

Findings from MedPAC's annual beneficiary and provider focus groups

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Presentation roadmap

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Why we do focus groups

- To understand the experiences and perspectives of Medicare beneficiaries and providers
- To allow opportunities to ask questions with answers that cannot easily be put into numbers (“how” and “why”)
- To provide narratives and real-life examples that are useful as we discuss issues affecting the Medicare program

Due to the nature of focus-group research, our sample size was limited, and findings cannot be generalized

Conducted 24 focus groups in May and June of 2024

- 21 in-person groups in Philadelphia, Phoenix, and Dallas
- Groups of participants:
 - Medicare beneficiaries (ages 65 years or older)
 - Enrolled in either FFS Medicare or MA
 - Beneficiaries dually eligible for Medicare and Medicaid
 - Enrolled in either FFS Medicare or MA
 - Clinicians (primary care physicians, specialists, NPs/PAs)
- Three virtual groups with beneficiaries residing in rural areas throughout the country

Note: FFS (fee-for-service), MA (Medicare Advantage), NP (nurse practitioner), PA (physician assistant).

Focus-group discussion topics

Topics in beneficiary groups:

- Choosing coverage
- Access to primary care and specialty care
- Telehealth
- Prescription drugs

Topics in clinician groups:

- Acceptance of new patients and insurance
- Role of NPs and PAs
- Telehealth
- Changing organization of medical care
- Working with MA plans
- Quality reporting
- Accountable care organizations
- Prescription drugs

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



Choosing coverage

Confusion about Medicare coverage options

- Beneficiaries viewed enrolling in Medicare as an important life event
- Described feeling confused or overwhelmed at multiple points in the process
 - Deciding between FFS and MA
 - Choosing supplemental coverage (if in FFS) or choosing among MA plans

- Some clinicians reported patient confusion about the differences between Medicare plan options
- One PCP said, *"It's too many products, too many specific products and too many general products, and it's constantly changing. The rules are changing constantly. It's almost like it's designed to confuse people."*

Note: FFS (fee-for-service), MA (Medicare Advantage), PCP (primary care provider).
Source: Findings from MedPAC focus groups, 2024.

Beneficiaries used multiple sources to learn about coverage choices



Brokers

Many beneficiaries reported working with brokers to select their plan



Plan representatives

Some worked with plan representatives after being contacted by them



SHIP counselors

Few participants were familiar with the "SHIP" acronym; one participant did use the service



CMS resources

Opinions varied on the utility of the *Medicare & You* handbook and the Medicare.gov plan finder



Friends and family

Many beneficiaries relied on discussions with friends and family to make their coverage choices

Note: SHIP (State Health Insurance Assistance Program).
Source: Findings from MedPAC focus groups, 2024.

Common priorities for Medicare coverage

- Beneficiaries prioritized being able to continue to see the clinicians they already had relationships with
- Beneficiaries considered prescription drug costs and formularies when choosing coverage

“So, I think when it comes to making that decision, you really do have to analyze what’s important. I’ve had this same doctor for the 17 years I’ve been in [city]. I have no reason to leave her. So, for me, it’s worth whatever the copay is for her and my prescriptions because I have so few.”

Source: Findings from MedPAC focus groups, 2024.

Reported reasons for choosing coverage

FFS Medicare

- Assurance of access to a broad network, including specific clinicians
- Perception that MA networks would be “narrow”
- No risk that networks would change unexpectedly

Medicare Advantage

- Lower premiums compared with FFS + Medigap
- Lower prescription drug and other out-of-pocket costs
- Perceived to be a simpler, “streamlined” option
- Access to non-Medicare covered services

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

MA enrollees valued access to supplemental benefits

- For some, supplemental benefits were nice features but did not factor into their plan choice
- For others—including many beneficiaries who were dually eligible for Medicare and Medicaid—dental and vision coverage influenced their decision
- Over-the-counter cards were used in myriad ways, including paying utility bills and buying groceries

“I just started getting [the supplemental benefits] last year. It was an added benefit, and it is a nice feature, but it wouldn’t be the decision-maker for me.”

“I used a broker also. . . . I found that she asked me what doctors I use, what prescriptions I use, and she came up with [plan name] because all of my doctors accepted [plan name], including my dentist.”

Note: MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

Satisfaction with coverage

- Overall, both FFS and MA beneficiaries were satisfied with their coverage
- Most participants rated their coverage “excellent” or “good”

“When I went [on] Medicare, I thought my corporate insurance was far . . . superior. But then when you start breaking it down . . . I said, OK, this might be kind of cool.”

