

2012 MMS Patient Access to Care Studies

- Wait Times for New Appointments
- Public Opinion Survey

August 2012

Revised



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters, each patient counts.

Note: These studies were conducted by Anderson Robbins Research for the Massachusetts Medical Society. They are components of the Massachusetts Medical Society's 11th annual Physician Workforce Study, which is scheduled be released in September 2012.

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WAIT TIMES FOR NEW APPOINTMENTS

This document reports the findings of Massachusetts Medical Society's (MMS) eighth annual health care wait times study. The survey examines availability of and access to non-emergency, new patient appointments in the following seven specialties: cardiology, internal medicine, family medicine, gastroenterology, OB/GYN, orthopedic surgery and pediatrics. In addition, the survey also examines the types of insurance accepted by these specialists.

This study is based on **office** level data, as opposed to physician level data.

This report includes an executive summary of the major findings, followed by a discussion of the findings related to each specialty area.

The full results, down to the county level, are included as Appendices.

Methodology

Data collection was conducted between the dates of February 28, 2012 and April 2, 2012. A total of 830 telephone interviews were conducted for this study.

Physicians' offices were called for the purpose of scheduling an appointment for a new patient. Non-emergency reasons were given for the appointments in order to measure wait times for routine care. The specific, non-emergency reasons given were unique for each specialty.

- Cardiology: heart check-up
- Gastroenterology: chronic heartburn
- Internal medicine: new primary care physician
- Orthopedic surgery: knee pain
- OB/GYN: routine exam
- Family medicine: new primary care physician
- Pediatrics: new pediatrician for 1 year old child

The medical offices selected for inclusion in the study were randomly selected from a database of all Massachusetts physicians, which was purchased from the American Medical Association.

Every effort was made to complete a minimum of seven interviews for each specialty, within each county, in order to enable a geographic analysis of results across the state. This is not possible in counties where there are fewer than seven specialists.

Weights were applied to the overall results to insure that specialists in each county are represented in their proper proportion relative to the state as a whole.¹

¹Weights were necessary because of the over sampling in some of the smaller counties that was done to increase the reliability of the data within individual counties. For example, just 4% of cardiologists statewide are located in

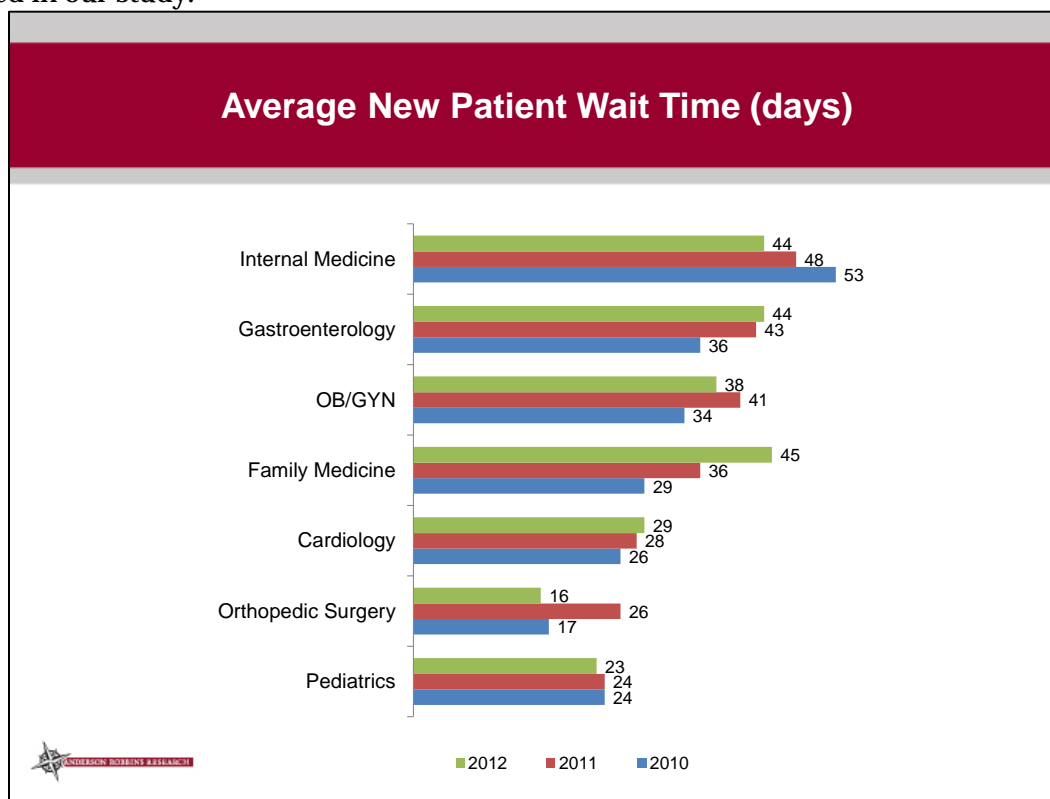
EXECUTIVE SUMMARY

The 2012 MMS Patient Access to Health Care Study finds stable or shorter wait times for new patient appointments in all specialties with the exception of family medicine where the trend towards longer wait times continues, from 29 days in 2010, to 36 days in 2011, to 45 days now.

Conversely, a trend towards shorter wait times in internal medicine also continues, from 53 days in 2010, to 48 days in 2011, to 44 days now.

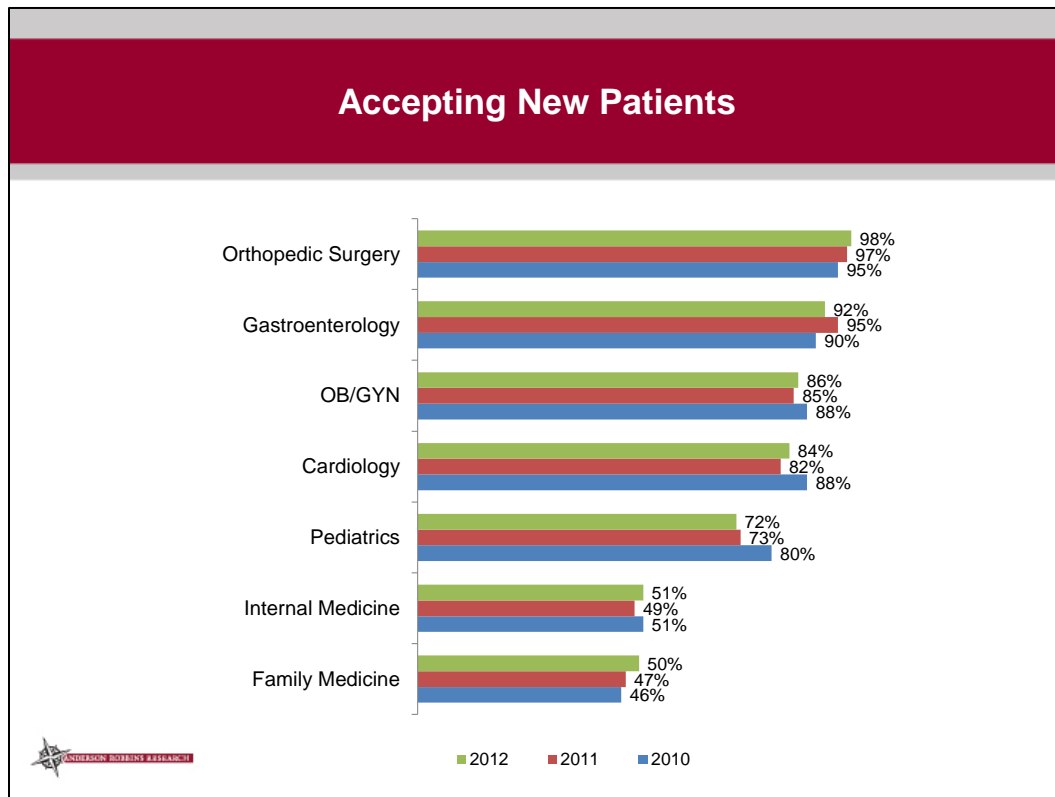
Since this study was initiated, internal medicine offices and family medicine offices have exhibited the most volatile wait time changes year-to-year, with an average year-to-year change of 8 days.

The single largest change in new patient wait times since last year was recorded among orthopedic surgeons' offices, which is down to an average of 16 days in 2012 from 26 days in 2011. Orthopedic surgeons' offices now have the shortest wait time among the specialties included in our study.

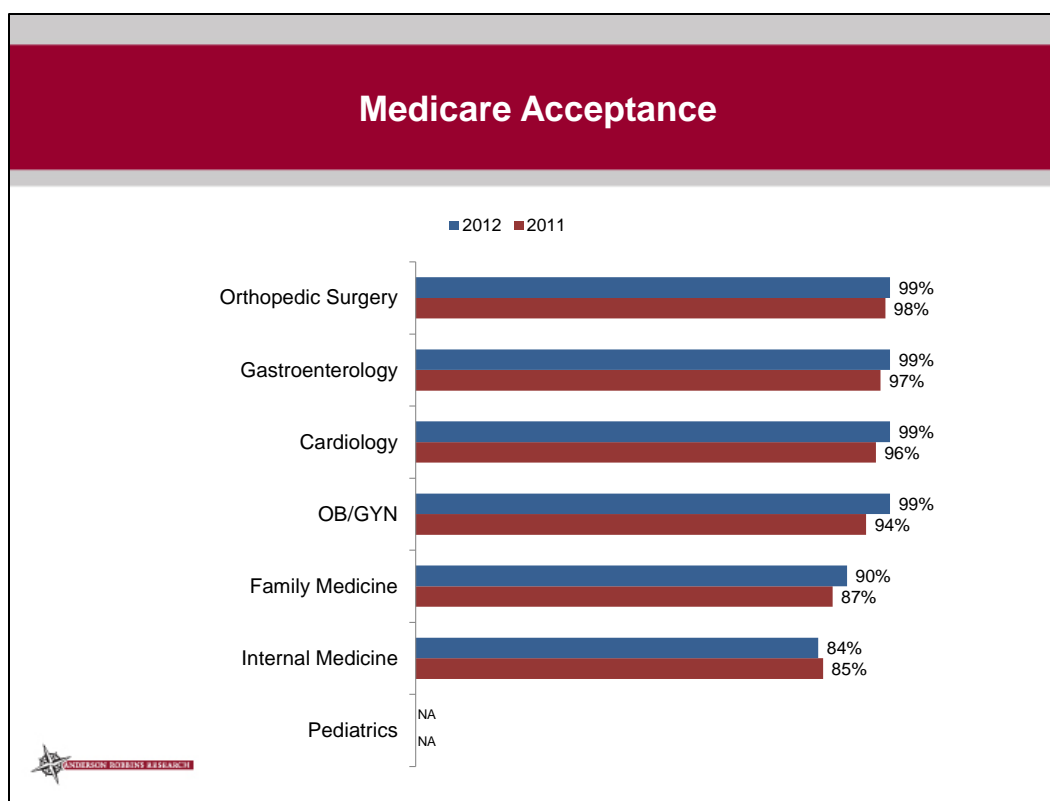


Bristol County, but 6% of the cardiologists interviewed for the study were located there. Weighting was used so that in the statewide results Bristol County cardiologists represent 4% of all cardiologists.

The number of offices accepting new patients did not change significantly since last year in any speciality. Orthopedic surgeons' offices and gastroenterologists' offices remain the most likely to be accepting new patients, while internal medicine offices and family medicine offices remain the least likely.



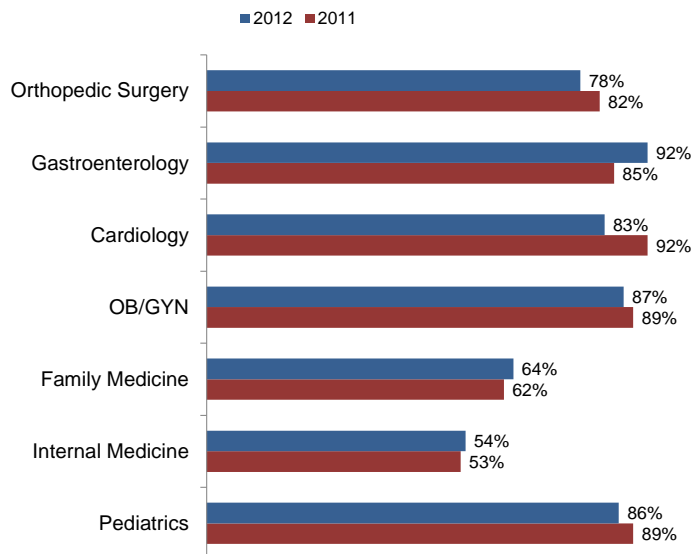
Starting in 2011 this study began measuring acceptance of Medicare products among providers. As was recorded last year, amongst the offices surveyed, Medicare remains almost universally accepted in each specialty, with the lowest acceptance rates in family medicine offices (90%) and among internal medicine offices (84%).



MassHealth acceptance, amongst offices surveyed, remains similar to 2011 levels. Overall, internal medicine offices (54%) and family medicine offices (64%) remain the least likely to accept MassHealth, which is the same as in 2011.

Cardiologists' offices are slightly less likely to accept MassHealth since last year (83% now, compared to 92% in 2011) while gastroenterologists' offices are more likely to accept MassHealth this year than last year (92% now, compared to 85% in 2011).

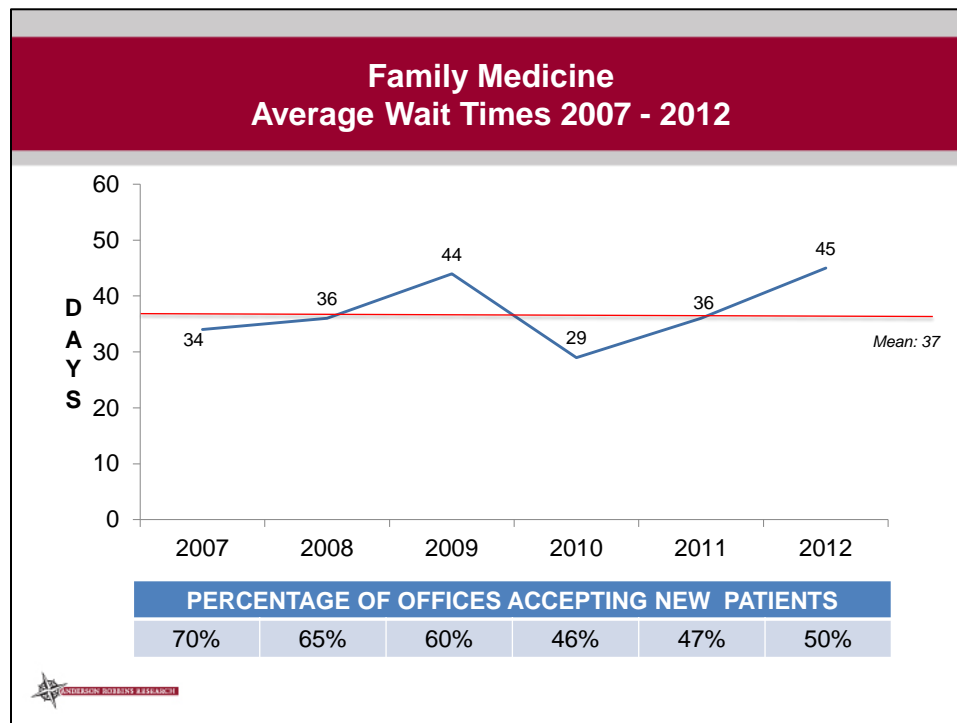
Mass Health Acceptance



SUMMARY OF KEY FINDINGS

Family Medicine

Amongst family medicine offices surveyed, the average number of days a new patient must wait to see a family medicine specialist has increased to 45 days this year, up from 36 days in 2011, 29 days in 2010, and above the average over the past five years (37 days). This represents about a 50% increase in wait time in the past two years.



