

October 2015 | Data Note

# Primary Care physicians accepting Medicare: A Snapshot

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Policymakers, researchers, and the media have periodically raised questions about the ease or difficulty that Medicare patients experience when trying to find physicians who will see them. Previous studies show that the vast majority of physicians accept Medicare, but the proportion taking new Medicare patients is smaller, particularly among primary care physicians compared with specialists.<sup>1</sup> Primary care is especially important for people with Medicare—55 million seniors and adults with permanent disabilities—because they are significantly more likely than others to have multiple chronic conditions.

This Data Note presents findings on reported acceptance of Medicare patients among non-pediatric primary care physicians, based on data from the Kaiser Family Foundation/Commonwealth Fund 2015 National Survey of Primary Care Providers. In addition to comparing physicians' acceptance of Medicare to private insurance and Medicaid, this Data Note also explores the characteristics of non-pediatric primary care physicians who accept new Medicare patients and who have greater shares of Medicare patients in their caseloads. This analysis is limited to non-pediatric primary care physicians, given its Medicare focus. The methodology for the survey is provided in the Appendix.

## PATIENT ACCEPTANCE BY TYPE OF INSURANCE

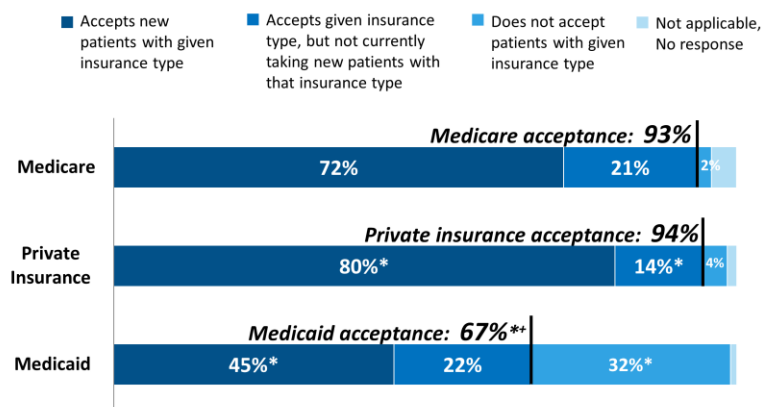
The vast majority of non-pediatric primary care physicians (93 percent) say they accept Medicare—comparable to the share accepting private insurance (94 percent) (**Figure 1**). A majority of primary care physicians also say they are also taking *new* Medicare patients (72 percent), but this share is somewhat lower than the share of primary care physicians accepting new privately insured patients (80 percent).

Compared with Medicare and private insurance, a lower share of non-pediatric primary care physicians—67 percent—say they accept Medicaid, the state-federal program that focuses primarily on coverage for children and adults with low-incomes. If

Figure 1

**More than 9 in 10 primary care physicians accept Medicare—similar to private insurance—but acceptance of *new* Medicare patients is comparably lower**

Percent of non-pediatric primary care physicians accepting new/current patients, by insurance type, 2015



NOTE: Analysis excludes pediatricians. (+) The overall percent of primary care physicians accepting Medicaid increases to 71% when pediatricians are included in analysis. (\*) indicates statistically significant difference at the 95% confidence level from Medicare. Percentages may not sum to 100 due to rounding.

SOURCE: The Kaiser Family Foundation/ Commonwealth Fund 2015 National Survey of Primary Care Providers

pediatricians were included in the analysis of Medicaid acceptance, the share of physicians accepting Medicaid increases to 71 percent, reflecting the higher rate of Medicaid acceptance among pediatricians—84 percent. (Children account for almost half of the Medicaid-covered population.<sup>2</sup>) Further analysis of Medicaid acceptance among primary care physicians is discussed in a recently released [issue brief](#) by the Kaiser Family Foundation and the Commonwealth Fund.<sup>3</sup>

Primary care physicians who indicate that they are not taking new patients of a given insurance may have “closed practices,” which means they are not taking *any* new patients, regardless of insurance. In fact, in a separate survey question, about 2 in 10 primary care physicians (19 percent) report that they are not currently taking any new patients (not shown).

