

Physician Participation in Medi-Cal, 1996–1998

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Executive Summary

A series of recent studies and media reports suggest that access to physicians, particularly specialist physicians, may be problematic for Medi-Cal beneficiaries. However, there is little specific information about the extent of California physicians' participation in Medi-Cal. Further, little is known about the characteristics of physicians who do and do not participate in caring for Medi-Cal patients, physicians' attitudes toward Medi-Cal patients and the Medi-Cal program, or how Medi-Cal managed care affects physicians' willingness to care for Medi-Cal and uninsured patients.

The purpose of this report is to describe results from random-sample surveys of primary care and specialist physicians in California conducted by investigators at the University of California, San Francisco in 1996 and 1998. The report analyzes physician participation in Medi-Cal, compares the characteristics of physicians who do and do not participate in caring for Medi-Cal patients, and describes physicians' attitudes toward Medi-Cal patients and Medi-Cal managed care that might explain potential differences in participation.

Key Findings

Physician Participation in Medi-Cal

- Of those surveyed in 1998, 55 percent of primary care physicians and 57 percent of specialists reported having Medi-Cal patients in their practice. A similar proportion reported that they were accepting new Medi-Cal patients into their practice.

- The average concentration of Medi-Cal patients in surveyed physicians' practices was 11 percent for primary care and 7 percent for specialist physicians. Half of participating physicians reported that less than 5 percent of their practice was made up of Medi-Cal patients. As a result, 25 percent of primary care physicians provided approximately 80 percent of the primary care visits to Medi-Cal patients in 1998.
- On average, the number of available primary care physicians per capita for Medi-Cal beneficiaries in 1998 was one-third less than it was for the general population, and the number of specialist physicians available to Medi-Cal beneficiaries was more than one-half less than it was for the general population.
- Participation in Medi-Cal varied widely by physician specialty. The percentage of physicians with Medi-Cal patients in their practice ranged from 41 percent for orthopedic surgeons to 67 percent for obstetrician-gynecologists.
- Physician participation also varied widely across the 13 counties that were examined. Only 38 percent of primary care physicians in Fresno had Medi-Cal patients in their practice in 1998, while 70 percent of primary care providers in Alameda and Solano participated in Medi-Cal.
- Overall, the ratio of primary care physicians available to Medi-Cal patients in 1998 (38 per 100,000) was well below the workforce standards established by the Health Resources Services Administration (which recommends 60 to 80 primary care physicians per 100,000 population).

Medi-Cal Physician Characteristics

- Physicians who were from underrepresented minority groups, those who were Spanish-speaking, and those who worked in community clinics were more likely than other surveyed physicians to accept Medi-Cal patients.
- International Medical Graduates (IMGs) and physicians who were not board-certified were also more likely than other surveyed physicians to have Medi-Cal patients in their practice.
- Ninety percent of Medi-Cal beneficiaries' primary care visits and 97 percent of their specialty visits occurred in private physicians' offices. In comparison, only 10 percent of primary care visits and 4 percent of specialty visits occurred in clinic settings.
- Primary care physicians who had Medi-Cal patients in their practice were nearly twice as likely as other surveyed physicians to have uninsured patients in their practice. Among specialists, the association between providing care to Medi-Cal beneficiaries and uninsured patients was even stronger.

Physician Perceptions

- Approximately 80 percent of physicians surveyed in 1998 reported that they were very or somewhat satisfied with being a physician. This rating did not differ between physicians who did and did not have Medi-Cal patients in their practice.
- Most primary care physicians surveyed expressed negative opinions about the Medi-Cal program. Primary care physicians with Medi-Cal patients in their practice had more negative opinions of the program than physicians without Medi-Cal patients in their practice.
- Many surveyed physicians also expressed negative attitudes about Medi-Cal patients and about the transition of the Medi-Cal program to managed care. However, these attitudes were not predictive of whether or not physicians had Medi-Cal patients in their practice.

Changes between 1996 and 1998

- The overall percentage of primary care physicians participating in Medi-Cal was stable between 1996 and 1998. However, 12 percent of physicians who had accepted Medi-Cal in 1996 were no longer doing so in 1998, and 13 percent of physicians who had not accepted Medi-Cal patients in 1996 were doing so in 1998.
- The expansion of Medi-Cal managed care between 1996 and 1998 was not associated with an increase or a decrease in the percentage of primary care physicians who had Medi-Cal patients in their practice. This information was not available for specialists, who were not included in the 1996 survey.

Conclusions

Nearly half of the physicians surveyed for this study reported that they did not accept Medi-Cal patients. Further, the ratio of primary care physicians available to Medi-Cal patients in 1998 was well below the workforce standards established by the Health Resources Services Administration. On average, only about two-thirds as many primary care physicians and about half as many specialist physicians were available to Medi-Cal patients in 1998 as were available to the population as a whole.

Based on this information, it appears that California needs to reconsider its strategies for increasing physician participation in the Medi-Cal program. Survey findings indicate that Medi-Cal managed care does not appear to have significantly increased physicians' willingness

to care for Medi-Cal patients, and that a reduction in the program's administrative requirements may need to be part of the solution.

California's strategy for addressing physicians' participation in Medi-Cal will also need to take into consideration the diversity of California's Medi-Cal patient population. Although the survey findings indicate that physicians from underrepresented minority groups are more likely to have Medi-Cal patients in their practices, the number of minorities in the physician workforce remains disproportionately small. Therefore, the Medi-Cal program should consider how it can contribute toward the development of a diverse physician workforce in California.

Although the findings from this survey are some of the most comprehensive available about physician participation in the Medi-Cal program, they were collected in 1998 and may not reflect the current environment. To address this concern, investigators at the University of California San Francisco, with the support of the California HealthCare Foundation and the Medi-Cal Policy Institute, are in the process of collecting updated survey data on Medi-Cal physician participation. In addition to providing a longitudinal follow-up of the primary care and specialist physicians described in this report, the new survey sample has been enhanced to incorporate additional primary care and specialist physicians, including those practicing in rural areas.

I. Background

Medicaid originated in the mid-1960s as a jointly financed federal and state health insurance program for low-income (predominantly women and children), disabled, and elderly Americans. Medi-Cal, California's Medicaid program, is the largest state Medicaid program in the country. Medi-Cal provides health insurance to more than five million Californians at a cost of \$23 billion annually.

U.S. physicians are not obligated to care for Medicaid patients; their participation is voluntary. National studies have found that between 70 and 80 percent of urban primary care physicians care for Medicaid patients.¹ Less information is available on the participation rates of specialists. One study of office-based physicians in Florida performed in the early 1990s suggested that specialists were more likely than primary care physicians to accept new Medicaid patients.²

Several recent studies have explored the issue of physician participation in Medicaid programs. A 1999 study concluded that physician payments for Medicaid patients vary by state and low payment rates are associated with lower participation rates.³ Other studies have found that in addition to concerns about inadequate reimbursement, physicians have several other negative perceptions of Medicaid. For example, they report administrative hassles in working with the Medicaid program, an increased risk of being sued for malpractice by Medicaid patients, and problems in providing adequate care because of difficulties in obtaining specialty consultations or expensive tests.^{4,5} A high percentage of physicians also report that Medicaid patients have more complex psycho-social problems than do their other patients and that they perceive Medicaid patients to be ungrateful for and noncompliant with their care. The validity of physicians' perceptions of Medicaid patients has been called into question by investigators who have found that Medicaid patients are in fact less likely to sue their physicians than are privately insured patients.⁶

There is little specific information about California physicians' participation in Medi-Cal, but a recent survey found that more than half of all Medi-Cal beneficiaries surveyed reported difficulties finding doctors to care for them.⁷ This may be because California's physician fees for Medicaid patients are among the nation's lowest.⁸ Media reports suggest that access to physicians, particularly specialist physicians, may be declining for Medi-Cal beneficiaries. Skaggs and others recently reported that they were able to make appointments for a fictional child with a broken arm and Medi-Cal insurance in only 3 out of 50 orthopedic practices in California that would accept the same child with private insurance.⁹

Various attempts have been made to improve Medicaid beneficiaries' access to mainstream private office-based physicians. For example, increasing provider fees for caring for Medicaid patients has had some limited success.¹⁰ During the 1990s, states embraced the use of managed care for their Medicaid beneficiaries as a strategy to expand their patients' access to care while controlling costs. In 1998, some portion of Medicaid beneficiaries were enrolled in managed care programs in 48 states. The total Medicaid enrollment in managed care nationwide that year was 16.6 million (53.6 percent of beneficiaries).

Between 1994 and 1998, California increased the portion of its approximately five million Medi-Cal beneficiaries in managed care from 11 to 37 percent by implementing mandatory managed care on a county-by-county basis. One of the desired outcomes of the transition to managed care was that the potential reduction in administrative hassles and disparities in payment between Medi-Cal and private health plans would increase physicians' willingness to accept Medi-Cal patients. However, it is possible that this health care delivery arrangement has reduced physicians' willingness to provide uncompensated or undercompensated care.

Little is known about the characteristics of physicians who do and do not participate in caring for Medi-Cal patients, physicians' attitudes toward Medi-Cal patients and the Medi-Cal program, or the affects of Medi-Cal managed care on physicians' willingness to care for Medi-Cal and uninsured patients. The purpose of this report is to describe results from random-sample surveys of primary care and specialist physicians in California regarding their involvement in traditional Medi-Cal fee-for-service and Medi-Cal managed care. The report compares the characteristics of physicians who do and do not participate in caring for Medi-Cal patients, and it describes physicians' attitudes toward Medi-Cal patients and Medi-Cal managed care, which might explain potential differences in participation.

II. Survey Methods

Most of the data presented in this report come from a 1998 statewide survey of primary care and specialty physicians in California conducted by investigators from the University of California, San Francisco (UCSF). In addition, the last section of the report includes some longitudinal data from a 1996 survey of primary care physicians (also conducted by UCSF).

Survey Sample

In 1998, investigators at UCSF mailed self-administered questionnaires to primary care and specialist physicians practicing in the 13 largest urban counties in California (Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, and Solano). The study counties contained 79 percent of California's practicing specialist physicians, 79 percent of the state's population, and 78 percent of the state's Medicaid population.^{11,12} The physicians were identified from the American Medical Association's Physician Masterfile. The Masterfile contains continuously updated information on all U.S. allopathic physicians and many osteopathic physicians, including those who are not American Medical Association (AMA) members. To be eligible for the survey, physicians had to be listed as providing direct patient care, not in training, and not employed by the federal government.

Specialists sampled were those who listed their primary specialty as cardiology, endocrinology, gastroenterology, general surgery, neurology, ophthalmology, or orthopedics. These specialties were chosen to provide a broad spectrum (procedure and non-procedure oriented) of both surgical and medical office-based subspecialties. Specialist physicians were selected using a probability sample stratified by county and by physician race/ethnicity with an oversampling of non-White physicians. Completed questionnaires were obtained from 978 of the 1,492

eligible specialist physicians (66 percent). There were no significant differences in the age, sex, race, or specialty between respondents and non-respondents to the specialist questionnaire.

The primary care physicians surveyed in 1998 were initially selected and surveyed in 1996. Similar to the specialist survey, primary care physicians were drawn using a probability sample stratified by county and by physician race/ethnicity with an oversampling of non-White physicians. Primary care physicians were drawn from the same 13 counties in California as were used in the specialist survey. Primary care physicians sampled were those who listed their primary specialty as family practice, general practice, general internal medicine, general pediatrics or obstetrics and gynecology. In the original 1996 sample, completed responses were obtained from 947 of 1,336 eligible primary care physicians (a response rate of 71 percent). Between 1996 and 1998, 71 primary care physicians became ineligible due to death, retirement, or relocation. In the 1998 survey wave, completed questionnaires were obtained from 713 of the 876 eligible primary care physicians (81 percent). (There were no significant differences in the demographic characteristics or baseline reports of involvement with the Medi-Cal program between respondents and non-respondents to the follow-up questionnaire.)

Physician Questionnaire

Survey items for both the specialist and primary care physicians included physician demographics, practice setting, and characteristics of patients in practice. Physicians were asked whether they were taking any new patients and, if so, whether they were accepting any new Medi-Cal patients with managed care or fee-for-service insurance. Physicians were also asked a series of questions about their perceptions of Medi-Cal beneficiaries and Medi-Cal managed care. Specific questions from the 1998 survey instrument are in the Appendix.

Medi-Cal Demographic Data

Population data on the number and demographics of Medi-Cal beneficiaries in fee-for-service and managed care plans at the county and state level were obtained from the California Department of Health Services (DHS) Web site (www.dhs.ca.gov/mcss).

Survey Data Analysis

In the analysis, results were weighted to be generalizable to the overall population of physicians in the sampled specialties in the 13 study counties. Results were weighted by the inverse of the sampling fraction and the participation rate to account for oversampling of non-White physicians and differences in response rates among sampling strata.

A comparison of the composite groups of medically based specialties (cardiology, endocrinology, gastroenterology, and neurology) versus the surgically based specialties (ophthalmology,

orthopedics, and surgery) revealed no clear differences with regard to taking new Medi-Cal patients or attitudes toward Medi-Cal patients and Medi-Cal managed care. Thus, for comparison with primary care physicians, all seven specialties were analyzed together as the category “specialists.” Similarly, initial analysis of the five primary care categories did not show clear patterns of difference; therefore, results from these five groups were combined for the group “primary care.”