“My coverage is good. Most of my doctors are in network. . . . I love that. . . . My prescription coverage is great.”

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

Some beneficiaries reported having switched coverage

- Reasons for switching from FFS to MA included lower premiums
- Reasons for switching from one MA plan to another included ensuring that specific providers remained in-network and lowering prescription drug costs
- Some MA enrollees were aware that they could have difficulties obtaining Medigap coverage if they wanted to switch back to FFS

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.



Access to care

Beneficiaries' perspectives on access to care

- Nearly all beneficiaries reported having a regular source of primary care
 - Beneficiaries reported a mix of physicians, NPs, and PAs as their PCP
 - Most beneficiaries responded that they could access primary care when they needed it
- In general, beneficiaries reported longer wait times for specialty care than for primary care
 - Several beneficiaries faced long wait times for specialty care, even when dealing with an acute medical issue
 - Many beneficiaries reported that wait times as a new patient tended to be much longer than as an established patient

Note: NP (nurse practitioner), PA (physician assistant), PCP (primary care physician).
Source: Findings from MedPAC focus groups, 2024.

In general, clinicians reported shorter wait times for established patients than for new patients

- Clinicians also prioritized new patients who were:
 - Experiencing acute health problems
 - Coming from the ED
 - Newly discharged from the hospital
 - Referred by another clinician
- Several clinicians reported that patients could schedule sooner if they were willing to see an NP or PA in the practice instead of a physician

Note: ED (emergency department), NP (nurse practitioner), PA (physician assistant).
Source: Findings from MedPAC focus groups, 2024.

Beneficiaries residing in rural areas reported traveling long distances to major medical facilities

- Comfortable with accessing care close to home for minor health care needs
- Would want to travel further in the event of a serious or life-threatening situation
- Largely seemed to accept that residing in a rural area meant forgoing easy access to a wide range of health services

"If it's something urgent, they will work very hard to get you in that day."

"The decision to live remotely came with that risk [of needing to travel for health care] and it's something I'm willing to take."

Source: Findings from MedPAC focus groups, 2024.



Experiences with MA

General enrollee experiences with MA

- Overall, MA enrollees reported being satisfied with their coverage
 - Frequently mentioned supplemental benefits when describing satisfaction
- The few participants who had switched plans did so to access preferred doctors or to lower prescription drug costs

“The way I landed on [Advantage plan name] was, A, there was no extra cost involved. And B is that all of my doctors, all the prescriptions that I take are within the coverage, and it was just a good fit for me and my wife.”

Note: MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

General clinician experiences with MA

- Clinicians have noticed an increased share of MA enrollees among their patients
- Several clinicians noted that they treat all patients the same, regardless of insurance
- Most participants were not involved in MA contracting decisions but perceived that those decisions were driven largely by finances

“Our office treats all Medicares the same.”

“That’s a decision made at the top level of our system.”

“It’s the insurances that decide who belongs and who doesn’t.”

Note: MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

MA provider networks

- Beneficiaries reported that their plans' provider directories were frequently out of date
- Some beneficiaries reported having care disrupted when their specialists left their plan's network
- However, several beneficiaries said that their plan networks were robust enough that they have never had a problem staying in network

Source: Findings from MedPAC focus groups, 2024.

MA prior authorization for procedures, medications, and referrals

MA enrollees' experiences

- Some reported that prior authorization processes resulted in delays or gaps in care
- Some reported prior authorizations resulting in denial of care

Clinicians' experiences

- Many found prior authorization processes to be burdensome
- Some described the need to have dedicated administrative staff to manage paperwork associated with prior authorization

Note: MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

MA care management and coordination

- Most clinicians mentioned receiving communications from MA plans, but feelings were mixed about their utility
 - Some felt the guidance was generic
 - Others appreciated when plans flagged enrollees at high risk of hospitalization or when plans coordinated care across providers
 - Many appreciated notifications about medication adherence
- Several clinicians reported some patients received home visits from MA plans but did not perceive these to be integrated into the care they were providing

Note: MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2024.

Additional clinician observations about working with MA

- Perception among some clinicians that MA plans prioritize coding to generate higher reimbursement
- A few clinicians expressed frustration that MA plans sometimes designate them as a patient's PCP even if they have never seen that patient, in some cases affecting their quality scores
- A few participants were employed by provider organizations that terminated a contract with at least one MA plan
 - They were not involved directly in the decision
 - They reported that contract terminations were difficult for beneficiaries

Note: MA (Medicare Advantage), PCP (primary care provider).
Source: Findings from MedPAC focus groups, 2024.



