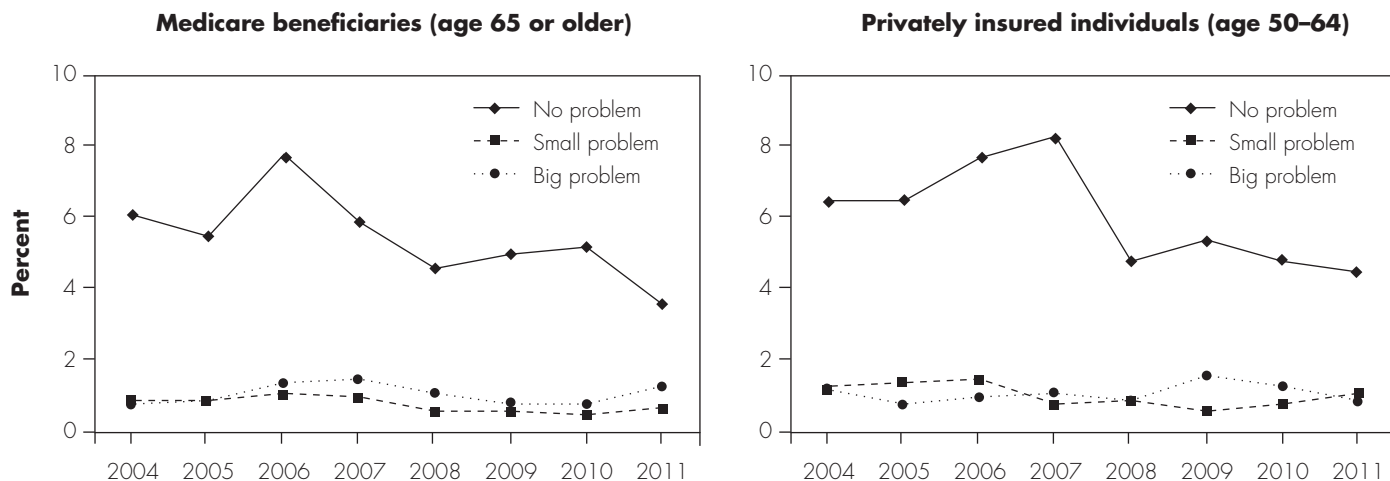


Please refer to this errata sheet for a corrected version of Figure 4-1.

FIGURE 4-1

Ability to find a new primary care physician, Medicare beneficiaries and privately insured individuals, 2004–2011



Note: The remaining percent of respondents in the survey (e.g., 94 percent with Medicare, 93 percent with private insurance in 2011) did not seek a new primary care physician in the past year. This figure is corrected from the hard copy version of this report in which the lines for “small problem” and “big problem” were transposed for several of the years in both charts.

Source: MedPAC-sponsored telephone surveys, conducted 2004–2011.

are expected. In fact, the graphs in Figure 4-1 show considerable year-to-year variation. For the Medicare population, fluctuations are more apparent among those reporting “no problem”; for the privately insured group, we see more annual variation in those reporting a “big problem.” Table 4-1 (p. 92) also shows that the share of beneficiaries reporting a “big problem” finding a primary care physician in 2011 was statistically different from 2009 and 2010 but not from 2008. For both the Medicare and privately insured groups, the rate of people reporting “no problem” finding a primary care physician has declined.

Because several recent media reports and association publications have misstated the numbers that we present in this annual chapter, we want to emphasize, at the risk of being redundant, that the percentage of beneficiaries and privately insured people reporting problems comes from a subset of those who indicate that they were, in fact, looking for a new physician or tried to schedule an appointment in the past year. Survey respondents who did not look for a new physician or did not try to make a physician appointment were not asked about related problems. Thus, the rates of patients reporting problems refer only to those people to whom the question applies and not to the Medicare or privately insured population at large. Accordingly, among the 6 percent of Medicare

beneficiaries reporting that they looked for a new primary care physician in the preceding year, those reporting that they experienced a “big problem” correspond to about 1.3 percent of the aged Medicare population. Although this percentage may seem small, the problems these beneficiaries (roughly half a million as calculated from our survey)—and their younger counterparts—face can be personally distressing and are often featured in local and national media reports.

One response to these findings is to examine the accuracy of fee schedule payments and make improvements where needed. In the Commission’s letter to the Congress (Appendix B), we recommended stronger efforts by CMS to refine the accuracy of Medicare’s physician fee schedule through targeted data collection and reducing payment for overpriced services. Such action could lead to reductions in relatively overpriced procedures and tests. The accuracy of payments for primary care depends also on how services such as office visits are defined. In the fee schedule final rule for 2012, CMS draws attention to a technical expert panel (TEP) convened by the Department of Health and Human Services Assistant Secretary for Planning and Evaluation (Centers for Medicare & Medicaid Services 2011). A major task of the TEP is to develop approaches to defining visits and paying for