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CO Medical Society Specialist Survey Results

MHHA meeting

November 11, 2014

Understanding the Medicaid Specialist Access Gap

What: Survey of CMS specialists

- 1600 CMS members practicing adult specialty care
- 52% response rate (excellent by any standard!)
- Survey content:
 - Willingness to see Medicaid patients
 - Severity ratings of problems in Medicaid system
 - Severity ratings of problems with Medicaid patients
 - Perspectives on some proposed solutions
 - Some individual and practice characteristics

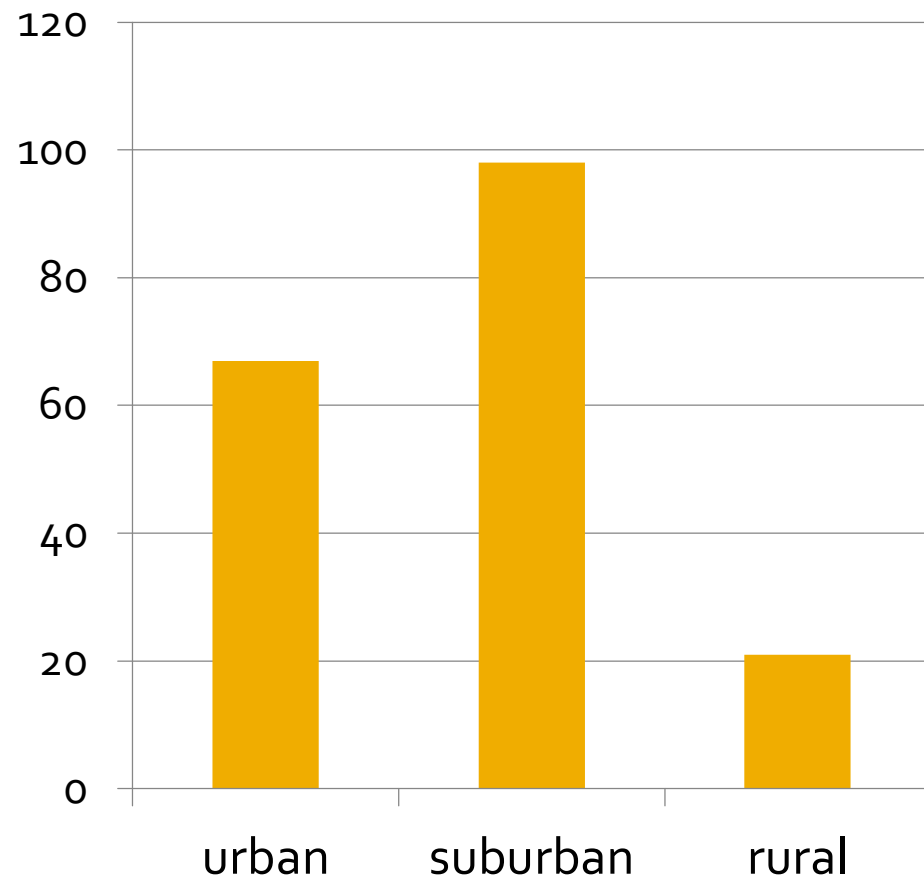
Survey participants

Predominantly

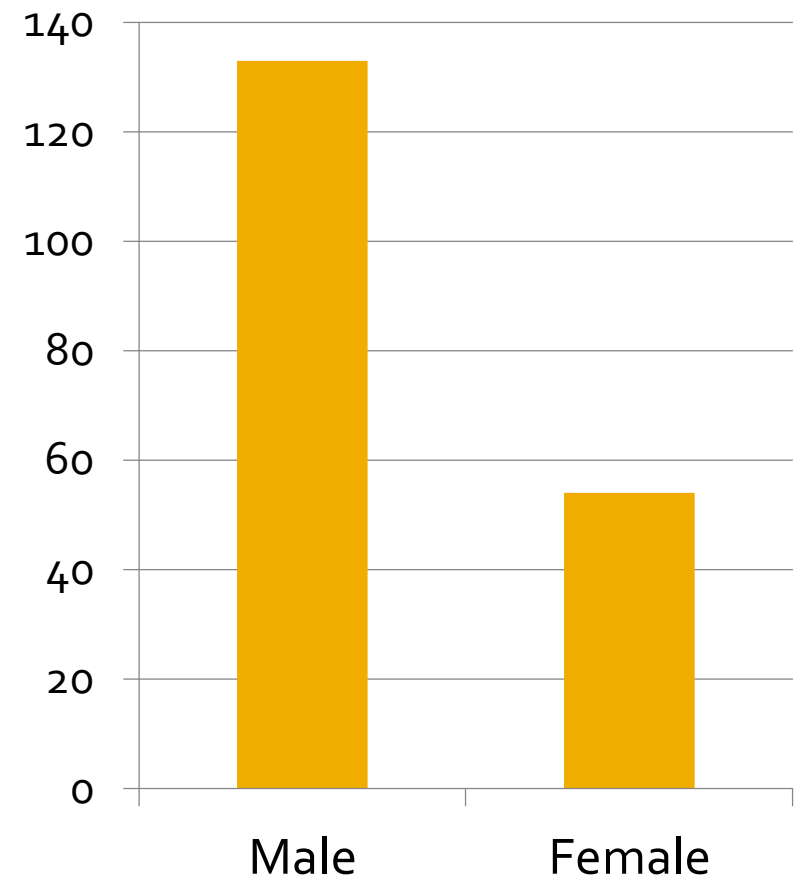
- Male (76%)
- White (88%)
- In practice over 10 years (80%)
- Self-employed or in a single or multispecialty group (74%)
- Have ownership in practice (72%)
- Have some decision-making capacity around Medicaid acceptance (72%)
- Have outpatient practice (93%)

