

Survey of Texas Physicians

Access to Care

**Preliminary
Research Findings
2010**



Physicians Caring for Texans

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TMA 2010 Physician Survey
Executive Summary – Selected Findings
Access to Care

Every two years, the Texas Medical Association 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.

For 2010, the survey was broken down into small pieces e-mailed each month. This year students, residents, and interns were surveyed as well as Texas physicians. This preliminary report includes results from the first 976 respondents to complete the March survey. The following are physicians' responses regarding access to care.

Key Observations and Conclusions

- There continues to be an alarmingly low number of physicians who accept all Medicaid patients (42%) with access further threatened by proposed cuts to Medicaid fees.
- Fortunately, Medicare access has not been further damaged by the ongoing failure to resolve the sustainable growth rate formula. The percentage of physicians who report accepting all Medicare patients is 66%, not significantly different from 2008, but less than the 78% of physicians who reported accepting all Medicare patients in 2000.
- In response to the ongoing problems with the Medicare fee schedule, approximately half of physicians are considering renegotiating or terminating some health plan contracts, changing their status to Medicare non-participating, or formally opting out of Medicare and requiring direct patient payment.

Summary of Findings

Access to Care

Acceptance of New Patients (Q5)

Overall, 97% of respondents indicate their practice is accepting new patients. There is no significant difference between physicians by location when counties are aggregated as such: Bexar, Dallas, Harris, Tarrant, Travis, other metro counties, and rural. Primary care physicians are less likely to accept new patients (93%) than physicians in other specialties.

Acceptance of New Patients by Payer Type (Q6)

Physicians who are accepting new patients were asked about their specific policies toward new patients covered by various third-party payers. The results are reported as percentages of the physicians whose practices are not closed.

<i>Acceptance of New Patients by Payer Type</i>						
	2008			2010		
	Accept	Decline	Limit	Accept	Decline	Limit
Medicare	64	17	19	66	16	18
Medicare HMOs or Advantage	43	23	34	47	29	24
Medicaid	42	35	24	42	33	26
HMOs	54	20	26	58	16	26
PPOs	81	4	15	83	5	12
Uninsured	60	2	38	68	3	30
The military health care plan,						
Tricare	53	25	22	64	20	16
CHIP	34	53	14	39	45	16
Workers' compensation	23	65	12	30	55	16

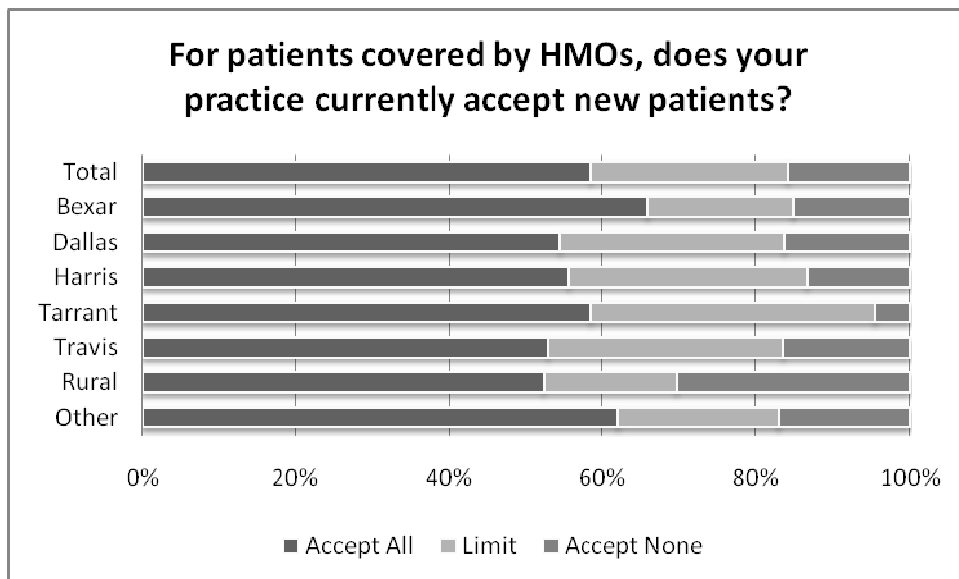
The overall picture shows a halt in the long-term declines in access for Medicare, HMOs, and workers' compensation plans. Patients covered by Medicaid continue to have poor access to care.

