30	67	5	28
Tricare	53	25	22	64	19	17	59	23	19
Medicare	64	17	19	66	15	19	58	19	23
HMOs	54	20	26	59	14	27	52	21	27
Medicare-Medicaid Dual eligible							40	34	25
Medicare Advantage	43	23	34	48	26	26	41	31	29
CHIP	34	53	14	39	45	16	31	54	15
Medicaid	42	35	24	42	32	26	31	44	26
Workers Comp	23	65	12	29	55	16	24	64	12

PPOs: Patients covered by PPOs are almost universally accepted. Physicians in the youngest age group (40 years and younger) are most likely to accept all new PPO patients (91 percent).

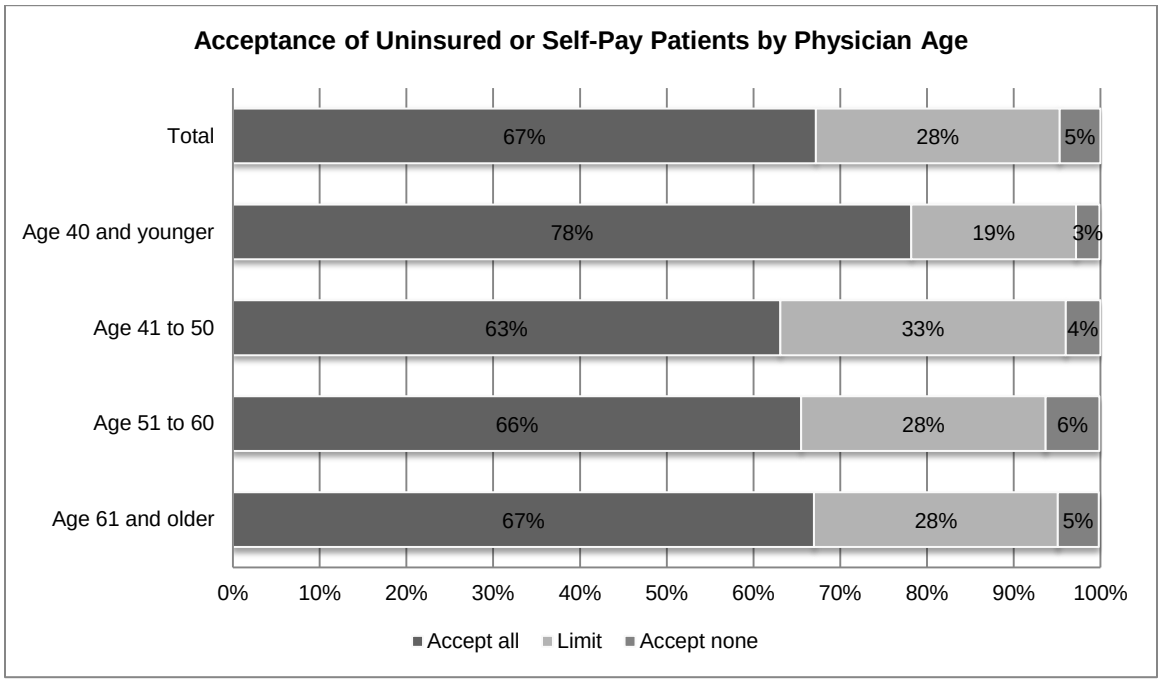


Obstetricians and gynecologists (94 percent) followed by indirect access physicians (90 percent) are most likely to accept all new PPO patients.

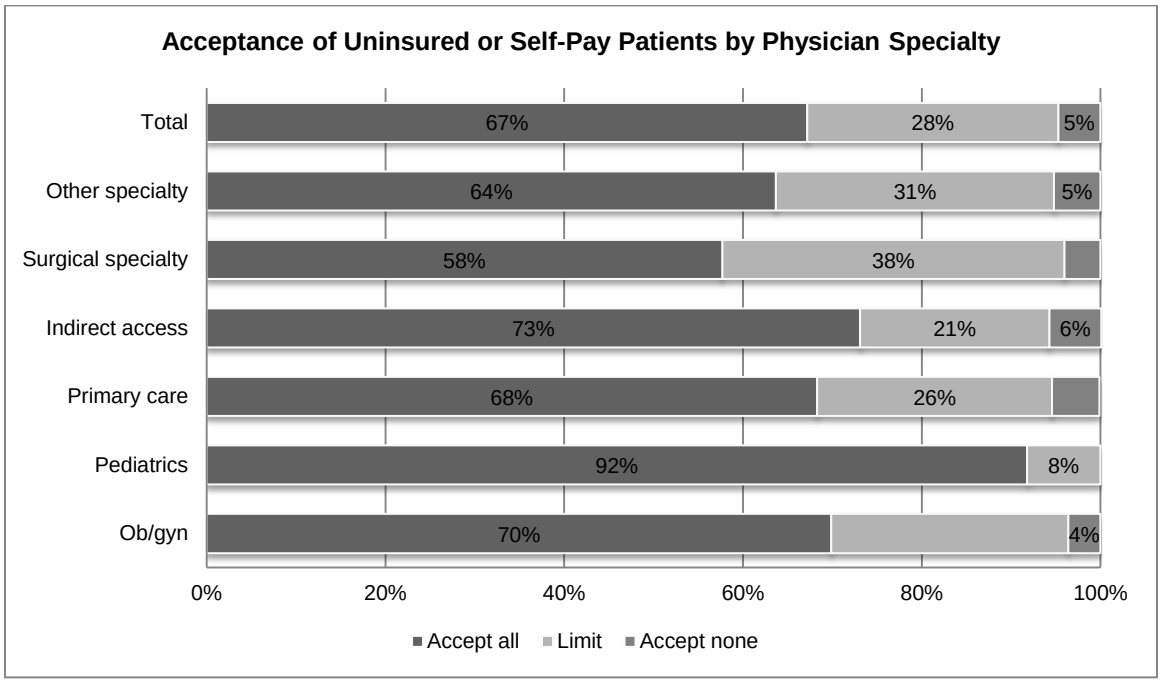


There are no statistically significant differences by the county in which physicians practice and acceptance of PPO covered patients.

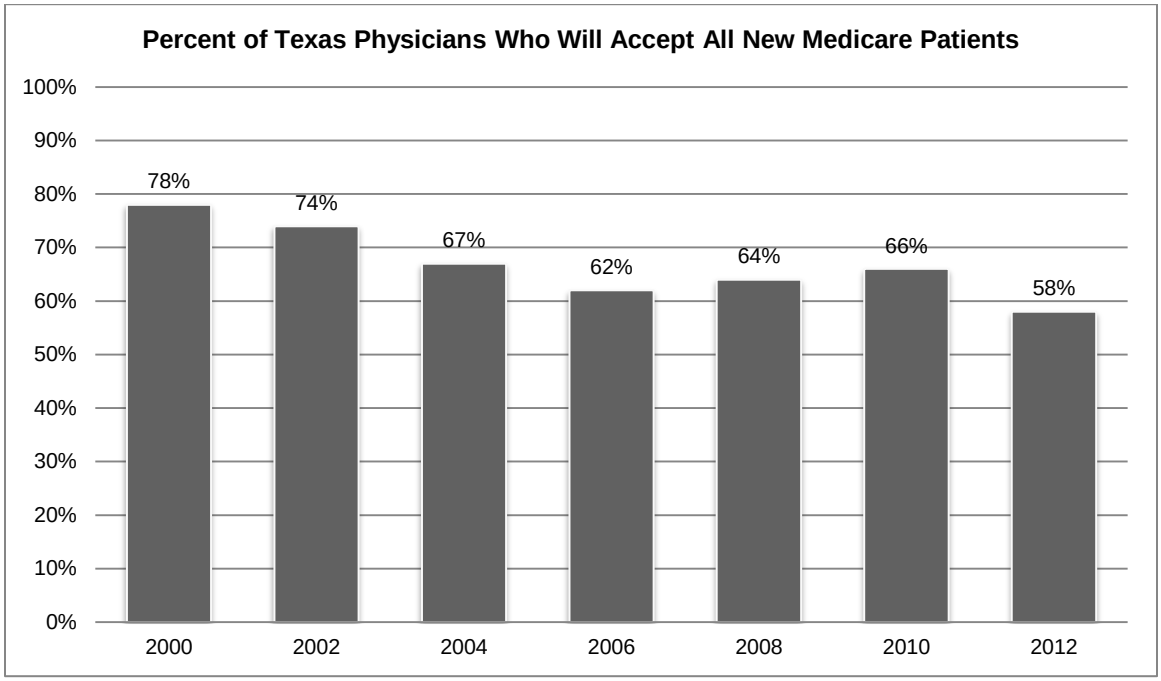
Uninsured: Following patients covered by PPOs, uninsured or self-pay patients are the most likely to be accepted by physicians (67 percent accept all new patients). Physicians age 40 years and younger are most likely to accept all new uninsured or self-pay patients (78 percent).



