



The Doctor is Out:

An in-depth look at why some physicians' doors are closed to new patients in Idaho

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Executive Summary

A Frightening Prospect

What the Status Quo Means for Access to Physician Care for Idahoans

When the Current Situation Is:

- The number of Idaho Medicare beneficiaries is projected to double by 2030.
- Medicaid enrollment is increasing because of the economic crisis.
- Lawmakers continue to cut physician reimbursement in Medicare and Medicaid.
- Medicare and Medicaid payments to primary care physicians often do not cover the costs of a patient visit.
- It is likely that your doctor is one of the 40% of Idaho physicians who were age 55 or older in 2005 and who may retire soon.
- Only 33% of Idaho physicians are age 44 or younger to meet growing demand.
- Nearly all of Idaho's counties are already categorized as medically underserved.
- Idaho ranks nearly last in the nation for number of physicians available to serve the population.

Then the Consequences Will Be:

- Increasing numbers of Idaho physicians will be closing their doors to new patients with Medicare, Medicaid and even private insurance.
- Medicare beneficiaries who move to Idaho, those whose physician retires or those who were uninsured and never became an established patient will face challenges finding a physician willing to accept them.
- Wait times for appointments will increase to see physicians currently accepting all new patients.
- Physicians will see increased clinical patient burdens and declining reimbursement.
- Limited access to care will result in health consequences for the population and higher overall healthcare costs.
- More people will seek care in emergency rooms.
- More physicians will stop participating in Medicare and Medicaid and will start accepting cash only payments which will increase patient out-of-pocket costs to receive care.

What the Survey Results Mean to Idahoans

The survey results show that an alarming percentage of Idaho physicians report that they are closing their doors to new patients and that type of health insurance influences access to health care. This is what the survey results mean to different groups of Idahoans:

- **If you are a Medicare beneficiary**, 21% of Idaho primary care physicians report they are accepting no new Medicare patients and 10% of certain medical specialists report the same. If you live in an urban community, almost one in three (28%) primary care physicians are accepting no new Medicare patients.
- **If you are poor and on Medicaid**, nearly a quarter (24%) of Idaho primary care physicians report they are accepting no new Medicaid patients and 16% of certain medical specialists report the same thing. If you live in an urban community, you will find that almost a third (32%) of primary care physicians are accepting no new patients.
- **If you are a physician** who has stopped accepting all new patients with Medicare or Medicaid the issues of low reimbursement, high patient load, high administrative hassles and audits with Medicare or Medicaid are likely to be some of the reasons for your decision.
- **If you are a policy maker**, action must be taken to prevent the problem from getting worse and resources must be invested into solving this crisis before more Idahoans suffer more harm.

INTRODUCTION

Many new Medicare beneficiaries in Idaho cannot find a physician. Medicare is the federal program that covers certain health care expenses for qualifying people age 65 and older, those with disabilities or end stage renal disease. Many Medicaid recipients face the same dilemma. Medicaid is a federal and state program that pays for certain health services for those with very low-incomes who meet certain criteria. This report takes an in-depth look at access to physician services for new patients and it gives a voice to physicians to explain the rationale for their decisions not to accept new patients.

While the numbers of Idahoans who are eligible for Medicare and Medicaid are increasing because of population aging and the current economic downturn, large numbers of Idaho physicians are closing their doors to new patients. Demand is up for physician services at a time when reimbursement for care provided is declining or stagnant. Many physicians wonder how they can accommodate increased demand and still stay in business.

Idaho faces a physician shortage, ranking 49th in the nation for total number of physicians per population.¹ The shortage is compounded by the reality that some Idaho physicians are closing their practices to new patients for many different reasons. Taking all of these factors into account, physicians and patients face an uncertain future about how care is accessed and provided to those in need.

To understand the extent that new Medicare, Medicaid and patients with private insurance are encountering difficulties finding physicians who will accept their insurance to pay for care provided, AARP surveyed both primary care physicians and certain medical specialists to document the scope of the issue, and to determine if an access problem exists. A total of 413 Idaho physicians (out of 804 surveyed) responded to the survey fielded in September and October of 2009.

The study analyzed the following issues:

- The percentage of physicians that are accepting new adult patients based upon type of insurance – either Medicare, Medicaid, or private insurance.
- Differences between primary care physicians and medical specialists, and rates of acceptance of all new patients based upon health coverage or insurance.
- Rates of acceptance for current patients who become eligible for Medicare.
- Difference in access to care for new adult patients to primary care physicians in urban versus rural communities.
- Physician rationale to limit or not accept new adult patients.