PPOs and HMOs: Patients covered by PPOs are almost universally accepted. There are no statistically significant differences based on geographic location of physicians. Younger physicians are more likely to accept PPO- covered patients.

The erosion of access to care for HMO- covered patients has appeared to reverse itself. Younger physicians are more likely to accept all HMO- covered patients:

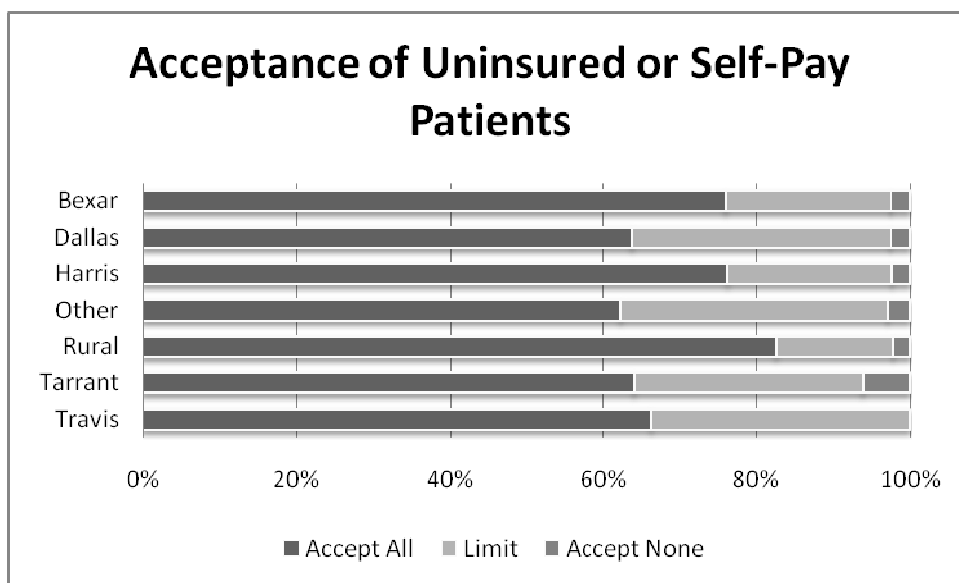
- 74% of physicians 40 years and younger accept all new HMO patients,
- 60% of physicians age 41 – 50,
- 55% of physicians age 51 – 60,
- And 47% of physicians age 61 years and older.

There are also significant differences in HMO acceptance based on county location of practicing physicians.



Physicians located in Bexar County are most likely to accept all new HMO patients (66%). Physicians in rural counties are less likely to accept all (52%) or accept some with limitations (17%). They are most likely to accept no new HMO-covered patients (30%).

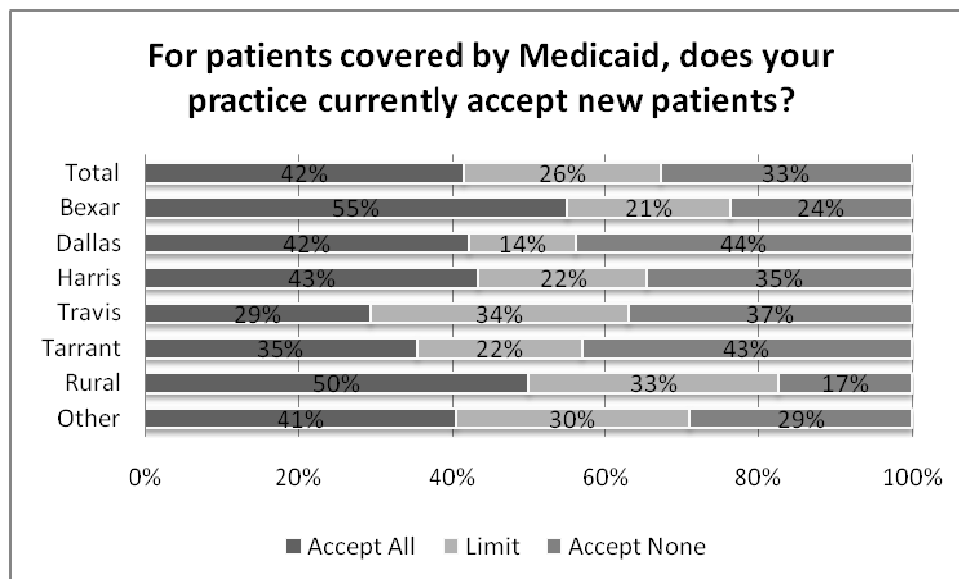
Uninsured: Uninsured patients continue to be least likely completely excluded from physician practices, with only 3% of physicians reporting they accept none. The proportion of physicians who impose some limits on their acceptance of new uninsured patients has decreased. Rural county physicians are more likely than physicians in other counties to accept all uninsured patients (83%).



