



Policy Research Perspectives

Physicians' Patient Mix – A Snapshot from the 2016 Benchmark Survey and Changes Associated with the ACA

By Kurt D. Gillis, PhD

Introduction

The Affordable Care Act (ACA) has had a substantial impact on insurance coverage in the US. By one estimate, the number of uninsured fell from 45 million in 2013 to 27 million in 2016 (Cohen et al., 2016). As a percentage of the total population, this represents a decline in those without health insurance from 14.4 percent to 8.6 percent over this period, with corresponding increases in private and public coverage. How are physicians adapting to these changes? For example, given the increase in Medicaid enrollment, are more physicians seeing Medicaid patients, or have those already participating in Medicaid taken on the additional enrollees? Nationally representative data on patient mix from the physician's perspective is either fairly limited or dated. This report seeks to fill this gap by providing information from the AMA's Physician Practice Benchmark Surveys on the extent of physician involvement with different payers.

The key coverage provisions of the ACA went into effect in 2014, and by 2016 there were more than 11 million enrollees in ACA marketplace plans (Kaiser Family Foundation, 2016). Medicaid enrollment increased by more than 15 million from 2013 to 2016, a 27 percent increase. Much of that increase was concentrated in states that had elected to expand Medicaid eligibility under the ACA. But, Medicaid enrollment also increased in the states that had not expanded coverage as of 2016, with enrollment in these states increasing 12 percent from 2013 to 2016 (Gates, et al., 2016). In Medicaid expansion states, these changes helped cut the share of the non-elderly population without health insurance by 7 percentage points from 2013 to 2016, compared to a 4.8 percentage point drop in non-expansion states (Cohen et al., 2016).

The Benchmark Surveys provide a unique data source to track and analyze the impacts of these changes on physicians. The surveys include questions on physicians' mix of patients by major payer type, including Medicaid, private health insurance, and the uninsured. Although survey efforts aimed at monitoring access to care collect information on whether physicians accept new patients who are covered by various types of insurance (for example, Hing, et al., 2015) recent, nationally-representative data on physicians' patient mix is not, to our knowledge, available elsewhere. One goal of this report, therefore, is to provide a current snapshot of physicians' involvement with different payers from the 2016 survey. In addition, the report examines changes in physicians' patient mix between 2012 and 2016, particularly in the extent to which they treat Medicaid and uninsured patients.

The results regarding changes in patient mix between 2012 and 2016 are consistent with changes in the insurance coverage of the population. As a percentage of their patients, physicians saw more

Medicaid and privately insured patients in 2016 than they did in 2012, and the average uninsured patient share declined. However, the changes for Medicaid and uninsured patients were only statistically significant in states that chose to expand their Medicaid programs under the ACA.¹

Study data and methods

The Benchmark Survey is a nationally representative survey of post-resident patient care physicians in the U.S. who are not employed by the federal government (Kane, 2017). The survey was fielded in 2012, 2014 and 2016, with the number of respondents at or near 3500 each year, and response rates ranging from 28 percent in 2012 to 36 percent in 2016. Samples for the Benchmark Survey were drawn from the M3 Global Research panel for the 2014 and 2016 surveys, and from the Epocrates Honors market research panel for the 2012 survey. Respondents completed the survey online after receiving an email invitation. Weights were constructed to account for differences in survey non-response across physicians, and all results presented here were weighted.

Along with questions on practice arrangements, compensation methods, and other topics, physicians responding to the Benchmark Survey were asked to provide their best estimate of the percentage of their patients with various types of insurance, or who were uninsured. Patients were grouped into the following categories:

- Medicare (including Medicare Advantage)
- Medicaid (including Medicaid managed care plans and CHIP)
- Commercial health insurance (e.g., HMOs, PPOs, indemnity)
- Workers' compensation
- Uninsured
- Other

Respondents were asked to include patients who were dually eligible for Medicare and Medicaid in the Medicare category, and their answers across all categories had to sum to 100 percent. The workers' compensation and other categories accounted for relatively small shares of patients, and were combined for this analysis.²

Enrollees in Medicare Part B (covering physician and outpatient services) accounted for 16 percent of the U.S. population in 2016 (Boards of Trustees, 2016). Another 20 percent of the population was covered by Medicaid and, as noted previously, an estimated 9 percent of individuals were uninsured. Of course, the mix of patients that physicians see will differ from the population mix since some groups are more likely to use physician services than others.

The patient mix of a particular physician will be affected by several factors. A physician may treat conditions that disproportionately affect a particular group of patients, and for this we can look to specialty as an important determinant. The local patient mix will also be a factor, driven by the economic conditions and demographic makeup of an area. And, physicians and/or their practices may decide to limit involvement with certain payers by, for example, refusing some or all new patients with particular types of insurance (or lack of).

¹ Although not shown in this report, the average commercial health insurance patient share reported by Benchmark Survey respondents increased from 2012 to 2016 for both Medicaid expansion and non-expansion states. However, only the increase for expansion states was statistically significant.

² Benchmark Survey respondents were asked to provide the "percentage of your patients" with various types of insurance or who were uninsured (with the phrase underlined for emphasis). Although the intent was to collect patient mix information at the physician level, it is possible that some physicians provided the patient mix for their practice.

We begin by showing physicians' involvement with different payers for 2016, both overall and by physician specialty and practice type. To measure involvement with a payer, both the percentage of physicians who treat any patients of that type (more than 0 percent patients) and the average share of patients are shown. Payer shares are also displayed categorically to illustrate the variation in physicians' responses.

The results on patient mix for 2016 are then compared to those from the 2012 Benchmark Survey. These surveys provide a before and after picture for the implementation of the ACA's Medicaid expansion and marketplace exchange provisions, and the resulting changes in the coverage of the population should be reflected in physicians' responses regarding their patient mix. The changes are expected to be particularly pronounced in the states that expanded Medicaid eligibility under the ACA relative to those that did not. For this report, Medicaid expansion states were defined as those 31 states and the District of Columbia that had implemented expansion as of year-end 2016 (Gates, et al., 2016).

Results for 2016 – all physicians

Physicians responding to the 2016 Benchmark Survey reported an average commercial health insurance patient share of 43.4 percent (Figure 1). Medicare and Medicaid accounted for 29.3 percent and 16.9 percent of patients, respectively. The average uninsured patient share was 6.1 percent, and the remaining 4.3 percent were covered by workers compensation or some other payer.

The Benchmark Survey results for Medicare and Medicaid were similar to those from one of the more recent physician surveys that collected patient mix information – the 2008 Health Tracking Physician Survey (HTPS). The HTPS collected revenue shares instead of patient shares, but the average Medicare revenue share from that survey was 31.4 percent, and the average for Medicaid was 16.8 percent (Boukus, et.al, 2009).³

Most physicians responding to the 2016 Benchmark Survey had at least some patients from each of the major payer categories, but the extent of their involvement varied as shown in Figures 2a through 2d. For Medicare, about one-fifth of physicians had 10 percent or fewer Medicare patients (Figure 2a). On the high end, another roughly one-fifth of physicians had more than 40 percent Medicare patients, and 9.6 percent reported that more than half of their patients were covered by Medicare. Eighty-nine percent of physicians treated Medicare patients; among the 10.7 percent who did not, more than two-thirds were pediatricians.⁴

In comparison, 82.6 percent of physicians treated Medicaid patients in 2016 (Figure 2b) and more than half of physicians said Medicaid accounted for 10 percent or less of their patient load. Just 5.0 percent of physicians said that Medicaid accounted for more than half of their patients.

