

A large green square is positioned in the top left corner of the page. A thin grey line extends from its bottom right corner, ending in a small yellow square. This line continues horizontally to the left of the title, then turns vertically down to the title, and then continues horizontally to the right, ending in another small yellow square. A large, thin, light-brown arc starts from the top right of the page and curves down to meet the horizontal line at the end of the second yellow square.

Access to Physicians Survey

February 2007



Access to Physicians Survey

**Data Collected by Woelfel Research
Report Prepared by Teresa A. Keenan, Ph.D.**

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Executive Summary

Introduction

In February 2007, AARP Knowledge Management contracted with Woelfel Research, Inc. to field a telephone survey among adults ages 50 and older to learn more about their experiences with and access to physicians. Given that a primary interest of the research was to determine if the experiences of individuals age 65 and older with Medicare would be different than those of individuals between the ages of 50 and 64 who had some type of private health insurance coverage, interviewees were screened so that they fell into one of two groups: those 50-64 with health insurance and those 65 and older with Medicare coverage.

At the conclusion of the fielding period, responses had been received from 2,010 individuals, 1,000 between the ages of 50 and 64 and 1,010 ages 65 and older. The sampling error for each of the two segments is +/- three percentage points at the 95% confidence level. This means that in 95 out of 100 samples of this size, the results would fall in a range of no more than three percentage points of what would have been obtained if every person age 50 or older had been surveyed.

In this survey, respondents were asked about their experiences making appointments with doctors for routine care or for an illness or injury, with specialists, and with primary care physicians. They were also asked whether they had postponed seeking medical care, had seen more than one doctor for the same problem, or had to give up something in order to pay for an increase in a health insurance premium. Finally, respondents were asked about their satisfaction with both the health care they have received and their access to physicians.

The results follow.

Key Findings

Experience Making Appointments

More than four in ten (44%) respondents said they made or tried to make *five or more* doctor's appointments in the past twelve months, while one-quarter (25%) reported making *three or four* and a similar figure (23%) said they made *one or two*. Medicare beneficiaries were more likely than individuals ages 50-64 with private health insurance to say they have made *five or more* appointments in the past year (48% vs. 40%).

Most of those who said they had made an appointment did not encounter longer-than-expected delays in getting an appointment for either routine care or for an illness or injury. Notably, Medicare beneficiaries were more likely than their younger, insured counterparts to say they *never* had to wait for either type or appointment (routine: 68% vs. 60%; illness or injury: 78% vs. 74%).

For those respondents who said they had to wait longer than they expected for an appointment, about half said they were given a reason for the delay when the appointment was for routine care, and one-third said they were given a reason when the delay was for an illness or injury-related appointment.

Delaying Medical Appointments

Roughly one-fifth of respondents said they thought they should have seen a doctor for a medical problem, but did not. Younger, insured respondents were more likely than those ages 65+ with Medicare to say they had delayed seeking a medical appointment (21% vs. 15%). The largest percentage (17%) said they simply procrastinated or did not think the problem was serious, while eleven percent said they delayed because seeking medical help was too expensive. Fewer than one percent of respondents said they did not make a doctor's appointment because they couldn't find a doctor, they could not find transportation, their doctor did not accept their insurance, their doctor was not accepting new patients, or their doctor was not accepting Medicare patients.

Finding a Primary Care Physician or Specialist

Three-quarters (76%) of respondents said they had tried to make an appointment with a primary care physician, and nearly six in ten (57%) said the same thing about making an appointment with a specialist. The large majority of respondents (91%) said it was *no problem* finding a doctor or a specialist to treat them.

Fewer than one in ten respondents said that a procedure or test had been recommended by their primary care physician or a specialist but their insurance would not pay for it.

Seeing More than One Doctor

About one in three respondents (29%) reported that they had seen more than one doctor for the same medical problem, with younger, insured respondents being more likely than Medicare beneficiaries to say so (31% vs. 27%). Of those who had seen more than one doctor for the same condition, nearly nine in ten (86%) said that one doctor had been coordinating their care.

Dealing with an Increase in a Health Insurance Premium

Most respondents (78%) said they have not had to give up something in order to pay for an increase in their health insurance (or Medicare) premium, with Medicare beneficiaries being less likely to report having to do so. But, Medicare beneficiaries were more likely to say they had to cut back on groceries (21% vs. 15%) to pay for an increase in their health insurance premium.

Levels of Satisfaction

Respondents were asked two questions about their levels of satisfaction, one with the health care they received in the past 12 months and one with their access to physicians. In both cases, satisfaction levels were high, with roughly eight in ten respondents saying they are either *extremely* or *very satisfied* with both their health care (79%) and their access to physicians (80%). Medicare beneficiaries were more likely than their counterparts to report high levels of satisfaction.