Tricare: Access continues to improve with no statistically significant differences among physicians by location.

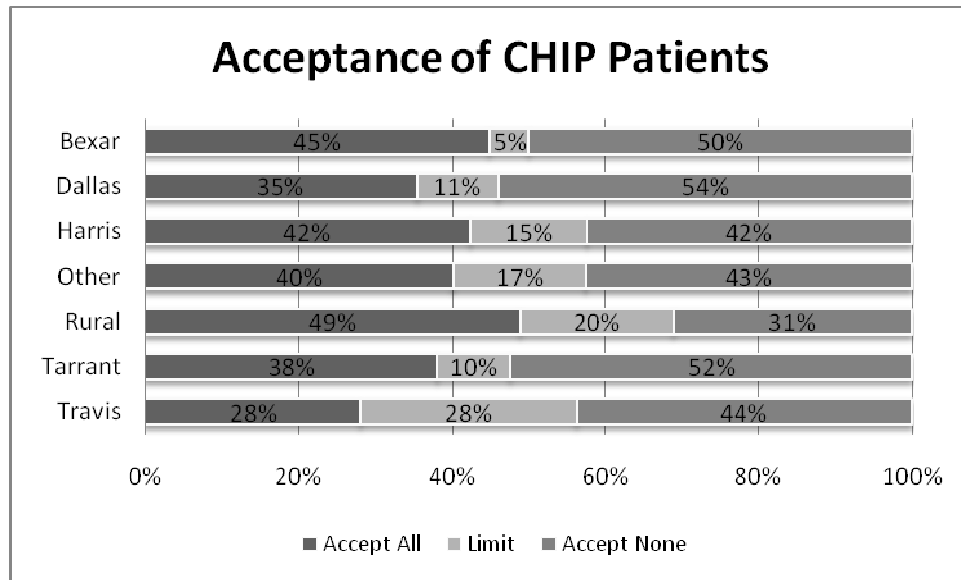
Workers' Compensation: Overall, access to care for injured workers has improved. In particular, physicians in the youngest age group (40 and under) are more likely to report accepting all new workers' comp patients (38%). Fee schedule improvements or other system changes appear to have induced more physicians to resume serving injured workers. However, the percentage of physicians who accept all workers' compensation plans is still low.

Medicaid: Increases in Medicaid payments have stopped but not reversed the erosion in access to care for Medicaid patients. There are significant differences between the acceptance of Medicaid patients based on physician location. Physicians in Bexar County are more likely than other physicians to accept all Medicaid- covered patients (55%). Travis County physicians are least likely to accept all new Medicaid patients (29%). They are most likely to accept some with limitations.



By specialty, primary care physicians are less likely than other physicians to accept all Medicaid-covered patients (32%).

CHIP: Access to care for children covered by CHIP has improved somewhat. In 2008, 34% of physicians accepted all patients covered by CHIP. In 2010, 39% of physicians report doing so. However, this is still a low percentage. Physicians in rural counties are most likely to accept all CHIP- covered patients (49%).



By specialty, only 29% of physicians in primary care report accepting all CHIP- covered patients.