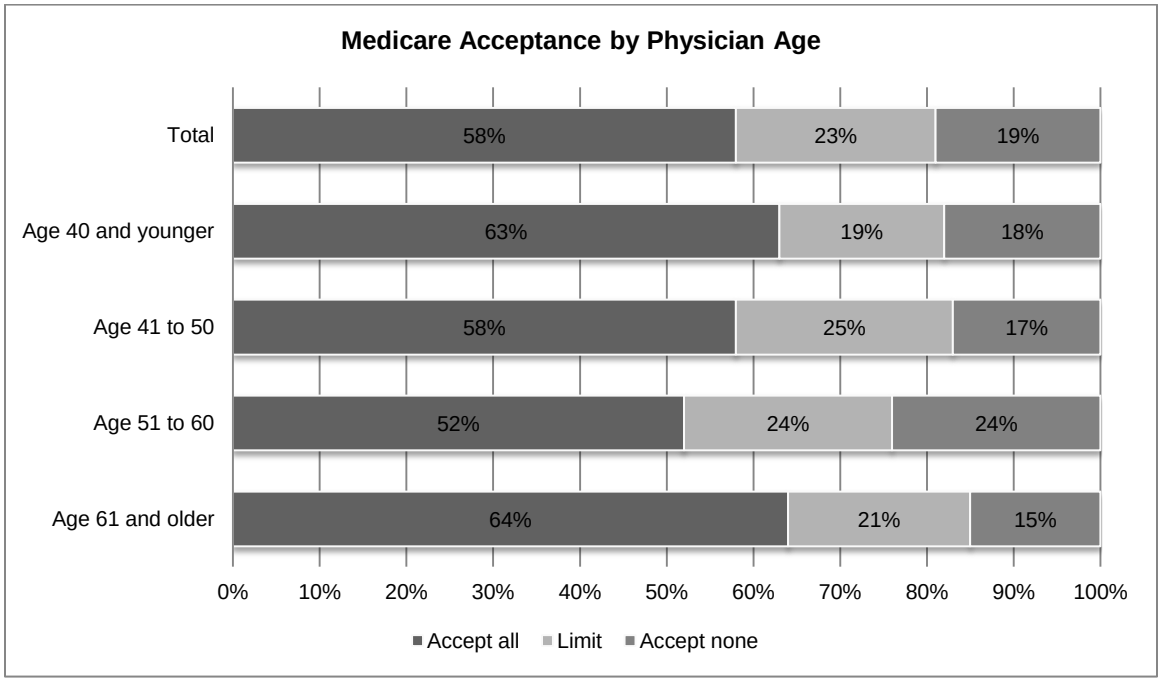
There are no statistically significant differences by county and physician acceptance of uninsured or self-pay patients. Physicians in pediatric specialties are most likely to accept all uninsured or self-pay patients (92 percent).



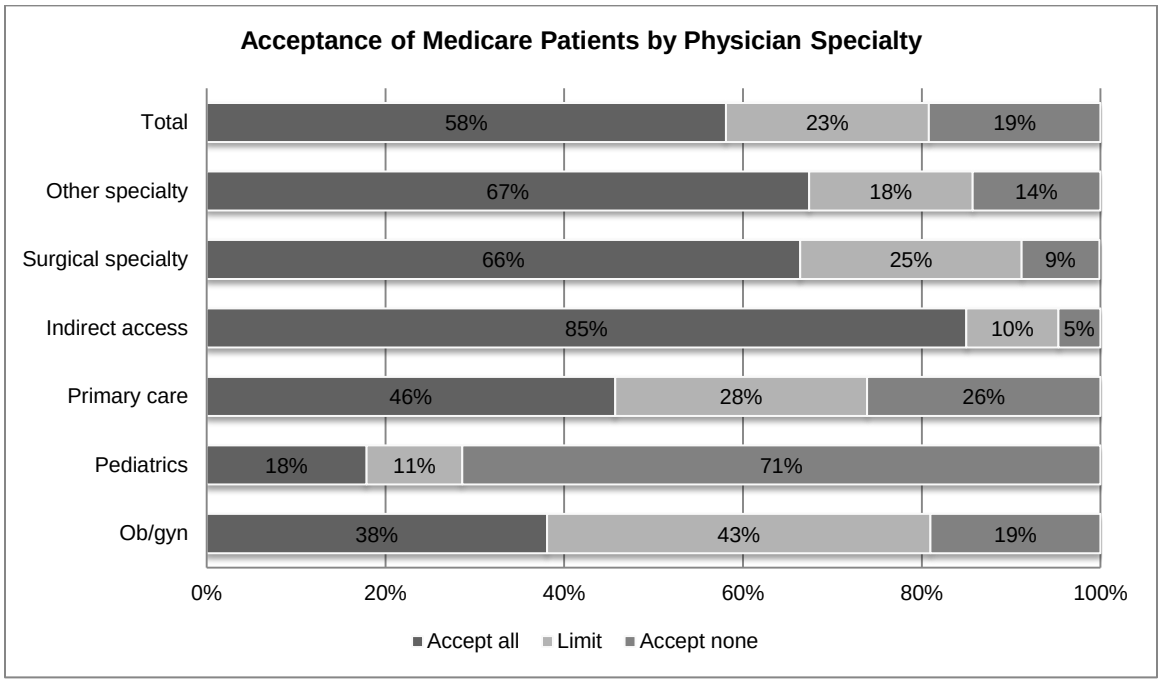
Medicare: Access has declined for Medicare patients (58 percent accept all) and remains significantly reduced from the levels recorded in 2000 when 78 percent of physicians accepted all new Medicare patients.



Physicians in the oldest age group (age 61 years+) are most likely to accept all new Medicare patients (64 percent).

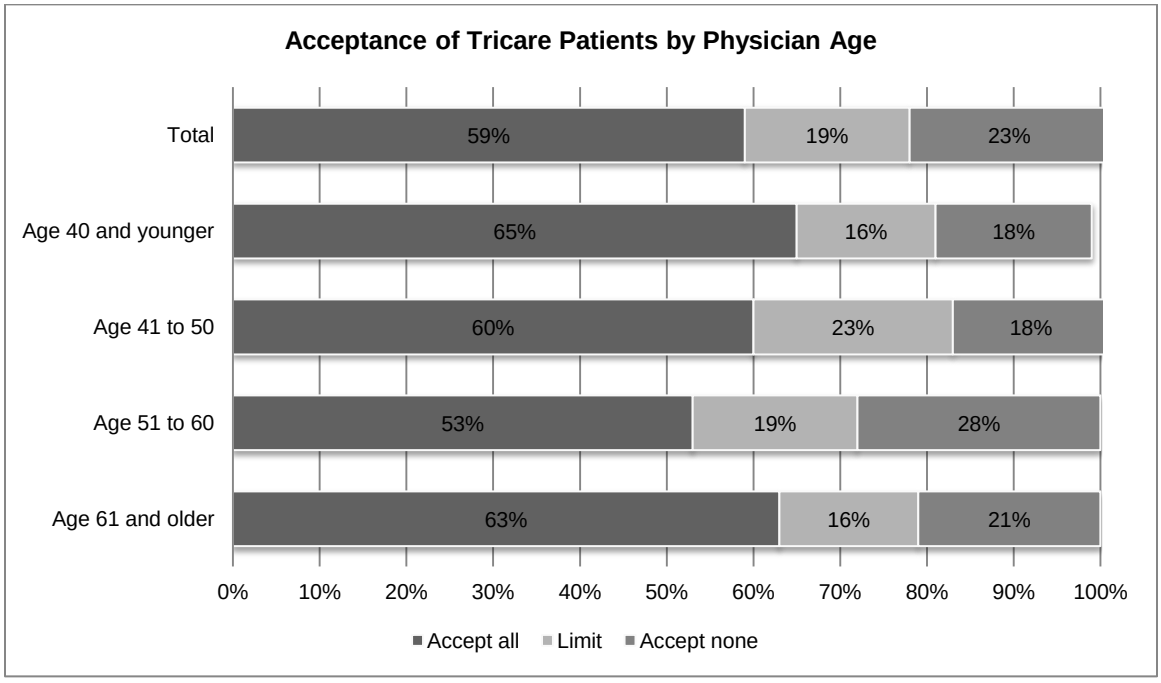


Physician availability for Medicare beneficiaries is best for the indirect access specialties (85 percent accept all).

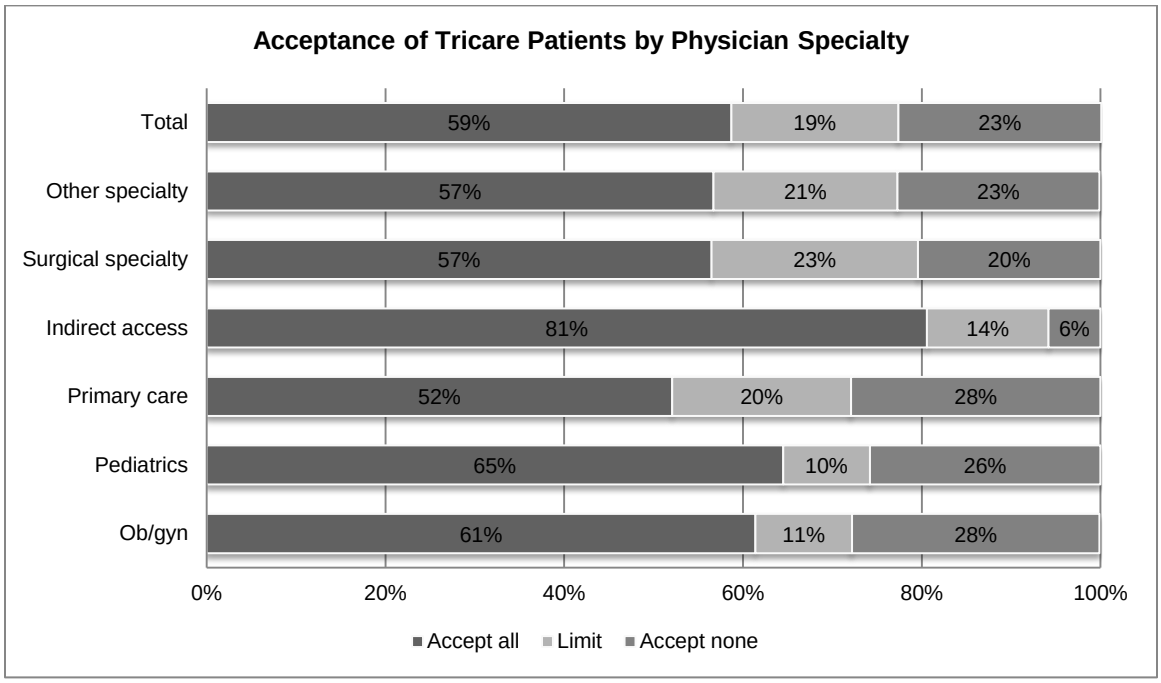


There are no statistically significant differences by county and Medicare acceptance.

