

Physicians as Information Intermediaries

Formative Work with Physicians  
funded by CMS

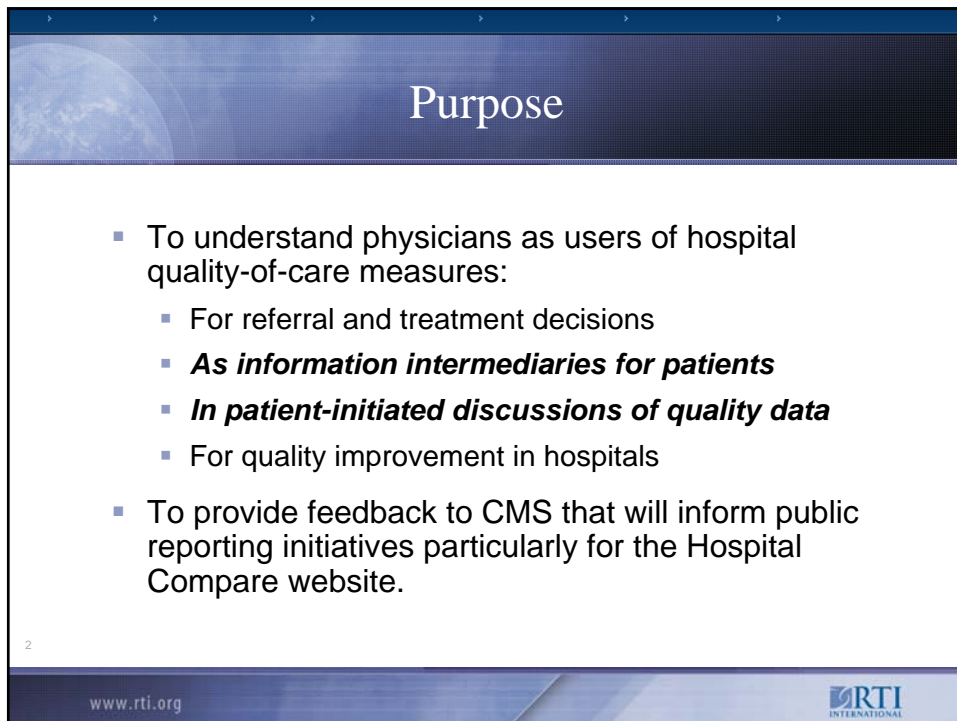

Shulamit Bernard, PhD Nancy Lenfestey, MHA RTI, International	Judith K. Barr, ScD Tierney E. Giannotti, MPA Qualidigm
---	---

Shoshanna Sofaer, DrPh  
Baruch

Presented at:  
CAHPS User Group Meeting  
March 31, 2006

1

www.rti.org




Purpose

- To understand physicians as users of hospital quality-of-care measures:
  - For referral and treatment decisions
  - ***As information intermediaries for patients***
  - ***In patient-initiated discussions of quality data***
  - For quality improvement in hospitals
- To provide feedback to CMS that will inform public reporting initiatives particularly for the Hospital Compare website.

2

www.rti.org



## Study Questions

- How will physicians react to patients who raise questions about public reports on hospital quality?
- Will physicians make changes in referral decisions in response to patient questions about hospital quality?
- What factors are important to physicians in their assessment and use of data reports on hospital quality?
- Do findings differ among physicians in states with a history of public reporting?

3

[www.rti.org](http://www.rti.org)

## Methods

- Round 1 – In-person interviews with 25 physicians in three states/regions (CT, NC, NYC)<sup>1</sup>
- Round 2 – Telephone interviews with 32 physicians in four states/regions that have a history of public reporting health care data (Los Angeles, CA; RI; Western NY; WI)
- Convenience sample recruited through physicians and other key informant contacts

» <sup>1</sup>one phone interview

4

[www.rti.org](http://www.rti.org)

## Methods

- Selected specialties:
  - Primary care, Cardiology, Pulmonology
- Used sample reports
- Used realistic patient scenarios:
  - Hypothetical situations with patient questions about hospital quality reports
  - Examined face validity of scenarios with NCQA physician panel

5

www.rti.org

RTI INTERNATIONAL

## Methodological Differences between Rounds 1 and 2

<ul style="list-style-type: none"><li>Recruitment<ul style="list-style-type: none"><li>1 – personal/known contacts</li><li>2 – QIO/coalition contacts</li></ul></li><li>Data reports<ul style="list-style-type: none"><li>1 – from other areas</li><li>2 – actual state specific</li></ul></li></ul>	<ul style="list-style-type: none"><li>Timing<ul style="list-style-type: none"><li>1 – Winter/Spring 2004</li><li>2 – Winter/Spring 2005</li></ul></li><li>Interviewing<ul style="list-style-type: none"><li>1 – face to face</li><li>2 – telephone</li></ul></li></ul>
--	--

6

www.rti.org

RTI INTERNATIONAL

## Sample Characteristics Rounds 1 and 2

- Demographics – similar in specialty, gender, race and graduation from US medical school
- Practice environment
  - Round 2 – selected state with established history of public reporting.
  - More physicians in Round 2 reported large (30+) practices.
  - More physicians in Round 2 reported involvement in hospital QI.