KEY FINDINGS

- **Type of insurance influences access to care.** Over one-fifth (21%) of all physicians have completely closed their practices to new Medicaid patients and 17% have closed their practices to new Medicare patients. A very small percentage of physicians (4%) have closed their practices to patients with private insurance.
- **Primary care physicians are less likely to be accepting all new patients compared to certain specialists.** When physicians are grouped by either primary care (includes the specialties of Family Medicine, General Practice, Geriatric Medicine, and Internal Medicine) or by medical specialty (non-pediatric Cardiovascular Disease, Dermatology, Gastroenterology, Neurology, Ophthalmology, Psychiatry, Rheumatology and Urology), key differences emerge. Primary care physicians report that they are accepting no new patients at much higher margins than medical specialists. Twice the share of primary care physicians has closed their doors to new Medicare patients (21%) than specialists (10%). Larger shares of primary care physicians are not accepting new Medicaid patients (24%) compared to 16% for specialists. Very few specialists (2%) report they are not accepting new patients with private insurance compared to 6% of primary care physicians.
- **Urban Medicare beneficiaries will encounter more primary care physicians who are not accepting any new patients.** Over a quarter (28%) of primary care physicians in an urban community report that they are accepting no new Medicare patients compared to 12% in rural communities.
- **Access to primary care for Medicaid beneficiaries is much higher in rural Idaho.** While fewer than half (47%) of Urban primary care physicians are accepting all new Medicare patients, the vast majority (79%) of rural primary care physicians are accepting all new patients. Twice the share (32%) of urban primary care physicians report they are accepting no new Medicaid patients compared to 13% in rural communities.
- **Most physicians are accepting all new patients with private insurance.** Overall, 77% of all physicians are accepting all new patients and only 4% are not accepting any new patients with private insurance.
- **Urban physicians are much more likely to decline all participation in Medicare and Medicaid.** Ten percent of all urban based physicians do not participate in Medicaid at all compared to 2% in rural communities. Seven percent of urban based physicians do not participate in Medicare at all compared to 2% in rural communities.
- **Most established patients will be able to “age” into Medicare.** The vast majority (87%) of all physicians will accept a current patient who becomes eligible for Medicare and many (66%) will accept a referral for a new Medicare patient from another physician.
- **Reimbursement is the number one reason cited by physicians for not accepting new patients.** This reason was cited much more frequently for Medicare (55 times) and Medicaid (50 times) than for private insurance (15 times). The second most commonly cited reason was that the practice was too busy or had a high patient load (cited 17 times for Medicare, 13 times for Medicaid, and 13 times for private insurance).

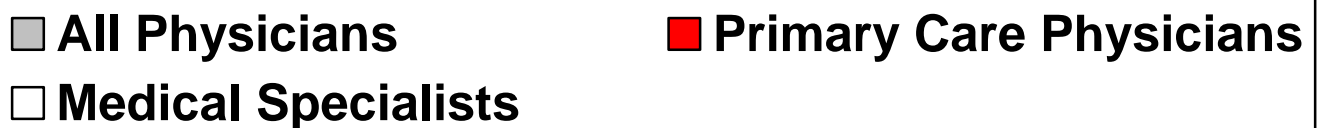
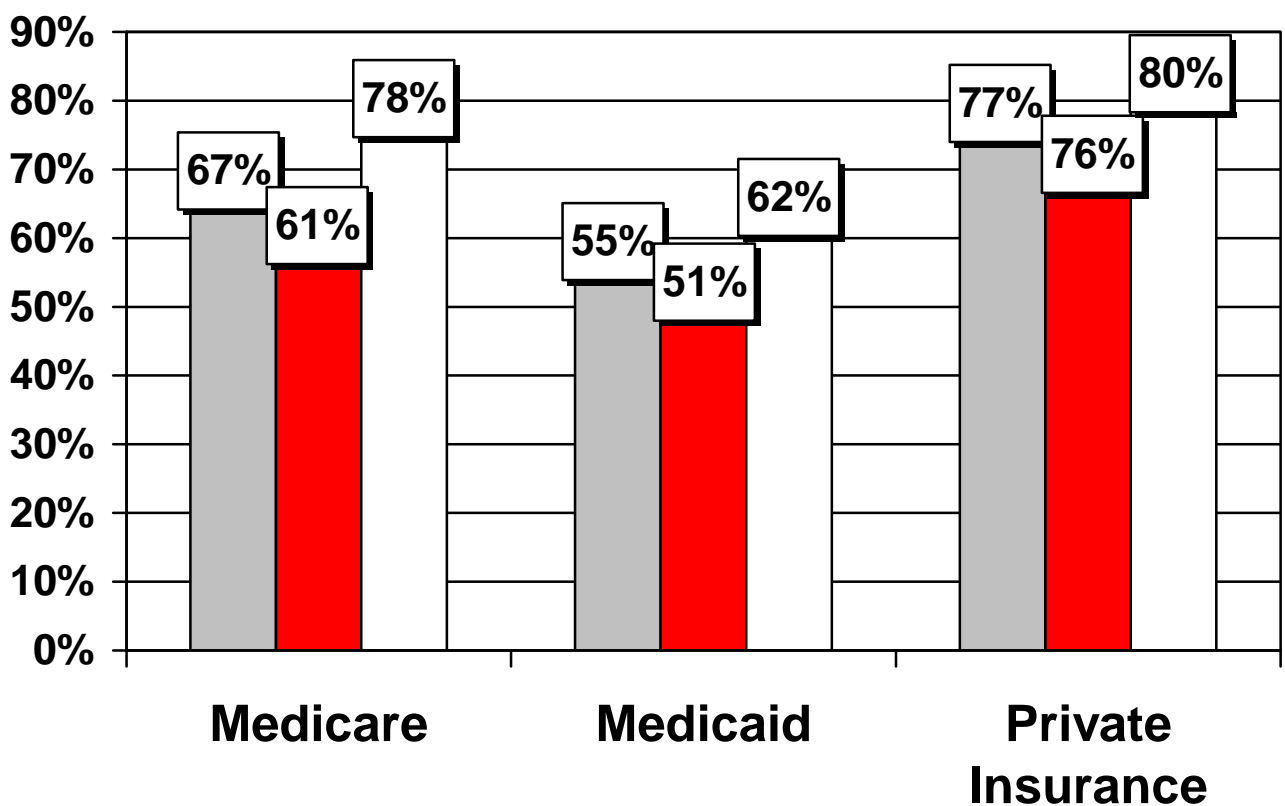
Physicians Accepting All New Patients by Type of Insurance

The majority of physicians are accepting all new patients who have Medicare, Medicaid or private insurance. The rates decline when physician type is designated.