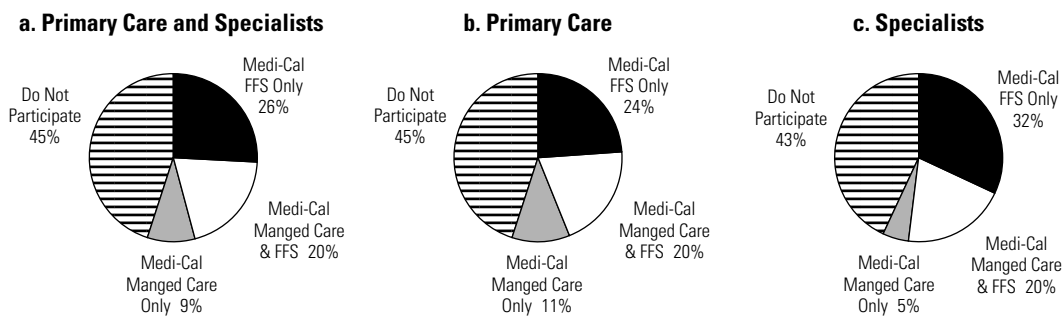
III. Findings

A. Physician Participation in Medi-Cal

Physician participation in the Medi-Cal program in 1998 was measured in three ways: (1) by whether physicians had any Medi-Cal patients in their practice; (2) by the percentage of Medi-Cal patients in physicians' practices (practice concentration); and (3) by whether physicians who were accepting new patients were accepting new Medi-Cal patients in their practice. Physicians were further characterized by whether they participated in fee-for-service Medi-Cal only, Medi-Cal managed care only, or both.

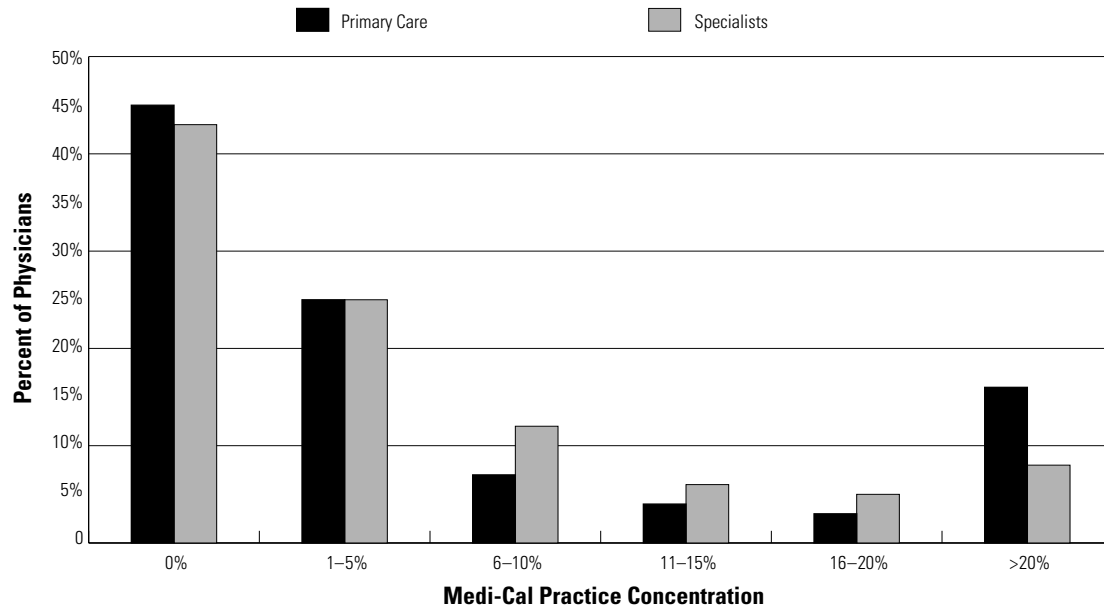
Overall, 55 percent of California physicians in the 13 study counties reported that they had Medi-Cal patients in their practice (Figure 1). Similar percentages of primary care and specialist physicians said they did not have any Medi-Cal patients in their practice (45 and 43 percent respectively). However, among those physicians with any Medi-Cal patients in their practice, specialist physicians were more likely than primary care physicians to have only

Figure 1. Physicians with Any Medi-Cal Patients in Practice, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 2. Medi-Cal Practice Concentration, 1998



Source: UCSF Survey of California Physicians, 1998

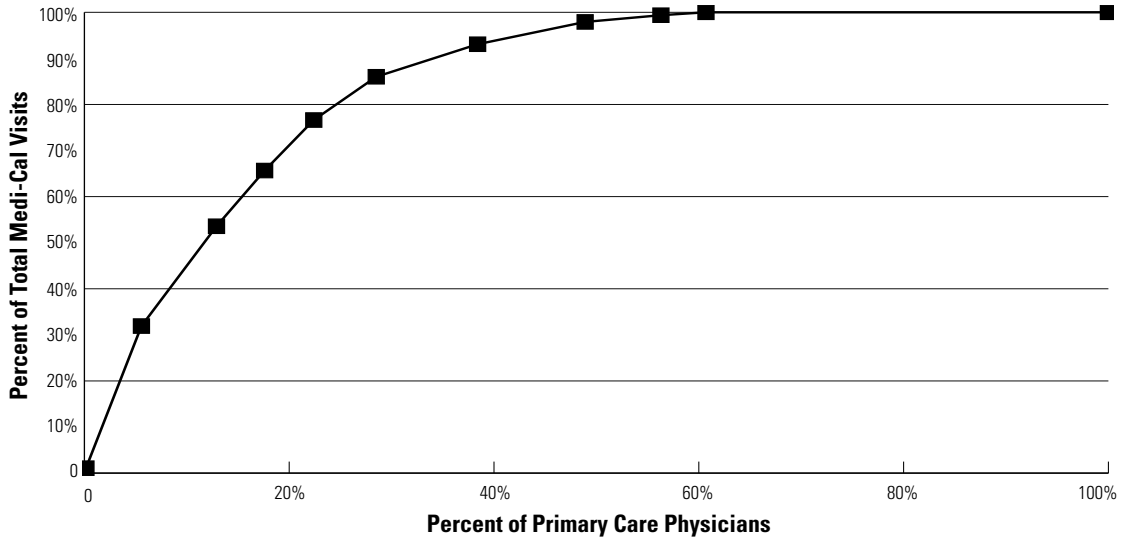
Medi-Cal fee-for-service patients; 31 percent of primary care physicians had Medi-Cal managed care patients in their practice, while only 25 percent of specialists did.

The average concentration of Medi-Cal patients in surveyed physicians' practices was 11 percent for primary care and 7 percent for specialist physicians. Among physicians who had Medi-Cal patients in their practice, half reported that less than 5 percent of their practice was made up of Medi-Cal patients (Figure 2). Twice as many primary care physicians (16 percent) as specialist physicians (8 percent) reported that Medi-Cal patients made up more than 20 percent of their practice. This group of primary care physicians was largely comprised of physicians who worked in community-based clinics.

Summing the number of visits primary care physicians provided to Medi-Cal patients, beginning with the physicians who provided the most visits and moving toward those who provided the least, reveals that approximately 25 percent of primary care physicians provided 80 percent of primary care visits to Medi-Cal patients in 1998 (Figure 3).

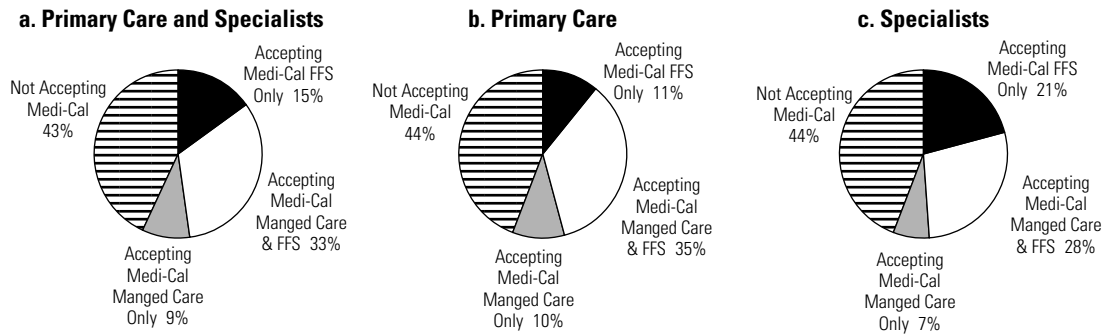
The pattern for physicians accepting new Medi-Cal patients was similar to that seen for physicians with any Medi-Cal patients in their practice. Among all surveyed physicians who were accepting any new patients, 43 percent did not accept new Medi-Cal patients (Figure 4). The percentages were similar for primary care and specialist physicians; however, specialist physicians were less likely than primary care physicians to accept new Medi-Cal managed care patients (35 versus 45 percent respectively).

Figure 3. Distribution of Medi-Cal Visits Across Primary Care Physicians, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 4. Physicians Accepting New Medi-Cal Patients, 1998



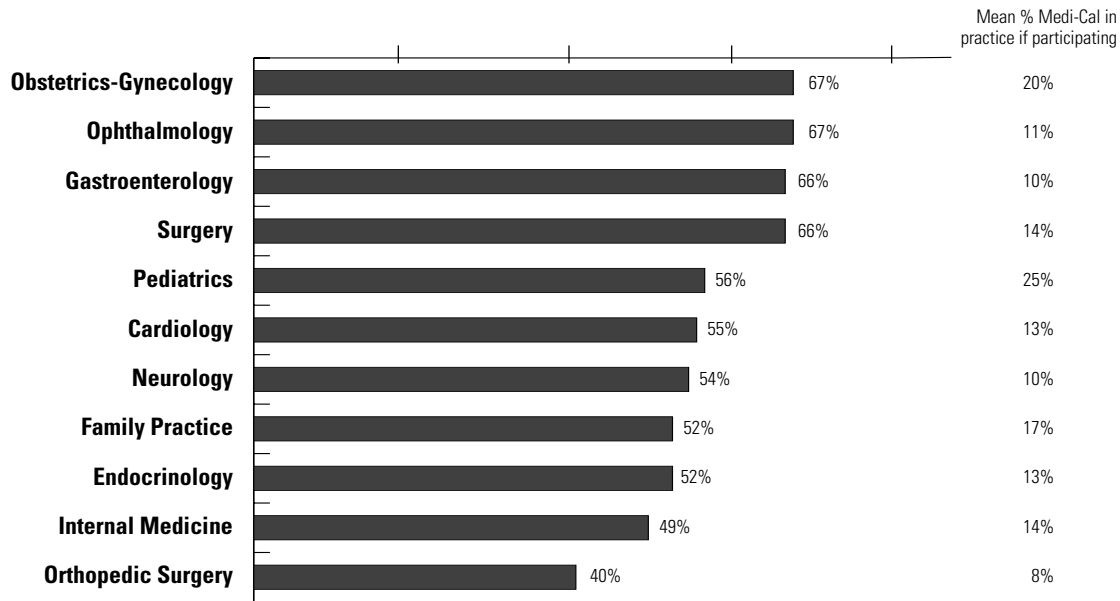
Source: UCSF Survey of California Physicians, 1998

Participation by Specialty

Among the 11 physician specialties included in the survey, the percentage of physicians with Medi-Cal patients in their practice ranged from 40 percent for orthopedic surgeons to 67 percent for obstetrician-gynecologists (Figure 5). The high percentage of obstetrician-gynecologists with Medi-Cal patients in their practice most likely reflects the targeting of Medi-Cal benefits for pregnant women, while the high percentage of ophthalmologists (66 percent) may reflect the needs of low-income elderly patients who have dual coverage from Medicare and Medi-Cal.

The concentration of Medi-Cal patients in physicians' practices did not always correspond to the percentage of physicians in a specialty with any Medi-Cal patients. For example, although

Figure 5. Physicians with Medi-Cal Patients in Practice by Specialty, 1998



Source: UCSF Survey of California Physicians, 1998

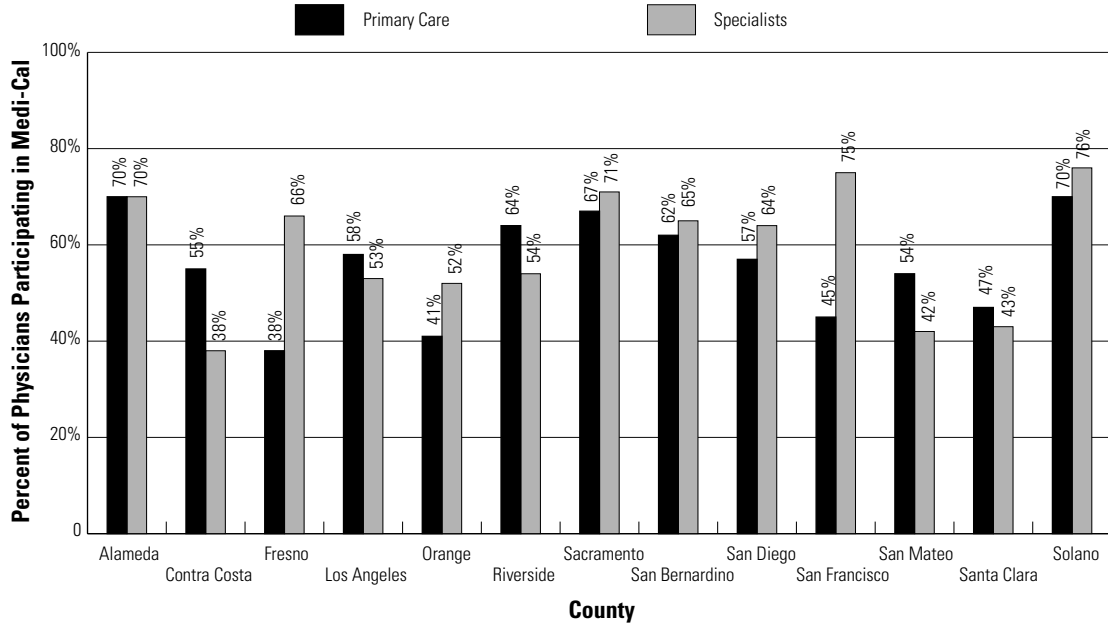
ophthalmology was one of the physician specialties with the highest percentages of physicians willing to accept Medi-Cal patients, ophthalmologists who participated in Medi-Cal had an average Medi-Cal caseload of only 11 percent. In contrast, participating pediatricians had an average of one-quarter of their patients covered by Medi-Cal. Judging by both the percentage of physicians with any Medi-Cal patients in their practice and the mean concentration of Medi-Cal patients in the practices of participating physicians, orthopedic surgeons were the least available to Medi-Cal beneficiaries among the surveyed specialties.