## PRIMARY CARE PHYSICIANS TAKING MEDICARE

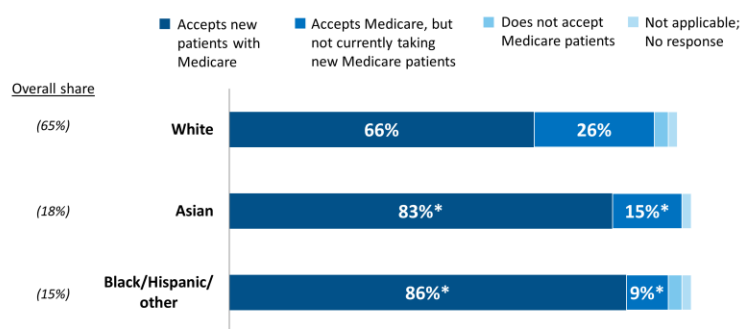
Demographic analysis reveals some differences in the rates at which different types of physicians report accepting new Medicare patients. For example, 83 percent of primary care physicians who self-identify as Asian accept new Medicare patients, similar to the 86 percent among physicians who self-identify as either Black, Hispanic, or of another or multiple races (**Figure 2**). In contrast, a lower share of white primary care physicians (66 percent) say they are accepting new Medicare patients. Notably, while higher shares of Black and Hispanic primary care physicians accept new Medicare patients, Black and Hispanic physicians continue to comprise a relatively small share of the overall non-pediatric primary care physician workforce.<sup>4</sup>

About two-thirds (67 percent) of primary care physicians age 55 or older say they accept new Medicare patients compared with about three-quarters (76 percent) of primary care physicians under age 55 (**Figure 3**). Younger doctors may be more likely to be building their patient caseloads and, therefore, may be more willing to take new patients.

Figure 2

**Acceptance of new Medicare patients is higher among Asian, Black, and Hispanic primary care physicians, though they make up a relatively small overall share of primary care physicians**

Percent of non-pediatric primary care physicians, by Medicare acceptance and race/ethnicity, 2015

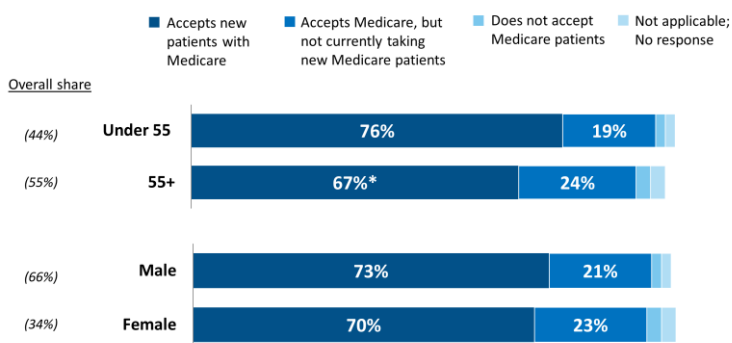


NOTE: Analysis excludes pediatricians. Black/Hispanic/other includes primary care physicians who self-identify as Black (non-Hispanic), Hispanic, or of another or multiple races. (\*) indicates statistically significant difference at the 95% confidence level from White. Percentages may not sum to 100 due to rounding.  
SOURCE: The Kaiser Family Foundation/ Commonwealth Fund 2015 National Survey of Primary Care Providers

Figure 3

**Younger primary care physicians are more likely to accept new Medicare patients, but little difference is seen between male and female doctors**

Percent of non-pediatric primary care physicians accepting Medicare patients, by age and sex, 2015



NOTE: Analysis excludes pediatricians. (\*) indicates statistically significant difference at the 95% confidence level from applicable referent (Under 55, Male) in acceptance category. Percentages may not sum to 100 due to rounding.  
SOURCE: The Kaiser Family Foundation/ Commonwealth Fund 2015 National Survey of Primary Care Providers

