

Key findings

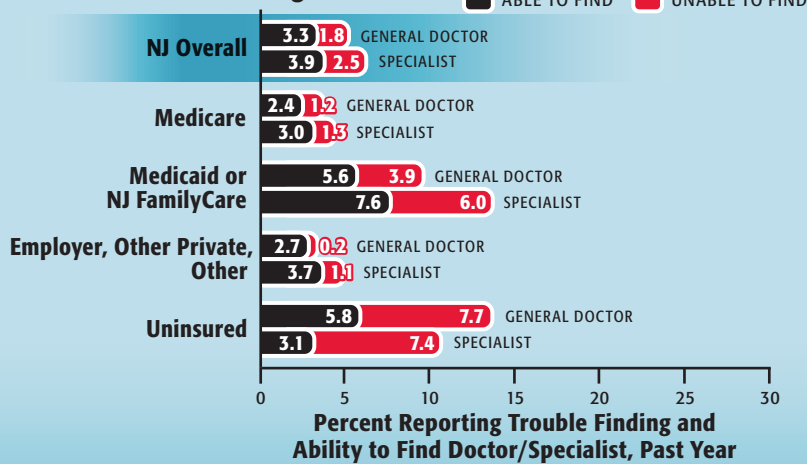
- Overall, most New Jersey adults reported they did not have trouble finding a physician in the previous year, and most of those that did report difficulty were eventually able to find a physician. However, certain sub-groups were more likely to report difficulty finding a physician, and even more likely to report difficulties finding physicians who would accept them as a new patient or would accept their health insurance coverage.
- Overall, 5.1% of New Jersey adults reported having trouble finding a general doctor and a slightly higher percent (6.1%) reported trouble finding a specialist; about a third of these reported being unable to eventually find a doctor. Similarly, for general doctors, 4.8% of NJ adults, and 4.5% for specialists, reported they had difficulty finding a physician who would accept them as a new patient, but more than one in seven (13.3%) reported difficulty finding a general doctor who would accept their health insurance coverage, and one in nine (11.1%) reported difficulty finding a specialist that would accept their coverage.
- The uninsured and those covered by Medicaid or NJ FamilyCare reported more difficulty finding a general doctor or specialist, were less likely to eventually find one, and were more likely to be told in the past year that a doctor would not accept them as a new patient. Those covered by Medicaid or NJ FamilyCare were also more likely to be told by that their health insurance coverage would not be accepted.
- Middle-aged adults (ages 25–64), females, white non-Hispanics, and Hispanics reported more problems finding physicians that would accept them or their insurance coverage. Those who were married, divorced, or separated, lived in northeast NJ, or lived in households with one or more children also reported more problems finding a doctor.
- Lower-income individuals reported more difficulty finding a specialist. Those who were self-employed, unemployed, homemakers, or not able to work reported the most difficulty finding a doctor or specialist.
- Across all measures of health status, those with poorer physical or mental health reported more difficulty finding physician care in the previous year.

The Patient Protection and Affordable Care Act (ACA) will enable a predicted 444,000 New Jersey residents to gain health insurance coverage either through the Medicaid expansion or private insurance plans through the federal marketplace.¹ This Facts & Findings examines the extent to which a sample of 5,195 New Jersey adults had difficulty finding a doctor, the extent to which their health insurance was rejected by a physician, or whether

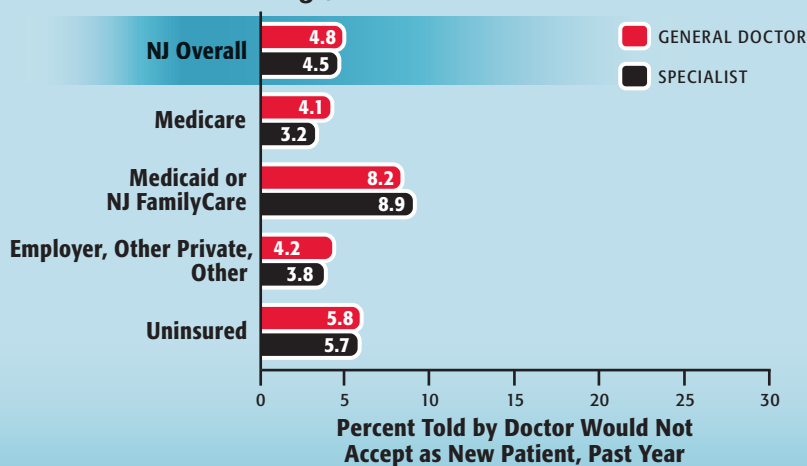
they were not accepted as new patients in the previous year. Responses to these questions are presented by respondents' health insurance status, health status, socio-demographic, and other characteristics using data from the January 2012 through June 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey that included NJ state-added questions on access to physician services administered to approximately 1/3 of the NJ sample.

Figure 1 | Access by Health Insurance Coverage

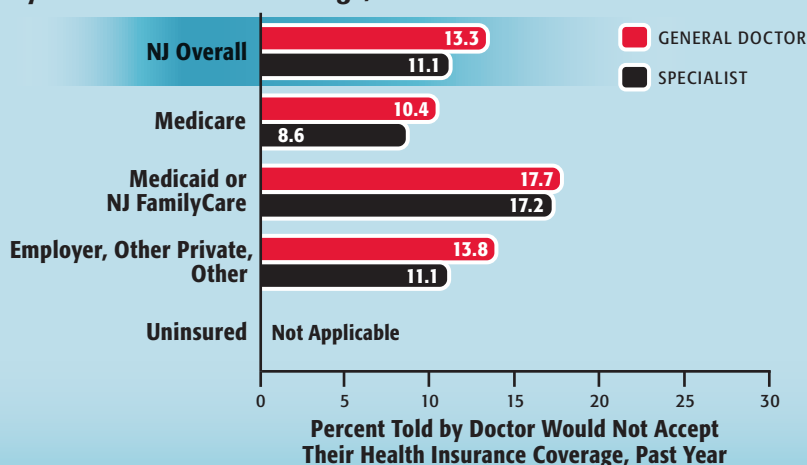
1a. Trouble Finding and Ability to Find Doctor/Specialist by Health Insurance Coverage, Past Year



1b. Told by Doctor Would Not Accept as New Patient by Health Insurance Coverage, Past Year



1c. Told by Doctor Their Health Insurance Coverage Not Accepted by Health Insurance Coverage, Past Year



NJ-BRFSS, JANUARY 2012–JUNE 2013

Figure 1 • Overall, about 5% of NJ adults reported difficulty finding a doctor in general or a specialist in the previous year, although 60–65% of this group was able to eventually find a general doctor or specialist. The uninsured and those covered by Medicaid or NJ FamilyCare had about twice as much difficulty finding a doctor or specialist and were less likely to eventually find one. Similarly, the uninsured and those covered by Medicaid or NJ FamilyCare were 1.5–2 times more likely to be told in the past year that a doctor would not accept them as a new patient. Those covered by Medicaid or NJ FamilyCare were also much more likely to be told by a doctor or specialist that their health insurance coverage was not accepted.