Geography and Gender

Practice Location



Gender



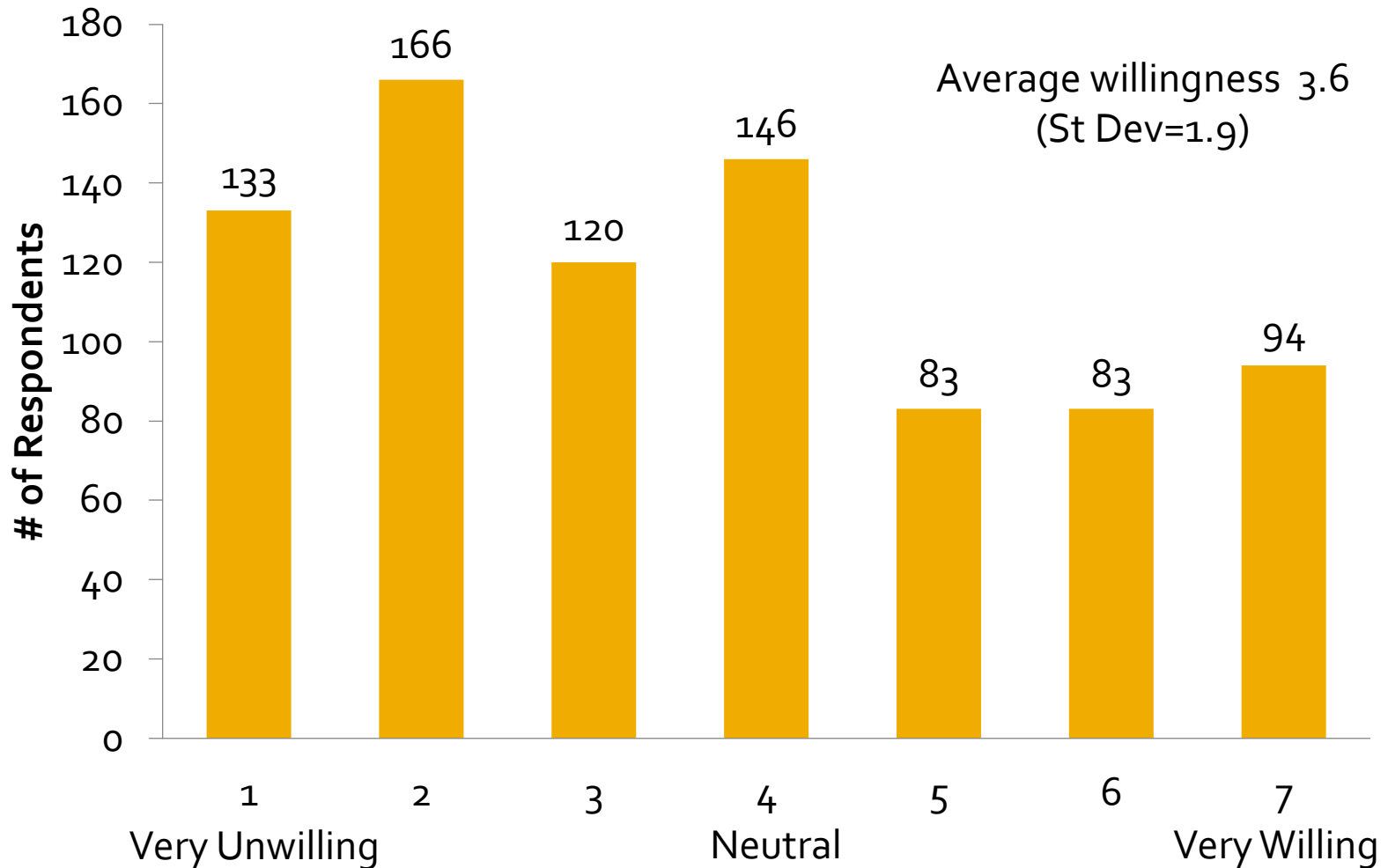
Strong (contradictory) opinions...

- “I believe it should be mandated for all physicians to equally share the burden of medicaid patients. It is only fair.”
- “Mandatory care of these patients without better reimbursement, etc. would definitely drive me into earlier retirement.”
- “The most difficult to take care of and the most unreliable and demanding. And litigious and unemployed.”
- “The issue is never the individual with Medicaid but Medicaid itself.”