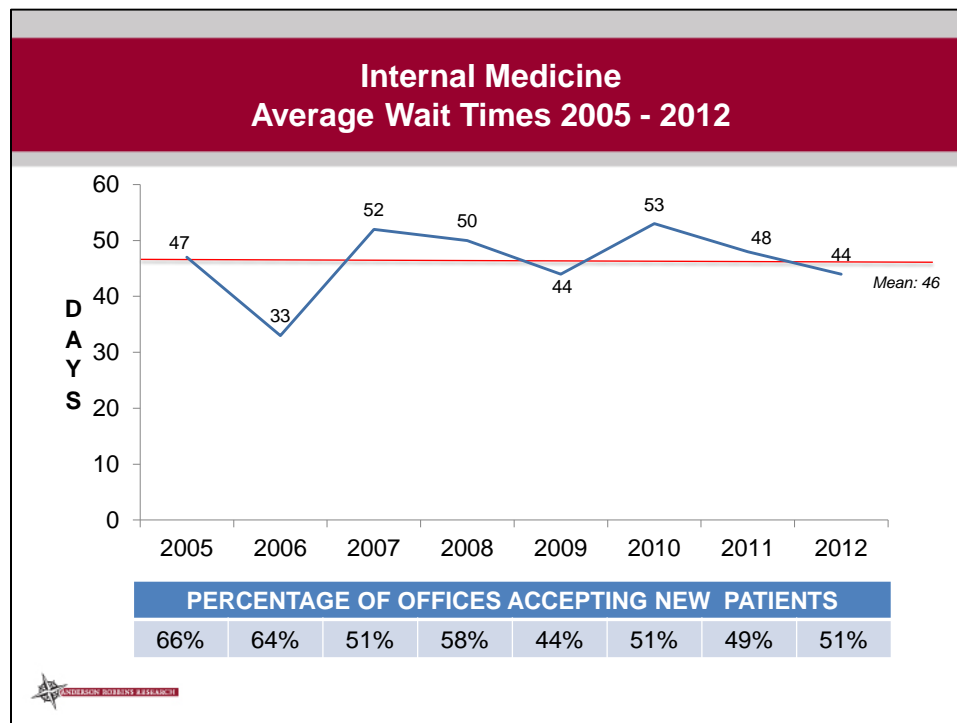
There is wide variation in average wait times by county for family medicine offices. Plymouth County has the shortest average wait time at 19 days. In Franklin County, where just one office was accepting new patients (17% acceptance rate), there was the longest single wait time among all the counties at 205 days. Suffolk and Essex counties each have the lowest single wait time at one day. Half of family medicine offices in the state are accepting new patients. Family medicine offices in Hampden County are most likely to accept new patients with 71% of the offices there saying they are currently open to taking on new patients.

Statewide, 90% of family medicine offices accept Medicare and 64% accept MassHealth. Acceptance varies widely from county to county. All (100%) of the family medicine offices interviewed in Suffolk County accept all types of insurance. Acceptance is lowest in Barnstable County, where 14% accept MassHealth and 29% accept Medicare.

FAMILY MEDICINE INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	90%	64%

Internal Medicine

The average wait time for a new patient to see an internist in 2012 is 44 days, down from a high of 53 days in 2010 and 48 days in 2011, amongst internal medicine offices surveyed. The current average wait time of 44 days is the same as in 2009 for internal medicine offices, however, slightly more internal medicine offices today are accepting new patients (51%) than in 2009 (44%).



The longest average wait times amongst internal medicine offices surveyed are in Hampden (99 days), Berkshire (90 days), and Barnstable (89 days) counties. Bristol County has the shortest average wait time at 22 days for internal medicine offices, followed by Essex County at 23 days.

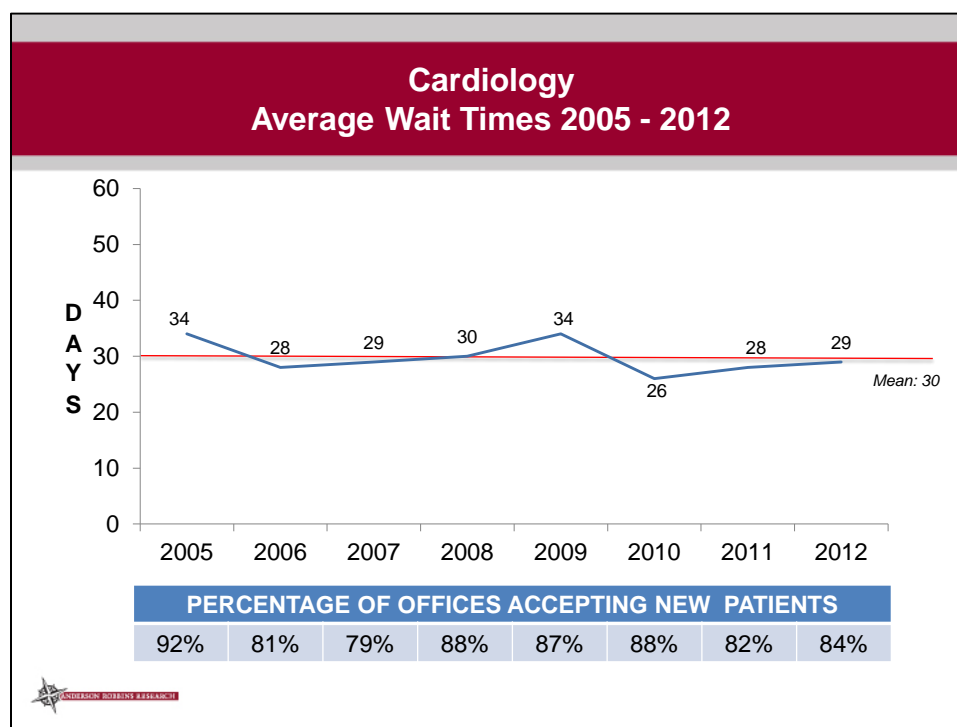
Internal medicine offices in Hampshire County are accepting the most new patients (71%) followed by Essex County (62%). New patients seeking an internist on the islands will have a difficult time finding an office as none of the internal medicine offices in Dukes and Nantucket counties is accepting new patients.

INTERNAL MEDICINE INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	84%	54%

Among internal medicine offices statewide, 84% accept Medicare and 54% accept MassHealth. MassHealth acceptance amongst internal medicine offices is lowest in Hampden (14%), Berkshire (29%), and Plymouth (29%) counties.

Cardiology

New patients can expect to wait the same number of days in 2012 as in past years to see a cardiologist. The average amongst cardiology practices surveyed this year (29 days) remains virtually unchanged since 2010, and is about the same as the overall average since 2005 (30 days).



Norfolk County has the longest average wait time to see a cardiologist at 41 days.

More than 70% of cardiologist offices in each county are accepting new patients, with the exception of Hampshire (50%) and Berkshire (25%) counties.

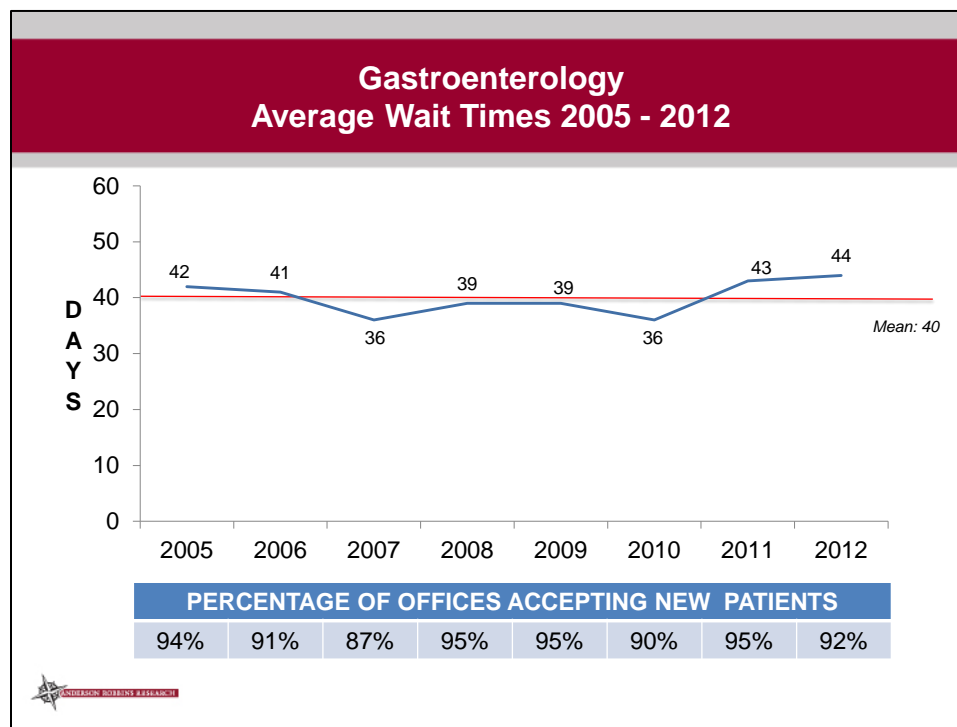
CARDIOLOGY INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	99%	83%

Among cardiology offices statewide, Medicare is almost universally accepted (99%) and 83% of cardiologists accept MassHealth. Norfolk County cardiology offices are significantly less likely to accept MassHealth (57%).

Gastroenterology

Gastroenterology offices remain among the most likely to accept new patients in 2012 (92%), second only to orthopedic surgeons' offices (98%).

The average wait time for new patients (44 days) tracks closely with last year (43 days).



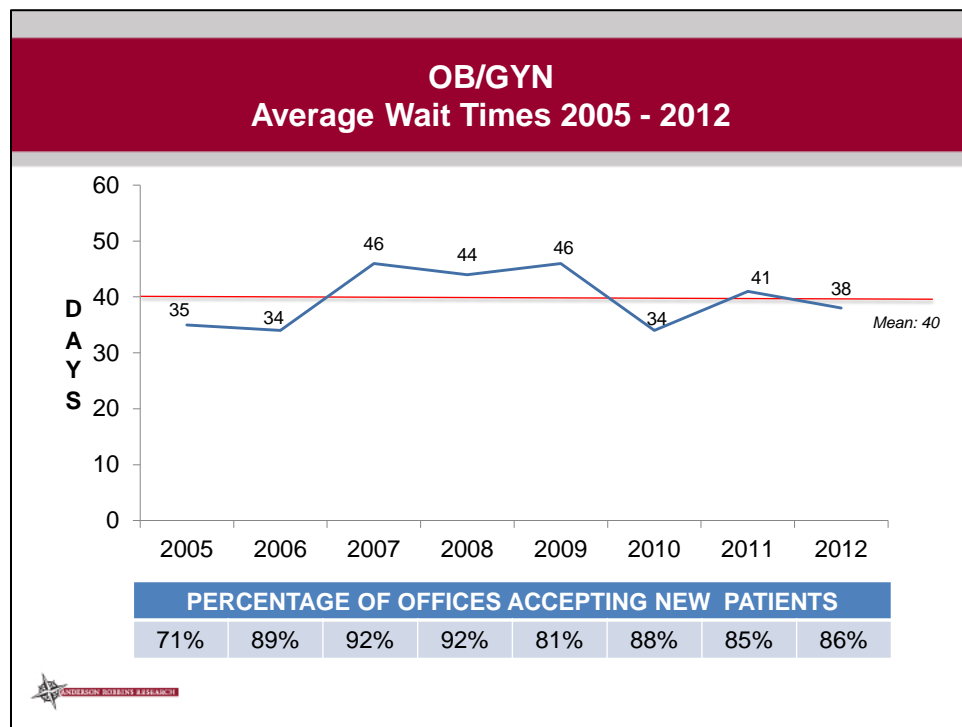
Patients in Plymouth County will have the easiest time finding a gastroenterology office—all (100%) of the GI offices interviewed in Plymouth County are accepting new patients and the 23 day average wait time is the lowest in the state. Conversely, Hampden County has the longest average wait time (67 days) and second lowest acceptance rate of new patients (86%).

GASTROENTEROLOGY INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	99%	92%

Medicare (99%) and MassHealth (92%) are widely accepted amongst gastroenterology offices in the state.

OB/GYN

New OB/GYN patients will wait about the same number of days this year (38) as last year (41) for an appointment, according to OB/GYN offices surveyed. New patients are just as likely this year to find an OB/GYN office accepting new patients (86%) as in 2011 (85%) and 2010 (88%).



New patients waiting to see an OB/GYN in Hampden County can expect the longest average wait (65 days) among OB/GYN offices surveyed in all counties. In contrast, patients in Essex County can expect the shortest wait time, with an average of just 9 days.

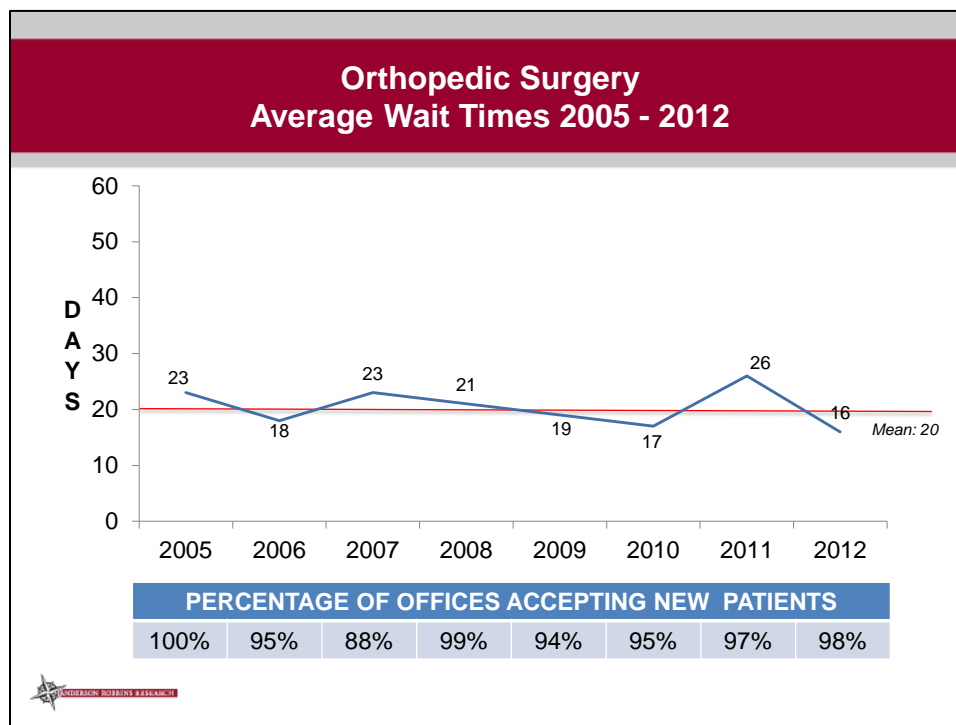
All OB/GYN offices in Barnstable, Bristol, Essex, Hampshire, Plymouth, and Worcester counties are accepting new patients.

OB/GYN INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	99%	87%

Medicare (99%) and MassHealth (87%) are widely accepted by OB/GYN offices across the state. OB/GYN offices in each county universally accept MassHealth except in Middlesex (71%), Norfolk (94%), Suffolk (81%), and Worcester (90%) counties.

Orthopedic Surgery

New patients seeking to schedule an appointment with an orthopedic surgeon can expect to wait 16 days, according to the 2012 survey. This is down from 26 days in 2011 and represents a return to similar average wait times from 2009 (19 days) and 2010 (17 days).



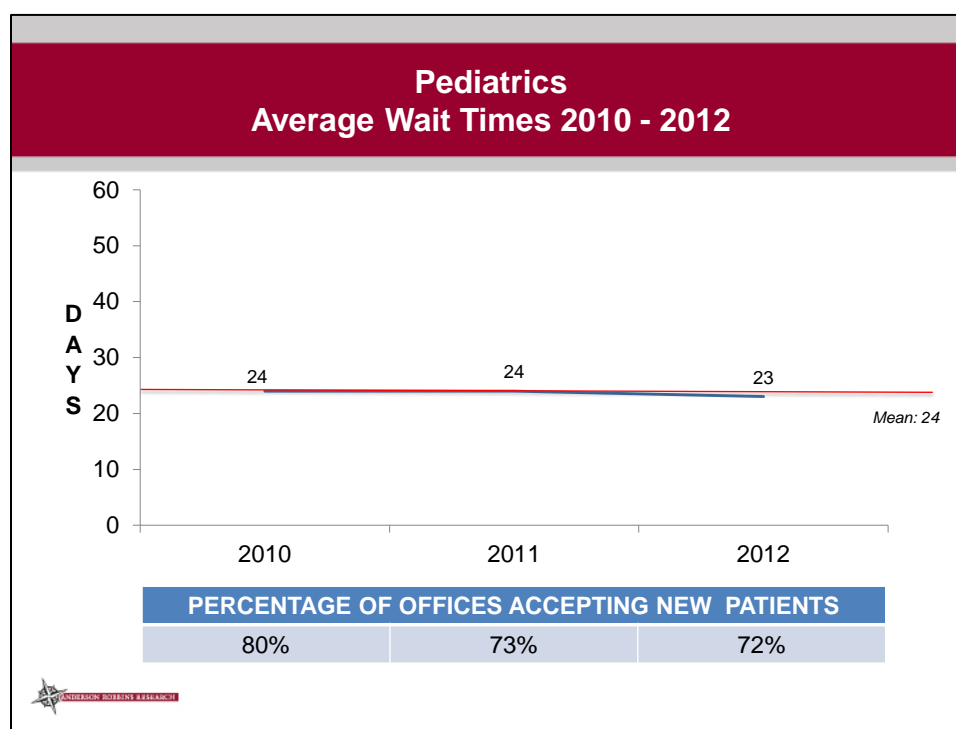
Average wait times for a new patient to see an orthopedic surgeon ranged from seven days in Essex County to 43 days in Franklin County, according to orthopedic surgery offices surveyed. All orthopedic surgery offices are accepting new patients in every county except Worcester (90%), Hampden (86%), and Franklin (50%) counties.

