ACCESSIBILITY OF PHYSICIAN SERVICES TO MEDICARE AND MEDICAID RECIPIENTS IN DENTON, TEXAS

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

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AUGUST 1993

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May 14, 1993
Date

To the Associate Vice President for Research and
Dean of the Graduate School:

I am submitting herewith a thesis written by Carol Ann Chastain entitled "Accessibility of Physician Services to Medicare and Medicaid Recipients in Denton, Texas". I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science with a major in Health Science Instruction.

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DEDICATION

This work is dedicated to Jack Schaper.

ACKNOWLEDGMENTS

I wish to thank the following individuals who made the completion of this study possible:

My research committee: Dr. Susan Ward, Dr. Judith Baker, and Dr. William Cissell, for the encouragement, guidance, and expertise they gave me while I worked on this thesis.

My mother, for listening and trying to understand why I had to do this.

My beloved uncle, Jack Schaper, for whom this work is dedicated, for being there on the telephone, every week, to monitor my progress, from the first class to this final work. His encouragement and support have provided the impetus to keep going on.

Finally, my late aunt, Helen Hayward Schaper, who with my uncle Jack, set an example, then started me on the path to higher education.

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Chastain, C. A. Accessibility of Physician Services to Medicare and Medicaid Recipients in Denton, Texas. MS in Health Science Instruction, 1993, 65 pp. (S. Ward)

In 1965, the Congress of the United States enacted Title XVIII and Title XIX of the Social Security Amendment Act. This was the formal beginning of Medicare and Medicaid, programs established to provide health care for the elderly and the impoverished, two of the most vulnerable groups in society. The system was designed to provide health care without discrimination. The purpose of this study was to determine which physicians in Denton, Texas would accept Medicare and Medicaid patients, their policies on assignment, and office accessibility to handicapped patients. The study, using a descriptive survey method of research, with a mailed questionnaire, and telephone follow up of non-respondents, realized a 97% response. Results were analyzed in two ways, by total sample and by specialty. Analysis by total sample appeared to demonstrate a fairly favorable physician attitude toward Medicare and Medicaid recipients. The pattern seemed to change significantly when data was analyzed by physician specialty group.

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CHAPTER I

INTRODUCTION TO THE STUDY

Medicare and Medicaid were established as part of the Social Security Amendments of 1965. Medicare was to provide health insurance for the elderly. Medicare Part A consisted of hospital insurance benefits and Part B consisted of a supplemental medical insurance benefit plan, financed by premium payments from the recipient. Benefits under Part B included physicians' services, outpatient laboratory and x-rays, supplies, physical and occupational therapy, and home health services. Medicaid was a program established to provide medical care to those earning low incomes, or living at poverty levels, who did not meet the qualifications for Medicare (Wilson & Neuhauser, 1985).

Under Medicare Part B, a physician has options in receiving reimbursement for services rendered to the patient. The physician may accept Medicare assignment. Accepting assignment means that the physician agrees to an allowable charge set by Medicare, then bills Medicare for 80 percent of that charge. The patient is billed for a 20 percent co-payment, plus any amount of the annual deductible which

has not yet been met. When accepting assignment, the physician also agrees to file the necessary claims with Medicare. Assignment results in the lowest possible charges to the Medicare receipient. The physician may also choose not to accept assignment, charging the patient any amount over the Medicare allowance, and requiring the patient to be responsible for all paperwork. There are also physicians who fit somewhere between these two categories, accepting assignment some of the time, under certain circumstances. Medicaid allows no assignment option or co-payment. The physician must accept reimbursement as mandated by the state and complete all necessary paperwork in order to be paid. Physicians also have the option of not seeing patients from either group. For Medicare and Medicaid recipients, access to physicians services may be limited or, at times, unavailable.

Statement of the Problem

Medicare and Medicaid recipients are at times denied access to medical care due to physician unwillingness to accept them as patients. At other times, when a physician refuses to accept Medicare assignment, or Medicaid reimbursement, the patient may not be able to afford the cost of medical care. While research has documented that this

problem exists nationally, it was not known whether or not physicians in Denton, Texas were receptive to Medicare and Medicaid recipients.

Purpose of the Study

The purpose of this study was to identify those physicians in Denton, Texas, who accept Medicare and Medicaid patients. The study also identified those physicians who accept Medicare assignment and under what conditions they do so. A third purpose of the study was to identify whether the physicians' offices were accessible to the handicapped. The final purpose was to make this information available to Medicare and Medicaid recipients in Denton, Texas, to assist them in selecting a physician.

Research Questions

1. Which physicians in Denton, Texas will accept Medicare patients?

2. Which physicians in Denton, Texas will accept Medicare assignment?

3. Under what circumstances do physicians in Denton, Texas accept Medicare assignment?

4. Which physicians in Denton, Texas accept Medicaid patients?

5. Which physicians' offices in Denton, Texas are perceived to be accessible to the handicapped?

Definition of Terms

For the purpose of this study, the following terms are defined (Beck, 1984):

1. Medicare recipient. An elderly person, 65 years of age or older, who is enrolled in Part B of the Medicare plan.

2. Medicare Part B. A supplementary medical insurance program targeted at reimbursement for physicians' services and other health care bills. It does not include hospitalization, which is covered under Part A of Medicare.

3. Medicaid recipient. A person of low income or indigent status, covered under Title XIX of the Social Security Amendment Acts of 1965.

4. Assignment. A reimbursement scheme in which the physician agrees that the total charge for a covered service will not exceed the Medicare allowable charge. Since Medicare pays 80 percent of the allowable charge, the physician can charge the patient only the 20 percent co-payment, and any part of the annual deductible which has not been met. The physician who accepts assignment also agrees to handle the paperwork.

Assumptions

For the purposes of this study, the following were assumed:

1. Medicare and Medicaid recipients want to be able to choose a personal physician.

2. The information presented will make Medicare recipients more aware of the benefits of assignment.

3. An increase in awareness of the relationship between assignment and out-of-pocket expenses of Medicare recipients may serve to make physicians more receptive to accepting assignment.

Limitations

1. The results of this study cannot be generalized, nor are they intended to be used in a comparison study with other localities.

2. Physician reimbursement is currently undergoing changes mandated by the Health Care Financing Administration (HCFA). These changes will take place over the next four years, and may influence the results of this study.

Delimitations

1. The study is delimited to physicians with offices in Denton, Texas, who are listed in the Denton telephone directory yellow pages.