Telehealth

Beneficiaries' experiences with telehealth

- Common reason for choosing telehealth was the ability to get an appointment faster
- Beneficiaries reported that telehealth was more conducive to some circumstances than others
- Some beneficiaries always preferred in-person care over telehealth

"I called to see to go into the office, but she couldn't see me that day. And she said, how about if we do a telemedicine call? And actually I was happier because I didn't have to go there. I didn't feel that well."

"I guess I'm more tactile and just, I enjoy going to whoever the provider . . . [is]."

Source: Findings from MedPAC focus groups, 2024.

Clinicians' experiences with telehealth

- Reported that patient choice determines whether a visit is telehealth
- Believed that they have reached a steady state regarding the proportion of visits that are telehealth
- Acknowledged the value of telehealth to facilitate access; also noted that telehealth may not be feasible for patients with complicated health problems

“Usually, the individuals that are maybe like in their teens or early 20s, they’ll maybe push for a telehealth versus someone who’s maybe 45, 50, 55, they’re more traditional, they want to come in and see a physician.”

Source: Findings from MedPAC focus groups, 2024.



Organization of care

Referrals

- Clinicians who were affiliated with health systems reported that they most frequently refer within their own systems, but most noted that there was no explicit requirement to do so
- Clinicians described facing significant challenges when referring their patients to specialty care
 - Most depended on specialists in their personal network or health system but, despite this, reported that their patients were not getting appointments in “reasonable” time frames

Source: Findings from MedPAC focus groups, 2024.

Role of NPs and PAs

- NPs and PAs worked in a variety of roles within clinical practices
- Physicians provided various degrees of training for NPs and PAs, with a more extensive process for those who joined the practice right after graduation
- NPs and PAs reported that they had positive experiences and felt like valued members of their practice

Note: NP (nurse practitioner), PA (physician assistant).
Source: Findings from MedPAC focus groups, 2024.

Practice acquisition

- Many physicians reported that their practice had been approached regarding acquisition by a health system or private-equity firm
- Physicians in physician-owned practices expressed negative feelings about the prospect of being acquired
 - Believed that private-equity firms are driven by profits and not patient care
 - Noted potential for reduced decision-making power at larger organizations

Source: Findings from MedPAC focus groups, 2024.

Clinicians' direct experiences with ACOs were limited

- Almost all clinicians reported that they were familiar with ACOs, but less than half were participating
- Participating clinicians noted that ACOs have changed the way they work through additional monitoring and rules, but saw few benefits for their patients and saw minimal financial rewards

"We were a private practice, but we had a very good relationship with the [ACO] doctors. Or some of the doctors would refer to us and they would when we decided to join the [ACO], it was sort of like everyone was going to do this."

"I get paid less and less by working more and more, and [ACOs are] just less efficient."

Note: ACO (accountable care organization).
Source: Findings from MedPAC focus groups, 2024.

Clinicians felt that quality measures did little to improve care and led to unnecessary work

“We find that a lot of these metrics don’t really adequately adjust for the complexity of the medical situation . . . those metrics for us are tied into a reimbursement, so we follow them. But it’s very complex data to analyze and very hard to adjust to get for some of the complexities that some of these patients come with.”

Source: Findings from MedPAC focus groups, 2024.



Prescription drugs

Beneficiary experiences

- Most participants rated their prescription drug coverage as good or excellent
 - Dual-eligible beneficiaries rated their coverage highly
- Beneficiaries generally reported being able to access prescriptions when needed, but some had experienced high out-of-pocket costs, delays, or shortages
 - When necessary, beneficiaries reported accessing the prescription at another pharmacy, having their provider write a different prescription, using discount programs, and/or paying out of pocket

Source: Findings from MedPAC focus groups, 2024.

Clinician experiences

- Most clinicians reported discussing the cost of prescriptions with their patients
- Clinicians or staff in their practices spent a large amount of time on prior authorizations for prescriptions
 - A majority of clinicians reported that they were using electronic prior authorizations for prescriptions
- Some clinicians have access to formularies but reported that the information is often incomplete or inaccurate

Source: Findings from MedPAC focus groups, 2024.

Discussion

- Questions
- Reactions to findings
- Suggestions for future focus group topics



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