Beneficiary and physician focus groups

Christine Aguiar and Joan Sokolovsky

September 11, 2014
Presentation overview

- Evolution of the focus groups
- Historical findings on access to care
- Emerging themes on access to care
- Primary care provider perspectives on access to care and organization of care
- Beneficiary and near-beneficiary approaches to plan choice
Evolution of the focus groups

- Annual focus groups have three parts:
  - Beneficiary focus groups
  - Physician focus groups
  - Site visits
- Evolved from a 2006 project on implementation of Part D
- Commission found that the beneficiary focus groups:
  - Informed which aspects of survey results were unreliable
  - Added depth of understanding to beneficiaries’ decision process
  - Revealed emerging trends among beneficiaries and providers
Evolution of the focus groups

- Physician focus groups were added to capture emerging issues, such as concierge medicine

- Site visits were added to give context of local market dynamics and to capture additional perspectives on issues raised during the focus groups
Historical findings on beneficiary access

- In general, beneficiaries:
  - Have a regular source of primary care
  - Do not report difficulty accessing prescription drugs
  - Have difficulty accessing certain specialists
Emerging themes on access to care

- New findings from this round of focus groups:
  - **Urgent care centers**: More beneficiaries than previous years reported using urgent care centers as substitutes for primary care
  - **Nurse practitioners**: Beneficiaries said nurse practitioners improve their access to timely primary care. Beneficiaries generally had positive opinions of nurse practitioners
  - **Medicare Advantage networks**: A few beneficiaries had to find new providers due to Medicare Advantage network changes
Primary care provider perspectives on beneficiaries’ access to care

- Majority of providers (physicians and nurse practitioners) in the focus groups accept Medicare
- Providers reported difficulty securing referrals to dermatologists and psychiatrists
- Providers said they are increasingly – and sometimes reluctantly – treating beneficiaries’ behavioral health conditions in primary care settings
Organization of care: medical homes

- Primary care physicians had mixed reactions to medical homes
- Most said that the cost of being certified and sustaining the model precludes solo or small group practices from participating
- Beneficiaries in our focus groups were unfamiliar with the term “medical home”
Organization of care: hospital employment of physicians

**Pros of employment**
- Eliminates financial stress of running a practice
- Availability of additional staff support and ancillary services
- Security of receiving a salary
- Not being responsible for all hospital rounds
- Knowing patients will be seen, even if by another practitioner
- Support from colleagues when deciding how to treat a patient

**Cons of employment**
- Loss of independence and autonomy
- Pressure to refer within the health system
- Pressure to meet financial and quality targets
- Risk the health system will fire the physician
- Cannot implement changes or new ideas rapidly
- Loss of control over salaries of office staff
Approaches to plan choice: understanding Medicare

- Beneficiaries and generally view Medicare as complex

- In particular, there was confusion regarding:
  - Differences between a supplemental plan and a Medicare Advantage plan
  - Part B and Part D late enrollment penalties
Approaches to plan choice: sources of information

- Health plans were beneficiaries’ most common source of information on Medicare

- Most beneficiaries do not rely on the Medicare website or handbook, but near-beneficiaries said they were likely to use these resources

- Beneficiaries and near-beneficiaries said the website and handbook should be simplified and summarized
### Approaches to plan choice: decision factors

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Near-beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Out-of-pocket costs</td>
<td>• Out-of-pocket costs</td>
</tr>
<tr>
<td>• Access to current physicians</td>
<td>• Access to current physicians</td>
</tr>
<tr>
<td>• Provider network</td>
<td>• Provider network</td>
</tr>
<tr>
<td>• Covered benefits</td>
<td>• Covered benefits</td>
</tr>
<tr>
<td>• Travel</td>
<td></td>
</tr>
<tr>
<td>• Simplicity</td>
<td></td>
</tr>
</tbody>
</table>
Questions?