Nearly all physicians (98.0 percent) reported seeing privately insured patients, and 32.0 percent of physicians reported that more than half of their patients had private coverage (Figure 2c). But, some had relatively few private patients – 8.0 percent of physicians said that one-tenth or fewer of their patients had private insurance.⁵

³ Like the Benchmark Survey, the HTPS surveyed patient care physicians and excluded federal employees and residents, but the HTPS also excluded radiologists, anesthesiologists and pathologists.

⁴ Excluding pediatricians, 96 percent of physicians treated Medicare patients (data not shown).

⁵ Physicians' responses to the patient mix questions were clustered at multiples of 5 percentage points, so the results shown in Figures 2a through 2d are sensitive to how the intervals are defined. For example, while 32.0 percent of physicians said that more than half of their patients had private insurance, another 8.8 percent said exactly half of their patients had this coverage.

Finally, three-fourths of physicians reported that they treated uninsured patients in 2016 (Figure 2d). Sixty-three percent of physicians had an uninsured patient share that ranged from 1 percent to 10 percent and another 8.9 percent had an uninsured patient share that ranged from 11 percent to 20 percent. Less than 4 percent of physicians reported seeing more than 20 percent uninsured patients.

Results for 2016 by specialty

Patient mix varied considerably by specialty (Figure 3). The average Medicare patient share varied the most, with pediatrics, obstetrics/gynecology and psychiatry having average Medicare patient shares of 5.2, 14.0 and 19.2 percent, respectively. At the other extreme, the medical and surgical specialties, both generalists and subspecialists, all had average Medicare patient shares of nearly 40 percent.

Pediatrics had the largest average Medicaid patient share of any specialty at 34.7 percent (more than double the overall average). Psychiatry and emergency medicine also had above average Medicaid patient shares (26.0 percent and 22.1 percent, respectively). But, all specialties had substantial involvement with Medicaid patients in 2016, with even the lowest average Medicaid patient share at just under 12 percent (internal medicine).

For most specialties, the average commercial health insurance patient share in 2016 was between 35 and 50 percent. The exceptions included obstetrics/gynecology and pediatrics (57.0 percent and 52.9 percent private patients, respectively), and emergency medicine which averaged just 29.1 percent private patients. Emergency medicine had by far the largest average uninsured patient share of any specialty (14.2 percent). For all other specialties, the average uninsured patient share for 2016 ranged from 4.3 to 8.1 percent.

The percentage of physicians with patients of each type also varied by specialty, but with key differences from the average payer shares shown in Figure 3. For example, excluding pediatrics and psychiatry, nearly all physicians responding to the 2016 Benchmark Survey said they treated Medicare patients (Figure 4). Even for obstetrics/gynecology, which had a relatively low average Medicare patient share of just 14.0 percent, over 90 percent said they had Medicare patients. Excluding pediatricians, psychiatrists were least likely to say they treated Medicare patients in 2016 (82.6 percent).

Overall, 82.6 percent of physicians treated Medicaid patients in 2016, but the percentage was over 90 percent for the hospital-based specialties (emergency medicine, anesthesiology and radiology), and just under 90 percent for pediatrics. "Other" specialties were the least likely to have Medicaid patients, at 73.7 percent.⁶ Psychiatrists were also less likely than most physicians to treat Medicaid patients (75.6 percent), even though the mean Medicaid patient share for psychiatry was well above average. Many psychiatrists do not see Medicaid patients, but among those that do, Medicaid tends to account for a substantial share of their patients.

Psychiatrists also stood out as being the least likely to have privately insured patients (92.1 percent). Among the other specialties, nearly all physicians treated at least some private patients in 2016.

And finally, the share of physicians with uninsured patients in 2016 ranged from 64.6 percent for medical subspecialists to 93.7 percent for emergency medicine physicians. Among primary care

⁶ The top specialties included in the "other" category were dermatology, neurology, physical medicine and rehabilitation, and pathology. These specialties accounted for about three-fourths of physicians classified as "other."

physicians, 71.3 percent of general internists had uninsured patients compared to 83.5 percent of family practitioners.

Results for 2016 by practice type

Patient mix also varied by practice type (Figure 5), but the variation was less pronounced than at the specialty level, and may have been driven in part by differences in the specialty makeup of different practice types (Kane, 2017). Notably, direct hospital employees reported above average Medicaid and uninsured patient loads (26.6 percent and 9.0 percent, respectively), and a below average private patient load (28.2 percent). Solo practitioners had a Medicaid patient share of 11.8 percent on average, and an above average private patient share (46.7 percent).

Changes in Patient Mix from 2012 to 2016

The results for 2016 were compared with those from the 2012 Benchmark Survey to see if physician involvement with each of the major payers and with uninsured patients changed with the implementation of the ACA. As shown in Figure 6, there were changes in both the average patient shares and in the percentage of physicians with uninsured patients over this period.

For Medicaid, the average patient share among all physicians increased from 15.9 percent in 2012 to 16.9 percent in 2016.⁷ The percentage of physicians treating Medicaid patients also increased, from 81.9 percent in 2012 to 82.6 percent in 2016, although the increase was not statistically significant. The privately insured patient share increased from 42.0 percent in 2012 to 43.4 percent in 2016. Offsetting these changes, the mean uninsured patient share decreased from 6.9 percent in 2012 to 6.1 percent in 2016 and the percentage of physicians with uninsured patients fell from 81.3 percent in 2012 to 75.6 percent in 2016. The mean patient shares for Medicare and other patients also fell from 2012 to 2016, each by just under one percentage point (although the change for Medicare was not statistically significant).

Changes in Medicaid involvement by Medicaid expansion status

Figures 7a through 7c show physician involvement with Medicaid patients for 2012 and 2016 depending on whether the physician practiced in an ACA Medicaid expansion state. In 2012, physicians' involvement with Medicaid patients was similar in expansion states (those that would end up expanding their Medicaid programs) and non-expansion states (Figure 7a). The average Medicaid patient share in 2012 was 16.2 percent in expansion states versus 15.3 percent in non-expansion states. And, 82.4 percent of physicians treated Medicaid patients in expansion states, compared to 80.9 percent in non-expansion states. However, neither of these differences was statistically significant.

From 2012 to 2016, there was virtually no change in the average Medicaid patient share in non-expansion states. And, although the percentage of physicians with Medicaid patients in these states increased from 80.9 percent to 82.5 percent, the increase was not statistically significant. Figure 7b shows the distributions of Medicaid patient shares in non-expansion states for 2012 and 2016, and further illustrates the lack of any clear shift toward greater Medicaid involvement over this period.

