



**CALIFORNIA  
HEALTHCARE  
FOUNDATION**

## Physician Participation in Medi-Cal, 2008

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Kevin Grumbach, M.D.

Andrew B. Bindman, M.D.

University of California, San Francisco

Sacramento Briefing

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## Medi-Cal

California Medicaid (Medi-Cal) provides health insurance to 7 million Californians.

- Multi-ethnic/multi-lingual patient population
- Half of beneficiaries are children

Health reform would add 2 million beneficiaries in California starting in 2014.

- New beneficiaries primarily low-income childless adults

## Access to Care in Medicaid

- Physician participation in Medicaid is voluntary.
- 60% of physicians nationwide participate.
- Lower payment associated with lower rates of participation.
  - On average Medicaid pays 69% of Medicare rates
  - Only 62% for primary care
  - California one of the lowest-paying states for physician services – 56% of Medicare on average
- Barriers to care result in:
  - Overcrowded emergency rooms
  - Preventable hospitalizations

## Study Aims

- Enumerate and characterize the physician workforce available to Medi-Cal beneficiaries in 2008:
  - Physicians accepting new Medi-Cal patients
  - Physicians reporting any Medi-Cal patients in their practice (aka Medi-Cal “participation”)
  - Concentration of Medi-Cal patients in physician practices
- Examine participation by:
  - Specialty
  - Urban vs. rural practice location
- Contrast with physician participation in other types of insurance and in care of uninsured
- Report trends over time

## Methods

- Brief supplemental questionnaire included in California Medical Board license renewal mailing with standard questionnaire
- Response on a voluntary basis
- Supplemental survey included items on accepting new patients and payer mix of existing patients
- “Natural” random sample: Questionnaire included in mailing to physicians undergoing renewals based on birthdates October 1 - November 30, 2008
- Physicians completed hard copy or online questionnaire
- Survey results combined with information from Medical Board on physician demographics, training status, specialty, work hours, and practice location

## Analysis

- Excluded physicians who were:
  - Applying for first license
  - In training
  - Not in patient care at least 20 hours per week
- Physician linked to Medical Service Study Area (MSSA) based on practice Zip code or, if missing, mailing address Zip code
- Practice location characterized as rural or urban per OSHPD MSSA definitions

## Physician Specialty

- Primary Care
  - Family medicine, general pediatrics, general internal medicine, geriatrics
- Surgery includes general and specialties
- Medical specialties of internal medicine
  - Cardiology, pulmonary, gastrointestinal, neurology, etc.
- Facility based
  - Anesthesiology, radiology, emergency medicine
- Obstetrics and gynecology
- Psychiatry
- 13% of respondents missing specialty data

## Estimates over Time

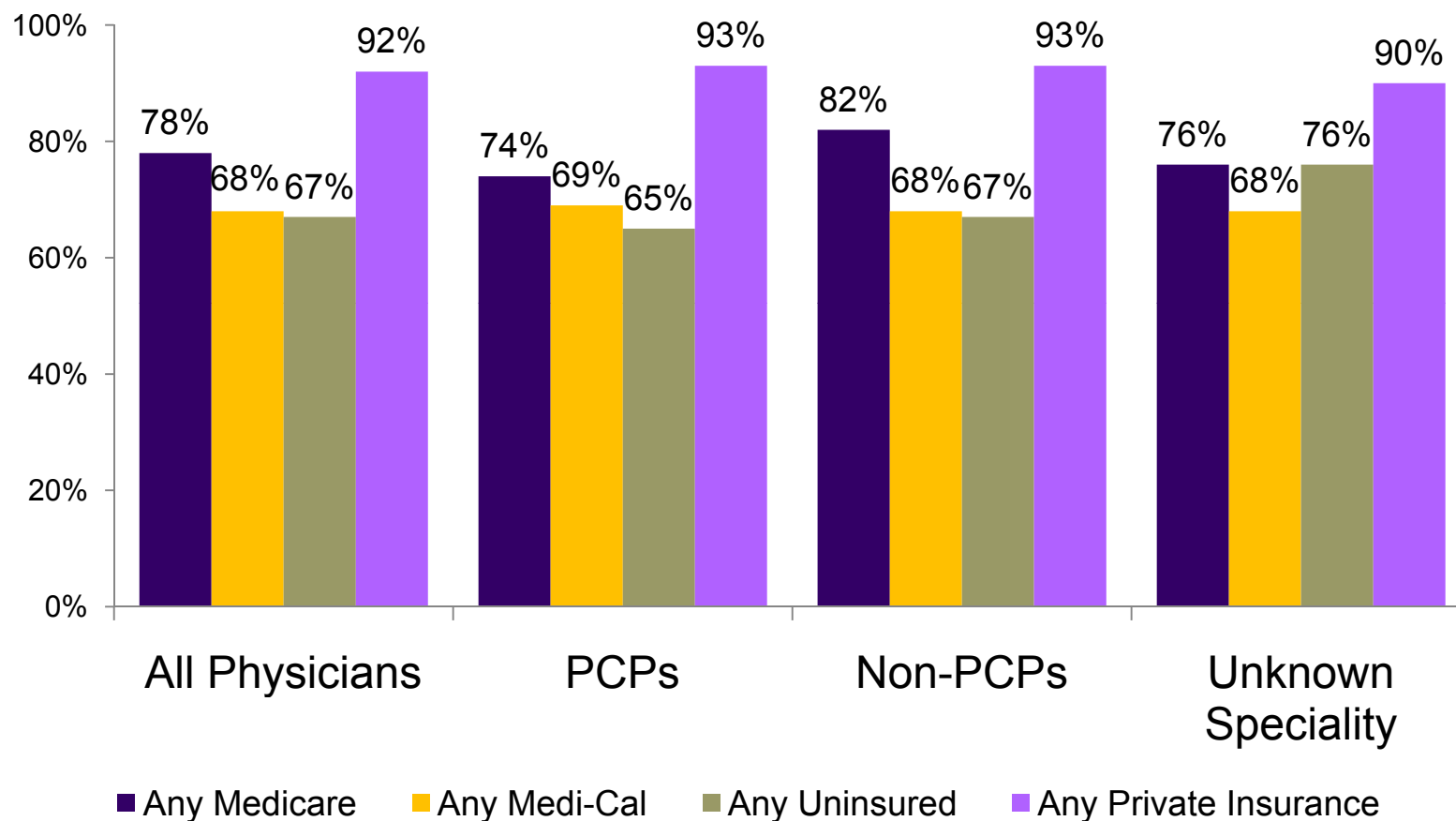
- UCSF administered physician surveys in 1996/98, 2001, and 2008.
- All included questions on payer mix and acceptance of new patients by specific insurance categories.
- However, important differences between 1996/98 and 2001 versus 2008 surveys. 1996/98 and 2001 surveys had:
  - Clustered samples by county and specialty
  - Not all specialties included
  - Independently mailed survey not linked to relicensure and Medical Board mailing
  - Payer mix questions embedded in longer survey
- Need to exercise extreme caution in time trend comparisons, given important differences in survey methods!



## Response Rate

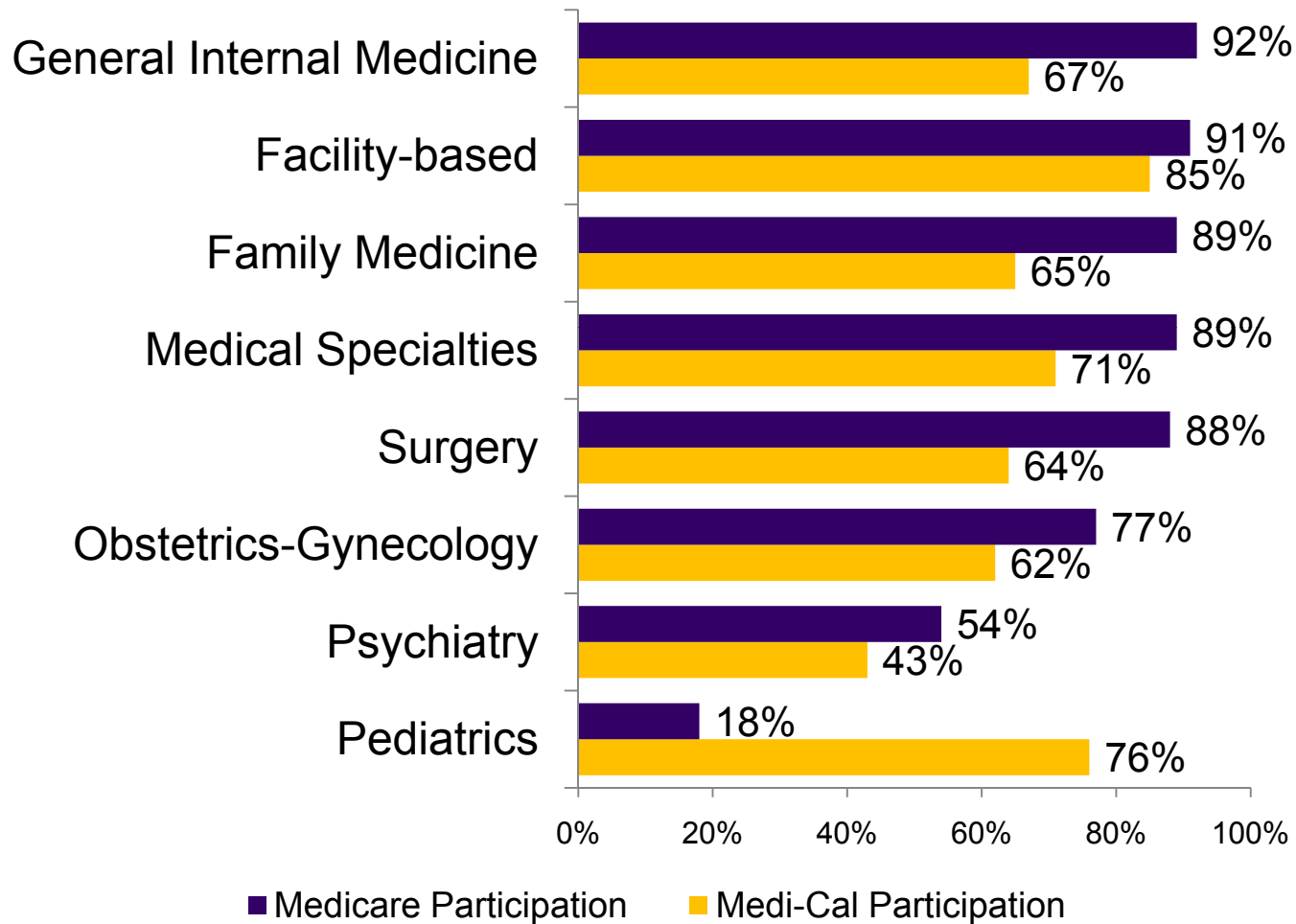
- 5,155 of 8,662 (60%) physicians mailed license renewal notification in October and November 2008 completed supplemental survey.
- 45% of respondents completed the questionnaire online.
- Demographics of respondents and non-respondents very similar.
- Results weighted based on physician age, gender, and mailing address (CA vs. non-CA) to extrapolate results to entire population of licensed patient care physicians in California.

