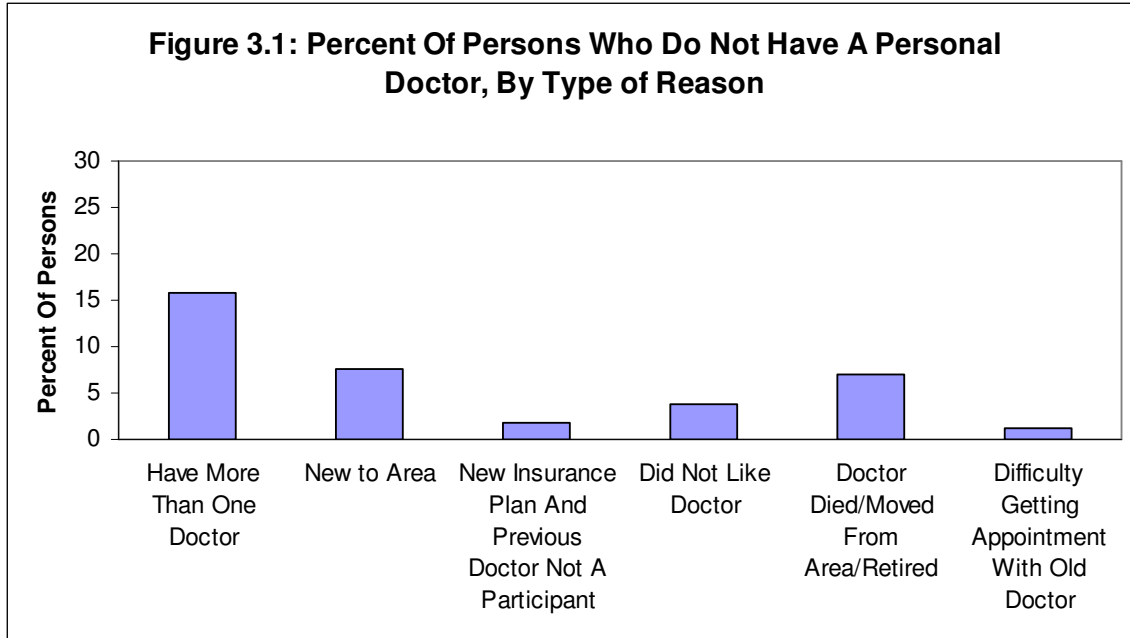


3 Results

The purpose of this chapter is to present the findings from the 2007 Targeted Survey on Access to Physician Care. First, we describe the people in The Foundation's geographic area who had different types of problems accessing physician services. We distinguished between those counties designated as VMUAs and Primary Care HPSAs in order to determine potential differences in access issues. We also evaluated differences in access problems based on age and insurance status. Third, we identified the primary reasons for access problems for those experiencing access problems. Next, we analyzed the views of nearly one-third of the medical providers in the study area. Finally, we assessed the experiences and challenges as reported by the leadership of safety-net providers. All the results taken together should provide as complete report as possible of access to physician care in The Foundation's geographic area.

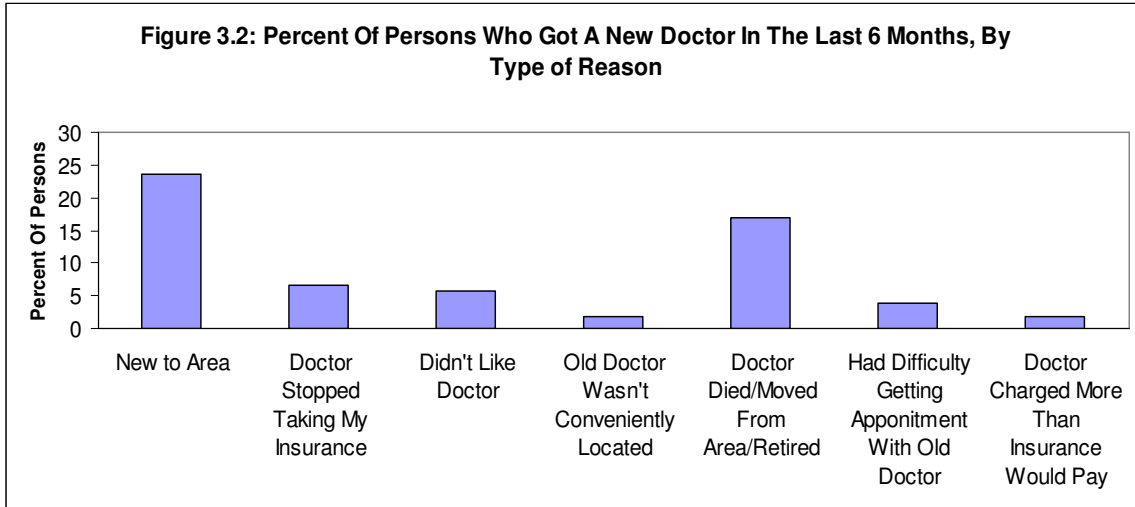
3.1 How Common Are Access Problems in the Foundation's geographic Area?