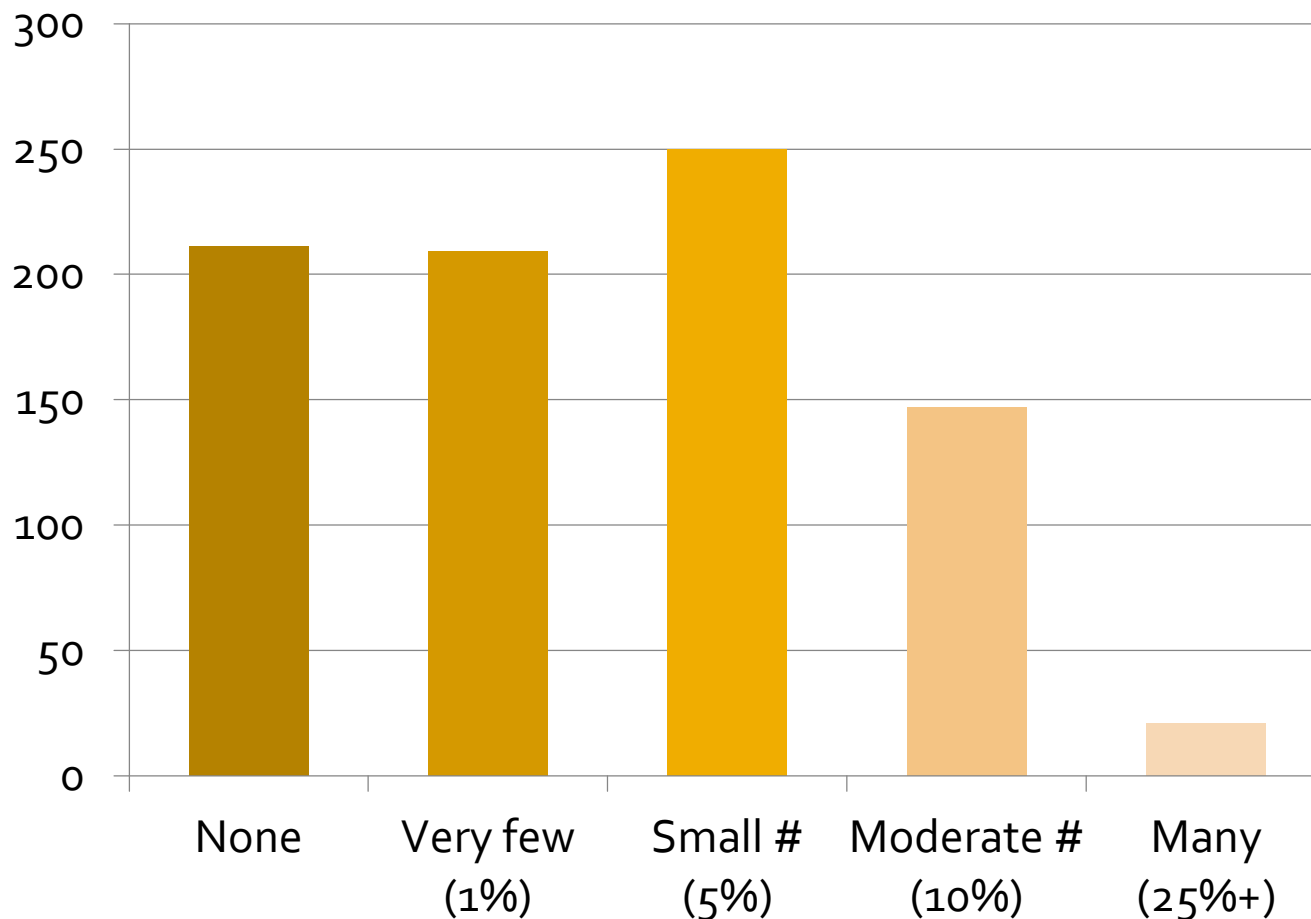
Useful Feedback...

- “Greater **social support** would be helpful”
- “The main problem is to **find surgical subspecialties**... for patients who need to be referred on.”
- “I believe Medicaid should **require a referral from a PCP** for a patient to be seen by a specialist. PCPs, especially those involved in RCCOs should make a good effort to provide basic care to the patient before the patient is referred to a specialist”
- “We need more **mental health and substance abuse** assets. BOTH!”

Physician Attitudes: Willingness to see Medicaid Patients



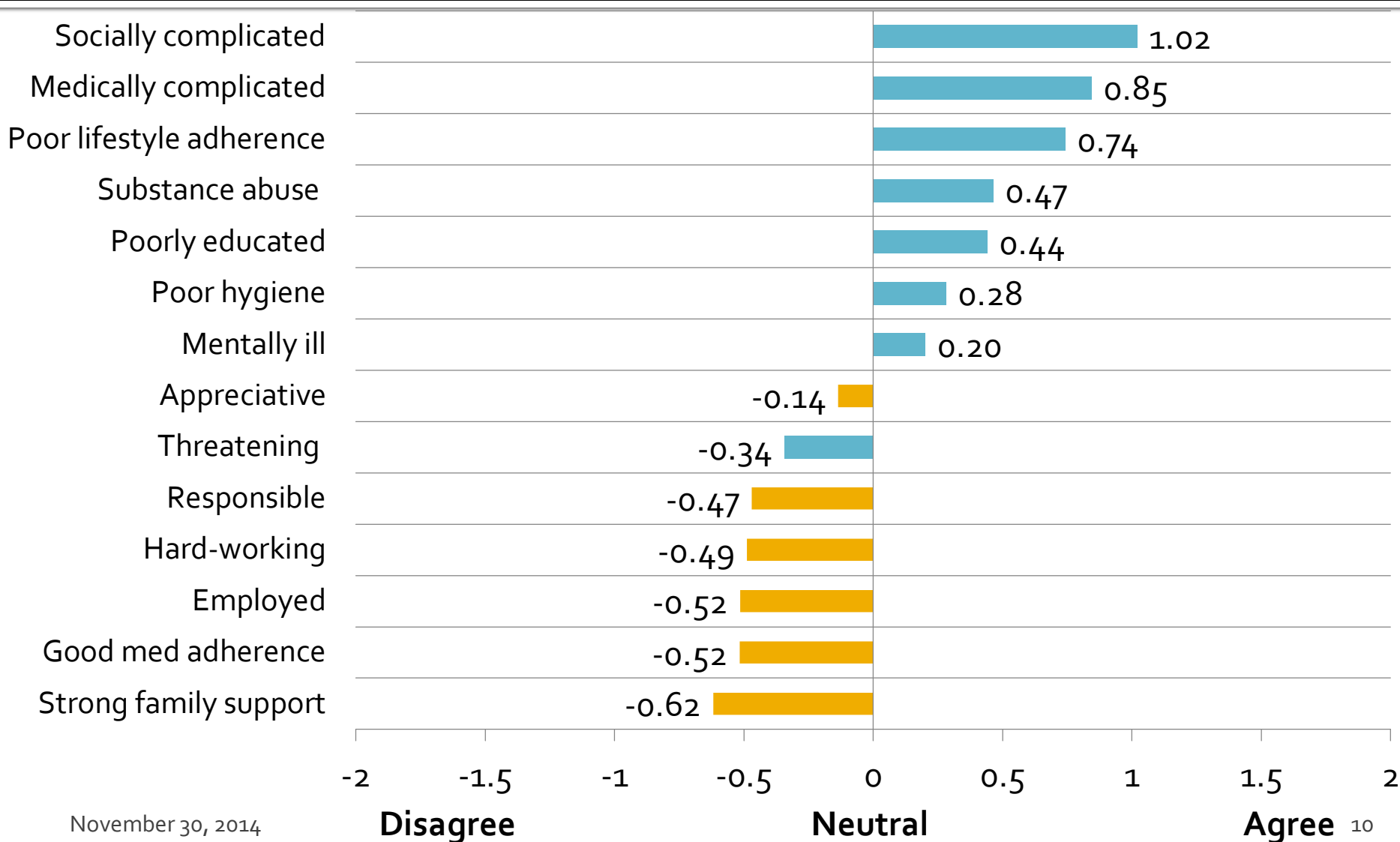
Physician Attitudes: Ideal # of Medicaid patients



7. How much do you agree or disagree with each of the following characterizations of a **typical adult Medicaid patient**?