Just over half (51%) of primary care physicians are accepting all new adult Medicaid patients compared to 62% of medical specialists.

Most medical specialists are accepting all new Medicare patients (78%) compared to 61% of primary care physicians.

While physicians are most apt to accept those with private insurance, up to 25% of primary care physicians have closed their doors to all or some new patients.



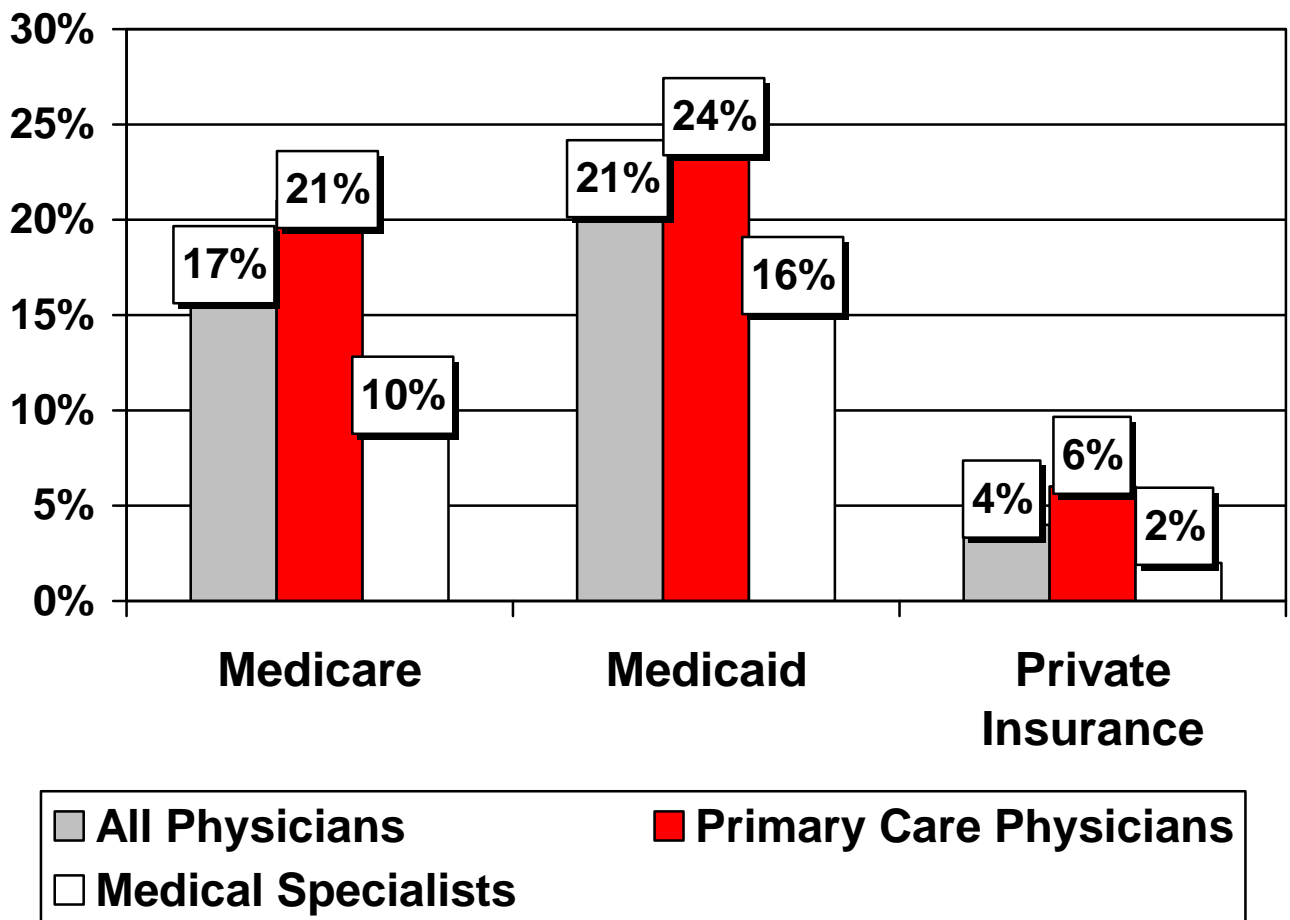
Physicians Accepting No New Patients by Type of Insurance

Medicaid is the type of health insurance that the largest percentage (21%) of physicians reported that they are not accepting any new patients.

Almost a quarter (24%) of primary care physicians and 16% of medical specialists report they are not accepting any new Medicaid patients.

Similar percentages of primary care physicians report not accepting any new Medicare patients (21%). In contrast, only (10%) of medical specialists report they are not accepting any new patients with Medicare.

Physicians were least likely to close their doors to those with private insurance.