2. The study is delimited to the results obtained from the questionnaire and telephone interviews conducted with those physicians' offices who did not respond to the questionnaire.

3. The study will be delimited by the time frame in which it is being done. The resource for physician names is the 1992 Denton, Texas telephone book. Physicians who have opened practices after publication will not be included. Physicians who have left the area, or retired during or after completion of the study will be included for the purpose of the research, but will be deleted from any information disseminated as a result of the survey.

Significance of the Study

Title XVIII and Title XIX of the Social Security Amendments Act, more commonly known as Medicare and Medicaid, were established in 1965 (Beck, 1984). These two plans were designed to provide medical care to the elderly, the physically or mentally handicapped, and to those earning low

incomes or living at poverty levels. Medical care was to be delivered without discrimination. Almost immediately, however, barriers arose between the population served by the two plans and physicians. Most of these barriers related to cost, either directly or indirectly. Among them were a low reimbursement rate to physicians, excessive paperwork, slow reimbursement for claims submitted, a lack of response to queries about claims, and the general bureaucracy created by the agencies administering the programs. All of these problems have contributed to decreased accessibility to physicians services, and health care becoming limited, or in some cases, unavailable for the population that has the most need. This study was conducted to identify those physicians in the community of Denton, Texas who accept patients from this population, and who work to provide affordable medical care to them. It may also serve to draw attention to physicians who do not choose to participate.

While the information collected in this study is public information, it is often incomplete and difficult to obtain. Physicians and other providers sometimes advertise in the yellow pages that they accept Medicare assignment and/or Medicaid reimbursement. These, however, are the exceptions, and the recipient may not be aware of what this means. In 1983, the Health Care Financing Administration

(HCFA) mandated that a Physician Assignment Rate List, later to become the Medicare Participating Physician/ Supplier Directory, would be available. This list or directory, identifying those physicians who accept assignment, would be published by the state's Medicare carrier. The Participating Directory had a number of limitations. For example, only physicians and providers submitting more than 100 claims annually were identified. It failed to identify individual physicians within group practices, although assignment may be an option exercised by an individual physician. The list also was often arranged geographically for the entire area covered by the Medicare carrier. Finally, the lists were made available to Social Security agencies, Railroad Retirement offices, and Area Agency on Aging offices, but in short supply and only for review within those offices. Although they were available for purchase from state Medicare carriers, many Medicare recipients were unaware the information existed or whom to contact.

CHAPTER II

REVIEW OF LITERATURE

Medicare

The Social Security amendments of 1965 introduced a national public program of health insurance. Title XVIII and Title XIX, better known as Medicare and Medicaid were to dramatically and permanently change the delivery of health care in the United States (Beck, 1984). Title XVIII, Medicare, which was designed to be health insurance for the elderly, was made up of two parts. Part A consisted of hospital insurance benefits, which included inpatient hospital services, limited extended care, limited home health care, and hospital outpatient diagnostic services. Nearly all major medical and surgical services were covered including anesthesia, diagnostic testing and procedures, x-ray, laboratory, and pathology. Also covered were nursing services, physical and occupational therapy, and any prescription drugs that could not be self-administered. Medicare covered the cost of a second opinion for elective surgery, as well as a third opinion, if the first two did not agree.

Medicare Part B was a voluntary, supplemental insurance program, financed by premium payments from the Medicare beneficiary, along with matching payments from the government. Benefits under Part B consisted of physicians services, as well as diagnostic services, supplies, equipment, and home health services. Routine care such as physical examinations, foot care, eye and hearing examinations, and dental care were not covered. Other services were reimbursed under certain qualifying circumstances. While Medicare did not pay for routine eyeglass prescriptions, it paid for lenses and frames after a recipient had cataract surgery (Vierck, 1990). Two major exclusions under Medicare were long-term nursing home care and out-patient prescription drugs.

To qualify for Medicare Part B, Medicare recipients were required to pay a monthly premium, which was to be billed quarterly, unless recipients chose to have the amount deducted from their monthly Social Security check. An annual deductible also had to be paid before Medicare would reimburse the recipient or provider for services. After the deductible was met, Medicare paid 80 percent of the cost of covered services and the recipient was responsible for the remaining 20 percent. Although Medicare paid 80 percent of the cost of services covered, the services covered referred to Medicare

approved charges only. Part B services could be paid under a scheme called assignment. Assignment referred to a plan under which physicians and other health care providers offering services covered by Medicare Part B agreed to accept Medicare's approved charges as payment in full, not charging the recipient more than the prescribed 20 percent co-payment. The physician or provider also agreed to do the paperwork involved in submitting the claim to Medicare. When a physician or provider did not accept assignment, the costs to the Medicare recipient sometimes rose dramatically. For example, if the physician charged $100 for a visit, and Medicare only approved $80 for the services, only 80 percent of $80, or $64 would be reimbursed by Medicare. The recipient, responsible for 20 percent of the approved charge plus the $20 that the physician charged over the approved charge, would pay $36. Only $16 would be the recipient's responsibility if the physician had accepted assignment. To date, physicians and providers are not required to accept assignment, thereby allowing them to bill the patient for any amount above the Medicare approved charge, plus the 20 percent co-payment. Medicare recipients wishing to take advantage of assignment benefits must find a physician who will agree to accept assignment.

Medicaid

Title XIX, Medicaid, was added to the Social Security Amendments of 1965, establishing a federally assisted program to be administered by each individual state. The federal share of the cost of the program was to be based on each state's per capita income (Wilson & Neuhauser, 1985). Medicaid differed from Medicare in that it was designed for public assistance recipients, the needy, medically indigent, and for some categories of the elderly. Although Medicaid benefits varied from state to state, the major objective was to provide a uniform system of medical care for all who were unable to pay (Spiegel, 1975).

While Medicare covers mainly the elderly population, 65 years of age and older, Medicaid covers selected populations of the young and old. Among those covered are people eligible for Aid to Families with Dependent Children (AFDC), children and pregnant women who are not eligible for AFDC but who meet the state's Medicaid program eligibility requirements, and people eligible for the Medically Needy program. Other groups include undocumented and temporarily legalized aliens who meet all AFDC and AFDC-related Medicaid program eligibility requirements except citizenship, and children who receive foster care assistance or adoption

subsidies. Between 1971 and 1972, Medicaid benefits were expanded to include intermediate care facilities for the mentally retarded, and the definition of disability was broadened. Most states began using Medicaid funds to help pay for state institutional care for the mentally retarded (Zimmerman, 1987).

