

RAND Health Care Value Survey:

Efficiency of Direct Patient Care Time and Appropriateness of Care Provided

Version 1.0

18 April 2018

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MODULE #1: EFFICIENCY OF DIRECT PATIENT CARE TIME

1. What is your area of clinical practice? (**Check one**)

- ₁ Primary Care
- ₂ Medical Specialty
- ₃ General Surgery or Surgery Subspecialty
- ₄ Other

2. On average how many total hours per week do you work as a [INSERT ORGANIZATIONAL NAME] physician?

Average total # hours per week working as an [INSERT ORGANIZATIONAL NAME] physician:

_____ hours

3. Thinking about your time in the past month, how many hours per week do you spend on average on activities associated with direct patient care?

Please count as direct patient care the time you spend on specific patients including:

- Patient visits or consults in the office, hospital or ER
- Performing procedures in the office, hospital or outpatient care center
- Communicating with patients or their families
- Ordering or interpreting imaging, test results or X-rays
- Ordering or refilling medications
- Dictating reports or notes, charting, reviewing medical records
- Completing insurance, disability, or other forms and related phone calls, including obtaining authorizations related to specific patients

Please DO NOT COUNT the time you spend on:

- Teaching or lecturing, travel, attending meetings
- CME, Board certification, professional education
- Clinical or other research, writing papers, conferences
- Administration, staffing, billing or practice management or marketing
- Meeting with drug or device representatives

Average # hours per week for direct patient care:

_____ hours

4. Thinking about your time in the past month, how is the time you spend on direct patient care in a typical week divided between activities that require your high level clinical training as a physician and activities that do not require it, that is, activities that could be performed by someone with less training assuming they were available and their time could be paid for. If you are a specialist, think about what tasks require your specialty training.

% direct patient care time on tasks that:

- require MY clinical/specialty training as a physician (or another physician who has similar years of clinical training): _____%

- could be performed by physicians who have fewer years of clinical training: _____%

- could be performed by non-physicians: _____%

- could be performed primarily by an automated or computerized system: _____%

TOTAL TIME SPENT ON DIRECT PATIENT CARE = _____100%

IF TIME ON TASKS OTHER COULD PERFORM (bottom 3) = 5% OR MORE ASK 5 AND 6

5. Thinking of the direct patient care tasks that could be performed by someone other than a physician with your specialty, what type of personnel or system would be needed to perform those direct patient care tasks assuming proper aptitude, training, and supervision?

(Check all that apply)

Other Kinds of Clinical Staff

- ₁ Primary care physician (only check this choice if you are NOT a primary care physician)
- ₂ A specialist / another specialist
- ₃ Physician assistant
- ₄ Nurse practitioner
- ₅ Nurse anesthetist
- ₆ Nurse/midwife
- ₇ Registered nurse
- ₈ Licensed Vocational Nurse/Certified Medical Assistant
- ₉ Licensed Practical Nurse
- ₁₀ Medical Office Assistant

Other Kinds of Staff

- ₁₁ Dietician/Nutritionist
- ₁₂ Health coach
- ₁₃ Doula
- ₁₄ Social worker
- ₁₅ Health educator
- ₁₆ Care coordinator
- ₁₇ Medical records specialist
- ₁₈ Insurance or billing specialist
- ₁₉ Administrative staff
- ₂₀ Other kind of staff – What kind? _____

6. What are the reasons you don't have others perform these tasks now? **(Check all that apply)**

- ₁ Can't find and/or retain qualified staff
- ₂ Don't have someone to supervise them
- ₃ Can't get reimbursement to cover them
- ₄ Couldn't keep them busy - not enough work
- ₅ Type of practice organization I'm in doesn't include them
- ₆ Concerned with malpractice issues
- ₇ Don't like to delegate, prefer to take care of patients myself
- ₈ Don't trust automated / computerized systems for clinical duties
- ₉ Referral barriers make it simpler to do these tasks myself
- ₁₀ Patients prefer for me to do these tasks personally
- ₁₁ Legal barriers
- ₁₂ Other reason(s) - what are they? _____

7. Within your own practice, how willing would you be to work with administrators, staff, and colleagues, to change the way you organize your practice, so that you are making more appropriate or efficient use of your time spent on direct patient care? **(Check one)**

- ₁ Very willing
- ₂ Somewhat willing
- ₃ Neutral
- ₄ Somewhat unwilling
- ₅ Very unwilling
- ₆ NOT SURE/ DON'T KNOW
- ₇ NOT APPLICABLE

MODULE #2: APPROPRIATENESS OF CARE PROVIDED

8. Many physicians find themselves in situations where they order, perform, or review tests or procedures that are not necessary. We'd like to know how much of the time you think that happens among **physicians with whom you are familiar that have the same specialty as you (excluding yourself)**. Below is a list of types of clinical activity. For each one, please indicate what percent of the time you think that activity was appropriate, equivocal, or inappropriate among physicians with whom you are familiar that have the same specialty as you excluding yourself. This judgment concerns only the potential health benefit and risk to the individual patient. **Cost is not a factor.** Each row should total 100%.