Participation by County

The percentage of physicians with Medi-Cal patients in their practice varied across the 13 study counties (Figure 6). Only 38 percent of primary care physicians in Fresno had Medi-Cal patients in their practice, while in Alameda and Solano counties, 70 percent of primary care physicians had Medi-Cal patients in their practice. There was a two-fold difference, 38 to 76 percent, in the participation rate among specialist physicians across the 13 counties.

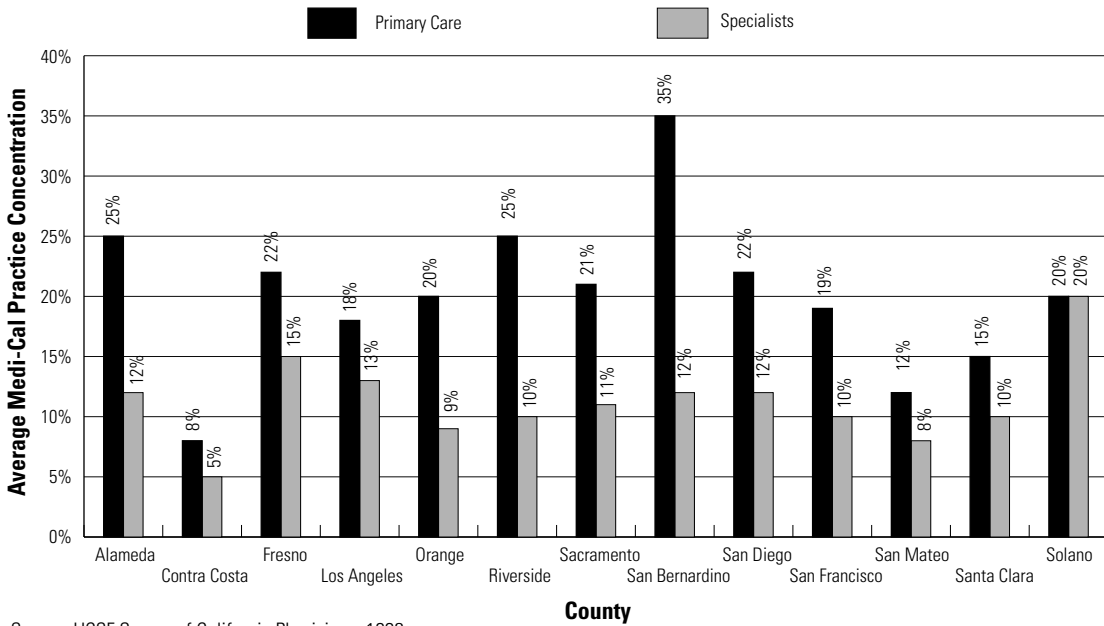
The mean concentration of Medi-Cal patients in physicians' practices also varied by county (Figure 7). Among primary care physicians, the mean concentration of Medi-Cal patients in participating physicians' practices ranged from a high of 35 percent in San Bernardino County to a low of 8 percent in Contra Costa County. There was also a four-fold difference in participating specialists' practice concentration of Medi-Cal patients across counties, from an average of 5 percent in Contra Costa County to 20 percent in Solano County.

Figure 6. Physicians with Medi-Cal Patients in Their Practice by County, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 7. Medi-Cal Practice Concentration among Participating Physicians by County, 1998



Source: UCSF Survey of California Physicians, 1998

Medi-Cal Physician Equivalents

The availability of physicians for Medi-Cal beneficiaries in a county is determined by the level at which physicians' participate in the care of Medi-Cal patients and the overall supply of physicians in the county. To estimate the availability of primary care physicians for Medi-Cal beneficiaries in a county, we multiplied the mean concentration of Medi-Cal patients among all surveyed primary care physicians' practices in a county by the total supply of primary care physicians in the county and divided this product by the total number of Medi-Cal beneficiaries in the county. We termed this product "Medi-Cal primary care physician equivalents." A similar approach was taken to calculating Medi-Cal specialist physician equivalents, but in that case we used the mean concentration of Medi-Cal patients in surveyed specialist physicians' practices and the total supply of physicians in those same specialties at the county level. A complete count of the overall number of physicians in the surveyed specialties was obtained from the AMA Physician Masterfile. For purposes of comparison across counties, we standardized the calculation of Medi-Cal physician equivalents per 100,000 Medi-Cal beneficiaries in each county.

As an additional benchmark, we calculated the overall number of primary care and specialist physicians in a county, regardless of whether or not they cared for Medi-Cal patients, per 100,000 residents in each county. Our calculations did not adjust for the number of hours a physician worked during a week. However, the supply of physicians for all county residents and Medi-Cal beneficiaries can be directly compared because there was no difference in the self-reported average number of hours worked by physicians who cared for Medi-Cal patients and those who did not.

The mean number of primary care equivalents per 100,000 residents was on average a third lower for Medi-Cal beneficiaries (38 per 100,000) than it was for the population as a whole (56 per 100,000) (Table 1). Both ratios are below the workforce standard of 60 to 80 per 100,000, established by the Health Resources Services Administration. County ratios ranged from 14 (Fresno) to 72 (Alameda) Medi-Cal primary care equivalents per 100,000 Medi-Cal beneficiaries.

The mean number of specialist physician equivalents per 100,000 persons was on average less than half for Medi-Cal beneficiaries (11 per 100,000) than it was for the population as a whole (27 per 100,000). Solano County had the lowest ratio of specialist physicians per 100,000 residents (11 per 100,000) but was the only county that had a greater ratio of specialist physicians for Medi-Cal beneficiaries than for the population as a whole. County ratios ranged from 5 (Contra Costa) to 24 (San Francisco) Medi-Cal specialist equivalents per 100,000 Medi-Cal beneficiaries.

Table 1. Physician Supply and Medi-Cal Physician Equivalents by Study County, 1998

			<i>Primary Care</i>		<i>Specialists</i>	
	County Population 7/98	Medi-Cal Population 6/98	Primary Care Physicians per 100,000 Residents	Medi-Cal Primary Care Equivalents per 100,000 Medi-Cal Beneficiaries	Specialist Physicians per 100,000 Residents	Medi-Cal Specialist Equivalents per 100,000 Medi-Cal Beneficiaries
Alameda	1,397,050	185,789	65	72	26	15
Contra Costa	917,970	88,106	57	22	25	5
Fresno	755,051	200,853	46	14	21	8
Los Angeles	9,223,807	1,723,815	58	31	29	10
Orange	2,723,782	246,201	62	57	29	14
Riverside	1,480,708	198,661	40	46	20	7
Sacramento	1,166,699	236,518	52	32	26	9
San Bernardino	1,635,967	282,696	37	42	15	7
San Diego	2,766,123	309,743	53	56	27	16
San Francisco	745,756	107,262	98	56	56	24
San Mateo	701,080	45,460	57	56	34	16
Santa Clara	1,641,848	157,094	61	44	27	11
Solano	376,748	44,807	48	54	11	14
Total	25,532,589	3,827,005	56	38	27	11

Sources: UCSF Survey of California Physicians, 1998 and American Medical Association Physician Masterfile

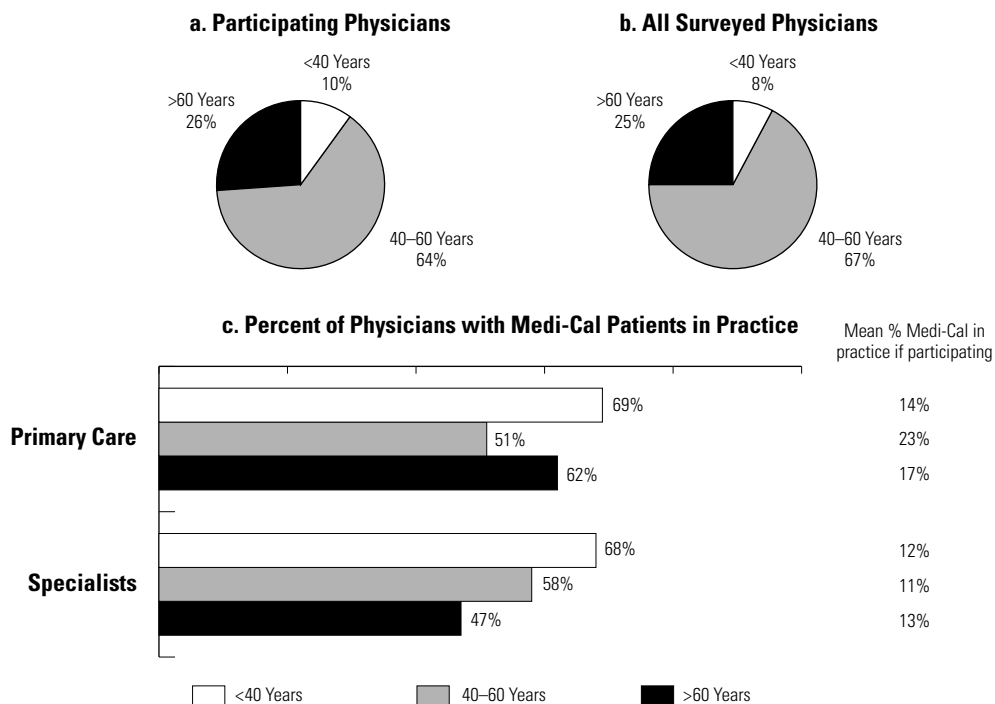
B. Medi-Cal Physician Characteristics

Primary care and specialist physicians with and without Medi-Cal patients in their practice were compared in terms of their demographics, non-English language skills, training, practice location, and whether they had uninsured patients in their practice. Among physicians participating in Medi-Cal, the mean concentration of Medi-Cal patients in the practices of physicians according to these characteristics is presented.

Age

In 1998, the majority of surveyed physicians who had Medi-Cal patients in their practice were 40 to 60 years old (Figure 8a). This reflected the overall age characteristics of surveyed physicians rather than the willingness of physicians of certain age groups to care for Medi-Cal patients (Figure 8b). Among primary care physicians, physicians 40 to 60 years old were actually the least likely group to have any Medi-Cal patients in their practice (51 percent) (Figure 8c). Among specialists, increased age was associated with a decreased likelihood of having Medi-Cal patients in their practice (68 to 47 percent). Physicians younger than 40 years old were more likely to have Medi-Cal patients in their practice than were older physicians. Sixty-nine

Figure 8. Medi-Cal Participation by Physician Age, 1998



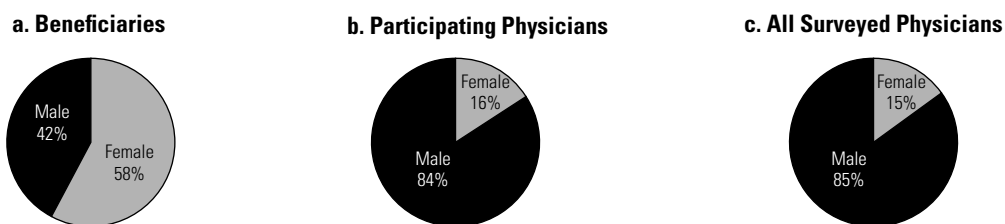
Source: UCSF Survey of California Physicians, 1998

percent of primary care physicians and 68 percent of specialists less than 40 years old had Medi-Cal patients in their practice. The concentration of Medi-Cal patients was similar across age groups for specialists (a range of 11 percent to 13 percent), but it was almost twice as great for primary care physicians who were 40 to 60 years old (23 percent) as it was for primary care physicians who were less than 40 years old (14 percent).