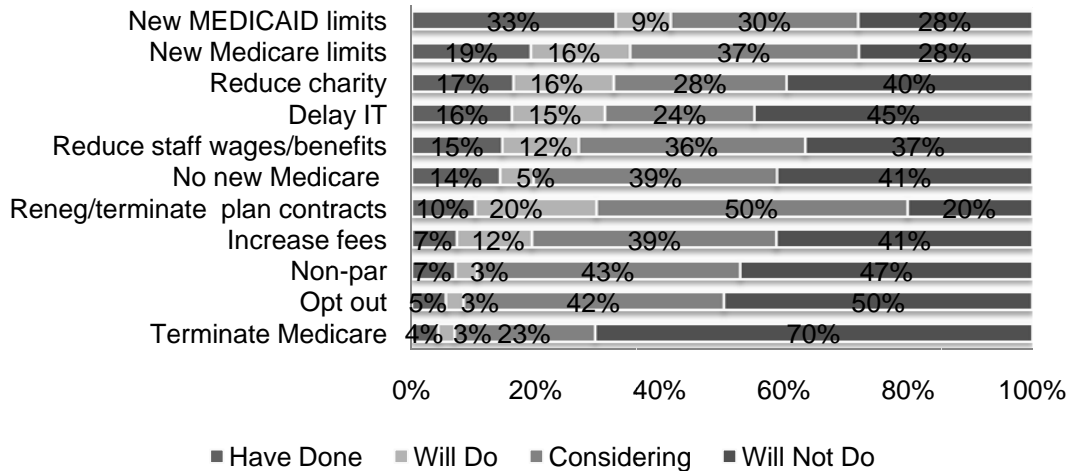
Medicare: Access to care has not significantly changed from 2008. Since 2000, the percentage of physicians who accept all new Medicare patients has dropped from 78% to 66%. Patients covered by Medicare Advantage plans have much more limited access to care as only 47% of physicians accept all. There are no significant differences between physician acceptance by county for Medicare or Medicare Advantage plans.

Medicare Fees

Response to ongoing Medicare fee schedule update problem (Q7)

The continuing failure to find a permanent resolution to the Medicare fee schedule update problem is taking a toll, primarily in access to care.

**As a result of the ongoing problems with
Medicare fee schedule updates, what actions are
you taking, planning, or considering?**



Although 19% of physicians have already imposed new limits on their acceptance of new patients covered by Medicare, they are far more likely to have added limits on Medicaid (33%). Texas physicians have also reduced charity care (17%), delayed information technology implementation (16%), reduced staff wages and/or benefits (15%), and renegotiated health plan contracts (10%). Of greater concern are the actions that physicians are considering if the problem remains unresolved, including opting out of Medicare altogether (42%), terminating or renegotiating health plan contracts (50%), changing Medicare status to non-participating (43%), increasing standard fees for other patients (39%), or refusing all new Medicare patients (36%).

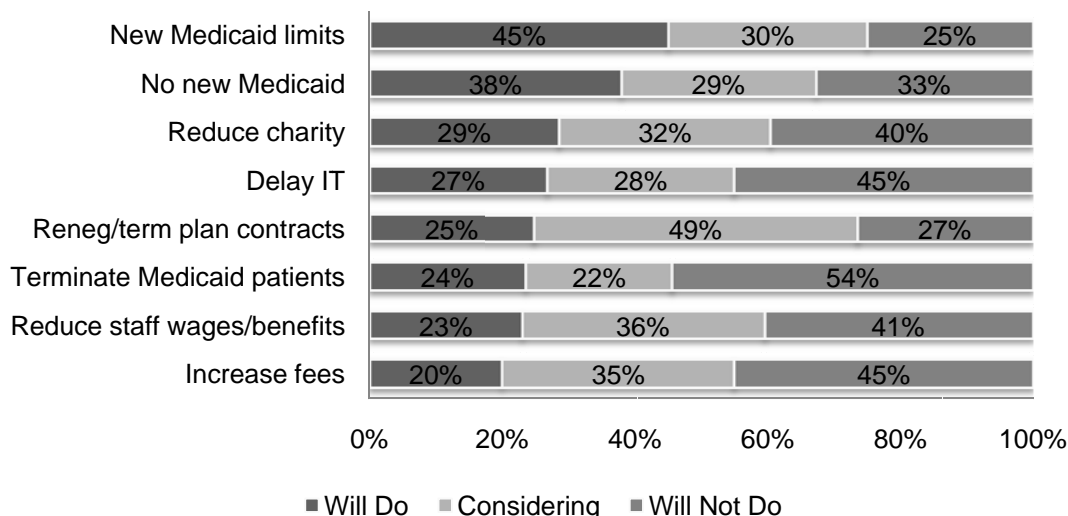
There are no differences by physician county and reported actions.

