

STATISTICAL BRIEF #381

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Use and Expenses for Office-Based Physician Visits by Specialty, 2009: Estimates for the U.S. Civilian Noninstitutionalized Population

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Introduction

This Statistical Brief presents estimates based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on expenses by provider specialty type for office-based physician visits in 2009 among persons in the U.S. civilian noninstitutionalized population. Data are shown for the seven most common types of office-based physician specialties, including 1) primary care (defined in this Brief as including general practice, family practice, internal medicine, and pediatrics); 2) obstetrics/gynecology; 3) ophthalmology; 4) orthopedics; 5) psychiatry; 6) cardiology; and 7) dermatology; as well as an eighth catchall category that includes all other physician specialty types. Descriptive data on aggregate expenses, expenses per visit, and out-of-pocket payments for these physician specialty categories are presented. In addition, geographic variation in the proportion of visits to non-primary care specialties is also examined. All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

Sources of payments

In 2009, office visits to physicians accounted for about 17.1 percent of total health care expenses for the U.S. civilian noninstitutionalized population (figure 1). Private insurance paid for about half (49.3 percent) and Medicare paid for about one-fifth (20.8 percent) of all expenditures for these visits. Out-of-pocket payments by individuals and families were the third largest source of payment category, comprising 12.7 percent of total expenditures for office-based physician care.

Distribution of visits and expenses

While 45.7 percent of visits for office-based physician care were to primary care doctors in general practice, family practice, internal medicine, or pediatrics, only about 30.4 percent of expenditures were for visits to these types of physicians (figure 2). This discrepancy reflects the fact that visits to these types of physicians are generally less expensive than visits to many other types of physicians (e.g., cardiologists, dermatologists, obstetricians/gynecologists, ophthalmologists, orthopedists, and specialists included in the "other" category, such as general surgeons, neurologists, and urologists).

Average and median expenses per visit

In 2009, the average expense for an office-based visit to a physician was \$218 (figure 3). The average expense per visit varied substantially according to physician specialty. These averages were lowest for psychiatrists (\$132) and primary care doctors (\$145), and highest for cardiologists (\$340).

The median expense for an office-based visit to a physician was \$96 (figure 4), which was less than half the overall average expense per physician visit of \$218. The median expenses per visit were substantially lower than the average because the most expensive visits have a disproportionate impact on the average. Among the specialty types examined, median expenses per visit ranged from \$85 for psychiatrists to \$116 for orthopedists. This range across physician specialty groups in medians was substantially less than the range in average expenses.

Highlights

- While 45.7 percent of visits to office-based physicians in 2009 were to primary care doctors in general practice, family practice, internal medicine, or pediatrics, only 30.4 percent of expenditures were for visits to these types of physicians.
- The overall average expense for an office-based visit to a physician was \$218 in 2009. However, this average ranged from \$132 to \$340 across physician specialty categories.
- The average expense per visit to primary care specialists was higher among residents of MSAs than non-MSA residents in the Northeast and West regions.

Out-of-pocket payments

On average, in 2009 just over one-fifth of expenses for an office-based physician visit were paid out-of-pocket (21.6 percent) (figure 5), but this percentage varied by physician specialty. The average share paid out-of-pocket was lowest for visits to cardiologists (13.3 percent) and highest for visits to psychiatrists (34 percent), ophthalmologists (31.3 percent), and primary care practitioners (22.7 percent).

Geographic variation

In 2009, the average expense per office-based physician visit to primary care specialists varied by region and metropolitan statistical area (MSA) status. While there was no significant difference between MSA and non-MSA residents within the Midwest and South regions, the average expense per visit to primary care specialists was higher among residents of MSAs than non-MSA residents in the Northeast and West regions; \$161 versus \$124 and \$152 versus \$121, respectively (figure 6).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2009 Full Year Consolidated Data File (HC-129) and 2009 Office-Based Medical Provider Visits File (HC-126G).

Definitions

Expenditures

Expenditures in MEPS are defined as payments from all sources for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, paid care provided in the patient's home (home health), and the purchase of prescribed medications. Sources include direct payments from individuals, private insurance, Medicare, Medicaid, Workers' Compensation, and miscellaneous other sources. Payments for over-the-counter drugs are not included in MEPS total expenditures. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also excluded. Total spending does not include amounts for other medical expenses, such as durable and nondurable supplies, medical equipment, eyeglasses, ambulance services, and dental expenses, because these items are not linked to specific conditions in MEPS.