## California Physicians with Any Medi-Cal, Medicare, or Uninsured Patients in Practice, 2008



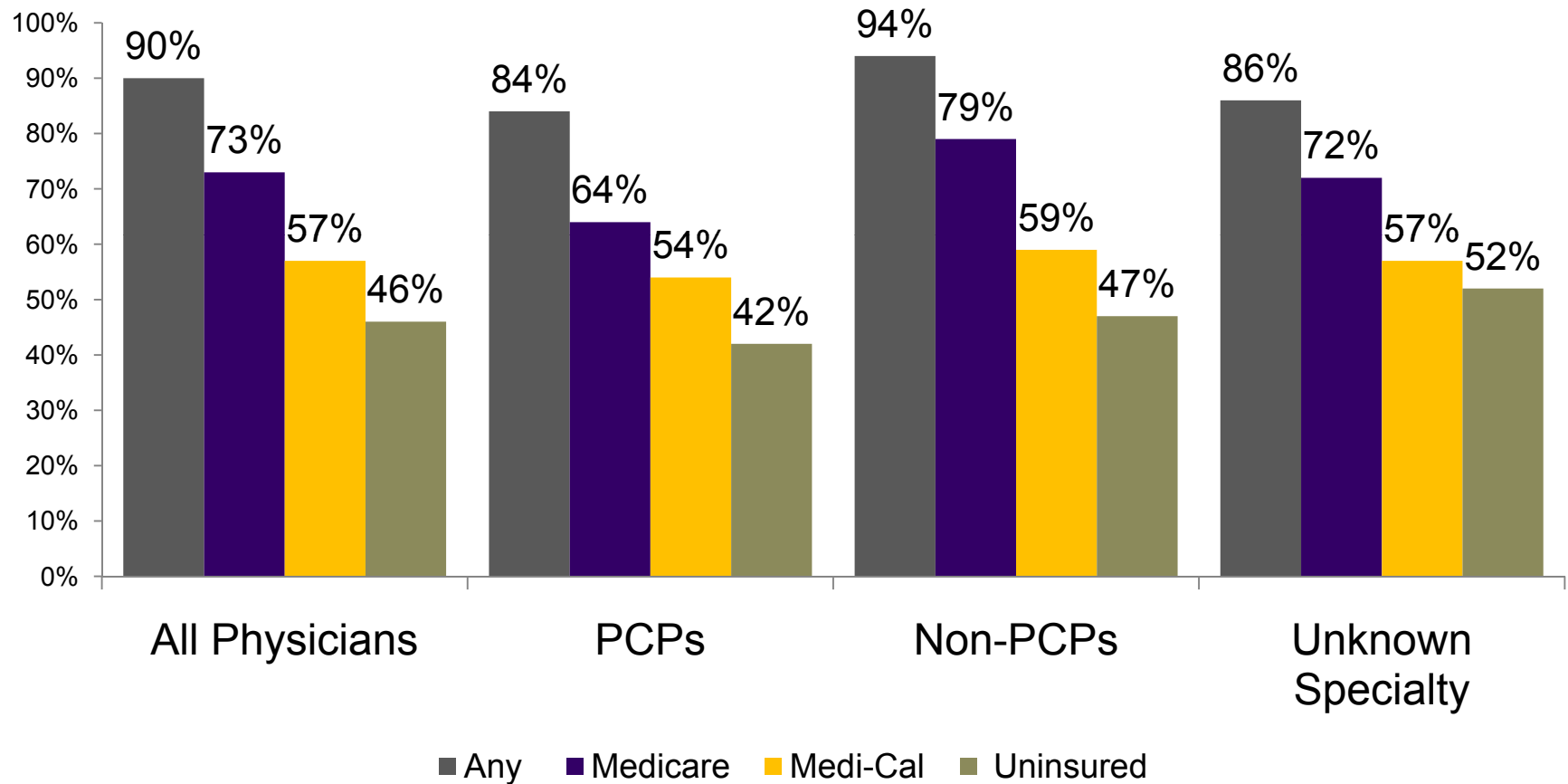
# California Physician Participation in Medicare and Medi-Cal

By Specialty, 2008



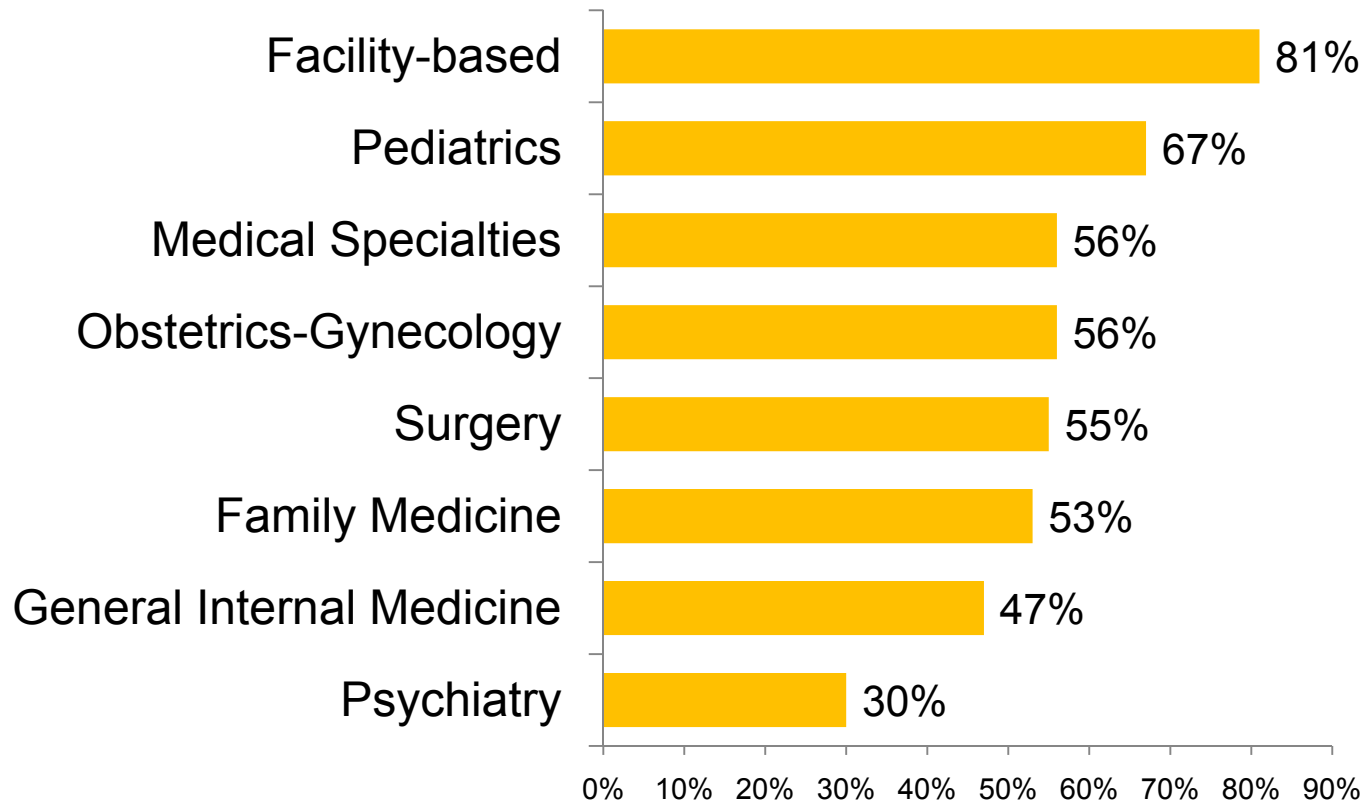
# California Physicians Accepting New Patients