Clinical activity, test, or procedure	<u>Appropriate</u> - potential health benefit greater than potential health risk	<u>Equivocal</u> - potential health benefit equal to potential health risk	<u>Inappropriate</u> - potential health benefit less than potential health risk	<u>Row total:</u>
	%	%	%	
Conduct patient visits				100%
Answer consult from another physician				100%
Order, perform, or review lab tests (such as blood chemistries)				100%
Order, perform, or review non-invasive diagnostic studies (such as x-rays)				100%
Order, perform, or review invasive diagnostic studies				100%
Order, prescribe, or administer medications				100%
Provide counseling or education				100%
Recommend or perform surgeries or procedures				100%
<i>All services</i>				100%

9. Below is the same list of types of clinical activity **that you might order, perform, or review**. For each one, please indicate whether you did order or perform it in the past month and, if so, what percent of the time you think that ordering or performing it was appropriate, equivocal, or inappropriate in the past month. This judgment concerns only the potential health benefit and risk to the individual patient. **Cost is not a factor**. Each row should total 100%.

Clinical activity, test, or procedure	Order, perform, or review in past month? If Yes-->	<u>Appropriate</u> - potential health benefit greater than potential health risk	<u>Equivocal</u> - potential health benefit equal to potential health risk	<u>Inappropriate</u> - potential health benefit less than potential health risk	<u>Row total:</u>
	Yes/No	%	%	%	
Conduct patient visits					100%
Answer consult from another physician					100%
Order, perform, or review lab tests (such as blood chemistries)					100%
Order, perform, or review non-invasive diagnostic studies (such as x-rays)					100%
Order, perform, or review invasive diagnostic studies					100%
Order, prescribe, or administer medications					100%
Provide counseling or education					100%
Recommend or perform surgeries or procedures					100%
All services	Yes/No is not an option				100%

10. IF INDICATED ANY INAPPROPRIATE OR EQUIVOCAL:

Thinking about the last month, when you saw or heard about other physicians in your specialty performing a clinical task that you think was equivocal or inappropriate, what were the likely reasons for that?

(Check one for each item)

	<u>Often a reason</u>	<u>Sometimes a reason</u>	<u>Rarely or never a reason</u>
a. Patient or family concerns or expectations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Required to justify subsequent treatment.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. To qualify for “pay-for-performance” incentives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. To be sure about diagnosis, even if no treatment implications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Easier or faster to order full set of tests in electronic systems.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. To avoid any potential malpractice issues.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Reordered a test that was not done properly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Test or imaging result or medical record was not available, or could not find it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Needed to use test/treatment facilities in order to ensure they stay in business and available for patients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. To see how well test/therapy works for patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. To change the level of billing for an encounter or visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Needed practice revenues to cover costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Needed to maintain a reasonable level of personal income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. Expected standard of practice in my geographic area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. Standard of practice in my medical group, or among closest colleagues.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p. Standard of practice in my specialty.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. Influence of the drug and device industry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

10a. IF TWO OR MORE ARE CODED "OFTEN" AS A REASON WE WILL SHOW A LIST OF REASONS AND ASK: Please rank the top five reasons for equivocal or inappropriate care in order of importance.

Give a 1 to the most important reason, 2 to the next most important reason, etc. (NOTE WE WILL ALLOW "TIES" BUT NOT OFFER THEM)

RANKED REASONS 1 - 5 _____

11. The next question asks you evaluate 15 briefly described strategies for reducing the level of equivocal or inappropriate care in terms of how helpful or unhelpful each one is likely to be. You can also suggest your own strategy.

