

# Findings from MedPAC's annual beneficiary and clinician focus groups

Ledia Tabor  
March 3, 2022

# Why we do focus groups

---

- Supplement our claims and survey analysis by providing information on how beneficiaries and clinicians are using the program
- Identify emerging trends in access to care and organization of care that are not yet detectable through claims data
- Allow us to gain real-time knowledge of Medicare beneficiary and clinician experiences and perspectives

# Focus group discussion topics

---

## Topics covered every year

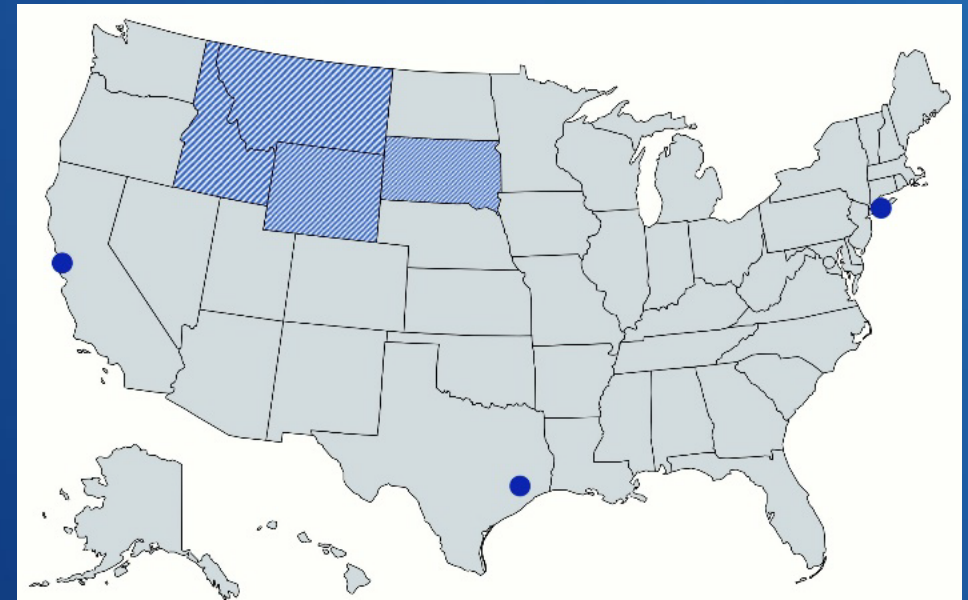
- Medicare coverage options
- Access to care
- Changing organization of care
- Prescription drugs

## Examples of additional topics that change over time

- Telehealth
- Delaying care due to the coronavirus pandemic

# Conducted 21 virtual focus groups in 2021

- Participants resided around San Francisco, Houston, New York City, and selected rural areas
- Groups of participants:
  - Medicare beneficiaries (age 65 or older)
  - Dual eligible beneficiaries
  - Clinicians (primary care physicians, specialists, NP/PAs)



Note: NP (nurse practitioner), PA (physician assistant).

# Signing up for Medicare

---

- Almost all beneficiaries knew they needed to sign up for Medicare at age 65
  - Received information in the mail, on television, from employer, family and friends
- Most beneficiaries signed up for Medicare at age 65, except for those who were previously eligible due to disability or had comparable coverage
  - Received help from brokers, family members, employers, online tools, 1-800-Medicare, Social Security offices

# Understanding Medicare and plan choices

---

- Beneficiaries generally understood that original Medicare and Medicare Advantage (MA) were different; however:
  - Some expressed confusion about the differences
  - Some were confused about the different parts of Medicare (i.e., difference between Part D and supplemental coverage)

# Choosing between original Medicare and MA

---

- Beneficiaries considered cost, amount of coverage, health status, and choice of doctors
  - Beneficiaries who selected MA cited cost, provider acceptance of the insurance, and inclusiveness
    - Access to providers and supplemental benefits were biggest consideration when selecting a plan
  - Beneficiaries who preferred original Medicare cited more flexibility, familiarity, and supplemental coverage fit their needs

# Satisfaction with coverage

---

- Most beneficiaries 65 years or older were satisfied with their overall insurance coverage
  - Dual-eligible beneficiaries slightly less likely to be satisfied
- Majority of beneficiaries 65 years or older were satisfied with their prescription drug coverage



# Clinicians' acceptance of patients and insurance

---

- Most clinicians were accepting new patients, including patients with Medicare
- Several clinicians reported preferences in their practice for MA over original Medicare, which varied by location
  - Reimbursement
  - Ability to coordinate care

# Primary care access

---

- Nearly all beneficiaries reported a usual source of primary care
  - Most reported a physician as their primary care provider (PCP)
- Most beneficiaries generally reported having timely access to primary care
- Many beneficiaries reported using urgent care or the emergency department, some because it was not feasible to see PCP and some because of convenience

# Finding a new provider

---

- Beneficiaries used different ways to identify a new clinician
  - Looked online, called new practices, asked for referrals, reviewed provider directories
- Beneficiary experiences varied when obtaining a new PCP
  - Some reported no challenges with the process
  - Several reported that some clinicians were not accepting new patients or not accepting Medicare
- Beneficiaries' access to specialty care varied, with wait times to see a new specialist ranging from a few days to months

# Role of NPs and PAs

---

- About half of physicians—both primary care and specialty—reported working with NPs and slightly fewer worked with PAs
- Most physicians said the NPs or PAs they work with function fairly independently and in a variety of roles

Note: NP (nurse practitioner), PA (physician assistant).

# Practice acquisition

---

- Several clinicians reported that they had been approached to buy their practices
- Hospital systems and private equity firms were among the organizations that wanted to acquire practices
- The majority of these physicians cited autonomy as the reason for denying an offer of acquisition

# Accountable care organizations (ACOs)

---

- Over half of physicians we asked were aware of ACOs, with some indicating that they were currently participating in an ACO or had participated previously
- This year no beneficiaries were familiar with the term

# Payment and reporting quality data

---

- A small number of clinicians knew with confidence that they were participating in the Merit-based Incentive Payment System (MIPS)
- The few clinicians who had a deeper understanding of their participation in MIPS described challenges
  - Difficulty and expense of setting up reporting in the EHR
  - “Broken promises” regarding the potential financial upside

# Prescription drug costs

---

- Few beneficiaries reported having conversations with their clinician about the cost of prescription drugs
- Most beneficiaries knew what their prescriptions would cost before going to the pharmacy and reported that their drugs were affordable
  - A minority of beneficiaries reported facing high out-of-pocket drug costs and how those high costs affected them
- Clinicians and beneficiaries report knowledge and use of GoodRx



# Clinicians' access to prescription drug information

---

- Clinicians reported unreliable access to comprehensive electronic medication lists for their patients
- Access to cost information and formularies at the point of prescribing is limited for clinicians

# Discussion

---

- Questions on the focus group findings
- Suggestions for us to consider for future focus groups