Sources of payment

- Private insurance: This category includes payments made by insurance plans covering hospital and other medical care (excluding payments from Medicare, Medicaid, and other public sources), Medigap plans, and TRICARE (Armed Forces-related coverage).
- Medicare: Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium. Medicare Part D, which started in 2006, covers prescription drug expenses.
- Medicaid/CHIP: This category includes payments made by the Medicaid and CHIP programs which are means-tested government programs financed jointly by federal and state funds that provide health care to those who are eligible. Medicaid is designed to provide health coverage to families and individuals who are unable to afford necessary medical care while CHIP provides coverage to additional low income children not eligible for Medicaid. Eligibility criteria for both programs vary significantly by state.
- Out-of-pocket: This category includes expenses paid by the user or other family member.
- Other sources: This category includes payments from other federal sources such as Indian Health Service, military treatment facilities, and other care provided by the federal government; various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid/CHIP); various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid/CHIP payments reported for persons who were not reported as enrolled in the Medicaid or CHIP programs at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

Type of specialist

MEPS respondents who reported an office-based visit in which a medical doctor was seen were asked to identify the doctor's specialty (the questionnaire contains 34 response categories for coding the specialty type reported). In this Statistical Brief, the categories for general practice, family practice, internal medicine (internist), and pediatrics were combined because it may be difficult for respondents to distinguish between these types of primary care. Multiple types of physician specialties were combined into the catchall "other" category shown in this brief, including allergy/immunology, anesthesiology, endocrinology/metabolism, gastroenterology, general surgery, geriatrics, hematology, hospital residence, nephrology, neurology, nuclear medicine, oncology, osteopathy, otorhinolaryngology (ear, nose, throat), pathology, physical medicine/rehab, plastic surgery, proctology, pulmonology, radiology, rheumatology, thoracic surgery, urology, and other doctor specialty. While each of the specialist types within this category comprised less than 2 percent of physician visits, they cumulatively comprised just over one-quarter of all visits. A small proportion of visits in which a medical doctor was seen (0.8 percent) were excluded from the analysis because specialty type was not reported.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics. For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1406) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf.

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41 (7) Supplement: III-5-III-12.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2009. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf.

Suggested Citation

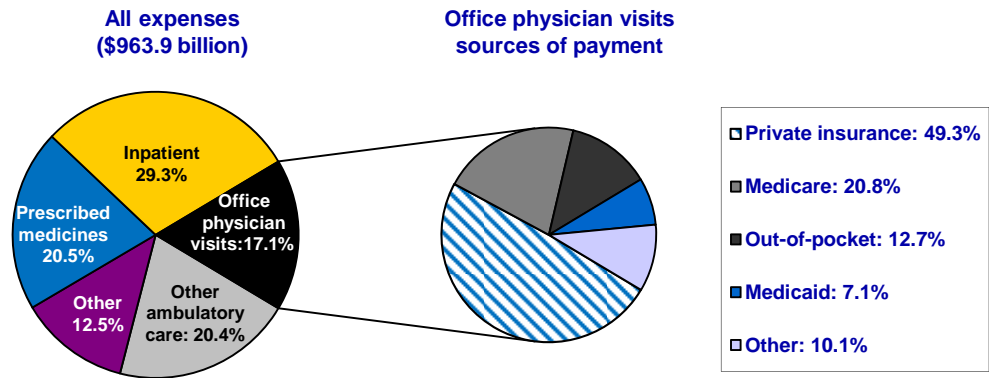
Davis, K. and Carper, K. *Use and Expenses for Office-Based Physician Visits by Specialty, 2009: Estimates for the U.S. Civilian Noninstitutionalized Population*. Statistical Brief #381. August 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st381/stat381.pdf

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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

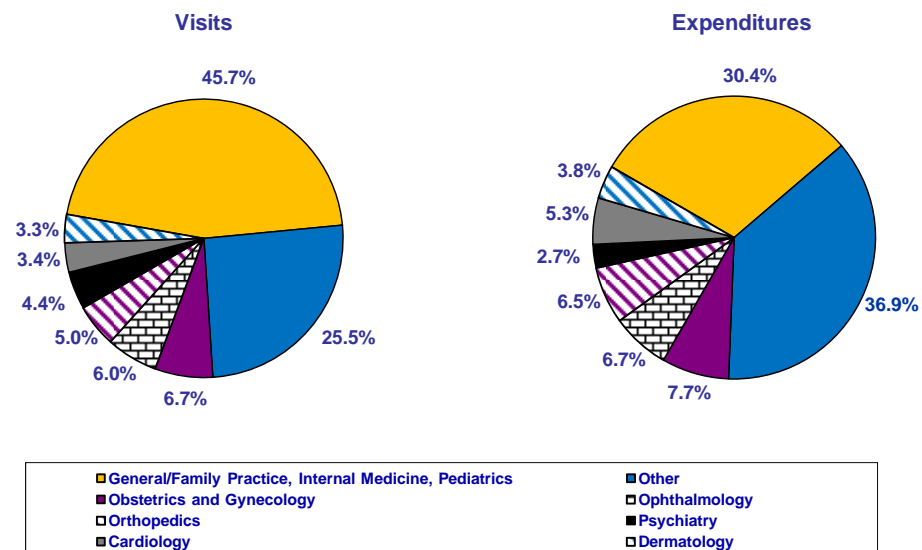
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Figure 1. Expenditures for office-based physician visits, 2009