ORTHOPEDIC SURGERY INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	99%	78%

Statewide, orthopedic surgery offices are more likely to accept Medicare (99%) than MassHealth (78%).

Pediatrics

The average wait time for a new patient to see a pediatric specialist has only been tested in annual surveys since 2010. Over that period, however, the average wait time remains unchanged amongst pediatric offices surveyed.



Essex County has the shortest average wait time (7 days) for new pediatric patients. In stark contrast, the average wait time in Barnstable County is 58 days for a new patient. Majorities of

pediatric offices are accepting new patients in each county except Barnstable (29%) and Worcester (36%) counties.

PEDIATRICS INSURANCE ACCEPTANCE		
	Medicare	MassHealth
Offices accepting statewide	N/A	86%

Many pediatric offices statewide accept MassHealth (86%). Middlesex County has the lowest acceptance rate of MassHealth at 79%.

Appendix A: County Summaries

Offices accepting new patients by County							
	Cardiology	Internal Medicine	Gastroenterology	OB/GYN	Orthopedic Surgery	Family Medicine	Pediatrics
Barnstable	83%	29%	100%	100%	100%	29%	29%
Berkshire	25%	57%	100%	86%	100%	43%	100%
Bristol	86%	57%	100%	100%	100%	57%	86%
Dukes	n/a	0%	n/a	100%	100%	50%	100%
Essex	88%	62%	67%	100%	100%	62%	75%
Franklin	71%	50%	100%	0%	50%	17%	67%
Hampden	50%	29%	86%	86%	86%	71%	71%
Hampshire	n/a	71%	100%	100%	100%	43%	100%
Middlesex	88%	57%	96%	86%	100%	60%	79%
Nantucket	n/a	0%	n/a	n/a	n/a	0%	n/a
Norfolk	79%	57%	87%	75%	100%	56%	79%
Plymouth	71%	57%	100%	100%	100%	43%	100%
Suffolk	88%	35%	96%	75%	100%	50%	62%
Worcester	91%	50%	100%	100%	90%	40%	36%
Overall	84%	51%	92%	86%	98%	50%	72%

Average Wait (days) by County							
	Cardiology	Internal Medicine	Gastroenterology	OB/GYN	Orthopedic Surgery	Family Medicine	Pediatrics
Barnstable	36	89	40	24	23	86	58
Berkshire	2	90	46	26	10	25	13
Bristol	20	22	59	47	16	57	15
Dukes	n/a	n/a	n/a	n/a	14	n/a	28
Essex	24	23	32	9	7	25	7
Franklin	n/a	52	59	n/a	43	205	14
Hampden	25	99	67	65	14	48	24
Hampshire	29	43	63	57	21	96	10
Middlesex	26	40	52	36	8	46	22
Nantucket	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Norfolk	41	39	38	34	21	51	30
Plymouth	39	35	23	54	9	19	23
Suffolk	28	64	40	38	28	23	29
Worcester	29	37	43	43	18	52	34
Overall	29	44	44	38	16	45	23

Appendix B: Data by Specialty

<i>Cardiology</i>							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accept Medicare	Accepting New Patients
Barnstable	6	3	88	36	100%	100%	83%
Berkshire	4	2	2	2	75%	100%	25%
Bristol	7	1	46	20	86%	100%	86%
Essex	8	6	103	24	88%	100%	88%
Hampden	7	14	39	25	100%	100%	71%
Hampshire	4	9	49	29	100%	100%	50%
Middlesex	24	2	125	26	92%	100%	88%
Norfolk	14	1	94	41	57%	100%	79%
Plymouth	7	13	80	39	86%	96%	71%
Suffolk	26	2	80	28	81%	100%	88%
Worcester	11	2	111	29	82%	100%	91%
Overall 2012	118	5	74	29	83%	99%	84%
Overall 2011	116	7	60	28	92%	96%	82%
Overall 2010	122	7	73	26	89%	n/a	88%
Overall 2009	119	9	105	34	87%	n/a	87%
Overall 2008	100	9	69	30	90%	n/a	88%
Overall 2007	100	8	75	29	81%	n/a	79%
Overall 2006	100	8	57	28	85%	n/a	81%
Overall 2005	100	14	74	34	90%	n/a	92%

<i>Internal Medicine</i>							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept Mass Health	Accept Medicare	Accepting New Patients
Barnstable	7	47	131	89	57%	86%	29%
Berkshire	7	73	103	90	29%	71%	57%
Bristol	7	1	42	22	86%	100%	57%
Dukes	2	n/a	n/a	n/a	100%	100%	0%
Essex	8	8	51	23	62%	100%	62%
Franklin	4	45	59	52	50%	75%	50%
Hampden	7	30	168	99	14%	86%	29%
Hampshire	7	2	77	43	71%	86%	71%
Middlesex	28	3	94	40	46%	82%	57%
Nantucket	1	n/a	n/a	n/a	100%	100%	0%
Norfolk	14	3	148	39	64%	93%	57%
Plymouth	7	13	63	35	29%	86%	57%
Suffolk	17	10	166	64	65%	76%	35%
Worcester	10	13	73	37	50%	70%	50%
Overall 2012	126	21	98	44	54%	84%	51%
Overall 2011	126	13	119	48	53%	85%	49%
Overall 2010	132	8	102	53	66%	n/a	51%
Overall 2009	124	14	80	44	60%	n/a	44%
Overall 2008	100	16	100	50	62%	n/a	58%
Overall 2007	100	21	106	52	59%	n/a	51%
Overall 2006	100	8	81	33	73%	n/a	64%
Overall 2005	100	5	87	47	79%	n/a	66%

<i>Gastroenterology</i>							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accept Medicare	Accepting New Patients
Barnstable	4	17	65	40	100%	100%	100%
Berkshire	3	18	70	46	100%	100%	100%
Bristol	7	34	90	59	100%	100%	100%
Essex	9	12	56	32	89%	100%	67%
Franklin	1	59	59	59	100%	100%	100%
Hampden	7	19	109	67	100%	100%	86%
Hampshire	2	35	91	63	100%	100%	100%
Middlesex	27	2	286	52	82%	96%	96%
Norfolk	15	13	72	38	87%	100%	87%
Plymouth	7	10	35	23	100%	100%	100%
Suffolk	22	7	133	40	100%	100%	96%
Worcester	9	2	126	43	100%	100%	100%
Overall 2012	113	19	99	44	92%	99%	92%
Overall 2011	117	28	99	43	85%	97%	95%
Overall 2010	124	19	80	36	95%	n/a	90%
Overall 2009	117	13	90	39	94%	n/a	95%
Overall 2008	100	15	84	36	91%	n/a	95%
Overall 2007	100	8	66	36	90%	n/a	87%
Overall 2006	100	15	88	41	96%	n/a	91%
Overall 2005	100	20	78	42	91%	n/a	94%

OB/GYN							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accept Medicare	Accepting New Patients
Barnstable	7	12	49	24	100%	100%	100%
Berkshire	7	10	38	26	100%	100%	86%
Bristol	7	2	109	47	100%	100%	100%
Essex	7	1	21	9	100%	100%	100%
Franklin	1	n/a	n/a	n/a	100%	100%	0%
Hampden	7	21	143	65	100%	100%	86%
Hampshire	7	5	112	57	100%	100%	100%
Middlesex	28	2	298	36	71%	96%	86%
Norfolk	16	1	97	34	94%	100%	75%
Plymouth	7	6	111	54	100%	100%	100%
Suffolk	16	5	208	38	81%	100%	75%
Worcester	10	7	176	43	90%	100%	100%
Overall 2012	120	7	124	38	87%	99%	86%
Overall 2011	122	20	109	41	89%	94%	85%
Overall 2010	130	16	108	34	88%	n/a	88%
Overall 2009	126	9	121	46	90%	n/a	81%
Overall 2008	100	13	103	44	94%	n/a	92%
Overall 2007	100	23	122	46	87%	n/a	92%
Overall 2006	100	9	99	34	93%	n/a	89%
Overall 2005	100	13	85	35	89%	n/a	71%

<i>Orthopedic Surgery</i>							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accept Medicare	Accepting New Patients
Barnstable	6	13	31	23	17%	100%	100%
Berkshire	3	6	16	10	100%	100%	100%
Bristol	7	5	34	16	71%	100%	100%
Dukes	1	14	14	14	100%	100%	100%
Essex	10	3	14	7	80%	100%	100%
Franklin	2	43	43	43	50%	100%	50%
Hampden	7	3	27	14	71%	100%	86%
Hampshire	2	15	27	21	100%	100%	100%
Middlesex	21	3	19	8	76%	100%	100%
Norfolk	16	2	169	21	81%	100%	100%
Plymouth	7	1	19	9	86%	100%	100%
Suffolk	17	2	78	28	76%	100%	100%
Worcester	10	5	55	18	90%	90%	90%
Overall 2012	109	9	42	16	78%	99%	98%
Overall 2011	109	13	49	26	82%	98%	97%
Overall 2010	118	5	41	17	74%	n/a	95%
Overall 2009	109	7	50	19	84%	n/a	94%
Overall 2008	100	7	44	21	82%	n/a	99%
Overall 2007	100	6	54	23	84%	n/a	88%
Overall 2006	100	6	49	18	81%	n/a	95%
Overall 2005	100	5	47	23	85%	n/a	100%

<i>Family Medicine</i>							
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accept Medicare	Accepting New Patients
Barnstable	7	16	155	86	14%	29%	29%
Berkshire	7	10	42	25	43%	57%	43%
Bristol	7	11	143	57	29%	86%	57%
Essex	13	1	79	25	69%	92%	62%
Franklin	6	205	205	205	67%	83%	17%
Hampden	7	7	155	48	29%	100%	71%
Hampshire	7	42	202	96	86%	100%	43%
Middlesex	20	2	184	46	65%	100%	60%
Nantucket	2	n/a	n/a	n/a	100%	50%	0%
Norfolk	9	12	117	51	22%	89%	56%
Plymouth	7	6	27	19	57%	86%	43%
Suffolk	8	1	43	23	100%	100%	50%
Worcester	20	7	163	52	85%	90%	40%
Overall 2012	120	27	126	45	64%	90%	50%
Overall 2011	124	14	64	36	62%	87%	47%
Overall 2010	129	10	48	29	61%	n/a	46%
Overall 2009	123	10	93	44	67%	n/a	60%
Overall 2008	100	23	86	36	68%	n/a	65%
Overall 2007	100	5	76	34	75%	n/a	70%

<i>Pediatrics</i>						
	Total Responses	Shortest Time to Appt. (Days)	Longest Time to Appt. (Days)	Average Time to Appt. (Days)	Accept MassHealth	Accepting New Patients
Barnstable	7	1	114	58	100%	29%
Berkshire	7	3	22	13	100%	100%
Bristol	7	7	24	15	86%	86%
Dukes	2	7	49	28	100%	100%
Essex	8	4	14	7	100%	75%
Franklin	6	3	31	14	83%	67%
Hampden	7	6	53	24	86%	71%
Hampshire	7	3	17	10	100%	100%
Middlesex	28	1	90	22	79%	79%
Norfolk	14	6	92	30	86%	79%
Plymouth	7	3	55	23	86%	100%
Suffolk	13	4	69	29	85%	62%
Worcester	11	6	79	34	91%	36%
Overall 2012	124	4	55	23	86%	72%
Overall 2011	124	7	70	24	89%	73%
Overall 2010	130	6	73	24	83%	80%

PUBLIC OPINION SURVEY

This document reports the findings of a telephone survey of Massachusetts adults commissioned by the Massachusetts Medical Society (MMS). The survey, which has been conducted periodically over the past decade, examines a range of factors related to Massachusetts residents' satisfaction with and access to health care services. Many of the graphs included in this report compare the current year to 2008, as 2008 was the most recent year this survey was conducted.

This report includes an Executive Summary of the major findings, followed by a detailed Summary of Findings. Complete survey findings are included as an Appendix.

Methodology

A total of 403 telephone interviews were conducted by trained professionals working from a central, monitored location between the dates of February 6 – 13, 2012.

Respondents were selected for the survey using random digit dial (RDD) selection process, which gives every household in the state with a landline an equal probability of being included in the survey. Respondents were screened to ensure they were in fact residents of Massachusetts and at least 21 years of age.

Region and gender quotas were established to produce a representative sample of residents statewide. Slight age weights were applied to the final data to bring the overall results in accordance with the overall adult population.

EXECUTIVE SUMMARY

Most Massachusetts adults believe that affordability of health care is the single most important health care issue facing the state. By a nearly 3-to-1 margin, residents are more likely to cite affordability than access as the most important health care issue for Massachusetts. Very few residents see the quality of health care as a problem.

Access to Health Care in Massachusetts

The survey suggests that Massachusetts residents are having less difficulty accessing health care services than was the case four years ago.

- 78% of residents report it was not difficult to obtain needed health care, up 21-points, from 57% in 2008
- Fewer residents report “waiting for needed care” (19%, down from 25%)

Massachusetts residents’ satisfaction with health care services

As has been the case since the inception of this survey in 2004, most Massachusetts residents are generally satisfied with the health care they receive. Six-in-ten residents are *very satisfied* with the health care they received last year, and an additional quarter of residents are *somewhat satisfied*. These numbers have remained highly stable for the past eight years.

Among the vast majority of residents who are at least somewhat satisfied with their health care, the quality of care is the most frequent explanation, followed by positive comments about insurance plans.

Among the 1-in-10 residents who are dissatisfied with their health care, lack of affordability is the biggest reason, followed by complaints about poor health care.

While the survey findings are largely positive in terms of residents’ feelings about health care quality and access, there is a clear income divide with those at higher income levels reporting more satisfaction and less difficulty obtaining care than those at lower income levels.

- 94% of households with incomes over \$100,000 are at least somewhat satisfied with their health care, compared to 74% of households with incomes under \$50,000.
- 29% of those with incomes under \$50,000 report waiting for needed care last year, compared to 17% of those with incomes over \$100,000

Utilization of Quality and Cost Data

Even as awareness of quality and cost data online increases, residents continue to rely heavily on their primary care physicians about where to go for care.

- 42% of residents are aware that quality and cost data about specific providers is now available online, up from 33% in 2008.

- Just 34% of residents report having looked up this kind of data online, while 77% say they have asked their primary care physician about where to get care.

Emergency Room Visits

Approximately one-quarter of Massachusetts adults reported that they visited an emergency room in the past year. A majority of those residents went because they had a *serious medical problem that required immediate attention*. One-third of residents, however, admit that the fact that the *emergency room is the easiest place to get care* was a big factor behind going to the ER.

New health plan products and models may prove to be a hard sell with many residents.

Awareness of tiered health plans and limited network plans remains somewhat limited, but when residents are given a one sentence description of each, reactions are not favorable. By a roughly 2-to-1 margin residents who can offer an opinion after a one sentence description are more likely to have unfavorable than favorable opinions of each. And these ratings do not change significantly after residents are provided more detailed descriptions of the products.

Awareness of accountable care organizations (ACOs) is even lower than tiered plans or limit network plans, with more than two thirds of residents unable to offer an opinion after being read a one sentence description. However, once residents are presented with more details of ACOs they have a more favorable opinion of ACOs. Specifically, residents react favorably to the idea that ACOs create a team of providers to manage and coordinate care. But residents react unfavorably to the global payments financial structure.

