MEDPAC

Advising the Congress on Medicare issues



Findings from MedPAC's focus groups with Medicare beneficiaries and physicians, nurse practitioners, and pharmacists

Ledia Tabor, Katelyn Smalley, Tara O'Neill Hayes

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Presentation roadmap

1. Why we do focus groups and methods
2. Findings from beneficiary, physician, and nurse practitioner groups
3. Findings related to pharmacists and prescription drugs
4. Discussion

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 25 focus groups from May–July 2026

- In-person groups in Florida, New Jersey, and Washington
  - Medicare beneficiaries (age 65+) not eligible for Medicaid, grouped by enrollment in FFS Medicare and MA
  - Medicare beneficiaries with Medicaid
  - Physicians, including a mix of primary care and specialists
  - NPs practicing in primary care and specialty settings
- Virtual focus groups
  - Beneficiaries residing in rural areas
  - Pharmacists who work in outpatient settings (e.g., chain, independent, specialty) across the country

Note: FFS (fee-for-service), NP (nurse practitioner). Groups had an average of 8 participants. For all groups, we recruited across various demographics and characteristics to hear a range of perspectives.

Focus group discussion topics



Beneficiaries

- Understanding Medicare
- Choosing coverage
- Satisfaction with coverage
- Access to primary and specialty care
- Prescription drugs



Physicians and NPs

- Wait times and referrals
- Acceptance of patients and insurance
- Working with other clinicians
- Artificial intelligence
- Accountable care organizations
- Quality reporting
- Prescription drugs



Pharmacists

- How pharmacists spend time across priorities
- Insurance networks, coverage, and costs to patients
- Impact of reimbursement and product shortages
- Pharmacy closures in the community
- Pharmacist job market and well-being

Note: NP (nurse practitioner).

Findings from beneficiaries, and physician, and nurse practitioner focus groups

Medicare beneficiaries used a range of sources when choosing their coverage

- Beneficiaries variously described being "bombarded," "overwhelmed," and "frustrated" by coverage information
  - Participants felt informed about enrollment deadlines
- FFS beneficiaries generally prioritized avoiding referrals and provider restrictions
- MA beneficiaries generally prioritized lower premiums and co-pays

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2026.

Overall, both FFS and MA beneficiaries were satisfied with their coverage

- Most participants rated their coverage "excellent" or "good"
- Dually eligible beneficiaries varied more on their ratings for coverage

"I put excellent … because it covers what I need at this present time in my life. I know that it's not perfect, but… if I need to get a procedure done, they do give an authorization. It's easy to find doctors that accept the plan."

- MA enrollee 1

"Fair, I put, because it's hard to find specialists that will even take it [MA plan]. And then… they were saying we had to get special permission to go out of the 50-mile range or whatever to find a doctor."

- Dually eligible beneficiary 1

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2026.

Findings from rural beneficiaries

- Nearly all rural beneficiaries reported having local access to primary care
  - Some rural beneficiaries reported challenges finding a new PCP
- Rural beneficiaries described seeking specialty care in the nearest major metropolitan area
- Some rural beneficiaries described specialists making periodic visits to their local hospital

"I don't want to change my provider, so I don't mind driving."

- Rural beneficiary 1

"I'm going to the closest place [for specialty care]. It's still 40, 45 minutes."

- Rural beneficiary 2

"[The specialists I see in the city 1.5 hours away] seem to be far and above anybody that's local here."

- Rural beneficiary 3

Note: PCP (primary care provider).
Source: Findings from MedPAC focus groups, 2026.

Clinician perceptions on participating in Medicare

- Most clinician participants were accepting new Medicare patients, and the majority were accepting both MA and FFS
  - Most participants reported not being involved in decisions about insurance
- Clinicians identified similar advantages and disadvantages as beneficiaries with respect to choosing MA and FFS
- Clinicians described FFS as more administratively simple than MA
- Perceptions of FFS payment rates compared to MA were mixed

Note: FFS (fee-for-service), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2026.

Prior authorization and coverage were frequently raised drawbacks to MA

- Many clinicians noted challenges with prior authorizations and payment denials in MA
- While many clinicians stated that insurance status did not affect their treatment approach, others described the implications for practice

"There's always issues in terms of MA with coverage, getting [patients] either seen by specialists if they need to or medications that they need. It just feels like you're jumping through more, more hoops with the MA plans."

- PCP 1

"[Insurance] is one of the first things I look at when I open the chart. Just to remind myself like, what am I going to be able to get covered?"