In contrast, the average Medicaid patient share in expansion states increased from 16.2 percent to 17.6 percent. This increase could have been due to: a) an increase in the percentage of physicians treating Medicaid patients; or b) an increase in the Medicaid patient share among those who treated Medicaid patients. As Figure 7a demonstrates, the increase in the Medicaid patient share for expansion states was due almost entirely to the latter factor. There was virtually no change in the

⁷ The changes described in this section were statistically significant at the 5% level except where noted.

percentage of physicians with Medicaid patients in expansion states between 2012 and 2016. Instead, physicians who treated Medicaid patients in 2016 reported, on average, a greater level of involvement with the program compared to physicians who treated Medicaid patients in 2012. This can be seen in Figure 7c which shows the change in the distribution of the Medicaid patient share in expansion states. There was a substantial shift from the minimal involvement category (1 percent to 10 percent of patients) to some of the higher patient share categories from 2012 to 2016.

With these changes, the average Medicaid patient share for 2016 in expansion states (17.6 percent) was significantly greater than the average in non-expansion states (15.4 percent), but there was virtually no difference in the percentage of physicians with Medicaid patients (82.6 percent in expansion states compared to 82.5 percent in non-expansion states).

Changes in Uninsured involvement by Medicaid expansion status

Turning to the uninsured, in 2012, both the average uninsured patient share and the percentage of physicians with uninsured patients were significantly lower in what would become Medicaid expansion states (Figure 8a). Although these measures of uninsured patient involvement fell from 2012 to 2016 in both expansion and non-expansion states, the drop was larger in the expansion states. The average uninsured patient share fell by one percentage point from 2012 to 2016 in expansion states (from 6.4 percent to 5.4 percent), compared to a half percentage point drop in non-expansion states (from 8.0 percent to 7.4 percent), with only the change in expansion states being statistically significant. As a result, the difference in the uninsured patient load between the two groups of states was even greater in 2016 than it had been in 2012.

The most striking difference, however, was in the percentage of physicians with uninsured patients. While this fell by more than 7 percentage points in expansion states, the drop in non-expansion states was only 2.2 percentage points. Figures 8b and 8c further contrast the changes in the two groups of states. For the non-expansion states, there was virtually no change in the percentage of physicians with low, moderate, or high uninsured patient shares between 2012 and 2016 (Figure 8b). But, in the expansion states, there was a pronounced decline in the percentage of physicians with moderate (1 to 10 percent) and above average uninsured patient shares, and a corresponding increase in the percentage of physicians with no uninsured patients (Figure 8c). By 2016, nearly 30 percent of physicians in expansion states said they did not have uninsured patients, compared to 16.0 percent of physicians in non-expansion states.

Discussion

The AMA's Benchmark surveys provide nationally-representative data on patient care physicians' involvement with different payers and the uninsured. From the 2016 survey, we find that private insurance covered 43.4 percent of physicians' patients on average. Medicare covered 29.3 percent and Medicaid 16.9 percent, with 6.1 percent of physicians' patients on average being uninsured. Patient mix varied considerably by specialty, less so by practice type.

Not surprisingly, data from 2016 show that nearly all physicians saw privately insured patients (98.0 percent), and most treated Medicare patients (89.3 percent). But, most physicians also had Medicaid (82.6 percent) and uninsured patients (75.6 percent) in 2016.

Our results on changes in patient mix between 2012 and 2016 were consistent with estimates of changes in the coverage of the population. On average, Medicaid and privately insured patients accounted for a greater share of physicians' practices in 2016 than they did in 2012, and the average uninsured patient load declined. Although Medicaid enrollment increased sharply over this period due to the ACA, we did not see a significant increase in the percentage of physicians treating

Medicaid patients. Instead, the Benchmark Survey data suggest that those participating in the program took on a larger average Medicaid patient load in 2016 compared to participants in 2012.

The steep drop in the uninsured population over this period has clearly impacted physicians. A smaller percentage of physicians had patients that were uninsured in 2016 (75.6 percent) compared to 2012 (81.3 percent), and their average uninsured patient load declined (from 6.9 percent of their patients in 2012 to 6.1 percent in 2016).

As of 2016, 31 states and the District of Columbia had moved to expand their Medicaid programs under the ACA, and the changes in Medicaid and uninsured patient involvement reported by Benchmark Survey respondents were driven by physicians in these states. Among physicians in expansion states, the average Medicaid patient share increased from 16.2 percent in 2012 to 17.6 percent in 2016, and the average uninsured patient share decreased from 6.4 to 5.4 percent. Both changes were statistically significant.

In contrast, among physicians in non-expansion states, there was essentially no change in Medicaid patient load from 2012 to 2016, and only a modest decline in uninsured involvement that was not statistically significant. Although it had less of an impact than in expansion states, the ACA was associated with an increase in Medicaid enrollment and an estimated decrease in the uninsured population in non-expansion states over this period. It is not clear why these changes did not have more of an impact on physicians.

