


## **Administering a Doctor-level Survey of Patient Experiences**

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## **Integrated Group and Clinician Reporting Strategy 2006**

Pay for Performance spurs statewide reporting


- 180 groups reporting group-level (public)
- 27 groups reporting clinician & site level (internal)

✓ Common survey for group, site, clinician

✓ Integrated sampling process – 1 set of files for group, site and clinician sampling

✓ Medical group reporting – drill down to site and clinician level results

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## Group-level and Doctor-level Survey


### Group-level outgo sample

- 28,319 doctors across 180 medical groups
- 900 patients per group

### Doctor-level outgo sample

- 3,100+ doctors across 27 medical groups
- 297,123 patients (91/MD)
- Target 100 patients per sample but accept lower samples

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## Clinician & Group Level Samples Diverge (though common data handling)


### Group-level samples

- Pay for Performance program standards
- includes all clinicians except peds & hosp-based
- stratify sample 50/50 primary care/specialists

### Clinician-level samples

- tailored to group's priorities and budget
- insufficient sample size for various MDs
- add group-level sample to clinician-level


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## % Doctors in Sample By Specialty

Specialty Type	Group Samples (180 grps)	Doctor Samples (27 grps)
Adult PCP	36%	49%
Pediatrics	0%	12%
OB/Gyn	10%	7%
Medical Specialties	27%	17%
Surgical Specialties	27%	15%

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## Group-level Sampling: Random Mix of Specialty Types

**Variation in groups' mix of visits by specialty types**


- Visits omitted if billing records contracting entity not clinician
- Some groups' networks limited to primary care & a few medical specialties 84% of visit records had valid specialty codes (invalid: hospital-based, PT, facility)

**Patients rate subspecialty experiences lower than primary care**

	<u>Patient Recommends Doctor</u>
Family Practice	88%
Internal Medicine	89%
OB/Gyn	91%
Pediatrics	92%
Medical Specialists	82% - 87%
Surgical Specialists	75% - 89%

**Implication: specialty adjustment for scoring results**


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## Doctor Survey Response (2005)

- Outgo sample 100/MD yields ~ 35 completes
  - 37% response rate
  - 92% mail and 8% web completes
- 97% respondents to adult PCP survey affirm "this named doctor is my regular doctor"
- Response rates similar across adult PCP (37%), specialist (40%) and pediatrics (35%)

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## Clinician Survey Cost


**Survey vendor range \$185 to \$205 per doctor**

- Two-wave mail survey protocol
- 100 surveys/MD outgo sample
- Fixed and variable cost components

**Costs determinants**

- Number of doctors
- Sample size/response rate
- Reporting requirements
- Languages in addition to English

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## Implementation Lessons

(180 medical groups supply samples)

- Use web-based app to manage communications & data exchanges
- Hold call for each project phase: register, data submit, data QA, sampling, reporting)
- Beta test data submission
- Cost calculator: grp can cost alternatives
- Translations: QA print versions not online

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## Patient Visits to Assigned PCP

Almost all of the 180 medical groups used PCP assignment as reported by health plan

- ✓ 14% of all patients w/ a primary care visit did not have a visit with their PCP
  - 19 groups had 1/3 or more of patients with no assigned visits
- ✓ 18% of adult PCPs had no patients assigned
  - 29 groups had 1/3 or more of PCPs w/ no patients assigned (grps rep 10% all PCPs)

• These data exclude pediatrics

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## Primary Care Sampling

- Sampling rule: patient visit with their 'assigned' primary care practitioner or visit is excluded
- Assigned patients to PCP using 'most frequently visited PCP' rule for groups with large missing PCP assignment rates

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## Patient Experiences: Regular Doctor vs. Ad Hoc/Urgent Visit to any Doctor

Results from 2 groups in 2005 whose PCP samples were a mix of regular and ad hoc/urgent visit patients

### **Ad hoc/urgent visit patient experiences**

- Markedly lower response rate ( ~ 50% drop)
- Lower scores: small but significant drop (3 pts)
- More within-doctor variation in scores

### **Implications**

- Higher cost for larger samples to offset
  - Lower reliability/discriminate performance
  - Larger outgo samples
  - PCPs accountable for all patients regardless of relationship

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