Medicaid covered services were to include inpatient hospital care, outpatient care, laboratory and x-ray, skilled nursing facilities, and physicians' services, whether provided in the hospital, office, home, or the skilled nursing facility. Other services were offered on an optional state by state basis. Optional services included family planning, including drugs, supplies, and equipment as ordered by a physician (Spiegel, 1975).

While Medicaid started out without cost to the recipient, the Social Security Amendments of 1972 brought about cost-sharing for some recipients of Medicaid. For medically indigent persons included under Medicaid programs, the states were required to charge an income-related enrollment fee. Deductibles and co-payments could also be required of this group. Public assistance recipients could be charged deductibles and co-payments for any services beyond the basic mandated services.

There was evidence that the Medicaid program had

been successful in improving the health of the poor since its inception in 1965 (Freund, 1984). However, due to efforts to keep Medicaid program costs from rising, eligibility requirements had risen steadily since the mid-1970's, making fewer low income individuals eligible for benefits. Cost-containing measures included reducing the benefit packages, more stringent utilization control, and the freezing of provider reimbursement.

Utilization of Medicare and Medicaid

By 1987 approximately 12 percent of the population of the United States was covered under Medicare, 7 percent under Medicaid and 2 percent under a combination of the two plans (Friedland, 1988). Although many of the elderly and needy were healthy, many others had chronic health conditions requiring extensive care and treatment. A 1985 Colorado study demonstrated that 18 percent of Medicare recipients accounted for 80 percent of the cost of services annually and tended to continue to be high utilizers of services (Davis & Rowland, 1986).

Currently Medicare provides health coverage, through Parts A and B, for 97 percent of Americans age 65 and older (Christensen, 1991). Unfortunately, it only covers approximately 40 percent of their health care costs.

Furthermore, Medicare does not cover the costs of long-term care, whether in a skilled nursing facility, intermediate care facility, or at home. The Medicaid system, administered by each state, has seen a steady growth of applicants and recipients, despite efforts to increase eligibility requirements. Melville (1984) stated that Medicaid recipients now visit physicians more often than the rest of the population, compared with twenty years ago when the poor saw physicians 20 percent less often. Medicaid is also burdened by the growing numbers of elderly and chronically ill requiring long term care not covered under the Medicare system (Zimmerman, 1991).

As health care costs grow and efforts to contain these costs escalate, Medicare and Medicaid recipients are finding it more difficult to access and pay for health care. Hospital inpatient care is covered under Medicare Part A and thus mandated for all Medicare recipients; Medicaid recipients are also covered for inpatient care. The difficulty lies in finding outpatient health care providers for these two groups. Physicians rarely refuse to see patients who have private insurance, however, they may, and often do, refuse to accept Medicare and Medicaid recipients (Matthiessen, 1990). Reasons most often cited by physicians for not seeing these patients are the overwhelming

regulations, paperwork, rejected claims, and reimbursement levels not meeting the costs of seeing this patient population (Richardson, 1992).

Many Medicare recipients are struggling to get by. They live on fixed incomes that do not provide for unexpected health care costs. While Medicare Part B pays for part of their physician visits, prescription drugs, dental care, hearing aids, and eyeglasses, are not covered, and at times, not affordable. For some, a decision has to be made whether to buy groceries, heat for their home, or have an appointment with the doctor (Melville, 1984). Without medical care, patients will not recover, but without food they cannot survive. Little is currently being done to stem the rising costs or the inequities in the system (Fein, 1992). Many older Americans are being forced to rely on their personal savings and on uncertain and expensive insurance policies to try to fill the gap between Medicare and actual health care costs (Matthiessen, 1990).

More than two-thirds of Medicare recipients have purchased "Medigap" insurance polices. These policies may cover charges that Medicare does not pay for during a long-term hospital stay. They are also intended to cover the differences between what Medicare pays the physician and the actual charge, for outpatient services.

But again, there are wide variations in cost and coverage. Some policies have low premiums, but high deductibles. Others don't pay for charges that exceed Medicare's approved charges, making them unnecessary (Conklin, 1992). Recipients are left to try to determine which policy best meets their needs.

Some Medicare recipients may be eligible to have Medicaid pay for their co-insurance, deductibles, and Medicare premiums. Nursing home residents, whether elderly, blind, or disabled, may qualify for Medicaid as well as Medicare. In any case, for Medicare recipients on fixed incomes, the cost of health care may be too much to afford.

In Texas alone, during the last four years, the eligible Medicaid population has doubled from 750,000 to 1.5 million, comprising 9 percent of the state's population (Richardson, 1992). Nearly 75 percent of this state's Medicaid recipients are children and pregnant women, representing a population that is in critical need of quality health care (Richardson, 1992). While the state's goal is to encourage children and pregnant women to see physicians before they are seriously ill, there aren't enough physicians who want to participate in the Medicaid program (Beil, 1992).

An Illinois study compared patterns of prenatal care visits and birth weights among Medicaid and non-Medicaid

mothers. The effect of Medicaid status was significant, with Medicaid mothers having an 11.5 percent rate of low birth weight infants versus 6.3 percent for non-Medicaid mothers (Nassipour & Jensen, 1982). The study also documented that Medicaid mothers tended to be younger, unmarried, less educated, and often reported late for prenatal care. While the results found that low birth weight and Medicaid status were not independent of other variables, it provided more evidence of the importance of prenatal care in reducing incidences of low birth weight and the accompanying problems. Medicaid programs play an important role in reducing low birth weight by removing financial barriers to prenatal care and delivery.

Another study addressing Medicaid prenatal care was carried out in Washington state, comparing Medicaid recipients enrolled in managed health care plans with those receiving care in the usual fee-for-service system. There appeared to be little difference in birth outcomes between the two groups. However, a difference was noted between Medicaid and non-Medicaid patients in the managed care plan, in that the Medicaid patients demonstrated later enrollment, fewer prenatal visits, and poorer birth outcomes than their non-Medicaid counterparts (Kriger, Connell, & LoGerfo, 1992).

