

Access to primary care appointments varies by insurance status

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Individuals posing as patients covered by private insurance were more likely to secure a new-patient appointment with a primary care physician compared to individuals posing as patients covered by Medicaid or uninsured.

The Patient Protection and Affordable Care Act (ACA) expands insurance access, which is intended to improve access to care for the newly insured. But it is unknown whether the primary care system can handle the increased demand.

The authors sought to estimate a baseline for primary care access before the ACA coverage expansions took effect in January 2014. Trained field staff called primary care offices in Arkansas, Georgia, Illinois, Iowa, Massachusetts, Montana, New Jersey, Oregon, Pennsylvania and Texas to ask about making a new patient appointment between November 2012 and April 2013. The callers posed as nonelderly adults with either private insurance, Medicaid or no insurance. A total of 12,907 calls were made to 7,788 primary care practices between November 2012 and April 2013.

Across the 10 states, 84.7 percent of the callers who said they had [private insurance](#) were able to get an appointment, as were 57.9 percent of callers claiming to have Medicaid coverage. Appointment rates were 78.8 percent for uninsured patients offering full cash payment but only 15.4 percent if the payment required at the time of the visit was \$75 or less. Median (midpoint) wait times ranged from between five and eight

days for private and Medicaid callers. About 75 percent of callers in both those patient groups were able to get a new-patient appointment in less than 2 weeks.

"Although most [primary care physicians](#) are accepting new [patients](#), access varies widely across states and insurance status. ... Tracking new patient appointment availability over time can inform policies designed to strengthen [primary care](#) capacity and enhance the effectiveness of the coverage expansions with the Patient Protection and Affordable Care Act," Karin V. Rhodes, M.D., M.S., of the University of Pennsylvania Perelman School of Medicine, Philadelphia, and colleagues wrote in their *JAMA Internal Medicine* article.

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