- Nurse practitioner 1

Note: MA (Medicare Advantage), PCP (primary care physician).
Source: Findings from MedPAC focus groups, 2026.

Beneficiaries and clinicians both discussed challenges with MA provider networks

- A few beneficiaries, especially duals, had care disrupted when their specialists stopped accepting their insurance
- Clinicians cited provider network changes as challenging for patients
- Beneficiaries reported that their plans' provider directories often seemed out of date

"At one point, I had all my doctors at [the same hospital] … and then they called me one by one. We don't take your insurance. They all dropped me, every one of them. I have not … found new doctors as of yet."

- Dually eligible beneficiary 2

"Some MA plans are taking care of [patients] and then they would drop in the middle. So, patients are left without any coverage."

- PCP 2

"The insurance [company is] saying that these doctors take your insurance, no. Maybe 50% is correct of their list."

- Dually eligible beneficiary 3

Note: MA (Medicare Advantage), PCP (primary care physician)
Source: Findings from MedPAC focus groups, 2026.

Clinicians had mixed feelings about quality reporting

- While clinician participants generally felt that accountability is important and quality measurement is an essential piece of that, some described quality reporting as "ticking boxes"
  - One physician characterized quality incentives as "payment for paperwork, not pay for quality"
- Some physicians were frustrated to be held responsible for quality measures that did not align with their specialty
- Many clinicians described receiving regular quality reports from their practice, health system, or insurers, while others reported not receiving feedback on their performance

Source: Findings from MedPAC focus groups, 2026.

Accountable care organizations

- About 1/4 of physician participants reported participating in ACOs
- Knowledge of ACOs among clinicians was mixed
  - Some knew that their practice was part of an ACO, but not what that meant
  - Others were involved in decisions to form or join an ACO
- Participants perceived ACOs to support increased care coordination and enhanced quality reporting, and as offering financial incentives that enabled, e.g., the hiring of additional staff dedicated to care management
- Many physicians participating in ACOs had experienced financial gains, while some had experienced losses

Note: ACO (accountable care organization).
Source: Findings from MedPAC focus groups, 2026.

Role of advanced practice providers (NPs/PAs)

- The majority of physician participants reported working with NPs; fewer worked with PAs
- Many physicians described NP/PAs as improving efficiency, increasing capacity, and reducing physician workload, and stressed the importance of adequate training and experience
- NPs described generally high levels of clinical autonomy, with some working largely independently with as-needed consultation with physicians, and others reporting highly integrated, team-based care

Note: NP (nurse practitioner), PA (physician assistant).
Source: Findings from MedPAC focus groups, 2026.

My nurse practitioner has a whole panel of patients, and some of them I haven't personally seen in years. I have my patients. She's just working hand in hand with me.

– Family medicine physician

Clinicians reported using AI in a variety of ways

Scribing	Clinicians generally appreciated help dictating clinical notes; some concerns about accuracy
Messaging patients and MA plans	Some clinicians described having AI assist with scheduling or drafting messages
Synthesizing literature	Several physicians described using AI to stay up to date on literature, but cautioned against students or new clinicians doing so
Clinical education	Some clinicians were optimistic about the use of AI in clinical education; others were skeptical
Assisting in procedures	One clinician mentioned AI assistance in surgical procedures and diagnostics

Note: AI (artificial intelligence), MA (Medicare Advantage).
Source: Findings from MedPAC focus groups, 2026.

Findings related to pharmacists and prescription drugs

Pharmacists are an important part of beneficiaries' experience with the health care system

- More than half of the 337,000 pharmacists nationwide work in an outpatient community pharmacy
  - Pharmacist workforce is growing steadily, although growth is primarily in hospital and inpatient settings
- Pharmacists inform patients of their insurance coverage, OOP costs, and medication availability, among other things
- For the first time, MedPAC conducted focus groups with pharmacists
  - From various retail pharmacy types across geographic areas
  - Most had 20+ years' experience

Note: OOP (out-of-pocket). Given that at least half of pharmacists in the United States work in outpatient settings rather than inpatient settings (e.g., hospitals, long-term care facilities) and the goal of speaking to pharmacists who interact with Medicare beneficiaries, Medicare drug plans, and other providers who serve the Medicare population, the team set out to recruit pharmacists who work in outpatient settings such as chain, independent, specialty, or mass merchandiser pharmacies.

Source: US Census Bureau, 2023; Final Report of The 2024 National Pharmacist Workforce Survey. Pharmacy Workforce Center, https://www.aacp.org/article/national-pharmacist-workforce-studies.