Online Access and Communicating with Your Doctor Online

About six in ten respondents (59%) said they had online access in their home. When asked if they would like to communicate with their doctor online or via email (instead of going in to the office), three-quarters (74%) said they would not. Clearly, the preference is for face-to-face interaction, with the preference being strongest for Medicare beneficiaries who generally do not have online access at home.

Summary and Conclusions

Results from this survey suggest that patients are generally having a positive experience in dealing with their physicians. Satisfaction levels are high, with roughly eight in ten respondents saying they are either *extremely* or *very satisfied* with both their health care and their access to physicians. Most respondents who also made an appointment said they did not encounter longer-than-expected waits, and the large majority of respondents said it was *no problem* finding a doctor or specialist to treat them.

When it comes to health care expenses, most respondents said they have not had to give up something in order to pay for an increase in their health insurance (or Medicare) premium. Moreover, less than one in ten respondents reported that a procedure or test had been recommended by their primary care physician or specialist but their insurance would not pay for it.

Given that a primary focus of this research was to compare the health care experiences of those ages 50 to 64 with health insurance to those ages 65 and older with Medicare, it is interesting to note that while the overall picture is positive, on balance it is even more positive for Medicare beneficiaries.

However, while the experiences of the respondents to this survey are positive, it is important to remember that we have focused on the experiences of midlife and older adults who have some type of health care insurance, either private coverage for those ages 50-64 or Medicare for those ages 65+. As other research has clearly shown, the experience for those without health insurance paints a decidedly different picture.

Detailed Findings

Experience Making Appointments

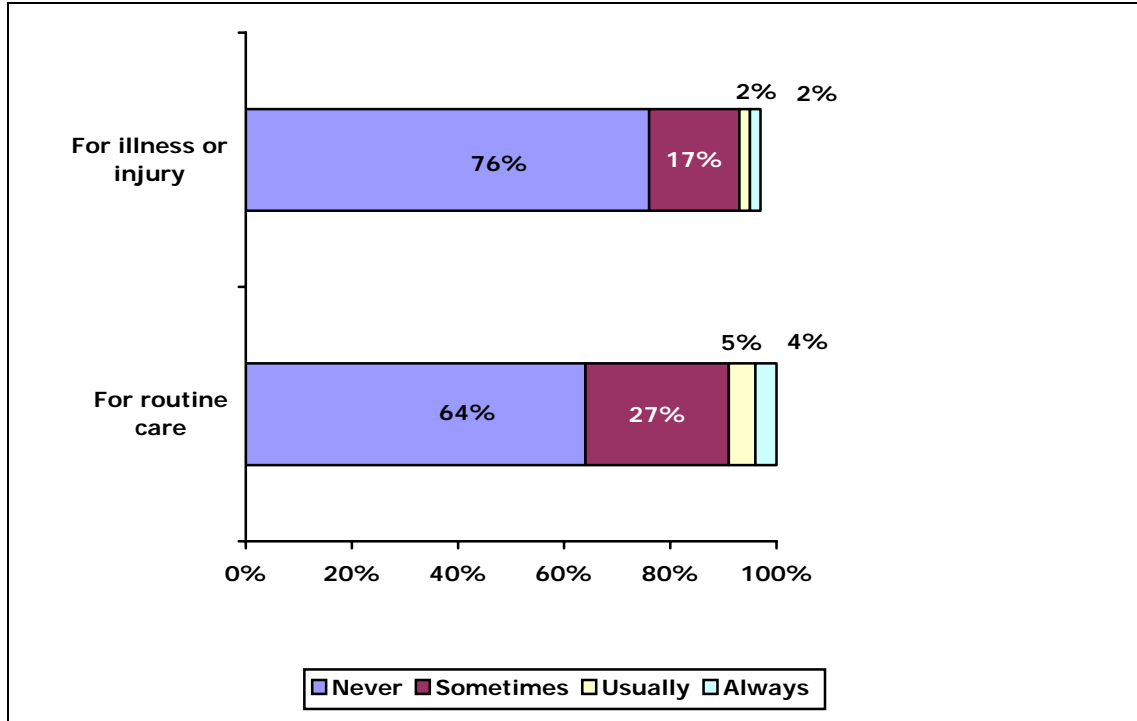
More than four in ten (44%) respondents said they made or tried to make *five or more* doctor's appointments in the past twelve months, while one-quarter (25%) reported making *three or four* and a similar figure said they made *one or two* (23%). Only seven percent of the respondents said they had not made any doctor's appointments in the past year.