What changes do you think would be helpful in reducing the overall level of equivocal or inappropriate care in the U.S.? By Equivocal, we mean the potential health benefit is equal to the potential health risk. By Inappropriate, we mean the potential health benefit is less than the potential health risk.
(Check one for each item)

	Extremely <u>helpful</u>	Very <u>helpful</u>	Somewhat <u>helpful</u>	Not very <u>helpful</u>	Not helpful <u>at all</u>
a. Change malpractice laws.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Change laws or standards to permit delegation of more care activities to persons with different levels of training or other professional background	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Eliminate direct-to-patient advertising	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Better reimburse time spent on patient education and counseling.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Better support medical education to reduce physician debt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Standardize billing and reimbursement procedures.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Allow more flexibility in billing and reimbursement procedures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Make patients and/or families pay more out-of-pocket for the care they request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Make more use of evidence-based criteria in determining reimbursement levels.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Increase use of advance directives for end-of-life care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Use more PA, RN, and other non-physician staff to perform routine care that doesn't require an MD/specialist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. Educate patients and families about need to minimize care for which the potential health benefit is less than the potential health risk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. Increase public emphasis on patient safety and reducing medical errors.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	<u>Extremely helpful</u>	<u>Very helpful</u>	<u>Somewhat helpful</u>	<u>Not very helpful</u>	<u>Not helpful at all</u>
n. Decrease the influence of the drug and device industry on the practice of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. Increase application of protocols or algorithms for clinical problems that have a clear evidence base supporting consistent application of a clinical protocol for most patients (e.g. protocol for acute myocardial infarction care in the emergency room).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. Improve design of electronic health records and prescribing systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. OTHER SPECIFY: _____.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11a. IF TWO OR MORE ARE CODED "EXTREMELY HELPFUL" ASK: Please rank the top five changes in order of importance. Give a 1 to the most important change, 2 to the next most important change, etc. (NOTE WE WILL ALLOW "TIES" BUT NOT OFFER THEM)

RANKED REASONS 1 - 5 _____

12. Within your own practice, how willing would you be to work with administrators, staff, and colleagues, to change the way you organize your practice to minimize equivocal or inappropriate care? (**Check one**)

- ₁ Very willing
- ₂ Somewhat willing
- ₃ Neutral
- ₄ Somewhat unwilling
- ₅ Very unwilling
- ₆ NOT SURE/DON'T KNOW
- ₇ NOT APPLICABLE

MODULE #3: PARTICIPANT DESCRIPTORS

13. What is your current age category? (**Check one**)

₁ 20-29

₂ 30-39

₃ 40-49

₄ 50-59

₅ 60-69

₆ 70-79

₇ 80 or older

14. Sex: (**Check one**)

₁ Male

₂ Female

15. In what year did you graduate from medical school?

Year of medical school graduation: _____

16. From what type of medical school did you graduate: (**Check one**)

₁ Public

₂ Private

₃ International

17. How many years of post-graduate training (internship, residency, fellowship) have you had?

Years: _____

18. Thinking about the quality of care you are able to give patients now, would you say you are: **(Check one)**

- ₁ Extremely satisfied
- ₂ Very satisfied
- ₃ Somewhat satisfied
- ₄ Neither satisfied or dissatisfied
- ₅ Somewhat dissatisfied
- ₆ Very dissatisfied
- ₇ Extremely dissatisfied?

19. Thinking about your own satisfaction with your day-to-day professional life as a physician, would you say you are: **(Check one)**

- ₁ Extremely satisfied
- ₂ Very satisfied
- ₃ Somewhat satisfied
- ₄ Neither satisfied or dissatisfied
- ₅ Somewhat dissatisfied
- ₆ Very dissatisfied
- ₇ Extremely dissatisfied?

20. Thinking about your income in the past year, would you say you are: **(Check one)**

- ₁ Extremely satisfied
- ₂ Very satisfied
- ₃ Somewhat satisfied
- ₄ Neither satisfied or dissatisfied
- ₅ Somewhat dissatisfied
- ₆ Very dissatisfied
- ₇ Extremely dissatisfied?

21. What is your main clinical specialty?

CHOOSE FROM DROP BOX OF CODES (SEE LIST)

[ITEM USES STANDARD AMA PHYSICIAN SPECIALTY GROUP LIST, PROVIDED IN THE APPENDIX]

22. ***Thinking about improving the value of health care provided at your facility, do you have any specific suggestions (FINAL question of survey)?***

[FREE TEXT RESPONSE]

APPENDIX: AMA PHYSICIAN SPECIALTY GROUPS

1. Allergy / Immunology
2. Anesthesiology
3. Cardiology
4. Dermatology
5. Endocrinology / Diabetes / Metabolism
6. Emergency Medicine
7. Family / General Practice
8. Geriatrics
9. Internal Medicine
10. Medical Genetics
11. Neurological Surgery
12. Neurology
13. Obstetrics / Gynecology
14. Oncology
15. Ophthalmology
16. Orthopedics
17. Otolaryngology
18. Pathology
19. Pediatrics
20. Physical Medicine & Rehab
21. Plastic Surgery
22. Preventive Medicine
23. Psychiatry
24. Radiology
25. Surgery
26. Urology
27. Other