Henry (1990) studied some of the barriers to accessing health care. She stated that many Medicaid recipients have some commonalties such as unemployment, poverty, lack of insurance, and other economic factors. Race, sex, age, marital status, and the state in which the recipient lived were also determined to be factors. A Medicaid recipient, particularly of minority status, who does not speak English, lives in an isolated area and/or has no transportation, may not receive adequate care, even if it were available (Matthiessen, 1990). A report to Senator Daniel Patrick Moynihan (Zimmerman, 1987), regarding variations in Medicaid benefits and expenditures across the United States, found that the differences were strongly related to state income levels. The higher the state's income, the greater support for Medicaid services. Federal subsidies to poorer states were not enough of an incentive for them to provide the same level of Medicaid services as wealthier states. The single most significant finding of the study, however, was that political philosophy was a factor in how states structured their Medicaid programs. The South and West consistently showed the lowest spending levels and the East showed the highest.

Medicaid woes were not confined to children and pregnant women. Nursing home care is financed primarily

through the Medicaid program. In 1979, it was estimated that 50 percent of the cost of all nursing home care was paid for by Medicaid (Ray, Federspiel, Baugh, & Dodds, 1987). The figure dropped to 43 percent in 1981, but is expected to increase significantly in the next decades as growth in the size of the 85 year and older population continues. Medicare pays only for brief periods of nursing home care; up to 100 days per given spell of illness. It pays for the first 20 days in a skilled nursing facility (SNF), but per-day co-payments are required for days 21 through 100. It also requires the Medicare recipient be in need of skilled nursing care. Once the need for skilled nursing care has passed, or the time limit has been exceeded, the recipient is responsible for payment. At this point, depending on medical needs and income, the Medicare recipient may qualify for Medicaid, which may cover all or part of the costs of long-term nursing home care (Texas Department of Human Services, 1991).

Summary

New limits on charges were mandated by HCFA in 1991, to take effect in 1992, which would keep physicians from charging more than 20 percent above the allowable Medicare charges (Wiener, 1992). Regardless of charge limitations,

finding a physician who accepts assignment is important to Medicare recipients. Not only will the physician fill out the often complicated paperwork, but the recipient will only pay a 20 percent co-payment of Medicare's approved charge. When a physician or provider does not accept assignment, the costs to the Medicare recipient may rise dramatically. There is no assignment option for Medicaid providers, just a low level of reimbursement, making many physicians and service providers unwilling to see Medicaid recipients. The Medicaid population includes the very young and the very old, groups which consume a significant amount of resources.

This study encompasses accessibility of physician services to Medicare and Medicaid recipients in Denton, Texas. The methodology used to determine accessibility is presented in Chapter Three.

CHAPTER III

METHODOLOGY

The purpose of this study was to determine which physicians in Denton, Texas accept Medicare and Medicaid recipients. A survey research design was used to obtain information from one hundred and seventeen individual physicians about their policy of accepting Medicare and Medicaid recipients within their private practices. The methodology of this descriptive survey is discussed in relation to the population and its selection. Procedures used to sample the population, to collect the data, and a description of possible uses of the data are included.

Population and Sample

The population selected for this study was all physicians, medical doctors (M.D) as well as doctors of osteopathy (D.O.), listed in the Denton, Texas 1992 General Telephone Exchange (GTE) yellow pages. The sample included the physicians who responded, either by mail or a telephone survey.

Instrumentation

The questionnaire was adapted from suggestions for health-related topic surveys by the American Association for Retired Persons (AARP, 1984), and used with their permission (See Appendix A). It consisted of five questions, with questions one and three pertaining to whether or not Medicare and Medicaid patients were accepted in the practice. Questions two and four discussed assignment. It was later discovered that Medicaid does not have an assignment option, however, only three physicians out of the sixty-one percent who responded to the mailed questionnaire, including the physicians in the pilot study, noted this. Question five addressed accessibility of the offices to handicapped persons and was considered pertinent since Medicare and Medicaid recipients are often elderly and/or disabled (see Appendix B for a copy of the instrument and cover letter).

Procedures

A pilot study was completed first, using the GTE yellow pages for sample selection. Physicians listed in the Denton directory, but having offices in neighboring communities were selected. Two Sanger, Texas physicians, one an M.D.,

the other a D.O., were selected, along with ten Lewisville, Texas physicians. As many specialties as possible were included in the pilot study sample.

For the purposes of the pilot study, the questionnaire and a cover letter, along with a self-addressed, stamped envelope were mailed. The cover letter addressed the purpose of the survey and the fact that the subjects were part of a pilot study (see Appendix C). These physicians were informed that their responses would not be included in the final results. The pilot study physicians were asked for comments and/or suggestions in regard to the instrument. A response time of three weeks was given, with a cut-off date of four weeks being used. Eight physicians (66%) responded by the cut-off date. Each responding physician answered all five questions with no comments, suggestions, or revisions noted.

Upon completion of the pilot study, the survey, along with cover letters and self-addressed, stamped envelopes, was mailed to one hundred and seventeen Denton, Texas physicians. They were requested to respond within four weeks. Approximately 60 questionnaires (51%) were returned within the first four weeks, with another 11 (10%) arriving over the next few weeks.

Physicians who did not respond to the questionnaire

were contacted by telephone. In most instances, the office personnel contacted by telephone were cooperative in answering the survey questions. One hundred and thirteen (97%) of the one hundred and seventeen physicians surveyed responded, either by returning the questionnaire or by telephone contact. Of the four physicians (3%) who did not respond, three had moved their practices out of the Denton area, and the fourth did not wish to respond to either the mail or telephone survey.

Treatment of the Data

Due to the nature of the study, only descriptive statistics were used to report the results. A table with physicians' names and their response to the questions included on the questionnaire or in the telephone survey was prepared (see Appendix D). The responses were yes or no, with some qualifiers. Physicians who did not respond were noted as such. Two physicians have retired since the survey, but were kind enough to respond and state this on their questionnaires. Two physicians responded with written notes stating they would not fill out the questionnaire. Two other physicians responded that they were in the process of closing their practices in Denton to move to other areas, but their results were included in the

percentages. Three physicians had disconnected telephone numbers and it is assumed they have left the area. Question four was eliminated from the survey response table after it was found that physicians participating in Medicaid must accept Medicaid reimbursement as payment in full.

The survey results were presented in a tabular form, to provide a fast, easily read way to display the information on whether or not a particular physician in Denton, Texas, would accept Medicare and/or Medicaid recipients as patients. The findings will be discussed in Chapter Four.

CHAPTER IV

This chapter will present the data on Medicare and Medicaid collected through a survey of Denton, Texas physicians. In an effort to present this descriptive data fully, it will be categorized by overall responses for the entire sample, as well as by physican specialty groups.