- Women (46% vs. 40%), Medicare beneficiaries (48% vs. 40%), and those with incomes less than \$50,000 per year (47% for those with incomes less than \$30,000 and 48% for those with incomes between \$30,000 and \$49,999 vs. 41% for those with incomes of \$50,000 or more) are more likely than their counterparts to say they have made or tried to make *five or more* appointments in the past twelve months.

Most of those who said they had made an appointment did not encounter longer-than-expected delays in getting an appointment for either routine care or for an illness or injury (see Figure 1). Two-thirds (64%) of respondents said they *never* had to wait longer than expected for routine care, and three-quarters (76%) said they *never* had to wait longer than expected to see a doctor about an illness or injury. About one-quarter (27%) said they *sometimes* had to wait for routine care and about one in six (17%) said they *sometimes* had to wait for an illness- or injury-related appointment.

- Men (70% vs. 61%) and Medicare beneficiaries (68% vs. 60%) are more likely than women and those ages 50-64 with private health insurance to say they *never* had to wait longer than they expected to when making an appointment for routine care. In contrast, women (29% vs. 21%) and those ages 50-64 (30% vs. 23%) are more likely than their counterparts to say they *sometimes* have had to wait longer than expected. Notably, there are no income differences in expected wait times.
- When it comes to appointments for an illness or injury, the statistically significant differences are the same as those noted for routine care appointments. That is, men (79% vs. 74%) and Medicare beneficiaries (78% vs. 74%) are more likely than women or those ages 50-64 with private health insurance to say they have *never* had to wait longer than they expected.

Figure 1
How often did you have to wait longer than you expected
to get a doctor's appointment?
(Those who made an appointment n=1,862)



Source: Access to Physicians Survey, February 2007

- Similar to the findings here, according to a recent report by the Medicare Payment Advisory Committee (Medpac), more than seven in ten Medicare beneficiaries who responded to their 2005 survey said they *never* had to wait longer than they expected for routine care (74%) and more than eight in ten said the same about waiting for an appointment for illness or injury (83%).
- For those with private insurance ages 50-64, the percentages were slightly lower, with about two-thirds (67%) saying they *never* had to wait longer than expected for routine care and three-fourths (75%) saying the same about waiting for an illness or injury appointment. In contrast, two percent of Medicare beneficiaries and three percent of those with some private health insurance reported *always* experiencing a delay in getting an appointment for routine care.

For those respondents who said they had to wait longer than they expected for an appointment, about half (48%) said they were given a reason for the delay when the appointment was for routine care, and one-third (34%) said they were given a reason when the delay was for an illness or injury-related appointment. There are no gender, age, or income differences in the responses to these two questions.

Not surprisingly, when asked to estimate the length of time between scheduling an appointment and seeing a doctor, estimated wait times varied by the type of appointment that respondents were making. Half (49%) of those scheduling an appointment for an illness or injury reported that they *did not have to wait*. For routine care, however, only one-fifth (21%) of respondents said they *did not have to wait* for an appointment.

- Medicare beneficiaries are more likely than those ages 50-64 with private health insurance (26% vs. 17%) and those with annual household incomes less than \$30,000 are more likely than those with incomes of \$50,000 or more (26% vs. 17%) to report that they *did not have to wait* for routine care appointments.
- Similarly, when considering appointments for an illness or injury, Medicare beneficiaries are more likely than those ages 50-64 with private health insurance (52% vs. 46%) to say they *did not have to wait*.