SUMMARY OF KEY FINDINGS

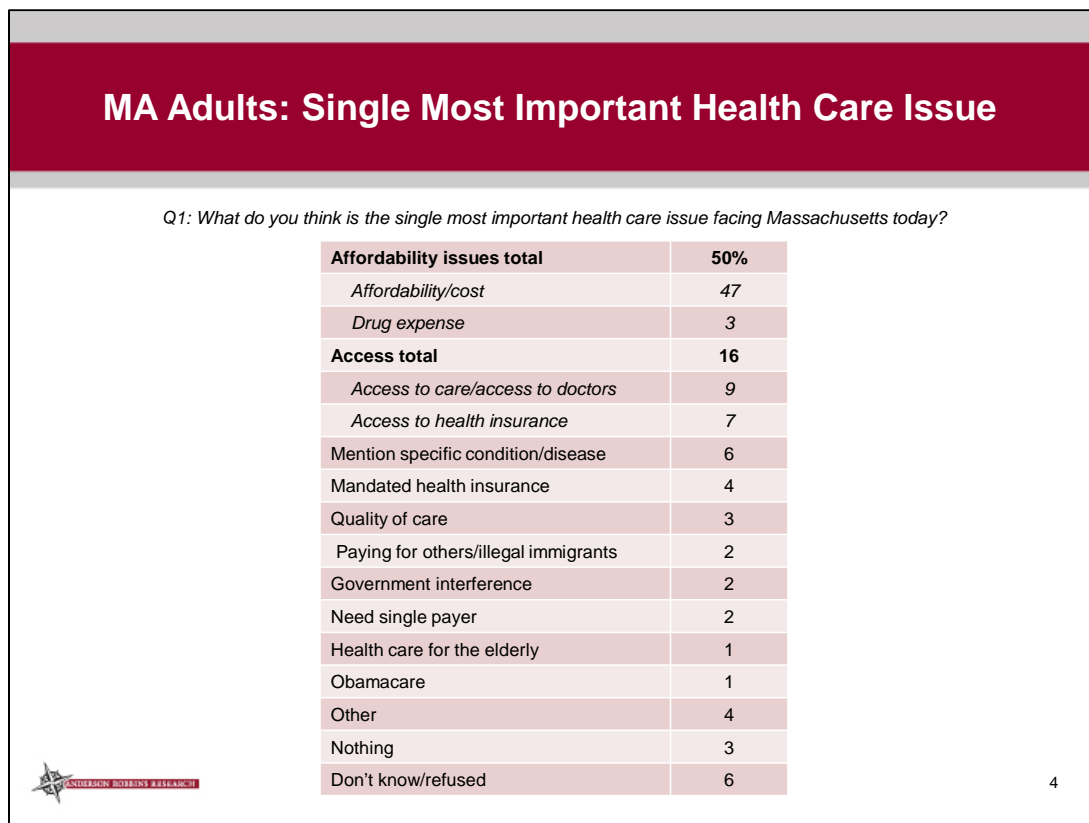
This section of the report provides a detailed discussion of the survey results, organized by topic.

Health care landscape

Issues of cost and affordability dominate residents' concerns related to health care in Massachusetts. When asked an open-ended question about the single most important health care issue facing the state, the most common responses by a wide margin focus on cost and affordability.

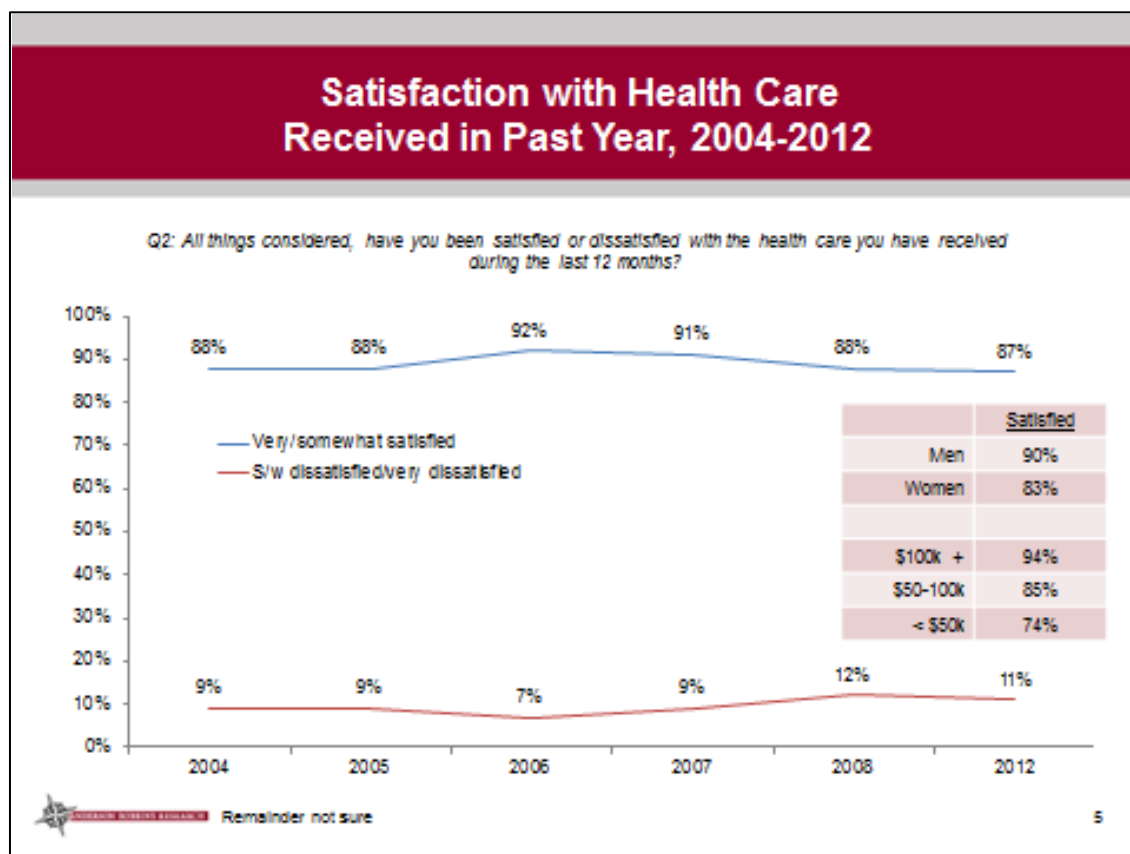
Half of residents (50%) believe that “affordability” or “cost” is the most important health care issue facing the state.

Access related issues are a distant second, mentioned by less than one-fifth of residents. Nine percent of residents reported “access to care” as the single most important health care issue and 8% reported “access to health insurance.”



Overall satisfaction with health care over the last 12 months

The vast majority (87%) of Massachusetts residents are satisfied with the health care they have received over the past year. This percentage includes the 61% of residents who are *very satisfied* and 26% who are *somewhat satisfied* with their health care. Satisfaction with health care by this measure has remained highly stable since the Massachusetts Medical Society first reported this data in 2004, when 88% of Massachusetts adults rated themselves as satisfied.



Residents with household incomes under \$50,000 are less likely to be satisfied with their health care than those with incomes over \$100,000 (74%, compared to 94%).

Satisfaction also varies by gender with men slightly more satisfied than women (90%, compared to 83%).

When those who say they are either *very* or *somewhat satisfied* are asked to explain why, 38% reported “quality of care/good doctors” and 11% reported a “liking their doctor/relationship with doctor.”

The next most common answers explaining satisfaction focus on insurance. Accounting for more than a quarter of responses, 18% cited “good health insurance” and 9% cited “good coverage.”

Access related comments are the next most frequent explanations for satisfaction, with 9% saying “able to get appointments when needed” and 7% saying “easy access/can go anywhere.”

“Affordability” is the explanation of 12% of those satisfied with their care. Among the small number of residents who are somewhat or very *dissatisfied* with their health care over the last year, “too expensive” (56%) is the most common explanation, followed by complaints about insurance coverage (32%), poor medical care (23%), and limited access (13%).

Specific Reasons for Satisfaction or Dissatisfaction with Health Care in Past Year

Q3: Specifically, why are you (satisfied/dissatisfied) with your care?
Multiple responses accepted

Satisfied (n=348)

Quality of care total	49%
Quality of care/Good doctors	38
Like my doctor/relationship with doctor	11
Positive about insurance total	27
Good health insurance/plan	18
Good coverage	9
Good access total	16
Able to get appointment when needed	9
Easy access/can go anywhere	7
Needs have been met	17
Affordable	12

Dissatisfied (n=47)

Too expensive	56%
Poor care/poor doctor	23
Poor coverage/care not covered	18
Lack of access/limits on where I can go	13
Needs haven't been met	11
Long wait for appointment	6



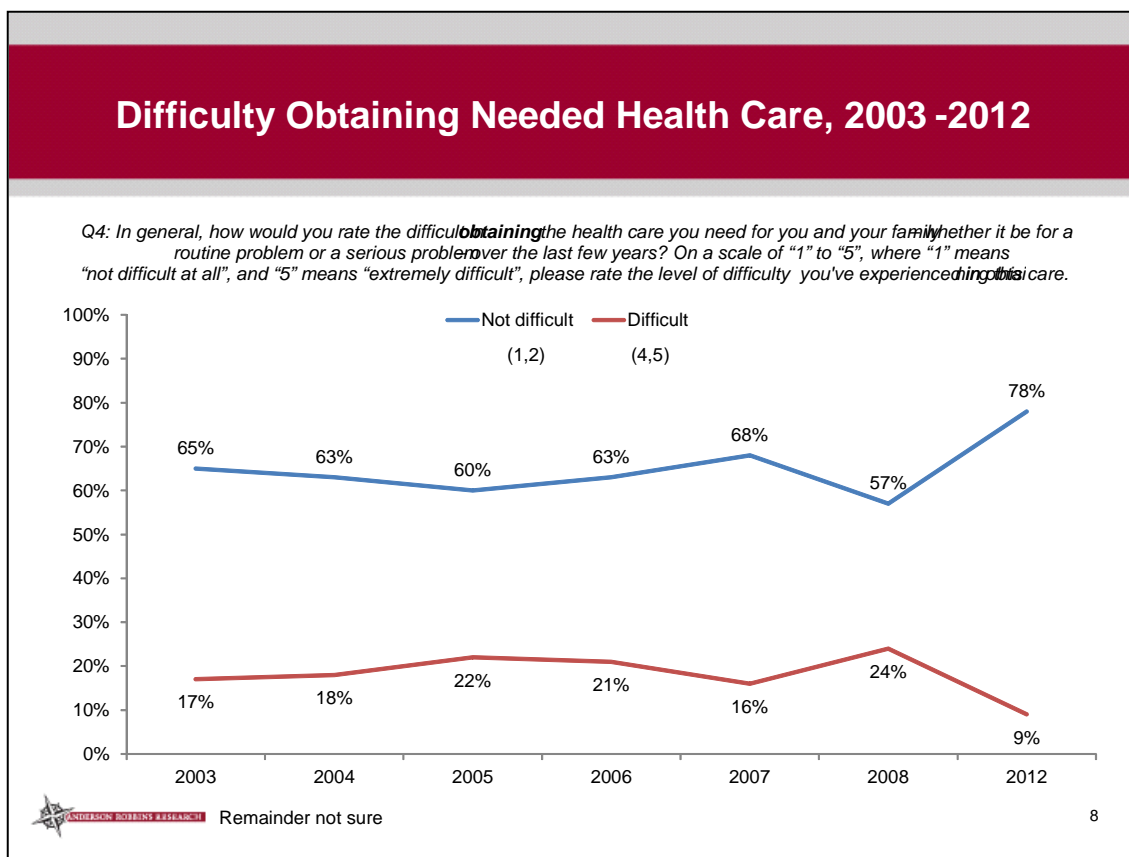
Access

Residents report less difficulty obtaining needed health care compared to four years ago. Currently, 78% of residents rate their experience accessing needed health care as *not difficult at all*, up a full 21 points from 57% in 2008. The number of residents rating access as *extremely difficult* has decreased also, from 24% in 2008 to 9% today.

These ratings are based on a five-point scale from 1, meaning *not difficult at all*, to 5, meaning *extremely difficult*.

Again we find variation based on income, with households earning less than \$50,000 more likely to report that obtaining needed health care was *extremely difficult* than those earning over \$100,000 (21%, compared to 2%).

	Not difficult (1,2)	Extremely difficult (4,5)
\$100k +	89%	2%
< \$50k	60%	21%



Those who experienced some or extreme difficulty obtaining needed health care offer a range of explanations, and most of those respondents provide multiple reasons. “Too expensive” is a reason for 26% of those who had difficulty getting care, followed by “can’t get needed care” (22%), “poor care/bad doctors” (20%), “limits on care” (19%) and “no health insurance” (18%).

Reasons for Difficulty Accessing Health Care

Q5: Specifically, why do you feel that way?
Multiple responses accepted

Not difficult (1 or 2 rating, n=315)

No problems	21%
Quality of care/good doctors	17
Not wait for appointment /fast access	16
Good coverage/good insurance	15
Have access to doctors	12
Large network/can go anywhere	8
Ease of getting an appointment	8
Covered by employer	8
Have access to health insurance	4

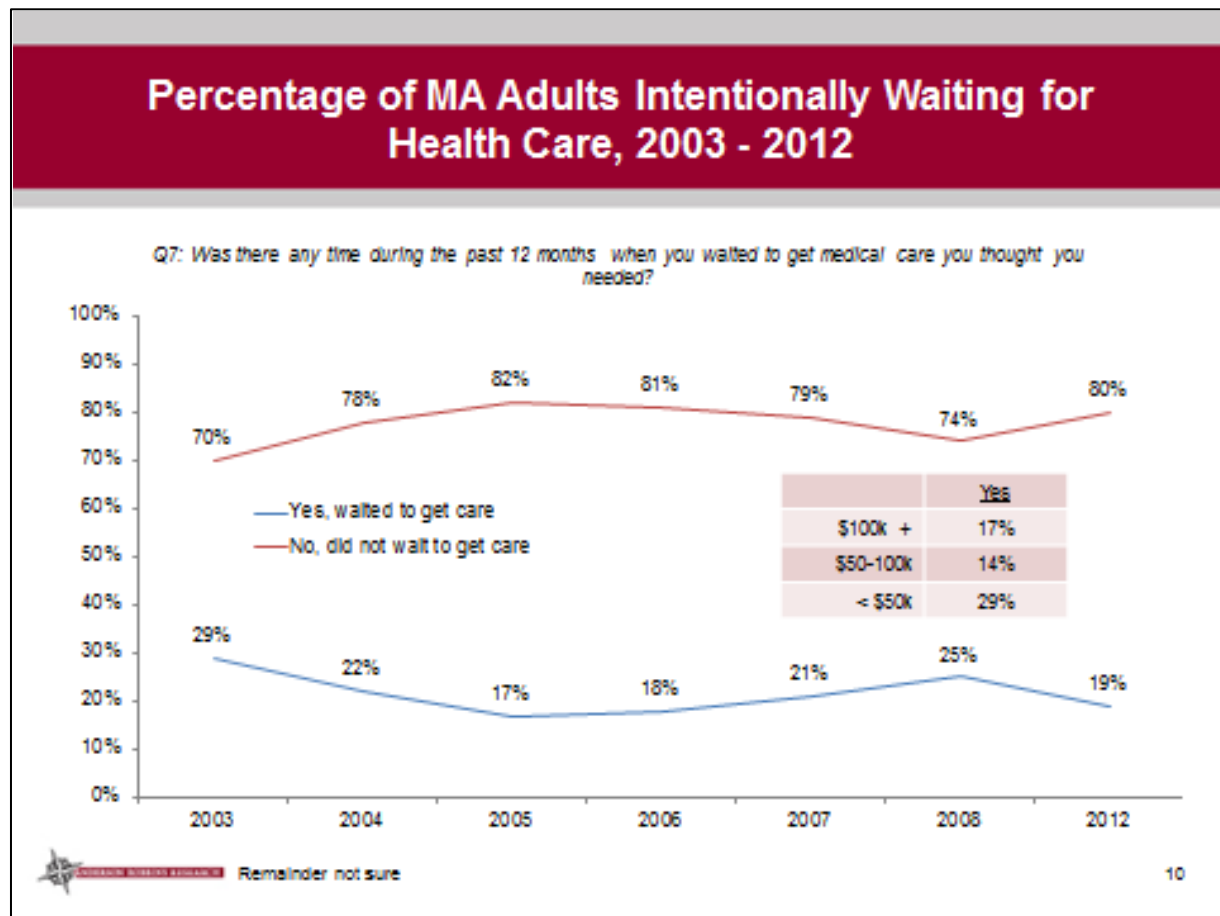
Some difficulty (4 or 5 rating, n=39)

Too expensive	26%
Can't get needed care	22
Poor care/bad doctors	20
Limits on where I can go	19
No health insurance	18
Too much red tape/paperwork	10
Poor coverage	5
Insurance not provided by provider	4



The survey also finds fewer residents putting off needed health care. Approximately one-fifth (19%) of residents say that at some point during the last 12 months they waited to get medical care they thought they needed, down from one-quarter (25%) in 2008.