Description of Survey Participants

Questionnaires were mailed to 117 Denton, Texas physicians. The physician population was made up of 109 medical doctors and eight doctors of osteopathy. Represented among this population are 24 different specialties, including the primary caregivers for Medicare and Medicaid recipients, Family Practice, Internal Medicine, OB-Gyn, and Pediatrics. Seventy-one physicians (60%) responded by filling out and returning the questionnaire within a 12-week period. Forty-three (37%) other physicians were contacted by telephone, with only one refusing to take part in the mailed or the telephone survey. Three physicians (<3%) failed to respond to the mailed questionnaire and when telephoned, the surveyor was informed their telephones had been disconnected.

Participant Response

Question one "do you accept Medicare patients?", was designed to elicit a yes or no answer. When the survey was completed, there were three responses, yes, no, and by referral. Eighty two physicians (80%) responded yes, they accepted Medicare patients in their practices. Fifteen physicians (14%) said no to accepting Medicare patients, and six (1%) stated that they accepted Medicare patients only by referral.

A few physicians had comments about question one. While most who answered yes put no restrictions on the Medicare patients seen, two stated they saw Medicare patients only if they also had Medicaid coverage. One physician cited the poor reimbursement schedule as a reason for not seeing Medicare patients and stated that on the occasion patients needed the specialized care he provides, he was certain that all ethical physicians within the specialty would respond positively. Another physician described his office policy as being highly selective in seeing new Medicare patients, and trying to decrease the current Medicare patient caseload due to reimbursement and paperwork problems.

Question two dealt with accepting Medicare assignment.

When physicians accept assignment, they agree to accept Medicare's approved charge, receiving eighty percent of the fee from Medicare, and a twenty per cent co-payment from the patient, as payment in full for services rendered. Fifty-nine physicians (66%) stated that they followed this practice. Another 23 (25%) accept assignment in instances of financial need. Seven physicians (8%) stated they never accept assignment, and one (<1%) stated he accepted assignment only on patients he had seen in the hospital. Question two prompted comments from five physicians who stated that they accepted assignment on patients who had both Medicare and Medicaid. Only one of the five also stated that when a Medicare recipient is also covered under Medicaid, the law states the physician must accept assignment.

Question three asked "Do you accept Medicaid patients"? Of the 110 responses to this question, 44 (40%) answered yes. Another 15 (14%) stated they saw Medicaid patients only by referral, and 51 (46%) refused to see Medicaid patients. Of the 14 percent who see Medicaid patients by referral, it must be noted that most are specialists who usually receive patients in this way.

Question four invoked an interesting response. The question was "If yes (as to whether or not Medicaid patients

were accepted), do you accept Medicaid reimbursement as payment in full"? It was discovered, after the completion of the pilot study, and the mailing of the survey, that there is no assignment option with Medicaid. The physician must accept what Medicaid reimburses as payment in full. None of the physicians responding in the pilot study commented on the question, and all answered yes. In the full survey, based on 73 physicians who returned questionnaires, 38 (52%) responded yes, 24 (33%) did not respond, 10 (14%) commented on the question, and one (1%) responded that he did not accept Medicaid reimbursement as payment in full. The question was deleted from the telephone survey. Comments about the question ranged from "you must do so, that's the law - silly question", to an explanation that it is illegal to accept Medicaid reimbursement and then "balance bill" the patient.

Question five referred to whether or not the physicians' offices were accessible to handicapped patients. Because most of the Medicare population is either elderly or disabled, accessibility could be a factor in selecting a physician. Ninety five physicians (87%) felt their offices were accessible to the handicapped. Eleven (10%) failed to respond to the question and two (2%) responded no. Of the two "no" responses, one stated that they had made some changes, but felt that there were some patients who might not be able to

access his offices. No mention of type of handicap was made. The other "no" respondent made no comment. One physician noted that the current law states that accessibility to the handicapped will be provided and assesses penalties for those who are not in compliance.

The results of questions one, two, and three were further analyzed by physician specialty. Question one, "do you accept Medicare patients" overall had a yes response by 80 percent of the sample. Among specialists, the response was 100 percent in most instances. Those specialties which did not have a 100% yes response included general surgery with seven (88%), orthopedics with six (86%), and family practice with 16 (76%). Cardiology with two (67%), gynecology eight (57%), and psychiatry, two (50%) demonstrated declining acceptance. The least positive appeared among ear, nose, and throat (ENT) specialists, with one physician (33%) seeing Medicare patients by referral only, and the other two (67%) not seeing Medicare patients at all (see Table 1).

Question two asked about accepting assignment. Among gastroenterologists, a geriatrician, nephrologists, oncologists, ophthalmologists, pathologists, and radiologists, the response was one hundred percent "always". Seven general surgeons (87%), 12 family practitioners (80%),

Table 1

Question One - "Do you accept Medicare patients?".

Specialty	n	Yes	By Referral	No
Allergies	1			100%
Anesthesiology	4	100%		
Cardiology	3	75%	25%	
Dermatology	3	100%		
Ear, Nose & Throat	3		33%	67%
Endocrinology	1		100%	
Family Practice	21	76%		24%
Gastroenterology	2	100%		
General Surgery	8	88%	12%	
Geriatrics	1	100%		
Internal Medicine	8	100%		
Nephrology	3	100%		
Neurology	2	100%		
Obstetrics & Gynecology	14	57%	7%	36%
Oncology	2	100%		
Ophthalmology	3	100%		
Orthopedics	7	86%	14%	
Pathology	3	100%		
Plastic Surgery	1	100%		
Psychiatry	4	50%	25%	25%
Radiology	5	100%		
Rheumatology	1	100%		
Urology	3	100%		

Note. N = 103. Pediatrics (7) excluded from this table.

six internal medicine physicians (75%), six gynecologists, and two psychiatrists (67% each), also answered always. The rest of the specialties followed with a fifty percent or lower response, including one neurologist (50%), one urologist (33%), one cardiologist (33%), an one orthopedist (14%). Many of the specialties not accepting assignment "always", did however, when there was financial need. One cardiologist (33%), and one psychiatrist (33%) accept assignment only on patients who are hospitalized. In the "never" column, one cardiologist (33%), one family practitioner (7%), one general surgeon (13%), one internal medicine physician (13%), two gynecologists (22%), one urologist (34%), and two ENT specialists (100%) said no to Medicare assignment (see Table 2).