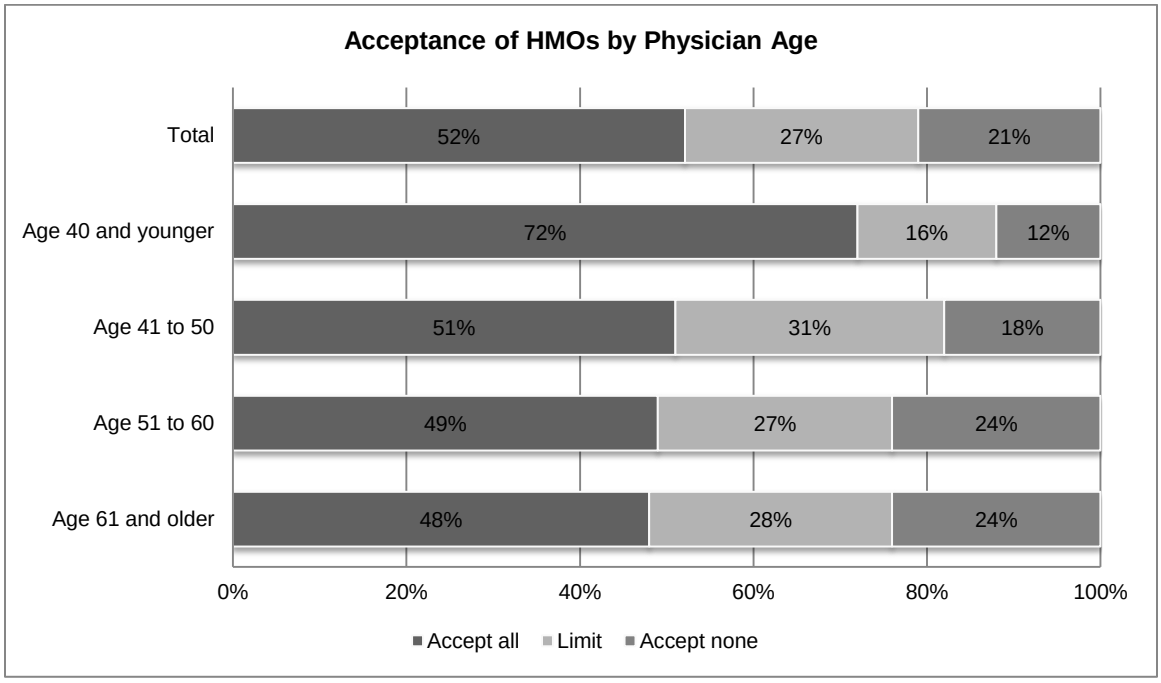
Tricare: Access has declined for the military health care plan, Tricare (59 percent accept all). Physicians age 40 years and younger are most likely to accept all new Tricare patients (65 percent).



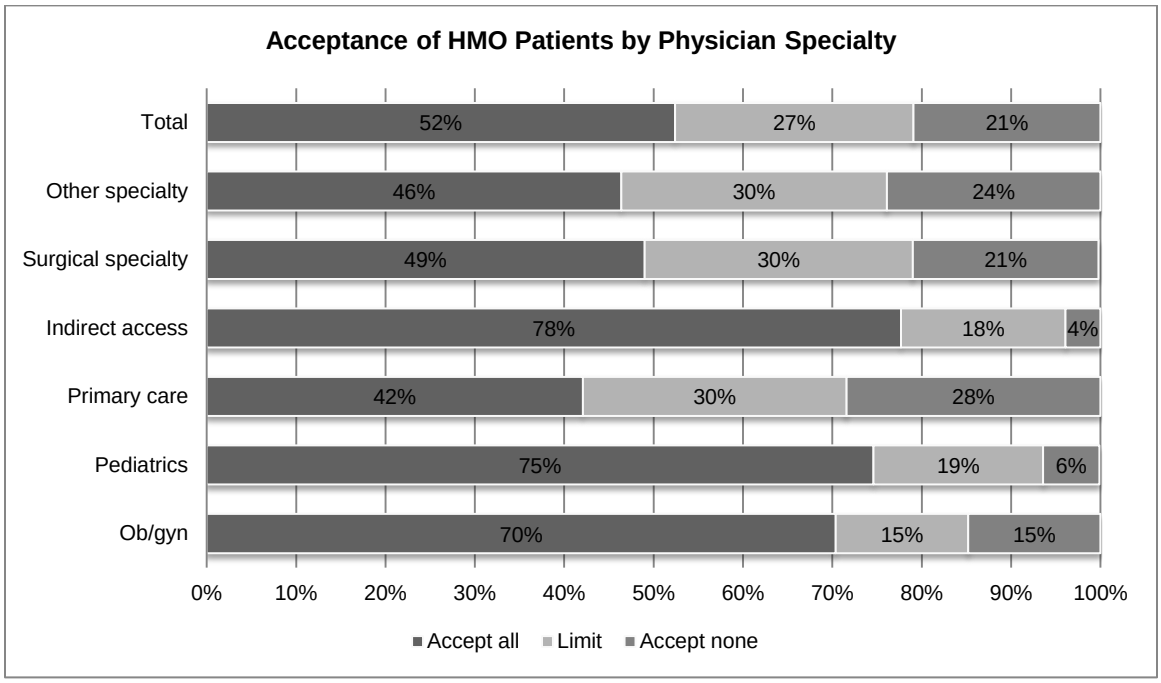
There are no statistically significant differences by county and acceptance of Tricare patients. Indirect access physicians are more likely to accept all Tricare-covered patients (81 percent).



HMOs: Fifty-two percent of physicians report they accept all patients covered by HMOs. Physicians in the youngest age group are most likely to report their practice accepts all HMO covered patients (72 percent).

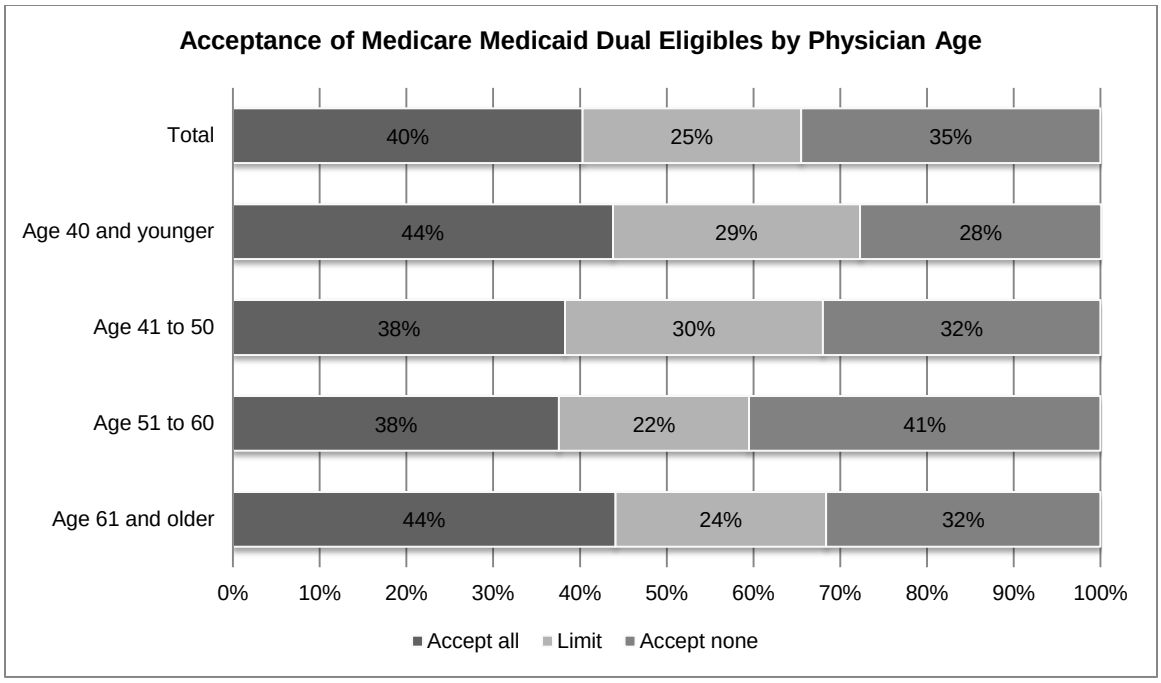


Indirect access physicians are most likely to accept HMO patients (78 percent accept all).

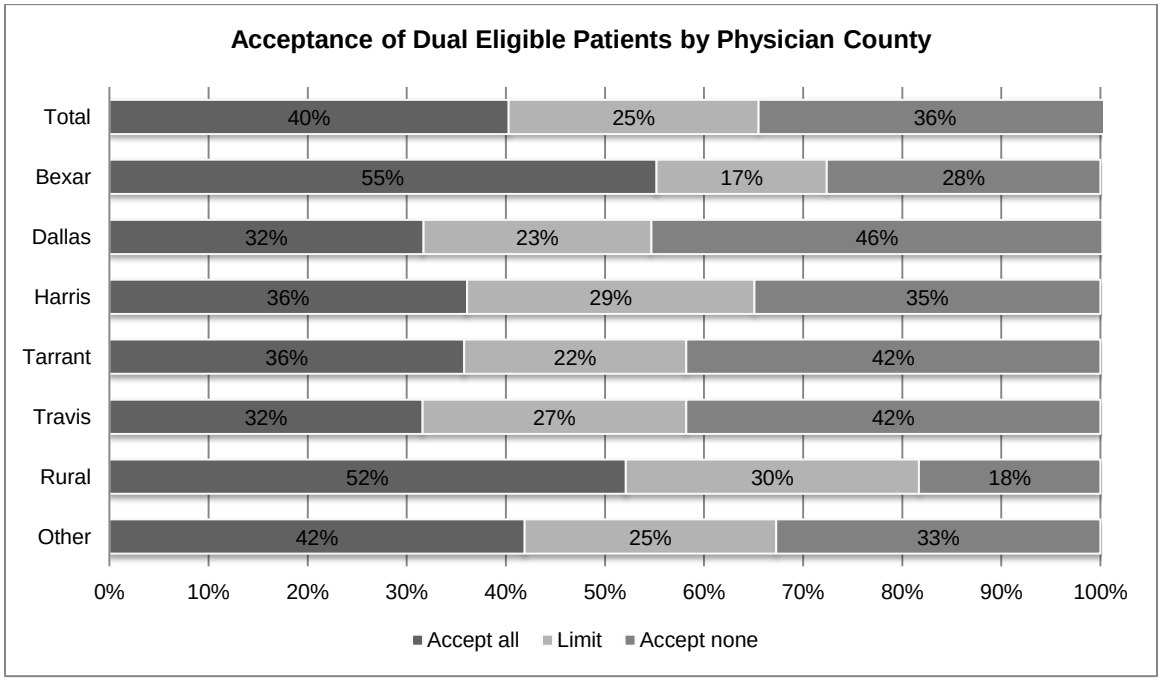


There are no statistically significant differences in physician acceptance of HMO patients by county.