By Payer Status, 2008



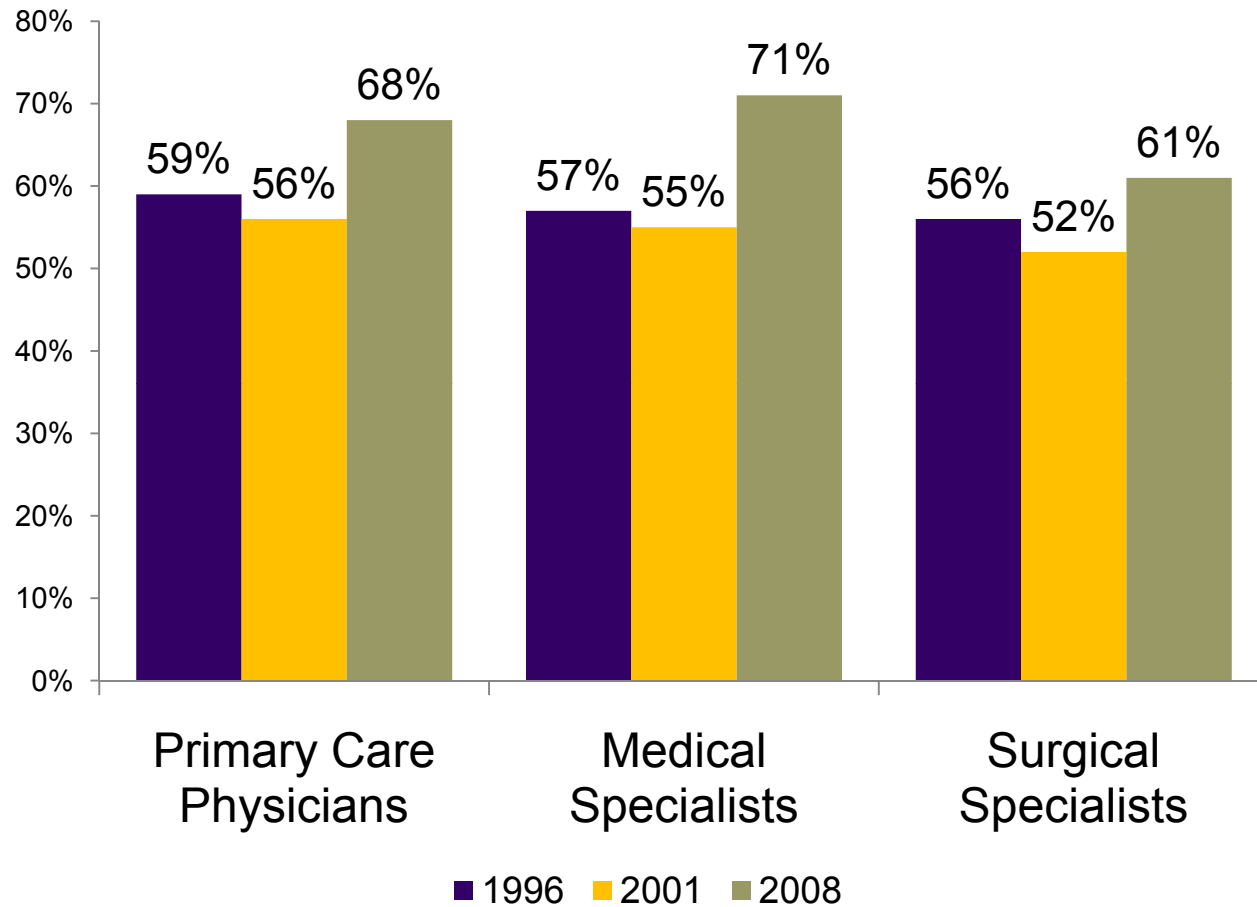
# California Physicians Accepting New Medi-Cal Patients

By Specialty, 2008



# Urban Physicians Participating in Medi-Cal

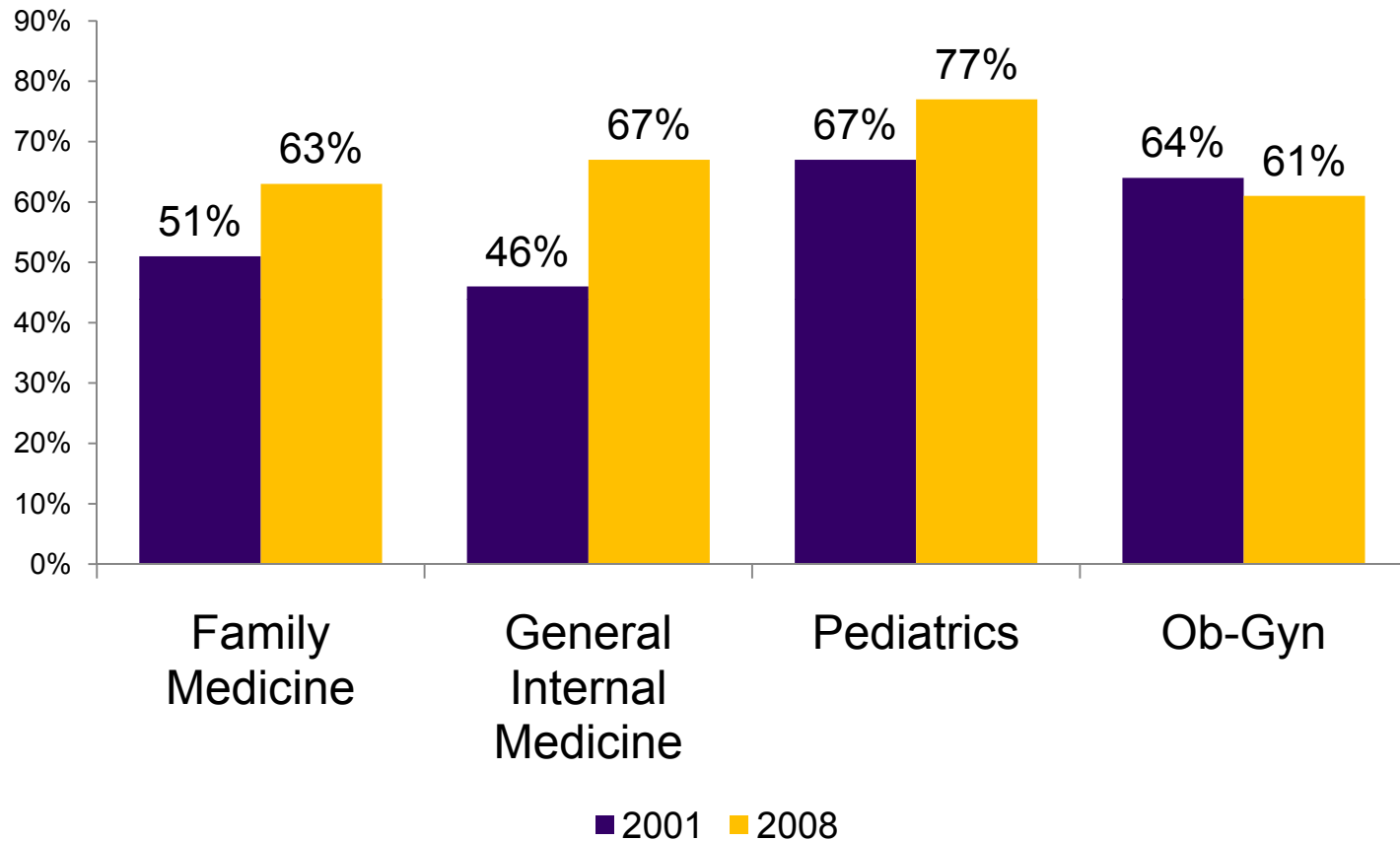
Trends over Time



Note: Results may not be directly comparable across surveys due to variations in survey methods.

# Urban Physicians Participating in Medi-Cal

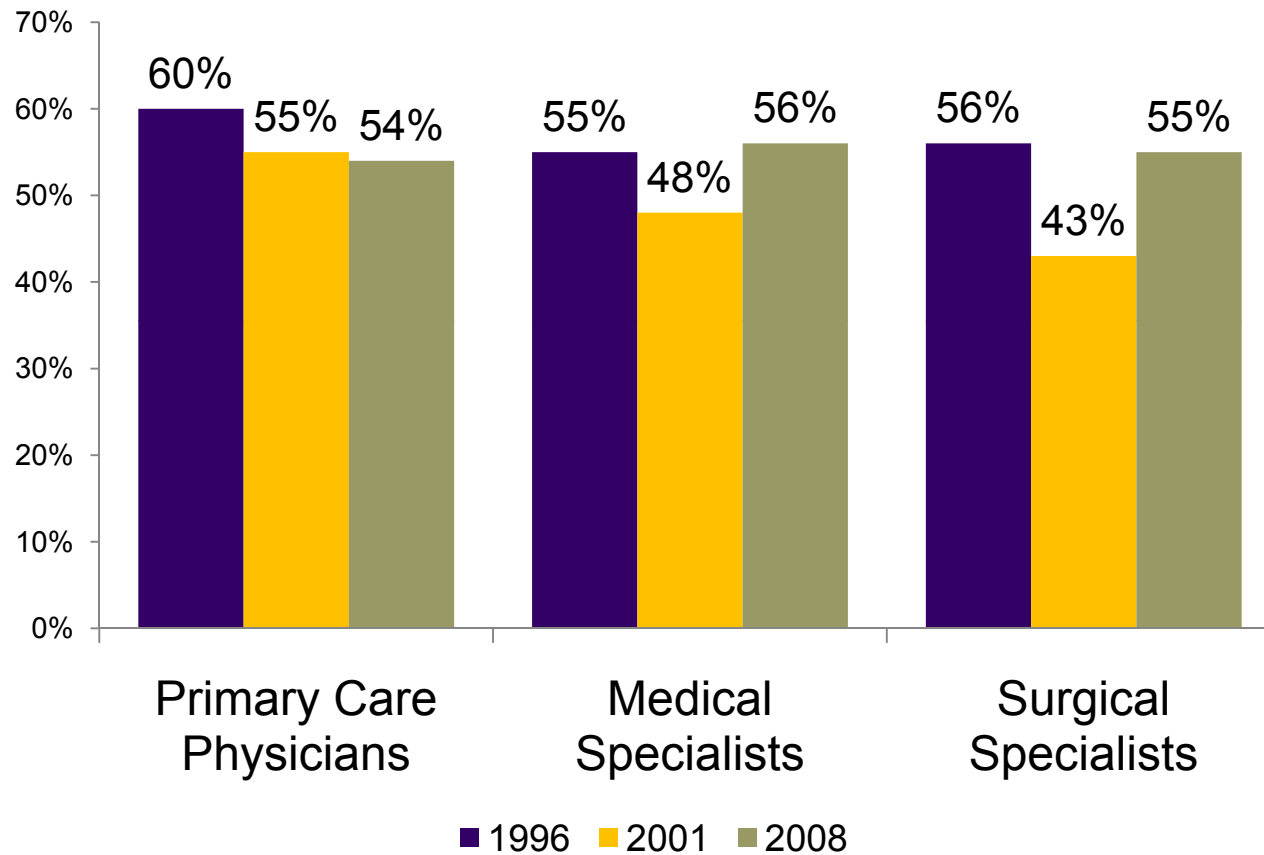
## Trends over Time by Specialty among PCPs and Ob-Gyns



Note: Results may not be directly comparable across surveys due to variations in survey methods.

