

Physician Views

on the Public Health Insurance Option and Medicare Expansions

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Introduction

In the past few months, the point of contention among different parties on health care reform has largely focused on the inclusion of a public health insurance option in the final legislation. While a number of polls have demonstrated that 52% to 69% of Americans support such an option in any reform proposal,¹ the views of physicians are unclear. Physicians are critical stakeholders in healthcare reform and they have played influential roles in shaping health policy throughout the history of organized medicine in the United States.²

National surveys released in the past few years suggest that physicians increasingly support expansion of health insurance coverage. A pair of survey studies found that physicians' support of "national health insurance" increased from 49% in 2002 to 59% in 2008.^{3,4} However, it is not clear how the surveyed physicians interpreted "national health insurance." Importantly, no recently published studies address physicians' opinions about using public or private means to expand health insurance coverage.

The voices of physicians in the current healthcare reform effort have emanated almost exclusively from national physician groups and medical societies. Like any special interest group, these organizations claim to represent their members and often non-members, as well. The result is a well established understanding of the interests of a number of physician societies but little if any understanding of the views toward healthcare reform among physicians in general.

Given the absence of empirical data, we conducted a national survey of physicians to inform federal policy makers on physicians' views of proposed expansions of health care coverage. In this report, we summarize physician views toward public and private options for expanding health insurance coverage. We also examine physicians' views towards Medicare expansions and their preferences for private insurance versus traditional Medicare.

Methods

Sample

In April 2009, we obtained data on a random sample of 6,000 physicians from the American Medical Association (AMA) Physician Masterfile which includes current data on all U.S. physicians, regardless of AMA affiliation. We excluded physicians from U.S. territories because health care reform questions may not be as relevant to them and excluded physicians in training because of the limited experience most trainees typically have with insurance leaving a sample of 5,157. We categorized physicians into four groups: 1) primary care (internal medicine, pediatrics, family practice); 2) medical subspecialists, neurologists, and psychiatrists; 3) surgical specialists and subspecialists; and 4) the remaining, or "other," specialties. We randomly sampled approximately equal numbers of individuals from each of the 4 specialty groups. Sampling weights were created to correct for the stratified sampling design in our analyses. The study was approved by the Mount Sinai School of Medicine Institutional Review Board.

Survey Development

The survey instrument used in this study was rigorously developed through expert panel input, cognitive interviews, and pilot testing to ensure clarity and content relevance. First, we empanelled seven nationally recognized physician leaders and health policy and survey research experts and engaged them in a modified

Delphi process⁵ to develop content for the survey. We drafted survey questions and asked the expert panel to rank these items in terms of importance. In order to refine the questions and uncover new important themes, we conducted one-on-one cognitive interviews with 16 physicians from seven states, in person or by telephone.⁶ Physicians were selected from a variety of practice backgrounds (private practice, salaried physicians, practice owners, hospitalists) and specialty backgrounds (primary care providers, medical and surgical subspecialists). The survey questions were refined through this process until no new content themes were identified and all questions were consistently and accurately interpreted. In addition, the survey was pilot tested on 16 physicians at Mount Sinai Hospital to ensure an average completion time of less than four minutes.

Survey Administration

We adopted the Total Survey Design Method to optimize physician survey response.⁷ This approach is designed to minimize respondent burden and maximize response rate by using a brief survey with personalized content (personalized letter, signed cover letter, postage stamps), and follow-up contacts. The mailed survey was sent in three waves. The first wave included a cover letter, the survey, a stamped return envelope, and a \$2 bill. Subsequent waves did not include an incentive. After each wave, physicians were called and asked to complete the survey and they were also offered the option of returning the survey by fax or email. Fielding of the first survey wave began on June 25th 2009 and all available data was analyzed on September 4th, 2009.