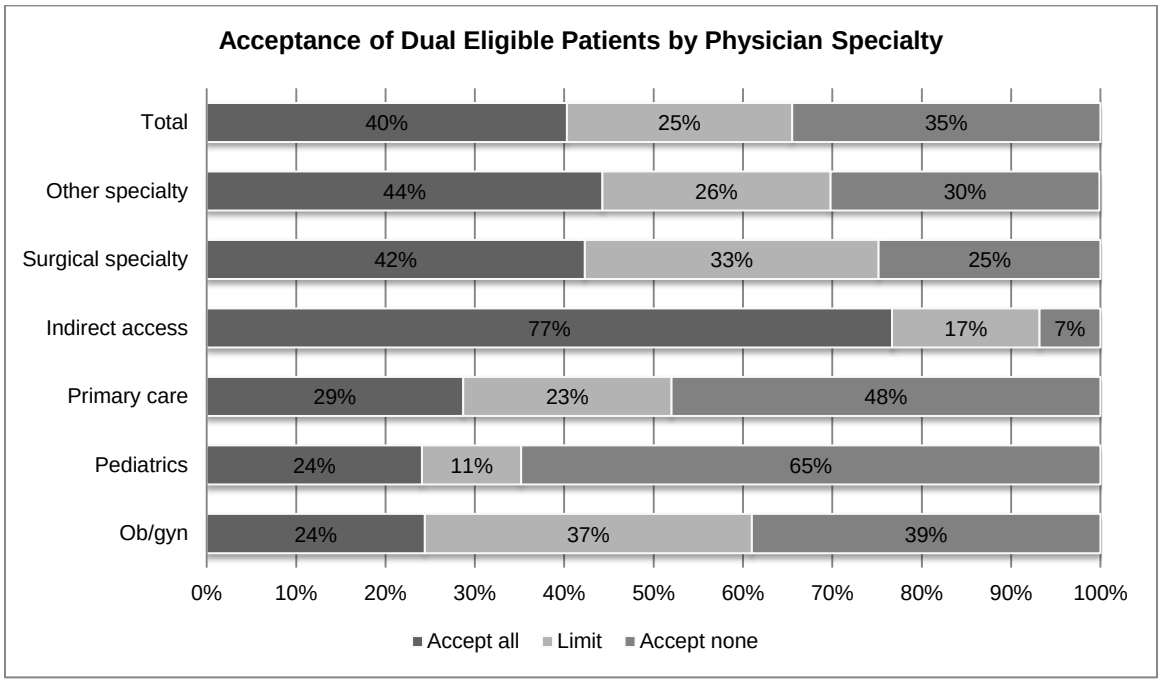
Medicare Medicaid dual eligible: Medicare Medicaid dual eligible patients have much more limited physician availability than patients covered by Medicare. Forty percent of physicians accept all new dual eligible patients. Physicians in the youngest and oldest age groups are more likely to accept all new dual eligible patients (44 percent).



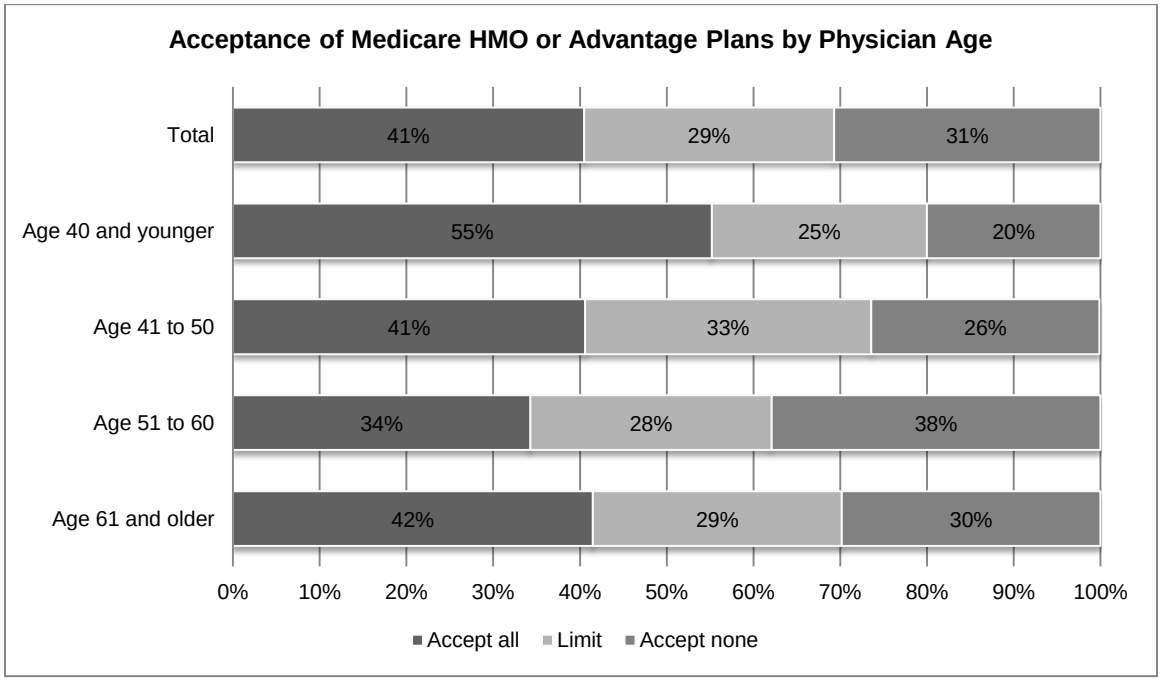
Physicians in Bexar County are most likely to accept all new dual eligible patients in (55 percent).



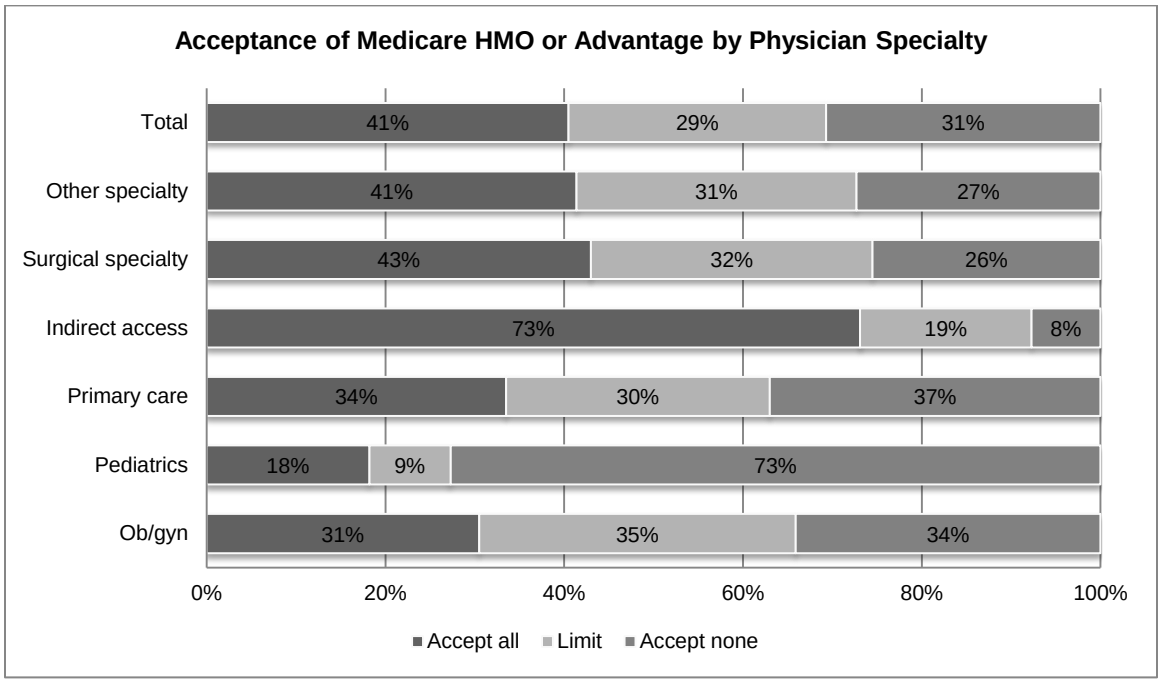
Indirect access physicians are most likely to accept all new dual eligible patients (77 percent).



