



*Advising the Congress on Medicare issues*

# Beneficiary and physician focus groups

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# Presentation overview

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- 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

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- 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

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- 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

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- 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

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- **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

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- 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

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- 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

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## 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

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- 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

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- 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

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## Beneficiaries

- Out-of-pocket costs
- Access to current physicians
- Provider network
- Covered benefits
- Travel
- Simplicity

## Near-beneficiaries

- Out-of-pocket costs
- Access to current physicians
- Provider network
- Covered benefits

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Questions?