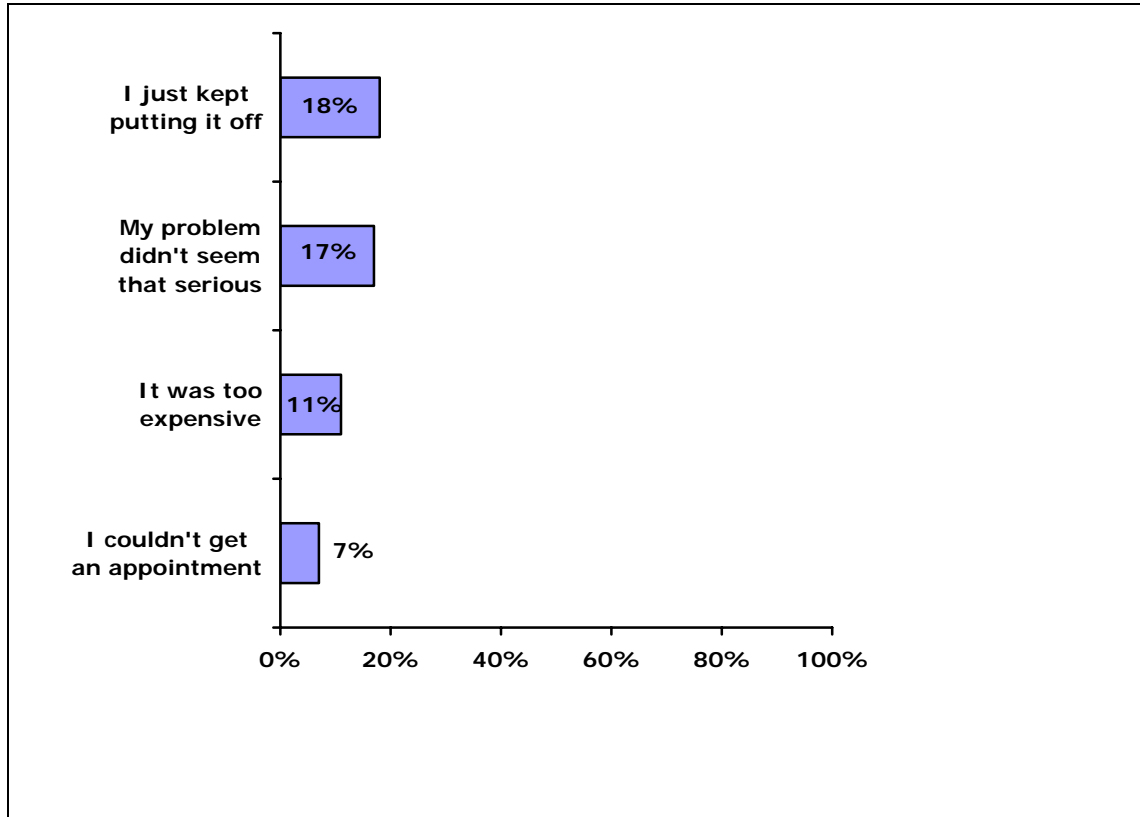
For those who noted a period of time in which they had to wait for an appointment, one-third said they had to wait *one to three* days for both routine care (32%) and illness or injury (33%).

Delaying Medical Appointments

Roughly one-fifth (18%) of respondents said they thought they should have seen a doctor for a medical problem, but did not. About one-fifth said they simply procrastinated (18%) or did not think the problem was serious (17%) (see Figure 2). Notably, only one percent (or fewer) of respondents said they did not make a doctor's appointment because they could not find a doctor, could not find transportation, their doctor did not accept their insurance, their doctor was not accepting new patients, or their doctor was not accepting Medicare patients.

- Respondents ages 50-64 with private health insurance coverage (21% vs. 15%) are more likely than Medicare beneficiaries ages 65+ to say they thought they should have seen a doctor but did not do so.
- Further, those with annual household incomes of less than \$30,000 are more likely than those with incomes of \$50,000 or more (23% vs. 17%) to say they thought they should have seen a doctor but did not.

Figure 2
Why did you postpone seeing a doctor?
(Among those who postponed n=368)



Source: Access to Physicians Survey, February 2007

Finding a Primary Care Physician or Specialist

When it comes to scheduling appointments with a primary care physician or a specialist, at least half of the respondents had such an experience. Specifically, three-quarters (76%) of respondents said they had tried to make an appointment with a primary care physician, and nearly six in ten (57%) said the same thing about making an appointment with a specialist.

- Women (79% vs. 72%) and respondents ages 50-64 with private health insurance (79% vs. 74%) are more likely to say they tried to schedule an appointment with a primary care physician.
- Further, those with incomes of \$30,000 or more are more likely to say they tried to schedule an appointment with a primary care physician (81% for those with incomes of \$30,000 or more vs. 68% for those with incomes less than \$30,000).

- As with scheduling appointments with a primary care physician, respondents with annual household incomes of \$30,000 or more are more likely than those with incomes below that level to say they tried to schedule an appointment with a specialist (60% and 65% vs. 49%).

Among those who tried to make an appointment with a primary care physician, nine in ten respondents (91%) said it was *no problem* finding a doctor to treat them. An identical percentage (91%) said it was *no problem* finding a specialist. For both questions, ten percent or fewer said it was either a *big problem* or *small problem* finding a primary care physician (9%) or specialist (10%) to treat them.