Gender

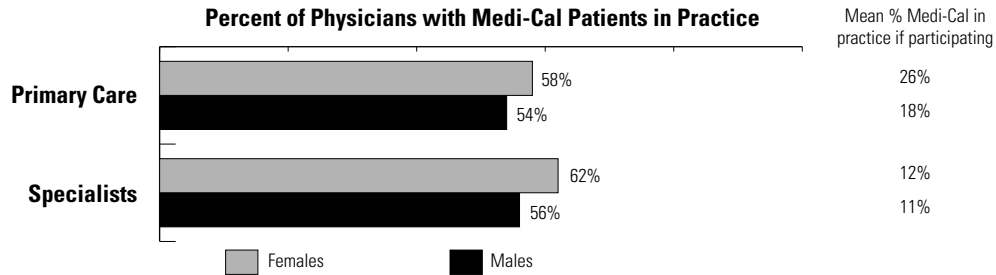
While 58 percent of Medi-Cal beneficiaries are women, only 16 percent of the surveyed physicians who had Medi-Cal patients in their practice were female (Figure 9). The disproportionately low percentage of women physicians available to Medi-Cal beneficiaries reflects the low

Figure 9. Medi-Cal by Gender, 1998



Sources: California Department of Health Services, Medical Care Statistics Section and UCSF Survey of California Physicians, 1998

Figure 10. Medi-Cal Participation by Physician Gender, 1998



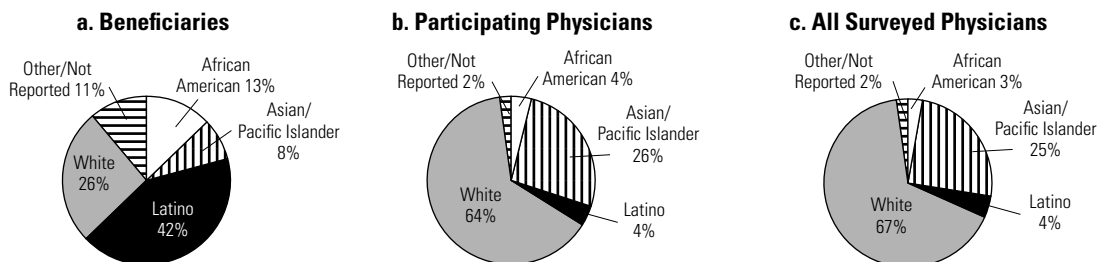
Source: UCSF Survey of California Physicians, 1998

number of women physicians available to all patients and not an unwillingness on the part of female physicians to care for Medi-Cal patients. In fact, female primary care and specialist physicians were more likely to have Medi-Cal patients in their practice than their male counterparts, and among physicians with Medi-Cal patients in their practice, women had a higher concentration of Medi-Cal patients in their practice than did men (Figure 10).

Race and Ethnicity

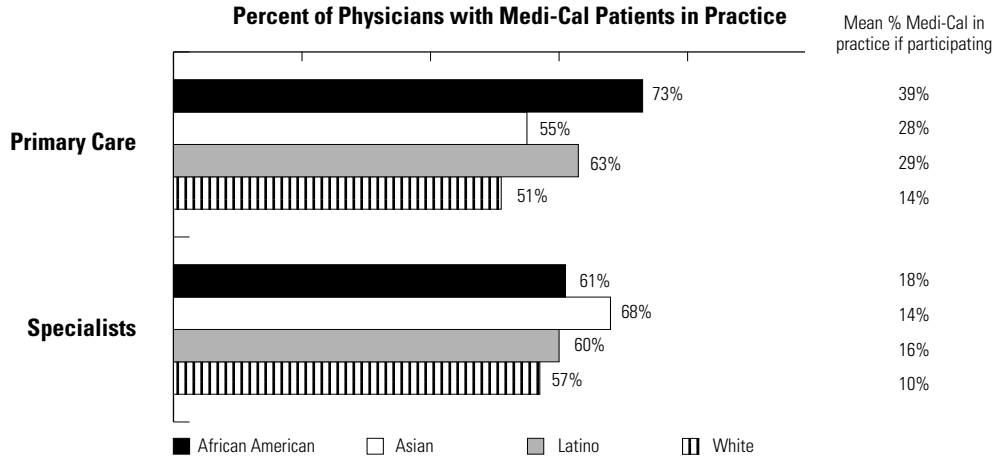
African Americans and Latinos comprise 55 percent of Medi-Cal beneficiaries, but only 8 percent of the participating Medi-Cal physicians who were surveyed in 1998 fall into these ethnic categories (Figure 11). As was the case with female physicians, the disproportionately low level of African American and Latino physicians available to Medi-Cal beneficiaries does not reflect an unwillingness on the part of minority physicians to care for Medi-Cal patients, but rather the disproportionately low numbers of African American and Latino physicians in the state. Even though White physicians were the largest racial group with Medi-Cal patients in their practice, they actually had the lowest percentage of participation and the lowest concentration of Medi-Cal patients in their practice (Figure 12). A higher percentage of African American, Asian, and Latino physicians had Medi-Cal patients in their practice than did White physicians.

Figure 11. Medi-Cal by Race and Ethnicity, 1998



Sources: California Department of Health Services, Medical Care Statistics Section and UCSF Survey of California Physicians, 1998

Figure 12. Medi-Cal Participation by Physician Race and Ethnicity, 1998



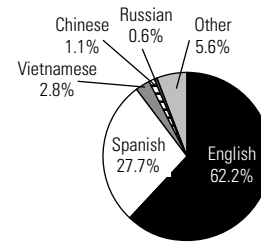
Source: UCSF Survey of California Physicians, 1998

Language

In 1998, more than one-third of Medi-Cal beneficiaries reported that their primary language was not English (Figure 13). The majority of non-English-speaking beneficiaries in the state stated that their primary language was Spanish (27.7 percent), followed next by Vietnamese (2.8 percent), Chinese (1.1 percent), and Russian (0.6 percent). In comparison, 20 percent of all surveyed physicians reported that they speak Spanish; much smaller percentages of physicians reported that they speak Vietnamese (0.4 percent), Chinese (6 percent) and Russian (0.7 percent). Physicians who had Medi-Cal patients in their practice were more likely to be fluent in Spanish, Chinese, Vietnamese, or Russian (Figure 14). For example, 25 percent of physicians who care for Medi-Cal patients are fluent in Spanish as compared to 14 percent of physicians who do not.

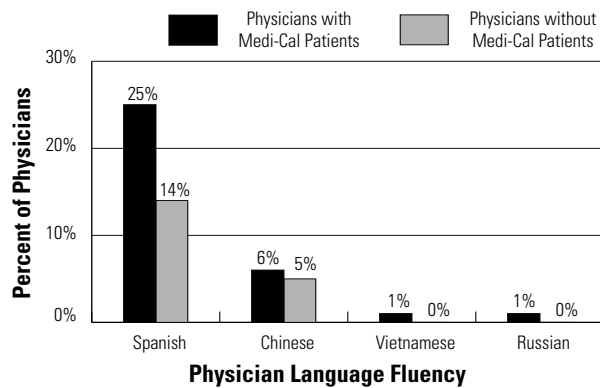
The majority of physicians who care for Medi-Cal patients were able to provide Spanish translation services either themselves or through office staff (Table 2). Twenty-nine percent of primary care

Figure 13. Medi-Cal Beneficiaries by Primary Language, 1998



12.2% invalid or blank responses excluded
 Source: California Department of Health Services, Medical Care Statistics Section

Figure 14. Physician Language Fluency by Medi-Cal Participation, 1998



Source: UCSF Survey of California Physicians, 1998

Table 2. Language Skills of Participating Medi-Cal Physicians, 1998

	<i>Primary Care</i>		<i>Specialists</i>	
	"I speak language fluently"	"Physician or office staff fluent/translates"	"I speak language fluently"	"Physician or office staff fluent/translates"
Spanish	29%	84%	19%	76%
Chinese	7%	16%	6%	20%
Vietnamese	1%	10%	1%	10%
Russian	1%	4%	1%	9%

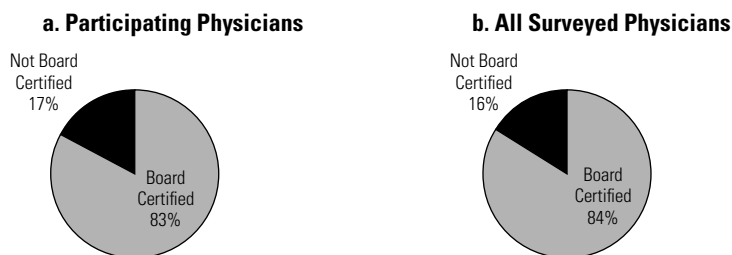
Source: UCSF Survey of California Physicians, 1998

physicians said that they were themselves fluent in Spanish and in combination with their office staff, 84 percent of primary care practices could provide Spanish translation services. Although fewer specialists reported that they spoke Spanish, 76 percent of specialty physicians reported that, in combination with their office staff, they could provide Spanish language services in their practices. The overall numbers for physician and staff fluency in Chinese, Vietnamese, and Russian were lower than they were for Spanish. Because patients with these languages tend to be more geographically clustered than do Spanish-speaking patients, it is quite possible that many Medi-Cal patients are able to have these language needs met by their physician or the physician's office staff.

Board Certification

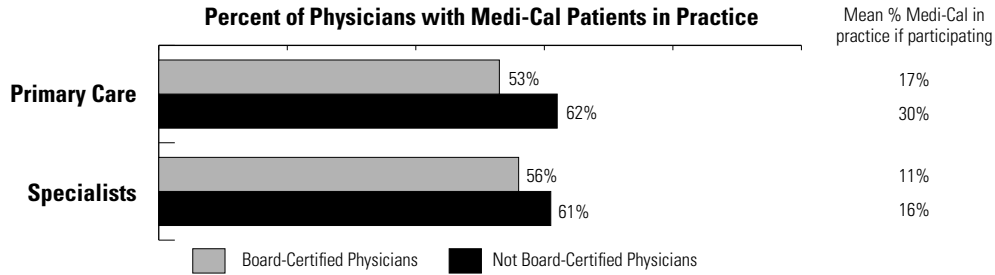
Eighty-three percent of surveyed physicians who had Medi-Cal patients in their practice were board certified in their specialty (Figure 15), which is equivalent to the percentage of *all* surveyed physicians who were board certified. However, physicians who were not board certified provided a slightly greater amount of care to Medi-Cal patients. A higher percentage of non-board-certified primary care and specialist physicians reported having Medi-Cal patients in their practice (Figure 16). For example, 62 percent of non-board-certified primary care physicians had Medi-Cal patients in their practice, compared to 53 percent of board-certified primary care physicians. In addition, the concentration of Medi-Cal patients was greater in the practices of physicians who are not board certified.

Figure 15. Medi-Cal Participation by Board Certification Status, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 16. Medi-Cal Participation by Physician Board Certification Status, 1998

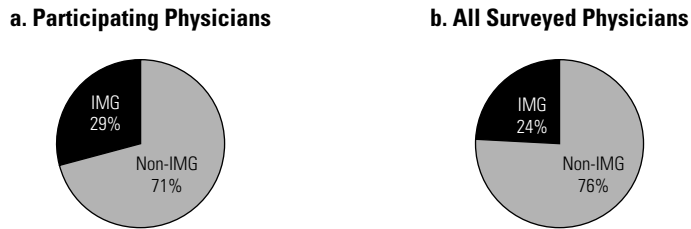


Source: UCSF Survey of California Physicians, 1998

International Medical Graduates

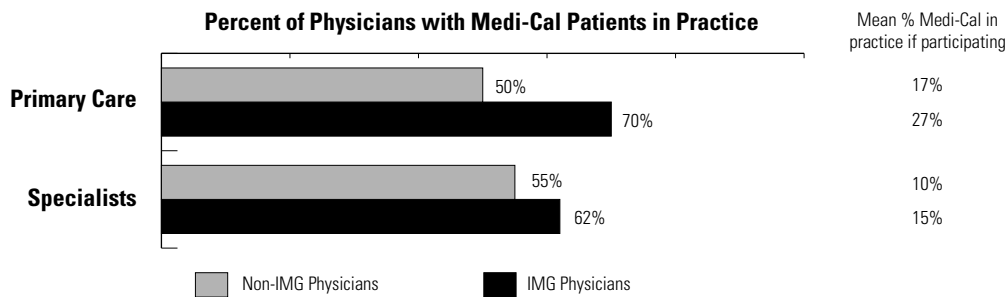
Approximately 30 percent of surveyed physicians who had Medi-Cal patients in their practice were International Medical Graduates (IMGs), which is slightly higher than the percentage of IMGs among all surveyed physicians (Figure 17). Primary care and specialist physicians who graduated from international medical schools were more likely to have Medi-Cal patients in their practice (Figure 18). For example, 70 percent of primary care IMGs had Medi-Cal patients in their practice, as compared to only 50 percent of primary care physicians who graduated from U.S. medical schools. In addition, the concentration of Medi-Cal patients in IMG physician practices was greater than in the practices of non-IMG physicians.

Figure 17. Medi-Cal Participation by International Medical Graduate Status, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 18. Medi-Cal Participation by Physician IMG Status, 1998

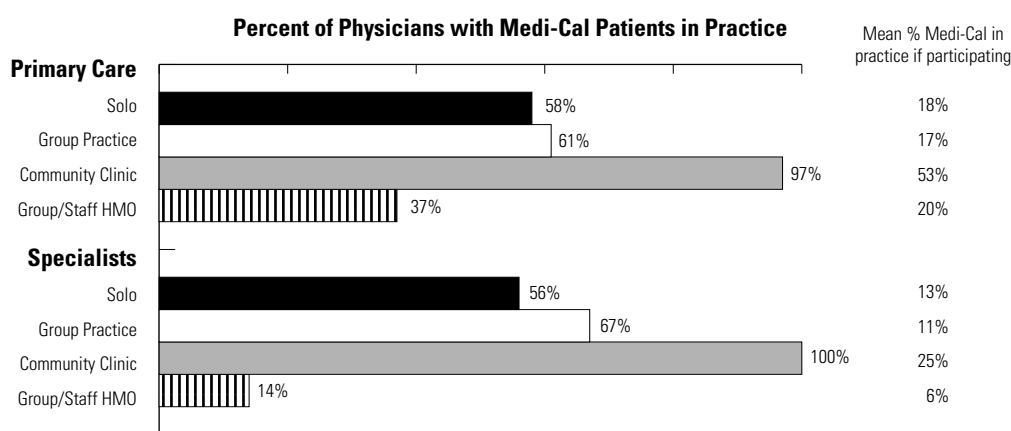


Source: UCSF Survey of California Physicians, 1998

Practice Setting

Virtually all surveyed physicians who worked at community clinics reported that they had Medi-Cal patients in their practice (Figure 19). Group/staff model HMO physicians were less likely than solo and group practice physicians to participate in Medi-Cal; however, among those group/staff model HMO physicians who did participate, the concentration of Medi-Cal patients in their practice was similar to that found in solo and group practice physicians. This finding probably reflects the policies of the Kaiser Health Plan, in which the majority of group/staff model HMO physicians in California work. Kaiser physicians work in several, separate sites around the state. Depending upon the county, Kaiser facilities either do not participate in Medi-Cal or participate at a high level.

