



# Access to Specialty Care



**Medicaid and CHIP Payment and Access Commission**

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# 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  $\neq$  physician specialist

# Access Domains

- Provider availability
- Utilization
- Enrollee experience

# Provider availability

# Percentage of Specialists Accepting Any New Patients by Type of Insurance

Type of insurance	Office-based specialists		
	Psychiatry	Obstetrics-gynecology	Other medical/surgical
Medicaid	43%	75%	76%
Medicare	55	89	96
Private	67	96	94

**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

Difficulty referring children	PCPs	
	Medicaid and CHIP	Private
Great difficulty	30%	0%
Some difficulty	53	28
No difficulty	15	72

**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

Difficulty referring children	Rural PCPs		Urban PCPs	
	Medicaid and CHIP	Private	Medicaid and CHIP	Private
Great difficulty	26%	0%	34%	0%
Some difficulty	50	23	53	29
No difficulty	24	78	13	71

**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