In the 11 localities that comprise the primary and secondary service areas of The Foundation, we found that most individuals had a personal doctor (86%). Figure 3.1 shows the reasons people do not have one personal doctor. The primary reason for not having one person who serves as a personal doctor or nurse is having more than one doctor or nurse (15.8 percent). A secondary reason is being new to the area (7.6 percent).



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

The reasons some persons got a new doctor in the last six months are identified in Figure 3.2. The most common reason was that the individual was new to the area. Many counties in The Foundation’s geographic area are increasingly desirable locations to raise families and to retire, and this feature is reflected in these results which also may be an issue to address. In terms of specialty care, 86.2 percent had no problem obtaining access to a specialist when needed; however, this was clearly dependent upon insurance status, as we will show later. Both primary and specialty care access problems were experienced by

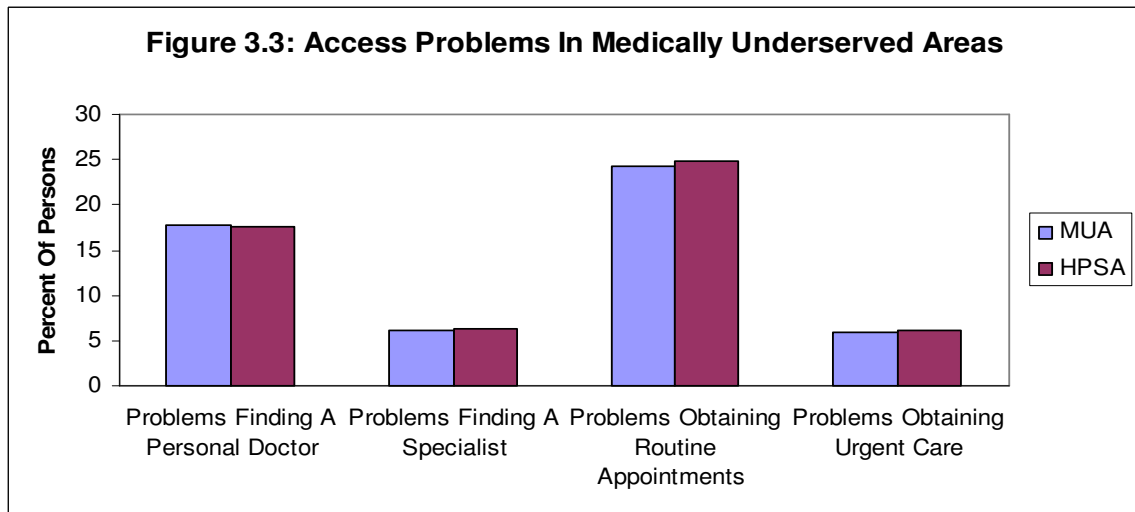


Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

people in subgroups that traditionally have problems accessing medical care, such as those in poorer health and those with lower incomes.

3.2 Access Problems in Virginia Medically Underserved Areas (MUAs) and Primary Care Health Professional Shortage Areas (HPSAs)

Although the survey was targeted to MUAs, the results clearly show there is no difference in access to physician care between MUAs or HPSAs and the



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

rest of The Foundation's geographic area (Figure 3.3). These findings hold true whether comparing responses from individuals in the Primary Care HPSAs (Surry, Charles City, James City, New Kent, King William, King and Queen) to all other counties (Middlesex, Mathews, Gloucester, York and Williamsburg City). There were no statistically significant differences for any of the four overall measures of access, nor any other measure, except two indicators of satisfaction in the case of VMUAs.

3.3 Access Problems by Age Groups

While we found very few access problems in VMUAs and HPSAs as compared to individuals residing outside these areas, our survey findings point toward the difficulties that certain subgroups experience. There were only modest differences between the three age groups with respect to obtaining primary and specialty care services.