Outcome Measures

The primary outcomes for this study were physicians' support for different proposals to expand health insurance coverage. Respondents were asked to indicate which of three options they would most strongly support:

- 1. Public and Private Options:** Provide people under age 65 the choice of enrolling in a new public health insurance plan (like Medicare) or in private plans.
- 2. Private Options Only:** Provide people with tax credits or low income subsidies to buy private insurance coverage (without creating a public plan option).
- 3. Public Option Only:** Eliminate private insurance and cover everyone in a single public plan like Medicare.

We also assessed the level of physician support for a proposal which enables adults ages 55 to 64 to buy into the current Medicare program. Finally, we asked physicians to rate their satisfaction with their participation in traditional Medicare versus private plans. Medicare and private plans were compared on six separate domains: 1) demands on you for paperwork and administrative tasks; 2) ease of obtaining services your patient needs; 3) autonomy in decision making; 4) timeliness of reimbursements; 5) adequacy of payments and 6) overall experience.

Data were also collected on additional variables that might be associated with preferences for different expansion options, based on previous research^{3, 4, 8} or as determined a priori by the study investigators. These variables included time spent on clinical duties each week, practice ownership, salary status (salaried or paid via billing), and type of practice. Type of practice included office-based, hospital-based, and other.

Statistical Analysis

We calculated the response and refusal rates using standard methods.⁹ To assess potential non-response bias, we compared the characteristics of respondents and non-respondents using data available in the AMA Master file, including age, gender, census region, practice specialty, and practice type (hospital, office, other). We also examined if there were any significant differences in characteristics of respondents between survey waves. We report the percentage of physicians that support each coverage expansion option and expansion of Medicare to individuals 55 to 64 years of age. We also report the percentage of physicians that prefer traditional Medicare or private plans on the six previously described domains. Responses were stratified by demographics, specialization, geographic region, hours of patient care per week and practice ownership. Sample weights were used to correct for the stratified sampling. All analyses were performed using STATA statistical software.

Results

The final sample included 5,157 physicians. Among this sample, 217 physicians had an incorrect or incomplete address and follow-up phone calls revealed that four were deceased. Of the remaining 4,936 physicians, 2,130 physicians returned the survey yielding a response rate of 43.2%.

Characteristics of Respondents

Respondents were less likely to be female (26.8% vs. 31.2%, $p < 0.001$) and were older on average by one year. There were no significant differences by practice location (census division or urban vs. rural setting), practice type and specialty group. There were also no significant differences in characteristics of respondents to different survey waves (Table 1).

Support for Different Coverage Expansion Proposals

Overall, a majority of physicians (62.9%) supported the public-private option (Figure 1) while 27.3% supported a private-only coverage options and 9.6% supported a public-only coverage option. Support for the inclusion of a public option was demonstrated across all demographic characteristics, specialties, practice locations (census division or urban vs. rural setting) and practice types (Table 2). Primary care providers were the most likely to