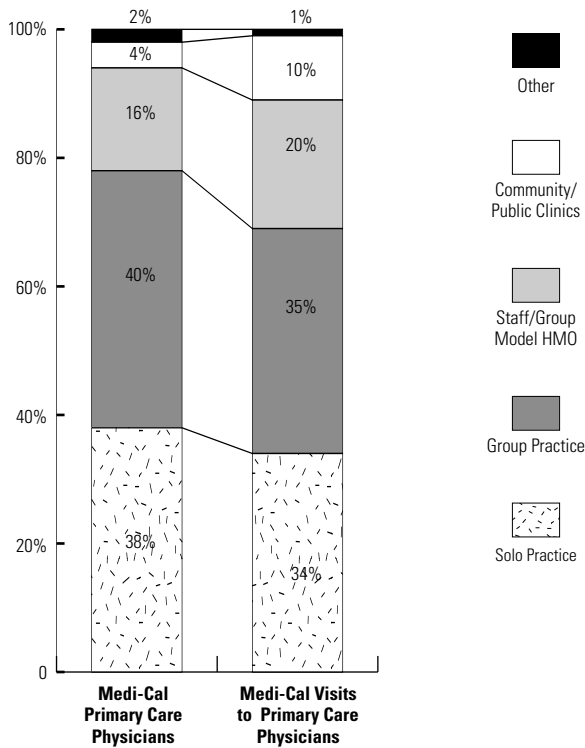
Figure 19. Medi-Cal Participation by Physician Practice Setting, 1998



Source: UCSF Survey of California Physicians, 1998

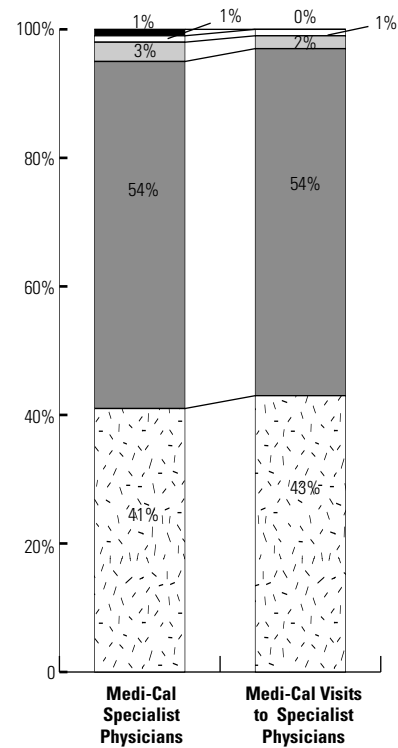
Combining information on the distribution of physicians according to their practice setting and the concentration of Medi-Cal patients in their practice reveals the central role that private physicians play in providing Medi-Cal care. Ninety-four percent of primary care physicians participating in Medi-Cal reported that they worked in solo practice, group practice, or staff/group model HMOs. Eighty-nine percent of Medi-Cal primary care physician visits were in these settings (Figure 20). Physicians in community-based clinics provided a disproportionately large share of Medi-Cal visits. However, because this group of physicians constituted only 4 percent of the surveyed primary care physicians, their overall contribution to Medi-Cal primary care visits was only 10 percent. This finding is consistent with national statistics that found that visits by Medicaid patients to federally funded community clinics accounted for 14 percent of all primary care Medicaid visits.¹³ The contribution of community clinics to specialty care for Medi-Cal patients was even smaller because these sites focus almost exclusively on primary care. Among Medi-Cal participating specialists, 98 percent reported that they worked in solo, group practice, or staff/group model HMOs. Ninety-nine percent of Medi-Cal specialist visits were to physicians in these settings (Figure 21). The few primary care

Figure 20. Medi-Cal Primary Care Physicians and Visits by Practice Setting, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 21. Medi-Cal Specialist Physicians and Visits by Practice Setting, 1998



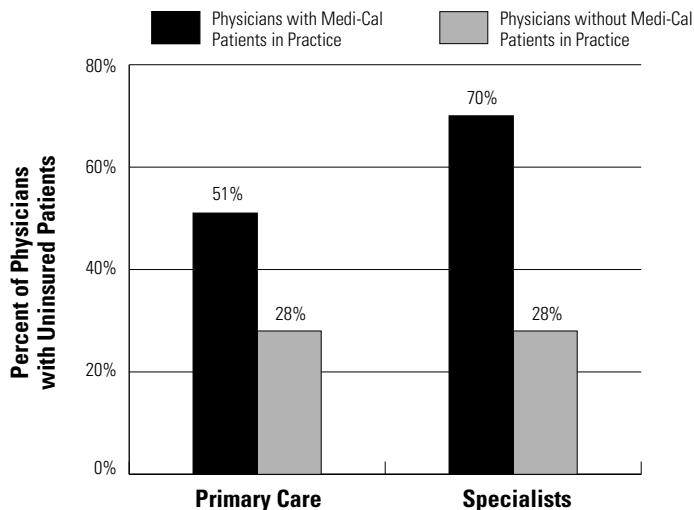
Source: UCSF Survey of California Physicians, 1998

and specialist physicians whose practice setting is described as “other” are those who reported working in school-based clinics, jails, and other less common settings.

Providing Care to the Uninsured

Surveyed physicians who said they provided care to Medi-Cal patients were more likely to care for uninsured patients than non-Medi-Cal physicians (Figure 22). Among primary care physicians, those who had Medi-Cal patients in their practice were almost twice as likely to have uninsured patients in their practice as those who did not participate in Medi-Cal. Among specialists, the association between being a provider of Medi-Cal care and uninsured care was even greater than it was among primary care physicians.

Figure 22. Physicians with Uninsured Patients in Practice, 1998



Source: UCSF Survey of California Physicians, 1998

C. Physician Perceptions

Physicians were asked to agree or disagree with a series of statements about their satisfaction with being a physician, the importance of their contribution to providing care in their community, and their perceptions of the Medi-Cal program, Medi-Cal patients, and the Medi-Cal managed care program.

Physician Satisfaction

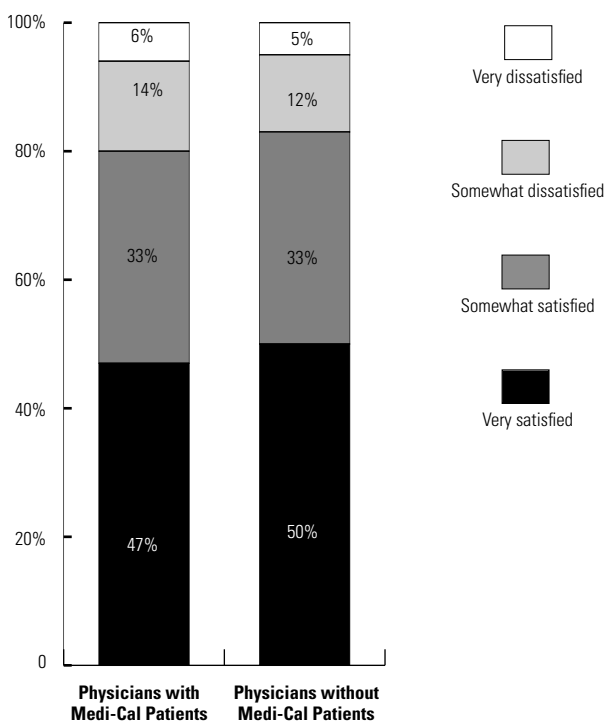
Approximately 80 percent of physicians surveyed in 1998 agreed that they were very or somewhat satisfied with being a physician. This rating did not differ between physicians who did and did not have Medi-Cal patients in their practice (Figure 23).

Most primary care physicians (more than 90 percent) agreed that they were either very or somewhat satisfied with their patient population (Figure 24). There was little difference in this rating between those primary care physicians who had Medi-Cal patients in their practice and those who did not. Specialist physicians were not asked this question.

Community Contribution

Primary care physicians were also asked to self-assess how essential their individual contribution was to medical care in their community. Most primary care physicians did not think that their patients would go without care if they were not providing it, and this rating did not differ between those physicians who had Medi-Cal patients in their practice and those who did not (Figure 25). The one exception was primary care physicians who worked in community clinic settings; 72 percent of this group either somewhat or strongly agreed that some patients would go without care if they were not there. (Specialist physicians were not asked this question.)

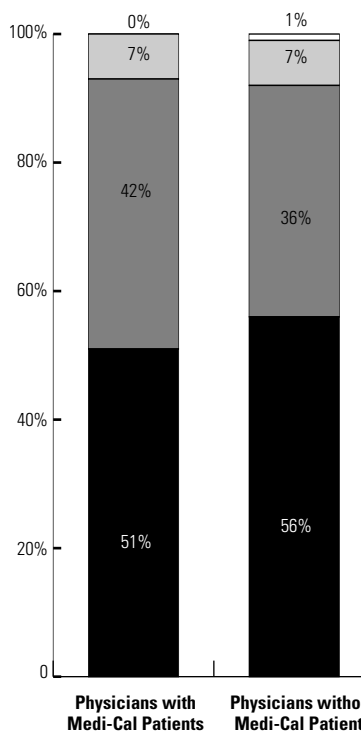
Figure 23. "How satisfied are you with being a physician?"



(Question asked of both primary care and specialist physicians)

Source: UCSF Survey of California Physicians, 1998

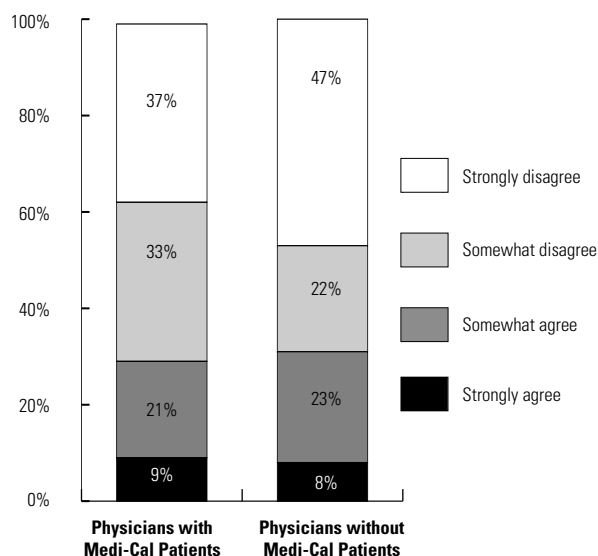
Figure 24. "How satisfied are you with the patient population you care for?"



(Question asked only of primary care physicians)

Source: UCSF Survey of California Physicians, 1998

Figure 25. "In the neighborhood where I practice, some of my patients would go without care if I weren't there."



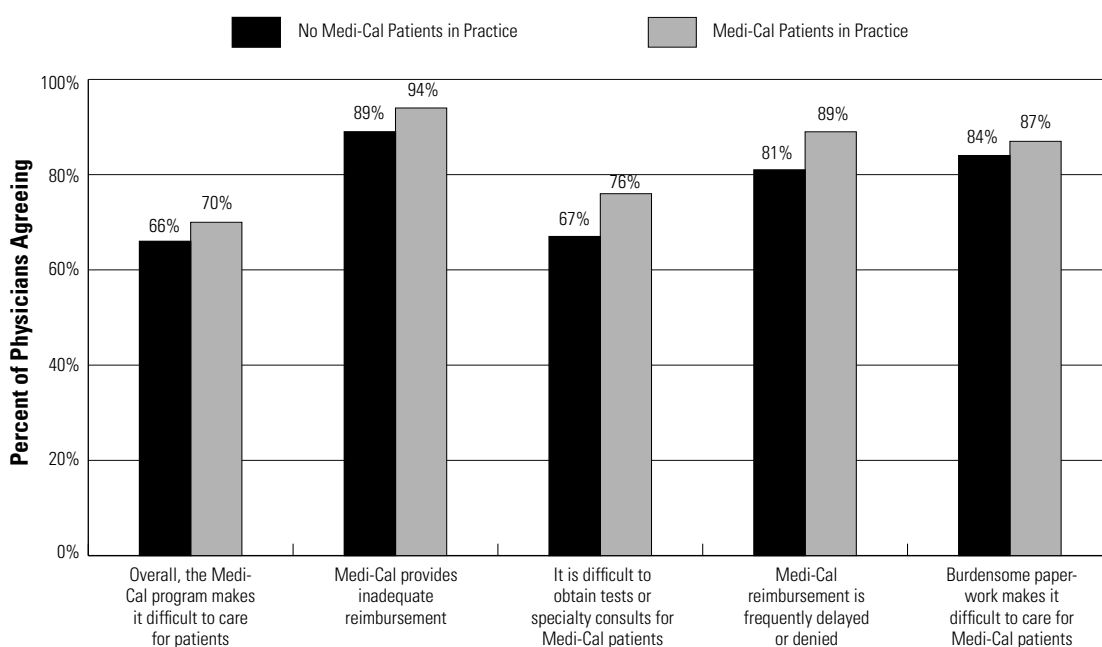
(Question asked only of primary care physicians)

Source: UCSF Survey of California Physicians, 1998

Perceptions about the Medi-Cal Program

Primary care physicians were asked to rate their agreement with five statements about the Medi-Cal program (specialists were not asked this series of questions). Most primary care physicians reported negative views of the Medi-Cal program. In general, physicians with Medi-Cal patients in their practice had more negative opinions of Medi-Cal than physicians without Medi-Cal patients in their practice (Figure 26). For example, 76 percent of primary care physicians with Medi-Cal patients in their practice said that it was difficult to obtain tests or specialty consults for Medi-Cal patients, compared to 67 percent of physicians without Medi-Cal patients in their practice.