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
Medically complicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentally ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially complicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly educated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard-working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appreciative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor adherence to diet or exercise recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good adherence to medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening to provider/staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specialist Respondents' Description of a "Typical Medicaid Patient"

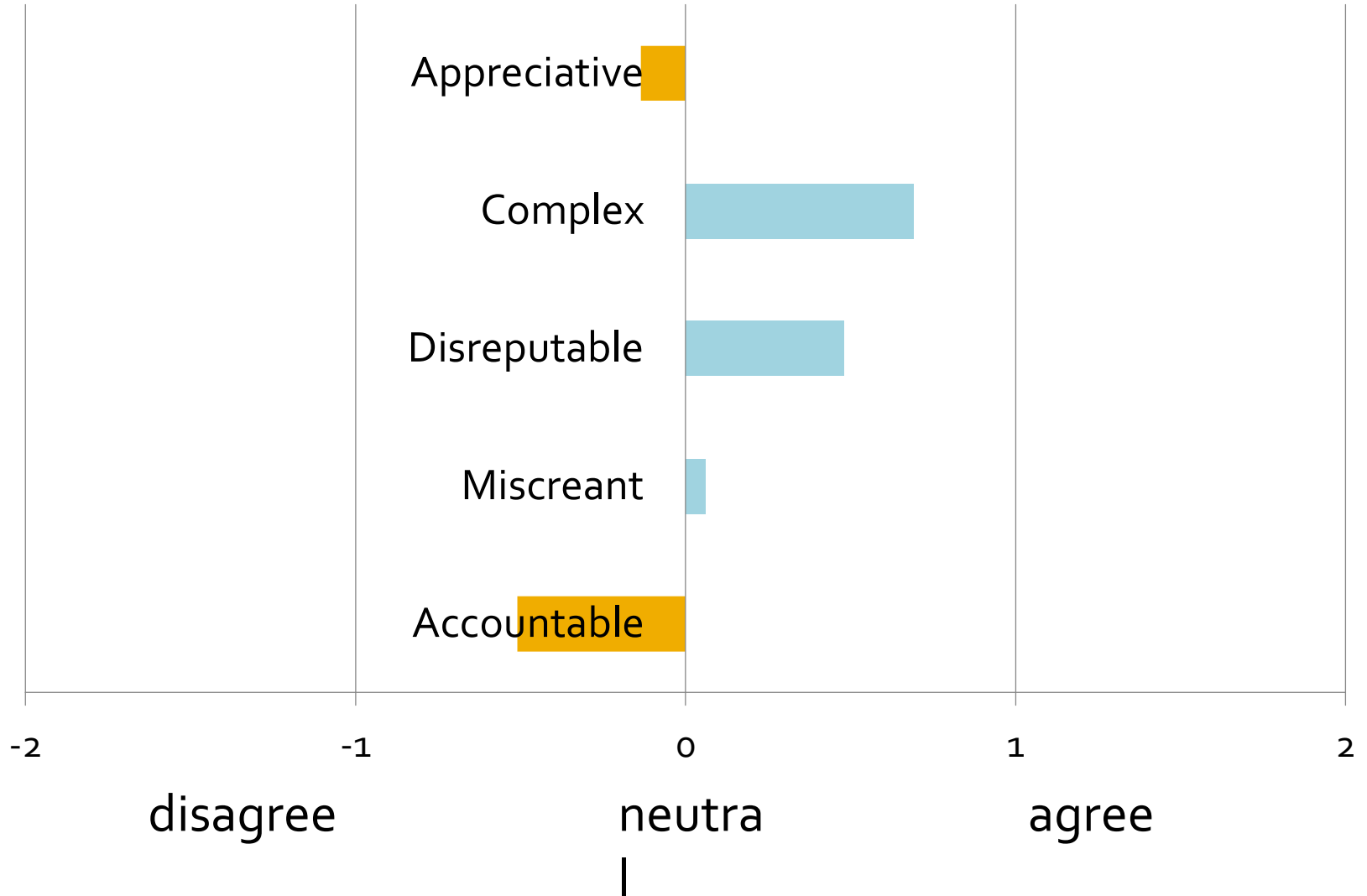


Specialist-Identified Medicaid Patient Constructs

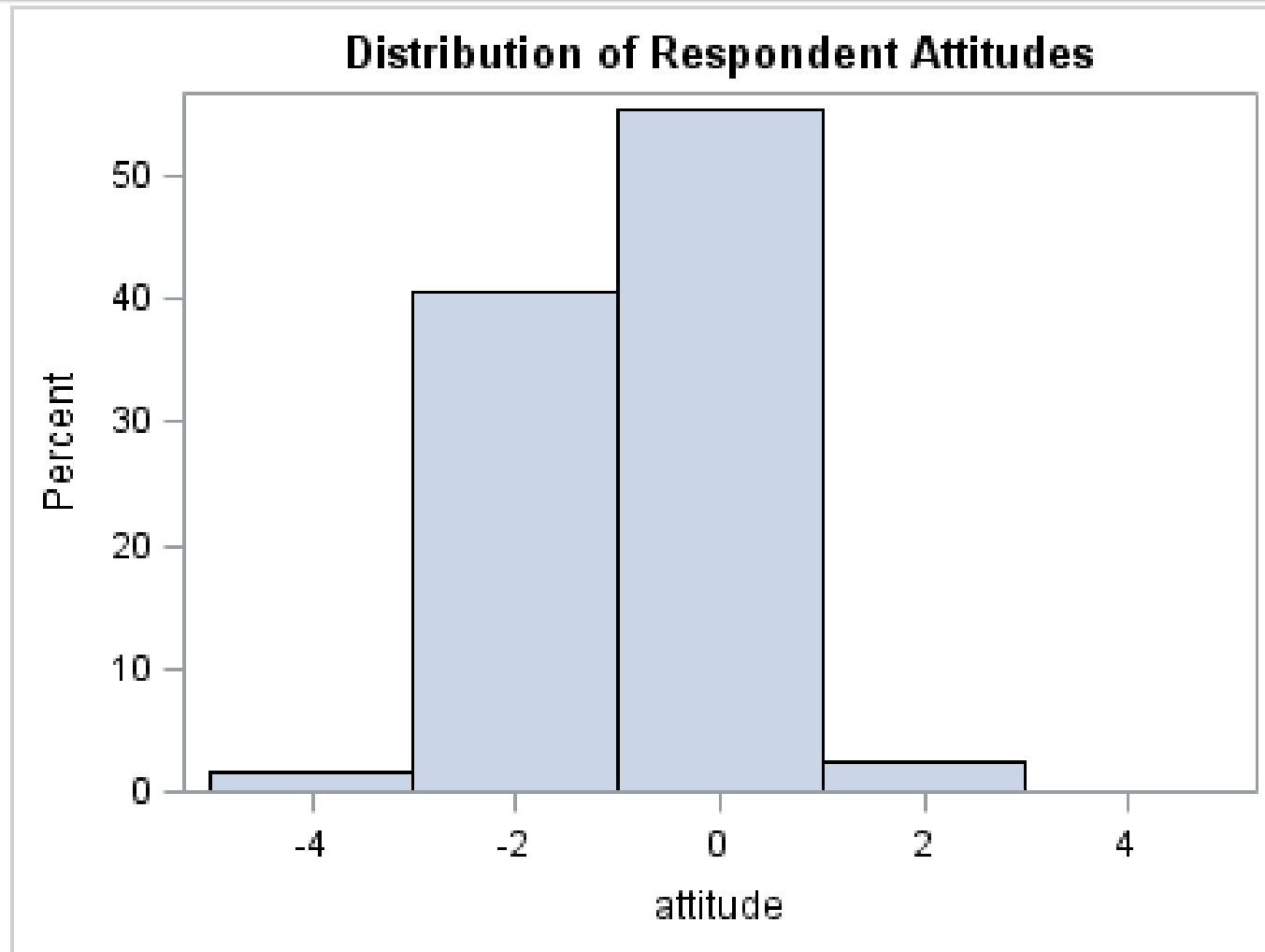
Identified with exploratory factor analysis:

- Complex:
 - socially complex, medically complex & mental illness
- Accountable:
 - responsible, medically adherent, hard-working, family support & employed
- Miscreant:
 - threatening to provider/staff & substance abuse
- Disreputable:
 - poor hygiene, poor lifestyle adherence & low education
- Appreciative: 1 variable alone