Among households with incomes of less than \$50,000, 29% report putting off needed care in the last 12 months.



Those who reported putting off care were asked to explain why they waited. The most common reasons are affordability (30%), followed by insurance not covering or approving care (22%), and an inability to get an appointment because the physician is booked (22%).

Reasons for Delaying Needed Care

Q8: (IF YES TO Q7) What was the primary reason you waited to get that medical care? (n=75)

Affordability total	30%
<i>Couldn't afford treatment</i>	19
<i>High deductible/co-pay</i>	7
<i>Insurance too expensive</i>	4
Problem with insurance total	22
<i>Not approved by insurance</i>	18
<i>Poor coverage/condition not covered</i>	4
Physician booked	22
Too busy/No time	12
No insurance	8
Pre-existing condition	3
Other	4



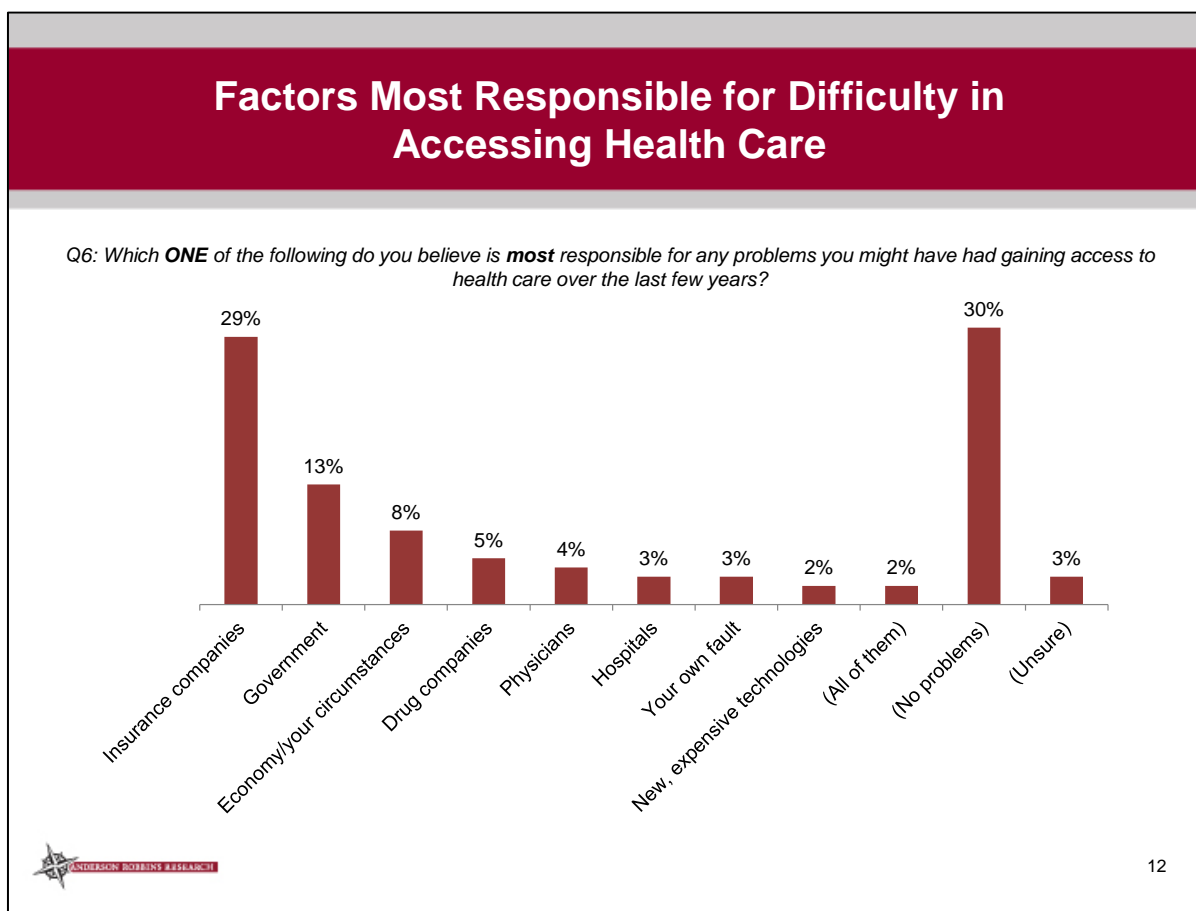
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Identifying barriers

The survey asked all residents, including those who reported no difficulty obtaining care, to select which one of eight factors was *most responsible for any access problems access over the last few years*. The most common response, volunteered by 30% of respondents, was that they did not have any problems.

The second most frequently selected choice among the factors presented was *insurance companies* (29%), followed by *government* (13%).

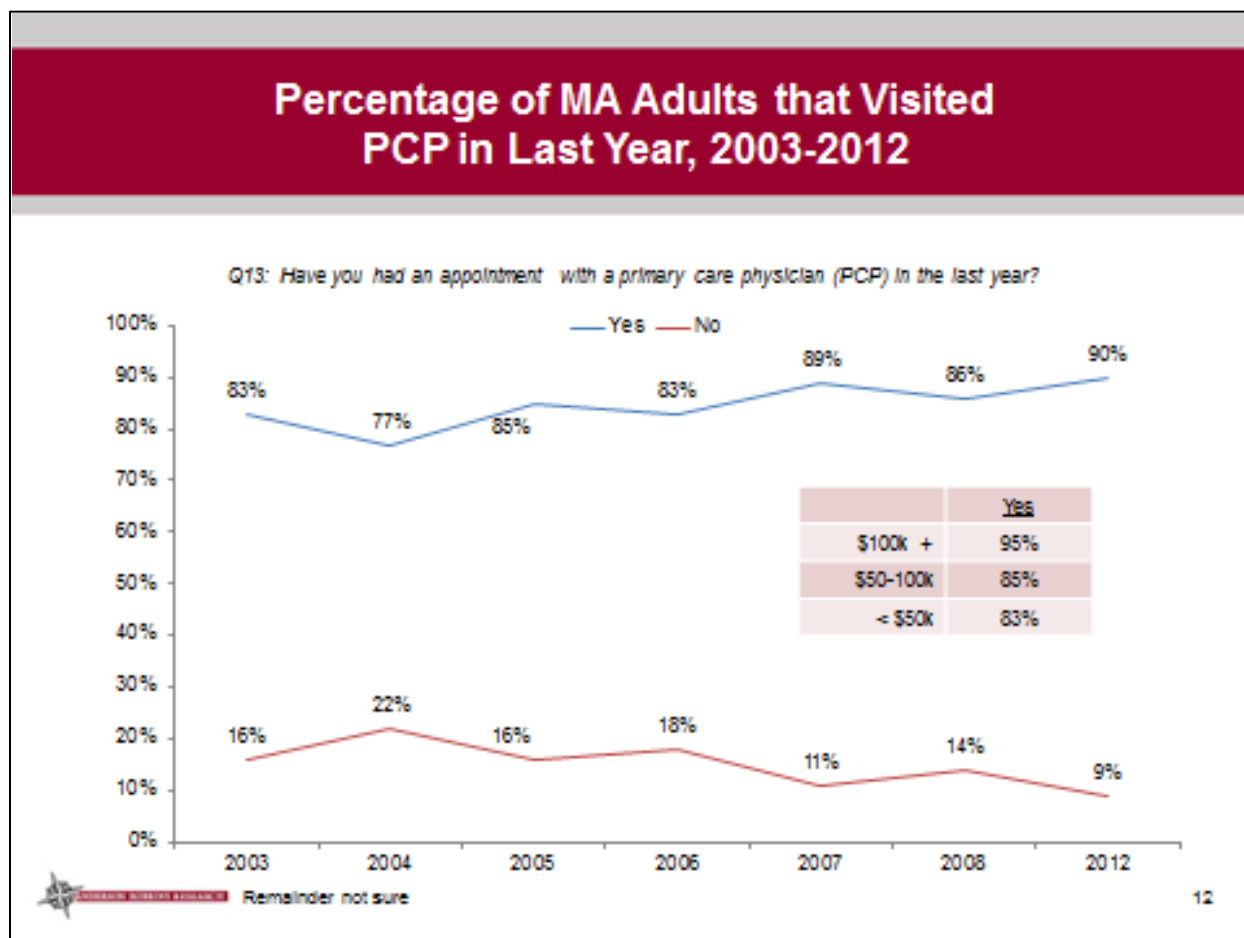
Among those who reported difficulty obtaining care in the previous question (rating of 4 or 5), 39% blame insurance companies and 26% blame the government.



Primary care appointments

Approximately nine out of ten residents report seeing a primary care physician (PCP) sometime over the last year. This marks the highest reported visitation rate with PCPs since the Massachusetts Medical Society first asked the question in 2003—the lowest was 77% in 2004.

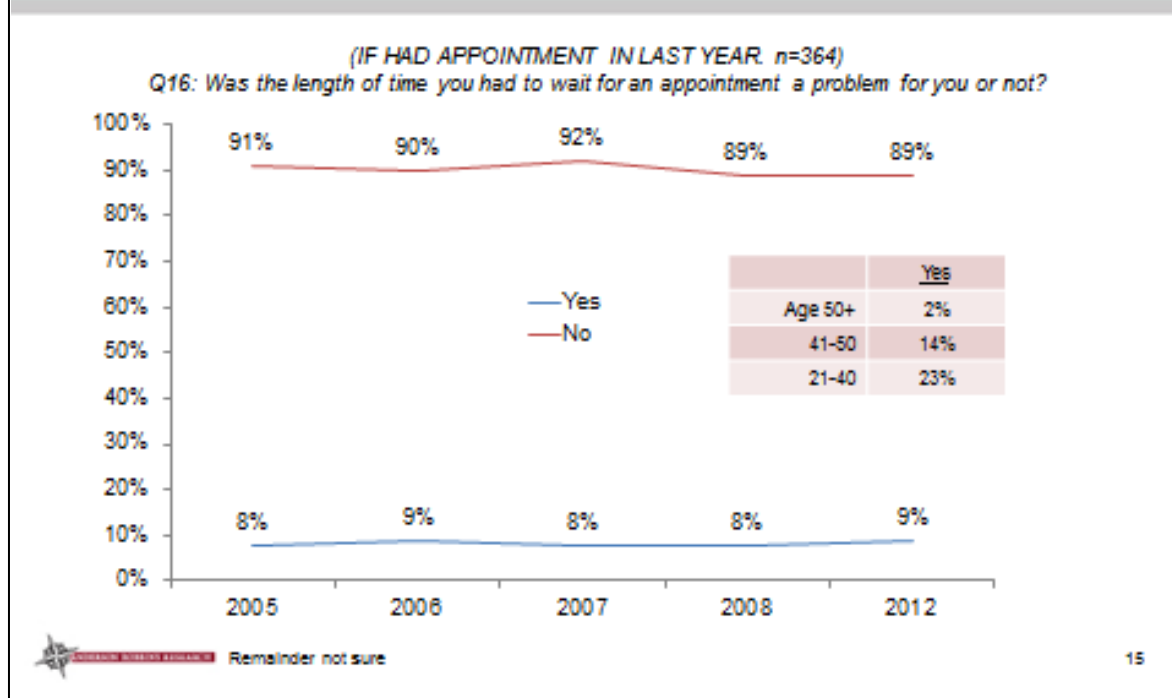
Among households with incomes over \$100,000, 95% of residents report having had a primary care appointment in the last year, compared to 83% in households with incomes under \$50,000.



Among those who saw a PCP last year, 9-in-10 (89%) said the amount of time they waited for an appointment did not cause them any problems.

Younger residents are more likely to report that the wait time to see a PCP caused them problems. Just 2% of residents over age 50 reported that the wait caused them any problems, compared to nearly a quarter (23%) of those under age 40.

Percentage of MA Adults with Problematic Wait Time to Visit PCP, 2005-2012

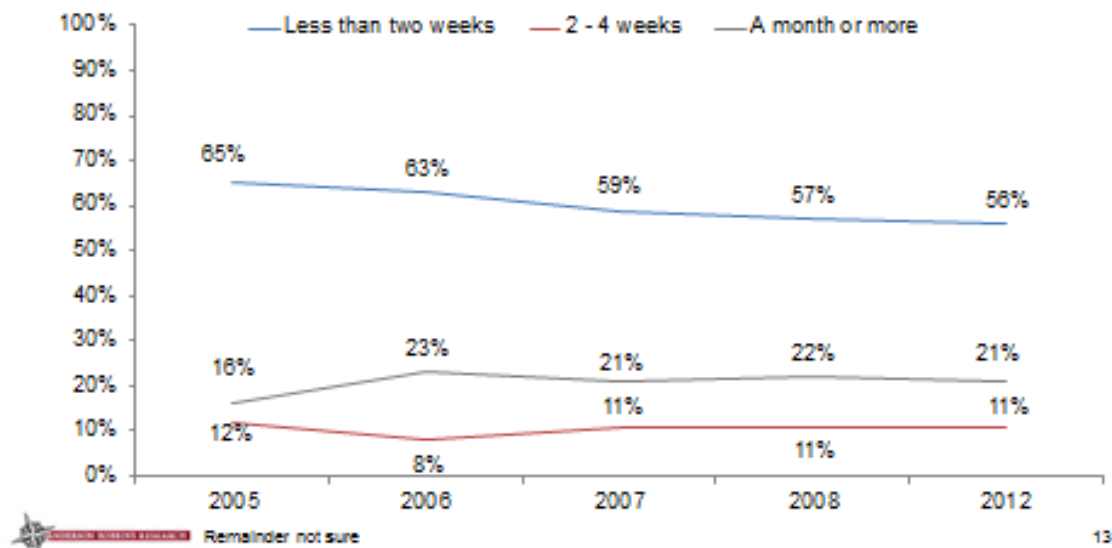


Most residents (56%) who saw a PCP last year waited less than two weeks between making an appointment and seeing the doctor. This is down since 2005, when 65% of those who saw PCPs reported waiting less than two weeks for an appointment.