# Urban Physicians Accepting New Medi-Cal Patients

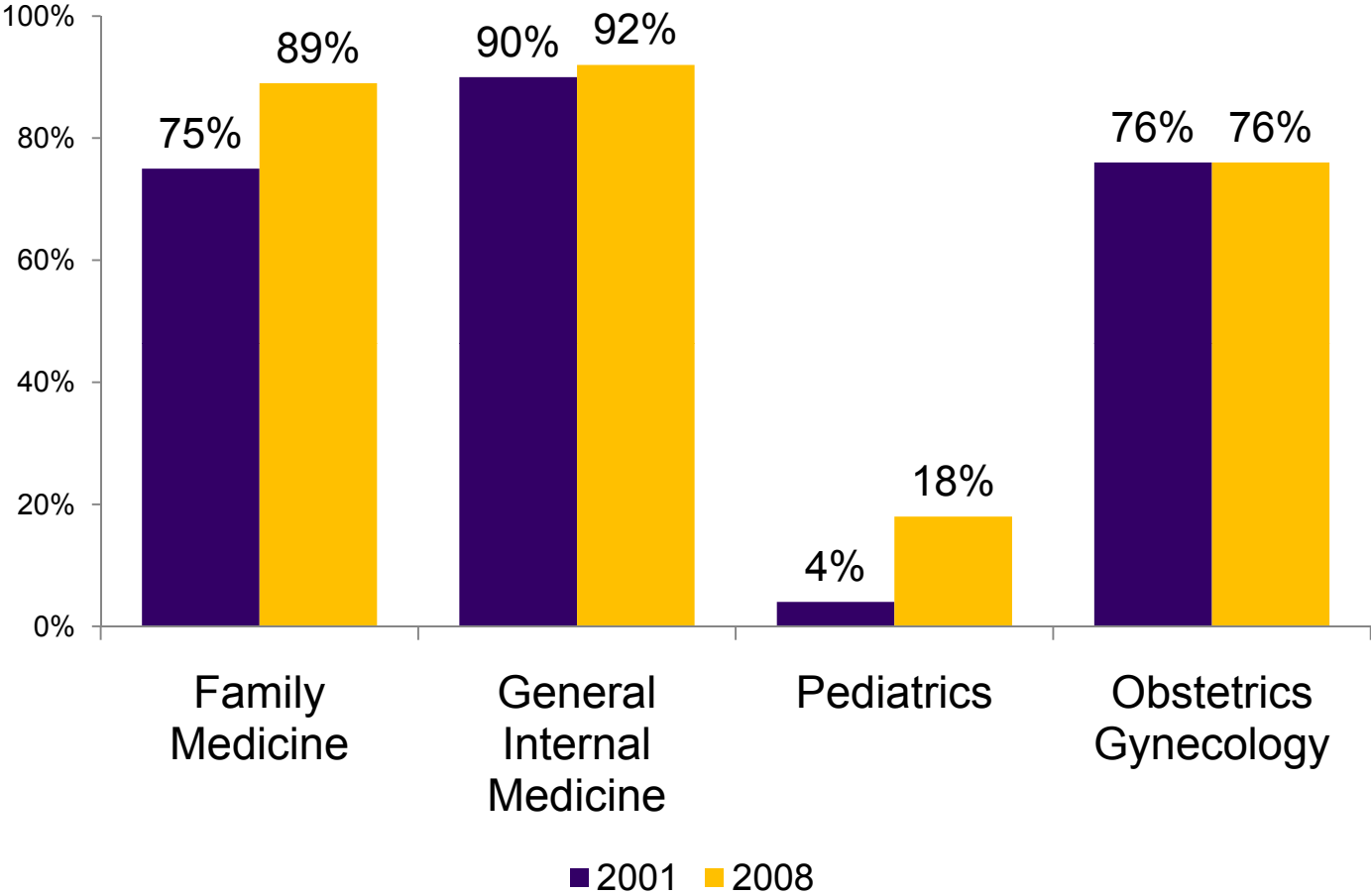
## Trends Over Time



Note: Results may not be directly comparable across surveys due to variations in survey methods.



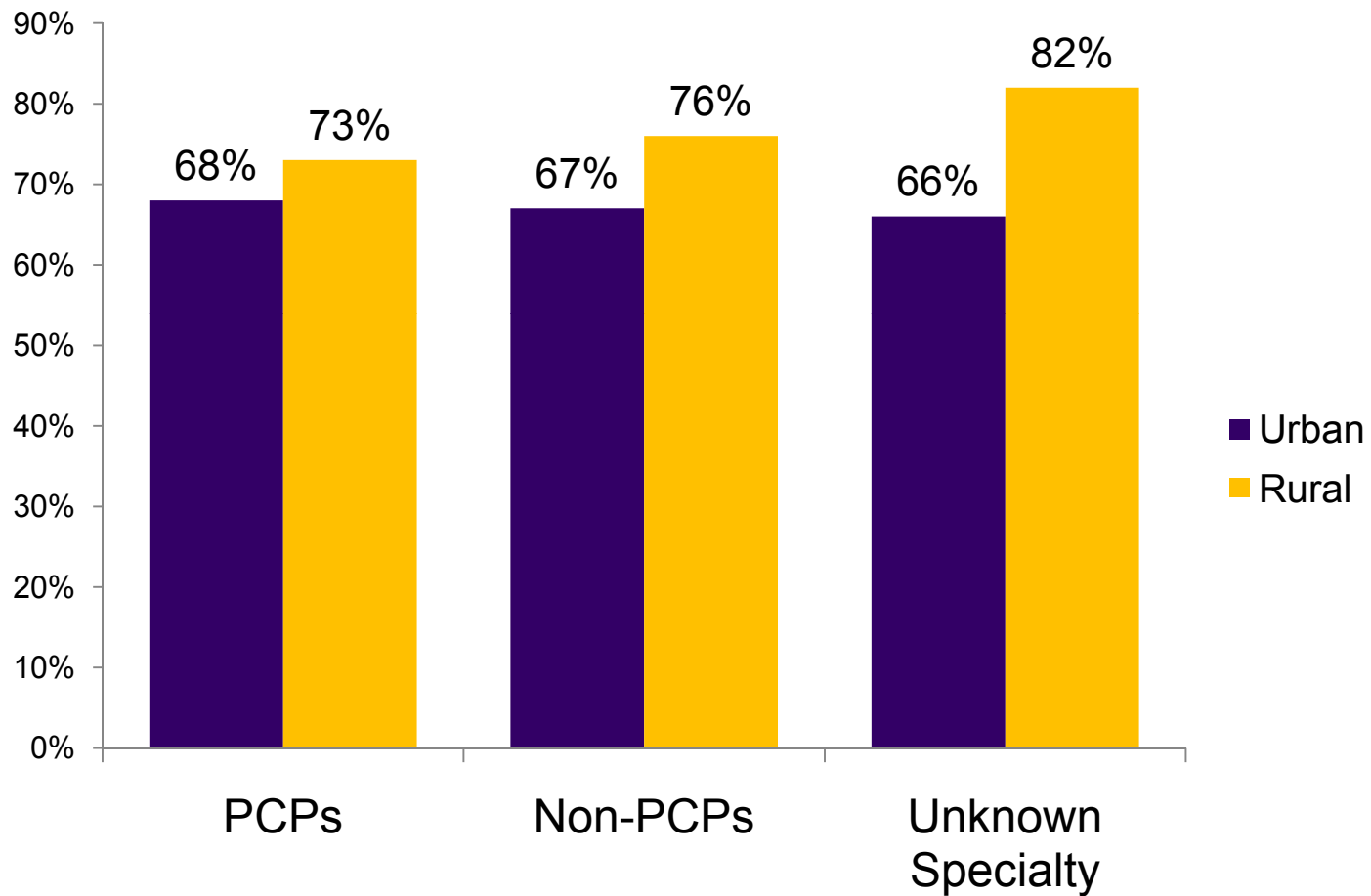
# Urban California Physician Participation in Medicare



Note: Results may not be directly comparable across surveys due to variations in survey methods.