Question number three asked "do you accept Medicaid patients?". Among specialty groups such as anesthesiology, gastroenterology, pathology, radiology, and plastic surgery, the response was 100 percent "yes". However, seventeen family practice physicians, representing eighty one percent of those in Denton, do not see Medicaid patients. In addition, eleven of the obstetricians and gynecologists (79%), four pediatricians (57%), five orthopedists (71%), and two ENT specialists (67%), responded no to the question (see Table 3).

Table 2

Question Two - "If yes, do you accept assignment:"

Specialty	n	Always	Financial Need	In Hospital Only	Never
Anesthesiology	4		100%		
Cardiology	3	33%		33%	33%
Dermatology	3		100%		
Ear, Nose, Throat	1*				100%
Endocrinology	1		100%		
Family Practice	21	80%	13%		7%
Gastroenterology	2	100%			
General Surgery	8	87%			13%
Geriatrics	1	100%			
Internal Medicine	8	75%	13%		12%
Nephrology	3	100%			
Neurology	2	50%	50%		
Obstetrics & Gynecology	14	67%	11%		22%
Oncology	2	100%			
Ophthalmology	3	100%			
Orthopedics	7	14%	86%		
Pathology	3	100%			
Plastic Surgery	1		100%		
Psychiatry	4	67%		33%	
Radiology	5	100%			
Rheumatology	1		100%		
Urology	3	35%	33%		34%

Note: N = 100. Pediatrics (7) excluded from this table.
* Ear, Nose, & Throat - two physicians who do not accept Medicare patients excluded. Allergist excluded, does not see Medicare patients.

Table 3

Question Three - "Do you accept Medicaid patients?"

Specialty	n	Yes	By Referral	No
Allergies	1			100%
Anesthesiology	4	100%		
Cardiology	3	33%	33%	34%
Dermatology	3	67%	33%	
Ear, Nose, Throat	3		33%	67%
Endocrinology	1		100%	
Family Practice	21	19%		81%
Gastroenterology	2	100%		
General Surgery	8	75%	13%	12%
Geriatrics	1	100%		
Internal Medicine	8	50%	25%	25%
Nephrology	3	67%		33%
Neurology	2		50%	50%
Obstetrics & Gynecology	14		21%	79%
Oncology	2	100%		
Ophthalmology	3	67%		33%
Orthopedics	7		29%	71%
Pathology	3	100%		
Pediatrics	7	42%		57%
Plastic Surgery	1	100%		
Psychiatry	4	33%		67%
Radiology	5	100%		
Rheumatology	1		100%	
Urology	3	33%	34%	33%

Note. N = 110.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The primary purpose of this study was to determine which physicians in Denton, Texas, accept Medicare and Medicaid patients. The study also identified those physicians who would accept assignment as payment for services to Medicare recipients and who had offices that were accessible to handicapped patients. The final purpose of this study was to provide a resource to the social service agencies in Denton, Texas, to aid their clients who are Medicare or Medicaid recipients.

The study used a survey method of research, utilizing a mailed questionnaire, with a telephone follow up to physicians who failed to return the questionnaire. The population for the study consisted of all physicians, M.D.'s and D.O.'s, having offices in Denton, Texas, listed in the Denton General Telephone Exchange directory yellow pages. Data were collected during a four month period in the fall

and winter of 1992-1993. The instrument, adapted from suggestions by the American Association for Retired Persons and used with their permission (see Appendix A), asked five questions:

1. Do you accept Medicare patients?

2. If yes, do you accept assignment, and under what circumstances?.

3. Do you accept Medicaid patients?

4. If yes, do you accept Medicaid reimbursement as payment in full?

5. Is the office accessible to handicapped patients?

Descriptive statistics (percentages) were used to analyze the results of the survey.

Discussion

Physician response to the survey was excellent. Less than three percent failed to respond to either the mailed questionnaire or to a telephone follow-up survey. Of the 113 responses, only three physicians declined to answer the questionnaire. The first was retiring, therefore the information would not have been valid. The second physician stated that he did not wish to be included in any sort of directory regarding Medicare or Medicaid. The third physician stated that the information being collected was

already available and therefore the survey was unnecessary. The other 94 percent of the survey population responded and answered all five questions.

The physician responses were analyzed in two ways, frequencies and percentages for the entire sample, and for physician specialty categories. The overall response to question one was very positive with 80 percent of physicians reporting accepting Medicare patients. Another one percent stated they accepted Medicare patients by referral. These results seem to indicate that Medicare recipients in this community have a large number of physicians from which to select. Sixty-six percent of physicians responding reported accepting assignment routinely, with another 25 percent accepting in cases of financial need. Since by accepting assignment, these physicians also must complete the paperwork involved with billing Medicare, the positive response to this question seems to indicate an awareness and sensitivity to problems that the Medicare recipient faces.

Only 54 percent of physicians stated that they did accept Medicaid patients. Of those, 14 percent stated they saw them only when they were referred by another physician. These results seem to reflect a trend of increasing

inaccessability discussed in literature from other cities in Texas, and the rest of the states (Beil, 1992).

Question four was eliminated from the study after it was determined that Medicaid reimbursement must be accepted as payment in full for those patients. However, 52 percent of those seeing Medicaid patients responded yes, 33 percent did not respond to the question, and one percent answered no. The question was not asked of physicians contacted in the telephone survey. While one physician chided the surveyor for question four being "silly", by the response it appears not to be so silly after all, as a significant percentage of the physician population in Denton, Texas may be unaware of the law regarding Medicaid reimbursement. Finally, question five, which referred to accessibility of the office to handicapped patients, received an 87 percent positive response. This high rate of positive responses may be due in part to the fact that the law states that offices will be made accessible to the handicapped.

Overall, when the data was analyzed strictly on the sample as a whole, it appeared that Denton, Texas physicians displayed a positive response to Medicare patients and assignment. While the response to Medicaid patients was less positive, it did appear that they were being accepted as patients by many physicians.

The results were then analyzed by physician specialty. Among hospital based specialists, including anesthesiologists, gastroenterologists, pathologists, radiologists, and the lone plastic surgeon, the response to Medicare and Medicaid patients was 100 percent positive. However, among physician specialties most needed by low income families, children, pregnant women, and the elderly, blind, or disabled, the response was quite different. While 76 percent of the family practitioners do see Medicare patients, 81 percent refuse to see Medicaid patients. Equally dismal are the results regarding obstetricians and gynecologists. Both state and federal governments recognize that providing necessary health care during the prenatal period and childhood is extremely cost effective over the long term. In 1992, nearly 75 percent of Medicaid recipients were children and pregnant women (Richardson, 1992). Yet, in Denton, Texas, 79 percent (11), of the obstetricians and gynecologists refuse to see Medicaid recipients in their offices, and the other 21 percent (3), see them only by referral. Among pediatricians, four out of seven do not see Medicaid patients, leaving the other three pediatricians with the extra caseload. Two other specialties often used by young families, orthopedics

and ear, nose, and throat, were also high on the refusal list at 71 and 67 percent, respectively.