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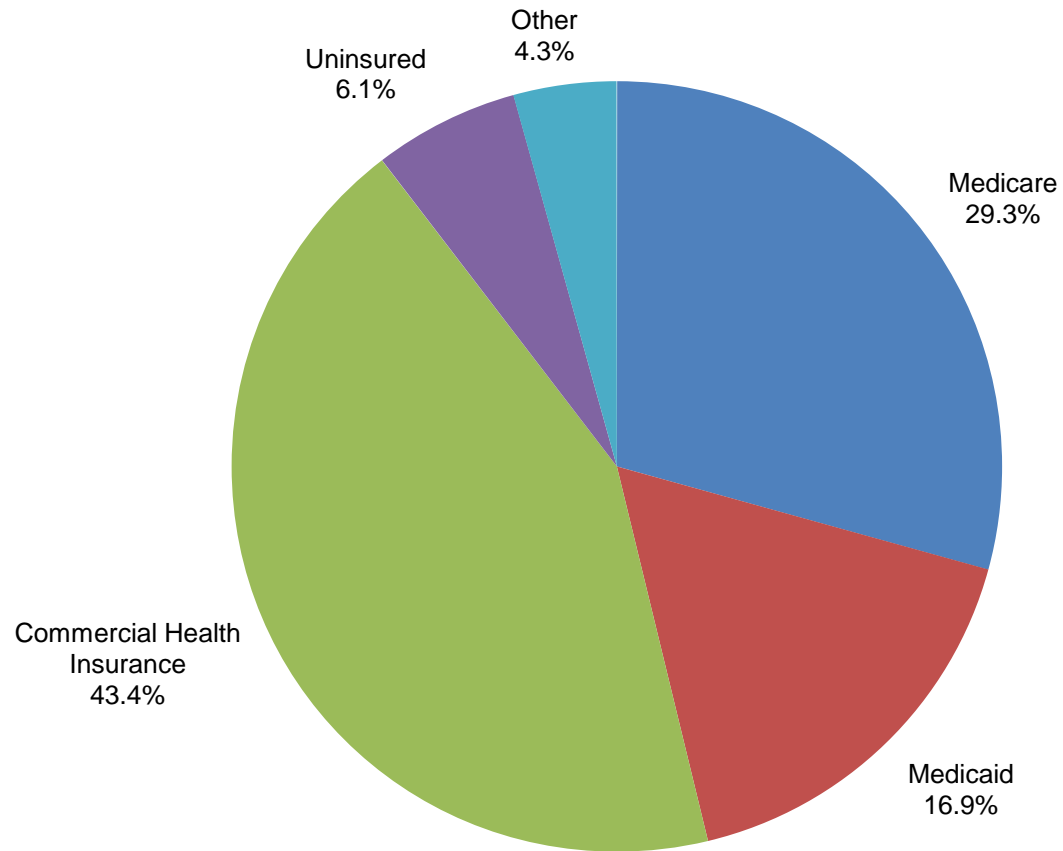
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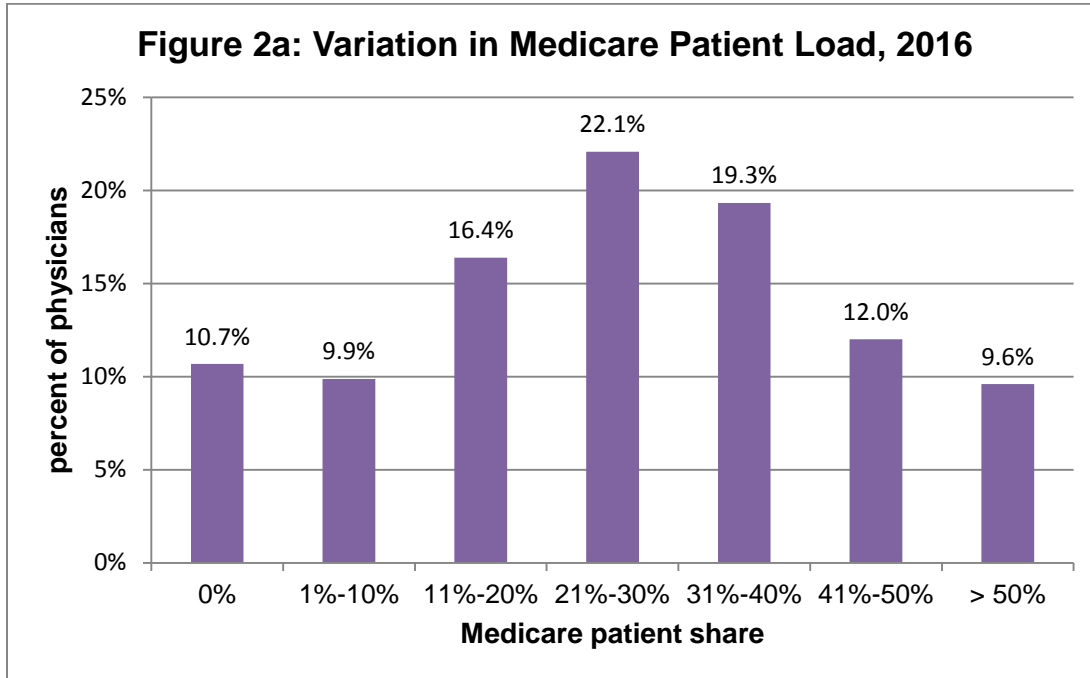
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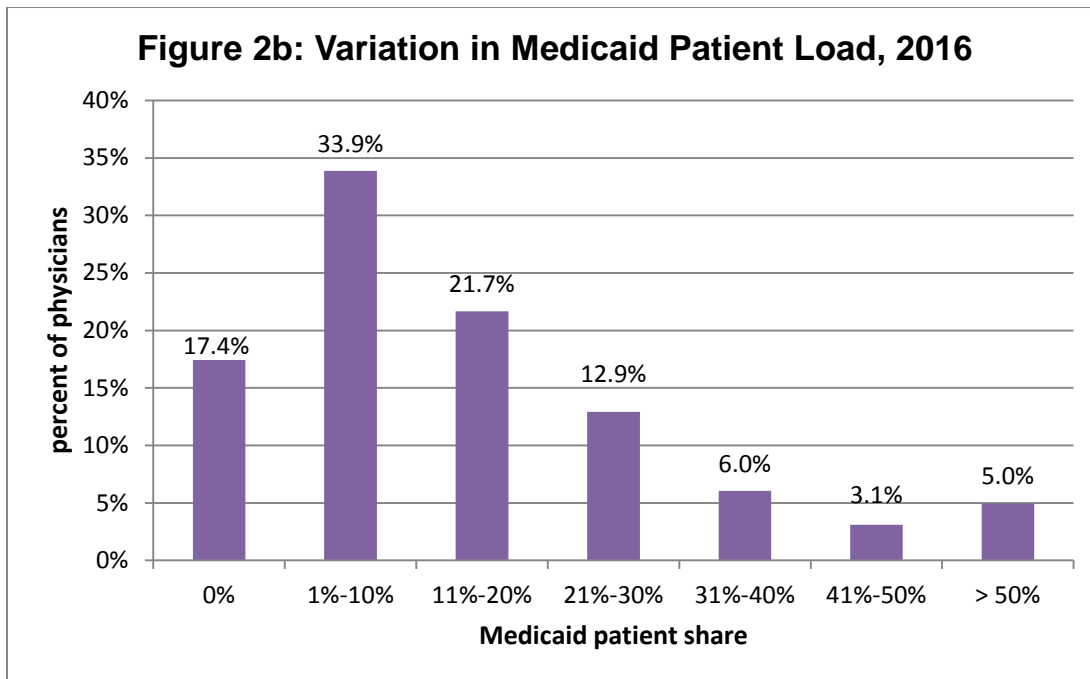
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Figure 1: Average Patient Mix, 2016

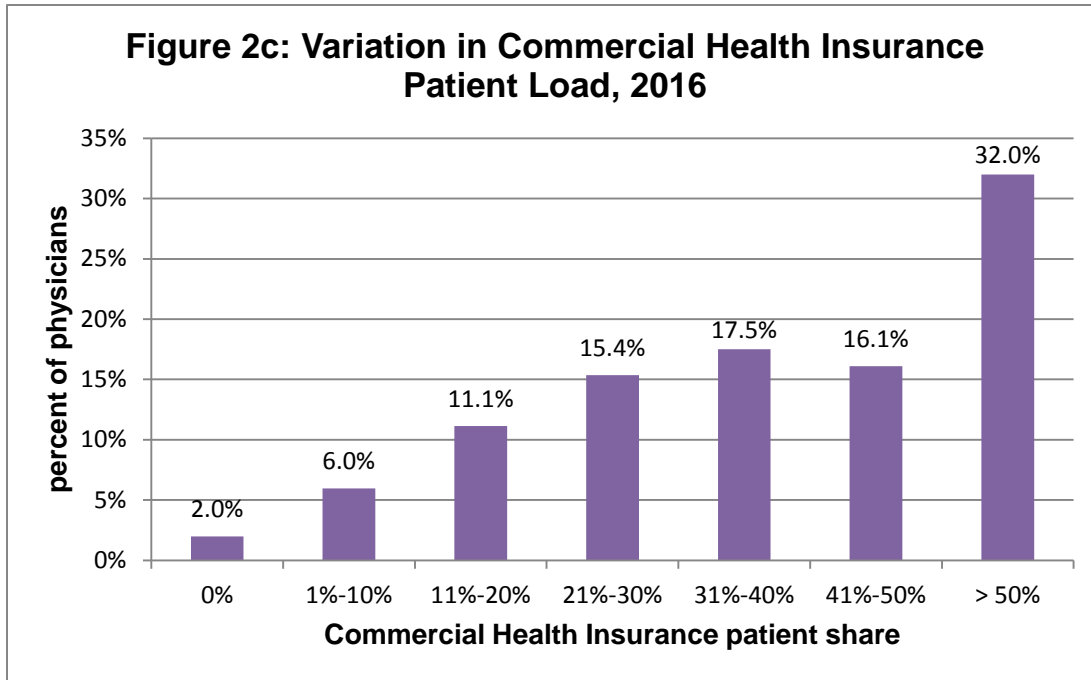
Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.