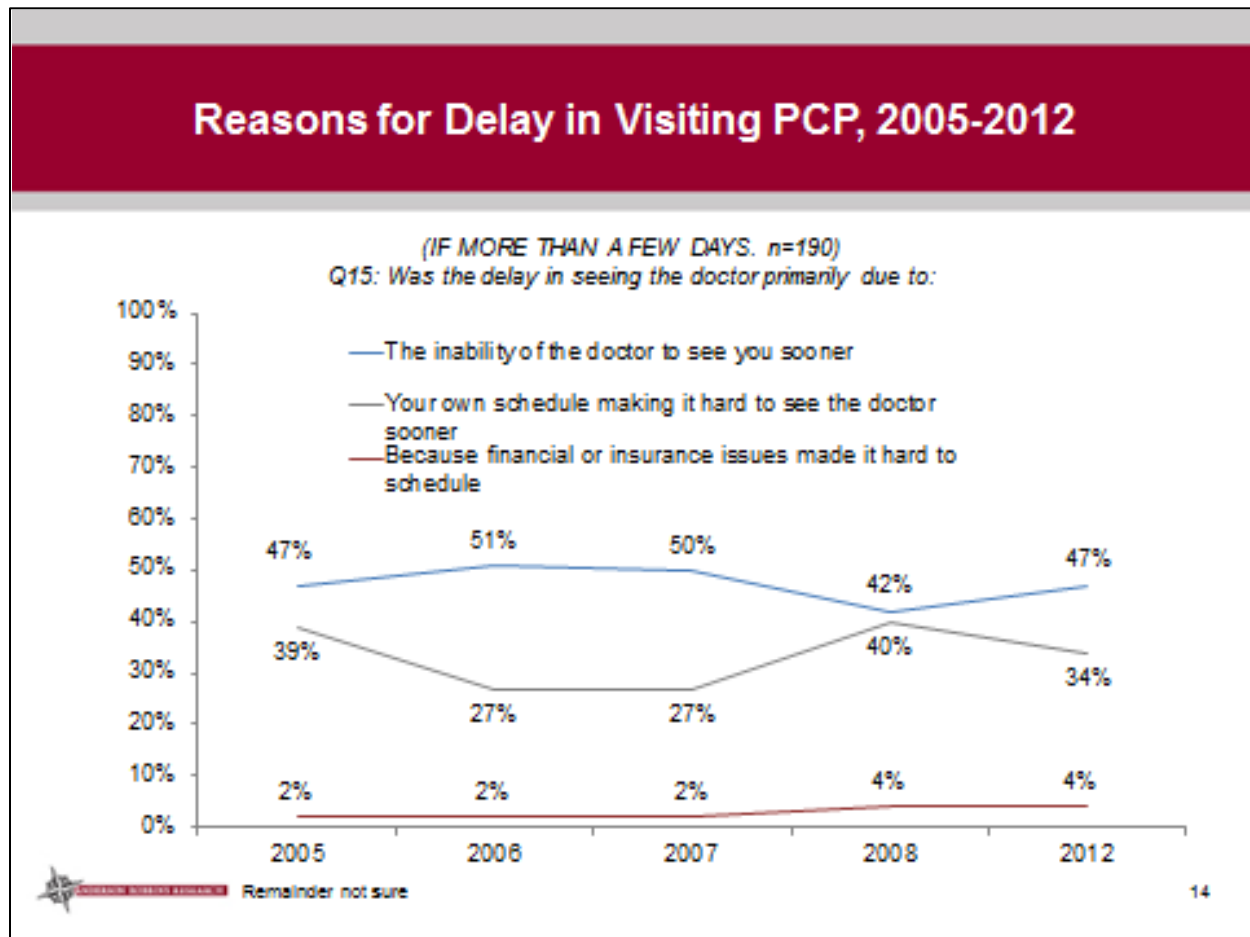
Average Wait Times to Visit PCP, 2005-2012

(IF HAD APPOINTMENT IN LAST YEAR. n=364)

Q14: Please think back to your last visit to a primary care physician. How long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

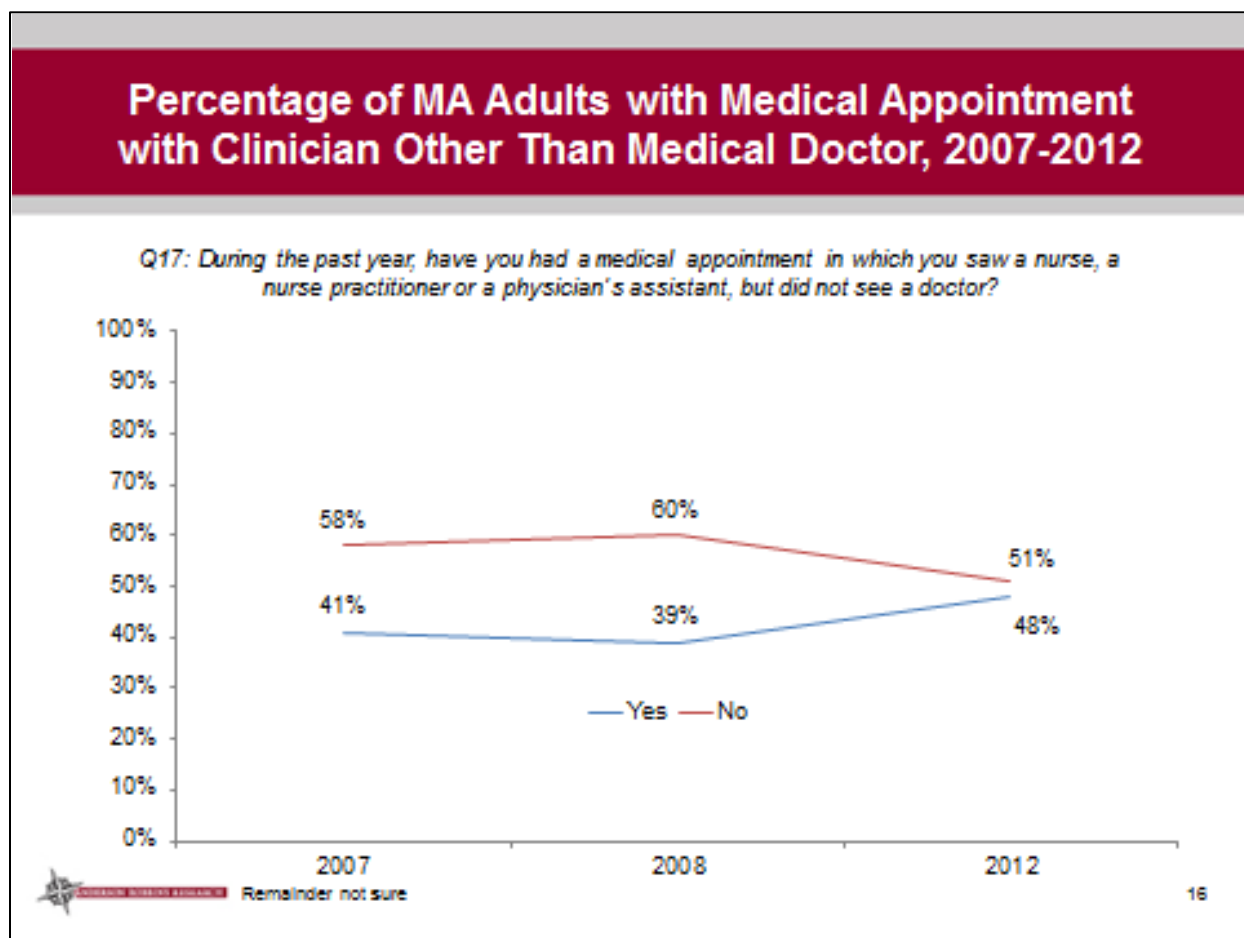


Among those who waited more than a few days to see a PCP, 47% said the wait was due to the doctor's availability and 34% said it was due to their own personal schedule.



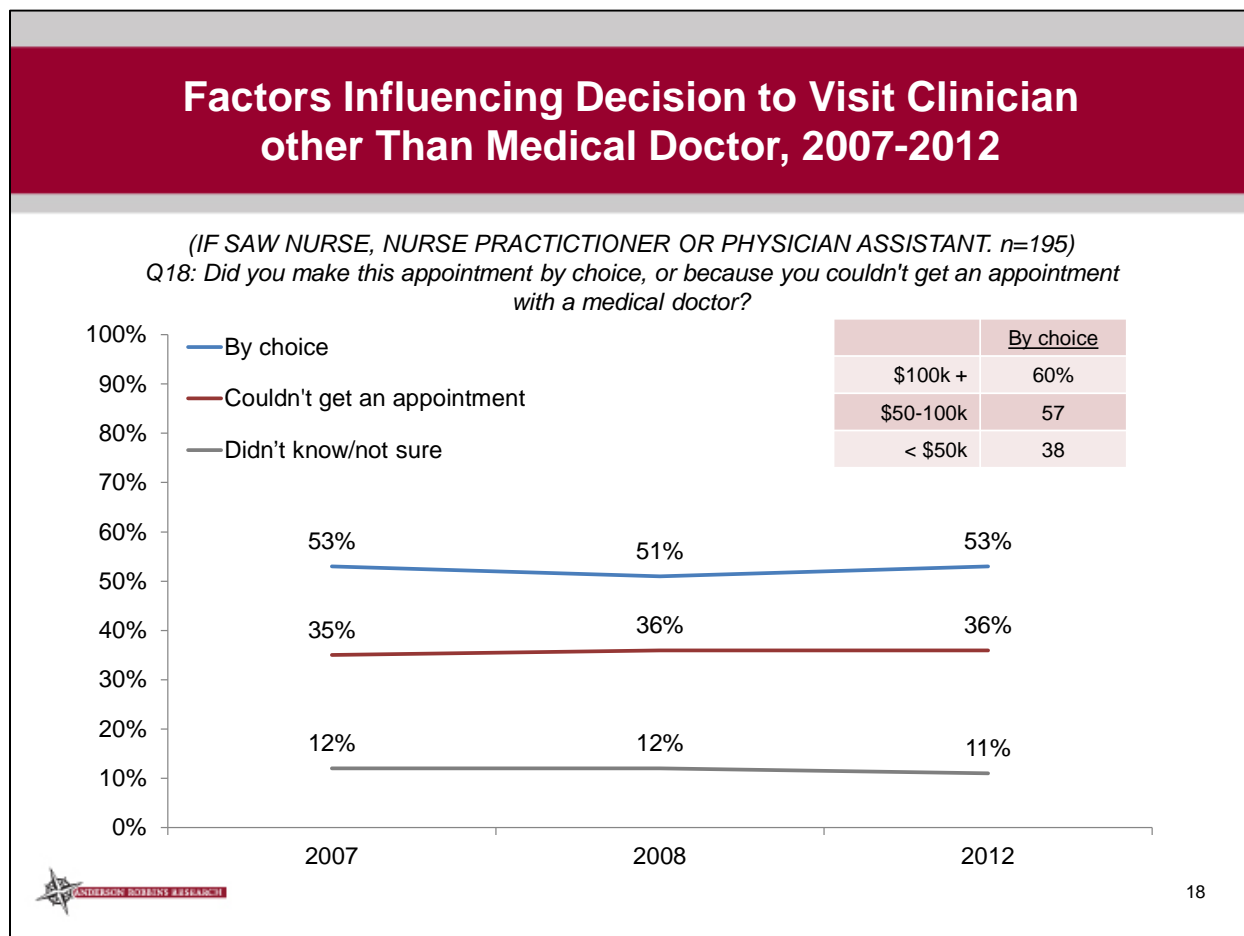
Non-doctor medical visits

More residents report seeing a nurse, nurse practitioner or physician assistants for a medical appointment than was the case in 2008 (48% now, compared to 39% in 2008).



Among those who saw a non-physician, a majority (53%) did so by choice, 36% couldn't get an appointment with a doctor, and 11% say they either didn't know until they arrived for the appointment that they were not going to see a doctor, or are not sure why they saw a non-physician.

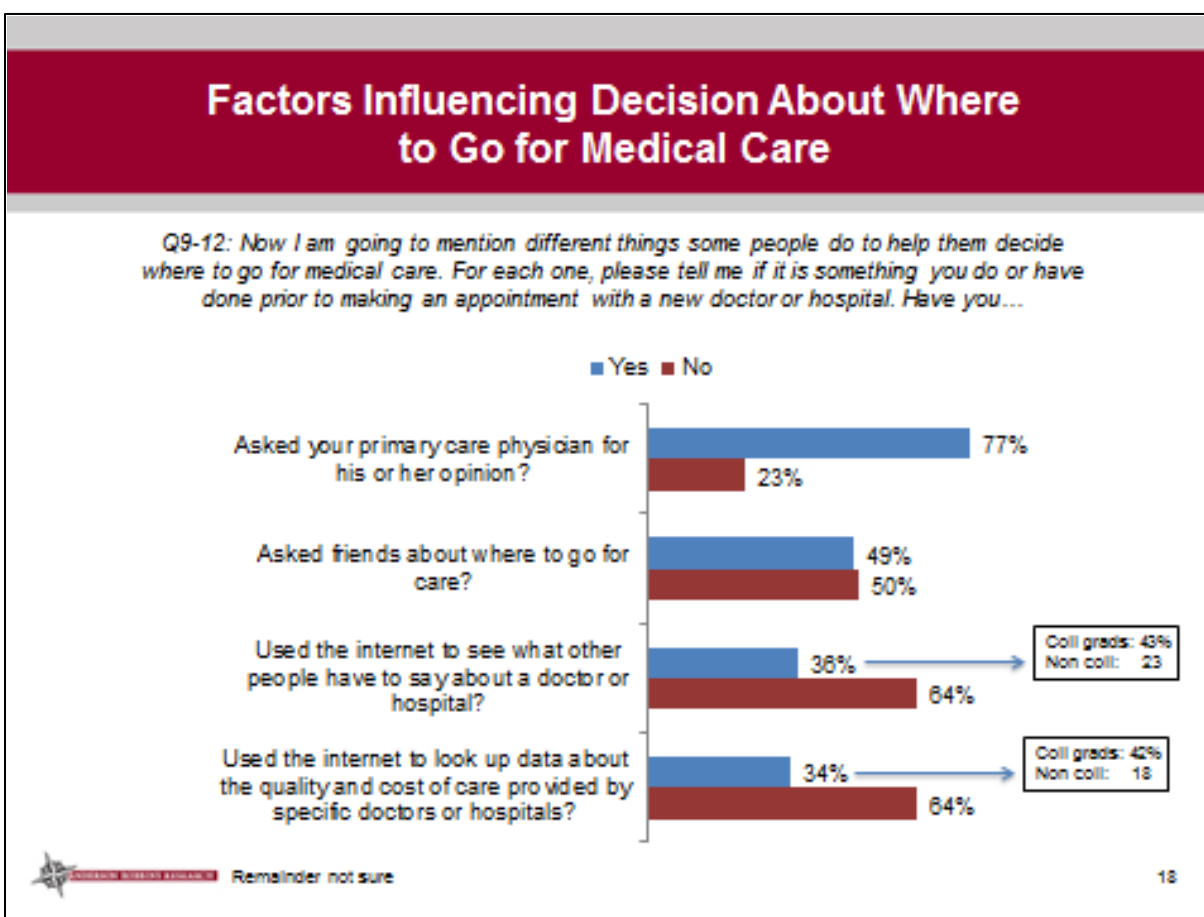
Lower income households (38%) are less likely than higher income households (60%) to say their visit to a non-physician was by choice.



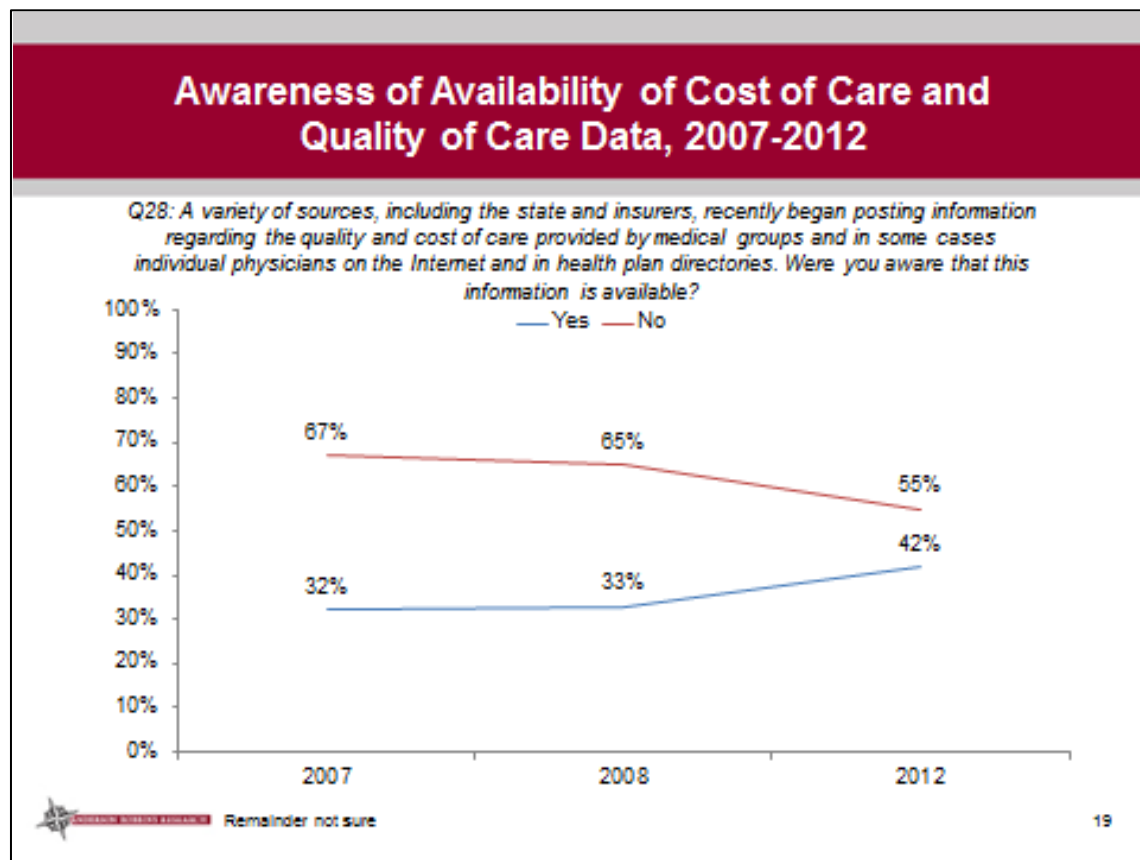
Deciding where to go for care

When deciding where to go for medical care, Massachusetts residents are far more likely to ask their PCP for advice than to look for information on the internet. Over three-quarters (77%) say they have asked their PCP for an opinion, while 36% use the internet to see what others have said about the doctor or hospital. 34% of residents have used the internet to look up quality and cost data by specific doctors or hospitals.