Background

The main ACA coverage expansion provisions went into effect on January 1, 2014, including the requirements that most individuals must have health insurance coverage or pay a tax penalty, expanded eligibility for Medicaid, and subsidies to purchase private coverage. There is much interest in whether and how this coverage expansion will affect access to care for New Jersey residents.

In 2006, New Jersey’s overall supply of primary care physicians (with the exception of family practitioners) expressed as a ratio per 100,000 of the population was about the same as US supply.² However, in rural regions of NJ the supply of primary care physicians was low and the supply of some specialties, particularly family practice and hematology/oncology, was below national averages or published benchmarks.^{3,4}

According to Health Resources and Services Administration⁵ estimates, there is currently a shortage of about 18,000 primary care physicians in the

US overall. And, due to the implementation of the ACA plus the aging of the US population, Carrier, Yee, and Stark⁶ estimated that by 2025 the shortage may be 25,000–45,000 physicians. However, others (e.g., Sklar)⁷ argue that changes in the organization of medical practices, increased use of health information technology, and increased participation of nurse practitioners and physician assistants could help mitigate workforce shortages through expanded productivity. Other issues such as narrowing of provider networks by insurance carriers could raise additional concerns for those already insured with a usual source of care. Careful and regular monitoring will be required to ensure adequate supply of physicians and other health providers.

Many doctors do not currently accept new patients with Medicaid coverage.⁸ The ACA requires an increase in primary care reimbursement rates for Medicaid at least equal to those for Medicare for 2013–2014 to encourage physician participation in Medicaid;^{8,9} however, Medicaid reimbursement rates may return to pre-ACA levels in 2015.¹⁰ Medicaid and private insurance provider reimbursement rates will be key determinants of physician acceptance of new patients.

In 2014, the ACA will mandate that most Americans have health coverage and it will be important to monitor the extent to which consumers have difficulty finding providers willing to accept their coverage. The analysis in this Facts & Findings includes new provider access questions added to the NJ module of the BRFSS beginning in 2012 in order to provide pre-ACA baseline data. We examine the share of patients reporting difficulty finding a physician willing to care for them and whether their source of coverage (i.e., Medicaid, Medicare, private insurance, or uninsured) raised barriers to access to medical services. We also examine differences in physician access by respondent demographics, socio-economic status, and health status.

- NJ is one of about 25 states that chose to expand Medicaid under the ACA.¹¹
- Currently one in three NJ physicians does not accept new Medicaid patients, a number that is higher in NJ than other states.⁸
- Nationally, the percentage of specialists who accept new patients with Medicaid coverage declined by nearly 10% over the past 10 years;¹² the rates for accepting new Medicaid patients was 78% from 1999–2000, but dropped to 71% in 2009–2010.

NJ State-Added BRFSS Access Items

1. Earlier you said you have health insurance coverage. Are you mainly covered by Medicare, Medicaid, NJ FamilyCare, insurance through a current or former job or other private insurance, or do you have coverage from some other source?*
2. *During the past 12 months*, did you have any trouble finding a general doctor or provider who would see you?†
3. *(If yes to prior question)* Were you able to find a general doctor or provider who could see you?†
4. *During the past 12 months*, were you told by a doctor's office or clinic that they would not accept you as a new patient?†
5. *During the past 12 months*, were you told by a doctor's office or clinic that they did not accept your health care coverage?†
6. *During the past 12 months*, did you have any trouble finding a specialist who would see you?†
7. *(If yes to prior question)* Were you able to find a specialist who could see you?†
8. *During the past 12 months*, were you told by a specialist's office or clinic that they would not accept you as a new patient?†
9. *During the past 12 months*, were you told by a specialist's office or clinic that they did not accept your health care coverage?†

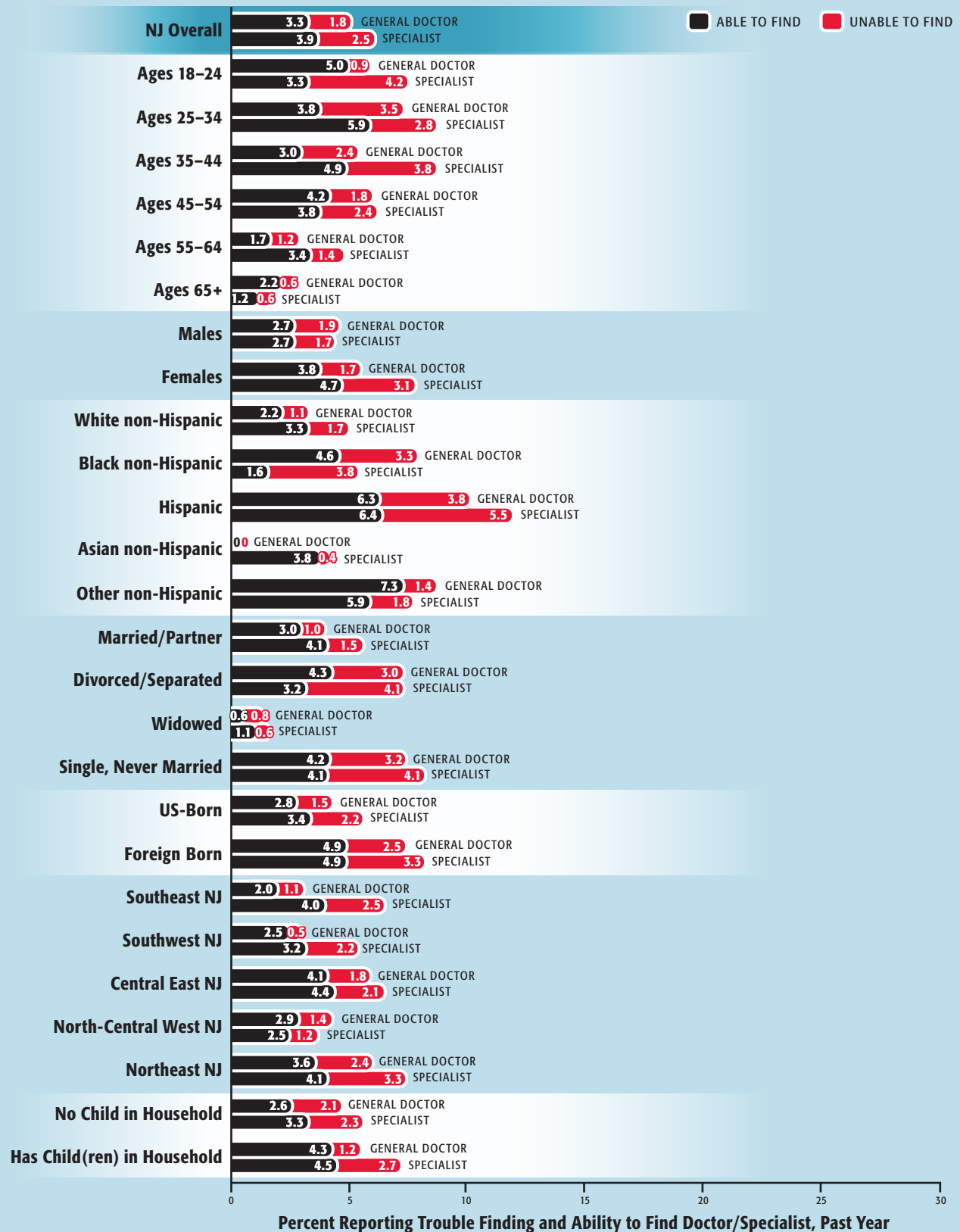
* Source: ABC News/Kaiser Family Foundation/USA Today, Health Care in America 2006 Survey, October 2006.