Note: Dental and Other Medical Expenditures are not included in the total.
 Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009

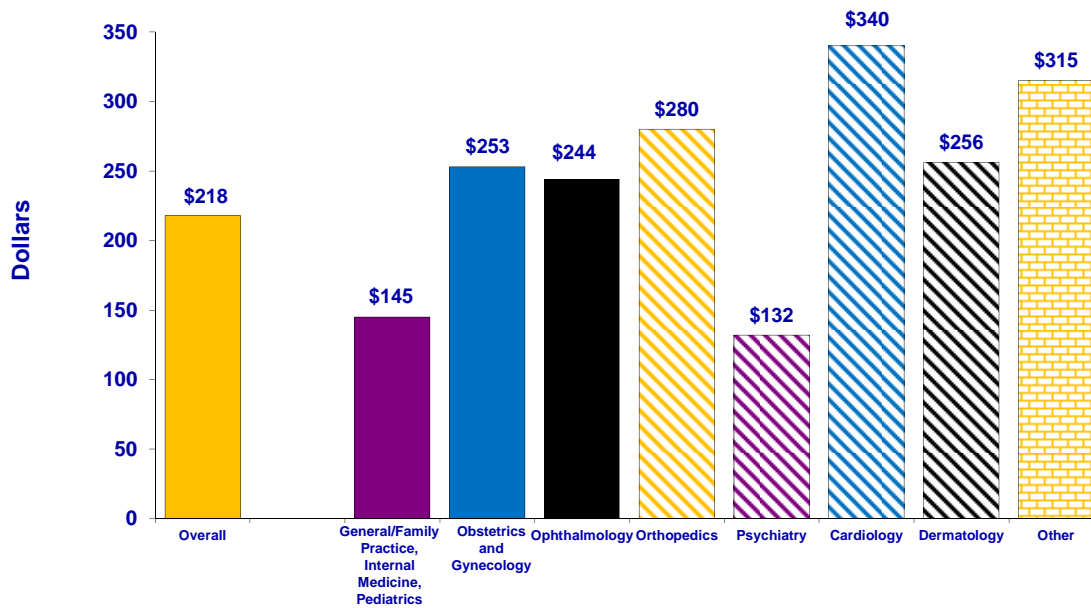
Figure 2. Distribution of office-based physician visits and expenditures, by specialty type, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



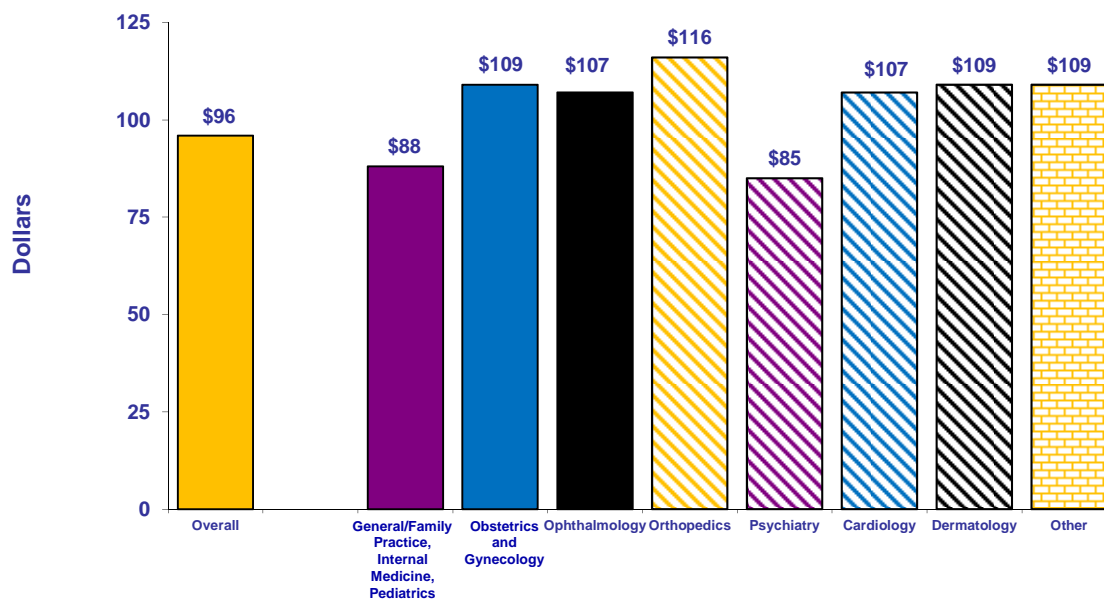
Figure 3. Average expenses per office-based physician visit, by specialty type, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