College graduates are more likely than those without college educations to use the internet, both for quality and cost data (42% vs. 18%) and to see what others are saying online about doctors and hospitals (43% vs. 23%).



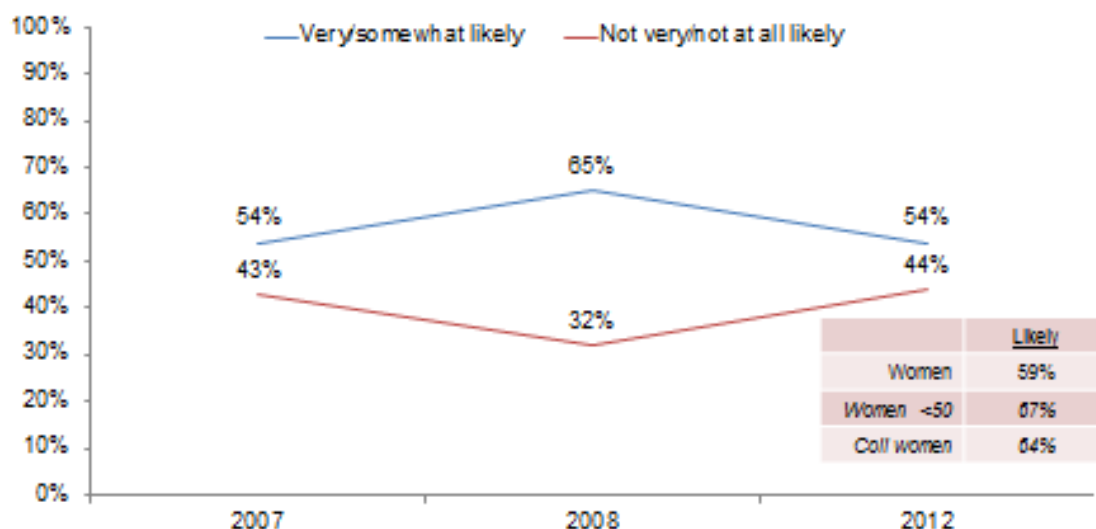
More residents are aware that quality and cost data specific to individual providers is now available online, compared to 2008. Currently, 42% of residents say they are aware that the data is available online, up from 33% in 2008.



During that same time period, the percentage of residents who say they are likely to use that data once they are made aware of it has decreased, from 65% in 2008 to 54% today.

Utilization of Cost and Quality of Care Data, 2007-2012

Q29: Now that you know that you can get this type of information about medical groups and physicians, how likely are you to use it the next time you have to choose a doctor? Are you...



REMAINDER NOT SURE

20

Emergency department usage

One-quarter (25%) of Massachusetts residents reported having visited a hospital emergency room in the past year.

Among those who used an emergency room last year, the top rated reason for doing so as identified by the research is *it was a serious but not life threatening medical problem that needed immediate attention*. Over half (57%) of respondents who used an emergency room last year rated this as a big factor (7 – 10, on a 10 point scale).

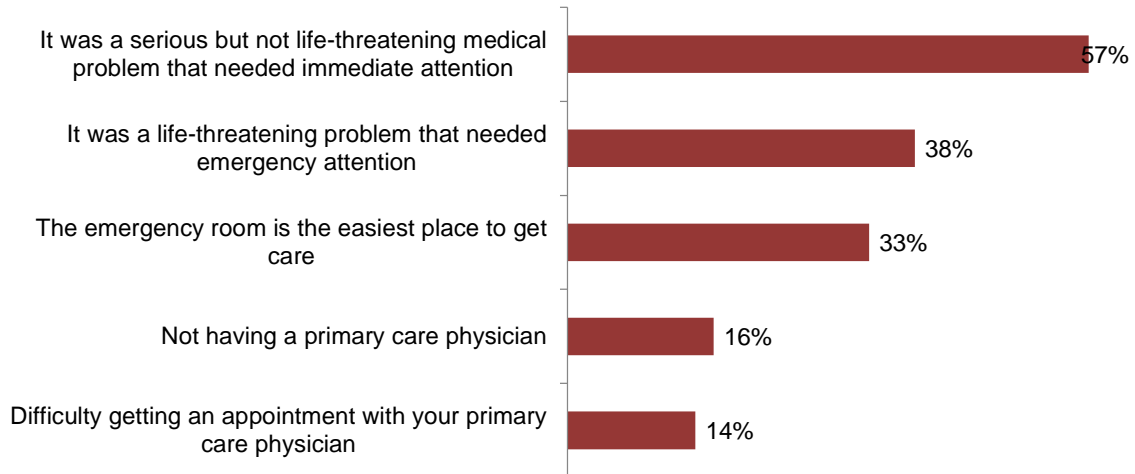
One-third (33%) of those who used an emergency room last year said *the emergency room is the easiest place to get care* was a big factor.

Not having a PCP (16%) and *difficulty getting an appointment with their PCP* (14%) were rated big factors by less than one-fifth of those who used an emergency department last year.

Reasons for Emergency Department Utilization

Q23-27: I am going to mention some different reasons why some people use emergency rooms. Please rate how big of a reason each one was for you when you last visited an emergency room using a scale from 1, meaning not a factor at all, to 10, meaning it was a major factor.

Among those who used ER last year ■ Big Factor (rating 7,8,9 or 10)



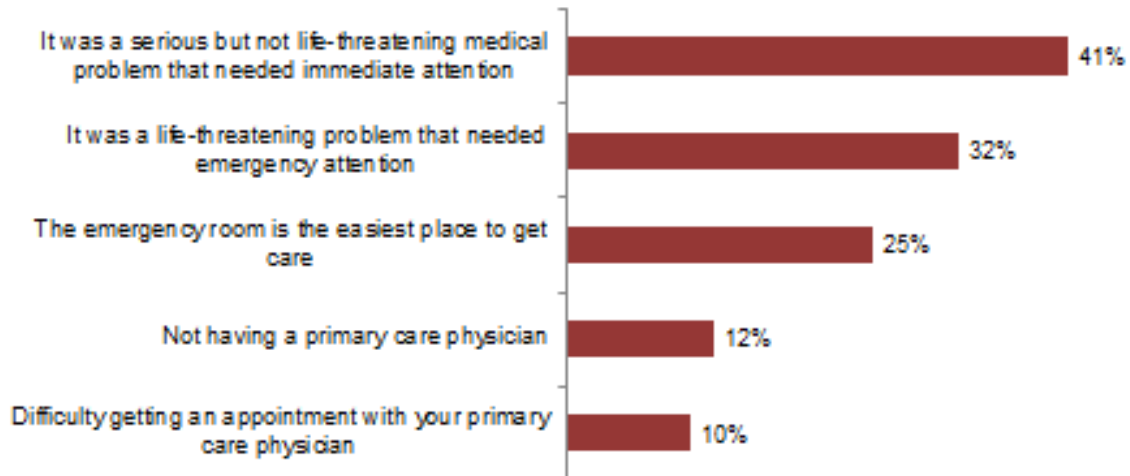
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Reasons for Emergency Department Utilization

Q23-27: I am going to mention some different reasons why some people use emergency rooms. Please rate how big of a reason each one was for you when you last visited an emergency room using a scale from 1, meaning not a factor at all, to 10, meaning it was a major factor.

Among all residents

■ Big Factor (rating 7,8,9 or 10)



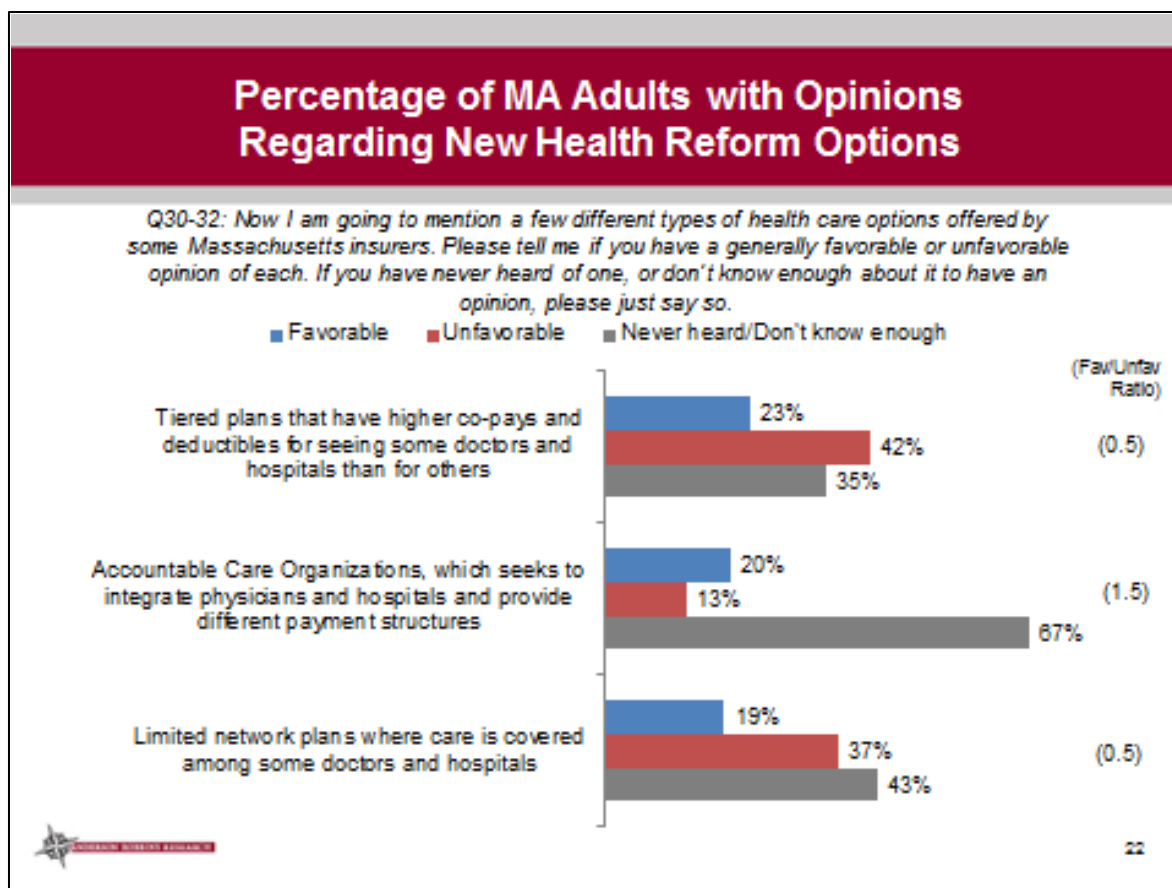
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New health insurance options

Survey respondents were asked for their opinions of tiered health plans, limited network plans, and Accountable Care Organizations. Respondents were first asked if they had favorable or unfavorable opinions of each based just on a one sentence description.

Most residents are able to offer opinions of tiered plans and limited network plans after hearing a brief description of each. Among those residents, opinions are twice as likely to be unfavorable as favorable on both these types of plans: tiered plans (23% favorable to 42% unfavorable); limited network plans (19% favorable to 37% unfavorable).

Awareness of Accountable Care Organizations is much lower, with two-thirds (67%) unable to offer an opinion after a basic description. Those who have opinions are more likely to have favorable (20%) opinions than unfavorable opinions (13%).



After providing initial opinions based on the brief descriptions, respondents were provided more information about the various products and asked again for their opinion.

Residents react differently to different aspects of ACOs. A description of the coordination of care that is part of ACOs generates largely favorable opinions—54% rate ACOs as favorable and 23% rate ACOs as unfavorable based on this description.

Residents do not, however, react favorably to the global payments financial structure of ACOs—just 28% rate this aspect favorably, whereas 44% rate this aspect as unfavorable. Favorable opinions of this aspect of ACOs is higher among men (35%) than women (23%), and is highest among men with college educations (41%).

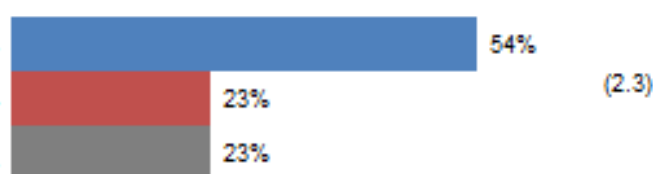
Percentage of MA Adults with Opinions Regarding Accountable Care Organizations

Q33-35: Now I'd like to give you a little more information about each of these three types of health care coverage options and then ask your opinion again.

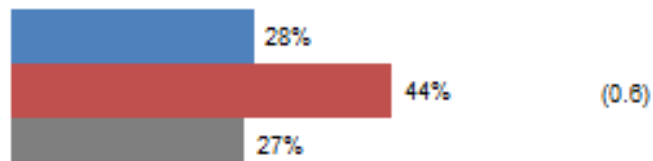
■ Favorable ■ Unfavorable ■ Not sure

(Fav/Unfav Ratio)

An Accountable Care Organization (ACO) is a group of health care providers and/or hospitals that work as a team to manage the coordination of care for the range of services that patients are expected to need. Hearing this, do you have a favorable or unfavorable opinion of ACOs?



In these new ACOs, physicians may be reimbursed differently- physicians may receive global payments for the year per patient, rather than a payment per visit or procedure. Hearing this, do you have a favorable or unfavorable opinion of global payments?



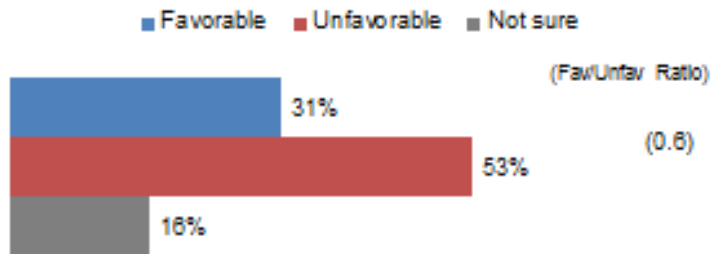
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Opinions of tiered plans and limited network plans do not improve much after residents learn more about them. After hearing a description of tiered plans 31% of residents have favorable opinions and 53% have unfavorable opinions. And the additional information about limited network plans is viewed favorably by just 25% of residents and unfavorably by 63%.

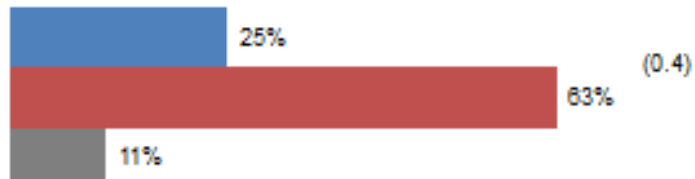
Percentage of MA Adults with Opinions Regarding Tiered Health Insurance Plans and Limited Network Plans

Q33-35: Now I'd like to give you a little more information about each of these three types of health care coverage options and then ask your opinion again.

Tiered health insurance plans offer lower annual premiums than other similar plans, but co-pays and deductibles are higher for some doctors and hospitals than others. Insurance companies use internal quality and cost ratings to develop their tiers of doctors and hospitals. Members pay low or no co-pays to visit providers who are deemed to provide the best value, and much higher co-pays for providers that insurance companies believe are too expensive for the level of care they provide. Hearing this, do you have a favorable or unfavorable opinion of tiered health insurance plans?



Limited network plans offer lower premiums than other comparable plans, but limit the doctors and hospitals covered to a list approved by the insurance company. If you choose to see doctors outside the network, the cost is higher. Hearing this, do you have a favorable or unfavorable opinion of limited network plans?



MASSACHUSETTS MEDICAL SOCIETY

24

APPENDIX: TOPLINE RESULTS

ARR #9085

MASSACHUSETTS

FEBRUARY 2012

TOPLINE RESULTS

Interviewing dates: February 6 – 13, 2012

Sample size: 403 Massachusetts adults age 21+

OA. First of all, are you 21 years of age or older?