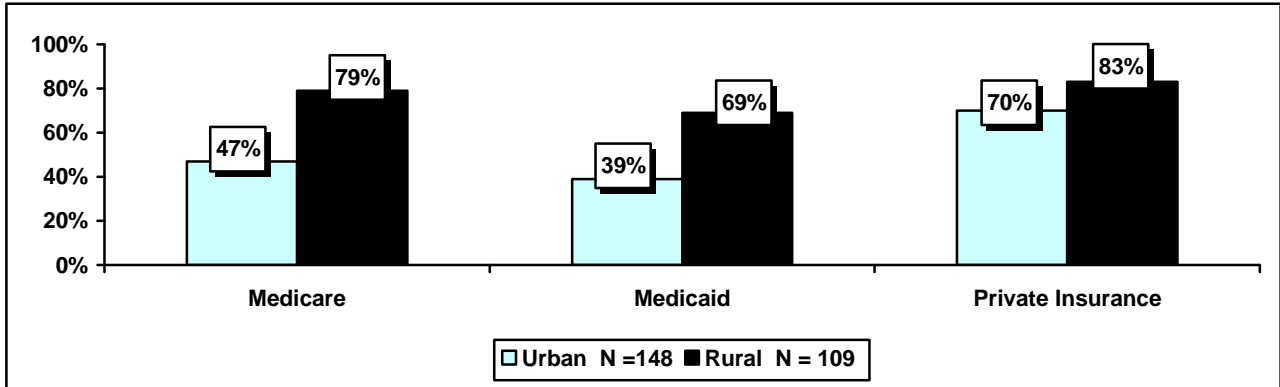


Rural and Urban Primary Care Physicians Accepting All New Patients by Type of Insurance

Primary care physicians practicing in urban areas are much less likely to be accepting all new patients.

Fewer than half of primary care physicians in urban areas are accepting all new Medicare patients (47%), and even fewer are accepting all new Medicaid patients (39%).

Primary care physicians in rural communities report high levels of accepting new patients with all types of public and private insurance.



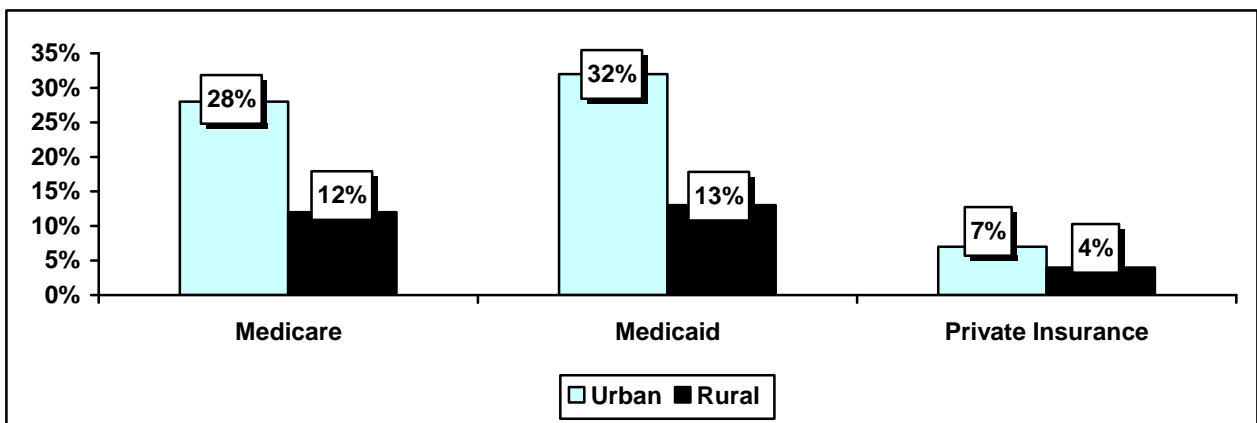
*This study designated urban as a community with 20,000 residents or more and rural with fewer than 20,000 residents based upon data from the July 1, 2009, Population Division, U.S. Census Report. Because of close proximity to urban centers - Kuna, Hayden, Chubbuck, Eagle and Garden City were included in urban population calculations.

Rural and Urban Primary Care Physicians Accepting No New Patients by Type of Insurance

In urban communities, almost a third (32%) of primary care physicians report not accepting any new Medicaid patients, and 28% report not accepting any new Medicare patients. The share of physicians not accepting new Medicare and Medicaid patients in rural communities is much lower.

Few primary care physicians in both urban and rural communities have closed their practices to patients with private insurance.

Eleven percent of urban family care physicians do not participate in Medicaid at all compared to 2% in rural communities. Six percent of urban family care physicians do not participate in Medicare compared to 2% in rural communities.



Medicare and Access to Physicians

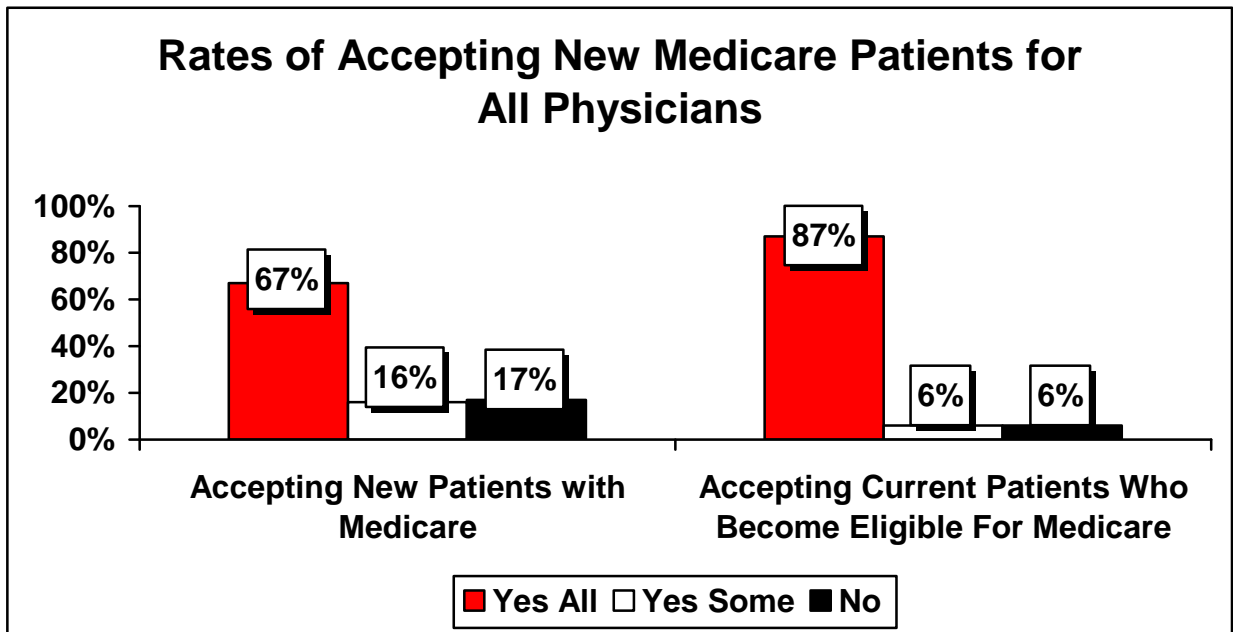
Nearly all of Idaho physicians surveyed participate in Medicare (94%). Participation rates are also high among primary care physicians (96%) but slightly lower for medical specialists (92%).