- There were no gender or income differences in experiencing a problem finding a primary care physician or a specialist. But,
 - while similar percentages of insured respondents said it was *no problem* finding a primary care doctor to treat them (Medicare beneficiaries 92% vs. 90% for those with private health insurance), Medicare beneficiaries were more likely than those ages 50-64 with private health insurance to say it was *no problem* finding a specialist who would treat them (93% vs. 88%).
- Similar to these results, when respondents to the 2005 MedPac survey were asked about problems finding a primary care physician or a specialist, large percentages reported very few problems. Three-quarters of Medicare beneficiaries said they had *no problem* finding a primary care physician (75%), while nearly nine in ten had *no problem* finding a specialist (89%). Figures for respondents with private health insurance were similar: 75% had *no problem* finding a primary care physician and 86% had *no problem* locating a specialist.

Fewer than one in ten respondents said that a procedure or test had been recommended by their primary care physician or a specialist but their insurance would not pay for it (8% and 7%, respectively).

- Medicare beneficiaries are less likely than those ages 50-64 with private health insurance coverage to say they have had this experience (primary care physician: 8% vs. 12%; specialist: 8% vs. 11%).
- Additionally, men are less likely than women to report having this experience with their primary care physician (8% vs. 11%).

Seeing More than One Doctor

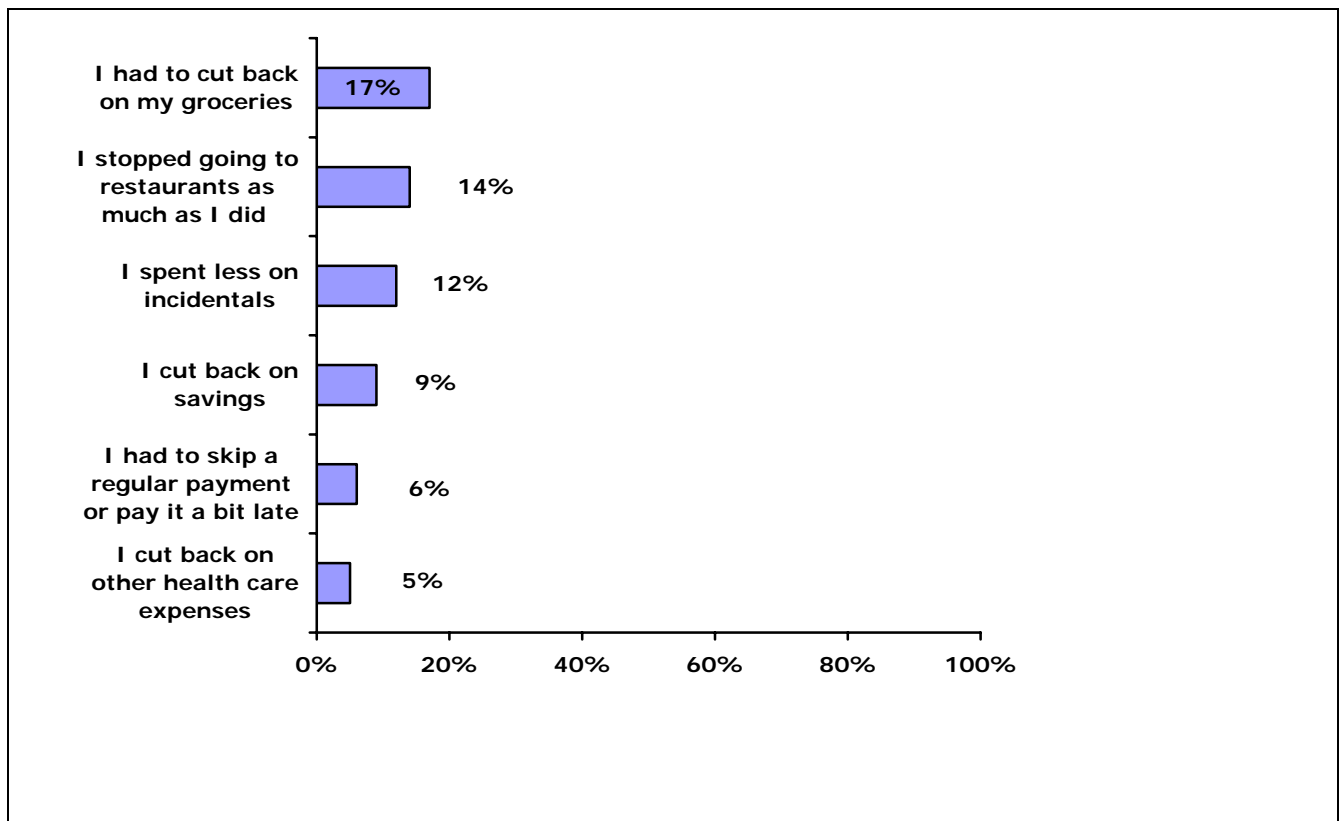
About one in three (29%) respondents reported that they had seen more than one doctor for the same medical problem. Of these, nearly nine in ten (86%) said that one doctor had been coordinating their care.