Medicaid Fees

Response to decreases in Medicaid fees (Q8)

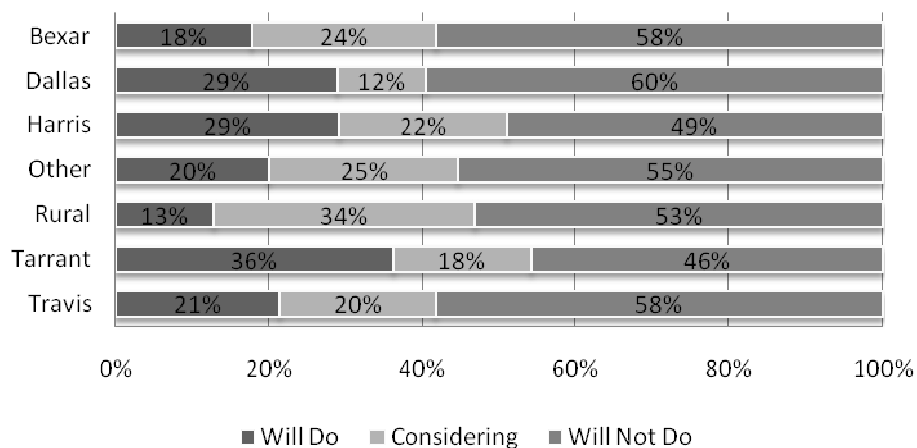
In response to potential cuts in Medicaid fees physicians will impose new or additional limits on existing Medicaid patients (45%), accept no new Medicaid patients (38%), reduce charity care (29%), delay information technology implementation (27%), renegotiate or terminate some health plan contracts (25%), terminate existing Medicaid patients (24%), reduce staff benefits and/or wages (23%), or increase standard fees to other patients (20%).

If the State cuts MEDICAID fee schedules by 1 to 2%, what actions will you take or consider?



Older physicians are more likely to report they will delay information technology in response to Medicaid fee cuts. By specialty, physicians in primary care are more likely than others to report they will accept no new Medicaid patients (44%). Physicians in surgical specialties are more likely than others to report they will terminate existing patients (27%). Physicians in other specialties are more likely than others to report they will reduce charity care (36%) and delay information technology implementation (34%). Physicians in rural counties are less likely than physicians in other counties to report they will terminate existing Medicaid patients (13%); however, they are more likely to report they are considering this action (34%).

Terminate Existing Medicaid Patients



Demographics

Gender

This year was the first year medical students, residents, and interns were included in the survey population. The higher proportions of female physicians reported in the survey reflect the changing proportion of women physicians in the physician population.

	<u>1990</u> %	<u>2000</u> %	<u>2002</u> %	<u>2004</u> %	<u>2006</u> %	<u>2008</u> %	<u>2010</u> %	<u>Population</u> %
Gender								
Male	89	84	83	84	78	78	75	70
Female	11	16	17	16	22	22	25	30

Age

As has been true in prior surveys, the majority of survey takers are 51 years and older.

	<u>2010</u> %	<u>Population</u> %
Age		
40 and under	19	33
41-50	26	27
51-60	34	23
61+	20	18

Specialty

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

	<u>1990</u> %	<u>2000</u> %	<u>2002</u> %	<u>2004</u> %	<u>2006</u> %	<u>2008</u> %	<u>2010</u> %
Specialty							
General/Family	15	16	20	18	16	16	14
Internal Medicine	17	11	11	8	9	9	10
Pediatrics	9	8	6	9	9	8	8
Anesthesiology	5	7	3	4	6	6	5
Emergency Medicine	N/A	N/A	N/A	N/A	4	4	3
General Surgery	N/A	N/A	N/A	N/A	3	3	5
Neurology	N/A	N/A	N/A	N/A	3	2	3
OB/Gynecology	7	5	9	8	8	7	7
Ophthalmology	3	4	3	4	3	4	4
Orthopedic Surgery	N/A	N/A	N/A	N/A	3	4	5
Otolaryngology	N/A	N/A	N/A	N/A	2	2	3
Psychiatry	5	4	3	5	5	3	2
Pathology	N/A	N/A	N/A	N/A	2	2	2
Radiology	N/A	N/A	N/A	N/A	3	2	3
Other Surgical	10	11	8	8	5	8	5
Other Non-Surgical	20	30	27	27	19	20	21

TMA Membership

The number of non-member respondents is consistent with prior surveys.