'Participating in Medicare' means that physicians agree to take assignment on all Medicare claims, and that they must accept Medicare's approved reimbursement amount and that the physician cannot bill the patient for amounts in excess of the Medicare allowance.

Participation in Medicare does not require that a physician accept every Medicare patient who seeks treatment.

While new patients may experience difficulty finding a primary care physician willing to accept new patients, almost all physicians (87%) reported they will accept a current patient who becomes eligible for Medicare.

Nearly two-thirds (66%) of all Idaho physicians surveyed reported that they will accept referrals for new Medicare patients from other physicians or medical professionals. The rates of acceptance for all new referrals are higher among medical specialists (76%) than for primary care physicians (60%).



Major Reasons Physicians Limit Patient Access

Physicians who reported that they did not accept all new patients were invited to write comments explaining the major reasons for their decisions, and 39% of survey respondents wrote a least one reason.

The overwhelming reason cited for not accepting all new patients was reimbursement issues. The reason was cited most frequently for Medicare, and at a much higher frequency than for private insurance. Many physicians stated that they could not stay in business by accepting Medicare/Medicaid reimbursement payments, and several wrote that if reimbursement continues to decline, they likely will stop seeing new patients with Medicare/Medicaid coverage.

The second most frequently cited reason was that the practice was closed to new patients because it was full or too busy.

Many physicians wrote that they **stopped accepting Medicare and Medicaid patients because they refused to deal with the paperwork, audits, rules and negative treatment associated with Medicare.**

While Medicaid was the type of health coverage receiving the highest percentage of physicians who reported that they were not accepting all new patients, **a high number of physicians wrote that they would accept a Medicaid patient upon appropriate referral.** This may infer that new Medicaid patients may have greater access to physicians than indicated in the survey because physicians were not asked if they will take a new Medicaid patient upon referral.

The major reason physicians are not taking all new patients with private insurance is because they are not contracted with all plans.

Additional reasons with lower frequencies that do not appear in the chart included: retirement, accepting people only in certain geographical areas, will not accept patients who are outside the scope of practice and declined to accept based upon diagnosis (most frequently cited chronic narcotics or pain management).

Major Reason	Comments From Physicians Who Reported Accepting Some Or No New Patients N = 162 FREQUENCY		
	Medicare N = 107	Medicaid N = 121	Private Insurance N = 69
Reimbursement	55	50	15
Practice is too busy or high patient load	17	13	13
High administrative hassles such as paperwork or audits	16	15	1
Not contracted with all plans	13	3	26
High clinical burden of patient	7	13	0
Accepted by referral only	6	27	3

*Small base. Interpret with caution.

Physician Comments on Decisions to Limit Patient Access

Medicare

“If there is a decrease in reimbursement we will stop all Medicare. Paperwork and audits are driving us crazy. Looking at changing profession because it is almost impossible to treat patients anymore. Doctors are too controlled.”

“The main reason is all the rules, regulations, documentation requirements and paperwork. It seems that Medicare assumes that all physicians are ripping off the system and are guilty before proven innocent. They make threats of audits, fines and prison etc. Another reason is that reimbursement by Medicare is very much below what I charge. I am willing to get reimbursed less in order to care for Medicare patients but not willing to continue dealing with all the rules, threats, etc. with Medicare. I am significantly limiting taking any new Medicare patients. Another factor is having to deal with Medicare Rx prior authorization for various medications. It is very time consuming and I don't get reimbursed for this.”

“If you take Medicare, you go broke unless of course you are a specialist. Medicare over compensates specialists for procedures and under compensates primary care physicians. No wonder we are a dying breed. Medicare needs to double reimbursement for primary care and cut specialist pay. In my 25 years in practice, my reimbursement for an office visit is nearly the same. If a physician engages in reimbursable procedures, they can make more money in 5 minutes than in one hour talking to a patient with complex needs. Most internal medicine physicians cannot survive independently if they take Medicare and Medicaid because of reimbursement. The reimbursement structure is a recipe for disaster. More physicians will be forced to work for hospital systems and they will lose control of their decision making.”

“Medicare will not allow billing for missed appointments, which in psychiatry is a major consideration. Reimbursement is too low. Paperwork hassles. Medicare is unreasonably empowered to review notes and extrapolate fines. CMS amounts to legalized, organized harassment.”

“I am getting closer to the point of saying Medicare reimbursement is not worth it. My conscious keeps me from it.”