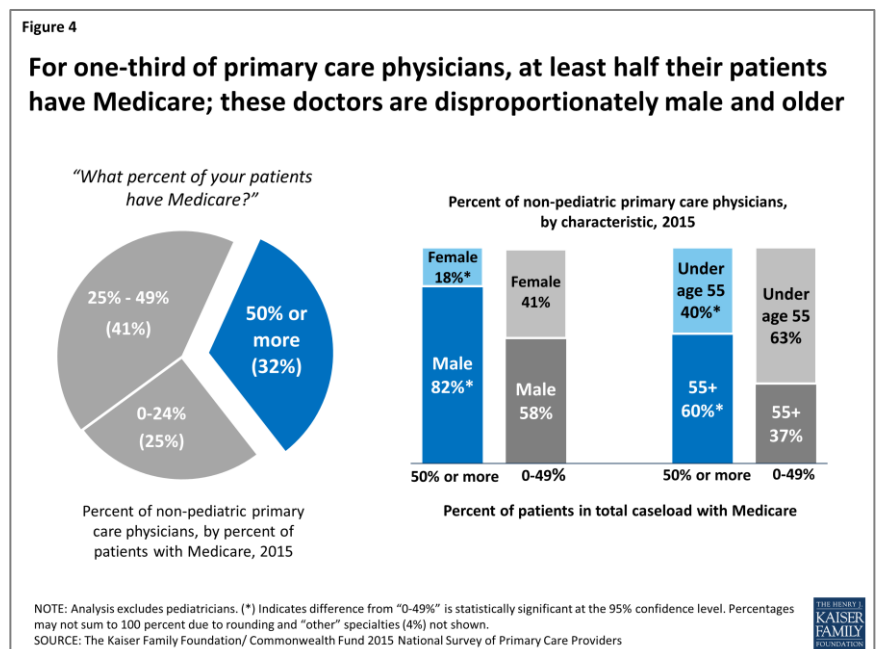
Alternatively, older physicians may have fuller practices and have less capacity to accept new patients. In fact, 78 percent of non-pediatric physicians age 55 and older say they are accepting new patients (regardless of insurance) compared with 83 percent among their younger counterparts (not shown).

There is little difference between the share of male and female non-pediatric primary care physicians accepting new Medicare patients, though males comprise about two-thirds of the total non-pediatric primary care workforce.

In rural areas, a somewhat higher share of primary care physicians (81 percent) report accepting new Medicare patients relative to their counterparts who practice in cities (72 percent), but differences from cities compared to suburban areas or small towns are not statistically significant (**Appendix Table 1**). Further analysis by the demographics of physicians' patient caseloads (income and race, for example), type of practice (such as, hospital-owned or independent practice), does not reveal notable differences regarding acceptance of new Medicare patients. Appendix Table 1 provides these results in more detail.

### PRIMARY CARE PHYSICIANS WITH RELATIVELY HIGH SHARES OF MEDICARE PATIENTS

About one-third of non-pediatric primary care physicians (32 percent) say that at least half their patients have Medicare (**Figure 4**). This cohort of physicians with the highest share of Medicare patients in their caseload is disproportionately male and older. Among physicians for whom at least half their patients have Medicare, 82 percent are male and 60 percent are age 55 and older. In comparison, among physicians with lower shares of Medicare patients in their caseloads, 58 percent are male and 37 percent are age 55 and older.



The Medicare patients of these older doctors have likely been in their caseloads for a long time, given results from other surveys which find that more than 90 percent of people age 65 and older say they did not look for a new primary care physician during the year.<sup>5</sup> Therefore, to the extent that Medicare patients are longtime patients of their primary care doctors, the disproportionate share of males in the cohort of physicians with the highest shares of Medicare patients may reflect, to some extent, the relatively low proportion of female physicians three or so decades ago.<sup>6</sup>

## FURTHER CONSIDERATIONS

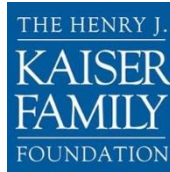
With the Medicare population aging and increasing by about 2 million each year, efforts to monitor Medicare beneficiaries' access to primary care are critical. In addition to physician surveys, including the one used for this Data Note, patient surveys are useful to draw a complete picture of access to care. In recent years, national patient-level surveys find that the large majority of Medicare beneficiaries report that they have a usual source of care, can find new doctors when they need one, and can get timely appointments, particularly if experiencing an illness or injury.<sup>7</sup> Nonetheless, subsets of Medicare beneficiaries—including beneficiaries with no supplemental insurance or Medicaid and beneficiaries under age 65 living with a permanent disability—report experiencing higher rates of problems finding doctors.<sup>8</sup> Further analysis of differences between communities across the country may reveal local market-level variation in access to primary care and could have further policy implications for Medicare.