† Source: NHIS 2011, Sample Adult Questionnaire.

‡ Modified by CSHP from items 2–5 above so as to refer to a specialist.

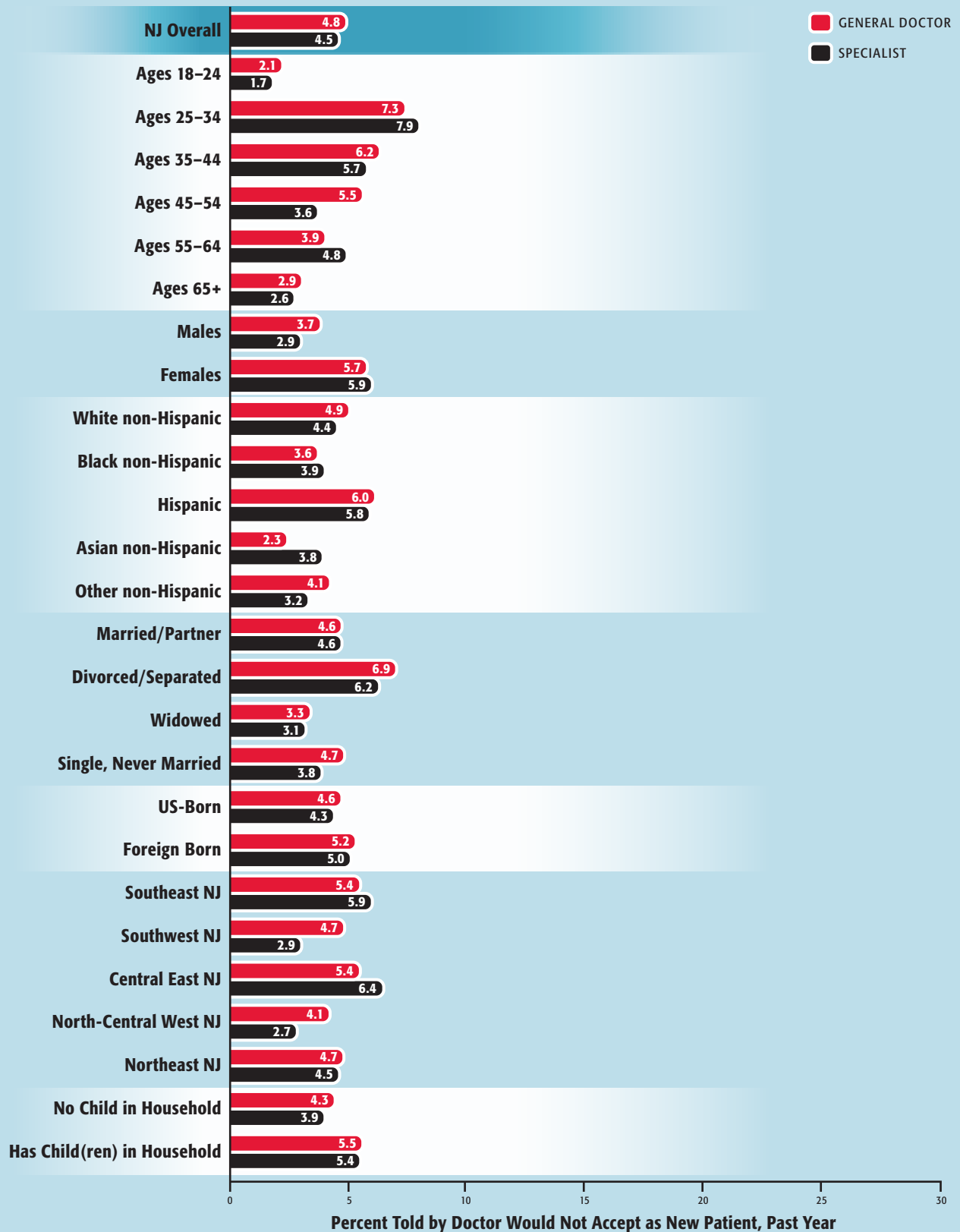
Figures 2–4 • In general, middle-aged adults (ages 25–64), females, white non-Hispanics, and Hispanics reported more problems finding physicians, and were more likely to report that doctors did not accept them as new patients or did not accept their insurance coverage. Those who were married, divorced, or separated, or lived in northeast NJ reported more problems. Those who lived in southwest NJ reported the fewest problems finding a doctor. Those who lived in households with one or more children reported more problems finding a doctor.

Figure 2 | **Trouble Finding and Ability to Find Doctor/Specialist by Demographics, Past Year**



