Medicare Payment Not Hindering Access to Care

BY JENNIFER SILVERMAN
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WASHINGTON — Few Medicare beneficiaries are reporting access problems despite ongoing issues over physician payment, according to surveys released at a meeting of the Medicare Payment Advisory Commission.

In a telephone survey conducted by MedPAC last summer, researchers found that access to physicians for Medicare beneficiaries aged 65 years and over was the same as or better than for privately insured people aged 50-64 years. The survey included responses from 2,000 fee-for-service Medicare beneficiaries and 2,000 privately insured individuals.

The majority of Medicare beneficiaries reported few or no problems with respect to access to physicians in 2004.

According to the survey, 94% of Medicare beneficiaries and 91% of privately insured individuals reported few or no problems accessing care from specialists.

In each group, 88% of the respondents said that they had few problems finding a primary care physician, although both groups reported that they had more difficulty finding a new primary care physician than a specialist.

Access to care is a timely issue, as physicians face 5% annual cuts in their Medicare payments for the following 6 years, starting in 2006, unless a flaw in the reimbursement formula is fixed.

An ongoing concern is that physicians will cut back or cease their care of Medicare beneficiaries if their fees are further reduced.

"The MedPAC survey numbers clearly don't match up with the anecdotal evidence we've been hearing" about physicians scaling back on Medicare patients, said MedPAC Commissioner Alan Nelson, M.D.

"You can stress physicians only to a certain point before they can't take it anymore and start closing practices to Medicare patients," he said, noting that these survey results show that point has not been reached.

Despite increasing reimbursement concerns, physicians continue to feel a responsibility to care for Medicare patients, he said.

This doesn't mean that physicians can tolerate a 5% cut in 2006 and that the numbers couldn't change overnight.

The findings also don't necessarily reflect what's happening in all areas of the country, he continued. "There may be local areas where physician access problems are more severe than what the national numbers say."

In other results of the MedPAC survey, the percentage of Medicare beneficiaries who had minor problems finding a primary care physician actually dropped, from 18% in 2003 to 11% in 2004. But in another finding, Medicare beneficiaries listing primary care physician access as a "big" problem increased from 7% to 11% from 2003 to 2004.

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DR. NELSON

"Does this mean we need to be concerned about the primary care physician?" MedPAC Commissioner Nancy-Ann DeParle asked.

MedPAC staffers responded that neither finding signified a specific trend, at least not yet, but that they would continue to track both issues.

On the issue of getting timely appointments, Medicare beneficiaries fared slightly better than the privately insured patients for routine care. And 73% of Medicare beneficiaries and 66% of privately insured individuals reported that they never had to delay an appointment. Only 2% of Medicare beneficiaries and 3% of privately insured individuals reported always experiencing a delay. "As expected for illness or injury, delays were more common for both groups," said Cristina Boccuti, an analyst at MedPAC who presented the findings at the meeting.

Overall, 6% of Medicare beneficiaries and 11% of privately insured individuals thought they should have seen a doctor for a medical problem in the last year, but didn't.

Within this group, physician availability issues such as finding a doctor or getting an appointment time were the most common responses.

Another survey sponsored by the Centers for Medicare and Medicaid Services reported similar findings on access to care.

In that survey, more than 90% of fee-for-service beneficiaries reported no problems getting a personal physician since joining Medicare, or getting a specialist within 6 months.

The survey focused on Medicare fee-for-service beneficiaries in 11 market areas that were targeted by the 2001 Consumer Assessment of Health Plans–Fee-for-Service Survey as having the highest rates of reported physician access problems. CMS received about 3,300 completed surveys, an agency spokesman said.

"Even in these areas suspected of higher than average access problems, only a small percentage of beneficiaries had access problems attributed to physicians not taking new Medicare patients," Ms. Boccuti said.

Access problems were more common among transitioning beneficiaries—those new to Medicare or recently disenrolled from the Medicare Advantage Plans, or new to the market area in general. These beneficiaries had more difficulties finding a personal doctor or specialist—"and in some respects that can be expected," Ms. Boccuti said.

Ability to get timely appointments was a little more problematic in these areas, "but still not bad," she said.

Of those surveyed, 73% reported that they always got an appointment as soon as they needed it, and 20% said they usually did.

"So that leaves 7% who reported that they sometimes or never were able to get timely appointments," Ms. Boccuti noted at the meeting.

Ms. Boccuti said she expected to complete an access to care analysis for MedPAC's review in December. At that time, there should be more information on physician willingness to serve beneficiaries. ■

Medicare Payment Increases in 2005

According to the final Medicare physician fee schedule released by the Centers for Medicare and Medicaid Services, physicians would have seen a 3.3% cut in Medicare payments in 2005 if the Medicare Modernization Act (MMA) hadn't blocked that decrease. Instead, payments will increase by 1.5%.

In other MMA mandates, Medicare now will pay for a "Welcome to Medicare" physical and for cardiovascular and diabetes screening tests.

In addition to payment for the physical, physicians can bill and be paid separately for a screening electrocardiogram, and may also bill for a more extensive office visit at the same time as the physical, as long as the services are medically necessary.

The fee schedule also increases payments for vaccinations and other types of injections. For instance, payments for administering the flu vaccine will increase from $8 to $18.

These changes boost aggregate spending under the fee schedule from $53.1 billion in 2004 to $55.3 billion in 2005.

Physicians Should Be Physical Therapy Gatekeepers, MedPAC Says

BY MARY ELLEN SCHNEIDER
Senior Writer

WASHINGTON — Physicians should continue to control access to outpatient physical therapy for Medicare beneficiaries, according to the Medicare Payment Advisory Commission.

In a report to Congress, MedPAC recommended that Medicare keep in place its current policy of using physicians as gatekeepers to accessing physical therapy.

Under current law, Medicare beneficiaries must be referred by a physician to receive physical therapy services; the physician must review a written plan of care every 30 days.

The Medicare Modernization Act required MedPAC to examine the idea of allowing Medicare beneficiaries to have direct access to these services.

But MedPAC commissioners were reluctant to recommend removing the restrictions because so many Medicare beneficiaries have multiple and chronic health conditions.

"Without these physician requirements, the medical appropriateness of starting or continuing physical therapy services would be more uncertain," the MedPAC commissioners said in their report.

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"Under Medicare, physical therapists are not allowed to order the diagnostic services that may be critical to identifying the patient's underlying medical conditions."

And current requirements do not appear to impair access for most beneficiaries. In 2003, 85% of beneficiaries reported no problem in getting physical therapy services, commission consultant Carol Carter said at a MedPAC meeting last November.

These restrictions are also the only way that Medicare can curb unnecessary utilization, she added.

But MedPAC recommended that additional steps should be taken to make the current restrictions more effective.

For example, MedPAC advised that there should be increased provider education about Medicare coverage rules both for physicians making the referrals and for physical therapists.

The Office of Inspector General has repeatedly recommended that Medicare claims contractors, the facilities where physical therapists practice, and the professional associations step up their efforts in increasing provider knowledge about Medicare's coverage rules, Ms. Carter said.

In addition, the MedPAC report pointed out that that better, more reliable data are needed in order to understand more about the efficacy of physical therapy for older patients.

This evidence could then be used to establish practice guidelines to educate physical therapists and physicians about what physical therapy service provisions are likely to be effective for Medicare beneficiaries. ■