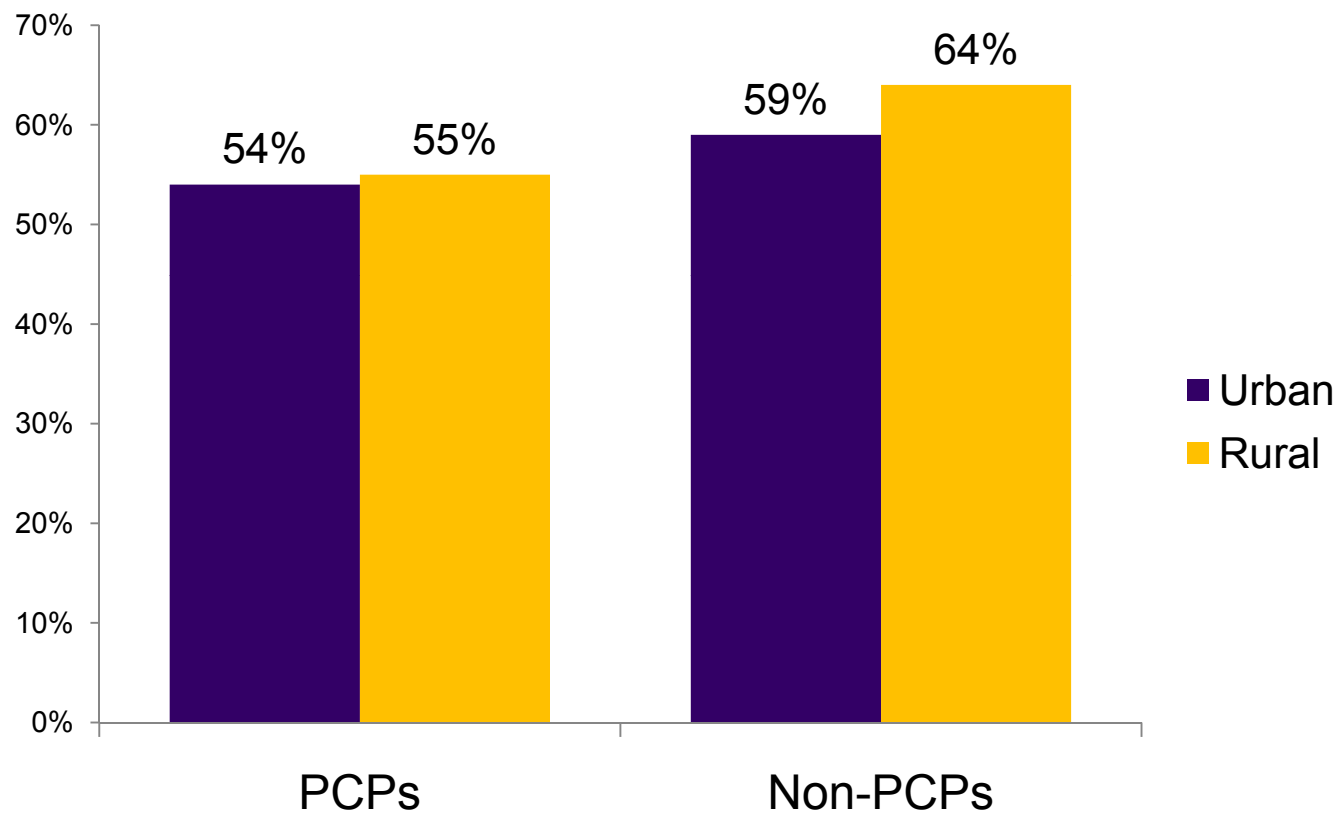
# Medi-Cal Participation, 2008

According to Urban or Rural Practice Location

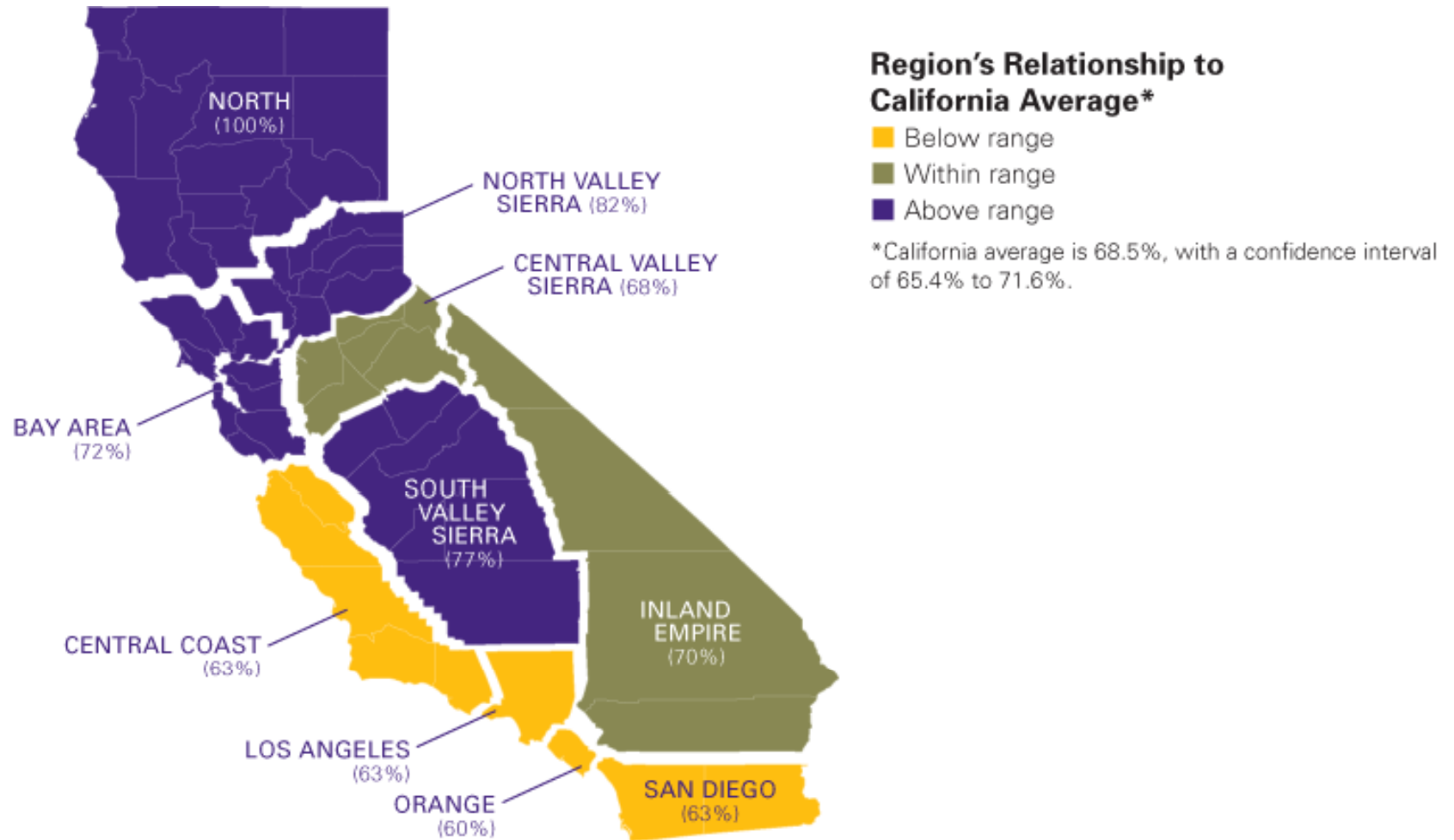


# California Physicians Accepting New Medi-Cal Patients

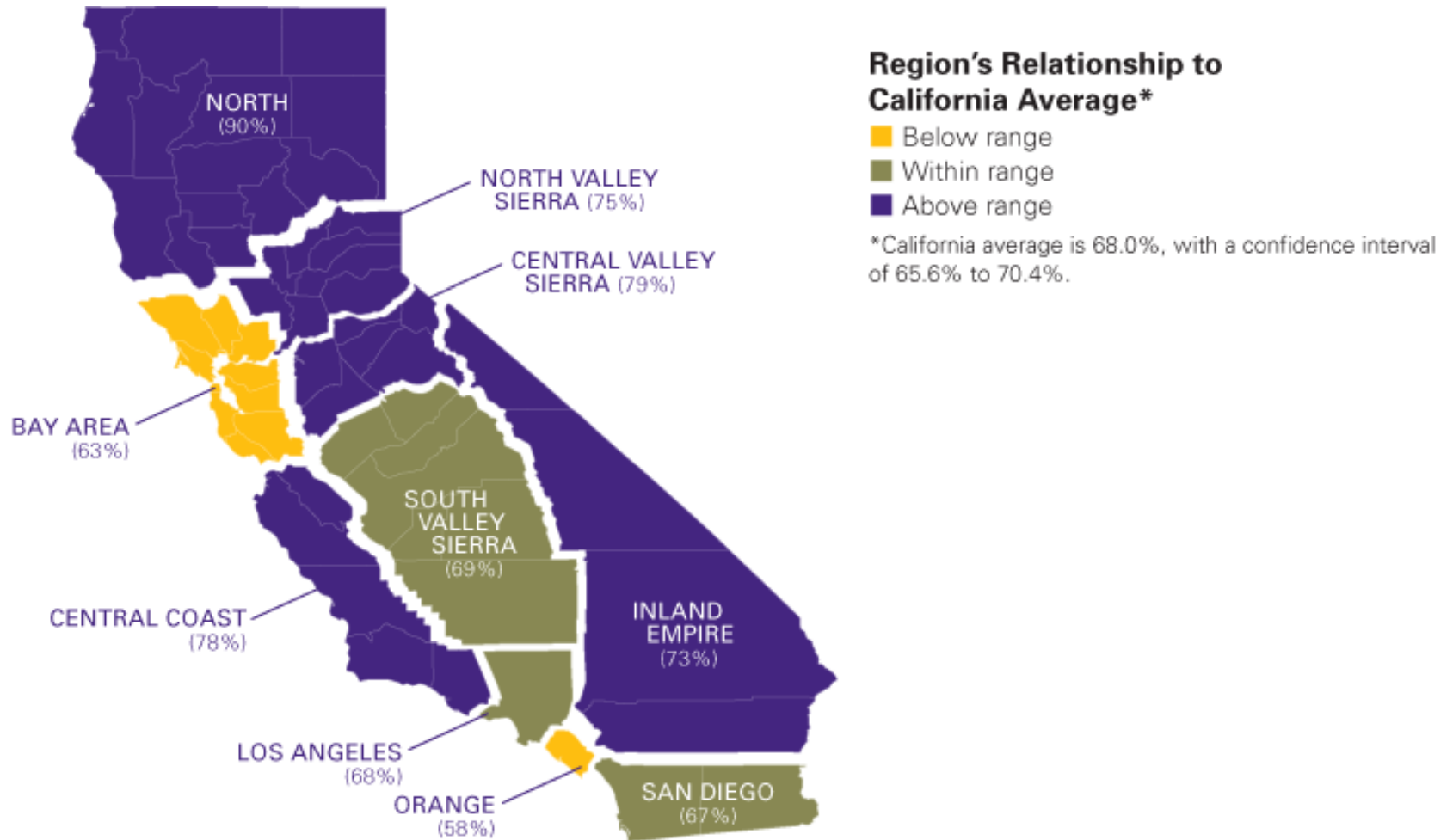