Average Respondent Agreement on Belief Dimensions



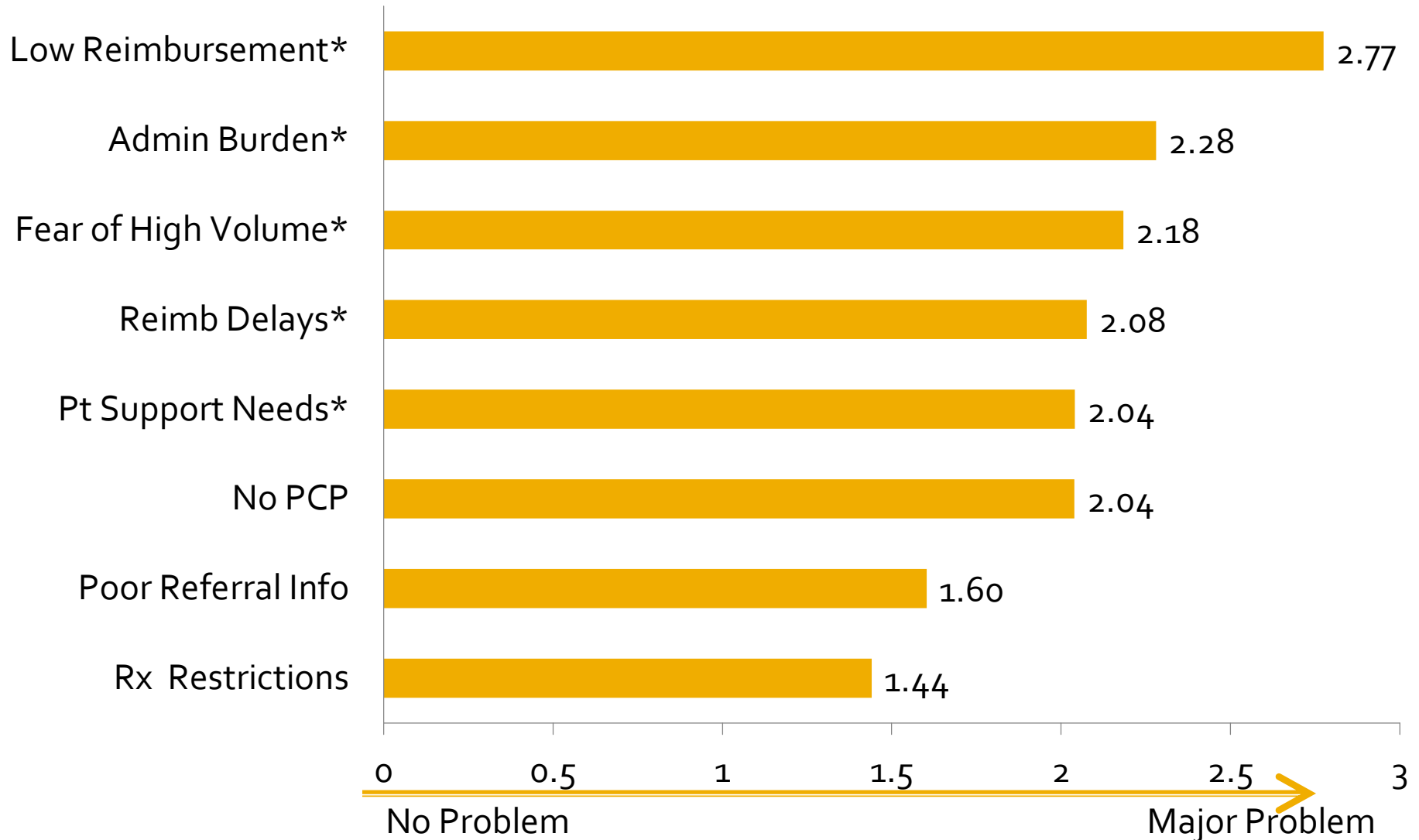
Overall belief index



Predictors of Less Negative Beliefs AND Higher Willingness

- Working in a large organization.
- Low income dependence on individual productivity.
- The respondent being in a lower paying specialty.

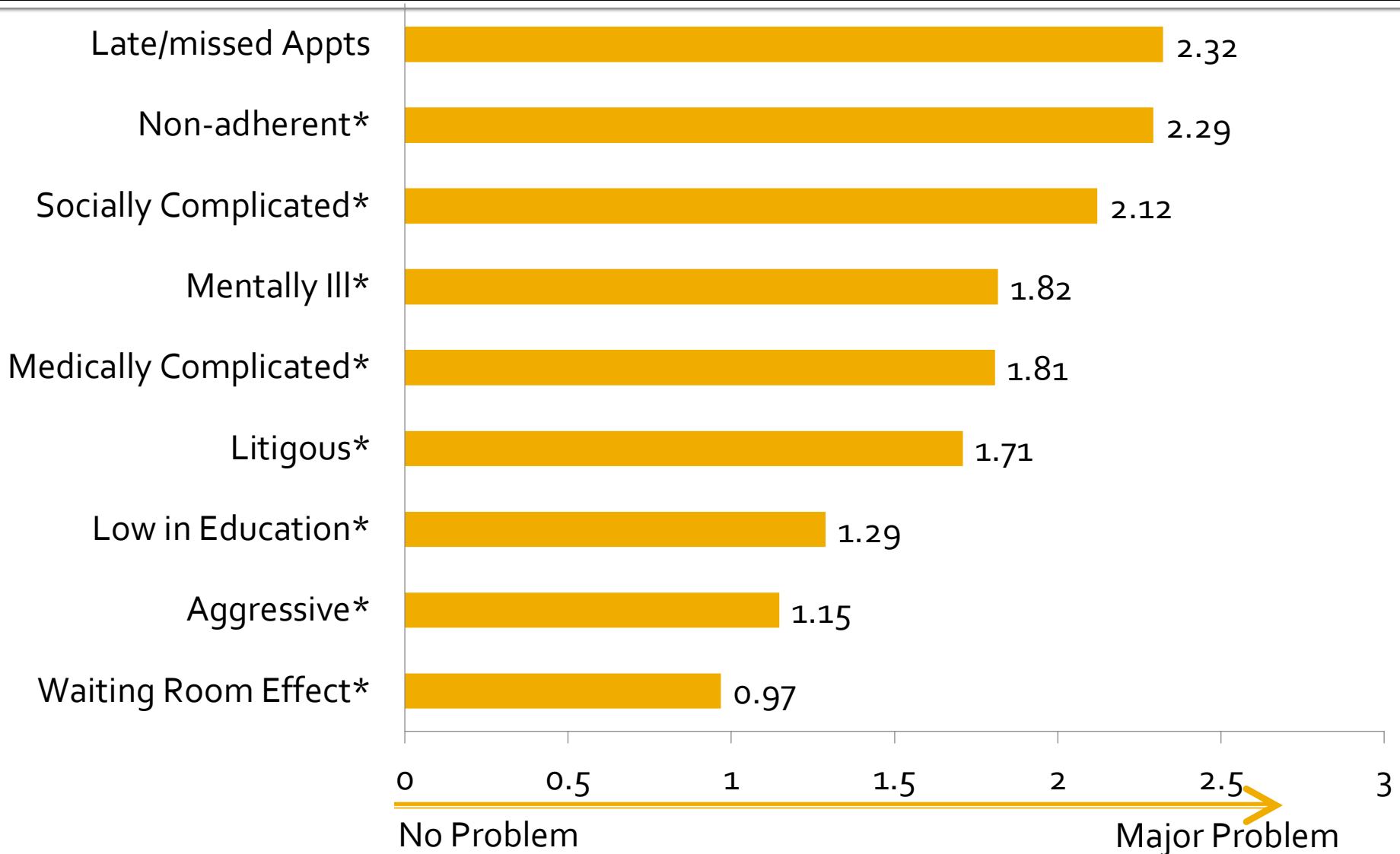
Specialist Problem Identification: Medicaid System Problems



Constructs Regarding System Problems

- Inadequate Support
 - Red-tape/bureaucracy
 - Fear of opportunity costs
 - Rx restrictions
-
- Partially predictive of willingness.