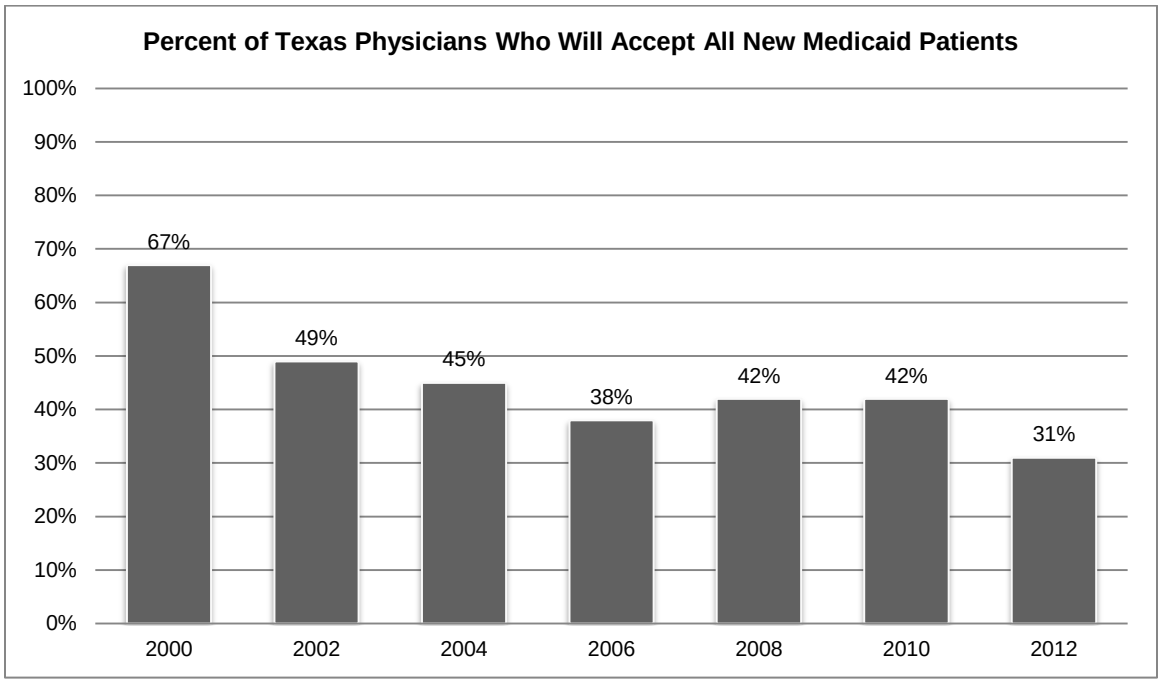
Medicare HMOs or Advantage: Only 41 percent of physicians accept all patients covered by Medicare HMO or Advantage plans. Physicians in the youngest age group are most likely to report their practice accepts all new Medicare HMO or Advantage plans (55 percent).



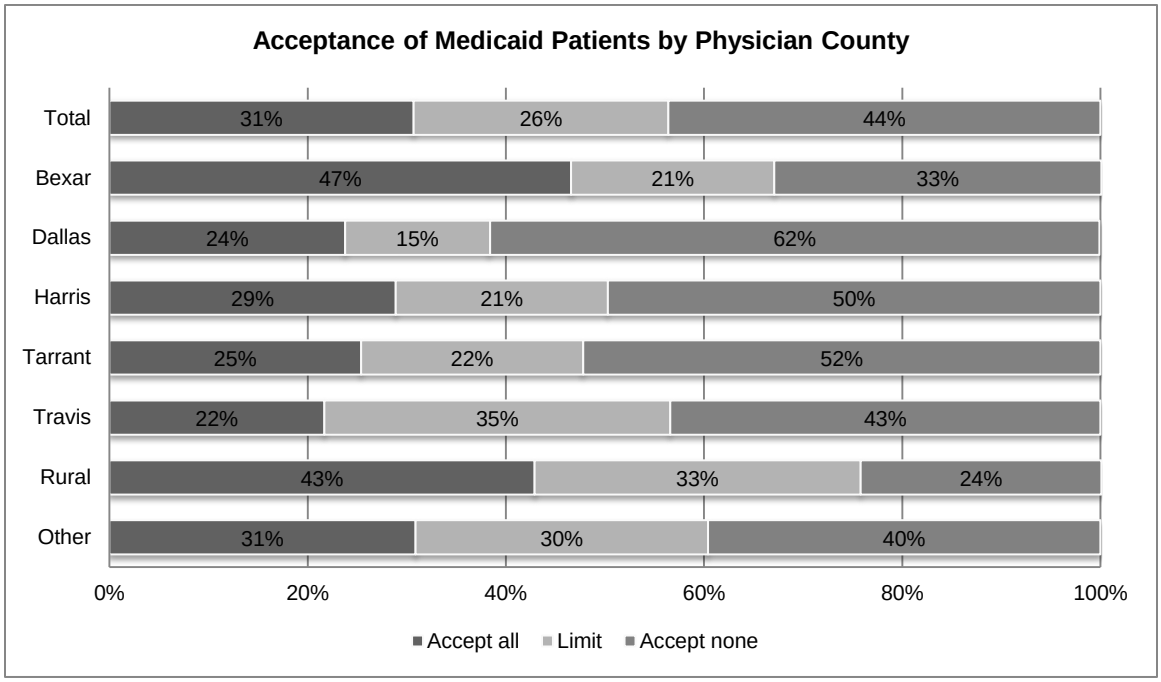
There are no statistically significant differences by county and acceptance of Medicare HMO or Advantage plans. Indirect access physicians are more likely to accept all Medicare HMO or Advantage plans (73 percent).



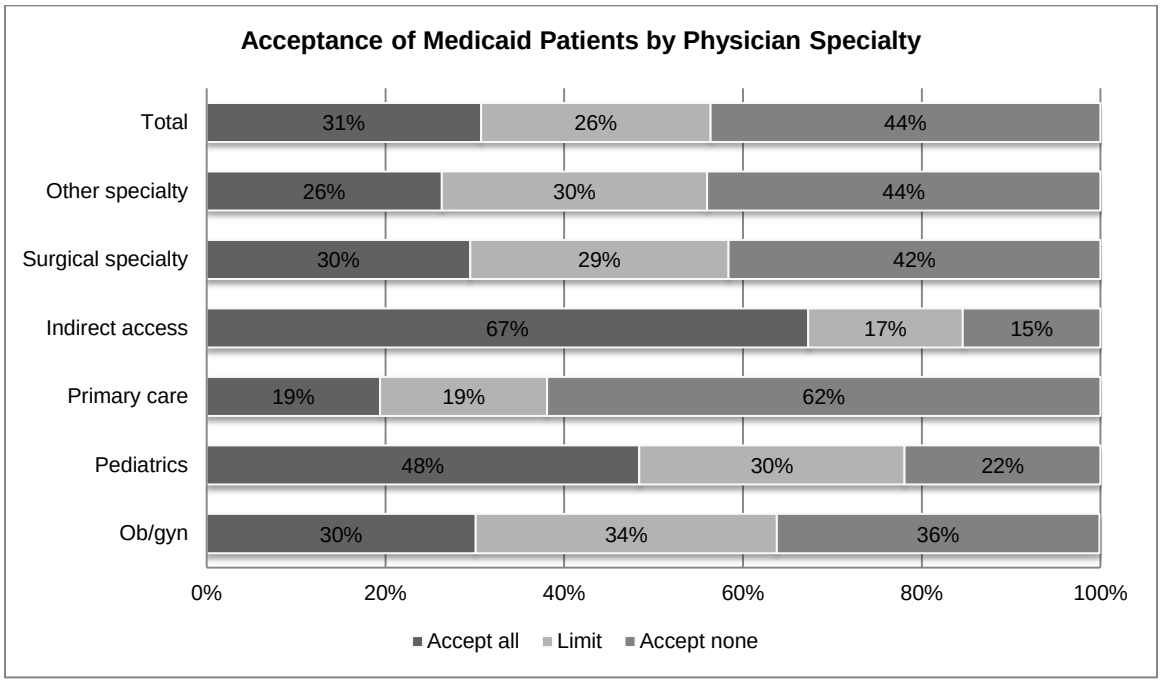
Medicaid: Physician availability has declined for Medicaid patients from 42 percent in 2010 to 31 percent of physicians accepting all new patients in 2012.



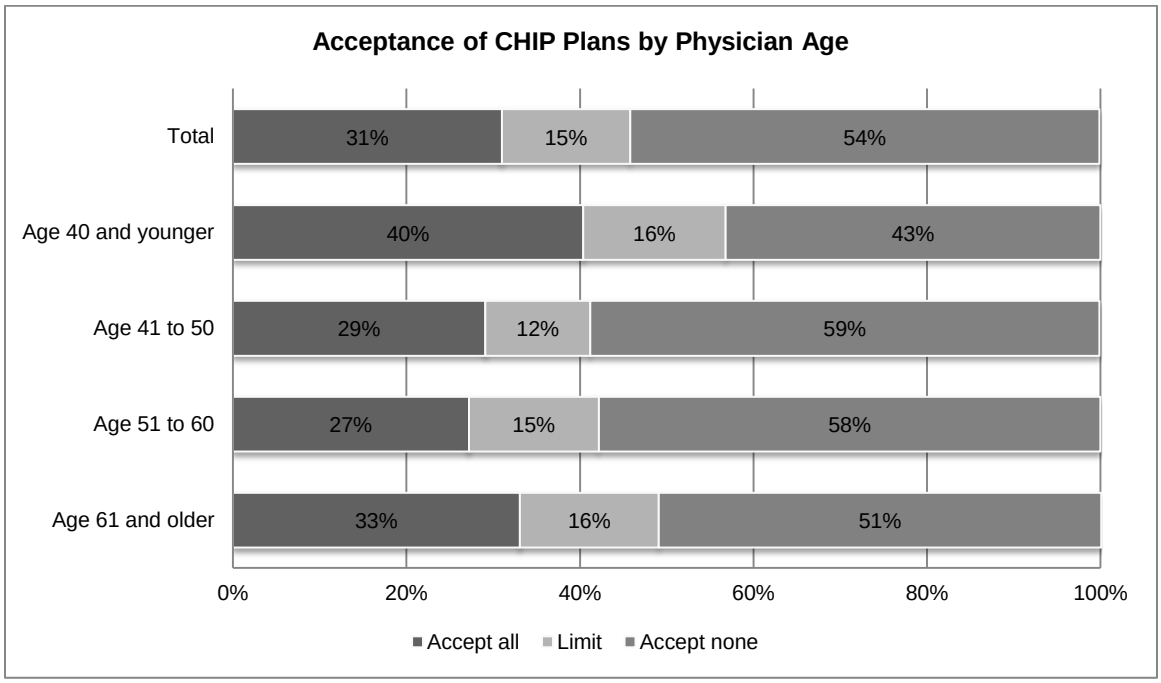
Physicians in Bexar County are most likely to accept all new Medicaid patients (47 percent).