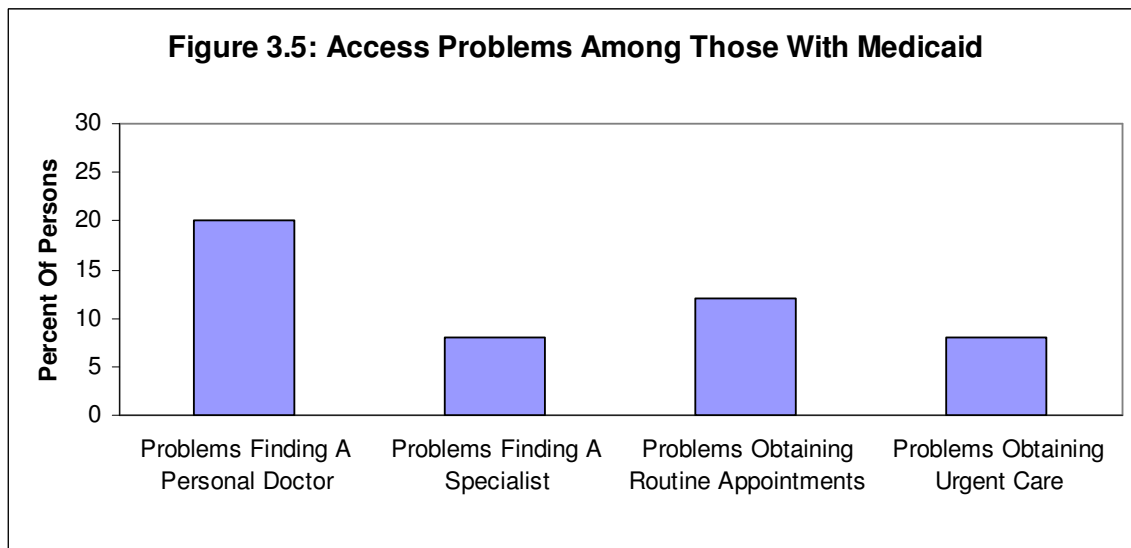
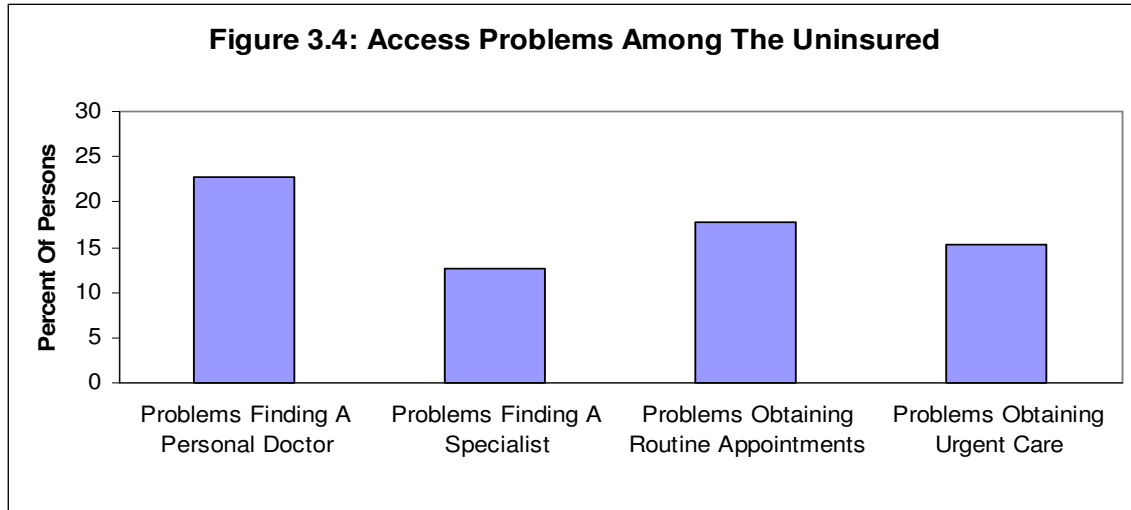
People 65 and over, covered by Medicare, had the fewest access problems (Appendix F). There were essential differences in other measures of access to care among age groups. Younger adults (age 19-64) perceived that it has gotten harder to see a doctor in the past year or two (12.5 percent). Younger adults were also less likely to obtain a healthcare appointment when needed, with 10.6 percent sometimes obtaining that appointment and an additional 5 percent never able to obtain an appointment when needed. Younger adults were also more likely to have a health condition for which the doctor's care should have been sought but was not. Reasons given included they thought it would

cost too much (17.4 percent), they could not get appointment soon enough (17.4 percent), or that they perceived there was no doctor available (17.4 percent). Likewise, younger adults were more likely to postpone visits due to being too busy with other things (20 percent), experiencing concerns with affordability (17.3 percent), and believing the problem was not serious enough for an appointment (12.8 percent).

With respect to children's access issues, as reported by a parent or other proxy, 81.8 percent of children had a personal physician (Appendix G). This finding is an important issue, if the expectation is that 100 percent of children would have access to physician care.

3.4 Access Problems by Insurance Status

The survey results indicate greater disparities between the insured and uninsured and those with Medicaid coverage as compared to individuals covered by Medicare or other private insurance (e.g., employment-based coverage, veteran's benefits) (Appendix G). Medicaid recipients and those with no insurance are particularly vulnerable and were also more likely to have poorer levels of health (Appendix G). The uninsured were least likely to have a relationship with a personal doctor (59.5 percent), followed closely behind by Medicaid recipients (64 percent) (Appendix G). Figures 3.4 and 3.5 highlight access problems for the uninsured and those on Medicaid. Across the board the uninsured were most likely to have big problems finding a personal doctor, obtaining access to a specialist when needed, as well as problems obtaining



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

obtaining routine care as well as urgent care. Double digit percentages of people on Medicaid had the same problems with access to care.