	<u>1990</u> % %	<u>2000</u> %	<u>2002</u> %	<u>2004</u> %	<u>2006</u> %	<u>2008</u> %	<u>2010</u> %
TMA Membership							
Yes	87	96	90	93	88	88	90
No	13	4	10	3	12	12	10

Survey Methodology

Since 1990, the Texas Medical Association (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 to a lesser degree a longitudinal tracking, of physician opinions on key health care issues and their experiences to support of the association's policy development, political focus, and strategic planning process.

The 2010 Survey of Texas Physicians was conducted by TMA as a monthly email survey. The survey includes a mix of categorical response (i.e., closed-end) items, scalar response items, and a small number of "free form" (i.e., open-ended) items. Many of the questions are structured for multiple choice or nominal scale responses.

In March 2010, a random sample of approximately 30,197 Texas physicians, residents, students, and interns were emailed a personalized link to the first part of the survey along with an invitation outlining the purpose of the survey. Reminders requesting participation were sent approximately one week later. Preliminary analysis includes 976 responses.

Data was analyzed using SPSS statistical software. Open-ended responses were assigned categories for analysis. The margin of error for most un-segmented responses is 5% at the 95% confidence level. The margin of error is higher for questions that were only asked of a subset of the responding group or for smaller sub-segments used in cross-tabulations, depending on the segment size.

APPENDIX - Survey Instrument

TMA 2010 Physician Survey -- March

We need your help. Your ideas and experience provide Texas Medical Association with the guidance and evidence we need to help steer and support our policy and legislative agenda in Congress and the rapidly approaching 2011 Texas Legislature.

We have broken our information needs into small monthly surveys, each of which should take no more than 5 to 10 minutes to complete. You can expect to get one a month for the rest of the year.

We are offering special incentives to respondents who complete all monthly surveys. The first 500 respondents will receive copies of the book *Switch: How to Change Things When Change is Hard* by Dan and Chip Heath with four and a half hours of CME credit and a TMLT discount up to \$1,000. Plus, the \$50 CME processing fee will be waived. Even better, any Texas physician who completes every survey will be entered into a drawing for one of five Apple iPads or Dell tablet PCs.

As always, individual responses are confidential and only aggregate results will be reported.

1) In your opinion, what is the biggest challenge currently facing Texas physicians?

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

- ☐ Group practice owner, co-owner, or shareholder
- ☐ Group practice employee
- ☐ Partnership
- ☐ Solo
- ☐ Resident
- ☐ Teaching, administration, or research
- ☐ Student or Intern
- ☐ Other (please specify: _____)

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

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

Yes
No

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			
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 Medicare fee schedule updates, 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) If the state cuts MEDICAID fee schedules by 1 to 2%, what actions will you take or consider?

	Will Do	Considering	Will Not Do
Place new or additional limits on Medicaid acceptance			
Accept no new Medicaid patients			
Terminate existing Medicaid patients			
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			

9) 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 rest of the survey.)

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

Workers' compensation plans _____ %

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

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same

11) 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

12) 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: _____)

13) 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: _____)

14) Do you support or oppose the following measures to increase physician supply in rural areas?

	Support	Oppose	Don't Know
An education loan repayment program			
Temporary stipends for housing			
Subsidies for medical liability insurance			
Tax incentives			
License fee rebates			
Employment in a nonprofit health organization			
Direct employment by a hospital (as opposed to private contracting)			
Help with moving or start-up costs			

15) Texas law prohibits nonphysicians from employing physicians directly. Some hospitals argue they should be able to hire physicians directly. In some other states, hospitals and health plans may hire physicians. What should TMA policy be? (Check all that apply.)

Continue to oppose any further expansion of hospitals' ability to employ physicians.

- ☐ Continue to oppose any further expansion of hospitals' ability to employ physicians.

- ☐ Support legislation that would allow rural hospitals to hire physicians with specific protections for the independence of medical decision-making.
- ☐ Encourage legislative or regulatory measures to facilitate formation of non-profit health corporations (formerly 5.01a's) that can hire physicians.
- ☐ Seek legislative or regulatory standards that protect self-employed physicians in the community from unfair price competition by hospitals or other entities that employ physicians.
- ☐ Other (please specify: _____)

Thank you for your help! Your answers will help TMA better represent you at the Texas Legislature, U.S. Congress, and administrative agencies whose decisions affect your practice. Watch for the next group of questions next month.