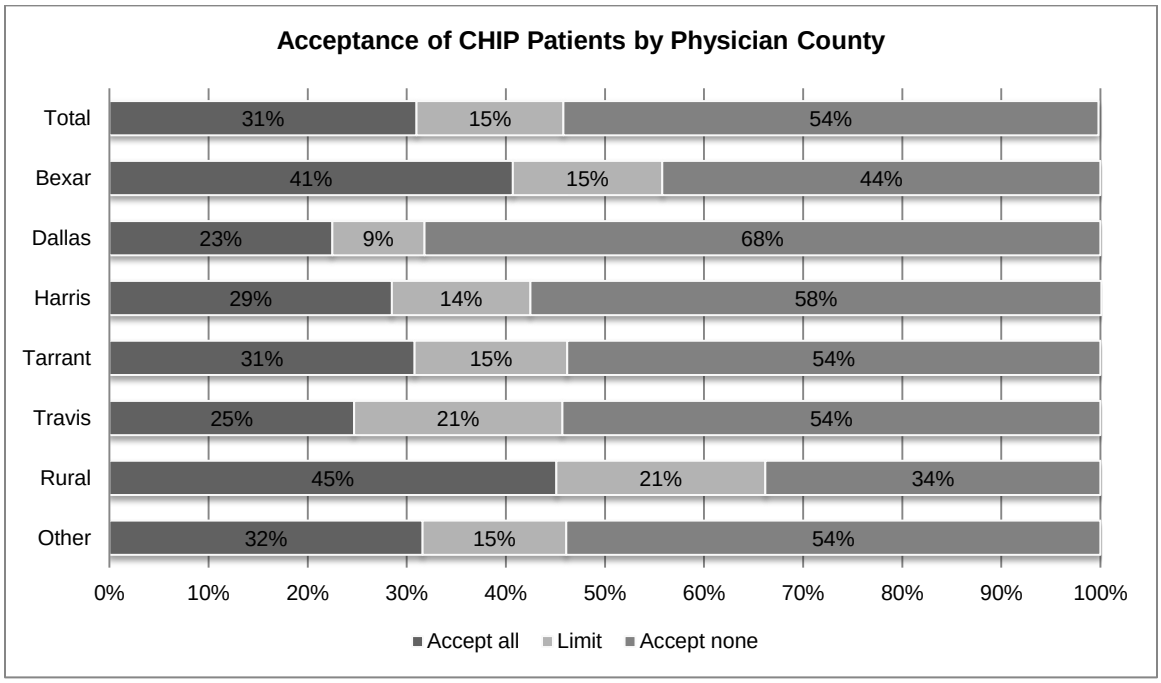
Physician availability for Medicaid beneficiaries continues to be best for the indirect access specialties (67 percent accept all). However, this has decreased from the 90 percent of indirect access physician who accepted all in 2008.



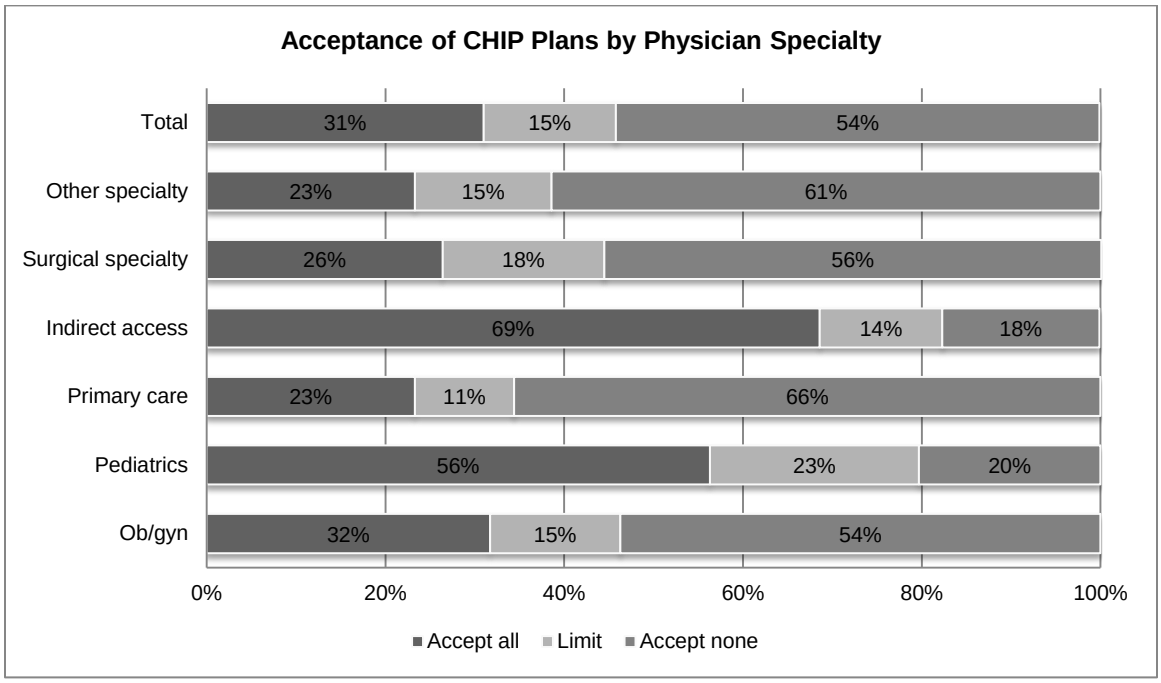
CHIP: Physician availability has declined for CHIP with thirty-one percent of physicians accepting all new patients. Younger physicians are most likely to accept CHIP plans (40 percent).



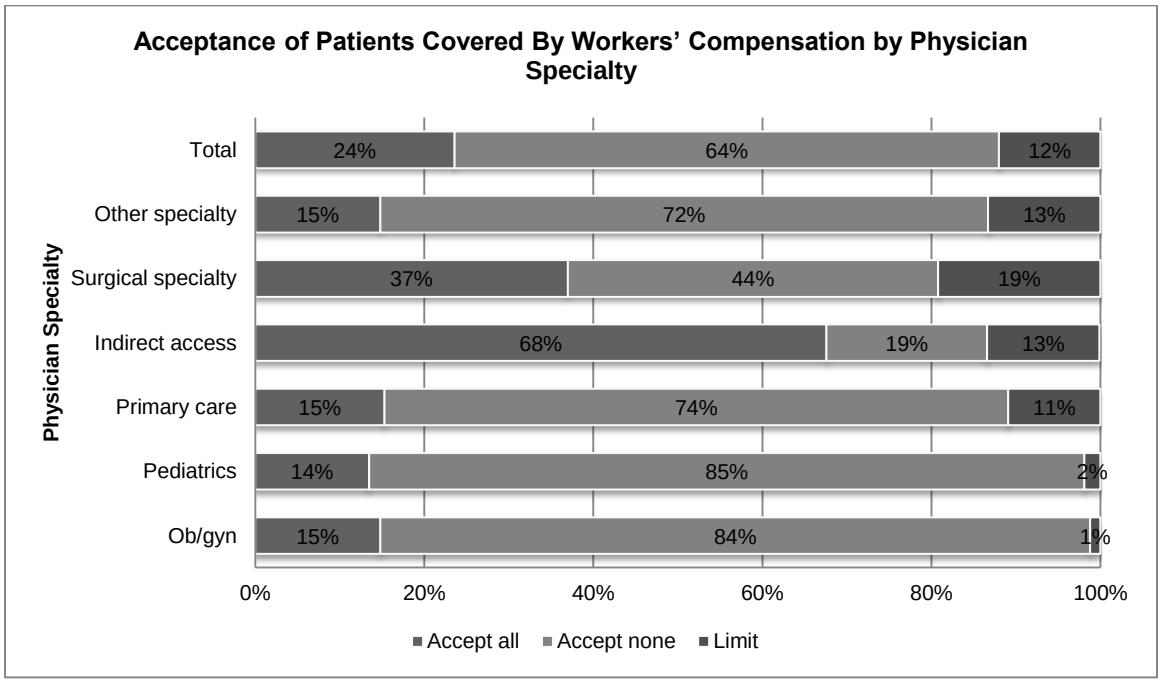
Physician availability for CHIP patients is best in rural counties (45 percent) and poorest in Dallas (23 percent).



Physician availability for CHIP patients is best among indirect access physicians (69 percent accept all new).

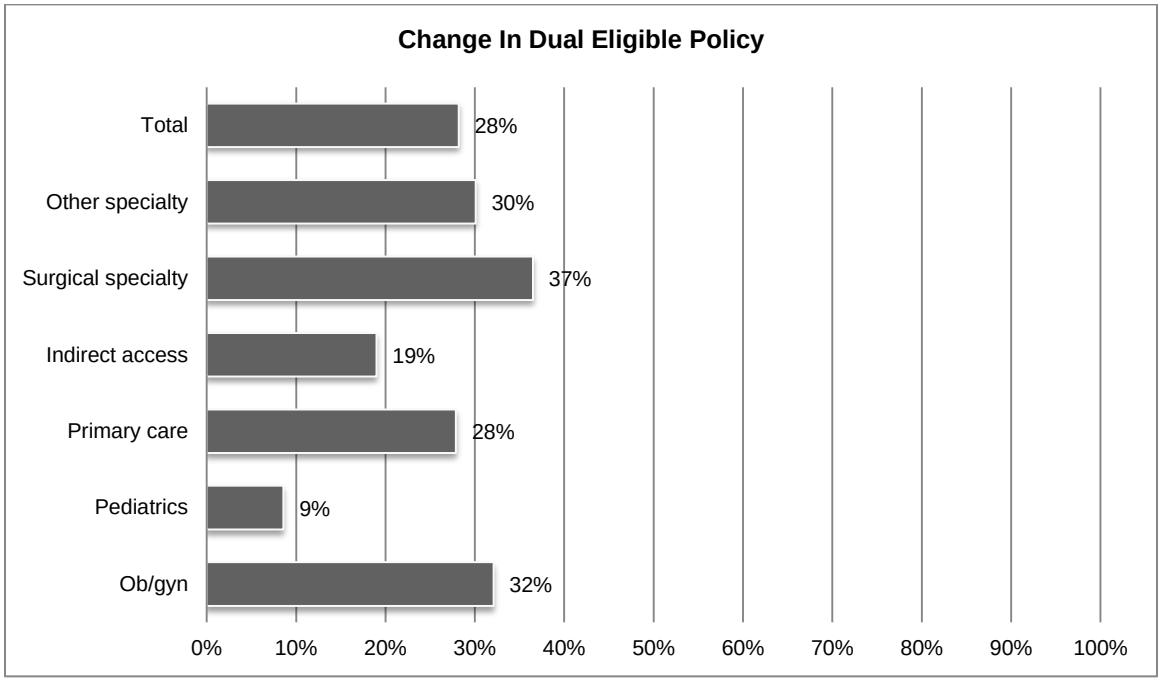


Workers' Compensation: Physician availability for injured workers has declined (24 percent). There are no statistically significant differences by age or county and acceptance of workers' compensation patients. Indirect access physicians are most likely to accept all workers' compensation patients (68 percent).

