Findings from MedPAC’s annual beneficiary and clinician focus groups

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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
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).
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