3.5 Reasons for Access Problems

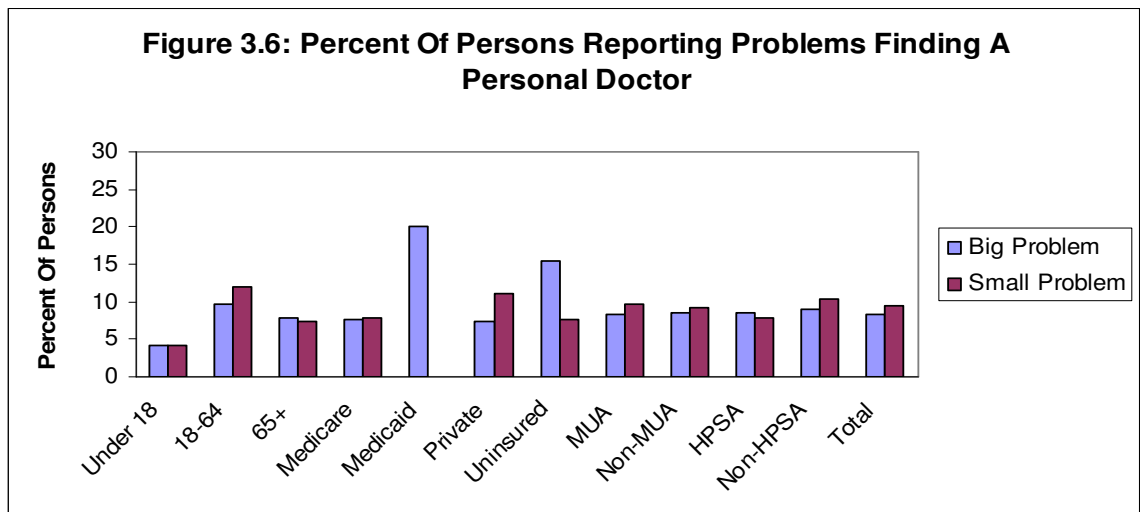
While there may be many reasons individuals could provide for not being able to access healthcare when needed, we determined that there were four primary areas of concern. These include: 1) difficulty obtaining a satisfactory personal doctor since joining a new insurance plan; 2) ability to make

appointments and get needed care; 3) unmet needs and delayed care; and 4) satisfaction with ease of getting primary and specialty care physician services.

The following section highlights these four indicators in more detail.

3.5.1 Difficulty Finding New Physicians

Out of those persons in The Foundation’s geographic area who got a new personal doctor in the past six months (7 percent), almost 18 percent described this process as a problem. Figure 3.6 shows the differences in problems based on individual characteristics. It is evident that those with Medicaid had the



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

greatest problem. Table 3.1 identifies the reasons people experienced problems.

The top two reasons given were that there were too few doctors in the area and that they could not find a doctor accepting their insurance (See Figure 3.7).

Respondents to the survey had to have needed physician care in the last week and then experienced a problem in order to give a reason. Thus the number of

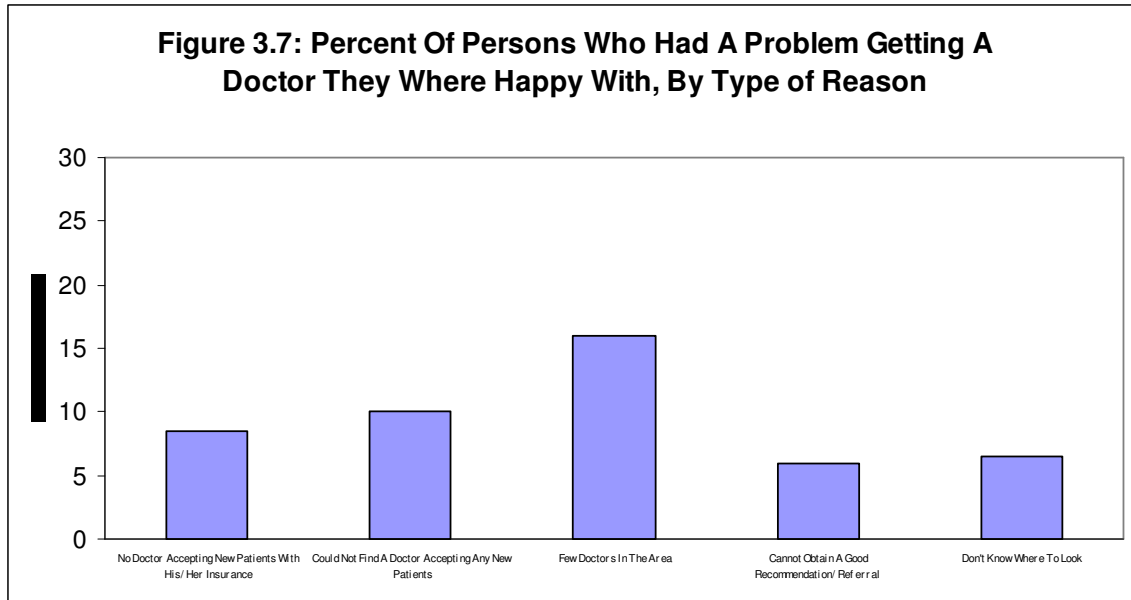
Table 3.1: Reasons for Access Problems Among Persons in Foundation's Geographic Area

