

Extending Clinician-Specific Surveys to Patients of Specialists and to “Unestablished” Patients: Some Questions to be Addressed

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Patient Experiences with Individual Physicians

- ◆ Methodology has been tested most widely with established patients of adult primary care physicians
- ◆ Should PCP samples include unestablished patients?
- ◆ Wide interest in applying the methodology to assess patient experiences with specialists
- ◆ Wide interest in a single instrument that would work for both primary care and specialty contexts
 - ❖ And for established vs. consult/urgent care patients

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Questions to Address

Primary Care

- ❖ Should patient seeing the PCP for “urgent care” be included in samples? In reports?
- ❖ Do they differ from “established” patients with respect to:
 - ☞ Response rates?
 - ☞ Data reliability?
 - ☞ Reported experiences?

Specialists

- ❖ Should patients seen for “consult” vs. “ongoing care” be included?
- ❖ Do they differ with respect to:
 - ☞ Response rates?
 - ☞ Data reliability?
 - ☞ Reported experiences?

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CAHPS Clinician & Group Survey Methodology Applied to Specialist Patients In Several Initiatives Since 2003

PBGH (2003-2006)

Increasing number of medical groups each year seeking physician-specific information from patients of medical and surgical subspecialists; ob-gyn

ABMS (2005)

Field test partner in preparation for incorporating C/G CAHPS into requirements for maintenance of board certification

MHQP

Statewide survey of patients in 5-6 specialties (2006) to support public reporting of site-level results

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Findings From Specialty Surveys

- ◆ Experiences reported by patients with one-time consultation/treatment are significantly lower than those reported by patients with “ongoing” relationship to MD
- ◆ Data from “consult” patients are noisier (lower MD-level reliability) than data from patients with ongoing relationship to MD
 - ❖ Even for questions on “most recent visit”

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Findings From Specialty Surveys

Specialist Survey: Results for Patients with Ongoing Care vs. One-Time Consultation

Most Recent Visit	Ongoing Care N=2037, N _{MD} =65		One time consultation N=486, N _{MD} =65	
	Mean (SD)	MD-level Reliability (N=40)	Mean (SD)	MD-level Reliability (N=40)
2003				
Scheduling	89 (32)	0.74	84 (37)	0.51
Listening	93 (19)	0.56	82 (31)	0.41
Clear instructions	90 (23)	0.45	77 (34)	0.44
Trust 1a	80 (30)	0.58	65 (37)	0.12
Enough time	88 (25)	0.57	75 (34)	0.27
Integration	81 (31)	0.49	68 (37)	0.11
2004				
Scheduling	94 (25)	0.65	82 (39)	0.17
Clear Instructions	92 (21)	0.37	75 (35)	0.22
Enough time	90 (23)	0.59	75 (35)	0.31

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Findings From Primary Care Surveys (2005)

- ◆ In 2005, tested issue of “established” patients for one CA medical group
- ◆ Response rates were substantially lower among patients without “established” relationship to the PCP
 - ❖ 29% assigned vs. 18% unassigned adult PCPs
 - ❖ 30% assigned vs. 13% unassigned pediatrics
- ◆ Significantly lower scores reported by patients seeing physician on “urgent care” basis compared with “established” patients of the PCP

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Further Testing in Primary Care (2006)

- ◆ In 2006, PBGH is further testing issue of “established” vs. “urgent care” patients
- ◆ Surveying samples of unassigned and assigned patients of 50 PCPs across 3 medical groups
- ◆ Will yield sufficient sample of both types of patients per MD to assess differences in:
 - ❖ Responsiveness
 - ❖ Data quality
 - ❖ Patient experiences

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Summary & Implications

- ◆ Specialist patients: consult vs. ongoing relationship to MD differ with respect to:
 - ❖ “Noisiness” of the data
 - ❖ Experiences reported

- ◆ Primary care patients
 - ❖ Available data indicate lower response rate, reliability and scores among patients urgent care vs. established (PCP) patients of MD
 - ❖ PBGH 2006 will afford substantial additional data on this

- ◆ It appears that combining established and “one-time” patients in MD samples will require larger MD samples and possible “adjustment” for analysis/reporting

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