According to the Texas Medical Association, Medicaid has changed in Texas, and they suggest that all physicians share a part of the load. April 1, 1992 brought about a change in the reimbursement system, raising payments to primary care physicians (Richardson, 1992). However, based on this survey, it appears that Denton, Texas physicians either are not aware of the changes or don't feel the payments are yet high enough to change their attitudes about Medicaid.

Conclusions

With information provided by the physician survey, physicians in Denton, Texas accepting Medicare and Medicaid recipients as patients in their private practices can be easily identified. Many physicians were found to accept assignment from Medicare recipients. Others did under certain conditions, mostly for financial need. Medicare recipients should be made aware that in many instances their physician will accept assignment if they are asked to. The survey also demonstrated that nearly all physicians polled feel their offices are accessible to handicapped patients. Finally, due to the excellent response to the

survey, information is available to disseminate to social service agencies to help their Medicare and Medicaid clients select a physician who will accept them.

The study provided some conclusions regarding Medicare and Medicaid recipients.

1. While many physicians in Denton, Texas accept Medicare patients, many do not. Therefore, Medicare recipients need a resource available to them in order to select a physician who will see them.

2. Most physicians in Denton, Texas who do see Medicare patients, do accept assignment. Those who do not in most cases would in the event of financial need. Medicare patients need to be made aware that they should discuss financial need with the physician.

3. Over 50 percent of the physicians in Denton, Texas refuse to see Medicaid recipients in their private practices. The percentage is much higher among the three primary care specialties most used by Medicaid recipients, Family Practice, Obstetrics and Gynecology, and Pediatrics. The medical community in Denton should be made aware of these findings.

Based on the results of the survey, it appears that Medicare and Medicaid recipients may be underserved in the Denton, Texas medical community. While it was

demonstrated that many physicians do see this patient population, and do try to provide health care at affordable costs, some of the physicians most needed by Medicare and Medicaid recipients are the least interested in treating them.

Recommendations

Based on the findings of this study, there are several recommendations for further research.

1. Expand the study to include other health care providers. Dentists, pharmacies, nursing homes, and providers of home health care services could be surveyed.

2. Survey a population of Medicare and Medicaid recipients regarding their knowledge and experiences in accessing health care in the community.

3. Survey physicians regarding reasons they do or do not accept Medicare and Medicaid recipients in their practices.

4. Investigate ways in which to disseminate the results of this study and any further studies. Social service agencies should have this information to better refer their Medicare and Medicaid clients.

5. Physicians and other health care providers in the community could benefit by increased awareness of the

problems Medicare and Medicaid recipients encounter in trying to get appropriate health care.

6. Coordinate a community health care summit. Invite physicians, hospital administrators, representatives of social service agencies, city council members, and anyone else involved with health care delivery in Denton, Texas. Determine if there is a significant population of Medicare and Medicaid recipients being underserved in this community, and if so, discuss ways this might be alleviated, with everyone participating, rather than a few taking on the entire burden.

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APPENDICES

Appendix A

Permission Letter

AARP

Bringing lifetimes of experience and leadership to serve all generations.

July 28, 1992

Carol Chastain
Route 2, Box 417
Sanger, TX 76266

Dear Ms. Chastain:

As we discussed a few weeks ago, we are happy to grant permission to use all or portions of AARP's brochure, Physician Assignment Survey. When you do so, please credit AARP and use it exactly as it is.

Good luck with your project.

Sincerely,

Robin E. Mockenhaupt

Robin E. Mockenhaupt
Manager, Health Advocacy Services

Appendix B

Cover Letter and Instrument

PO Box 23843
TWU Station
Denton, Texas 76204

Dear Doctor:

I am a graduate student in the Department of Health Studies, Texas Woman's University and am conducting a survey to fulfill the requirements for my master's degree under the supervision of my major advisor, Dr. Susan Ward. I am surveying all physicians with Denton offices, as listed in the Denton telephone directory yellow pages.

The purpose of the survey is to provide a current listing of physicians to Medicare and Medicaid recipients in the Denton community for use in selecting a physician. The survey consists of the enclosed brief questionnaire to determine which Denton physicians accept Medicare and Medicaid patients, if assignment or Medicaid reimbursement is accepted, and a question regarding access to handicapped patients. Survey results will be distributed through Senior Citizens groups and Social Service agencies in Denton.

I would appreciate your taking the time to fill out the questionnaire and have enclosed a self-addressed, stamped envelope for your convenience. Please respond by October 1, 1992.

With sincere thanks,

Carol Chastain

PHYSICIAN ASSIGNMENT SURVEY

John C. Doe, M.D.
4500 Scripture
Denton, Texas 76201 817 898-1212

Specialty: _____

Hospital Affiliations: _____

_____

Office Hours: _____

1. Do you accept Medicare patients: yes no
2. If yes, do you accept assignment:
   Always yes no
   For financial need yes no
   In hospital only yes no
   Never yes no
   Other (please explain)

   _____

   _____
3. Do you accept Medicaid patients? yes no
4. If yes, do you accept Medicaid reimbursement as payment in full? yes no
5. Is the office accessible to handicapped patients? yes no

Appendix C

Pilot Study Cover Letter

PO Box 23843
TWU Station
Denton, Texas 76204

Dear Doctor _____:

I am a graduate student in the Department of Health Studies, Texas Woman's University, and am conducting a survey to fulfill the requirements for my master's degree, under the supervision of my major advisor, Dr. Susan Ward. I am surveying all physicians with Denton offices, as listed in the Denton telephone directory yellow pages. I am contacting you in order to conduct a pilot survey of physicians who are not located in Denton.

The purpose of the survey is to provide a current listing of physicians to Medicare and Medicaid recipients in the Denton community for use in selecting a physician. The survey consists of the enclosed questionnaire. Results will be distributed to Senior Citizens groups and Social Service agencies in Denton.