The pharmacy landscape and the role of the pharmacist are evolving

- Numerous policy changes in recent years affect pharmacies and the prescription drug market
- Recent reports suggest pharmacies are facing myriad challenges:
  - Pharmacies are facing insurance-related challenges and financial pressures
  - Pharmacists are balancing their typical workload with more revenue-generating tasks

Sources: Steinzor P, Grossi G. 2025, February 25. How insurance claim denials harm patients' health, finances. https://www.ajmc.com/view/how-insurance-claim-denials-harm-patients-health-finances; Mildenberger J. 2026, June 8. The hidden reimbursement crisis in Medicare's Drug Price Negotiation Program. Pharmacy Times. https://www.pharmacytimes.com/view/the-hidden-reimbursement-crisis-in-medicare-s-drug-price-negotiation-program; Zavaleta-Monestel E, Söderlund LÅ, Guiu-Segura JM, Mora-Jiménez J, Arguedas-Chacón S. 2026, January 23. Pharmacist burnout: from coping to system accountability in the medication-use process. *Frontiers in Public Health* 13:1749332. doi:10.3389/fpubh.2025.1749332

Medicare payments and pharmacist services

- Payments for pharmacist services are made directly to pharmacies
- In Part D, pharmacy claims for prescription fills or certain services (such as MTM) are billed to plans
- In Part B, pharmacies may directly bill Medicare in limited situations
  - Certain immunizations (and their administration); certain other drugs and supplies, such as drugs used in inhalers or insulin pumps
  - Some pharmacies may bill as CLIA-waived labs for covered diagnostic testing, such as flu, COVID-19, or strep tests
  - Pharmacist-provided services may be billed "incident to" an eligible Medicare provider

Note: MTM (medication therapy management) services are not submitted as claims in the Prescription Drug Event data; Part D plans and the pharmacies with which they contract establish their own compensation models and payment rates for such services, which may be paid as a fee or built into the contract's direct and indirect remuneration structure.

Beneficiary satisfaction with prescription drug coverage and access remains high

- Most beneficiaries rated their coverage "excellent" or "good"
- Most reported being able to access their drugs through local or mail-order pharmacies
- The few reported concerns were increased costs and changes in coverage

"I love it. I know pharmacists by first name. When I come and pick up prescriptions, they tell me about interactions and make sure that I'm doing the right thing. Like take things 12 hours apart or some things four hours apart. I learn more from my pharmacist than I do from my doctor."

- Dually eligible beneficiary

Source: Findings from MedPAC focus groups, 2026.

Pharmacists spend their time on a wide variety of tasks

- Checking and filling prescriptions, managing medication stock, supervising technicians
- Interacting with patients: Explaining insurance coverage and OOP costs, counseling patients on medication use and safety
- Coordinating with prescribers and insurers regarding coverage or prescription changes

➢All reported caring for patients is the most rewarding part of the job

"I would say helping patients, for sure, is kind of why we all do what we do, right? And then anyone in a retail setting knows the challenges that come with that. So, you could go on and on about the daily problems we have, but at the end of the day, if we help people, that's what we can go home happy about."

- An independent pharmacist

Note: OOP (out-of-pocket).
Source: Findings from MedPAC focus groups, 2026.

In recent years, growing provision of services not directly related to dispensing

- Several pharmacists noted spending more time administering diagnostic tests and immunizations, partially because these are revenue-generating for the pharmacy
- Several said MTM services used to have a greater focus, but have waned in recent years
  - Conversely, one specialty pharmacist explained that MTM is an important revenue source
  - MTM viewed as one of the few opportunities to identify polypharmacy issues

"It seems like a lot of things are falling on pharmacists' heads lately. It's our responsibility to save the world from a pandemic. So, we have to give all the immunizations. We have to do MTMs…we have to be insurance agents."

- Independent pharmacist

"I think the most challenging aspect is how much we have to do in a day. There's not enough time, and you want to do everything well, but you can't."

- Mass merchandiser pharmacist

Note: MTM (medication therapy management).
Source: Findings from MedPAC focus groups, 2026.

Pharmacy closures affect pharmacists' workload, but beneficiaries still reported good access

- Many pharmacists reported closures in their area, while few reported new pharmacy openings
- Many pharmacists discussed how closures increase patient volume and workload
- Any conversations of openings related to specialty pharmacies
- Several beneficiaries reported having to switch pharmacies because of a closure in the past year
  - Rural beneficiaries did not report adverse effects of closures in 2026
  - When looking for alternatives, beneficiaries considered distance, store hours, delivery options, and availability of medications

Source: Findings from MedPAC focus groups, 2026.