Urban vs. Rural Practice, 2008



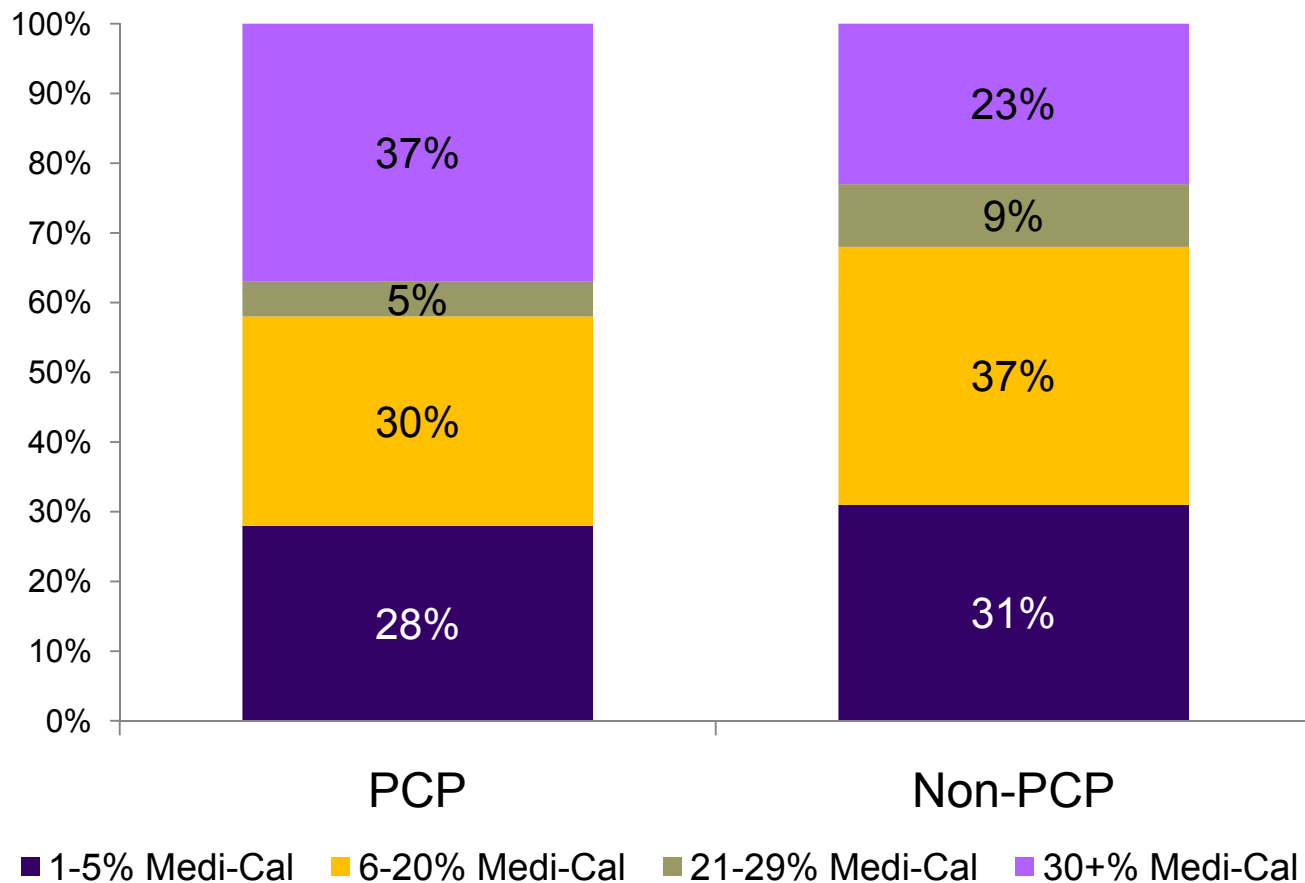
# Primary Care Physician Participation in Medi-Cal By Region, 2008



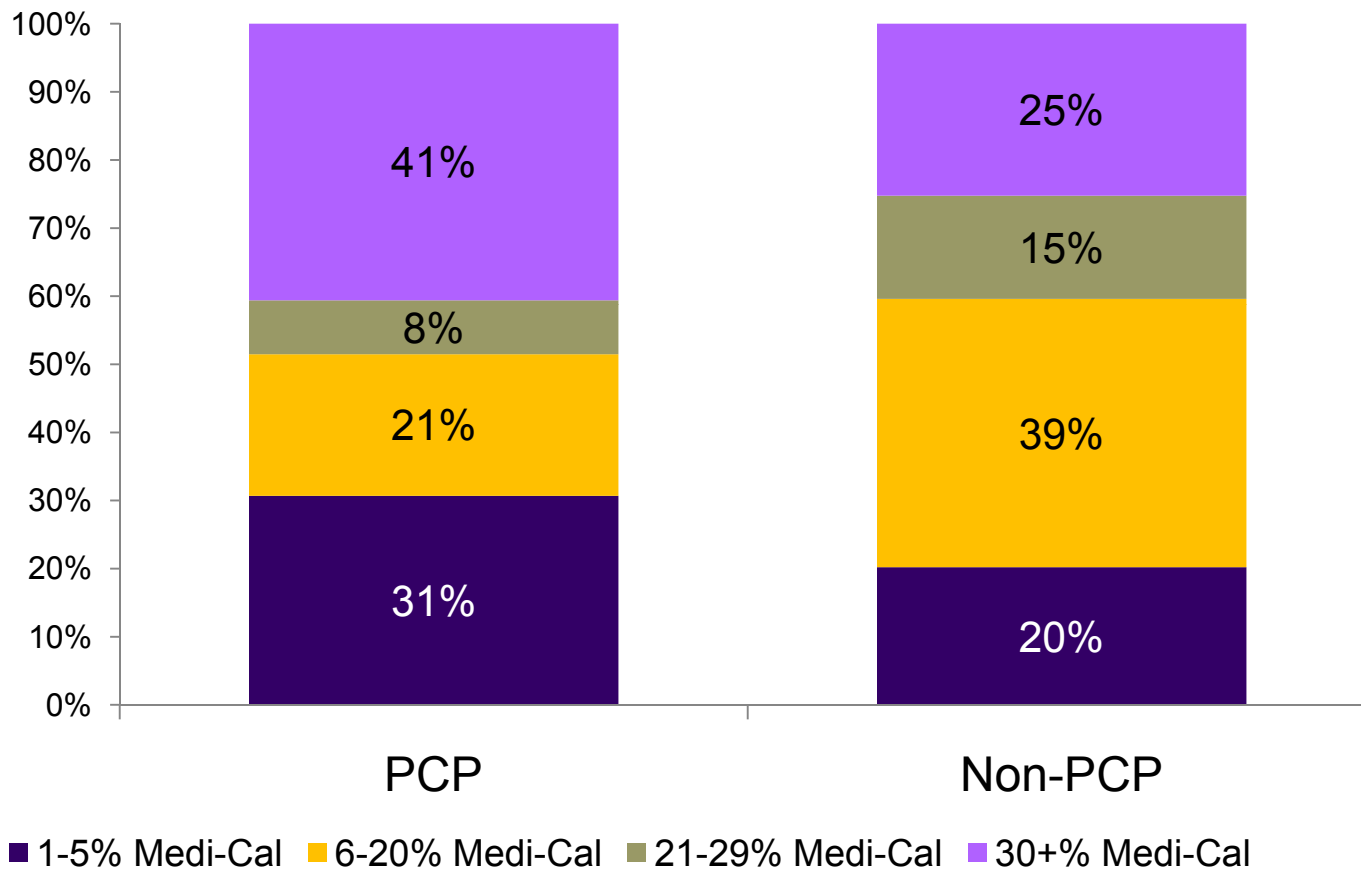
# Non-Primary Care Physician Participation in Medi-Cal By Region, 2008



