



*Advising the Congress on Medicare issues*

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

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October 10, 2024

# Presentation roadmap

- ① Background
- ② Choosing coverage
- ③ Access to care
- ④ Experiences with Medicare Advantage
- ⑤ Telehealth
- ⑥ Organization of care
- ⑦ Prescription drugs
- ⑧ Discussion

# Why we do focus groups

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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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