Access concerns were largely limited to more expensive medications

- Several pharmacists reported minimizing on-hand inventory of high-cost medications by ordering them on an as-needed basis
- Most clinicians reported that access to certain prescription drugs was a major concern for their Medicare patients due to coverage restrictions and OOP costs
- Many beneficiaries reported attempting to fill a prescription that was out of stock, though most were able to get the prescription within a week or less

Note: OOP (out-of-pocket).
Source: Findings from MedPAC focus groups, 2026.

Many pharmacists reported reimbursement rates affecting revenues and stocking decisions

"For me, the most challenging part, especially being that I work in an independent pharmacy, is these insurance companies: a lot of them do underpay the pharmacies, and I have to make tough decisions. A lot of times, I have to say, 'Okay, I'm losing $100 on this prescription every month, and this prescription has 11 refills.' But then I have to look at their other profile, their other medications and say, 'Well, okay, I can make up for it with these other meds, so I at least break even,' because I don't really like to dismiss patients … but sometimes I've had to do that."

- Independent pharmacist

Source: Findings from MedPAC focus groups, 2026.

Formulary design and prior authorizations impact prescribing decisions and timeliness of care

- Clinicians understand the importance of prescribing based on patients' formularies/costs for treatment adherence
- Some pharmacists reported that prior authorization processes create bottlenecks that can delay patients' access to their prescriptions
- Common phrases describing prior authorization and formulary restrictions: "a struggle," "a pain," and "challenging"
- GLP-1s were often noted as having significant prior authorization burdens; clinicians and pharmacists alike were hopeful that the Bridge Program would make access easier

Note: GLP-1 (Glucagon-like peptide-1). The Medicare GLP-1 Bridge program is available nationwide. Eligible beneficiaries include those enrolled in standalone prescription drug plans or Medicare Advantage plans with drug coverage. Beneficiaries must meet specific clinical eligibility criteria, documented by their provider, and receive prior authorization.
For more information, visit: https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge/information-pharmacies

Source: Findings from MedPAC focus groups, 2026.

Pharmacists are largely responsible for informing patients of insurance participation and OOP costs

- Several pharmacists noted patients are often unaware of how much their OOP costs are going to be until they fill their prescription
- Pharmacists described needing to explain to patients whether they are in-network and a preferred pharmacy and what this entails for the patients' OOP expenses
- Pharmacy network churn can result in losing long-standing customers and increases administrative burden

Note: OOP (out-of-pocket).
Source: Findings from MedPAC focus groups, 2026.

Pharmacists and clinicians noted working with patients to find the lowest price

- Pharmacists and clinicians reported that many patients have medication access challenges due to OOP costs; becoming more common among Medicare beneficiaries
- Many pharmacists spend significant time checking prices across discount programs and tools, which can lead to lost revenue
- Many beneficiaries noted prescription costs were increasing, but for most the increase was minimal and did not affect affordability

Note: OOP (out-of-pocket).
Source: Findings from MedPAC focus groups, 2026.

Several clinicians reported new OOP cap has increased access to costly medications; many reported limitations

- In 2025, Part D's OOP cap fell to $2,000
- Clinicians and pharmacists noted improved access for some, e.g.:
  - Access to more expensive medications not previously feasible for some patients
  - Fewer patients skipping doses due to the cost-sharing cap
- Limitations remain for some, particularly patients with high costs
- Medicare Prescription Payment Plan:
  - Clinician and beneficiary awareness was limited
  - Pharmacists reported OOP costs were not clear

Note: OOP (out-of-pocket), NP (Nurse practitioner).
Source: Findings from MedPAC focus groups, 2026.

Cost conversations between patients and providers continue to be important

"Instead of the coverage gap that everybody has [gotten] to know and love, the out-of-pocket [cost] for …senior citizens is front-loaded where they have to meet their deductible first. And that was a real shocker to my suburban low-income people, where they were covered up to a certain point, and now they're having to be responsible on the front end for it. And then the coverage is much better on the other end if they can just get there…. And it's hard to… I've seen it take a large toll on them."

- Chain pharmacist

- Many pharmacists and clinicians shared that the $615 deductible created upfront affordability challenges for many patients
- In each group, participants discussed myriad ways beneficiaries sought to reduce their costs:
  - Lower-cost alternatives, a different pharmacy, discount cards, skipping or splitting doses, delaying treatment, using a credit card

Source: Findings from MedPAC focus groups, 2026.

Discussion

- Questions about material?
- Reactions to findings?
- Suggestions for future focus group topics?



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