

Survey Results and Analysis: TMA 2008 Medicare Survey

Executive Summary

This report contains a detailed statistical analysis of the results of the TMA 2008 Medicare Survey. The results analysis includes answers from all respondents who took the survey in the nine-day period from March 12-20, 2008. A total of 749 completed responses to the survey were received during this time. This report also includes the results from the subset of members of the Harris County Medical Society, with 139 completed surveys.

Methodology

An e-mail was sent inviting a random sample of 10,000 Texas physicians (including both members and nonmembers of the Texas Medical Association), excluding pediatricians and physicians practicing pediatric specialties, to participate in the survey. A total of 8,689 e-mails were delivered successfully, and 749 responses to the survey were obtained (response rate of 8.6 percent). The margin of error is plus or minus 3.6 percent for the statewide sample and plus or minus 8.3 percent for the Harris County subset.

Primary Findings

- The inadequate and uncertain Medicare payment system for physicians continues to steadily erode the program's physician base. The percentage of physicians who accept all new Medicare patients has declined to an all-time low of 58.1 in 2008.
- Nearly one-third of responding physicians have decided to accept fewer new Medicare patients in the past three years. Only 4 percent are accepting more. More than 45 percent are considering accepting no new Medicare patients.
- For internists and family medicine specialists, who are on the front lines providing primary care to patients on Medicare, the situation is even bleaker. More than 45 percent say they have cut back on new Medicare patients in the past three years.
- Texas physicians will not refuse their current Medicare patients. Nearly 70 percent say that is something they will not do. Fewer than five percent say that is something they have done or will do.
- More than 50 percent of responding physicians say they are considering changing their status with the Medicare program so that they would no longer automatically accept Medicare's payment for services provided to senior citizens and patients with disabilities.
- Charity care and investments in technology that can improve the quality of care are the early casualties of the Medicare payment mess. One-fourth of responding physicians say they already have reduced the amount of charity care they deliver and already have delayed implementing new health information technology. An additional 17 percent say they will

make those changes. Looking to the future, another 28 percent say they are considering reductions in charity care, and 22 percent are considering delaying new technologies.

- The results from the subset of physicians in Harris County, although indicating a stronger propensity to further restrict their acceptance of new Medicare patients, are within the margin of error of the statewide findings.

Representative Comments From Survey Respondents

- The most likely effect of the drop will be closing the doors. I can't take any more cuts.
— *55-year-old male otolaryngologist, Hays-Blanco-Caldwell counties, TMA member*
- Texas emergency departments are already overwhelmed with patients, and we do not have any "reserve capacity" to accept a new influx of Medicare patients who may lose access to office-based providers due to the looming Medicare physician fee cuts.
— *61-year-old male emergency medicine specialist, Bexar County, TMA member*
- I will continue to provide care to my existing Medicare patients as a courtesy to them, but I will soon be closing my panel to new Medicare patients, because not doing so will jeopardize my ability to provide care to everyone else.
— *37-year-old male family medicine specialist, Dallas County, TMA member*
- All third- party payers follow Medicare trends, so every downshift in Medicare is accompanied by a downshift from managed care companies, too. ... Disheartening to say the least, when burdens of regulation, paperwork, liability, and continuing education increase every year. Hope I can last 'til age 65.
— *53-year-old female endocrinologist, Harris County, TMA member*
- I am a very conscientious physician and put a lot of time into each patient's care. I pride myself in being able to handle patients with many problems, and I do an excellent job of coordinating care and handling communication between docs. However, because I can't make myself less diligent or less caring, I am no longer willing to accept most new Medicare patients.
— *38-year-old female internist, Harris County, TMA member*
- Medicare reimbursement has been devastating to the financial stability of my practice. I am no longer able to afford the medical technology to keep my practice current. My employees have not had a pay raise for over five years!!!!
— *72-year-old male ophthalmologist, Dallas County, TMA member*
- Those with the greatest need for medical care are being denied that care by the insurance (Medicare) that was designed to protect them.
— *52-year-old male general surgeon, Lubbock-Crosby-Garza counties, TMA member*
- I have applied for a part-time job to keep up with my expenses.
— *47-year-old female family medicine specialist, Denton County, non-TMA member*

Survey Results and Analysis

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Responses Received: 749 (statewide)

1) Does your practice currently:

	Count	Percent
Not accept Medicare patients at all?	25	3%
Not accept new Medicare patients?	60	8%
Accept new Medicare patients on a limited basis?	174	23%
Accept all new Medicare patients?	434	58%
Other (please specify)	54	7%

2) In the past three years, has your practice:

	Count	Percent
Decided to accept more new Medicare patients?	27	4%
Decided to accept fewer new Medicare patients?	234	32%
Made no change in the number of new Medicare patients you accept?	476	64%

3) As a result of the ongoing problems with Medicare fee schedule updates, what actions are you taking?

	Have Done	Will Do	Considering	Will Not Do
Place new or additional limits on Medicare acceptance	18% (129)	17% (122)	40% (281)	24% (167)
Accept no new Medicare patients	8% (55)	8% (54)	46% (323)	38% (263)
Terminate existing Medicare patients	1% (10)	3% (21)	26% (178)	70% (480)
Change status to Medicare nonparticipating	5% (35)	3% (23)	52% (361)	40% (278)
Formally opt out of Medicare and require direct payment	2% (11)	3% (22)	53% (370)	42% (295)
Reduce the amount of charity care that I deliver	26% (181)	17% (121)	28% (200)	28% (200)
Increase standard fees charged to other patients	21% (146)	14% (94)	34% (232)	31% (217)
Delay information technology implementation	25% (173)	17% (119)	22% (154)	35% (245)
Renegotiate or terminate some health plan contracts	20% (138)	19% (136)	46% (319)	15% (104)
Reduce staff compensation or benefits	21% (144)	10% (71)	31% (214)	38% (266)

Survey Results and Analysis

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Responses Received: 139 (Harris County)

1) Does your practice currently:

	Count	Percent
Not accept Medicare patients at all?	6	4.3%
Not accept new Medicare patients?	10	7.2%
Accept new Medicare patients on a limited basis?	34	24.5%
Accept all new Medicare patients?	79	56.8%
Other (please specify)	10	7.2%

2) In the past three years, has your practice:

	Count	Percent
Decided to accept more new Medicare patients?	4	3.0%
Decided to accept fewer new Medicare patients?	48	35.6%
Made no change in the number of new Medicare patients you accept?	83	61.5%

3) As a result of the ongoing problems with Medicare fee schedule updates, what actions are you taking?

	Have Done	Will Do	Considering	Will Not Do
Place new or additional limits on Medicare acceptance	19% (24)	16% (21)	45% (58)	19% (25)
Accept no new Medicare patients	7% (9)	9% (12)	54% (69)	30% (38)
Terminate existing Medicare patients	2% (2)	4% (5)	30% (38)	64% (80)
Change status to Medicare nonparticipating	4% (5)	5% (6)	58% (73)	33% (42)
Formally opt out of Medicare and require direct payment	2% (2)	2% (2)	59% (76)	37% (48)
Reduce the amount of charity care that I deliver	27% (34)	24% (30)	26% (33)	23% (29)
Increase standard fees charged to other patients	16% (20)	14% (18)	35% (45)	35% (44)
Delay information technology implementation	32% (41)	12% (15)	25% (31)	31% (39)
Renegotiate or terminate some health plan contracts	19% (25)	26% (33)	38% (49)	17% (22)
Reduce staff compensation or benefits	17% (22)	15% (19)	27% (35)	41% (53)