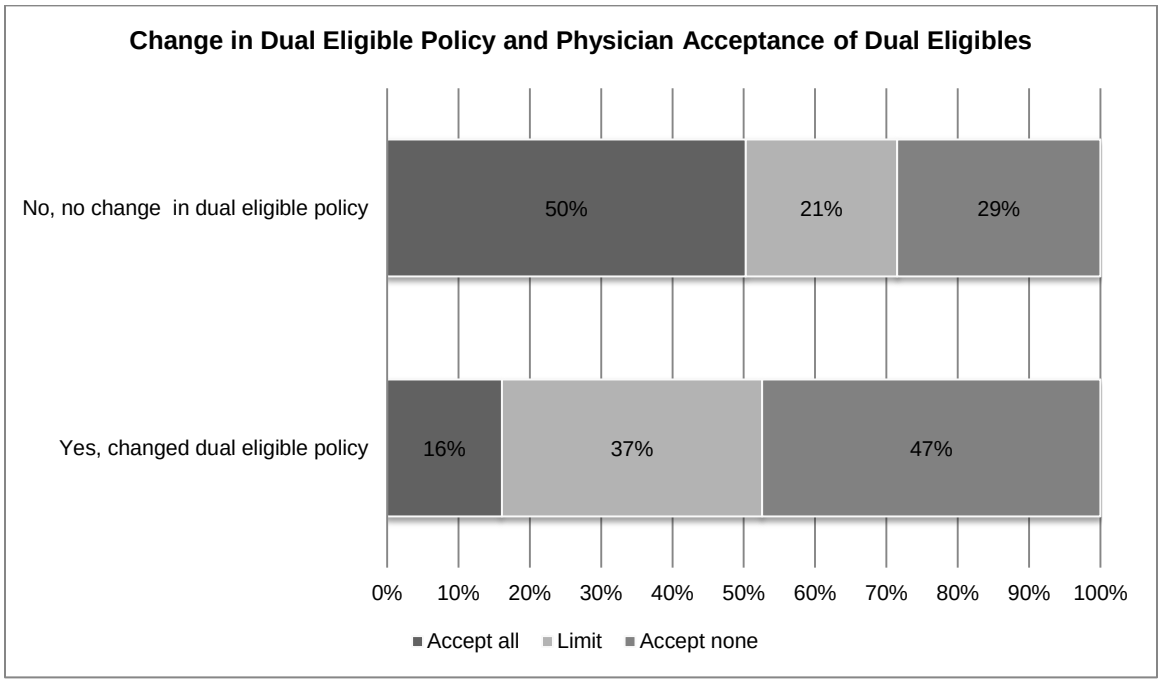


Change in Policies towards Medicare Medicaid Dual Eligible Patients (Q8)

Scheduled to take effect on Jan. 1, 2012, the Texas Legislature directed the Texas Health and Human Services Commission (HHSC) to reduce or eliminate payments for Medicare coinsurance and deductibles to those eligible for both Medicaid and Medicare (dual eligible). Twenty-eight percent of physicians have changed policies towards these patients in the past 2 years. Physicians in surgical specialties are most likely to report changing their policy (37 percent).

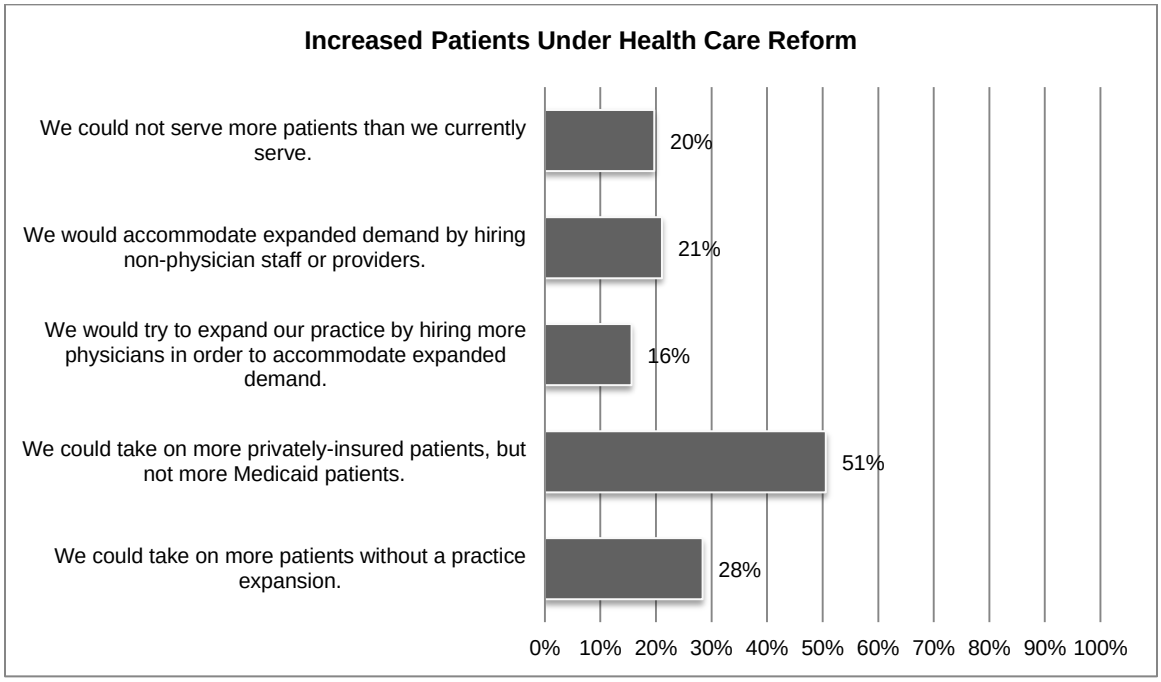


Further analysis shows physicians who have changed their practice policy towards dual eligible patients are less likely to accept all (16 percent).

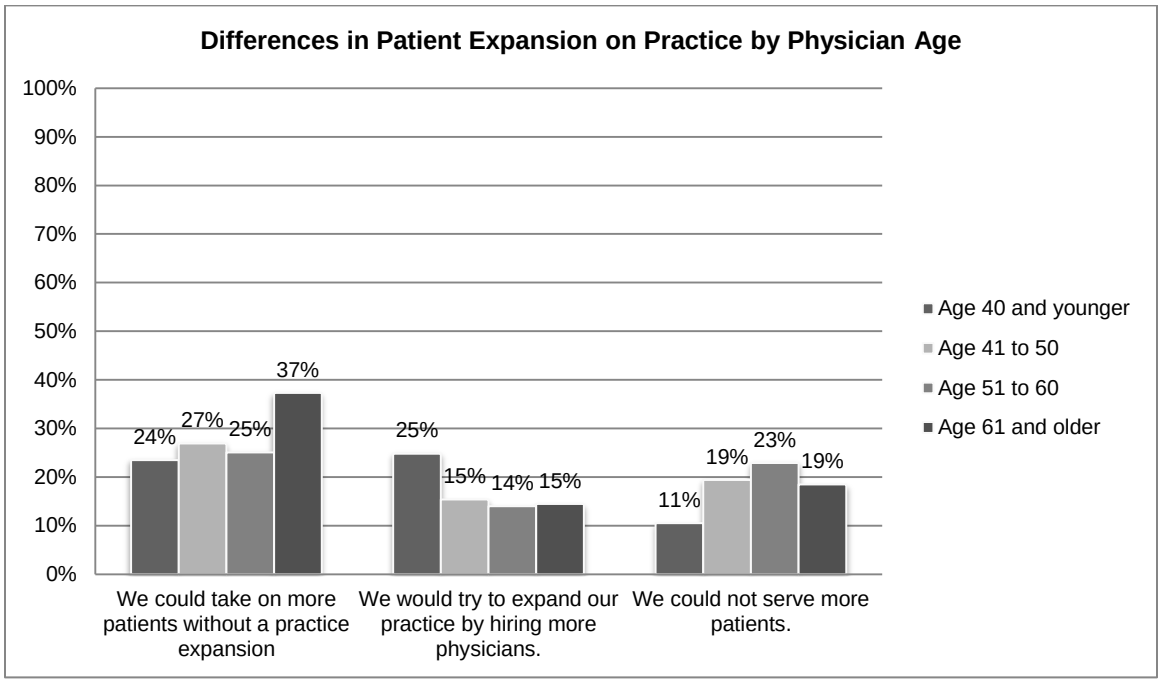


Increased Patients under Health Care Reform (Q9)