FIGURE 1 Physician Support for Coverage Expansion Options

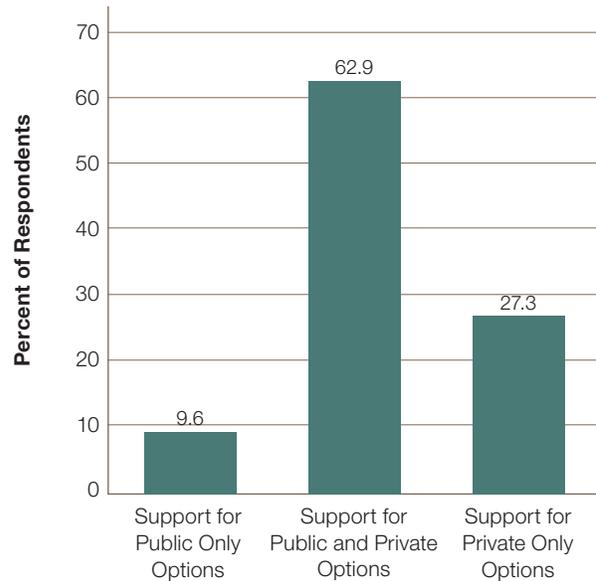


TABLE 1 Characteristics of Physician Respondents vs. Non Respondents

Characteristic	Respondents 2130	Non-Respondents 2806	p-value
Age, mean (se)	51.9 (0.25)	50.6 (0.22)	<0.001
Female (%)	26.8	31.2	<0.001
Doctor of osteopathy (%)	6.2	6.3	0.90
Specialty (%)			0.81
General practice	35.4	36.2	
Medical subspecialty	31.4	31.4	
Surgery/Surgical Subspecialty	21.6	20.6	
Other	11.5	11.6	
Census Region (%)			0.12
Midwest	21.3	20.2	
Northeast	22.8	24.1	
South	35.0	32.5	
West	20.7	23.0	
Practice Location (%)			0.72
Rural	9.4	8.4	
Urban	90.5	91.5	
Practice Type (%)			0.09
Office	77.8	77.5	
Hospital	11.1	9.8	
Other	10.8	12.6	
AMA Member	27.8	--*	

*data not provided in the AMA Master File

TABLE 2 Physician Views on Coverage Expansion Proposals, by Professional and Practice Characteristics

	Preference for Method of Expanding Coverage				P
	Total Sample N	Public and Private Options	Private Options Only	Public Options Only	
Age, mean (sd)	1,996	51.9 (0.32)	50.6 (0.47)	54.4 (0.89)	<0.001
Specialty*					0.003
Primary care	499	65.2 %	23.9 %	10.8 %	
Medical subspecialty	513	64.7 %	25.0 %	10.1 %	
Surgery	508	59.4 %	33.2 %	7.3 %	
Other	477	57.4 %	33.7 %	8.8 %	
Census Region					<0.001
Midwest	428	62.5 %	28.5 %	8.9 %	
Northeast	452	69.7 %	18.4 %	11.8 %	
South	691	58.9 %	34.6 %	6.3 %	
West	426	62.6 %	23.9 %	13.3 %	
Practice Location					0.57
Rural	172	59.6 %	31.0 %	9.3 %	
Urban	1,825	63.3 %	27.0 %	9.6 %	
Practice Type					0.04
Office	1,543	61.5 %	29.0 %	9.4 %	
Hospital	224	64.9 %	23.1 %	11.8 %	
Other	230	70.7 %	20.5 %	8.7 %	
Hours of Patient Care per Week					0.03
≥20 hours	1,675	62.0 %	28.5 %	9.5 %	
<20 hours	299	68.4 %	20.7 %	10.8 %	
Practice Owner (%)					0.001
Yes	1,142	59.7 %	32.2 %	7.9 %	
No	829	67.1 %	20.9 %	11.8 %	
Source of Income (%)					0.001
Salary only	542	69.1 %	20.6 %	10.2 %	
Salary + bonus	765	60.3 %	32.1 %	7.5 %	
Billing only	360	58.9 %	29.9 %	11.1 %	
Shift work/hourly wages	98	64.9 %	21.1 %	13.8 %	
Other	206	61.6 %	27.8 %	10.5 %	
AMA Member (%)					0.02
Yes	552	62.2 %	30.8 %	6.9 %	
No	1,425	63.2 %	26.2 %	10.5 %	

*Primary care (includes internists, family practitioners, and pediatricians without subspecialty training); medical subspecialists (includes subspecialists of medicine and pediatrics, and pediatrics subspecialists, neurologists and psychiatrists); surgical specialists and subspecialists (includes general surgeons, surgical subspecialists, obstetrician-gynecologists); and the remaining specialties (radiology, anesthesiology, nuclear medicine, others).

support a public option (65.2%), whereas the group of “other” physicians, those in fields that generally have less regular patient contact such as radiology, anesthesiology, nuclear medicine were supportive of this option (57.4%) but less so than physicians in the other groups.

Physicians in every census region demonstrated majority support for the public option, ranging from 58.9% in the south to 69.7% in the northeast. Practice owners were less likely to support the public option than non-owners (59.7% vs. 67.1%, $p=0.001$), but a majority still supported it. Finally, AMA members also demonstrated majority support for the public option (62.2%).