	Percent	Confidence Interval (+/-)
Percentage Reporting At Least 1 Physician Access Problem	17.8	2.235
Percentage Due To Physician Insurance Participation issues	4.4	7.465
Percentage Due To Other Availability Issues	16.8	5.069
Percentage Reporting Problem Finding Doctor or Specialist In Last 6 Months	12.8	1.952
Percentage Due To Physician Insurance Participation issues	1	7.371
Percentage Due To Other Availability Issues	5.8	5.515
Percentage Not Getting Necessary Care In Last 6 Months	9	1.672
Percentage Due To Physician Insurance Participation issues	0.5	6.183
Percentage Due To Other Availability Issues	4.4	5.685
Percentage Rating Availability of PCPs or Specialists As Fair Or Poor	10.9	1.821
Percentage Due To Physician Insurance Participation issues	0.4	8.748
Percentage Due To Other Availability Issues	13.5	5.397

Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

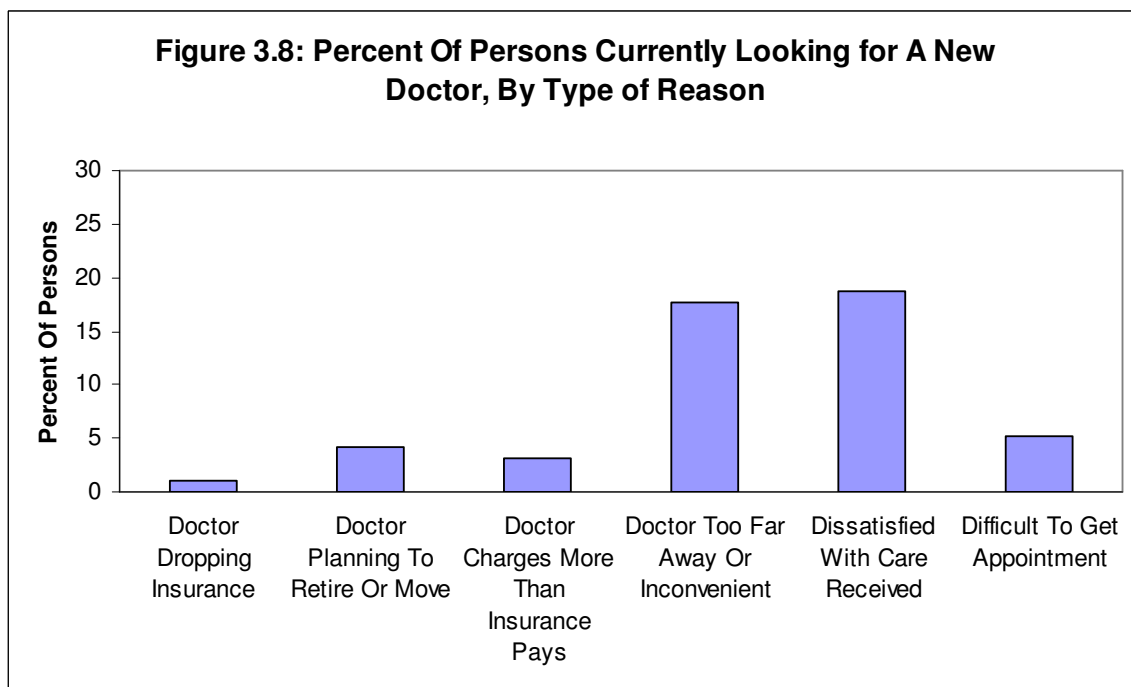
respondents can be small in these categories and we have included a confidence interval for these statistics.

Only 5.2 percent of people were currently looking for a new doctor. Figure 3.8 identifies some of the explanations given for needing a new primary care doctor. While other access issues, particularly with specialty care, indicated problems with getting appointments, the issue of appointments was less of a



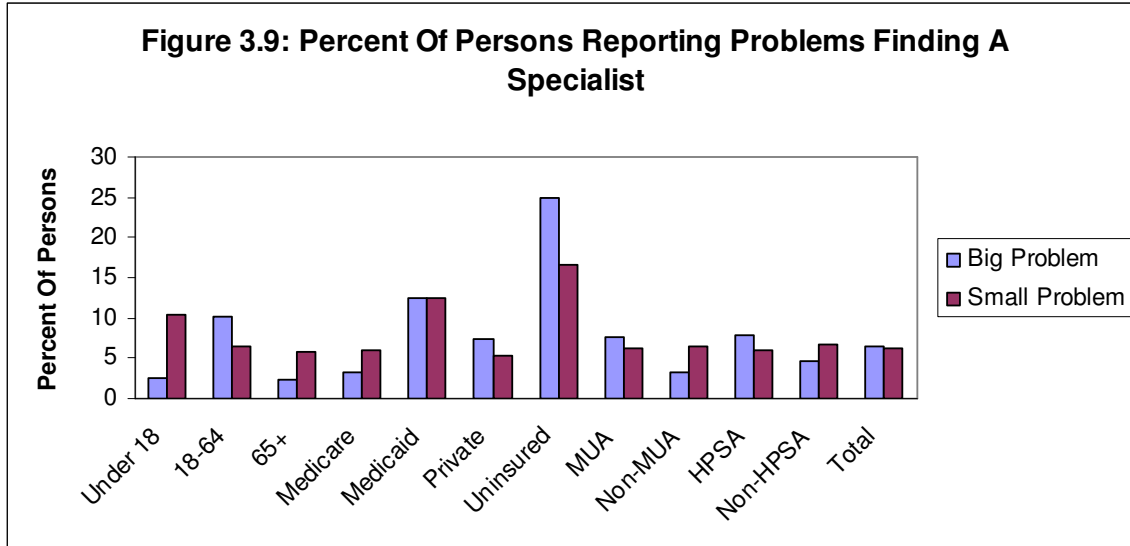
Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

concern here. The more common explanations for needing a new primary care doctor were that the individuals were dissatisfied with the current care or that the doctor's office was not conveniently located.