Figure 26. Primary Care Physician Perceptions about the Medi-Cal Program According to Medi-Cal Participation, 1998

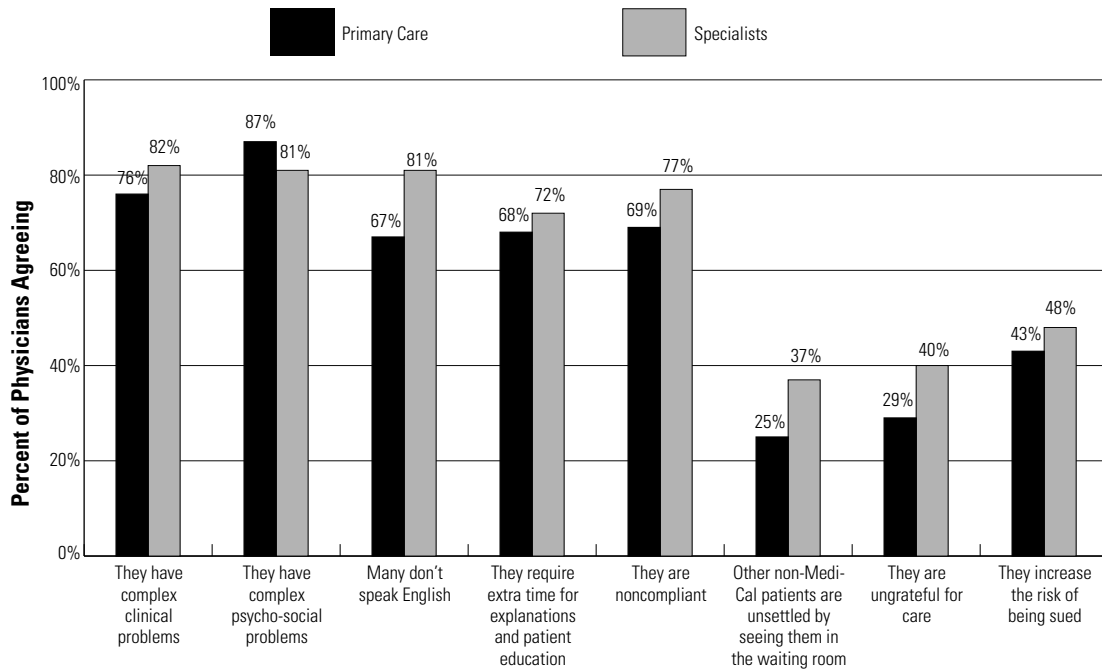


Source: UCSF Survey of California Physicians, 1998

Perceptions about Medi-Cal Patients

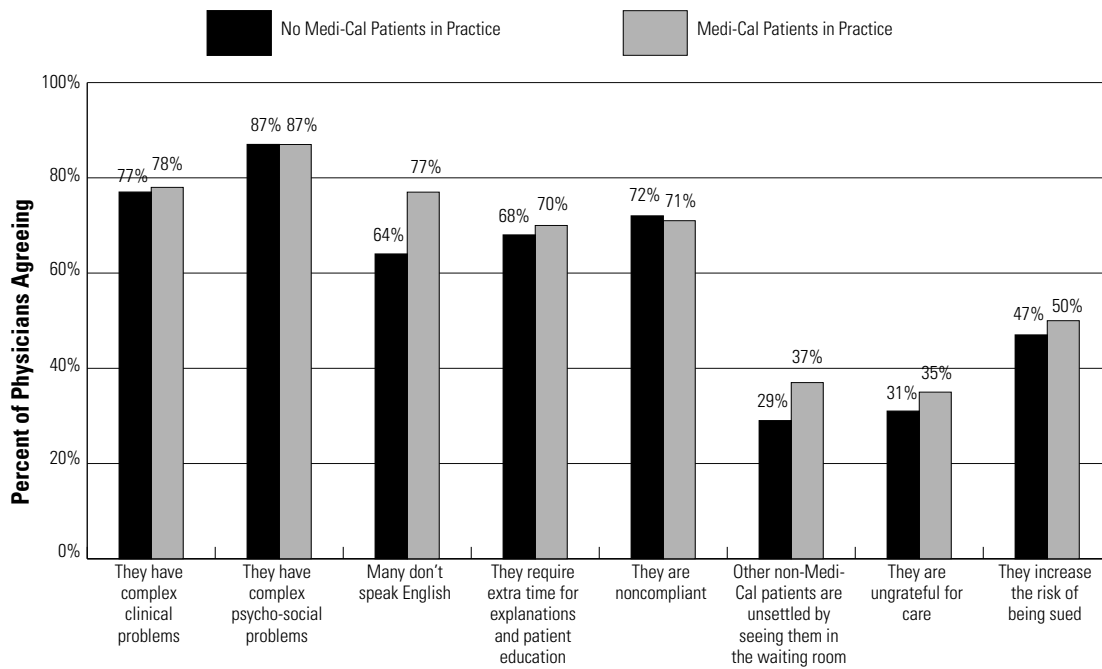
Physicians were also asked to report their opinions about Medi-Cal patients by rating their agreement or disagreement with eight statements. Among all surveyed primary care and specialist physicians, a majority agreed that Medi-Cal patients have complex clinical problems, complex psycho-social problems, and a need for extra time for explanations and education (Figure 27). More than two-thirds said that they believed Medi-Cal patients were noncompliant with recommended treatments. Finally, approximately one-quarter of primary care physicians and more than one-third of specialists reported that they believed that other patients were unsettled by having Medi-Cal patients in the waiting room and that Medi-Cal patients were ungrateful for care.

Figure 27. Physician Perceptions about Medi-Cal Patients, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 28. Physician Perceptions about Medi-Cal Patients According to Medi-Cal Participation, 1998



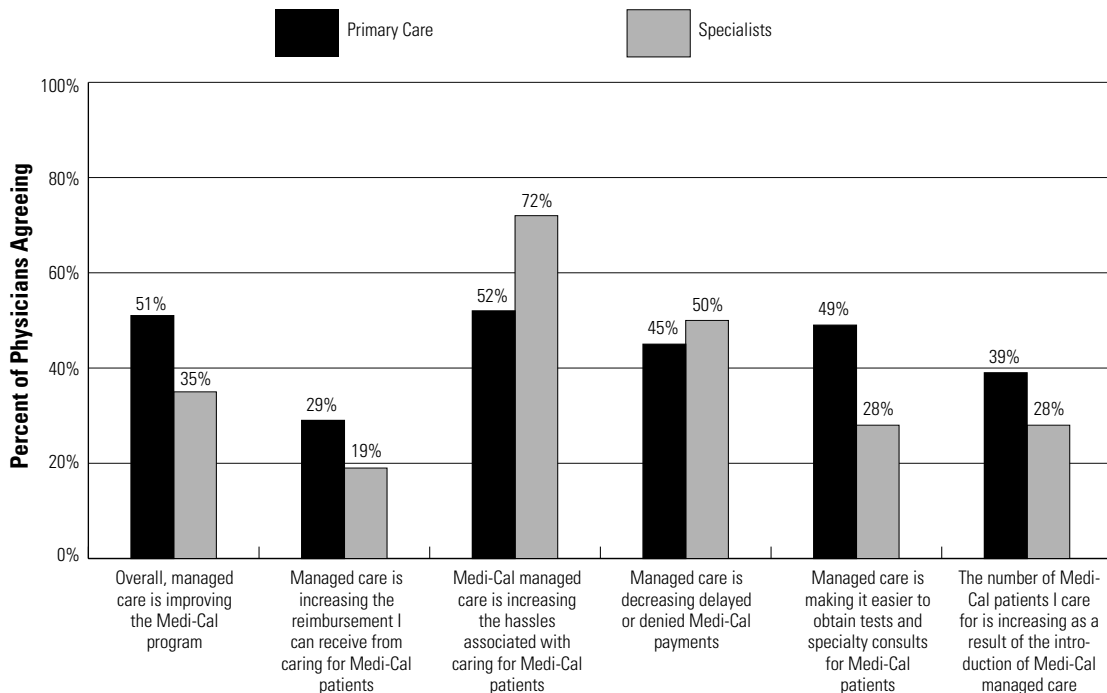
Source: UCSF Survey of California Physicians, 1998

Physicians' opinions of Medi-Cal patients were not predictive of whether they participated in Medi-Cal (Figure 28). Physicians with Medi-Cal patients in their practice reported similar (and, in some cases, even more negative) views about Medi-Cal patients than did physicians without Medi-Cal patients in their practice. For example, 37 percent of physicians with Medi-Cal patients in their practices said that they believed other patients would be unsettled by seeing Medi-Cal patients in the waiting room, as compared to 29 percent of physicians who did not care for Medi-Cal patients. Further analysis of physicians who had Medi-Cal patients in their practice did not reveal any consistent pattern between Medi-Cal practice concentration and physicians' opinions of Medi-Cal patients.

Perceptions about Medi-Cal Managed Care

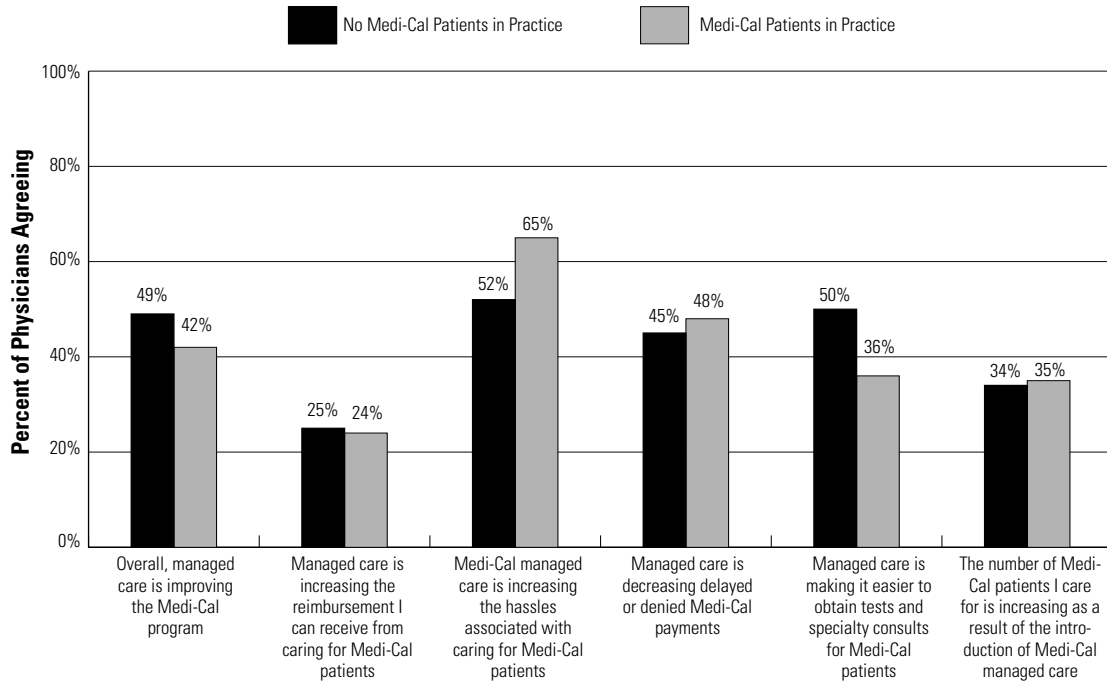
The majority of surveyed physicians (72 percent of specialists and 52 percent of primary care physicians) agreed with the statement that Medi-Cal managed care was increasing the hassles associated with caring for Medi-Cal patients (Figure 29). However, half of the primary care physicians and one-third of the specialists indicated that managed care was improving the Medi-Cal program. A minority of primary care and specialist physicians agreed with statements that Medi-Cal managed care was improving reimbursement, making it easier to obtain tests and consultations, and increasing the number of Medi-Cal patients in their practice.