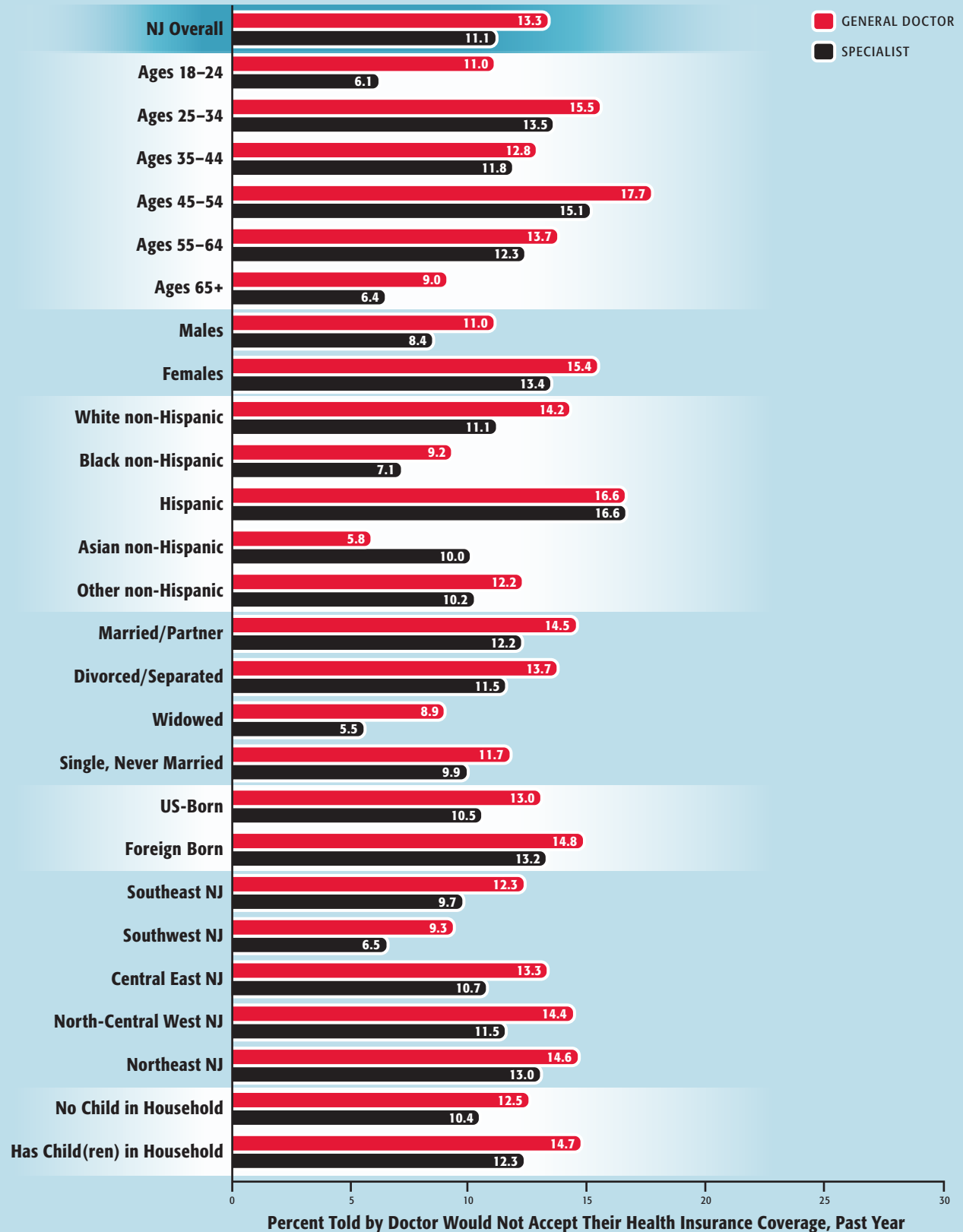
NJ-BRFSS, JANUARY 2012-JUNE 2013

Figure 3 | Told by Doctor Would Not Accept as New Patient by Demographics, Past Year



NJ-BRFSS, JANUARY 2012-JUNE 2013

Figure 4 | Told by Doctor that Their Health Insurance Coverage Not Accepted by Demographics, Past Year

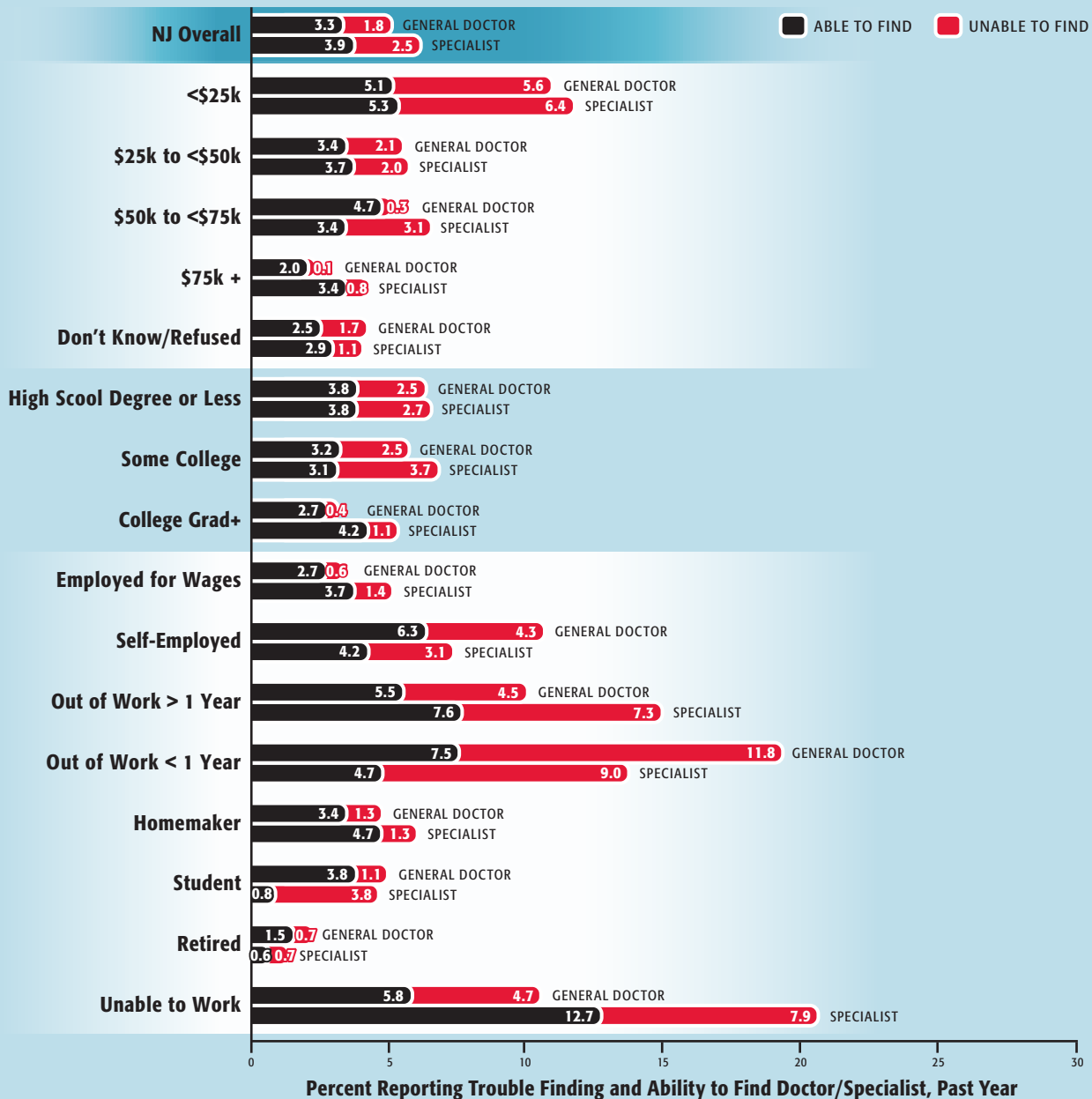


NJ-BRFSS, JANUARY 2012-JUNE 2013

Figures 5–7 • Problems finding a general doctor in the previous year did not differ by income, although lower-income respondents reported more difficulty finding a specialist. For most measures, problems finding a doctor