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

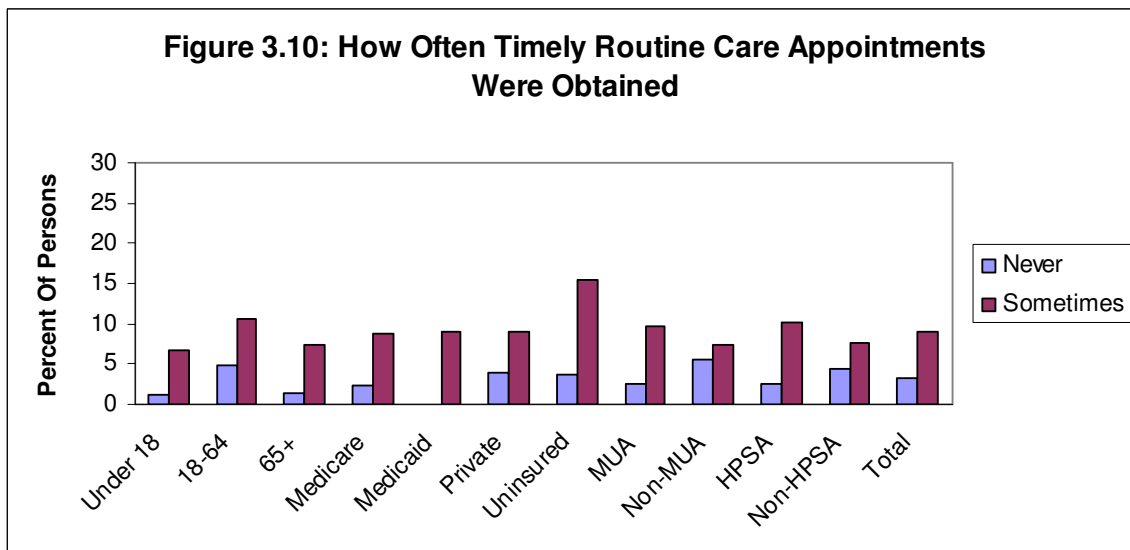
Figure 3.9 shows the percentage of persons experiencing problems accessing specialty care, by respondent characteristics. The uninsured had the greatest problem (big or small) (45.8 percent) obtaining specialty care when needed.



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

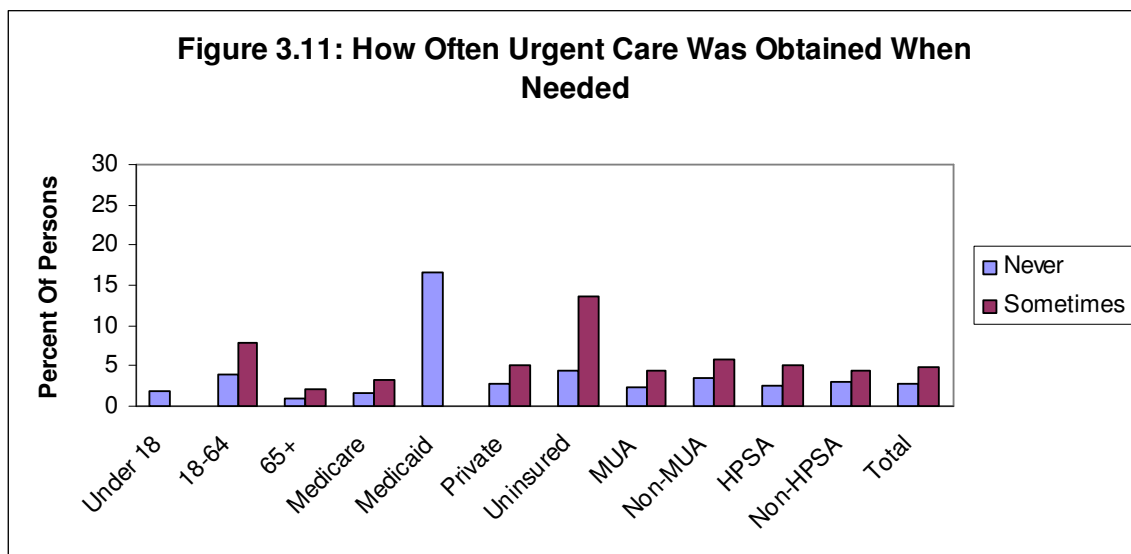
3.5.2 Ability to Make Appointments and Get Needed Care

Figure 3.10 shows the problems people experienced when trying to obtain a timely routine care appointment. The magnitude of persons who were “never”



able to obtain these routine care appointments was less than 5 percent. Ideally, people should always be able to obtain their appointments when needed. Shown elsewhere (Appendix G), Medicare (73.6 percent) and Medicaid (72.7 percent) respondents were always able to obtain routine care appointments, while only 52.3 percent of those with private insurance and 46.2 percent of the uninsured were able to always obtain this appointment.