Support for Expanding Medicare Coverage

Overall 58.3% of physicians support Medicare expansions to individuals 55 to 64 years of age (Figure 2). This support was consistent across all four specialty groups and ranged from (55.6% to 62.4%, $p=0.08$) across specialties.

How Physicians Compare Traditional Medicare versus Private Plans

Despite support for Medicare expansions and for a public option similar in design to Medicare, physicians preferred private plans to the traditional Medicare program in three areas (Table 3). The majority of physicians (62%) prefer private plans to Medicare in terms of adequacy of payments while only 9.2% preferred Medicare.

Thirty-three percent of respondents believed that private insurance was better in terms of paperwork and administrative hassles compared to 28.8% of respondents who believed Medicare was superior. Physicians also believed private insurance is superior to Medicare in terms of timeliness of reimbursements (31.9% vs. 23.6%). Yet in two clinically important areas there was no difference between Medicare and private insurance or Medicare was slightly better: ease of obtaining needed services for their patients (33.5% vs. 36.1%) and autonomy in decision making (30.0% vs. 33.8%).

Discussion

Physicians groups have strongly influenced health care reform efforts throughout the modern history of the United States,¹⁰ and in so doing have often obscured the collective views of physicians across the spectrum of specialties, interests, and regional affiliations. Given the enormity of the current effort to reform health care, and its potential impact on future generations of Americans, policy makers need to hear the unfiltered views of physicians, across the spectrum of specialties and interests, on the key elements of health care reform.

On one of the most critical elements of health care reform—expansion of health insurance coverage—our study of a national sample of physicians shows that a

FIGURE 2 Support for Allowing Adults Ages 55 to 64 to Buy Into the Current Medicare Program

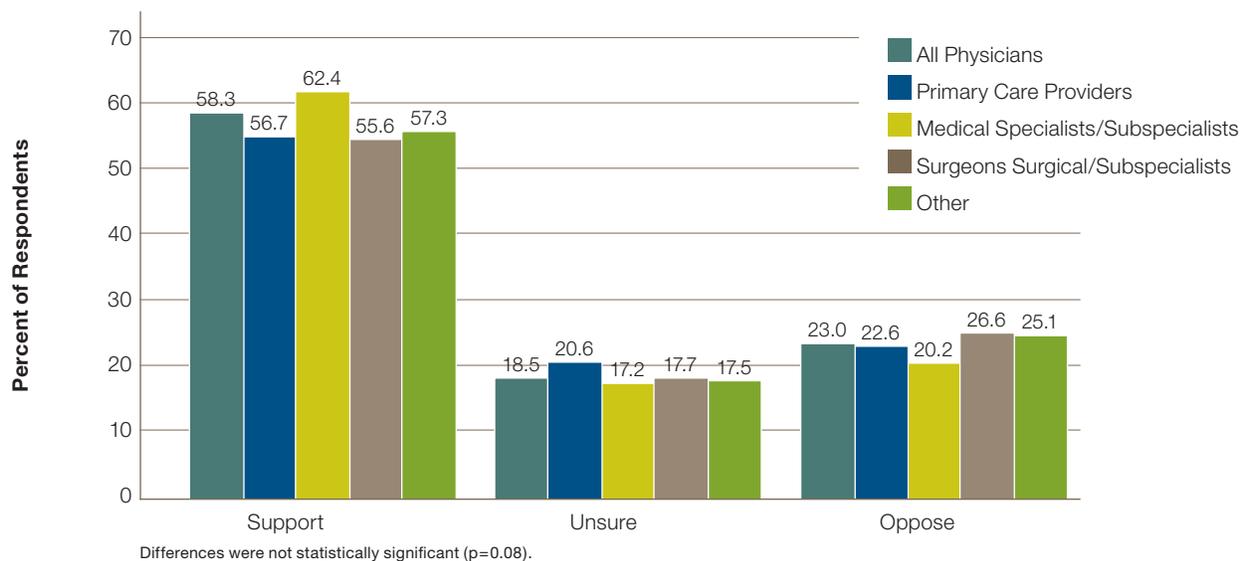


TABLE 3 Physician Views on Which Insurance Performs Better: Private Insurance or Traditional Medicare*