Figure 29. Physician Perceptions about Medi-Cal Managed Care, 1998



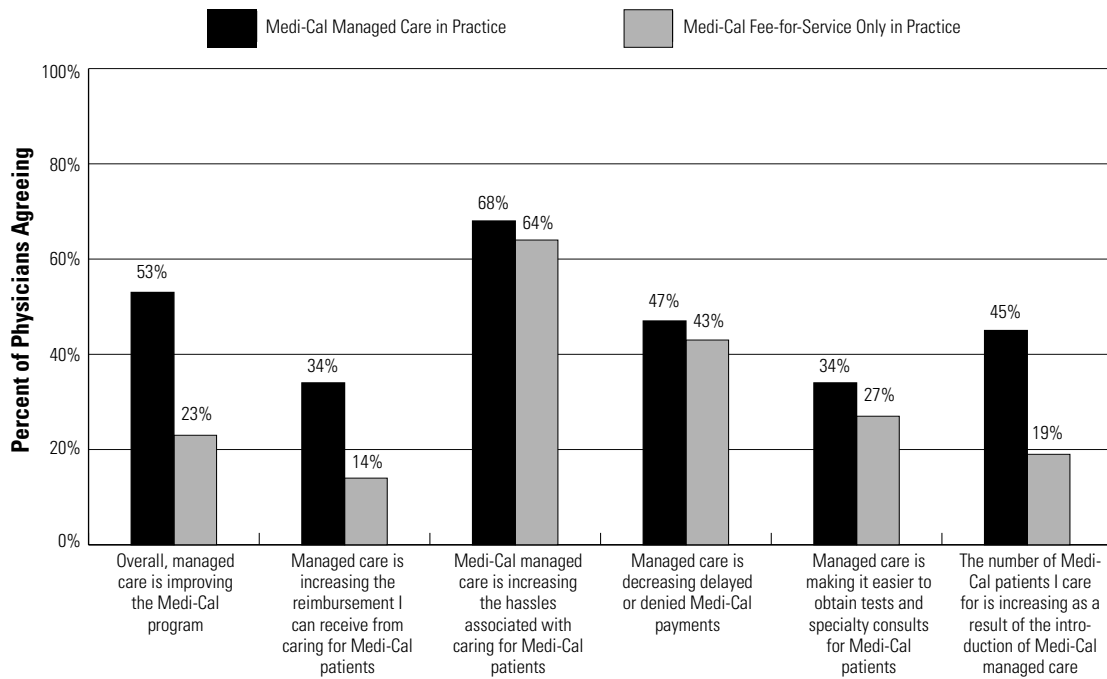
Source: UCSF Survey of California Physicians, 1998

Figure 30. Physician Perceptions about Medi-Cal Managed Care According to Medi-Cal Participation, 1998



Source: UCSF Survey of California Physicians, 1998

Figure 31. Physician Perceptions about Medi-Cal Managed Care among Current Medi-Cal Physicians, 1998



Source: UCSF Survey of California Physicians, 1998

Physicians' opinions of Medi-Cal managed care were not associated with whether they had Medi-Cal patients in their practice. In fact, in some cases physicians with Medi-Cal patients in their practice expressed more negative opinions regarding Medi-Cal managed care. For example, 65 percent of physicians with Medi-Cal patients in their practice reported that Medi-Cal managed care was increasing the hassles associated with caring for Medi-Cal patients, as compared to 52 percent of physicians without Medi-Cal patients in their practice (Figure 30). Further analysis of physicians who had Medi-Cal patients in their practice did not reveal any consistent pattern between Medi-Cal practice concentration and physicians' opinions of Medi-Cal managed care.

Physicians who had Medi-Cal managed care patients in their practice had more positive opinions of Medi-Cal managed care than did physicians who only cared for Medi-Cal patients who were in fee-for-service (Figure 31). For example, 53 percent of physicians who had Medi-Cal managed care patients in their practice agreed that managed care was improving the Medi-Cal program, while only 23 percent of physicians who accepted only Medi-Cal fee-for-service patients agreed with this statement.

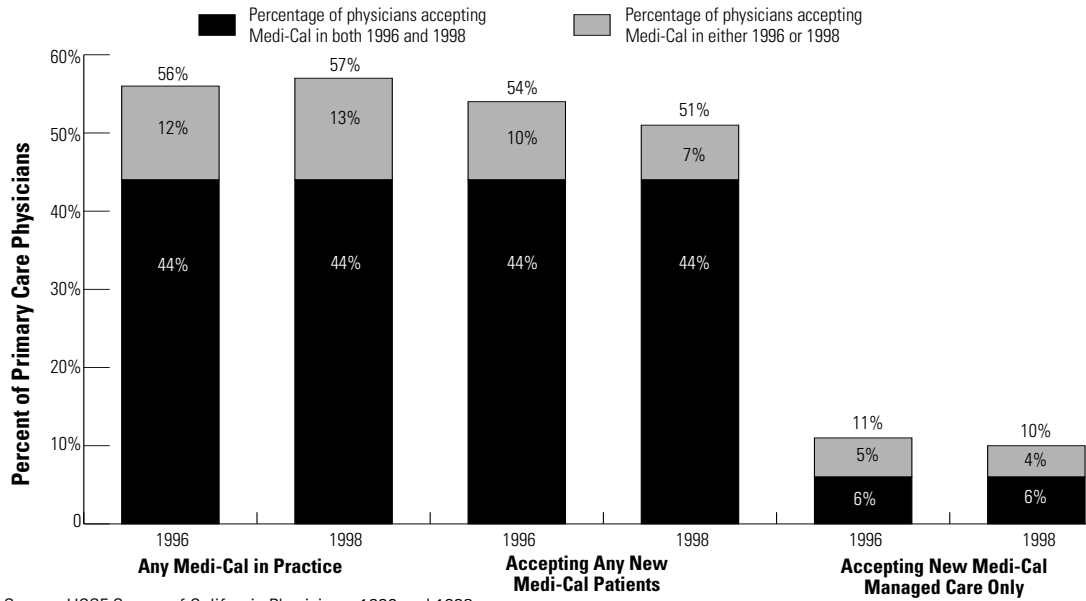
D. Changes between 1996 and 1998

Survey findings from 1998 were contrasted with findings from the 1996 survey to determine whether there were significant changes in Medi-Cal participation, Medi-Cal physician characteristics, and participation in Medi-Cal managed care during this time period.

Changes in Primary Care Participation in Medi-Cal

The overall percentage of primary care physicians participating in Medi-Cal was stable between 1996 and 1998 (56 percent compared to 57 percent). However, there was some flux in individual physician participation in Medi-Cal during this time. Approximately 80 percent of the physicians who participated in the Medi-Cal program in 1996 were still doing so in 1998 (44 percent of the 56 percent in 1996 and 44 percent of the 57 percent in 1998) (Figure 32). However, 12 percent of primary care physicians who had accepted Medi-Cal patients in 1996 were no longer doing so in 1998, and 13 percent of primary care physicians who had not accepted Medi-Cal patients in 1996 were doing so in 1998 (gray components of 1996 and 1998 bars respectively). The overall percentage of primary care physicians accepting new Medi-Cal patients decreased slightly over time (54 to 51 percent). More than 80 percent of the physicians who were accepting new Medi-Cal patients in 1996 were still doing so in 1998 (44 percent of 54 percent in 1996 and 44 percent of 51 percent in 1998). There was a small number of physicians who accepted only Medi-Cal managed care as opposed to Medi-Cal fee-for-service, but the number of such physicians did not increase after the expansion of mandatory Medi-Cal managed care.

Figure 32. Primary Care Physician Reports of Medi-Cal Patients in Practice, 1996–1998



Source: UCSF Survey of California Physicians, 1996 and 1998

Changes in Physician Characteristics

There were no significant differences between 1996 and 1998 in the gender, race/ethnicity, or specialty of physicians who participated in Medi-Cal (Table 3). However, primary care physicians who were older, non-board-certified, International Medical Graduates (IMGs), and in solo practice were more likely over time to participate in Medi-Cal. More primary care physicians working in community-based primary care clinics and, to a lesser extent, primary care physicians working in group/staff model HMOs participated in Medi-Cal in 1998 than did in 1996. A similar pattern of changes was seen when comparing physicians who were and were not accepting new Medi-Cal patients into their practice in 1996 and 1998 (data not shown).

**Table 3. Percentage of Primary Care Physicians by
Medi-Cal Participation in 1996 and 1998**

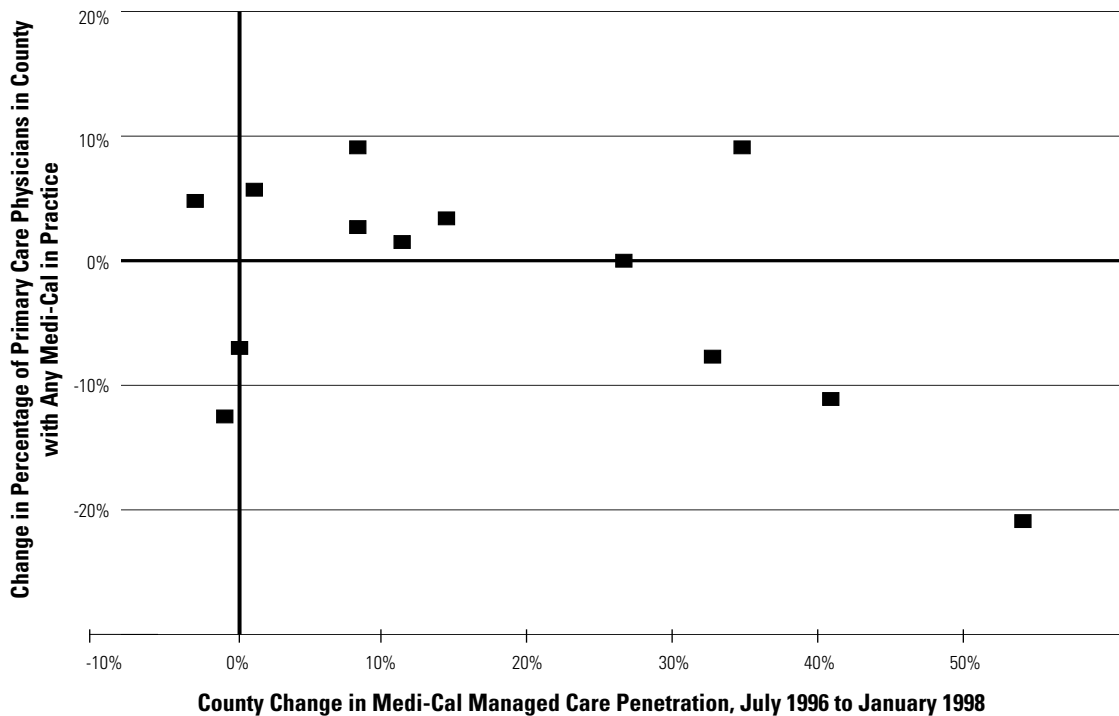
	Yes in 1996 Yes in 1998	Yes in 1996 No in 1998	No in 1996 Yes in 1998	No in 1996 No in 1998	Net Change 1996 vs. 1998
Age					
< 50	41	17	13	29	-4
≥50	46	8	13	33	5
Gender					
Female	46	16	12	26	-4
Male	43	11	13	33	2
Race/Ethnicity					
Asian	51	6	9	33	3
African American	67	9	7	17	-2
Latino	55	10	9	26	-1
White	39	14	15	32	1
Specialty					
Family Practice	34	15	14	36	-1
Internal Medicine	36	13	14	36	1
Obstetrics/Gynecology	52	6	12	29	6
Pediatrics	57	12	10	21	-2
Board Certification Status					
Board Certified	41	14	14	31	0
Not Board Certified	56	3	9	33	6
International Medical Graduate Status					
IMG	59	5	13	23	8
Non-IMG	38	15	13	34	-2
Practice Setting					
Office Based	49	12	10	29	-2
Staff/Group Model HMO	24	14	20	42	6
Community Clinic	72	1	18	9	17
Other	56	19	0	25	-19
Practice Size					
Solo	52	4	13	31	9
2-10	53	14	8	25	-6
>10	29	18	16	37	-2
Income					
< \$120,000	48	11	12	29	1
> \$120,000	40	14	12	34	-2

Source: UCSF Survey of California Physicians, 1996 and 1998

Changes in Medi-Cal Managed Care Participation

Between 1996 and 1998, many counties in California shifted large proportions of Medi-Cal beneficiaries from fee-for-service Medi-Cal into managed care plans. The change in the percentage of Medi-Cal beneficiaries who were enrolled in managed care ranged from 3 percent to 53 percent across the 13 study counties between 1996 and 1998. There was no association between the change in the percentage of primary care physicians in each county participating in Medi-Cal and the change in the percentage of Medi-Cal patients enrolled in managed care plans in the county (Figure 33). In other words, shifting Medi-Cal beneficiaries into managed care plans did not appear to result in more physicians participating in Medi-Cal. If anything, counties that increased the percentage of the Medi-Cal beneficiaries in managed care had a small decrease in the percentage of primary care physicians who had Medi-Cal patients in their practice. The seven counties that increased their percentage of Medi-Cal beneficiaries in managed care by more than 10 percent between 1996 and 1998 actually saw a 3 percent net decrease in the percentage of primary care physicians participating in Medi-Cal. On the other hand, the six counties that experienced less than a 10 percent increase in the penetration of Medi-Cal managed care had no net change in the percentage of primary care physicians participating in Medi-Cal. Controlling for the absolute percentage of Medi-Cal managed care in the baseline year and the length of time that the Medi-Cal managed care program was in effect in a county did not alter the results.

Figure 33. Association between Change in Medi-Cal Participation and Managed Care Penetration at County Level, 1996–1998



Source: UCSF Survey of California Physicians, 1998

IV. Conclusions

The Medi-Cal program has made considerable improvement in access to care for the low-income population in California, but Medi-Cal beneficiaries continue to experience barriers to care, including a shortage of physicians who will accept Medi-Cal patients. Based on surveys of primary care and specialist physicians working in the 13 largest urban counties in California, we found that little more than half of physicians had Medi-Cal patients in their practice in 1998. A similar percentage of physicians who were accepting any new patients were accepting new Medi-Cal patients in their practice. There was a wide range of physician participation in the care of Medi-Cal patients across study counties. However, studies have shown that physician participation in the care of Medi-Cal patients is substantially lower in California than it is in several other urban areas around the United States.¹⁴

While a similar percentage of California primary care and specialist physicians had Medi-Cal patients in their practice in 1998, the concentration of Medi-Cal patients in primary care practices was greater than that in specialist practices. In addition, there were fewer primary care and specialist physicians available to Medi-Cal patients than there were for the population as a whole. On average, there were about two-thirds as many primary care physicians and about half as many specialist physicians available to Medi-Cal patients as were available for the population as a whole.