Specialist Problem Identification: Medicaid Patient Problems



Constructs Regarding Patient Problems

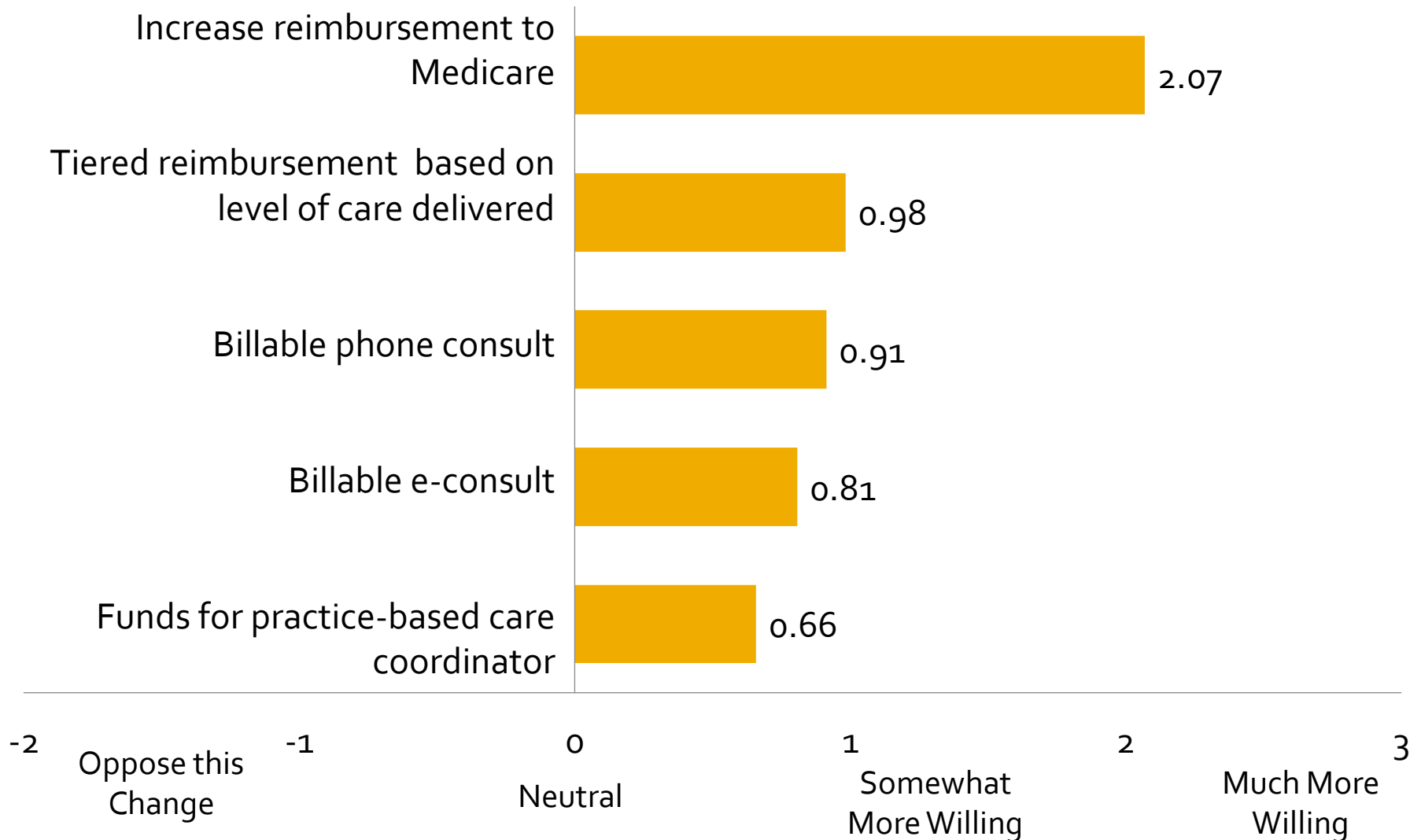
- Patient Complexity
 - Patient “Undesirable/Undeserving”
 - Patient Irresponsible
-
- All constructs were predictive of willingness.

Attitudes toward changes

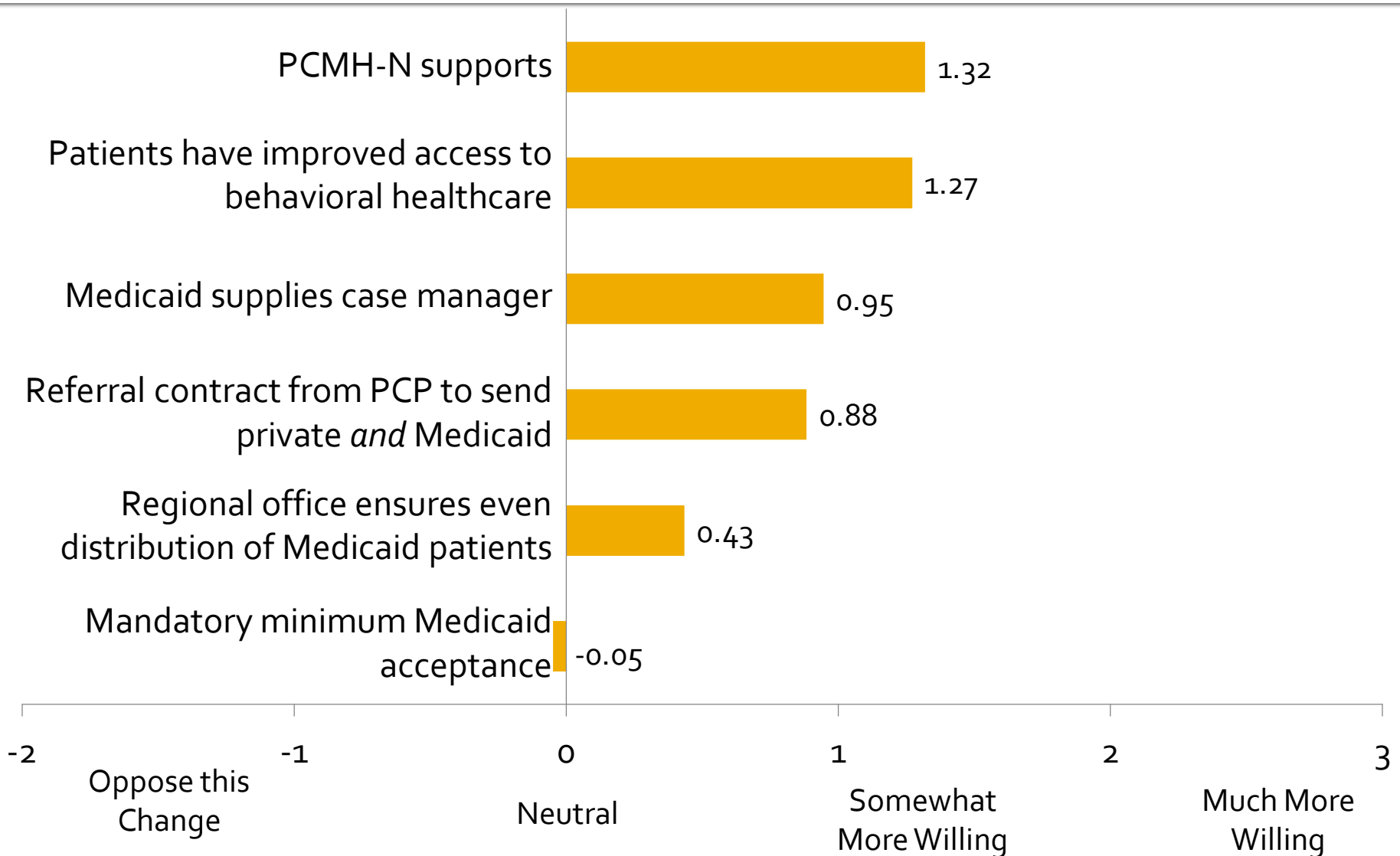
3. Consider the following reimbursement policy changes. How would each change affect your willingness to see Medicaid patients in your specialty practice?