	N	Private Insurance	vs.	Traditional Medicare	
		Better (%)	Same (%)	Better (%)	No Opinion (%)
Demands on you for paper work/administrative tasks	1,915	33.8	25.3	28.8	11.9
Ease of obtaining services that your patients need	1,915	33.5	20.6	36.1	9.7
Autonomy in your decision-making	1,913	30.1	26.5	33.7	9.6
Timeliness of reimbursements to you	1,902	31.9	24.7	23.6	19.6
Adequacy of payments to you	1,903	62.0	15.6	9.2	13.1
Your overall experience	1,898	46.4	22.0	21.2	10.1

*Only physicians who accepted Medicare in the past 5 years were asked to respond to this question. Private insurance includes both private fee for service and managed care plans.

clear majority (62.9%) support a combined public-private approach, while only 27.3% support a private only option. We found that physician support for including a public option in the reform package largely mirrors the support revealed in national polls of the U.S. public throughout the spring and summer of the current year.¹ A similar proportion of physicians also support expanding Medicare to help cover the near elderly population. We also found that support of a public-private option was consistent across a wide range of physician characteristics, and was also present among physicians from the traditionally conservative southern regions of the U.S., those with a financial stake in their practice, and members of the AMA. The latter observation is particularly important because of the history of opposition of the AMA to past health care reform efforts.² The AMA platform on health care reform in 2009 endorses expansion of health insurance through private means.¹¹ The organization recently came out in support of a House proposal for reform that included a public-private option.¹² Our data suggest that the organization's current support of the House proposal that includes a public-private option is consistent with the views of its members.

While the data suggest significant support for the public option and Medicare coverage expansions, physician's satisfaction was mixed when comparing traditional Medicare to private plans. Physicians preferred private

insurance for its timeliness of payment, adequacy of payment and fewer administrative hassles. The relative dissatisfaction with Medicare over private plans in terms of timeliness of payments and administrative hassles may be partly related to difficulties and delays in enrolling in Medicare as a new provider. In addition, the window in which physicians could bill for their services was shortened from 27 months to 30 days which has adversely affected a number of physicians.^{13, 14} In 2008, the transition to the use of national provider identifiers and use of a new Medicare carrier led to some payment delays that frustrated physicians and negatively affected the functioning of their practices.^{15, 16} These problems were also identified in our qualitative pre-testing of the surveys with physicians. There appears to be general support for Medicare among physicians as evidenced by support for its expansion and support for a public option similar in design to Medicare, but there also appears to be room for improvement in the administration of this program.

We found little difference between private insurance and Medicare with respect to physician autonomy and getting the patients the care they need. A common criticism of including a public option in the final legislation has been the concern that the government would interfere with medical decision making. Our data suggests that physicians do not view Medicare, a major U.S. government program, as negatively affecting their

autonomy and ability to get their patients the services they need. These concerns appear to be unfounded from the viewpoint of most physicians.

Our survey has a few limitations that deserve comment. First, our response rate was 43.2% which is modest but typical of most recent national physician surveys and surveys in general.^{4,17} Importantly, there were no significant differences between survey respondents and non-respondents on major variables such as specialty, practice type and location. Second, physicians' opinions about strategies for expanding health insurance coverage may have evolved during the period of data collection given the intensive press coverage of the issues. However, we found no significant differences between respondents in the first and second wave of the survey. Finally, we did not ask physicians their views of other proposals such as insurance cooperatives. Nonetheless, the private vs. public insurance option remains one of the most contentious issues in health care reform and therefore warrants a singular focus.

In conclusion, the majority of physicians in the U.S. support using both public and private insurance options to expand health insurance coverage. A majority also supports Medicare expansions. Majority support for the public option is consistent across physician specialties, practice settings, and regions of the country, and therefore should be carefully considered by lawmakers as they finalize legislation to reform health care and provide coverage for 46 million uninsured Americans.

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