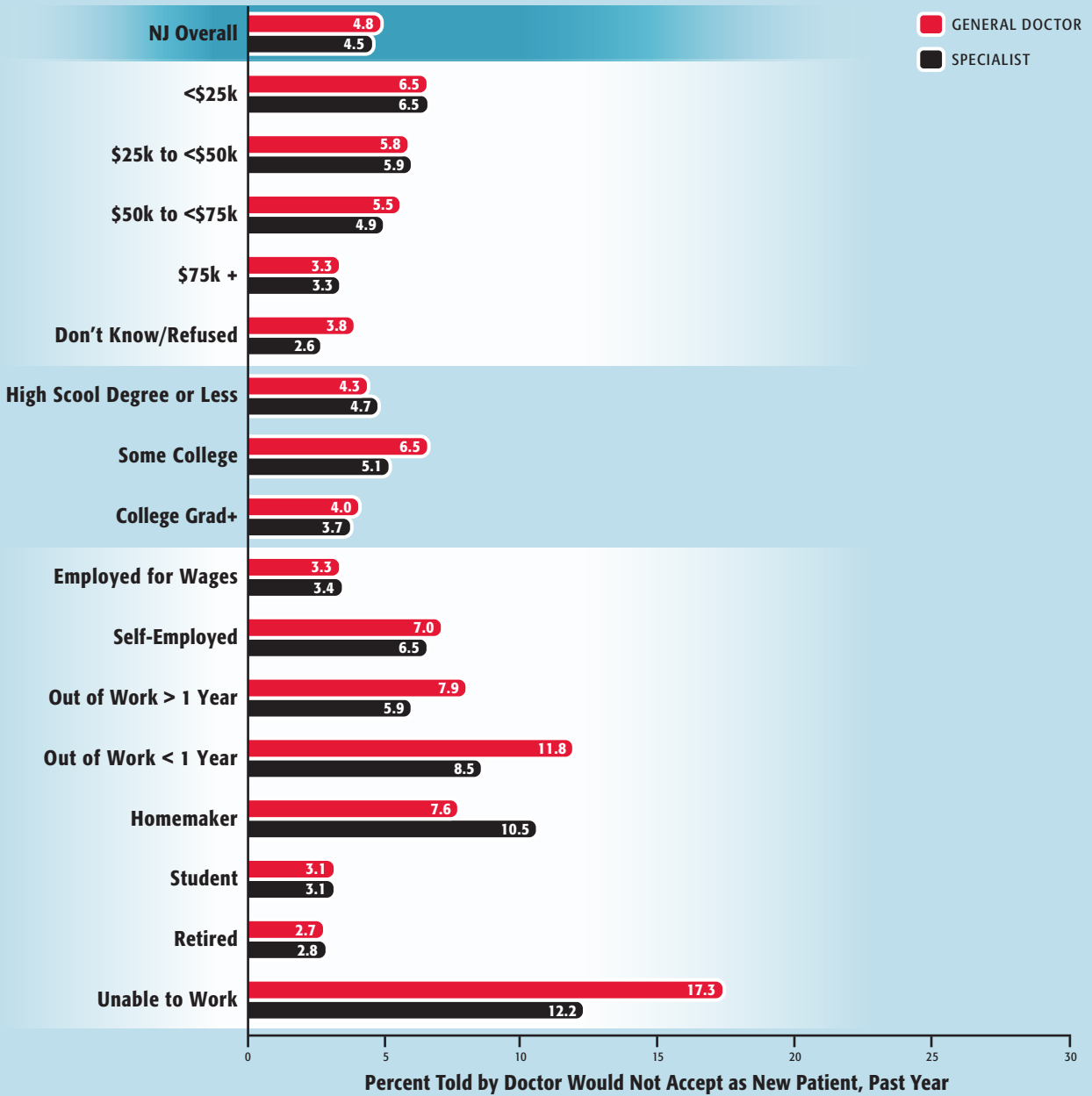
or specialist did not differ by educational level. Those who were self-employed, unemployed, homemakers, or not able to work reported the most difficulty finding a doctor or specialist.

Figure 5 | **Trouble Finding and Ability to Find Doctor/Specialist by Socioeconomic Status, Past Year**