- Younger respondents (31% vs. 26%) and those with annual household incomes of \$50,000 or more (33% vs. 25% for those with incomes between \$30,000 and \$49,999) are more likely to say they have seen more than one doctor for the same problem. There are no demographic differences, however, in terms of care coordination.

Dealing with an Increase in a Health Insurance Premium

Most respondents (80%) said they have not had to give up something in order to pay for an increase in their health insurance (or Medicare) premium. Of those who did, cutting back on groceries, reducing the frequency of restaurant meals, and spending less on incidentals (such as a daily paper, coffee, or snacks) were mentioned the most (see Figure 3).

Figure 3
What did you have to give up in order to pay
for an increase in your health insurance premium?
(Among those who gave up something to pay n=399)



Source: *Access to Physicians Survey*, February 2007

- Women (23% vs. 14%), younger respondents with private health insurance (26% vs. 14%), and those with annual household incomes of less than \$30,000 (26% vs. 18% for those in the other two income groups) are more

likely to say they had to give up something in order to pay for an increase in their health insurance premium.

Levels of Satisfaction

Respondents were asked two questions about their levels of satisfaction, one with the health care they received in the past 12 months and one with their access to physicians. In both cases, satisfaction levels were high, with roughly eight in ten respondents saying they are either *extremely* or *very satisfied* with both their health care (79%) and their access to physicians (80%).

- Medicare beneficiaries and those with annual household incomes of \$30,000 or more are more likely to say they are either *extremely* or *very satisfied* with the health care they have received in the last year (insurance type: 82% vs. 76%; income: 80% vs. 75%).
- The same pattern of differences is shown in terms of satisfaction with access to physicians: Medicare beneficiaries and those with incomes of \$30,000 to \$49,999 are more likely than younger respondents with private health insurance or less affluent ones to say there are *extremely* or *very satisfied* with their access to physicians (insurance type: 82% vs. 78%; income: 83% vs. 77%).

Online Access and Communicating with Your Doctor Online

About six in ten (59%) respondents said they had online access in their home. When asked if they would like to communicate with their doctor online or via email (instead of going in to the office), three-quarters (74%) said they would not. Clearly, the preference is for face-to-face interaction.

- Men (65% vs. 56%), those ages 50-64 (74% vs. 44%), and those with incomes of \$30,000 or more (63% for those with incomes between \$30,000 and \$49,999 and 84% for those with incomes of \$50,000 or more vs. 32% for those with incomes less than \$30,000) are more likely to say they have online access in their homes.
- Perhaps not surprisingly, they are also more likely than their counterparts to say they would prefer to communicate with their physician via email instead of going in to the doctor's office (gender: 26% vs. 21%; age: 29% vs. 16%; income: 26% and 32% vs. 15%).
- For Medicare beneficiaries, who are less likely to have online access at home, the preferred method of communicating with their doctor is the tried and true, face-to-face approach. This preference may diminish over time if the percentage of Medicare beneficiaries with online access increases.

Summary and Conclusions

Results from this survey suggest that patients are generally having a positive experience in dealing with their physicians. Satisfaction levels are high, with roughly eight in ten respondents saying they are either *extremely* or *very satisfied* with both their health care and their access to physicians. Most respondents who also made an appointment said they did not encounter longer-than-expected waits, and the large majority of respondents said it was *no problem* finding a doctor or specialist to treat them.

When it comes to health care expenses, most respondents said they have not had to give up something in order to pay for an increase in their health insurance (or Medicare) premium. Moreover, less than one in ten respondents reported that a procedure or test had been recommended by their primary care physician or specialist but their insurance would not pay for it.

Given that a primary focus of this research was to compare the health care experiences of those ages 50 to 64 with health insurance to those ages 65 and older with Medicare, it is interesting to note that while the overall picture is positive, on balance it is even more positive for Medicare beneficiaries. For example, when compared to their younger counterparts with insurance, Medicare beneficiaries

- make more appointments (five or more) but are also more likely to say they have *never* had to wait for a routine appointment or for an appointment for illness or injury,
- are more likely to report high levels of satisfaction with both health care and access to physicians,
- are less likely to say they have delayed seeking an appointment,
- are less likely to report seeing more than one doctor for the same medical problem, and
- are less likely to say they have had to give something up to pay for an increase in their health insurance premium.