“Medicare treats physicians poorly. Medicare patients have multiple problems. They take an unfair amount of time in relation to reimbursement. In general it is a poor business decision to have more than 30% of a practice Medicare or Medicaid.”

“Cannot always accept new patients due to a heavy patient load.”

“Federal regulations are so extensive that I can't be certain I'm in compliance and I'm constantly advised of risks of fines and imprisonment. Regulations prevent fair billing for time spent.”

“HMO products not accepted. Can't survive in business with too high of a Medicare mix.”

“Will take actions if Medicare rate goes lower. Will not accept new patients then.”

Medicaid

“Reimbursement doesn’t even cover the costs of seeing a Medicaid patient. I treat quite a bit of charity patients but I do not like being forced to give charity – i.e. accepting the woeful reimbursement by these governmental programs.”

“Accept in county patients. We could not handle all the Medicaid patients who wanted to come to our practice from other counties when their doctors quit taking Medicaid.”

“Poor reimbursement. Administrative nightmare. If I take Medicaid patients, I do so DESPITE the fact they have insurance with Medicaid.”

“Negative experiences with many patients in part and financial. Can not afford to fill up with Medicaid patients.”

“Low reimbursement. High no-show rate. Lots of paperwork. Severe pharmacy restrictions.”

“Mostly reimbursement rates and patients often have complex problems and often have no motivation (intrinsic or extrinsic) to be active participants in their care.”

“Will see a Medicaid patient only upon referral. Will see a Medicaid patient without referral if it is a dire emergency.”

“Medicaid reimbursement to private providers is a joke....a mockery. When a private provider is not even reimbursed enough to cover his/her overhead expenses, its complete charity care and a sure way to bankrupt a practice. Medicaid enrollees will increasingly find themselves seeking care in the ER or at Community Health Centers as they are necessarily dropped by private providers. I won’t even address the systematic abuse/overuse by Medicaid enrollees.”

Private Insurance

“Do not accept all insurance plans due to contracts and high discounts wanted.”

“My practice is closed to new patients except by referral or within existing families that I see.”

“I accept patients under 45 so they won’t turn Medicare while I am still practicing.”

“My practice is close to full. I will consider new patients on a case-by-case basis.”

“We refuse to contract with certain insurance plans.”

“Cannot always accept new patients due to heavy patient load.”

“Private insurers, as they follow Medicare’s lead, will continue to find themselves dropped by providers. As insurance companies continue to balance their books on the backs of doctors/providers, they will necessarily be dropped as providers are forced to more fee-for-service, cash payment practices. The single-most responsible issue for runaway medical costs is the threat of lawsuits. Until serious tort reform takes place, you will not control the costs of the practice of “defensive medicine.”

*Some quotes were edited for readability.

DISCUSSION

In the near future, more and more patients will be seeking the care of a physician. The number of Medicare beneficiaries is projected to double by 2030 and the population of Idahoans age 85 and older is expected to increase 91%.ⁱⁱ With the current economic crisis, Medicaid enrollment continues to increase and the overall population of Idaho is expected to continue to grow. How Idaho policy makers will take action to meet demand for physician care should be a concern on the top of minds for all Idahoans.

This report demonstrates that a notable portion of Idaho physicians are not accepting all new patients, and type of insurance or health plan is a factor. Because the rates of not accepting any new patients with private insurance are low compared to much higher rates for Medicare and Medicaid, evidence exists that a patient may be denied access to physician care solely because they have coverage paid for by either Medicare or Medicaid.

Reasons For and Consequences of Limited Access to Physicians

The reasons this situation is occurring today in Idaho are multifaceted as are the consequences to patients. Some of the notable reasons are reimbursement issues, high demand, and a significant physician shortage in Idaho. Some notable consequences for patients are difficulty finding a primary care physician who will accept their health care coverage, long waits for appointments, higher patient out-of-pocket spending, few care choices for new Medicaid beneficiaries, higher overall health care costs, more emergency room visits and lower overall health outcomes.

Reason # 1: Reimbursement

The first reason for limited patient access is reimbursement. Doctors in private practice become a doctor by choice but a business manager by necessity. Physicians must be able to make enough money to keep their doors open. They can not be expected to provide their services below their costs. Policy makers need to seriously look at how their support of policies that cut or keep reimbursement low for primary care physicians is impacting access to care for Idahoans. Serious action must be taken to prevent the problem from becoming worse.

Physicians are caught in a never ending spiral of decreased reimbursements in the name of restraining costs. While it cannot be generalized to all physicians, the most commonly cited reason in the report for not accepting new Medicare and Medicaid patients was reimbursement. Some physicians complained that the current reimbursement system does not fairly compensate primary care physicians for the time spent during a clinical office visit. Others stated they could not afford to keep their doors open if they treated too many Medicare and Medicaid patients.

Even though physicians are limiting their practices to new Medicare and Medicaid patients primarily for reimbursement reasons (and some claim that private insurance is also becoming problematic), policy makers are still proposing cuts or freezes to physician reimbursement in both Medicare and Medicaid.

Reason # 2: Physician Shortage

As the demand for access to care continues to increase, physicians will face a crisis in how they can meet the demand and function in the current health care environment. Idaho is experiencing a serious shortage of physicians and currently ranks 49th in the nation for number of physicians available to serve the population.ⁱ

The shortage is expected to grow because so many Idaho physicians are close to the traditional retirement age. In 2005, a startling 40% of Idaho physicians were age 55 or older, and only 33% of physicians were age 44 or younger.ⁱⁱⁱ This places Idaho 6th in the nation for having the oldest physician workforce in the country. It is a very real prospect for Medicare beneficiaries that their primary care physician will retire in the near future.