Figure 3.11 shows the percentage of persons obtaining timely urgent care when needed. Twenty percent of persons with Medicaid were never able to obtain timely urgent care. Half of Medicaid respondents were unable to obtain care right away because they were unable to get an appointment with their doctor while the remainder they could not leave their family members to see the doctor. The survey revealed nominal use of urgent care facilities and the emergency department of the local hospital for routine care when needed.



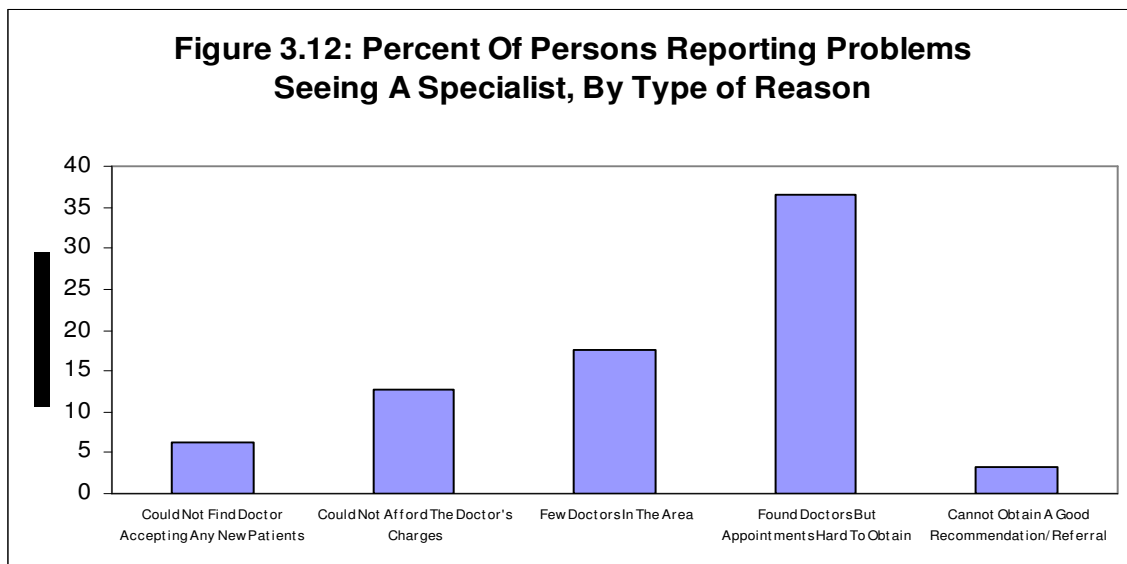
Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

3.5.3 Unmet Needs and Delayed Care

Appendix G shows the percentage of persons in The Foundation’s geographic area with unmet needs. Approximately 11 percent of persons identified that they had a health condition for which a doctor’s care should have been sought but was not. The most common reasons given for not seeing a doctor included: they could not get an appointment soon enough (14.7 percent); no doctor was available (14.7 percent); and they could not afford the care (14.7 percent). Approximately 18 percent of persons explained that they had postponed a doctor’s visit over the last six months. The most common reasons for postponing care including being too busy with other things ((20.5 percent) and concerns with affording the care (15 percent).

3.5.4 Satisfaction with Ease of Getting Physician Services

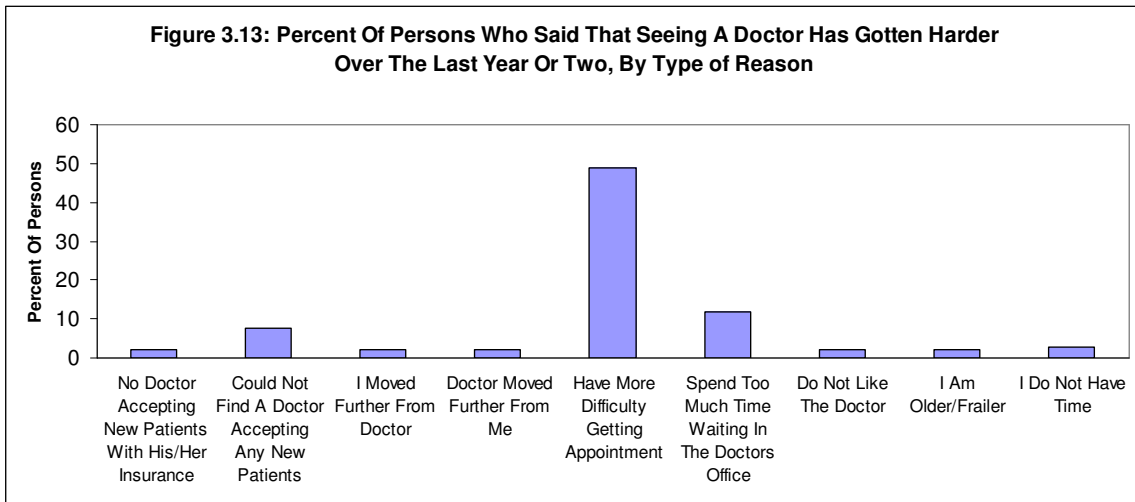
Out of all the individuals in The Foundation’s geographic area with problems accessing specialty care (12.8 percent), the largest group (36.5



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

percent) found a specialist but also found that it was difficult to obtain an appointment (See Figure 3.12). This access issue was more pronounced for the uninsured and those with Medicaid.