## Concentration of Medi-Cal Patients among Urban Physicians Participating in Medi-Cal, 2008

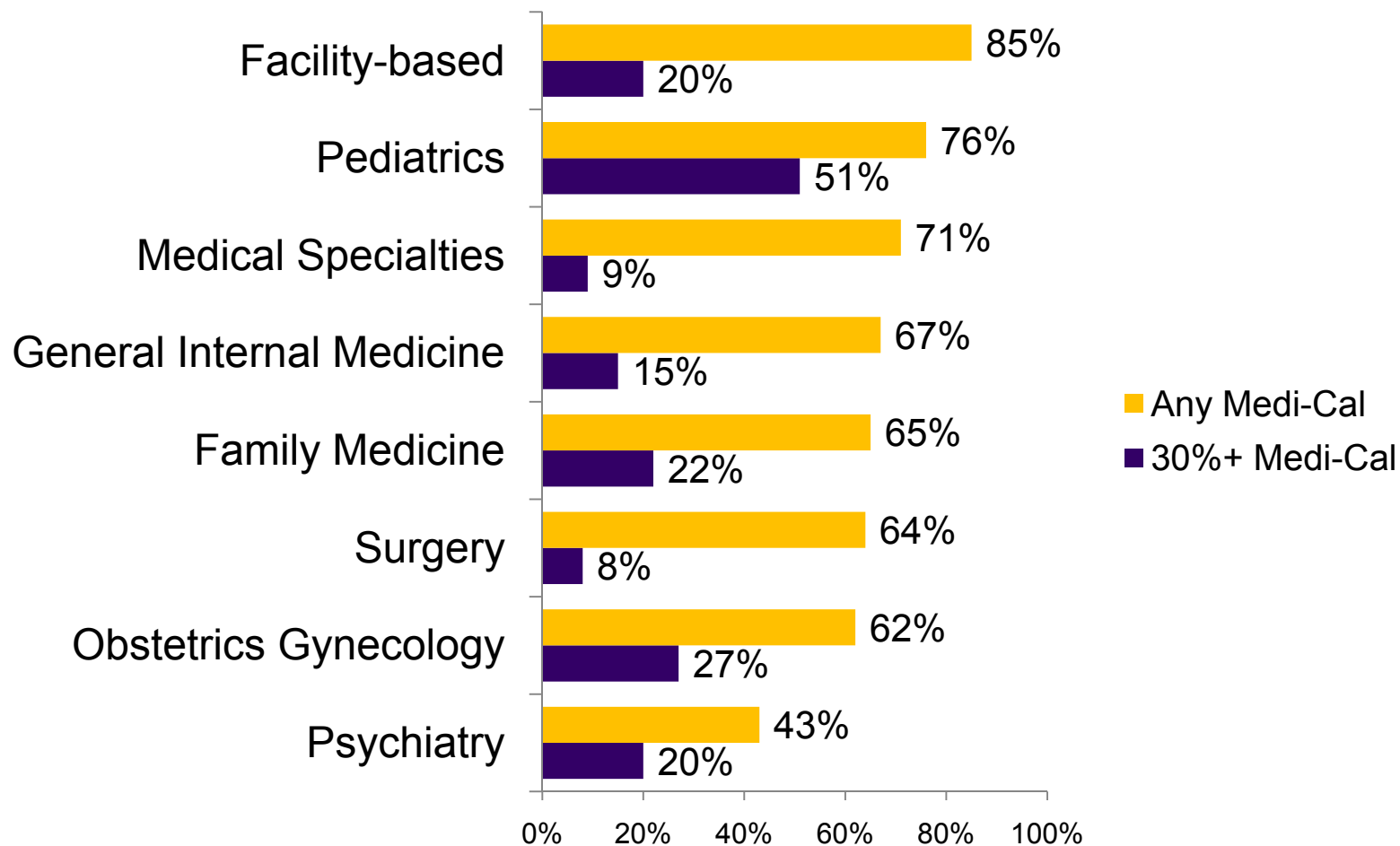


## Concentration of Medi-Cal Patients among Rural Physicians Participating in Medi-Cal, 2008



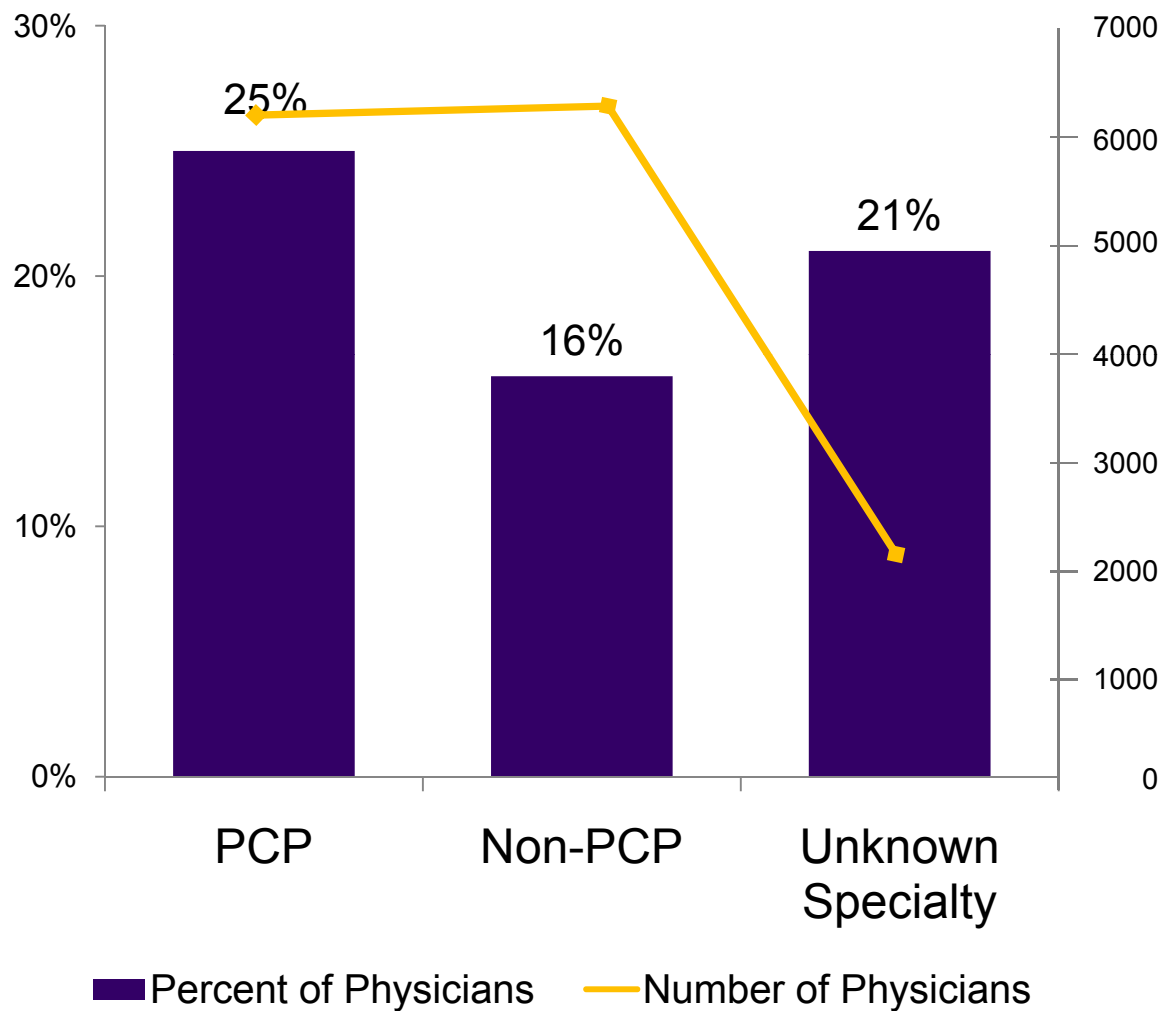
# Physicians with Any Medi-Cal Patients and with 30+% of their Patients Medi-Cal Beneficiaries

By Specialty, 2008



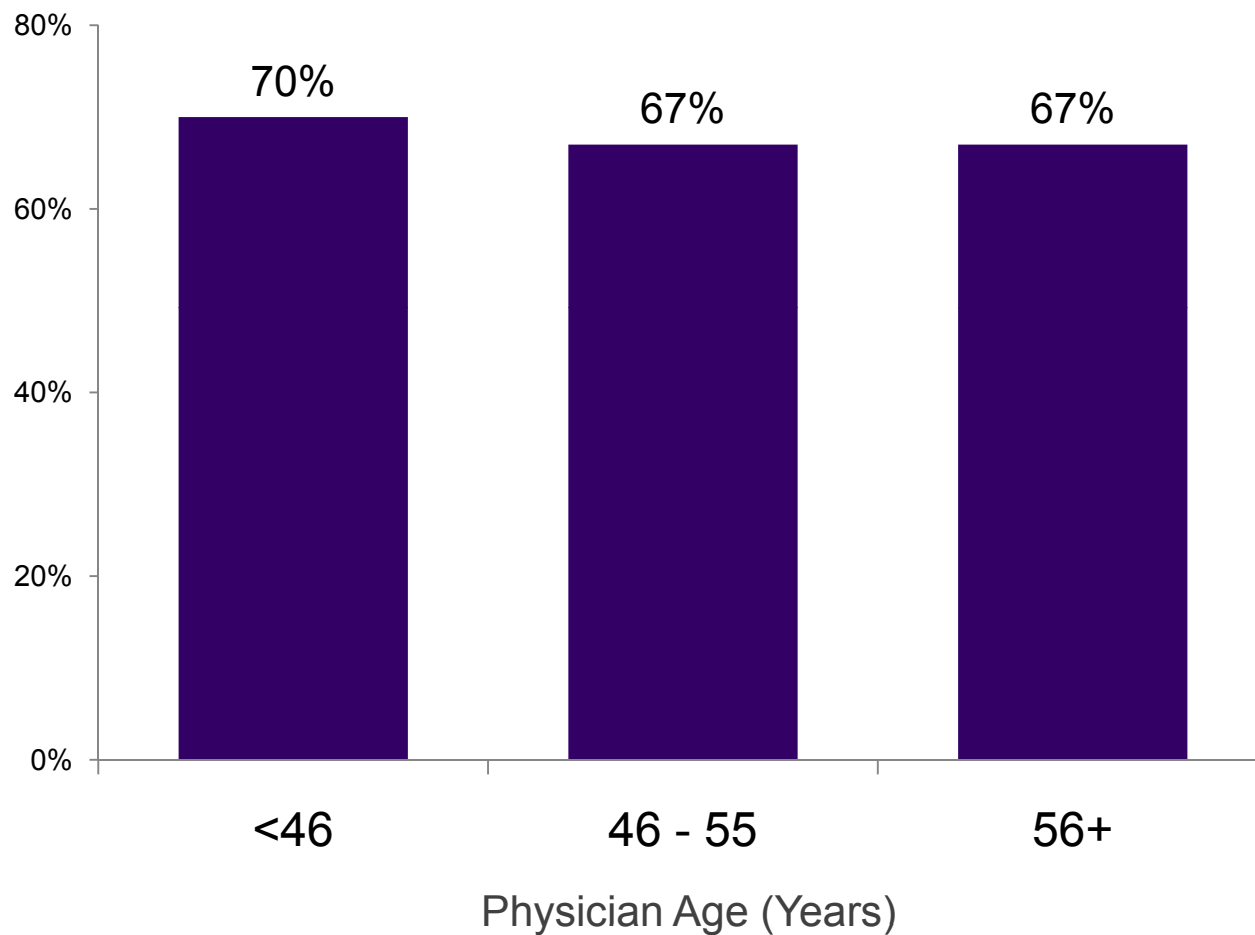


## California Physicians with $\geq 30\%$ Medi-Cal Patients, 2008



# Physician Participation in Medi-Cal

According to Physician Age, 2008



## Summary: Participation in Medi-Cal

- Most (68%) California physicians participate in Medi-Cal, based on reporting having at least some Medi-Cal patients in their practice.
- Wide variation among specialties, from 43% among psychiatrists to 85% among facility-based physicians.
- Surprising and not clearly explicable jump in percentage of physicians reporting participating in Medi-Cal in 2008 compared with prior surveys.