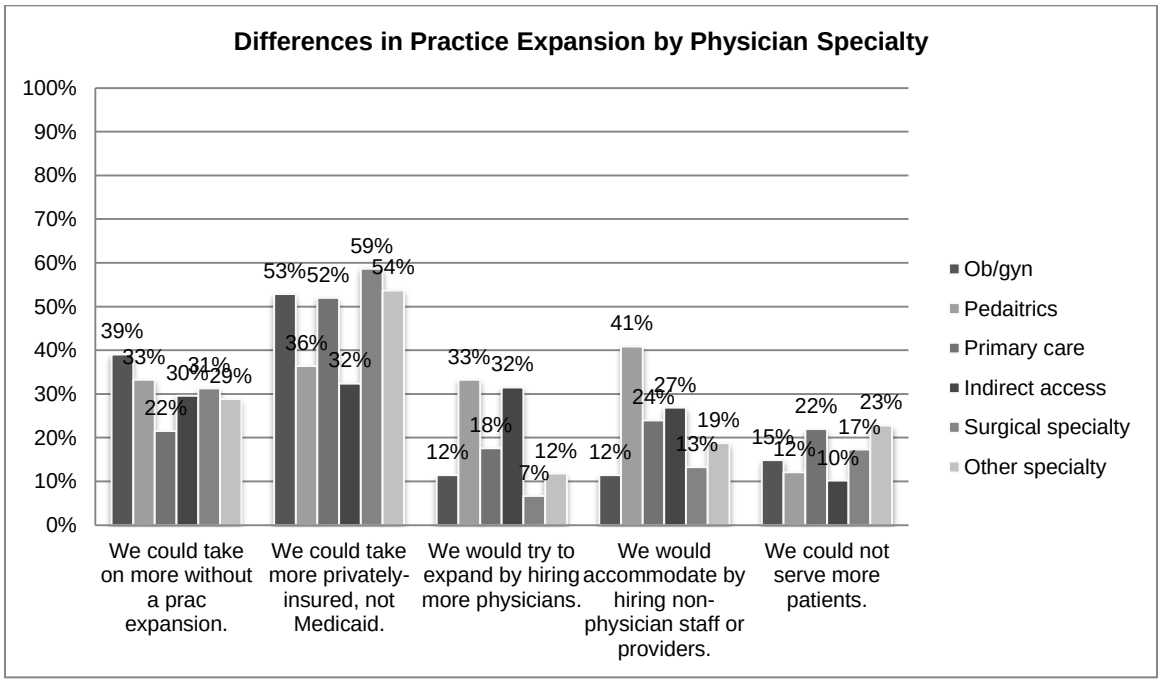
If health care reforms increase the number of patients covered by private insurers and Medicaid, more than half of physicians (51 percent) report their practice could take more privately-insured patients, but not more Medicaid patients.



Although still a minority, physicians age 61 and older are more likely to report they could take more patients without a practice expansion (37 percent).



There are no statistically significant differences by county and the impact of more patients on physician practices. Physicians in surgical specialties are most likely to report they could take more privately-insured patients but not Medicaid (59 percent).



Demographics

Gender

	March 2012 %	Population %
Gender		
Male	75	70
Female	25	30

Age

	March 2012 %	Population %
Age		
40 and younger	14	24
41 to 50	21	29
51 to 60	37	25
61 and older	27	21

Specialty

A large number of discrete specialties are represented in the respondent sample. For analysis, most are aggregated into specialty groupings.

	March 2012 %	Population %
Specialty		
General/Family	19	15
Internal Medicine	9	13
Pediatrics	6	9
Anesthesiology	5	6
Emergency Medicine	2	5
General Surgery	4	3
Neurology	2	2
OB/Gynecology	8	6
Ophthalmology	5	2
Orthopedic Surgery	4	3
Otolaryngology	3	1
Psychiatry	5	4
Pathology	1	3
Radiology	2	4
Other Surgical	6	4
Other Non-Surgical	19	19

Survey Methodology

Since 1990, TMA has conducted a biennial survey of a representative sample of Texas physicians focusing primarily on health care practice, economic, and legislative issues. The survey findings provide a cross-sectional snapshot and a longitudinal tracking of physician opinions on key health care issues and their experiences to support the association's policy development, political focus, and strategic planning process.

The 2012 Survey of Texas Physicians was conducted by TMA as a monthly e-mail survey. The March survey contained 20 questions, many with multiple response items. Not all questions were answered by all respondents due to skip patterns and the monthly design. The survey included a mix of closed-ended response items, scalar response items, and a small number of open-ended response items. Many of the questions were structured for multiple choice or nominal scale responses.

Approximately 27,917 Texas physicians were e-mailed a personalized link to the first part of the survey along with an announcement outlining the purpose of the survey. Reminders requesting participation were sent a week later. Preliminary data was gathered from 1,139 physicians for a response rate of 4 percent.

Data was analyzed using SPSS statistical software. Open-ended responses were assigned to categories for analysis. The margin of error for most segmented responses is 5 percent at the 95 percent confidence level.

APPENDIX - Survey Instrument

TMA March 2012 Survey

1) Do you currently treat patients in an active medical practice?

❍ Yes
❍ No (Skip to question 24)

2) In the past two years, how has your personal income from medical practice changed?

❍ Increased
❍ Decreased
❍ Stayed the same

3) In the past year, has your practice experienced cash-flow problems due to slow payment, nonpayment, or underpayment of claims by insurers or government payers?

❍ Yes
❍ No
❍ Don't Know

4) Did these cash-flow problems cause you to take any of the following actions? (Check all that apply.)

❑ Draw from personal funds to fund current practice operations
❑ Secure commercial loans to fund current practice operations
❑ Close or sell a practice
❑ Lay off employees
❑ Terminate or re-negotiate plan contracts
❑ Reduce or terminate services to government payers
❑ Other (please specify: _____)

5) Are you currently accepting any new patients?

❍ Yes
❍ No

6) For patients covered by the following payers, does your practice currently (1) accept all new patients, (2) limit new patients that you will accept, or (3) accept no new patients?

	Accept All	Limit	Accept None
Medicare	❍	❍	❍
Medicare HMOs or Advantage plans	❍	❍	❍
Medicaid	❍	❍	❍
Medicare-Medicaid dual-eligible	❍	❍	❍
HMOs	❍	❍	❍
PPOs	❍	❍	❍
Uninsured or self-pay patients	❍	❍	❍
The military health care plan, Tricare	❍	❍	❍
CHIP plans	❍	❍	❍

Workers' compensation	❍	❍	❍

7) As a result of the ongoing problems with <u>Medicare fee schedule updates</u>, what actions are you taking, planning, or considering?

	Have Done	Will Do	Considering	Will Not Do
Place new or additional limits on Medicare acceptance	❍	❍	❍	❍
Accept no new Medicare patients	❍	❍	❍	❍
Terminate existing Medicare patients	❍	❍	❍	❍
Change status to Medicare nonparticipating	❍	❍	❍	❍
Formally opt out of Medicare and require direct payment	❍	❍	❍	❍
Place new or additional limits on MEDICAID acceptance	❍	❍	❍	❍
Reduce the amount of charity care that I deliver	❍	❍	❍	❍
Increase standard fees charged to other patients	❍	❍	❍	❍
Delay information technology implementation	❍	❍	❍	❍
Renegotiate or terminate some health plan contracts	❍	❍	❍	❍
Reduce staff compensation or benefits	❍	❍	❍	❍

8) Scheduled to take effect on Jan. 1, 2012, the Texas Legislature directed the Texas Health and Human Services Commission (HHSC) to reduce or eliminate payments for Medicare coinsurance and deductibles to those eligible for both Medicaid and Medicare (dual-eligible). Have you changed your policies towards these patients in the past 2 years?

❍ Yes
❍ No

9) If health care reforms increase the number of patients that are covered by private insurers and Medicaid, how would that affect your practice? (Check all that apply.)

☐ We could take on more patients without a practice expansion.
☐ We could take on more privately-insured patients, but not more Medicaid patients.
☐ We would try to expand our practice by hiring more physicians in order to accommodate expanded demand.
☐ We would accommodate expanded demand by hiring non-physician staff or providers.
☐ We could not serve more patients than we currently serve.

10) To assist patients with their out of pocket costs, do you currently: (Check all that apply.)

☐ Publish a complete fee schedule on your website or in patient information materials.
☐ Publish your most-frequently billed fees on your website or in patient information materials.
a. Give patients individual fees or cost ranges when they ask.
b. Routinely give patients fee information when planning future tests or procedures.
c. Try to estimate the insurance payment and net patient liability in advance.
d. Tell patients with insurance to call the company
e. I never give out information about my fees.

11) If you never give out information about fees, why not?

o I have heard it's an anti-trust violation
o It's administratively burdensome
o I'm afraid my competitors will see
o I don't have to

- ○ Other (please specify:___)

12) Approximately what percentage of your practice revenues are derived from each of the following payers? (If you cannot estimate, you may leave this question blank, but please complete the survey.)

Medicare	_____%
Medicare HMOs or Advantage plans	_____%
Medicare capitated	_____%
Medicaid	_____%
Medicare-Medicaid dual eligible	_____%
CHIP	_____%
HMOs	_____%
PPOs — in network	_____%
PPO members out of network	_____%
Commercial capitated	_____%
Uninsured or self-pay patients	_____%
Workers' compensation plans	_____%
Total	_____%

13) Did your practice pay the Texas franchise tax (also known as business or margins tax) in 2011?*

- ❍ Yes
- ❍ No

14) If yes, what was the total franchise tax liability per physician? $_____

15) "Charity care" is medical care provided with prior knowledge that the patient will be unable to pay for services. Last year, what was the approximate dollar value of the charity care that you delivered <u>personally</u>, or was the per-physician average amount delivered in your practice?

$ _____ (Enter <u>approximate</u> dollar amount)

16) Last year, what was the approximate dollar value of noncollectible debts, <u>over and above charity care</u>, attributable to medical services that you delivered <u>personally</u>, or were delivered per physician on average in your practice?

$ _____ (Enter <u>approximate</u> dollar amount)

17) Which of the following best describes your primary form of medical practice?

- ❍ Group practice owner, co-owner, or shareholder
- ❍ Group practice employee
- ❍ Hospital employee
- ❍ Partnership
- ❍ Solo
- ❍ Resident

❍ Teaching, administration, or research
❍ other (please specify :_____)

18) How many physicians are in your group or partnership? _____

19) Which of the following best describes the legal form of your practice?

❍ Sole proprietor
❍ Professional association (PA)
❍ Partnership
❍ Limited liability corporation (LLC)
❍ Limited liability partnership (LLP)
❍ Nonprofit health corporation (formerly known as 5.01[a])
❍ Other (please specify: _____)
❍ Don't know