When asked if it was harder, easier, or about the same to see a doctor today as compared to the past year or two, the majority of persons (83 percent) perceived that seeing a doctor was about the same. While nearly 6 percent of persons found it was easier to see a doctor in the past year or two, approximately 9 percent of persons perceived that it was harder. When asked to identify how it has become harder, the majority of these persons (50%) described difficulties with getting an appointment (See Figure 3.13). While getting appointments,



Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.

particularly with specialists, was consistently identified as a challenge, most individuals rated the availability of specialist care when needed as good or better (70 percent) Table 3.2 shows how persons rated convenience and availability of primary and specialty care. The next section describes the findings from the Physician and Nurse Practitioner Survey.

Table 3.2: Satisfaction with Ease of Getting Physician Care

	Percent Of Persons												
	Age			Insurance			MUA Status			HPSA Status			
	Under 18	18-64	65+	Medicare	Medicaid	Private	Uninsured	Yes	No	Yes	No	Yes	No
Rating For Ease and Convenience of Getting A Doctor													
Excellent	37.7	34.6	36.3	35.7	28.0	37.6	25.6	34.2	40.8	35.4	36.7		
Very Good	31.5	26.7	34.4	34.9	32.0	26.6	29.5	29.6	30.1	27.6	32.7		
Good	19.9	23.0	18.2	17.9	16.0	22.5	23.1	21.0	20.2	21.5	19.8		
Fair	8.2	8.7	5.7	5.6	8.0	8.8	7.7	8.0	6.5	7.9	7.3		
Poor	0.7	4.2	3.2	4.3	4.0	2.8	3.8	4.4	0.7	4.6	1.8		
Have Not Gone to the Doctor	1.4	2.6	1.3	1.1	4.0	1.6	9.0	2.2	1.4	2.3	1.5		
Reasons For Rating Ease and Convenience of Getting A Doctor													
Available Doctors Do Not Take New Patients	0.0	1.3	0.0	2.7	0.0	0.0	0.0	1.0	0.0	0.0	2.4		
With His/Her Insurance													
Available Doctors Do Not Accept Patients At All	0.0	1.3	3.6	2.7	0.0	0.0	11.1	2.0	0.0	0.0	4.9		
Wait Too Long For Appt	7.7	6.3	3.6	5.4	33.3	4.1	11.1	4.9	9.5	3.7	9.8		
Available Doctors Charge Too Much	0.0	2.5	0.0	2.7	0.0	0.0	11.1	2.0	0.0	0.0	4.9		
No Doctors Available	0.0	7.5	10.7	8.1	0.0	6.8	11.1	4.9	19.0	3.7	14.6		
Do Not Like Available Doctors	15.4	2.5	0.0	0.0	0.0	6.8	0.0	3.9	4.8	4.9	2.4		
Cannot Get An Appt	0.0	2.5	0.0	0.0	0.0	2.7	0.0	2.0	0.0	2.4	0.0		
Have to Travel Too Far/Too Difficult to Travel	61.5	73.8	71.4	73.0	33.3	75.7	55.6	75.5	57.1	80.5	56.1		
Could Not Leave Other Family Member	0.0	1.3	0.0	0.0	0.0	1.4	0.0	1.0	0.0	1.2	0.0		
Doctor Requires Upfront Payment	0.0	2.5	0.0	0.0	0.0	1.4	11.1	2.0	0.0	1.2	2.4		
Could Not Get Off Work	0.0	3.8	0.0	0.0	0.0	4.1	0.0	2.0	4.8	2.4	2.4		
Rating For Availability of Specialist Care When Needed Over Past 6 Months													
Excellent	30.8	19.9	29.0	30.6	13.6	23.0	7.1	25.0	22.6	25.7	22.6		
Very Good	21.7	29.5	34.9	33.6	31.8	29.8	11.4	29.3	31.7	28.3	32.2		
Good	14.0	20.4	13.7	14.6	4.5	18.6	24.3	16.8	18.8	16.6	18.3		
Fair	4.9	4.8	2.3	2.7	13.6	4.0	7.1	4.1	3.5	3.9	4.0		
Poor	1.4	3.5	2.0	2.2	4.5	2.2	8.6	2.9	2.1	2.8	2.5		
Did Not Need Specialist Care	27.3	20.7	16.3	14.6	27.3	21.8	37.1	20.8	19.5	21.8	18.6		

Source: 2007 Targeted Survey of Physician Access conducted by the College of William & Mary for the Williamsburg Community Health Foundation.