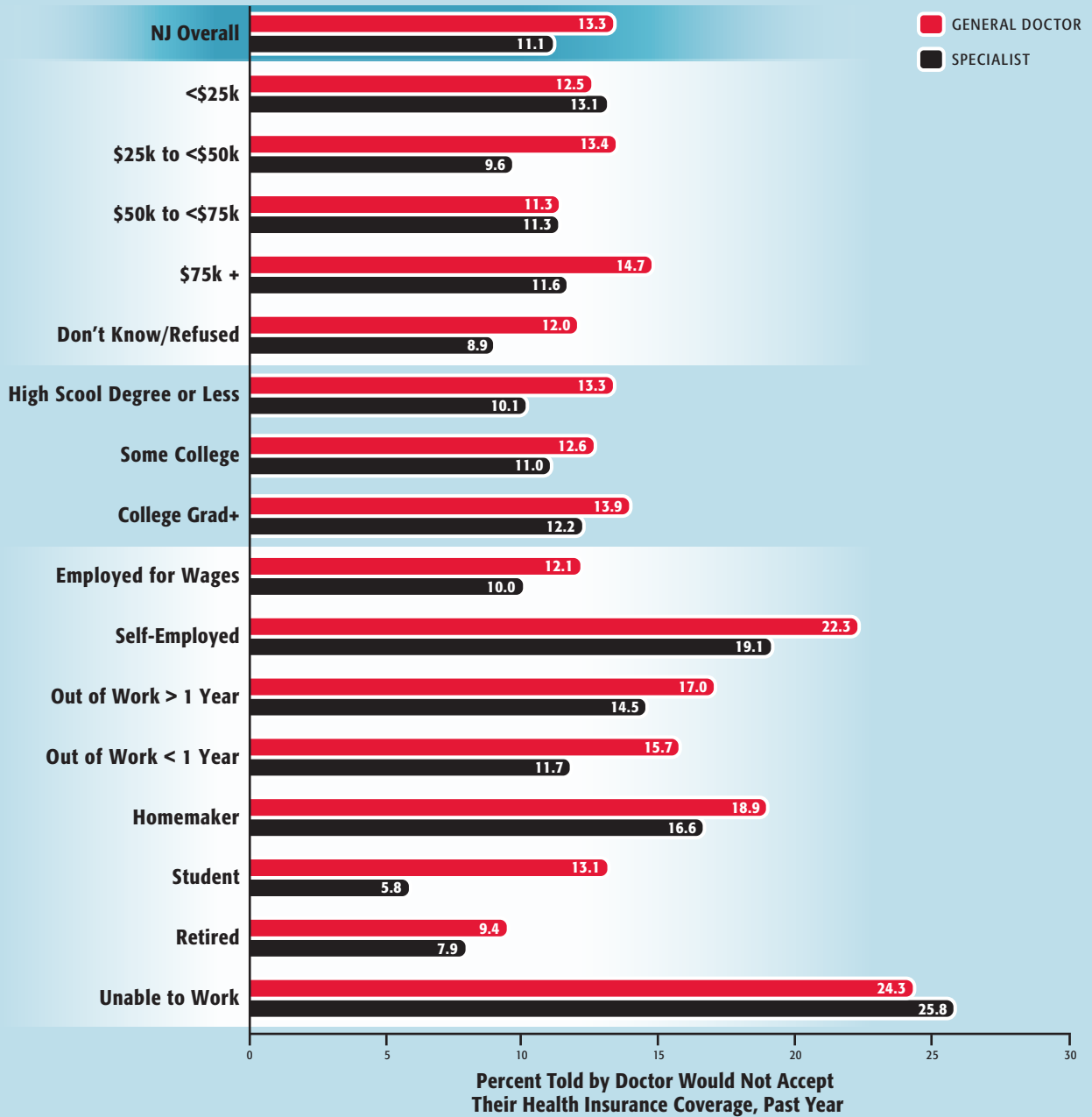
NJ-BRFSS, JANUARY 2012–JUNE 2013

Figure 6 | Told by Doctor Would Not Accept as New Patient by Socioeconomic Status, Past Year



NJ-BRFSS, JANUARY 2012-JUNE 2013

Figure 7 | **Told by Doctor Their Health Insurance Coverage Not Accepted by Socioeconomic Status, Past Year**

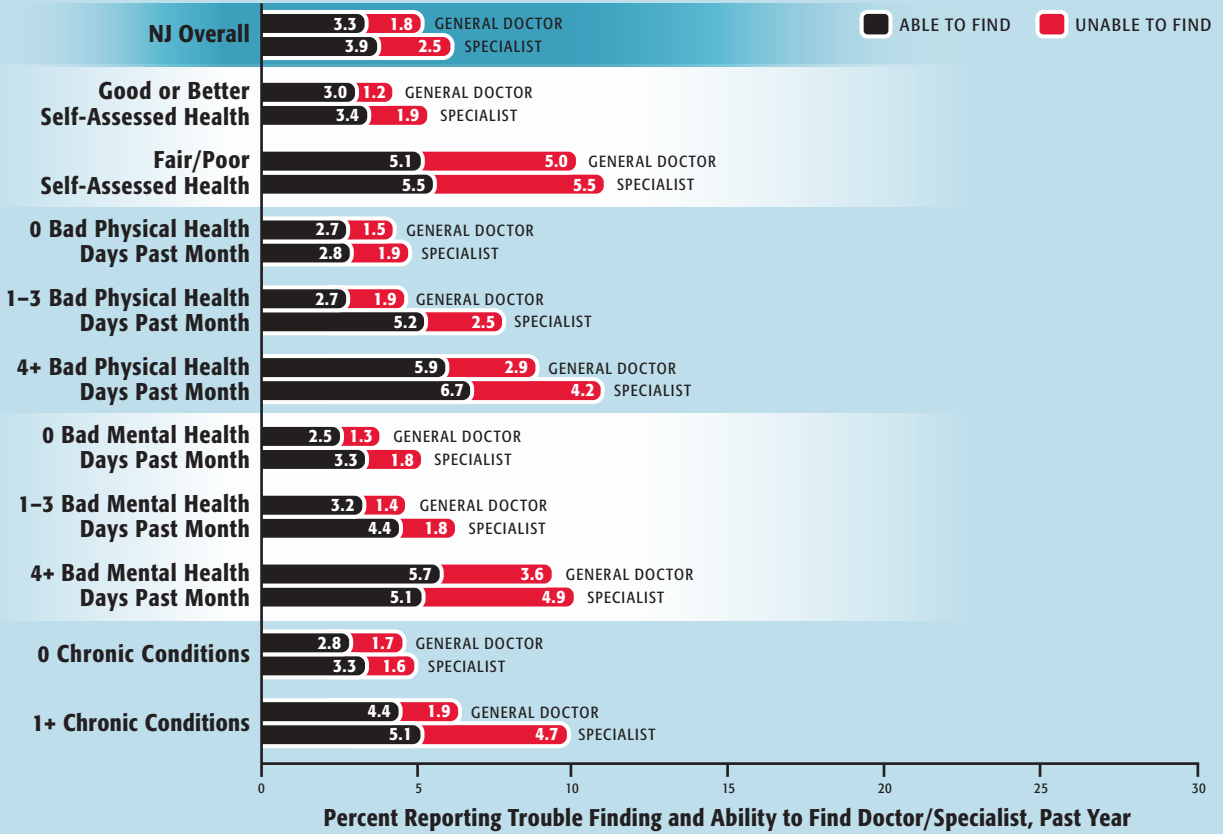


NJ-BRFSS, JANUARY 2012-JUNE 2013

Figures 8–10 • Across all measures of health status, those with poorer physical or mental health reported more difficulty finding a doctor or specialist in the previous year.