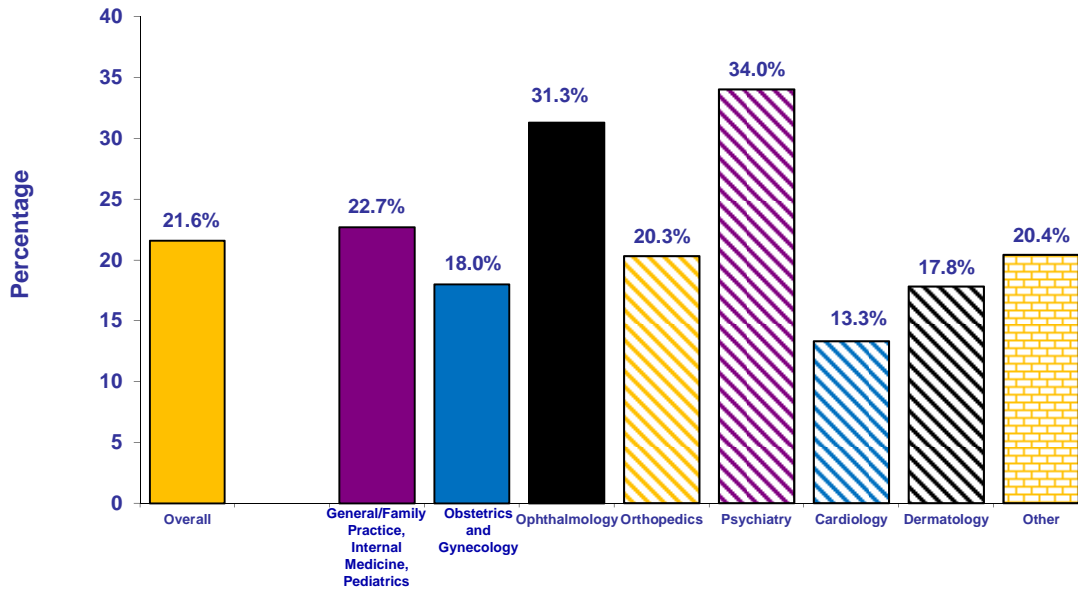
Figure 4. Median expenses per office-based physician visit, by specialty type, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



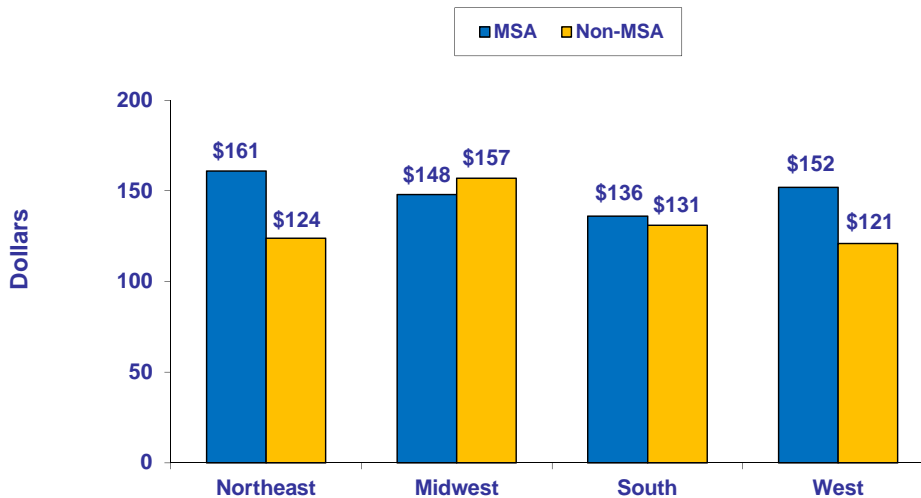
Figure 5. Average percentage paid out-of-pocket for office-based physician visits, by specialty type, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



Figure 6. Average expenses per office-based physician visit to primary care specialists by region and MSA status, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009