## Summary: Accepting New Patients

- About half (57%) of California physicians are accepting new Medi-Cal patients.
- Significantly more (73%) are accepting new Medicare patients.
- Rates of accepting new Medi-Cal patients fairly stable over time.
- Variation by practice type similar to variation in Medi-Cal participation.

## Summary: Distribution

- Rural physicians slightly more likely than urban physicians to participate in Medi-Cal. Lowest rates of participation in Orange County; highest rate in northern counties.
- Medi-Cal patients concentrated in a small share of practices.
- Participation similar among physician age groups.

## What May Explain Reports of Higher Participation Rates in 2008?

- Real increase in proportion of physicians participating?
  - Increase in Medi-Cal enrollment
  - Efforts of Medi-Cal managed care plans to expand provider participation
  - Growing number of hospitalists and physicians participating in medical foundations

### However:

- Enrollment increase accelerated after survey administered
- Little difference in percent accepting new Medi-Cal FFS and accepting new Medi-Cal managed care; and growth not limited to low end
- Observed increase seems too large to be plausible
  - No significant increase in Medi-Cal reimbursement or other policies to induce greater participation
  - No correspondingly large increase in reports of accepting new Medi-Cal patients on the survey

# What May Explain Reports of Higher Participation Rates in 2008?

- Differences in survey methodology?
  - Prior surveys performed by UCSF separate from California Medical Board relicensure process
    - Response bias related to Medical Board context?
    - Different questionnaire formats
    - Different sampling methods

However:

- Questionnaire items on practice's payer mix worded similarly in UCSF and California Medical Board supplemental survey

## Discussion

- Physicians in California remain less accessible to Medi-Cal beneficiaries than to privately insured and Medicare beneficiaries.
- Access to psychiatrists may be especially problematic.
- As a major payer for children, Medi-Cal policies disproportionately affect pediatricians and pediatric subspecialists.



## Discussion

- Difficult to interpret time trends in participation due to differing survey methodology.
- Probably reasonable to conclude that physician participation in Medi-Cal has not significantly deteriorated since 2001, but doubtful that there has actually been a significant increase in participation rates.

## Policy Implications: Federal Health Reform

- Increased Medi-Cal enrollment under health reform, if implemented, will severely challenge adequacy of physician workforce for additional beneficiaries.
- However, federal reform bill includes:
  - 100% funding of Medicaid eligibility expansion for 2014-16 to be paid by federal government; phase-down to 90% by 2020
  - Mandate and 100% federal match for state Medicaid programs to pay primary care at no less than Medicare rates for 2013 and 2014
- Critical to monitor whether these federally financed Medicaid reforms translate into broader physician participation in California.

## Policy Implications: State Monitoring

- The state needs a consistent methodology to track physician participation in Medi-Cal, especially during a period of dynamic policy change.
  - California Medical Board relicensure survey remains a promising vehicle for collecting key tracking information from physicians, but needs modest investment of resources to administer and analyze supplemental surveys
  - Potential for ROI in terms of providing data to support continued federal funding of Medicaid payment reforms

## Appendix: Regional Definitions

Bay Area	North Valley/Sierra	Central Valley/Sierra	Inland Empire	Orange	Central Coast	North Counties	South Valley/Sierra	Los Angeles	San Diego
Alameda	El Dorado	Alpine	Inyo	Orange	Monterey	Butte	Fresno	Los Angeles	Imperial
Contra Costa	Nevada	Amador	Mono		San Benito	Colusa	Kern		San Diego
Marin	Placer	Calaveras	Riverside		San Luis Obispo	Del Norte	Kings		
Napa	Sacramento	San Joaquin	San Bernardino		Santa Barbara	Glenn	Madera		
San Francisco	Sierra	Stanislaus			Ventura	Humboldt	Mariposa		
San Mateo	Sutter	Tuolumne				Lake	Merced		
Santa Clara	Yolo					Lassen	Tulare		
Santa Cruz	Yuba					Mendocino			
Solano						Modoc			
Sonoma						Plumas			
						Shasta			
						Siskiyou			
						Tehama			
						Trinity			

RENEWAL PHYSICIAN SURVEY

Grid of boxes for identification numbers

The Medical Board requires completion of Sections 1, 2, 3, and 4 of this survey pursuant to B&P Code sections 2425.1, and 2425.3. The information collected with this survey will be publicly available in accordance with state law.

CONTINUING MEDICAL EDUCATION - Read each statement carefully and mark the appropriate answer. Your signature is required in Box D on the reverse side of this form.

- Yes No I have completed CME and can document and average of 25 hours of approved CME each calendar year, resulting in a minimum of 100 hours over the last 4 years.
Yes No I have completed 12 hours of pain management and end-of-life care (must be completed by December 31, 2006).
Yes No I am exempted from the completion of 12 hours of pain management and end-of-life care continuing education requirement because I am a radiologist or pathologist.

ONLY for general internists and family physicians who have 25% of their patient population aged 65 years or older:
Yes No I have completed at least 20% of the required CME in geriatric medicine or the care of older patients.

PHYSICIAN SURVEY

The Medical Board requires completion of Sections 1, 2, 3, and 4 of this survey pursuant to B&P Code sections 2425.1 and 2425.3. The survey information collected will be publicly available in accordance with state law.

1. ACTIVITIES IN MEDICINE

Indicate hours per week for each of the following activities. Fill in one circle on each line:

Table with 7 columns: None, 1-9, 10-19, 20-29, 30-39, 40+. Rows include Patient Care, Research, Teaching, Administration, Other.

2. PRACTICE LOCATION

Grid of boxes for zip code

If you provide patient care, indicate the zip code of your primary practice location (U.S. only).

3. CURRENT TRAINING STATUS

- Resident
Fellow
Not in Training

4. MEDICAL PRACTICE A) Mark your primary (1\*) practice area; B) Mark your secondary (2\*) practice area (if applicable); and C) Mark all specialties in which you are Board Certified (BC) by an American Board of Medical Specialties' board or by the American Board of Facial Plastic & Reconstructive Surgery, the American Board of Pain Medicine, the American Board of Sleep Medicine, or the American Board of Spine Surgery:

Large table with 3 columns of specialties (Aerospace Medicine, Allergy & Immunology, etc.) and 3 columns of certification options (1\*, 2\*, BC).

5. POSTGRADUATE TRAINING - Indicate the total years of training after medical school (approved by either the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada) you have completed.
01 02 03 04 05 06 07 08 09+

6. ETHNIC BACKGROUND - Indicate your ethnic background (you may select more than one):

- African American/Black/African
American Indian/Native American/Alaskan Native
Asian (Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese, Other Asian)
Caucasian/White/European/Middle Eastern
Other (not listed)
Latino/Hispanic (Central American, South American, Other Hispanic, Puerto Rican, Cuba, Mexican)
Native Hawaiian/Pacific Islander (Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan, Other Pacific Islander)

7. FOREIGN LANGUAGE - In addition to English, indicate additional languages in which you are fluent:

- American Sign Language
Arabic
Armenian
Cambodian
Cantonese
Farsi
French
German
Hebrew
Hindi
Hmong
Ilacano
Italian
Japanese
Korean
Lao
Mandarin
Other Chinese
Other Non-English
Other Sign language
Mien
Polish
Portuguese
Punjabi
Russian
Samoan
Spanish
Tagalog
Thai
Turkish
Vietnamese
Decline to State

8. WEB SITE PROFILE - Do you want the following information included in your personal profile on the Board's Web site?

Ethnic Background Yes No Foreign Language Fluency Yes No Gender Yes No

9. E-MAIL ADDRESS - WILL NOT BE RELEASED TO THE PUBLIC.

Please print e-mail address below:

Grid of boxes for e-mail address

**MEDICAL BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831  
(916) 263-2389 Fax: (916) 263-2387 [www.mbc.ca.gov](http://www.mbc.ca.gov)



University of California  
San Francisco

Dear Physician,

The Medical Board of California, in conjunction with a team of experienced researchers from the University of California San Francisco, is seeking information regarding physician practices in California. You have been randomly selected to answer a few questions on the patient mix of your practice and whether you are accepting new patients with different types of health insurance. The information you provide is critical for informing public policy and shaping the direction of these changes. The information you provide is voluntary and confidential, and it will not affect the timing or any other aspect of your license renewal. It will be analyzed by the University of California research team and there will be no sharing of any personal or identifying information with any payers or in any dissemination of the results.

We would greatly appreciate your answering the questionnaire on the back and including your responses in the envelope along with your other medical license renewal information. Alternatively, if you are completing your renewal on line, you can submit your answers to these questions through the Web site. The study questions have been reviewed and approved by the Medical Board of California and the University of California San Francisco's Committee on Human Research.

Debbie Nelson  
Associate Analyst  
Medical Board of California  
(916) 263-2480

Margaret Fix  
Research Assistant  
University of California San Francisco  
(916) 274-5797

Please answer each question by completely shading the appropriate circle like this ●

- 1) Are you currently accepting **new** patients in your practice?  
Yes  No
- 2) Are you currently accepting any **new Medicare** patients in your practice?  
Yes  No
- 3) Are you currently accepting any **new fee-for-service Medi-Cal** patients in your practice?  
Yes  No
- 4) Are you currently accepting any **new Medi-Cal managed care (HMO)** patients in your practice?  
Yes  No
- 5) Are you currently accepting any **new uninsured** patients who are unable to pay in your practice?  
Yes  No
- 6) Are you a cash only (no 3<sup>rd</sup> party insurance) practice?  
Yes  No
- 7) What is the percentage of your patients who are:

**Write percentage 0-100 and shade corresponding circles. Four columns should equal 100%**

a) insured by Medicare (fee-for-service and managed care/HMO)	b) insured by Medi-Cal (fee-for-service and managed care/HMO)	c) insured by private commercial or other insurance (fee-for-service and managed care/HMO)	d) uninsured
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