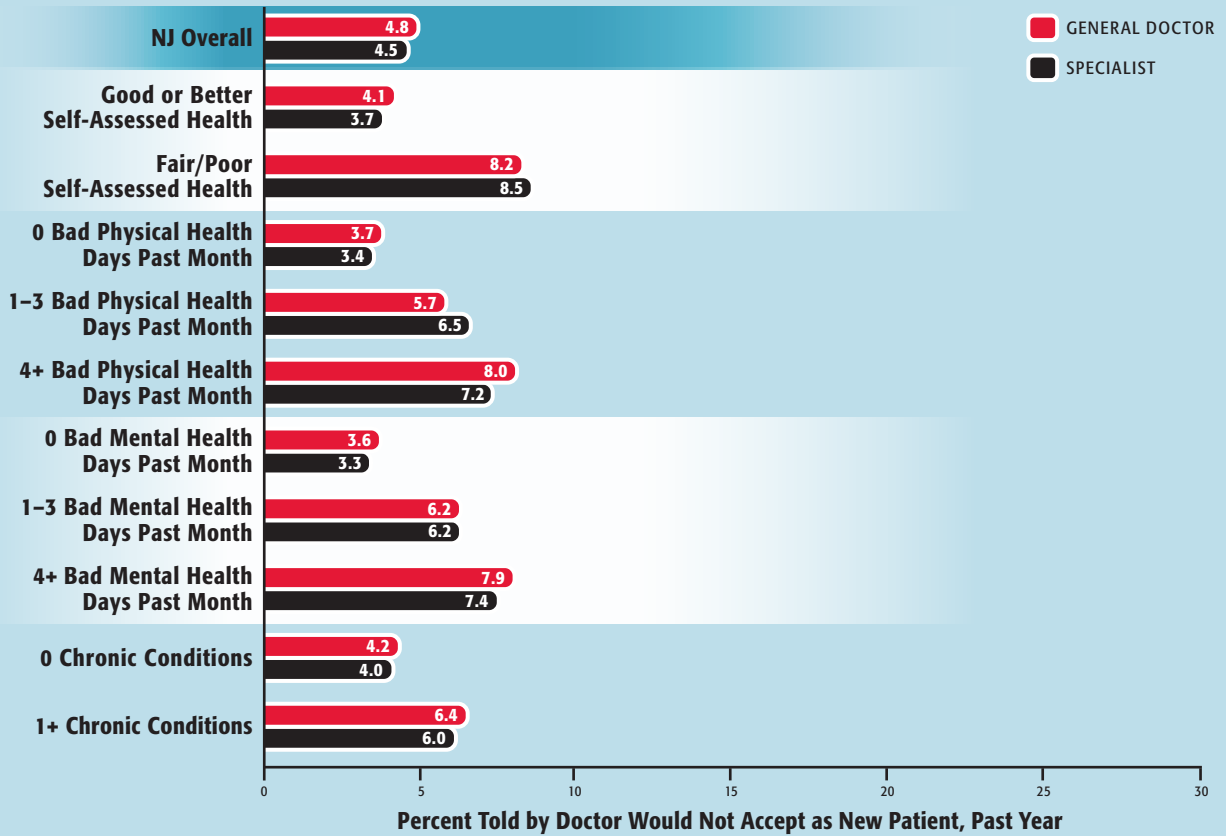
These patients are likely to try to visit a physician more often due to their poor health status, so it is not surprising that they also report more difficulty.

Figure 8 | **Trouble Finding and Ability to Find Doctor/Specialist by Health Status, Past Year**



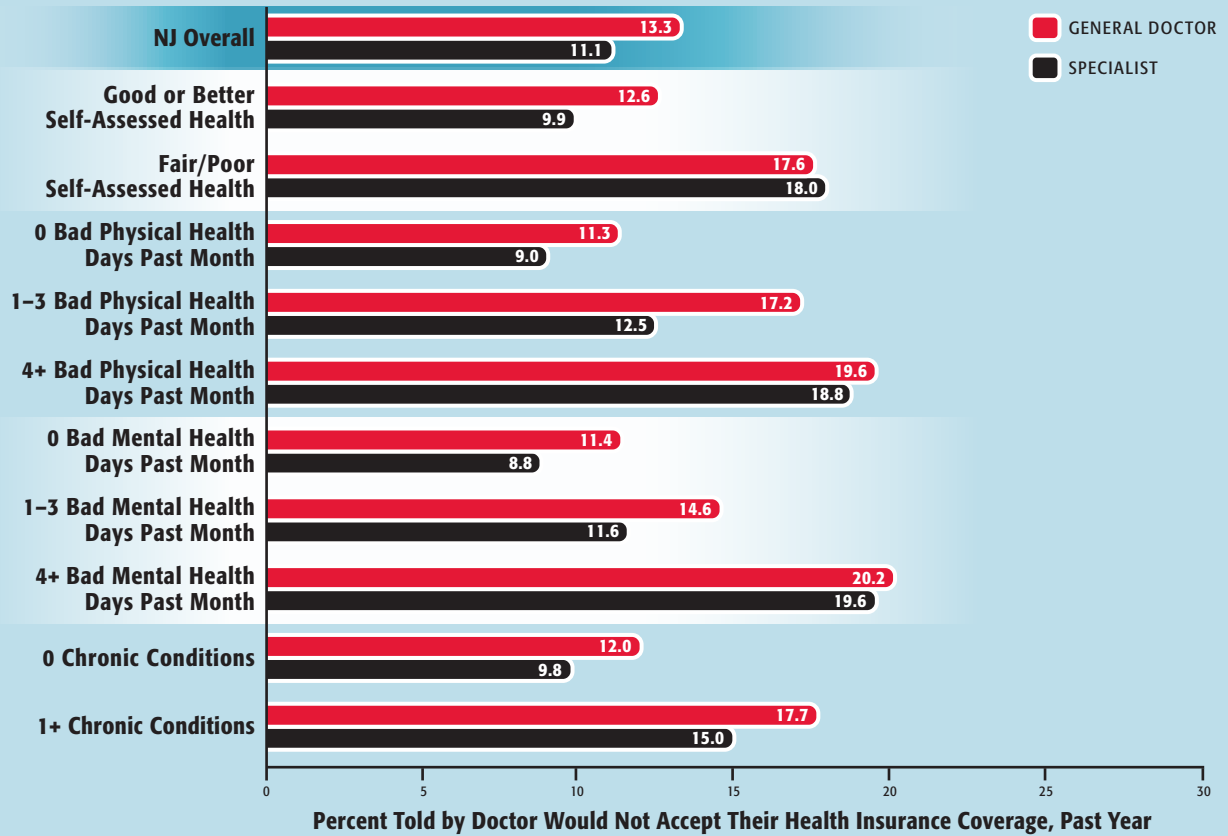
NJ-BRFSS, JANUARY 2012–JUNE 2013

Figure 9 | Told by Doctor Would Not Accept as New Patient by Health Status, Past Year



NJ-BRFSS, JANUARY 2012-JUNE 2013

Figure 10 | **Told by Doctor Their Health Insurance Coverage Not Accepted by Health Status, Past Year**



NJ-BRFSS, JANUARY 2012-JUNE 2013

Conclusions

This Facts & Findings examined access to physician services of New Jersey adults just prior to the implementation of the main coverage provisions of the ACA. These data provide a baseline for possible future monitoring. On the eve of health reform, self-reported difficulty finding doctors or ones that will accept them as new patients or with their health insurance coverage seems restricted to some sub-groups of the NJ population. The situation is worse in NJ than nationally: National Health Interview Survey (NHIS) data from 2012¹³ indicates that 3.0% of US adults age 18–64 and 1.4% of adults age 65+ reported difficulty finding a physician in the previous year compared to 5.6% and 2.8% of NJ adults, respectively. Similarly, NJ rates are about double US rates for reported difficulty finding a physician who would accept them as a new patient (US: 2.5% age 18–64, 1.4% age 65+; NJ: 5.2% age 18–64, 2.9% age 65+). However, NJ rates for reported difficulty finding a physician who would accept their health insurance coverage were over four times greater than US rates (US: 3.3% age 18–64, 2.1% age 65+; NJ:

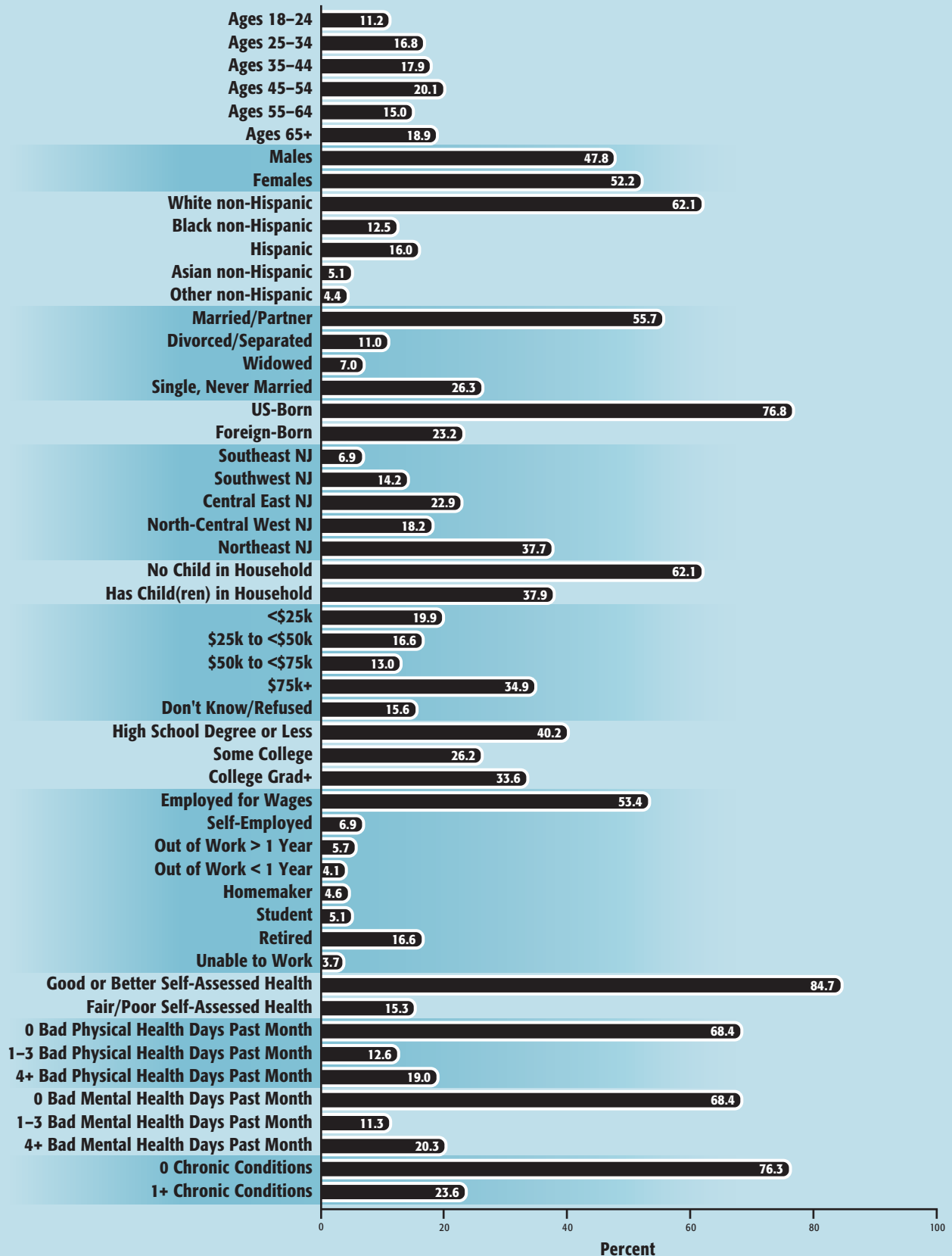
14.6% age 18–64, 9.0% age 65+). A similar pattern emerges for access by payer: NJ adults with Medicaid are about twice as likely to report access problems in the past year compared to US adults with Medicaid. While differences in survey methodology between the NHIS and the BRFSS may affect responses, the magnitude of differences between the national and NJ estimates are very large and unlikely to be due to methodological differences.

It is possible that a coverage expansion will lead to deterioration in access, at least in the short term. There are a number of options available to policymakers that may help to alleviate access problems, should they occur. Possible policy solutions include increasing incentives for medical residents who train in New Jersey to establish practice here over the long term, for example by expanding state loan forgiveness programs; changing regulations to allow more independent practice for nurse practitioners; and increasing training opportunities for physicians and advance practice nurses.

References

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Figure 11 | **Sample Characteristics**



NJ-BRFSS, JANUARY 2012–JUNE 2013

Other Reports in This Series

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Kristen Lloyd, Dorothy Gaboda, Joel C. Cantor. [New Jersey's Long-Term Uninsured Adults Eligible for Coverage under the ACA: Facts & Findings](#), May 2013.

Kristen Lloyd, Dorothy Gaboda, Joel C. Cantor. [Health Needs and Access to Care of the Working-Age Uninsured in New Jersey by Length of Time without Coverage: Facts & Findings](#), 2013.

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Methods

Data Source: January 2012-June 2013 New Jersey Behavioral Risk Factor Surveillance System (NJ-BRFSS), an annual US national survey. **Survey Objective:** Collect state-level population estimates about issues such as preventive health practices and risk behaviors and how they relate to chronic disease, injuries, and preventable infectious diseases that affect the US adult population.¹⁴ **Survey Components:** The 2012 and 2013 BRFSS surveys included three parts: the core component, the optional CDC modules, and state-added questions including new health care access items for New Jersey added by Rutgers CSHP researchers. The dataset for this analysis is restricted to non-institutionalized NJ adults who live in households and who answered the NJ-added access questions. Respondents were not asked if they actually tried to find a doctor, so it is assumed that those who reported no difficulty include those who both sought and did not seek health care.

The BRFSS is a random-digit-dialed telephone survey of an adult age 18+ randomly selected from all adults in the household (2012 NJ sample: 11,317 adults; January-June 2013 NJ sample: 5,807 adults). Interviews were conducted with both cell phone and landline samples. About 1/3 (N=5,195) of the NJ respondents received the new state-added health care access questions. All results reported here use weighted data; significant results are reported in the text at the $p < .05$ level. Missing values (don't know, refused) are not shown if less than 5%. Detailed tables showing significance tests of comparisons are available from the authors upon request. An overview of the BRFSS with more detailed methods is available at http://www.cdc.gov/brfss/annual_data/2012/pdf/Overview_2012.pdf.

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