Yes	100%
No	-

1. What do you think is the single most important health care issue facing Massachusetts today?

Affordability/cost	47%
Access to care/access to doctors	9
Access to health insurance	7
Mention specific condition/disease	6
Mandated health insurance	4
Quality of care	3
Drug expense	3
Government interference	2
Paying for others/illegal immigrants	2
Need single payer	2
Health care for the elderly	1
Obama Care	1
Other	4
Nothing	3
Don't know/Refused	6

2. All things considered, have you been satisfied or dissatisfied with the health care you have received during the last 12 months? [IF “**SATISFIED**” OR “**DISSATISFIED**”] Is that “very”, or “somewhat”?

	<u>Very satisfied</u>	<u>Somewhat satisfied</u>	<u>Somewhat dissatisfied</u>	<u>Very dissatisfied</u>	<u>(Don't know)</u>
Feb 2012	61%	26	4	7	2
April 2008	62%	26	6	6	1
April 2007	65%	26	6	3	1
April 2006	60%	32	4	3	3
April 2005	62%	26	5	4	4
March 2004	56%	32	5	4	3

3. Specifically, why are you (satisfied/dissatisfied) with your care?

(NOTE: MULTIPLE RESPONSES WERE ACCEPTED)

Satisfied (n=348)

Quality of care/Good doctors	38%
Good health insurance/plan	18
Need have been met	17
Affordable	12
Like my doctor/relationship with doctor	11
Able to get an appointment when needed	9
Good coverage	9
Easy access/can go anywhere	7
Too expensive	2
Lack of access/limits on where I can go	-
Poor coverage/care not covered	-
Don't get sick/Haven't needed	11

Other	2
Nothing	1
Don't know/Refused	2

Dissatisfied (n=47)

Too expensive	56%
Poor care/poor doctor	23
Poor coverage/care not covered	18
Poor health insurance plan	14
Lack of access/limits on where I can go	13
Needs haven't been met	11
Long wait for appointment	6
Other	13

(RESUME ALL)

4. In general, how would you rate the difficulty in **obtaining** the health care you need for you and your family—whether it be for a routine problem or a serious problem—over the last few years? On a scale of “1” to “5”, where “1” means “not difficult at all”, and “5” means “extremely difficult”, please rate the level of difficulty you’ve experienced in obtaining this care.

	<u>Mean</u>	<u>Not difficult</u> <u>at all</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>Extremely</u> <u>difficult</u>	<u>(DK)</u>
Feb 2012	1.73	62%	16	11	4	5	2
April 2008	2.37	42%	15	17	11	13	2
April 2007	2.06	49%	19	14	7	9	2
April 2006	2.21	48%	15	15	9	12	1
April 2005	2.29	45%	15	17	7	15	2
March 2004	2.18	46%	17	18	9	9	1
January 2003	2.06	49%	16	16	10	7	2

5. Specifically, why do you feel that way?

(NOTE: MULTIPLE RESPONSES WERE ACCEPTED)

Not difficult – Q4=1,2 (n=315)

No problems	21%
Quality of care/good doctors	17
Not wait for appointment/fast access	16
Good coverage/good insurance	15
Have access to doctors	12
Large network/can go anywhere	8
Ease of getting an appointment	8
Covered by employer	8
Have access to health insurance	4
Long wait for appointment	4
Too expensive	3
Affordable	2
Limits on where I can go	1
Poor coverage	1
Poor care/bad doctors	1
Can't get needed care	1
Too much red tape/paperwork	1
No health insurance	-
Don't get sick/Haven't needed	6
Other	3
Nothing	1
Don't know/Refused	3

6. Which **ONE** of the following do you believe is **most** responsible for any problems you might have had gaining access to health care over the last few years? **[READ AND ROTATE LIST]**

Insurance companies	29%
Government	13
The economy or your economic circumstances	8
Drug companies	5
Physicians	4
Hospitals	3
Your own fault	3
New, expensive technologies	2
(All of them)	2
(No problems)	30
(Unsure)	3

7. Was there any time during the past 12 months when you waited to get medical care you thought you needed?

	<u>Yes, waited to get care</u>	<u>No, did not wait to get care</u>	<u>(Not sure/refused)</u>
Feb 2012	19%	80	1
April 2008	25%	74	1
April 2007	21%	79	1
April 2006	18%	81	1
April 2005	17%	82	1
March 2004	22%	78	-
January 2003	29%	70	1

(IF YES TO Q7. N = 75)

8. What was the primary reason you waited to get that medical care?

Physician booked	22%
Couldn't afford treatment	19
Not approved by insurance/waiting for approval	18
Too busy/No time	12
No insurance	8
High deductible/co-pay	7
Insurance too expensive	4
Poor coverage/not covered	4
Pre-existing condition	3
Other	4

Now I am going to mention different things some people do to help them decide where to go for medical care. For each one, please tell me if it is something you do or have done prior to making an appointment with a new doctor or hospital. Have you... **(RANDOMIZE)**

	<u>Yes</u>	<u>No</u>	<u>(Not sure)</u>	<u>(Refused)</u>
9. Asked your primary care physician for his or her opinion?	77%	23	-	-
10. Used the internet to look up data about the quality and cost of care provided by specific doctors or hospitals?	34%	64	1	-
11. Used the internet to see what other people have to say about a doctor or hospital?	36%	64	-	-
12. Asked friends about where to	49%	50	1	-

go for care?

13. Have you had an appointment with a primary care physician in the last year?

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Feb 2012	90%	9	-
April 2008	86%	14	-
April 2007	89%	11	-
April 2006	83%	18	-
April 2005	85%	16	-
March 2004*	77%	22	1
January 2003*	83%	16	1

**Have you had a routine doctor's appointment in the last year?*

(IF YES TO Q13)

14. Please think back to your last visit to a primary care physician. How long did you have to wait between the time you made the appointment and the day you actually saw the doctor? **[DO NOT READ]**

	<u>(A few days)</u>	<u>(More than a few days, < 1 week)</u>	<u>(Between 1-2 weeks)</u>	<u>(Between 2-3 weeks)</u>	<u>(Between 3 weeks and 1 month)</u>
Feb 2012	36%	7	13	6	5
April 2008	37%	11	9	5	6
April 2007	34%	8	17	5	6
April 2006	44%	9	10	3	5
April 2005	45%	8	12	6	6
March 2004*	18%	10	14	7	9
January 2003*	26%	6	14	8	8

	<u>(Between 1-2 months)</u>	<u>(Between 2-3 months)</u>	<u>(More than 3 months)</u>	<u>(Don't remember/refused)</u>
Feb 2012	8%	6	7	12
April 2008	5%	6	11	9
April 2007	6%	5	10	9
April 2006	7%	6	10	7
April 2005	6%	3	7	7
March 2004*	12%	8	15	7
January 2003*	11%	7	13	7

**Please think back to your last doctor's appointment. How long did you have to wait between the time you made the appointment and the day you actually saw the doctor?*

(IF MORE THAN A FEW DAYS:)

15. Was the delay in seeing the doctor primarily due to:

	<u>The inability of the doctor to see you sooner</u>	<u>Your own schedule making it hard to see the doctor sooner</u>	<u>Because financial or insurance issues made it hard to schedule</u>	<u>(Not sure)</u>
Feb 2012	47%	34	5	15
April 2008	42%	40	4	14
April 2007	50%	27	2	21
April 2006	51%	27	2	20
April 2005	47%	39	2	12
March 2004	49%	28	2	21

(IF YES TO Q13)

16. Was the length of time you had to wait for an appointment a problem for you or not?

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Feb 2012	9%	89	1
April 2008	8%	89	2
April 2007	8%	92	-
April 2006	9%	90	1
April 2005	8%	91	1

(RESUME ALL)

17. During the past year, have you had a medical appointment in which you saw a nurse, a nurse practitioner or a physician's assistant, but did not see a doctor?

	<u>Yes, nurse</u>	<u>Yes, nurse practitioner</u>	<u>Yes, physician's assistant</u>	<u>Yes, not a doctor but don't know who it was</u>	<u>No</u>	<u>(Not sure)</u>
Feb 2012	4%	34	9	2	51	1
April 2008	7%	26	5	1	60	1
April 2007	5%	26	8	2	58	2

(IF YES TO Q17)

18. Did you make this appointment by choice, or because you couldn't get an appointment with a medical doctor?

	<u>By choice</u>	<u>Couldn't get an appointment with a medical doctor</u>	<u>(Didn't know I wasn't going to see a medical doctor until the appointment)</u>	<u>(Not sure)</u>
Feb 2012	53%	36	6	5
April 2008	51%	36	8	4
April 2007	53%	35	6	6

(RESUME ALL)

19. Please think back to your last doctor's appointment for a ***serious but not life threatening*** medical problem. How long did you have to wait between the time you made an appointment and the day you actually saw the doctor? [DO NOT READ]

	<u>(A few days)</u>	<u>(More than a few days, < 1 week)</u>	<u>(Between 1-2 weeks)</u>	<u>(Between 2-3 weeks)</u>	<u>(Between 3 weeks and 1 month)</u>
Feb 2012	40%	7	10	3	4

	<u>(Between 1-2 months)</u>	<u>(Between 2-3 months)</u>	<u>(More than 3 months)</u>	<u>(Haven't made appointment)</u>	<u>(Don't remember/refused)</u>
Feb 2012	4%	2	2	18	11

(IF MORE THAN A FEW DAYS:)

20. Was the delay in seeing the doctor primarily due to:

	<u>The inability of the doctor to see you sooner</u>	<u>Your own schedule making it hard to see the doctor sooner</u>	<u>Because financial or insurance issues made it hard to schedule</u>	<u>(Not sure)</u>
Feb 2012	58%	22	4	15

(RESUME ALL)

21. Was the length of time you had to wait for an appointment a problem for you or not?

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
Feb 2012	8%	86	6

22. Have you visited an emergency room at a hospital in the past year?

Yes	25%
No	75
(Don't remember)	-

I am going to mention some different reasons why some people use emergency rooms. Please rate how big of a reason each one was for you when you last visited an emergency room using a scale from 1, meaning not a factor at all, to 10, meaning it was a major factor. **(RANDOMIZE)**

	<u>MEAN</u>	<u>1-3</u>	<u>4-6</u>	<u>7-10</u>	<u>Not Sure</u>
23. Difficulty getting an appointment with your primary care physician	2.20	78%	5	10	7
24. Not having a primary care physician	2.36	76%	3	12	9
25. It was a serious but not life threatening medical problem that needed immediate attention	5.34	40%	11	41	8
26. It was a life threatening problem that needed emergency attention	4.57	46%	10	32	12
27. The emergency room is the easiest place to get care	3.76	58%	6	25	11

28. A variety of sources, including the state and insurers, recently began posting information regarding the quality and cost of care provided by medical groups and in some cases individual physicians on the Internet and in health plan directories. Were you aware that this information is available?

	<u>Yes, aware</u>	<u>No, not aware</u>	<u>Not sure</u>
Feb 2012	42%	55	3
April 2008	33%	65	2
April 2007	32%	67	2

29. Now that you know that you can get this type of information about medical groups and physicians, how likely are you to use it the next time you have to choose a doctor? Are you...

	<u>Very likely</u>	<u>Somewhat likely</u>	<u>Not very likely</u>	<u>Not likely at all</u>	<u>(Not sure)</u>
Feb 2012	29%	25	15	29	2
April 2008	33%	32	8	24	4
April 2007	24%	30	20	23	3

Now I am going to mention a few different types of health care options offered by some Massachusetts insurers. Please tell me if you have a generally favorable or unfavorable opinion of each. If you have never heard of one, or don't know enough about it to have an opinion, please just say so.

(RANDOMIZE)

		<u>Favorable</u>	<u>Unfavorable</u>	<u>Never heard</u>	<u>Don't know enough</u>
30.	Tiered plans that have higher co-pays and deductibles for seeing some doctors and hospitals than for others	23%	42	14	21
31.	Limited network plans where care is covered among some doctors and hospitals	19%	37	18	25
32.	Accountable Care Organizations, which seeks to integrate physicians and hospitals and provide different payment structures.	20%	13	33	34

Now I'd like to give you a little more information about each of these three types of health care coverage options and then ask your opinion again.

(RANDOMIZE ORDER OF NEXT THREE QUESTIONS. ROTATE 33 AND 33A AS A BLOCK.)

33. An Accountable Care Organization is a group of health care providers and/or hospitals that work as a team to manage the coordination of care for the range of services that patients are expected to need. Hearing this, do you have a favorable or unfavorable opinion of Accountable Care Organizations? **[IF FAVORABLE OR UNFAVORABLE]** Is that very or just somewhat (favorable/unfavorable)?

Very favorable	18%
Somewhat favorable	36
Somewhat unfavorable	14
Very unfavorable	9
(Not sure)	23

- 33a. In these new ACOs, physicians may be reimbursed differently- physicians may receive global budgets for the year per patient, rather than a payment per visit or procedure. Hearing this, do you have a favorable or unfavorable opinion of global budgets? **[IF FAVORABLE OR UNFAVORABLE]** Is that very or just somewhat (favorable/unfavorable)?

Very favorable	12%
Somewhat favorable	16
Somewhat unfavorable	18
Very unfavorable	26
(Not sure)	27

34. Tiered health insurance plans offer lower annual premiums than other similar plans, but co-pays and deductibles are higher for some doctors and hospitals than others. Insurance companies use internal quality and cost ratings to develop their tiers of doctors and hospitals. Members pay low or no co-pays to visit providers who are deemed to provide the best value, and much higher co-pays for providers that insurance companies believe are too expensive for the level of care they provide. Hearing this, do you have a favorable or unfavorable opinion of Tiered health insurance plans? **[IF FAVORABLE OR UNFAVORABLE]** Is that very or just somewhat (favorable/unfavorable)?

Very favorable	11%
Somewhat favorable	20
Somewhat unfavorable	24

Very unfavorable	29
(Not sure)	16

35. Limited network plans offer lower premiums than other comparable plans, but limit the doctors and hospitals covered to a list approved by the insurance company. If you choose to see doctors outside the network, the cost is higher. Hearing this, do you a favorable or unfavorable opinion of Limited Network Plans? **[IF FAVORABLE OR UNFAVORABLE]** Is that very or just somewhat (favorable/unfavorable)?

Very favorable	8%
Somewhat favorable	17
Somewhat unfavorable	27
Very unfavorable	36
(Not sure)	11

Now, I'd like to ask you some final questions **for statistical purposes only**.

36. Do you have health insurance through either a government or a private health care plan?

Government plan	22%
Private plan	65
No health insurance	1
(Both private and government)	7
(Don't know)	1
(Refused)	3

(SKIP IF NO HEALTH INSURANCE:)

37. Is your health insurance through a managed care plan such as a HMO like Harvard, Tufts, Fallon, Blue Care, or the Neighborhood Health Plan?

Yes	60%
No	33

(Don't know)	5
(Refused)	3

(SKIP IF NO HEALTH INSURANCE:)

38. How well do you feel like you understand your health care plan benefits? Do you feel like you understand them...

Entirely	22%
Very well, but not entirely	44
Just somewhat	25
Not very well	5
Not at all	3
(Not sure/refused)	1

39. How much would you estimate that you spend on your health care needs per year?

\$0-100	8%
\$100-250	5
\$250-500	9
\$500-1,000	11
\$1,000-2,500	18
\$2,500-5,000	19
\$5,000-10,000	10
\$10,000 or more	6
(Don't know)	10
(Refused)	3

40. What was the last grade you completed in school?

Less than high school (1-11)	2%
Graduated high school	12
Some college/Tech.Voc.	18
Graduated college	39
Graduate/professional school	27
(Don't know)	-
(Refused)	2

41. In which of the following categories is your age?

21-34	10%
35-40	10
41-50	25
51-60	26
61-75	20
Over 75	8
(Don't know/refused)	1

42. Gender: **[OBSERVATION]**

Female	54%
Male	46

43. How many individuals, including yourself, live in your household?

One	13%
Two	28
Three	18
Four	23
More than four	15

(Don't know/refused)	3
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44. Would you please tell me in which of the following categories I read is your total household income—that is, of everyone living in your household?

\$0-11,999	4%
\$12-14,999	2
\$15-19,999	3
\$20-24,999	2
\$25-34,999	3
\$35-49,999	8
\$50-74,999	11
\$75-99,999	13
\$100-124,999	14
\$125,000 or more	19
(Don't know)	3
(Refused)	18