	Neutral	A Little More Willing	Moderately More Willing	Much More Willing	I oppose this change
Financial resources for a care coordinator in your practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A billable phone consultation with a PCP for simple specialty issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A billable electronic (eg. e-mail) consultation with a PCP for simple specialty issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policy: Change in Willingness to see Medicaid with Reimbursement Changes

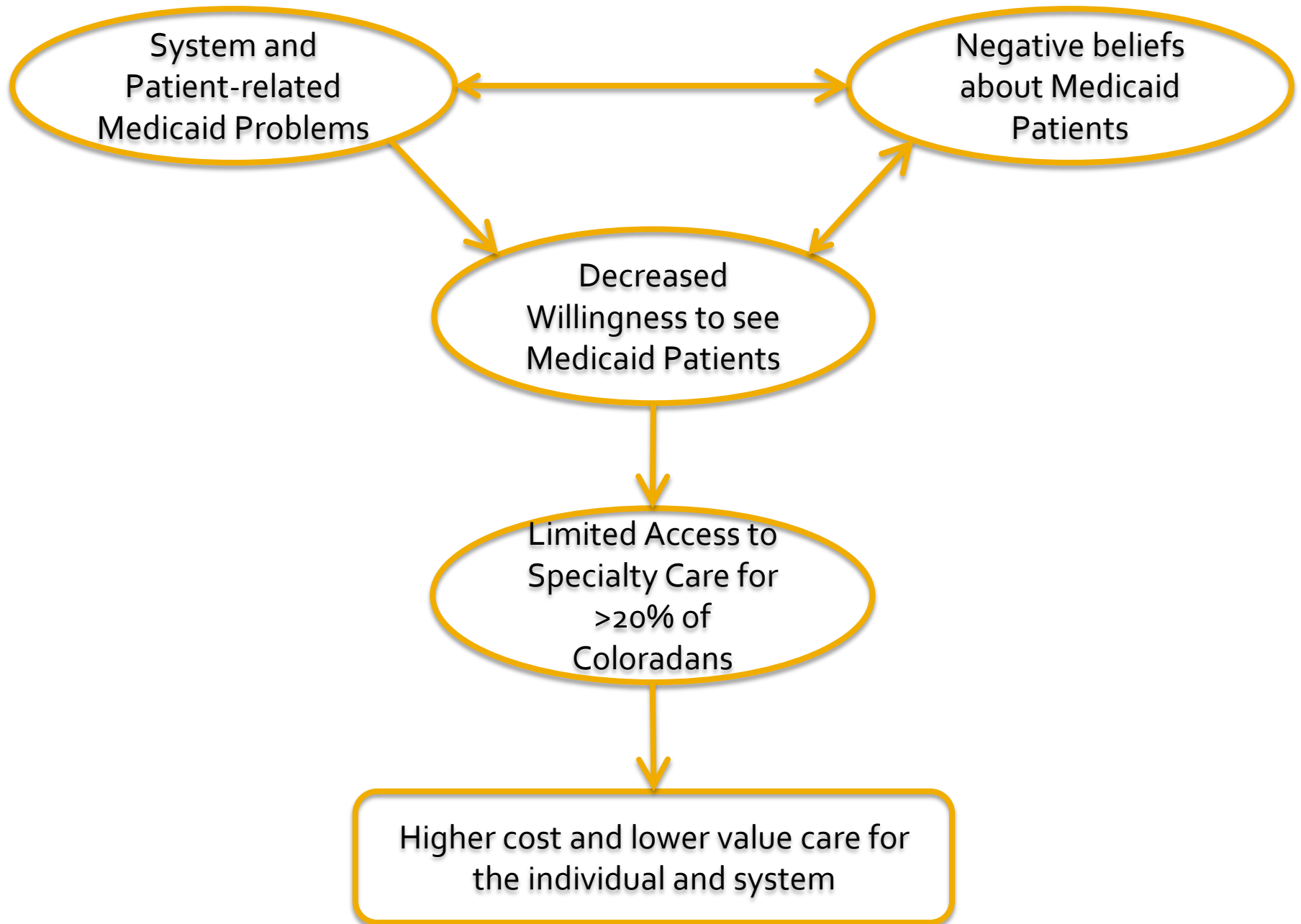


Policy: Change in Willingness to see Medicaid with System Changes



Constructs Regarding Policy Changes

- More efficient referral structure
 - Help with non-specialty issues
 - (mandated?) universal participation
 - Non-\$ compensation
-
- Openness to EVERY policy change was predicted by initial willingness



Conclusions

- You tell me!

Acknowledgements

- Colorado Medical Society – Special thanks to Chet Seward
- Irene Blair
- Art Davidson
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