I would be grateful it if you could take a few minutes to fill out the questionnaire. Please feel free to make comments or suggestions about the questionnaire. While the information you send will not be used in the survey, your input will be greatly appreciated for my research. A self-addressed, stamped envelope is enclosed for your convenience. Please respond by September 6, 1992.

With sincere thanks,

Carol Chastain

Appendix D

Physician Survey

PHYSICIAN SURVEY

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
1. General Surgery	yes*	no	yes*	yes
2. Urology	yes	no	no	yes
3. Pediatrics	n/a	n/a	yes	yes
4. Orthopedics	yes	yes#	yes*	yes
5. Orthopedics	yes	yes#	no	yes
6. Allergies	no	n/a	no	n/r
7. Nephrology	yes	yes	no	yes
8. OB-Gynecology	yes	yes#	yes*	yes
9. Radiology	yes	yes	yes	yes
10. Internal Medicine	yes	yes	no	yes
11. Orthopedics	yes	yes#	no	yes
12. Family Practice	yes	yes	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
13. OB-Gynecology	yes	yes	no	yes
14. Dermatology	yes	yes#	yes	yes
15. Radiology	yes	yes	yes	yes
16. General Surgery	yes	yes	yes	yes
17. Ear, Nose & Throat	no	n/a	no	n/r
18. Neurology	yes	yes#	yes*	yes
19. Oncology		no response		
20. General Surgery	yes	yes	yes	yes
21. Neurology	yes	yes#	no	yes
22. Internal Medicine		Retired 9/1/1992		
23. Orthopedics	yes	yes#	yes*	yes
24. Family Practice	no	n\a	no	yes
25. Family Practice	yes	yes	yes	yes
26. OB-Gynecology	no	n/a	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
27. Oncology	yes	yes	yes	yes
28. Internal Medicine	yes	yes	yes	yes
29. Pediatrics	n/a	n/a	yes	yes
30. OB-Gynecology	no	n/a	no	yes
31. Pediatrics	n/a	n/a	no	yes
32. Family Practice	yes	yes	yes	yes
33. General Surgery	yes	yes	yes	yes
34. Gastroenterology	yes	yes	yes	yes
35. Pathology	yes	yes	yes	yes
36. Pathology	yes	yes	yes	yes
37. Psychiatry		Phone disconnected		
38. Genetics		Refused to respond		
39. Anesthesiology	yes	yes	yes	yes
40. Family Practice	yes	yes	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
41. Internal Medicine	yes	no	no	yes
42. Anesthesiology	yes	yes#	yes	yes
43. Anesthesiology	yes	yes#	yes	yes
44. Family Practice	yes	yes	no	yes
45. Gastroenterology	yes	yes	yes	yes
46. Dermatology	yes	no	yes	yes
47. Ophthalmology		Retired 9/30/1992		
48. Family Practice	yes	yes#	yes	yes
49. Orthopedics	yes	no	no	yes
50. Radiology	yes	yes	yes	yes
51. Family Practice	no	n/a	no	n/r
52. Pediatrics	n/a	n/a	no	yes
53. Family Practice		Refused to respond		
54. Internal Medicine	yes	yes	yes	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
55. Psychiatry	Telephone disconnected			
56. Nephrology	yes	yes	yes	yes
57. Geriatrics and Family Practice	yes	yes	yes	yes
58. Family Practice	yes	yes#	no	yes
59. Orthopedics	yes*	yes	no	yes
60. General Surgery	yes	yes#	yes	yes
61. Gynecology	yes	yes	no	yes
62. Ophthalmology	yes	yes	yes	yes
63. Plastic Surgery	yes	yes#	yes	yes
64. Radiology	yes	yes	yes	yes
65. Family Practice	yes	yes	no	yes
66. Cardiology	yes	yes	yes	yes
67. Pediatrics	n/a	n/a	no	yes
68. Family Practice	yes	no	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
69. Family Practice	no	n/a	no	yes
70. OB-Gynecology	yes	yes	no	yes
71. OB-Gynecology	yes	yes	no	yes
72. OB-Gynecology	yes	no	no	yes
73. OB-Gynecology	yes	no	no	yes
74. General Surgery	yes	yes	yes	yes
75. Family Practice	no	n/a	no	yes
76. Endocrinology	yes	yes	yes	yes
77. General Surgery	yes	yes	yes	yes
78. Pathology	yes*	yes	yes*	yes
79. Family Practice	yes	yes	no	yes
80. Internal Medicine	yes	yes	yes*	yes
81. Ophthalmology	yes	yes	yes	yes
82. Psychiatry	yes	yes	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
83. Cardiology	yes	yes**	no	yes
84. Psychiatry	yes	yes	yes	no
85. Internal Medicine	yes	yes	yes	yes
86. Pediatrics	n/a	n/a	yes	yes
87. Anesthesiology	yes	yes#	yes	yes
88. Ear, Nose & Throat	yes*	no	yes*	yes
89. Cardiology	yes*	no	yes*	yes
90. Family Practice	yes	yes	yes	yes
91. Radiology	yes	yes	yes	yes
92. Urology	yes	yes#	yes	yes
93. Internal Medicine	yes	yes	yes	yes
94. Pediatrics	n/a	n/a	no	yes
95. Family Practice	no	no	no	yes
96. Ophthalmology	yes	yes	no	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
97. Family Practice	yes	yes	no	yes
98. Surgery	yes	yes	no	yes
99. OB-Gynecology	no	n/a	no	yes
100. Family Practice	yes	yes	no	yes
101. Urology	yes	yes	yes*	yes
102. Psychiatry	no	n/a	no	yes
103. Pediatrics	Moved out of area, 12/92			
104. Psychiatry	yes*	n/r	no	yes
105. Rheumatology	yes	yes#	yes*	yes
106. Anesthesia	Telephone disconnected			
107. Internal Medicine	yes	yes	no	yes
108. OB-Gynecology	no	n/a	no	yes
109. OB-Gynecology	yes	yes	no	yes
110. Orthpedics	yes	yes#	yes*	yes

Physician Number Specialty	Question One	Question Two	Question Three	Question Five
111. Ear, Nose & Throat	no	n/a	no	yes
112. Nephrology	yes	yes	yes	yes
113. Dermatology	yes	yes#	yes*	yes
114. OB-Gynecology	yes	yes	no	yes
115. Family Practice	yes	yes	no	yes
116. Family Practice	no	n/a	no	yes
117. Oncology	yes	yes	yes	yes

* By referral only

** In hospital only

\# For financial need

n/a Not applicable

n/r No response

Note: Physician names are available upon request.