As a result of the physician shortage, nearly all or 37 of Idaho's 44 counties were categorized as a Medically Underserved Area (MUA). A MUA is defined as a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.^{iv} While the result of this study indicate more rural primary care physicians are accepting new patients, the shortage of physicians will drive many people in rural communities to travel to urban centers to receive primary or specialty care.

Consequence # 1: Longer Wait Times and Increased Emergency Room Visits

As more Idahoans seek the care of a physician and find that more physicians are not accepting new patients, they will be driven to physicians who still are accepting all new patients. The unintended consequence of this could be that the clinical burdens will increase exponentially and the wait times for appointments will increase. Providing continuous patient care will become increasingly difficult for physicians. More patients will be unable to wait and will seek urgent or emergency care. It is a frightening prospect.

Consequence # 2: Higher Patient Out-of-Pocket Spending

Medicare beneficiaries may find one way to receive access to care is to spend more out-of-pocket to gain access to physicians who have stopped taking Medicare assignment but who are still seeing new patients. In this case, Medicare beneficiaries pay for the services in cash up front and then submit the bill to Medicare. The beneficiary will be responsible for the difference between the approved Medicare rate and the physician charge.

If physicians stop taking Medicare assignment, it may solve their problem with reimbursement, but it does nothing to increase access for the large numbers of Medicare beneficiaries who cannot afford more out-of-pocket health care expenses. Americans age 65 and older are already spending an average of 12% of their incomes on health care expenses and those ages 85 and older are spending an average of 16%.^v

Consequence # 3: Few Choices for Idaho's Poorest and Most At-Risk

Medicaid is the type of health insurance coverage mostly likely not accepted by physicians. With the current economic downturn, more of the 12%^{vi} of Idahoans who are living at or below poverty will become newly eligible for Medicaid. If these newly eligible Medicaid beneficiaries are unable to find a physician to care for them it could seriously jeopardize the health and well being of these Idahoans and increase overall health care costs as chronic illnesses result in more serious illnesses.

Evidence exists that Idaho already is performing poorly when measuring access to health care for those at-risk. A report by the Commonwealth Fund found that Idaho ranked number 49th in the nation for the percent of at-risk (those age 50 +, chronically ill, or rated health as fair or poor)

who have visited a doctor for a routine checkup in the past two years. Idaho ranked 48th in the nation for the percentage of adults with a usual source of care.^{vii}

Consequence # 4: Poorer Health Outcomes and Higher Costs of Healthcare

When patients have limited access to medical care, the consequences are critical. The American College of Physicians found that access to primary care was positively associated with improved outcomes, reduced mortality, lower utilization of health care, and lower overall costs of care. When there is a shortage of primary care physicians, or if people do not have access to a physician, the consequences for patients are grave such as poorer health outcomes, more premature and preventable deaths, and higher overall costs of healthcare.^{viii}

Solutions from Policy Makers

Policy makers must listen to the grumbling that will soon become a constituent roar if the issue is not seriously addressed. If resources are invested into solutions the consequences may not be as dire as predicted. If nothing is done except continuing to cut physician reimbursement and accepting the status quo for the serious physician shortage, even the best physicians will not be able to cure the harm that will occur to Idaho patients.

METHODS

AARP Idaho fielded a mail survey in September of 2009 to a sample of 804 physicians (with MD or DO degrees) compiled from physicians listed in the 2009 Idaho Medical Association Referral Directory of Idaho physicians, the idacare.org Patient Freedom of Information website, and from information collected from hospital or private practice websites. Follow up phone calls or faxes were made in October 2009 to physicians who did not respond to the mail survey. A total of 413 physicians responded to the survey.

The following reachable, non-pediatric primary care physicians were surveyed: Full time Family Practice, General Practice, Internal Medicine and Geriatric Medicine. The following non-pediatric specialist physicians were surveyed: Cardiovascular Disease, Dermatology, Gastroenterology, Neurology, Ophthalmology, Psychiatry, Rheumatology and Urology. OB/GYN specialists, Indian Health Services, Veterans Administration health services, physicians providing inpatient care only or hospitalists, urgent care, emergency care, physicians that do not serve the general public (such as those who provide care only to university students or private company employees) all other specialties not listed and residents were excluded from the sample. In two cases a physician response was received that did not meet the sample criteria. Their responses were not included in the analysis and they were removed from the sample.

Physicians who responded that they did not accept all new patients were asked to write the major reasons for their decision. Comments were reviewed and coded. Three independent reviewers read the comments and coded them using the established codes. All coding disagreements were reconciled by the reviewers. One comment could receive multiple codes.

All percentages are rounded to the nearest whole number.

Response Rate

The response rate for all respondents was 51.4%. The response rate for primary care physicians was 49.8% and the response rate for the selected medical specialists was 54.2%.

Limitations

The survey design was intended to measure access to physicians that accept appointments from the general adult public. Therefore, we tried to eliminate physicians who provided inpatient care only or urgent/emergency care only, but the survey did not screen for this. As a result some responses may include those from physicians providing inpatient care only which could inflate percentages of physicians who accept all new patients. Pediatric primary care physicians or specialists were eliminated from the sample. However, another limitation is that the survey tool did not screen for physicians that exclusively provide pediatric care.

All known Idaho primary care physicians and select physician specialists who met sample criteria were included in the sample. It is unknown if all Idaho physicians who met the criteria were included in the sample.

