Utah Health Status Update:
Are Primary Care Physicians Accepting New Patients or Medicaid Patients?

A recent UDOH study examined the factors that influence whether Utah's primary care physicians are limiting the number of new patients or Medicaid patients.

In 2002, the Utah Medical Education Council (UMEC) surveyed all 7,410 physicians licensed in the State of Utah, with a response rate of 70%. 1,032 respondents reported being in primary care specialties and treated Utah patients. The UMEC survey collected demographic information, as well as information on practice type and characteristics. These results are based on UDOH analysis of the survey responses.

The study examined which factors influence the probability that primary care physicians report a) not accepting any new patients and b) not accepting new Medicaid patients.

Summary Statistics

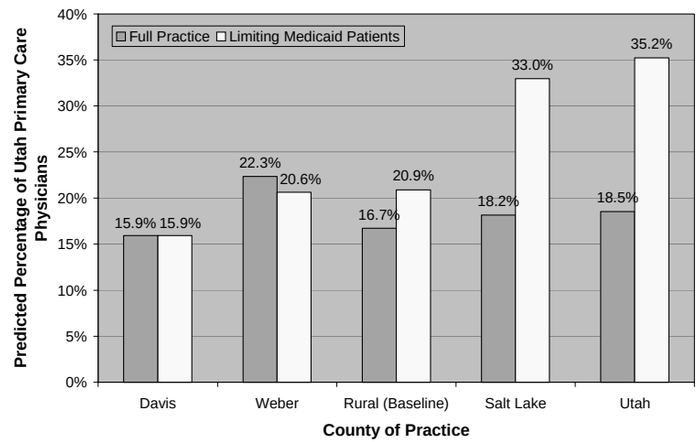
- 11% of Utah's Primary Care Physicians reported not accepting any new patients ("practice is full").
- 35% of Utah's Primary Care Physicians reported not accepting new Medicaid patients.
- On the Wasatch front, 93% of physicians reported that less than 30% of their patients were on Medicaid.
- Generally speaking, physicians with more Medicaid patients were more likely to accept new patients, including new Medicaid patients.

Location

- On average, physicians in rural counties were less likely to report having full practices than those in Salt Lake, Utah, or Weber counties, but more likely than those in Davis County.
- On average, physicians in rural counties were less likely to report not accepting new Medicaid patients than those in Salt Lake or Utah counties, but more likely than those in Davis County.

Probability of Full Practice or Limiting New Medicaid Patients by County

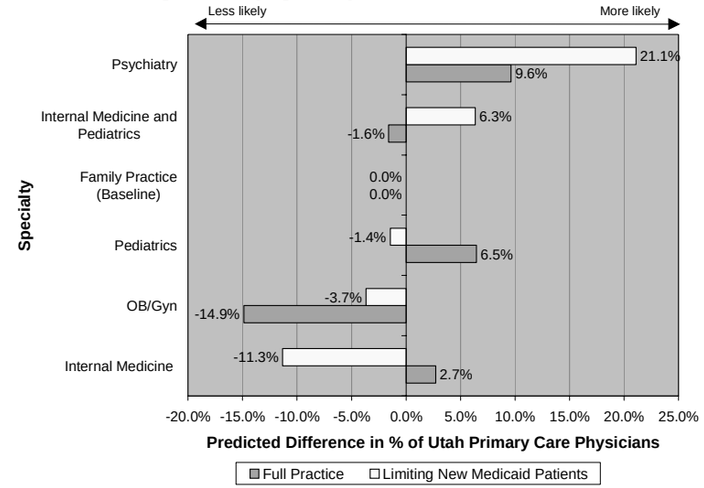
Figure 1. Predicted percentage* of physicians who reported having a full practice by county of practice. Utah family practice, physician partnership practices, 2002.



*Predicted percentages are based on results of a statistical model.

Probability of Full Practice or Limiting New Medicaid Patients by Specialty

Figure 2. Relative probability of reporting full practice or limiting new Medicaid patients by specialty area, Utah, 2002.



Specialty

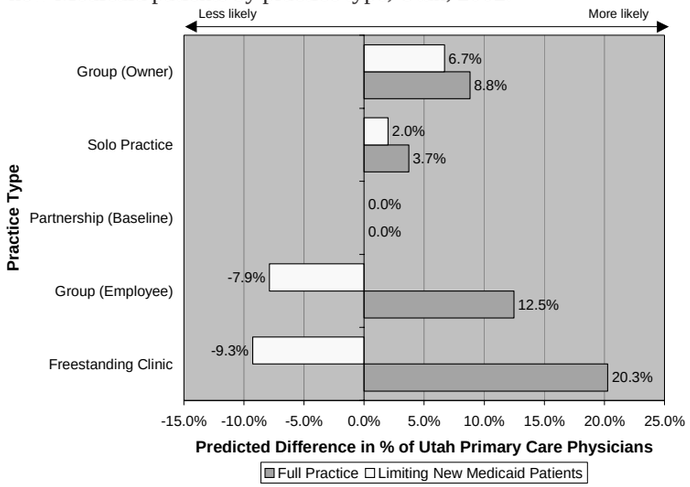
- OB/Gyn physicians were the least likely to report having full practices (and second to least likely to report limiting new Medicaid patients).
- Internists were the least likely to report limiting new Medicaid patients.
- Pediatricians were more likely than internists to report limiting new Medicaid patients, and more likely than OB/Gyn to report having a full practice.
- Family practice physicians were more likely than internists to report limiting new Medicaid patients and more likely than OB/Gyn to report having a full practice.
- Psychiatrists were the most likely to report not being able to accept new Medicaid patients and having full practices.

Practice Settings

- While physicians in freestanding medical clinics and employees of group practices were the most likely to report being full, they were at the lower end of the spectrum regarding limiting new Medicaid patients.
- Physicians who were owners or operators in group practices were more likely than physicians in clinics to report limiting Medicaid patients, but less likely than physicians in clinics to report being full.

Probability of Full Practice or Limiting New Medicaid Patients by Practice Type

Figure 3. Relative probability of reporting full practice or limiting new Medicaid patients by practice type, Utah, 2002.



Summary and Conclusions

- As we consider policies to ensure access to primary care physicians, it is important to know whether certain types of providers have the capacity to accept new patients. The analysis shows that certain types of providers are more likely than others to accept new primary care patients.
- While there is variation across location, specialty, and practice type, it appears that even in the worst cases, there is still adequate capacity to accept new patients.
- The study results suggest that internists, OB/Gyn, and pediatricians (especially those associated with clinics or who are employees in group practices) remain viable alternatives to family practice in cases where access might be limited; however, this study did not address wait time for new patient appointments.

Acknowledgments

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