

Physicians as Information Intermediaries

Formative Work with Physicians
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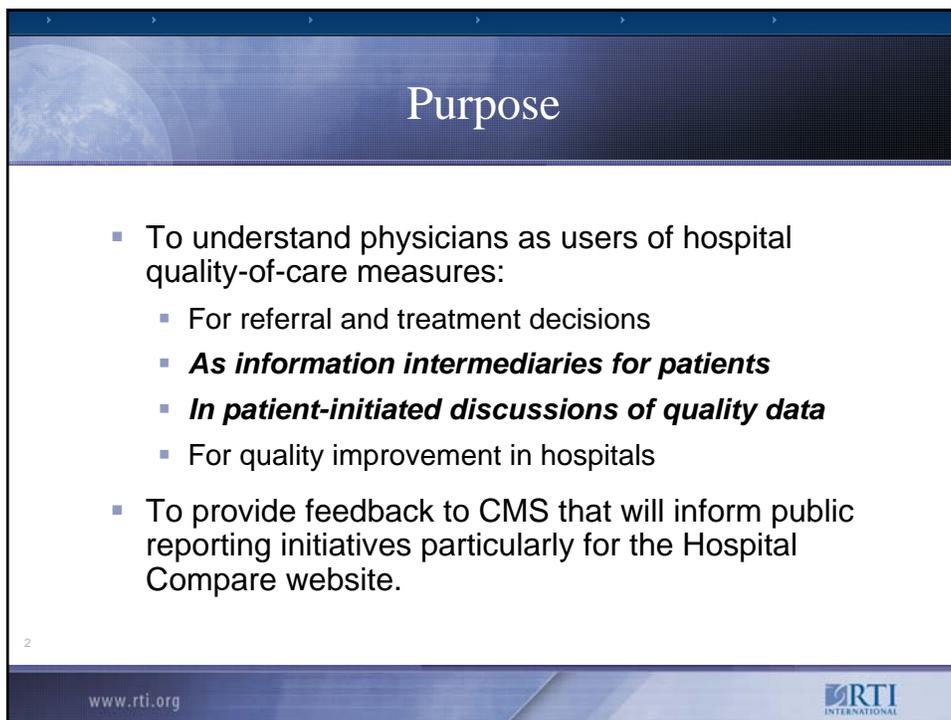
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Purpose

- 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.

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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?

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Methods

- Round 1 – In-person interviews with 25 physicians in three states/regions (CT, NC, NYC)¹
- 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
 - » *one phone interview*

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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

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Methodological Differences between Rounds 1 and 2

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

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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

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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

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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

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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

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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)

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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)

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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

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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)

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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

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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)

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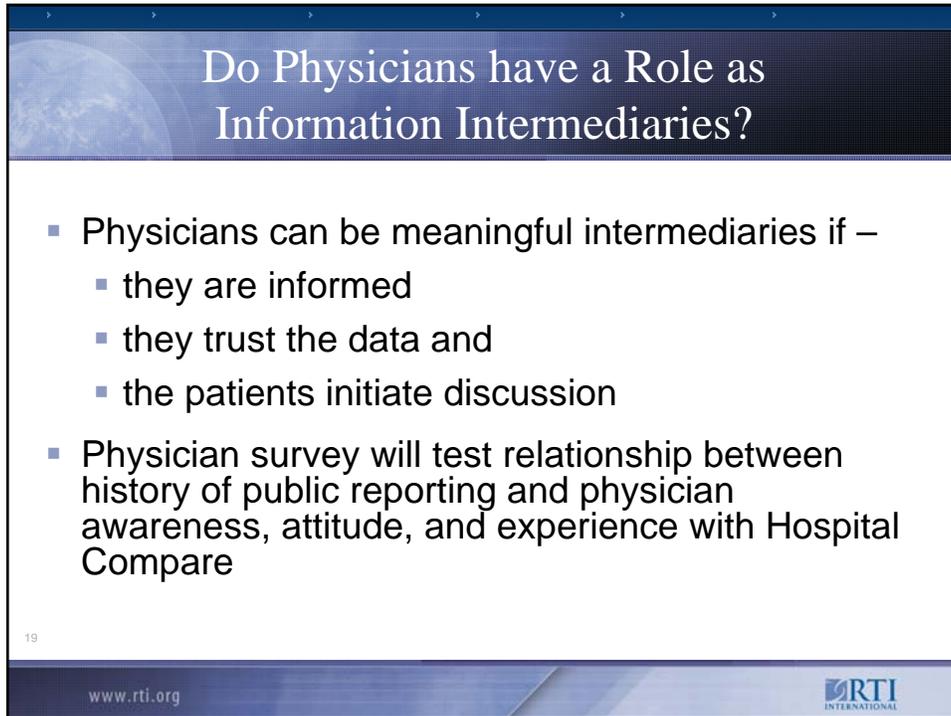
Physician Experience with Public Reports

- 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.

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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

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