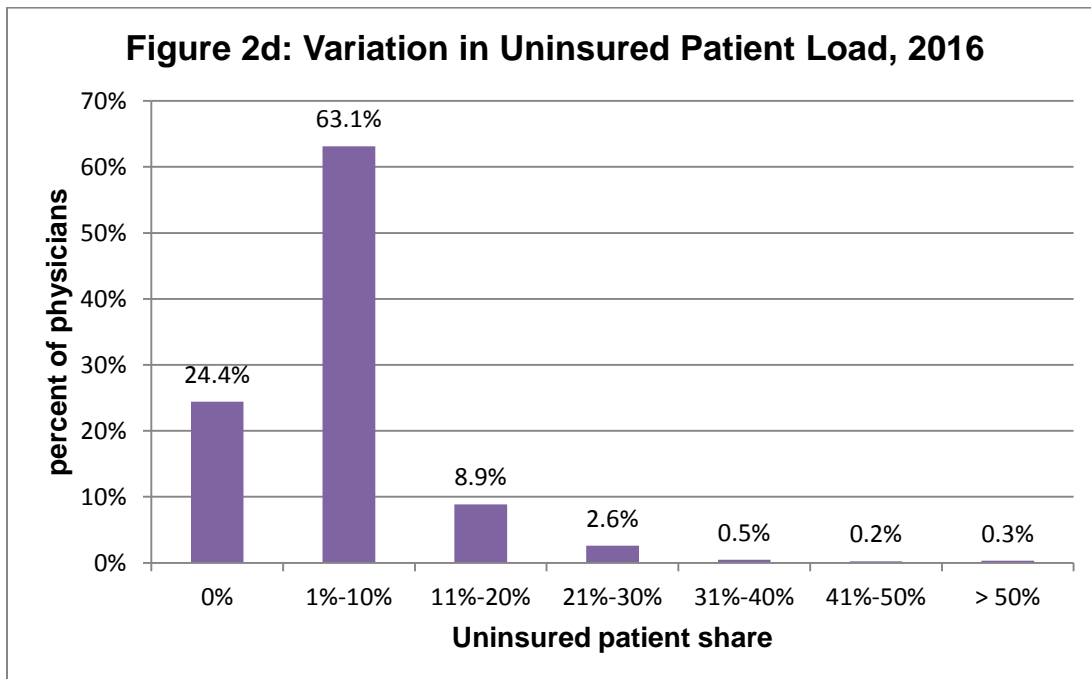
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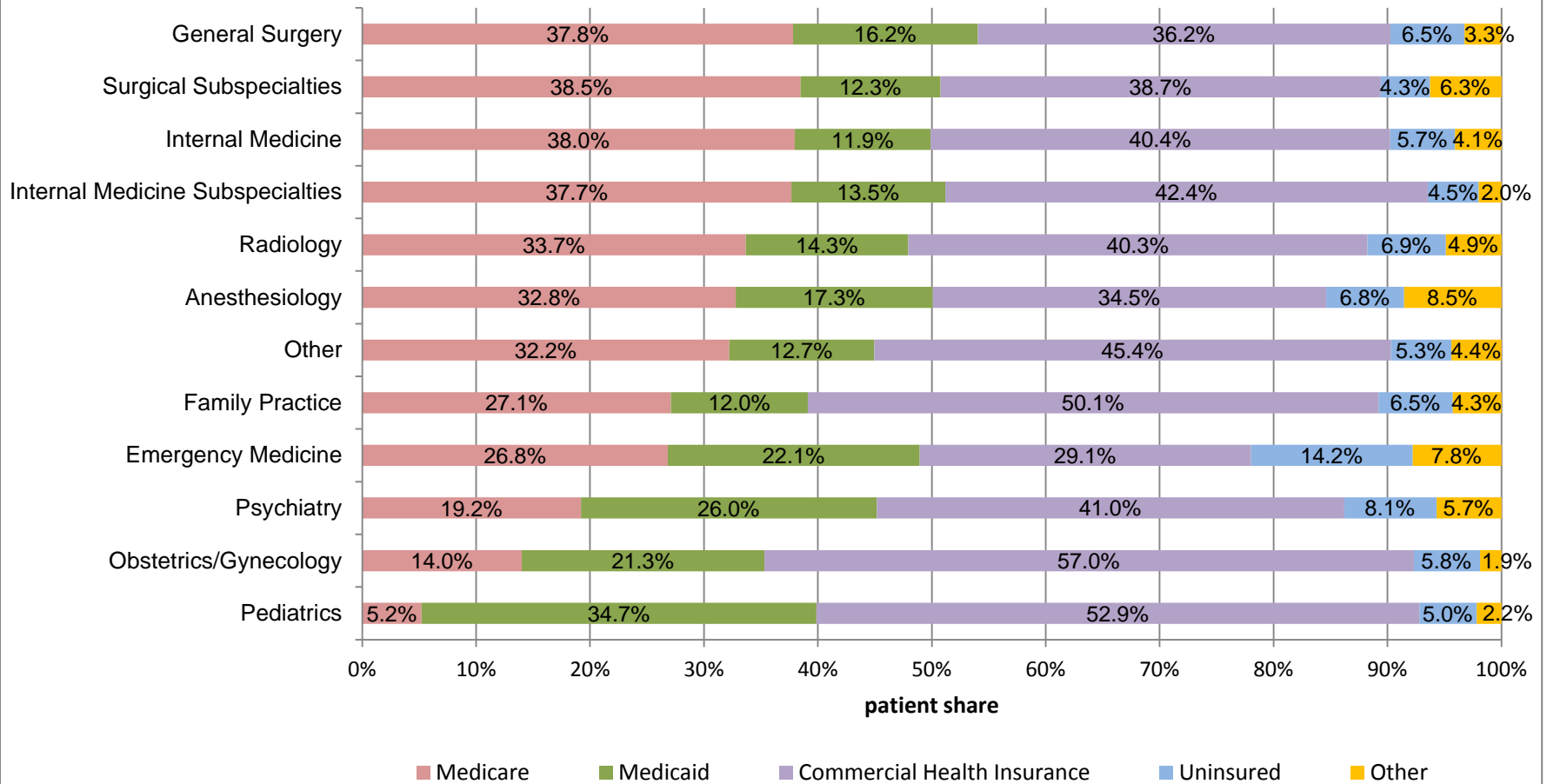


Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Figure 3: Average Patient Mix by Specialty, 2016



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

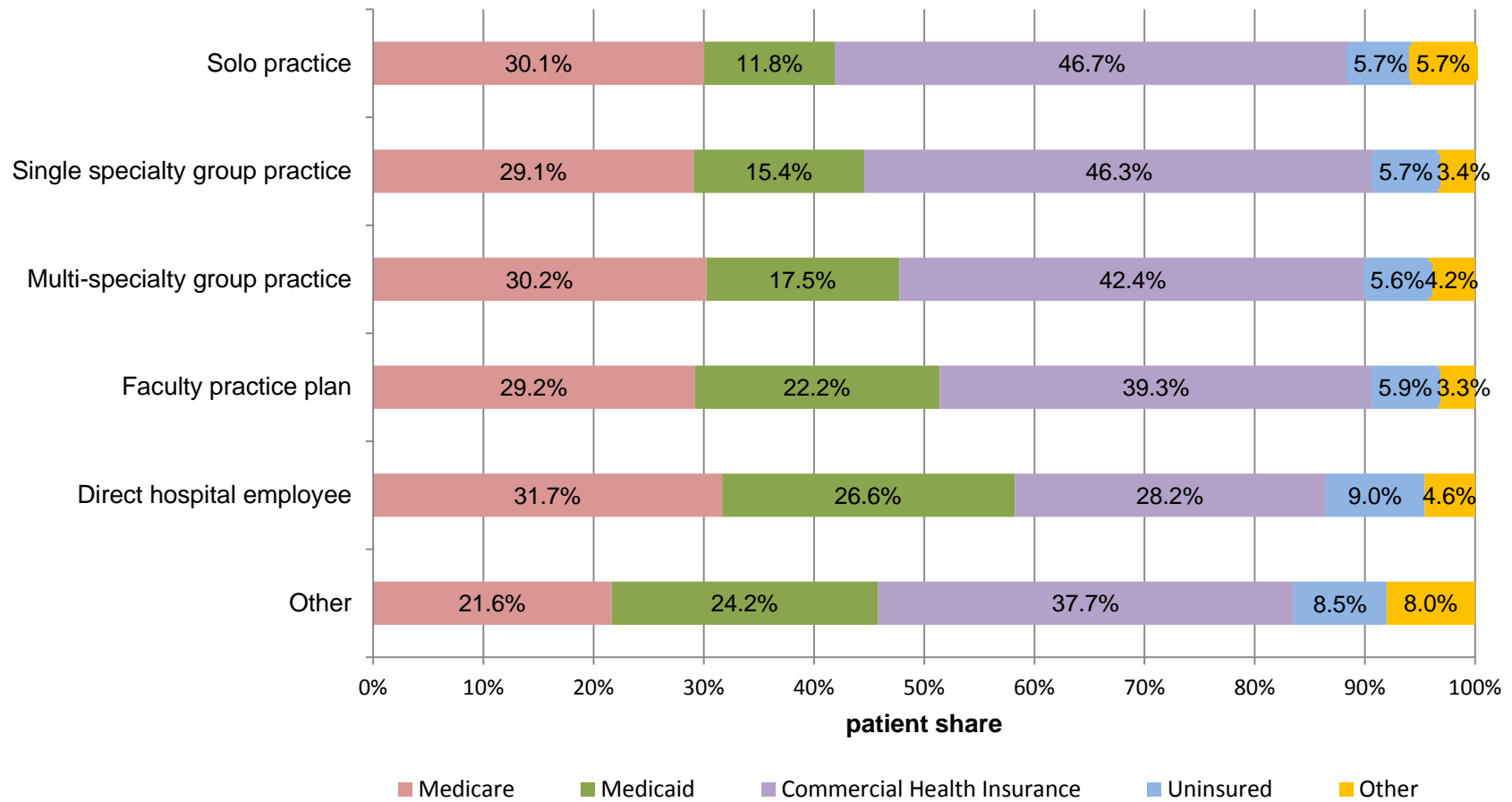
Figure 4: Percent of Physicians Treating Patients by Type of Insurance and Specialty, 2016

Percent of physicians who treated any ...

	Sample Size	Medicare patients	Medicaid patients	Commercial Health Insurance patients	Uninsured patients
Family Practice	467	97.5%	78.5%	99.2%	83.5%
Pediatrics	388	26.6%	88.8%	99.0%	74.1%
Obstetrics/Gynecology	182	92.6%	84.2%	99.3%	79.3%
Internal Medicine	387	96.4%	77.7%	97.1%	71.3%
Internal Medicine Subspecialties	547	99.2%	82.0%	98.4%	64.6%
General Surgery	101	98.1%	84.8%	98.9%	78.4%
Surgical Subspecialties	378	97.9%	83.0%	97.7%	75.5%
Anesthesiology	239	98.7%	92.9%	97.9%	81.8%
Radiology	130	98.5%	90.9%	100.0%	79.0%
Emergency Medicine	162	97.7%	95.0%	98.1%	93.7%
Psychiatry	203	82.6%	75.6%	92.1%	73.4%
Other	316	94.5%	73.7%	97.8%	69.9%
All Physicians	3500	89.3%	82.6%	98.0%	75.6%

Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Figure 5: Average Patient Mix by Practice Type, 2016



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Notes: "Other" practice type includes ambulatory surgical center, urgent care facility, HMO/MCO, medical school, and fill-in responses.

Figure 6: Changes in Patient Mix from 2012 to 2016

	Average patient share			Percent treating any		
	2012	2016	Percentage point change	2012	2016	Percentage point change
Medicare	30.1%	29.3%	-0.8	88.8%	89.3%	0.5
Medicaid	15.9%	16.9%	1.0 ^a	81.9%	82.6%	0.7
Commercial Health Insurance	42.0%	43.4%	1.4 ^a	98.1%	98.0%	0.0
Uninsured	6.9%	6.1%	-0.8 ^a	81.3%	75.6%	-5.7 ^a
Other	5.1%	4.3%	-0.7 ^a	50.4%	48.1%	-2.3

Source: Author's analysis of AMA 2012 and 2016 Physician Practice Benchmark Surveys.

Notes: ^a Denotes statistically significant change from 2012 to 2016 at the 5 percent level.