The survey could be completed by either the physician named on the survey or an office manager or assistant. While it is assumed that most office managers know if a physician is accepting new patients, this could influence the accuracy of the results. In the comments section of the survey, it specified that it was to be completed by the physician only. It is unknown if comments were received by only physicians or by both physicians and office managers.

ANNOTATED QUESTIONNAIRE

MEDICARE

Q1a. Do you participate in Medicare?	All Physicians N = 413	Primary Care Physicians N = 257	Medical Specialists N = 156
	%	%	%
Yes	94.2	95.7	91.7
No	5.8	4.3	8.3
Unknown	0	0	0

Q1b. Are you currently accepting NEW patients with Medicare in your primary place of practice?	All Physicians	Primary Care Physicians	Medical Specialists
	%	%	%
Yes All	67.1	60.7	77.6
Yes Some	15.7	17.9	12.2
No	17.2	21.4	10.3
Unknown	0	0	0

Q1c. Do you currently have a waiting list for NEW Medicare Patients	All Physicians	Primary Care Physicians	Medical Specialists
	%	%	%
Yes	9	8.6	9.6
No	86.7	88.3	84
Unknown	4.4	3.1	6.4

Q1d. Will you accept referrals for NEW Medicare patients from other physicians or Medical professionals?	All Physicians	Primary Care Physicians	Medical Specialists
	%	%	%
Yes All	65.6	59.5	75.6
Yes Some	20.6	24.9	13.5
No	13.3	14.8	10.9
Unknown	0.5	0.8	0

Q1e. Will you accept a current patient who becomes eligible for Medicare?	All Physicians	Primary Care Physicians	Medical Specialists
	%	%	%
Yes All	86.4	88.7	82.7
Yes Some	6.1	5.4	7.1
No	5.8	4.7	7.7
Unknown	1.7	1.2	2.6

MEDICAID

Q2a. Do you participate in Medicaid?	All Physicians %	Primary Care Physicians %	Medical Specialists %
Yes	92.5	92.6	92.3
No	7.3	7	7.7
Unknown	0.2	0.4	0

Q2b. Are you currently accepting NEW patients with Medicaid in your primary place of practice?	All Physicians %	Primary Care Physicians %	Medical Specialists %
Yes All	55.4	51.4	62.2
Yes Some	22.8	23.7	21.2
No	21.1	24.1	16
Unknown	0.7	0.8	0.6

PRIVATE INSURANCE

Q3a. Are you currently accepting NEW patients with any type of private insurance in your primary place of practice?	All Physicians %	Primary Care Physicians %	Medical Specialists %
Yes All	77	75.5	79.5
Yes Some	18.6	18.7	18.6
No	4.4	5.8	1.9
Unknown	0	0	0

**ANNOTATED QUESTIONNAIRE
RURAL AND URBAN**

MEDICARE

Q1a. Do you participate in Medicare?	Urban All Physicians N = 296	Rural All Physicians N = 117	Urban Primary Care Physicians N = 148	Rural Primary Care Physicians N = 109
	%	%	%	%
Yes	92.6	98.3	93.9	98.2
No	7.4	1.7	6.1	1.8
Unknown	0	0	0	0

Q1b. Are you currently accepting NEW patients with Medicare in your primary place of practice?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes All	62.2	79.5	47.3	78.9
Yes Some	18.2	9.4	24.3	9.2
No	19.6	11.1	28.4	11.9
Unknown	0	0	0	0

Q1c. Do you currently have a waiting list for NEW Medicare Patients	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes	10.8	4.3	11.5	4.6
No	84.5	92.3	85.8	91.7
Unknown	4.7	3.4	2.7	3.7

Q1d. Will you accept referrals for NEW Medicare patients from other physicians or Medical professionals?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes All	61.1	76.9	48	75.2
Yes Some	23	14.5	31.8	15.6
No	15.9	6.8	20.3	7.3
Unknown	0	1.7	0	1.8

Q1e. Will you accept a current patient who becomes eligible for Medicare?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes All	83.8	93.2	85.8	92.7
Yes Some	6.8	4.3	6.1	4.6
No	7.1	2.6	6.1	2.8
Unknown	2.4	0	2	0

MEDICAID

Q2a. Do you participate in Medicaid?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes	90.2	98.3	88.5	98.2
No	9.5	1.7	10.8	1.8
Unknown	0.3	0	0.7	0

Q2b. Are you currently accepting NEW patients with Medicaid in your primary place of practice?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes All	50.7	67.5	38.5	68.8
Yes Some	24.3	18.8	27.7	18.3
No	24.3	12.8	32.4	12.8
Unknown	0.7	0.9	1.4	0

PRIVATE INSURANCE

Q3a. Are you currently accepting NEW patients with any type of private insurance in your primary place of practice?	Urban All Physicians	Rural All Physicians	Urban Primary Care Physicians	Rural Primary Care Physicians
	%	%	%	%
Yes All	75	82.1	70.3	82.6
Yes Some	20.3	14.5	22.3	13.8
No	4.7	3.4	7.4	3.7
Unknown	0	0	0	0

* Rural and Urban medical specialists were not analyzed due to the small base of rural specialists.

Sources

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^{iv} Health Resources and Services Administration. MUA/P by State and County. (April, 2009).

^v Desmond, K.A., Rice, T., Cubanski, J., and Neuman, P. (September, 2007). The Burden of Out-of Pocket Health Spending Among Older Versus Younger Adults: Analysis from the Consumer Expenditure Survey, 1998-2003. Kaiser Family Foundation: Menlo Park, CA.

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^{viii} American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care? Philadelphia: American College of Physicians; 2008: White Paper.