While the experiences of the respondents to this survey are positive, it is important to remember that we have focused on the experiences of midlife and older adults who have some type of health care insurance, either private coverage for those ages 50-64 or Medicare for those ages 65+. As other research has clearly shown, the experience for those without health insurance paints a decidedly different picture.

Appendix A

Demographic Characteristics of Respondents

Demographic Characteristics of Respondents

- By design, half of the respondents are ages 50-64 and half are ages 65 and older. All of the respondents have health care insurance: those ages 50-64 have private coverage and those ages 65 and older are Medicare beneficiaries.
- Nearly seven in ten (68%) are female, and about one-third (32%) are male.
- About half (52%) are AARP members.
- More than six in ten (62%) are married, one-fifth (22%) are widowed, and one-tenth (10%) are divorced. Five percent are never married, while one percent report being separated.
- Nearly four in ten respondents have either a high school education (29%) or less (8%), three in ten (30%) have some college or technical training, and nearly one-fifth (18%) are college graduates. Fifteen percent have a post-graduate or professional degree.
- Nearly six in ten (57%) respondents are retired and not working, while one-third of the respondents are either employed full-time (26%) or part-time (8%).
- Nearly nine in ten (87%) respondents are white, while seven percent are black/African American and three percent are Hispanic.
- Sixteen percent of respondents reported annual household incomes of less than \$20,000, nineteen percent reported incomes between \$20,000 and \$40,000, and another nineteen percent said their income was between \$40,000 and \$75,000. Roughly one in six (17%) reported an annual household income of \$75,000 or more.

Appendix B
Annotated Questionnaire

Access to Physicians Survey

Annotated Questionnaire

(n=2,010)

Q1. How many doctors' appointments have you made or tried to make in the past twelve months, if at all?

None	Go to Q4	7%
One or two		23%
Three or four		25%
Five or more		44%

Q2. (Among those who made an appointment), How often did you have to wait longer than you expected to get a doctor's appointment for routine care? How often did you have to wait longer than you expected to get a doctor's appointment for an illness or injury?

	For routine care (n=1,862)	For illness or injury (n=1,862)
Never	64%	76%
Sometimes	27%	17%
Usually	5%	2%
Always	4%	2%

Q3. For those appointments where you had to wait longer than you expected to get a doctor's appointment, were you given a reason or explanation for the delay?

	For routine care (n=669)	For illness or injury (n=443)
Yes	48%	34%
No	50%	56%

Q4. How long would you estimate that you had to wait between the time you made the appointment and the day you actually saw the doctor?

	For routine care (n=1,862)	For illness or injury (n=1,862)
One to three days	32%	33%
Four to seven days	13%	4%
One to two weeks	15%	3%
Two to four weeks	6%	1%
A month or longer	10%	1%
I did not have to wait	21%	49%

Q5. In the past year, did you think you should have seen a doctor for a medical problem, but did not?

Yes	Go to Q7	18%
No		81%

Q6. Why did you postpone seeing a doctor? (n=368)

My problem didn't seem that serious	17%
It was too expensive	11%
I procrastinated...just kept putting it off	18%
I couldn't get an appointment	7%
I couldn't find a doctor	1%
I didn't have a way to get to the doctor's office	1%
The doctor wasn't taking any new patients	<1%
The doctor wasn't taking any Medicare patients	<1%
The doctor didn't accept my insurance	1%

Q7. Have you tried to schedule an appointment with a primary care physician? **(n=2,010)**

Yes	76%
No	23%

Q8. Have you tried to schedule an appointment with a specialist? **(n=2,010)**

Yes	57%
No	43%

Q9. (Among those who tried to get an appointment with a primary care physician or a specialist), How much of a problem was it finding a primary care doctor who would treat you? Was it...? And, how about for a specialist? How much of a problem was it finding a specialist who would treat you?

	Primary care physician (n=1,536)	Specialist (n=1,150)
No problem	91%	91%
A small problem	6%	6%
A big problem	3%	4%

Q10. In the past year, has a primary care physician recommended a procedure or test which your insurance/Medicare would not pay for? How about a specialist? Has a specialist recommended a procedure or test which your insurance/Medicare would not pay for?