7

[www.rti.org](http://www.rti.org)

## Methods: Patient Scenarios

- Patient scenarios engaged physicians in thinking about a clinically realistic patient visit that included a hospital referral
- Scenarios were hypothetical future situations with patient questioning a referral, based on a hospital quality report
- Key informant physician experts validated clinical soundness and relevance as part of scenario development

8

[www.rti.org](http://www.rti.org)

## Scenarios

- Scenarios systematically varied:
  - Clinical condition reported (e.g., CHF, COPD)
  - Specialty of the physician (e.g., PCP, pulmonologist)
  - Patient age (65 or 80), with caregiver (for 80 year old)
  - Measures reported: clinical or patient experience

9

[www.rti.org](http://www.rti.org)

## Sample Reports

- Included Clinical Measures and Patient Experience
- Actual but not region/state specific in Round 1
- Actual state and region specific reports for Round 2

10

[www.rti.org](http://www.rti.org)

## Domains of Findings

- Responses to Patient Scenarios
  - View of MD-patient relationship
  - Rationale for referral decisions
  - Response to patient concerns
- Attitudes, Awareness, and Experience about Public Reports
  - Awareness of quality data
  - Barriers to talking with patients about quality data/reports
  - Views of Public Reports
  - Preferences for Measures
  - Patients' quality concerns

11

[www.rti.org](http://www.rti.org)

## Overall Physician Response to Scenarios

- Physician's reaction to patient
  - Reassure patient and family –  
***most prominent response both rounds***
  - Give and request information
  - Discuss and review quality data
  - View of MD-patient relationship – dialogue and shared decision making (Round 2)

12

[www.rti.org](http://www.rti.org)



## Overall Physician Response to Scenarios

- Rationale for impact on referral decisions
  - Avoiding liability (more common in Round 2)
  - Continuity of care (more common in Round 2)
  - Availability of quality/specialized services (both rounds)
  - Patient preferences (both rounds) – key element in making and changing referrals to hospitals
  - Location convenience (more common in Round 2)

13

[www.rti.org](http://www.rti.org)

## Additional Response to Scenarios

- Physician Taking other action
  - talking to hospital
  - talking to referral physician
  - following up on patient care
- Physician's Role:
  - explanation of reports and measures by physician, not other staff

14

[www.rti.org](http://www.rti.org)

## Barriers to Talking with Patients about Quality Data

- Limited time and other pressing priorities during visit – both rounds
- Physician lack of awareness or lack of report availability (round 2)
- Relevance of measures (round 1)

15

[www.rti.org](http://www.rti.org)

## Views of Public Reports

- Report complexity and concern about patient understanding data (primarily round 2)
- Methodological rigor
  - sampling issues both rounds
  - reflecting documentation not performance – Round 2

16

[www.rti.org](http://www.rti.org)



## Physician Preferences for Measures

- Utilization data (volume) (both rounds)
- Outcome data (both rounds)
- ***Least preferred: patient experience (both rounds)***
- Nearly 2/3 expressed a preference for patient safety and clinical performance (round 2)

17

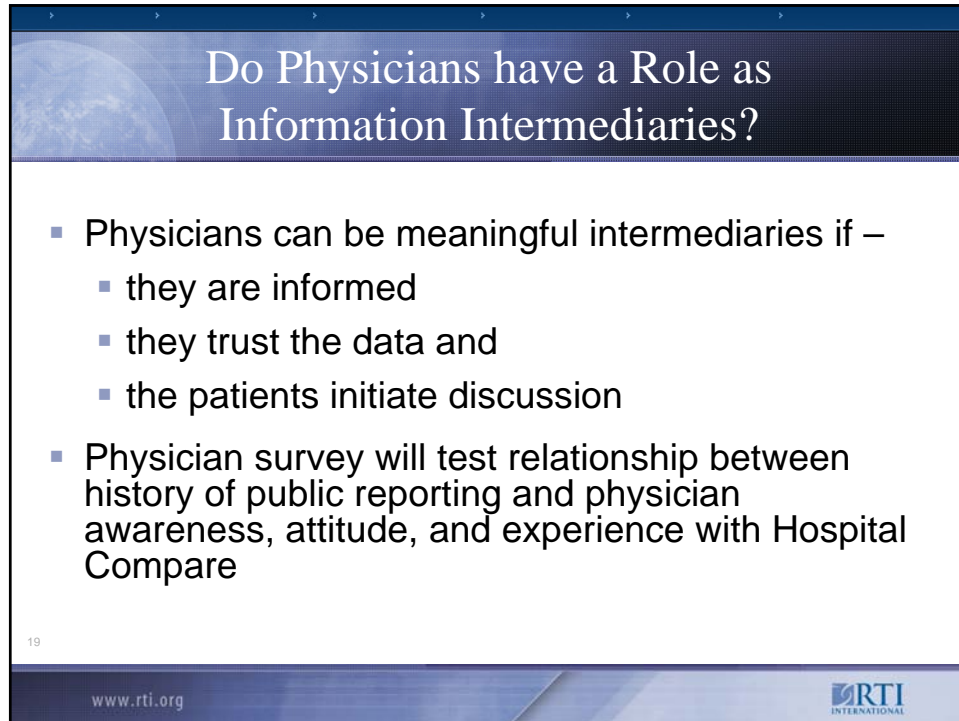
[www.rti.org](http://www.rti.org)

## Physician Experience with Public Reports

- In general, Round 1 physicians did not have familiarity with public reports.
- Round 2 physicians expressed greater familiarity with Public Reports – some recalled getting them from their hospital and others recognized the sample reports provided.

18

[www.rti.org](http://www.rti.org)



Do Physicians have a Role as Information Intermediaries?

- Physicians can be meaningful intermediaries if –
  - they are informed
  - they trust the data and
  - the patients initiate discussion
- Physician survey will test relationship between history of public reporting and physician awareness, attitude, and experience with Hospital Compare

19

[www.rti.org](http://www.rti.org)

RTI INTERNATIONAL