Figure 7a: Changes in Medicaid Involvement from 2012 to 2016 by Medicaid Expansion State

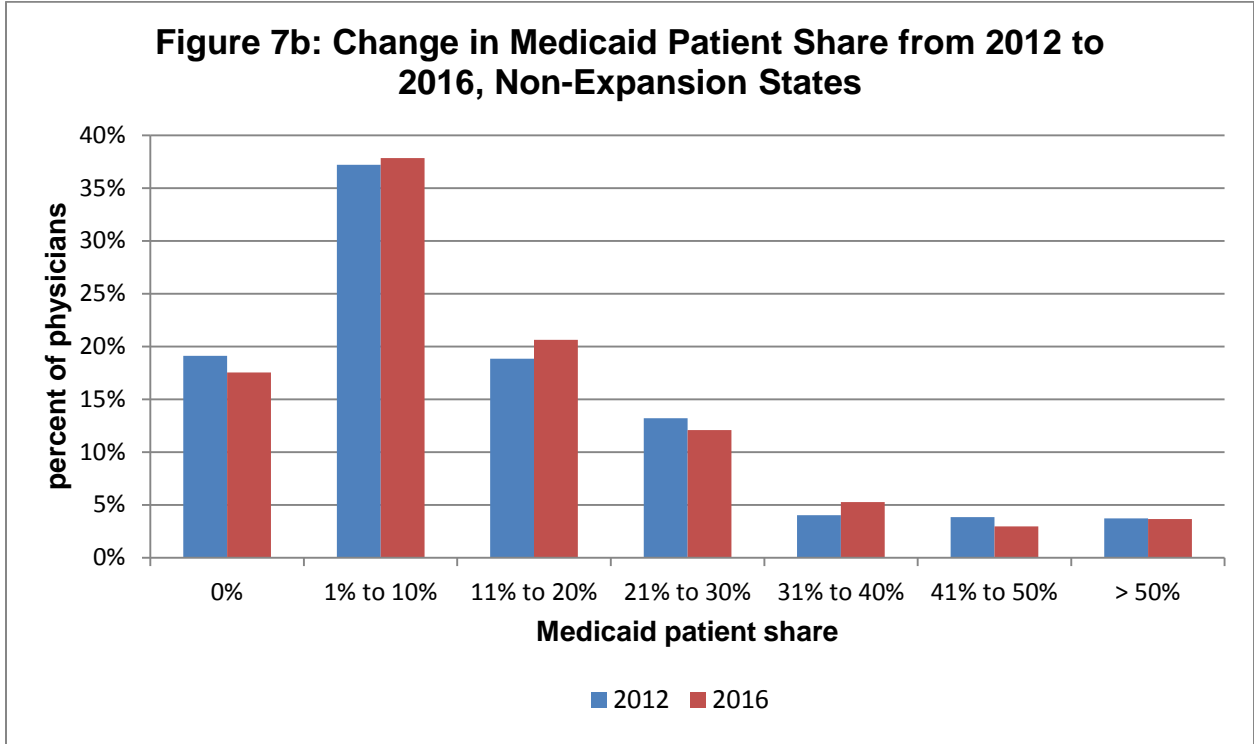
	2012	2016	Percentage point change
<i>Non-expansion state</i>			
Average Medicaid patient share	15.3%	15.3%	0.1
Percent seeing any Medicaid patients	80.9%	82.5%	1.6
<i>Expansion state</i>			
Average Medicaid patient share	16.2%	17.6% ^b	1.4 ^a
Percent seeing any Medicaid patients	82.4%	82.6%	0.2

Source: Author's analysis of AMA 2012 and 2016 Physician Practice Benchmark Surveys.

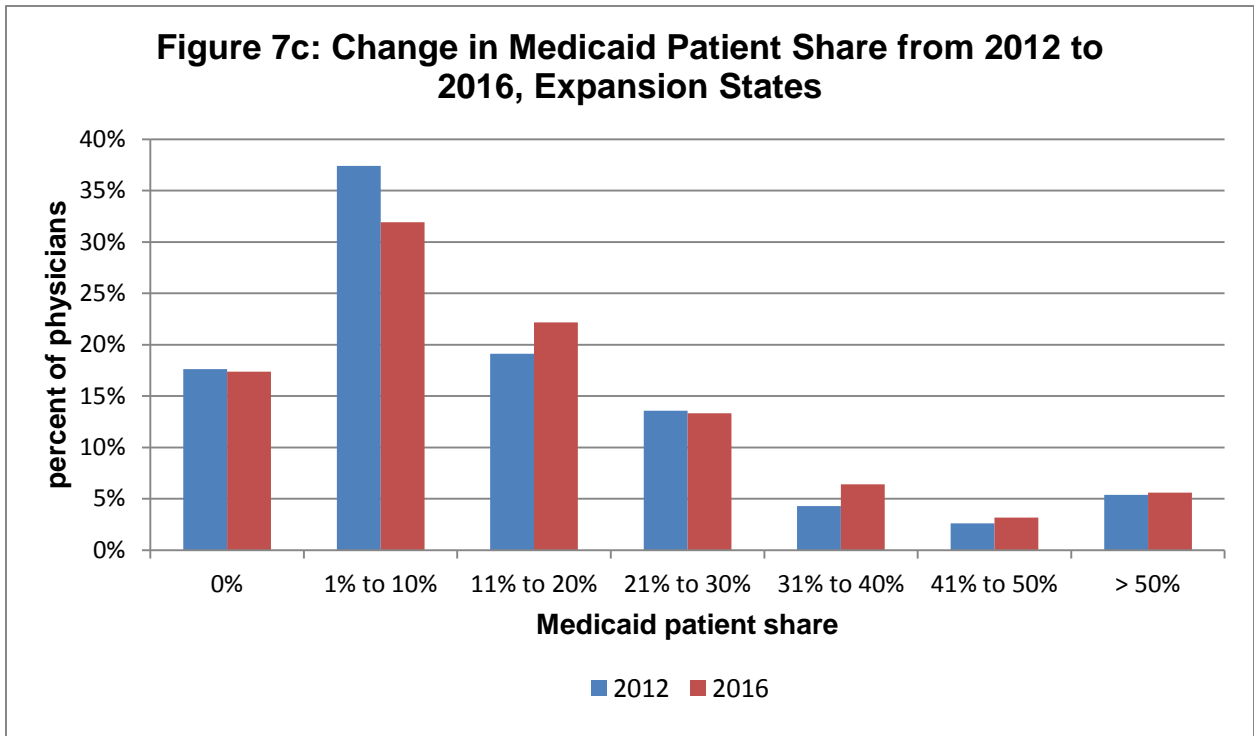
Notes: Expansion states were defined as those 31 states and the District of Columbia that had implemented Medicaid expansion under the ACA as of year-end 2016.

^a Denotes statistically significant change from 2012 to 2016 at the 5 percent level.

^b Denotes statistically significant within-year difference between expansion and non-expansion states at the 5 percent level.



Source: Author's analysis of AMA 2012 and 2016 Physician Practice Benchmark Surveys.
 Notes: Non-expansion states were defined as those 19 states that had not implemented Medicaid expansion under the ACA as of year-end 2016.