	Primary care physician (n=2,010)	Specialist (n=2,010)
Yes	8%	8%
No	90%	90%
I don't know	2%	2%

Q11. Have you seen more than one doctor for the same problem? **(n=2,010)**

Yes	29%
No	71%

Q12. If so, has one doctor been coordinating your care? **(n=576)**

Yes	86%
No	14%
I don't know	----

Q13. Overall, how satisfied have you been with the health care you have received during the last 12 months? **(n=2,010)**

Extremely satisfied	27%
Very satisfied	52%
Somewhat satisfied	16%
Not very satisfied	2%
Not at all satisfied	1%

Q14. And, how satisfied have you been with your access to physicians? **(n=2,010)**

Extremely satisfied	28%
Very satisfied	52%
Somewhat satisfied	14%
Not very satisfied	3%
Not at all satisfied	1%

Q15. Have you ever had to give up something in order to pay for an increase in your health insurance (Medicare) premium? **(n=2,010)**

Yes	Go to Q18	20%
No		80%

Q16. If yes to Q15, what did have had to give up in order to pay for an increase in your health insurance premium? <Please check all that apply.> **(n=399)**

I had to cut back on my groceries	17%
I reduced the amount I gave to my church or synagogue	<1%
I had to skip a regular payment or pay it a bit late (ie., car, credit card, mortgage)	6%
I stopped going to restaurants as much as I did	14%
I spent less on incidentals (ie., daily paper, coffee, snacks, etc...)	12%
I cut back on savings	9%
I cut back on other health care expenses	5%
Other:	56%

Q17. Do you have online access in your home? **(n=2,010)**

Yes	59%
No	41%

Q18. If you could communicate with your doctor online or via email (instead of going in to the office to see him or her), would you prefer to do that? (n=2,010)

Yes	22%
No	74%
I don't know	4%

Demographics...

Q19. What is your age as of your last birthday? _____ years

50-64	50%
65+	50%

Q20. Are you male or female?

Male	32%
Female	68%

Q21. Are you an AARP member?

Yes	52%
No	47%

Q22. What is your current marital status?

Married	62%
Widowed	22%
Divorced	10%
Separated	1%
Never married	5%

Q23. What is the highest level of education that you completed?

Less than high school	8%
High school graduate or equivalent	29%
Some college or technical training beyond high school	30%
College graduate (4 years)	18%
Post-graduate or professional degree	15%

Q24. Which of the following best describes your current employment status?

Employed or self-employed <u>full-time</u>	26%
Employed or self-employed <u>part-time</u>	8%
Retired and not working	57%
Unemployed and looking for work	2%
Other such as homemaker	8%

Q25. Are you Hispanic, of Spanish descent, or Latino?

Yes	3%
No	97%

Q26. What best describes your race?

White/Caucasian	87%
Black /African American	7%
Asian American	<1%
Native American	1%
Other: _____	3%

Q27. Households are sometimes grouped according to income. Please indicate which group best estimates your annual household income before taxes. (*Check only one.*)

Less than \$10,000	6%
\$10,000 to \$19,999	10%
\$20,000 to \$29,999	9%
\$30,000 to \$39,999	10%
\$40,000 to \$49,999	7%
\$50,000 to \$74,999	12%
\$75,000 or more	17%

Appendix C
Methodological Note

Summary

The AARP Access to Physicians Survey is based on telephone interviews with a sample of 2,010 respondents ages 50 and older drawn at random from the United States. The sample was composed of two segments:

- 1,000 interviews with respondents aged 50-64 who were screened to have health insurance.
- 1,010 interviews with respondents aged 65 and older who were screened to be Medicare beneficiaries.

The interviews were conducted in English by Woelfel Research, Inc. from February 9 to February 20, 2007. The results from the study were not weighted. The margin of sampling error for each segment of approximately 1000 respondents is $\pm 3.1\%$.

Design and Survey Execution

Design

The sample was drawn from the United States adult population in telephone households. To maximize efficiency, a sample of respondents targeted by age (50 and over) was employed. The telephone sample was provided by Accudata Inc. Accudata offers a proprietary data service, SourcePLUS, which can access multiple databases of U.S. businesses and consumers compiled from numerous sources, along with a multitude of demographic and geographic selection capabilities. Overlaying age on the telephone number from this data base provides a very efficient method for interviewing low incidence populations.

Questionnaire Development and Testing

The questionnaire was developed by AARP staff. In order to improve the quality of the data, the questionnaire was pre-tested with a small number of respondents. The pretest interviews were monitored by Woelfel Research, Inc. and AARP staff and conducted using experienced interviewers who could best judge the quality of the answers given and the degree to which respondents understood the questions.

Contact Procedures

As many as ten attempts were made to contact every sampled telephone number. Sample was released for interviewing in replicates, which are representative sub-samples of the larger sample. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample. It also ensures that the geographic distribution of numbers called is appropriate. Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents.

Weighting

The sample was not weighted.

Response Rate/ Cooperation Rate

The response rate for this study measured using AAPOR's response rate 3 method. The cooperation rate was measured using AAPOR's cooperation rate 3 method. The table below contains these rates.

Response Rate	Cooperation Rate
13%	97%