The characteristics of physicians who care for Medi-Cal patients were found to be similar to those of physicians who do not, with some potentially important differences. Physicians from underrepresented minority groups, and those who have non-English-speaking skills, most commonly Spanish, were more likely to have Medi-Cal patients in their practice. Not only were about a third of primary care physicians able to speak Spanish themselves, but almost three-quarters could provide Spanish translation in conjunction with on-site staff. Because nearly 30 percent of Medi-Cal beneficiaries speak Spanish, the disproportionate involvement

of these physicians in the Medi-Cal program most likely plays an important role in providing culturally competent care to Medi-Cal patients.

Physicians who are not board certified and who are International Medical Graduates were also found to be disproportionately more likely to have Medi-Cal patients in their practice. These findings may suggest differences in the quality of physicians that are available to Medi-Cal patients.

Physicians who work in clinics were more likely than physicians who work in other settings to have Medi-Cal patients in their practice. These results apply predominantly to primary care physicians as there were very few specialists who reported that their practice setting is a clinic. Physicians who work in clinics reported a substantially higher concentration of Medi-Cal patients in their practice and they stated that many patients would go without care in their communities were they not there. While physicians who work in clinics most likely play an important role in providing access to care in their communities, the relatively small number of physicians who worked in these settings in urban areas in 1998 results in the overwhelming majority of Medi-Cal patients seeing physicians who worked in office-based settings.

Many physicians expressed negative attitudes about the Medi-Cal program and, to a lesser degree, about Medi-Cal patients. However, these attitudes did not predict whether or not physicians had Medi-Cal patients in their practice. In general, physicians who cared for Medi-Cal patients were no more or less satisfied with their practice. Specialist physicians expressed more negative attitudes about Medi-Cal managed care than did primary care physicians. These attitudes are reflected in the finding that specialist physicians involvement with Medi-Cal is much more likely to be in fee-for-service than managed care.

The growth of Medi-Cal managed care between 1996 and 1998 was not associated with a change in the number of primary care physicians caring for Medi-Cal patients. By and large, there was little change over time in which primary care physicians were providing this care. There was, however, a small increase over time in the likelihood that non-board-certified and International Medical Graduate physicians would be caring for Medi-Cal patients.

These results are some of the most comprehensive available about physicians' participation in the Medi-Cal program; however, there are some limitations to note in drawing conclusions from them. First, these data are derived from physicians' self-reports and therefore may not accurately reflect physicians' actual practice. Second, the surveyed physicians practice in urban areas and, as a result, we have no way of judging whether the results apply equally to physicians who practice in rural areas. Third, information regarding changes in physicians' practice over time was only available for primary care physicians. Since specialists reported more negative attitudes than primary care physicians about Medi-Cal managed care, their practice with Medi-Cal patients over time may not be the same as that of primary care physicians. Finally, all data were collected in 1998 and may not reflect more recent practice changes among California physicians.

To address many of these limitations, investigators at the University of California, San Francisco, with the support of the Medi-Cal Policy Institute, are in the process of collecting updated information regarding California physicians' practices with Medi-Cal patients. In addition to providing a longitudinal follow up of the primary care and specialist physicians described in the present report, the sample has been enhanced to incorporate additional primary care and specialist physicians, including those working in rural areas in California. These data will be collected by the close of 2001 with an anticipated release of the results in 2002. Even before the updated results from the 2001 California Physician Survey are available, several policy recommendations can be made based on the current information.

First, California needs to reconsider its strategies for increasing physician participation in the Medi-Cal program. Managed care does not appear to have significantly increased physicians' willingness to care for Medi-Cal patients. Since California's Medi-Cal physicians receive some of the lowest rates of reimbursement in the country, some have suggested that increasing these fees will need to be a part of the solution. However, results from studies of other states that have taken this approach suggest that this will have only a limited effect. Judging by some of the concerns physicians have regarding the administrative hassles with the program, it may be that addressing these issues could contribute toward increasing physicians' involvement with the program. Education programs that address physicians' misconceptions about Medi-Cal patients, such as that they are more likely to sue when in fact they are less likely to do so, might also affect physicians' participation in Medi-Cal.

Second, the diversity of California's Medi-Cal patient population suggests that there is a need for a culturally competent physician workforce to care for them. Physicians from underrepresented minority groups are more likely to have Medi-Cal patients in their practice and they may also be better able to provide culturally appropriate care to diverse patient populations. However, the number of minorities in the physician workforce remains disproportionately small. Medi-Cal has an interest in having a diverse physician workforce available to care for its clients; therefore, the program should consider how it can contribute toward the development of a diverse physician workforce in California.

Third, there should be an on-going public commitment to evaluate strategies that are undertaken to improve the Medi-Cal program. Despite the significant changes in the Medi-Cal program during the 1990s, including a large increase in the use of managed care, there has been very little information by which to judge the successes and failures of these delivery changes. Medi-Cal represents a significant expenditure of public money and, for this reason, the public should have the opportunity to receive information on how effectively the program is meeting its goals. There is a need for on-going studies of Medi-Cal's performance and a commitment to publicly disseminate the results in a timely fashion.

Appendix: Survey Instrument

California Physician Survey Questions*

* These are a subset of questions derived from the 1996 and 1998 surveys of California physicians that were analyzed to generate the report

1. How satisfied are you with being a physician?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

2. What is your main practice setting?

- 1 Solo practice
- 2 Single specialty partnership or group practice
- 3 Multispecialty partnership or group practice
- 4 A staff or group model health maintenance organization (e.g. Kaiser)
- 5 Community health center or public clinic
- 6 Other (**Please specify**): _____

3. During a recent typical week in your **main practice**, how many hours did you spend performing patient care activities and how many patient visits did you have in each of the following categories: **Please count as one visit every time you saw or examined a patient.**

Category	Number of Hours	Number of Visits
a) In the office or clinic	_____ per week	_____ per week
b) In urgent care centers or hospital ERs	_____ per week	_____ per week
c) In the operating, labor or delivery room	_____ per week	_____ per week
d) On house calls or at nursing homes	_____ per week	_____ per week
e) On hospital Wards	_____ per week	_____ per week

4. In your main practice, Please estimate the percentage of patients in each of the specified insurance categories. **Consider categories mutually exclusive. Total should equal 100%.**

- a) Fee-for-service private or commercial insurance (include discounted fee-for-service) _____ %
- b) Capitated/HMO commercial or private insurance _____ %
- c) Fee-for-service Medicare _____ %
- d) Capitated/HMO Medicare _____ %
- e) Fee-for-service Medi-Cal _____ %
- f) Capitated/HMO Medi-Cal _____ %
- g) Uninsured, unable to pay full fee _____ %

5. Are you currently accepting any new patients in your main practice?

- 2 No
- 1 Yes

6. Are you currently accepting any new **Medi-Cal** patients in your main practice?

- 1 Yes, accepting **both** fee-for-service **and** capitated/HMO Medi-Cal patients
- 2 Yes, accepting **only** fee-for-service **but not** capitated/HMO Medi-Cal patients
- 3 Yes, accepting **only** capitated/HMO Medi-Cal **but not** fee-for-service Medi-Cal patients
- 4 No, currently **not** accepting new Medi-Cal patients

7. Are you currently accepting any new **uninsured** patients who are **unable** to pay the full fees for services in your practice?

- 1 Yes
- 2 No

8. Many physicians believe that Medi-Cal patients present special challenges. In general, to what extent do you agree or disagree that the following patient characteristics make it difficult for **you** to care for Medi-Cal patients?

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
a) They have complex clinical problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Many don't speak English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) They have complex psycho-social problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Other patients are unsettled by seeing them in the waiting room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) They are ungrateful for care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Other patients are unsettled by having many black and Hispanic patients in the waiting room.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) They increase the risk of being sued	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) They require extra time for explanations and patient education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i) They are non-compliant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

9. Please indicate your level of agreement with the following statements about the Medi-Cal program.

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
a) Overall, the Medi-Cal program makes it difficult to care for patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Medi-Cal provides inadequate reimbursement.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) It is difficult to obtain tests or specialty consults for Medi-Cal patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Medi-Cal reimbursement is frequently delayed or denied	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Burdensome paperwork makes it difficult to care for Medi-Cal patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

10. In your opinion, how is managed care changing the Medi-Cal program?

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
a) Overall, managed care is improving the Medi-Cal program.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Managed care is increasing the reimbursement I can receive from caring for Medi-Cal patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Medi-Cal managed care is increasing the hassles associated with caring for Medi-Cal patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Managed care is decreasing delayed or denied Medi-Cal payments ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Managed care is making it easier to obtain tests and specialty consults for Medi-Cal patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) The number of Medi-Cal patients I care for is increasing as a result of the introduction of Medi-Cal managed care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

11. If a patient with limited English skills comes to your office for care, which of the following communication methods are used. **Please check all that apply for each language.**

	<u>I speak language fluently</u>	<u>Office staff fluent/translates</u>	<u>Staff arranges telephone translator</u>	<u>Patient provides own translator</u>
a) Spanish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Chinese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vietnamese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Russian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please indicate your level of agreement with the following statement:

"In the neighborhood where I practice, some of my patients would go without care if I weren't there."

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Somewhat disagree

13. What is your sex?

- 1 Male
- 2 Female

14. How old are you? _____

15. To which group do you consider yourself to belong?

- | | |
|--|---|
| <input type="checkbox"/> 1 Asian-American, Asian | <input type="checkbox"/> 5 Pacific Islander |
| <input type="checkbox"/> 2 African-American, Black | <input type="checkbox"/> 6 Caucasian, non-Hispanic White |
| <input type="checkbox"/> 3 Hispanic, Latino | <input type="checkbox"/> 7 Multiethnic (please specify) _____ |
| <input type="checkbox"/> 4 Native-American | <input type="checkbox"/> 8 Other (please specify) _____ |

16. What is your specialty? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Cardiology | <input type="checkbox"/> 6 General Practice | <input type="checkbox"/> 11 Ophthalmology |
| <input type="checkbox"/> 2 Dermatology | <input type="checkbox"/> 7 General Surgery | <input type="checkbox"/> 10 Orthopedic Surgery |
| <input type="checkbox"/> 3 Endocrinology | <input type="checkbox"/> 8 Internal Medicine | <input type="checkbox"/> 11 Otolaryngology |
| <input type="checkbox"/> 4 Family Practice | <input type="checkbox"/> 9 Neurology | <input type="checkbox"/> 12 Pediatrics |
| <input type="checkbox"/> 5 Gastroenterology | <input type="checkbox"/> 10 Obstetrics-Gynecology | <input type="checkbox"/> 13 Other _____ |

Notes

1. Perloff J.D., P.R. Kletke, J.W. Fossett, and S. Banks. 1997. "Medicaid Participation Among Urban Primary Care Physicians." *Medical Care* 35 (2); 142-157.
2. Perloff J.D., P.R. Kletke, and J.W. Fossett. 1995. "Which Physicians Limit Their Medicaid Participation and Why." *Health Services Research* 30; 7-26.
3. Rowland D., A. Salganicoff, and P.S. Keena. 1999. "The Key to the Door: Medicaid's Role in Improving Health Care for Women and Children." *Annual Review of Public Health* 20; 403-26.
4. Komaromy M., N. Lurie, and A.B. Bindman. 1995. "California Physicians' Willingness to Care for the Poor." *Western Journal of Medicine* 162 (2); 127-132.
5. Nesbitt T.S., J.L. Tanji, J.E. Scherger, and N.B. Kahn. 1991. "Obstetric Care, Medicaid, and Family Physicians—How Policy Changes Affect Physicians' Attitudes." *Western Journal of Medicine* 155; 653-657.
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7. Medi-Cal Policy Institute. *Speaking Out: What Beneficiaries Say About the Medi-Cal Program*. Oakland, CA: March 2000.
8. Gifford B. 1997. "Obstetricians' Receptiveness to Teen Prenatal Patients Who Are Medicaid Recipients." *Health Services Research* 32; 265-82.
9. Skaggs D.L., S.M. Clemens, M.G. Vitale, J.D. Femino, and R.M. Kay. 2001. "Access to Orthopedic Care for Children with Medicaid Versus Private Insurance in California." *Pediatrics* 107; 1405-1408.
10. Mitchell J.B. 1991. "Physician Participation in Medicaid Revisited." *Medical Care* 29 (7); 645-653.
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12. California Department of Finance. *County Population Projections With Age, Sex, and Race/ethnic Detail*. Sacramento, CA: December 1998. (http://www.dof.ca.gov/html/Demograp/Proj_age.htm)
13. Forrest C.B., E. Whelan. 2000. "Primary Care Safety-Net Delivery Sites in the United States: A Comparison of Community Health Centers, Hospital Outpatient Departments, and Physicians' Offices." *JAMA* 284 (16); 2077-2083.
14. Perloff J.D., P.R. Kletke, J.W. Fossett, and S. Banks. 1997. "Medicaid Participation Among Urban Primary Care Physicians." *Medical Care* 35 (2); 142-157.