Source: Author's analysis of AMA 2012 and 2016 Physician Practice Benchmark Surveys.
 Notes: Expansion states were defined as those 31 states and the District of Columbia that had implemented Medicaid expansion under the ACA as of year-end 2016.

**Figure 8a: Changes in Uninsured Involvement from 2012 to 2016
by Medicaid Expansion State**

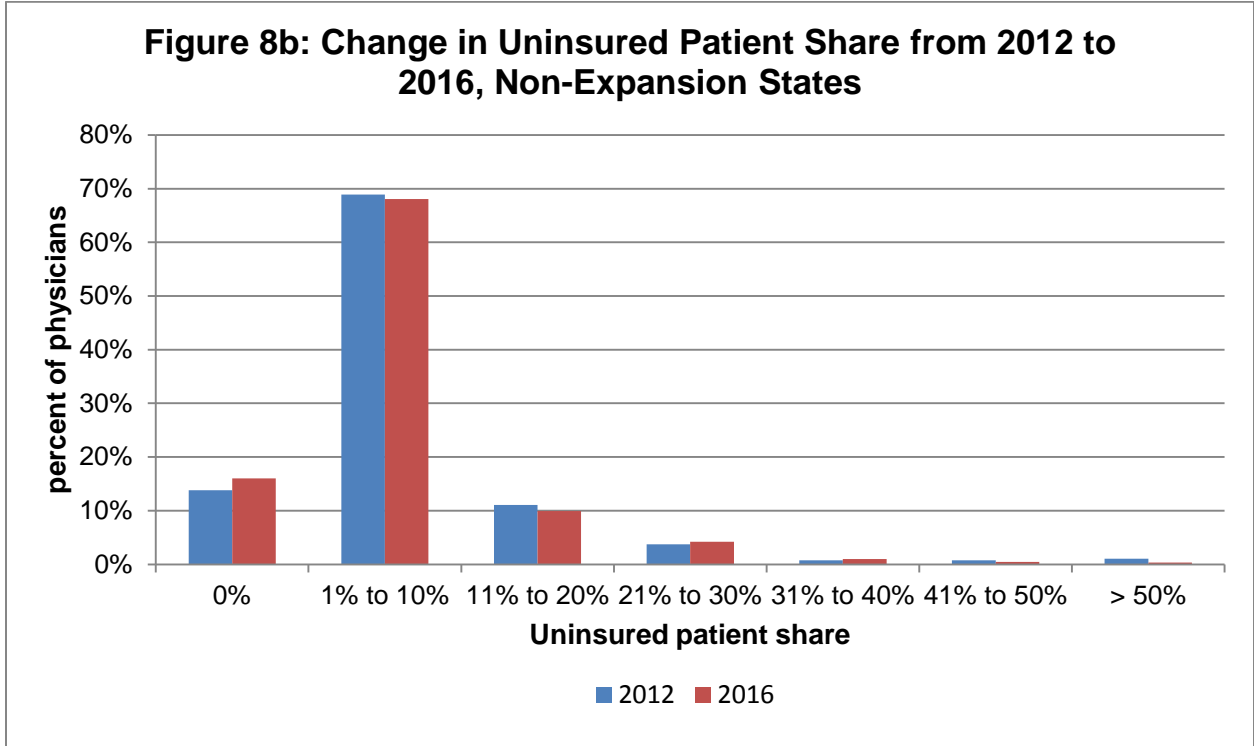
	2012	2016	Percentage point change
<i>Non-expansion state</i>			
Average uninsured patient share	8.0%	7.4%	-0.5
Percent seeing any uninsured patients	86.2%	84.0%	-2.2
<i>Expansion state</i>			
Average uninsured patient share	6.4% ^b	5.4% ^b	-1.0 ^a
Percent seeing any uninsured patients	78.8% ^b	71.4% ^b	-7.3 ^a

Source: Author's analysis of AMA 2012 and 2016 Physician Practice Benchmark Surveys.

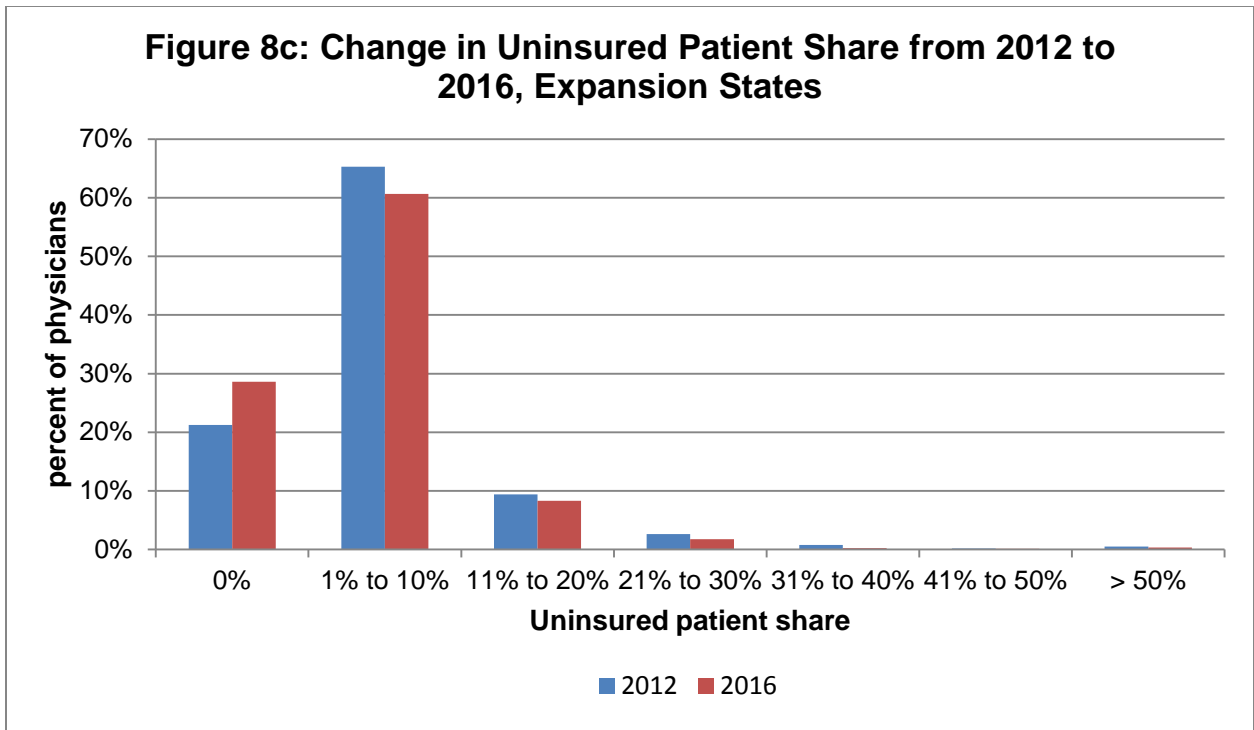
Notes: Expansion states were defined as those 31 states and the District of Columbia that had implemented Medicaid expansion under the ACA as of year-end 2016.

^a Denotes statistically significant change from 2012 to 2016 at the 5 percent level.

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