Appendix Table 1: Share of Non-Pediatric Primary Care Physicians Accepting New and Current Medicare patients, by Provider and Practice Characteristics, 2015

Provider/practice characteristic	Overall	Accepts Medicare including NEW Medicare patients	Accepts Medicare, but not taking new Medicare patients	Does NOT accept Medicare patients	Not applicable
Overall, unweighted N	1,257	72%	21%	2%	3%
<b>PHYSICIAN DEMOGRAPHICS</b>					
<b>Provider Sex</b>					
Male (R)	66%	73%	21%	2%	2%
Female	34%	70%	23%	3%	3%
<b>Provider Age</b>					
Under 55 (R)	55%	76%	19%	2%	2%
55 and older	44%	67%*	24%	3%	3%
<b>Provider Race/ethnicity</b>					
White (R)	65%	66%	26%	3%	2%
Asian	18%	83%*	15%*	0%*	2%
Black/ Hispanic/ other	15%	86%*	9%*	3%	2%
<b>Practice type</b>					
Independent office-based (R)	71%	72%	24%	2%	1%
Hospital-owned office-based	17%	76%	20%	0%*	2%
Walk-in retail clinic/other	6%	44%*	10%*	10%	28%
Community clinic/health center	6%	87%*	9%*	1%	3%
<b>Area type</b>					
City (R)	39%	72%	21%	2%	4%
Suburb	31%	72%	24%	2%	1%*
Small town	21%	69%	22%	3%	4%
Rural	9%	81%*	15%	3%	1%
<b>Physician Specialty</b>					
Family Practice (R)	50%	73%	22%	2%	1%
Internal Medicine	46%	73%	21%	2%	2%
Other	4%	--	--	--	--
<b>Patient Caseload Characteristics</b>					
<b>Percent with Medicare</b>					
0- 24%	25%	66%	22%	6%*	5%*
25% to 49%	41%	75%	20%	1%	1%
50% or more (R)	32%	74%	23%	1%	1%
<b>Percent African American</b>					
0-24% (R)	81%	70%	22%	3%	3%
25% or more	17%	79%*	17%	1%	2%
<b>Percent Hispanic</b>					
0-24% (R)	82%	70%	23%	3%	2%
25% or more	15%	78%*	15%	2%	5%
<b>Income</b>					
Mostly low-income	18%	78%	15%*	1%	5%*
Mostly medium-income (R)	32%	70%	24%	2%	1%
Mixed income	46%	71%	22%*	3%	3%*
Mostly high-income	2%	--	--	--	--

NOTE: Statistically significant differences at the 95% confidence level are indicated by (\*) from the applicable reference group, indicated by (R). Black/Hispanic/other includes primary care physicians who self-identify as Black (non-Hispanic), Hispanic, or of another race or multiple races. (--) indicates sample size too small to analyze. Percentages may not sum to 100 due to rounding and non-responses not shown.

SOURCE: The Kaiser Family Foundation/ Commonwealth Fund 2015 National Survey of Primary Care Providers



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## KAISER FAMILY FOUNDATION/COMMONWEALTH FUND 2015 NATIONAL SURVEY OF PRIMARY CARE PROVIDERS

### SURVEY METHODOLOGY

The Kaiser Family Foundation/Commonwealth Fund *2015 National Survey of Primary Care Providers* was jointly designed and analyzed by researchers at the Kaiser Family Foundation (KFF) and The Commonwealth Fund. Social Science Research Solutions (SSRS) carried out the fieldwork and collaborated with Kaiser and Commonwealth Fund researchers on questionnaire design, pretesting, sample design, and weighting. The Kaiser Family Foundation and The Commonwealth Fund each contributed financing for the survey. The project team included Liz Hamel, Mira Norton, and Mollyann Brodie from KFF; and Michelle Doty, Jamie Ryan, Rose Kleiman, Melinda Abrams, and Anna-Marie Audet from The Commonwealth Fund.

Survey responses were collected via hard copy and web-based questionnaires between January 5 and March 30, 2015 with a random sample of 1,624 primary care physicians and a separate random sample of 525 nurse practitioners (NPs) and physician assistants (PAs) working in primary care practices. The surveys achieved the following response rates, calculated using AAPOR's RR3: physicians (34%), NPs (29%) and PAs (25%).

