Access to Specialty Care

Medicaid and CHIP Payment and Access Commission
Anna Sommers
Purpose of the Review

• Distill what we know about access to specialty care
• Consider what we need to know to support evidence-based policy decisions
Scope of Review

• Specialists providing direct care
  – Excludes radiologists and pathologists
• Office-based and outpatient settings
  – Excludes hospitalists
• Specialty service ≠ physician specialist
Access Domains

- Provider availability
- Utilization
- Enrollee experience
Provider availability
## Percentage of Specialists Accepting Any New Patients by Type of Insurance

<table>
<thead>
<tr>
<th>Type of insurance</th>
<th>Office-based specialists</th>
<th>Psychiatry</th>
<th>Obstetrics-gynecology</th>
<th>Other medical/surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td>43%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td>55</td>
<td>89</td>
<td>96</td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td>67</td>
<td>96</td>
<td>94</td>
</tr>
</tbody>
</table>

**Notes:** Sample is non-federally employed physicians providing direct patient care in physician offices. All differences between Medicaid and other types of insurance are statistically significant at the p<.05 level.  
**Source:** MACPAC analysis of the 2009-2010 National Ambulatory Medical Care Survey.
Specialists Serving Children

• 71 percent of specialists reported participating in Medicaid and CHIP.
  – 51 percent of these specialists accepted “all” children in Medicaid and CHIP as new patients
  – 45 percent accepted “some”

• 36 percent of all specialists serving children accept all children in Medicaid and CHIP as new patients.

Source: MACPAC analysis of Figure 7 in GAO, 2011. *Medicaid and CHIP: Most physicians serve covered children but have difficulty referring them for specialty care*, GAO-11-624.
### Difficulty Referring Children Among Primary Care Physicians (PCPs) Participating in Medicaid/CHIP

<table>
<thead>
<tr>
<th>Difficulty referring children</th>
<th>PCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>Great difficulty</td>
<td>30%</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>53</td>
</tr>
<tr>
<td>No difficulty</td>
<td>15</td>
</tr>
</tbody>
</table>

**Notes:** Sample is non-federally employed physicians in office- and hospital-based settings who report providing direct patient to children age 0-18, and participating in Medicaid and CHIP. PCPs include physicians in general pediatrics, general medicine, family medicine, and internal medicine. Differences between Medicaid and private insurance, and differences between rural and urban PCPs for Medicaid/CHIP children are statistically significant at the p<.05 level.

**Source:** Figure 7 in GAO (2011).
Difficulty Referring Children Among Primary Care Physicians (PCPs) Participating in Medicaid/CHIP

<table>
<thead>
<tr>
<th>Difficulty referring children</th>
<th>Rural PCPs</th>
<th>Urban PCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicaid and CHIP</td>
<td>Private</td>
</tr>
<tr>
<td>Great difficulty</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>No difficulty</td>
<td>24</td>
<td>78</td>
</tr>
</tbody>
</table>

Notes: Sample is non-federally employed physicians in office- and hospital-based settings who report providing direct patient to children age 0-18, and participating in Medicaid and CHIP. PCPs include physicians in general pediatrics, general medicine, family medicine, and internal medicine. Differences between Medicaid and private insurance, and differences between rural and urban PCPs for Medicaid/CHIP children are statistically significant at the p<.05 level.

Source: Figure 8 in GAO (2011).
Specialties Difficult to Access

- Pediatric specialties of psychiatry, adolescent medicine, surgical subspecialties, dermatology, neurology, rheumatology, and urology
- General specialties of psychiatry, obstetrics, orthopedics, surgical, and dermatology
- National physician shortages may affect Medicaid patients disproportionately because specialists favor new private patients
Utilization and enrollee experience
Major Findings

• Use of specialty care by Medicaid enrollees may be comparable to individuals with private insurance for children, and lower for adults.
  – Socioeconomic factors, rather than coverage type, explain most or all differences for children
  – Access for adults with Medicaid is lower than private when controlling for socioeconomic factors

• Children and adults with Medicaid have greater difficulty getting appointments than privately insured.
Gaps in the Literature

• State data
• Special populations
• Performance of Medicaid managed care plans relative to fee-for-service Medicaid
• Referral experience of primary care sites other than community health centers
• Utilization by diagnosis or treatment
Next Steps

• Expert input on a range of questions
  – Measurement of appropriate use of specialists
  – Identify and prioritize conditions and treatments
  – Identify barriers and strategies to address them

• Empirical analysis to fill gaps
  – Diagnosis-related groups
  – Benchmark data
  – State and geographic variation

• Analysis of existing policy options