The sample for physicians was procured from SK&A, which maintains a national database of physicians that is continuously updated by a telephone verification process. Physicians drawn for the sample were those whose specialty was listed in the SK&A database as either general practice, family practice, internal medicine, adolescent medicine, internal medicine pediatrics, general pediatrics, or geriatrics. Physicians were further screened to include only those who indicated in the survey that they spend at least 60 percent of their work time providing care to patients as a primary care provider. The physician sample included an oversample of physicians working in low-income areas (those whose office is located in a zip code where the average annual household income is \$55,000 or less) and those working in Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).

The sample for NP/PAs was procured from KM Lists, which uses publicly-released data available from state licensing boards and information from professional associations and journal subscriptions to develop and update its database. Unlike physicians, specialty type for NPs and PAs does not necessarily correspond with the practice setting in which they work. Therefore, a broader list of specialties was included. NPs and PAs drawn for the sample were those whose specialty was listed in the database as family medicine, internal medicine, adult medicine, adolescent medicine, pediatrics, internal medicine pediatrics, geriatrics, preventive medicine, osteopathy, women's health, or community/public health. The sample also included NPs and PAs whose specialty type was listed as "unknown" (these were undersampled relative to the other listed specialties). NPs and PAs were further screened to include

only those who indicated in the survey that they are currently working in a primary care practice and that they spend at least 60 percent of their work time providing care to patients as a primary care provider.

In an effort to maximize contact and completion rates, providers were contacted by multiple modes (mail, telephone, and email), offered incentives, and given the option of completing the survey in hard copy or online.

A multi-stage weighting process was applied to ensure an accurate representation of the national population of primary care physicians and NPs/PAs. The first stage in weighting both samples involved corrections for sample design and differential non-response by email availability. Physician survey data were weighted by gender, age, specialty type, region, and site specialty using benchmarks in the 2014 AMA Physicians Masterfile; and number of MDs at site using benchmarks in the SK&A list of primary care MDs. NP and PA data were weighted by gender and specialty type using benchmarks in the KM Lists. The physician sample was analyzed separately from the NP and PA sample.

All statistical tests of significance account for the effect of weighting. The margin of sampling error (MOSE) including the design effect is plus or minus 3 percentage points for MDs and plus or minus 3 percentage points for MDs in non-pediatric specialties. For results based on other subgroups the margin of sampling error may be higher.

Group	N (unweighted)	MOSE
All primary care MDs	1624	±3 percentage points
Non-pediatric primary care MDS	1257	±3 percentage points



# Endnotes

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<sup>1</sup> Boccuti, Cristina, Christina Swoope, Anthony Damico, and Patricia Neuman. “Medicare Patients’ Access to Physicians: A Synthesis of the Evidence,” Kaiser Family Foundation (December 2013). Boukus, Ellyn, Alwyn Cassil, Ann S. O’Malley. “A Snapshot of U.S. Physicians: Key Findings from the 2008 Health Tracking Physician Survey,” *Center for Studying Health System Change, Data Bulletin*, No. 35 (September 2009).

<sup>2</sup> Kaiser Family Foundation, “Distribution of Medicaid Enrollees by Enrollment Group, 2011.” <http://kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment-group/>

<sup>3</sup> Kaiser Family Foundation / The Commonwealth Fund, “Experiences and Attitudes of Primary Care Providers Under the first Year of ACA Coverage Expansion,” (June 2015).

<sup>4</sup> Calculations from data released by the Association of American Medical Colleges (AAMC) shows that among non-pediatric primary care physicians, approximately 5 percent are identified as Black or African American and 5 percent as Hispanic or Latino. Association of American Medical Colleges, *Diversity in the Physician Workforce: Facts & Figures 2014*, Table 11: Primary Care vs. Non-Primary Care by Race, Ethnicity, Age, and Sex, 2013 (December 2014).

<sup>5</sup> Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy, Chapter 4, March 2015.

<sup>6</sup> Association of American Medical Colleges, “Women in U.S. Academic Medicine and Science: Statistics and Benchmarking Report, 2011-2012.” Table 1: Medical Students, Selected Years, 1965-2011. (2012)

<sup>7</sup> Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy, Chapter 4, March 2015. Boccuti, Cristina, Christina Swoope, Anthony Damico, and Patricia Neuman. “Medicare Patients’ Access to Physicians: A Synthesis of the Evidence,” Kaiser Family Foundation (December 2013).

<sup>8</sup> Ibid.