Robert Wood Johnson Foundation

Talking with Physicians about Improving Payment and Reimbursement:

Key Communications Findings from Interviews and a National Survey with Primary Care Physicians

Research conducted on behalf of the Robert Wood Johnson Foundation

April 2011

Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

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Engaging physicians in discussions about payment reform can be tricky. While physicians want to provide the highest quality care possible to all of their patients, the realities of the U.S. health care system often limit their ability to do so. Primary care physicians today describe themselves as overwhelmed by a health care system undergoing rapid transformation yet still mired in paperwork, leaving them little time for the patient care they want to provide.

The Robert Wood Johnson Foundation (RWJF) is the largest foundation focused exclusively on health and health care in the United States. As a core part of its mission, RWJF is helping to lead a transformation in the quality of care provided to people in communities nationwide. *Aligning Forces for Quality* (AF4Q) is RWJF's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models of local reform to national leaders. In the regions where Aligning Forces operates, people who get care, give care and pay for care are working to rebuild health care systems, so they work better for everyone involved. The program intends to drive change in local health care markets that will result in measureable improvements by 2015.

Since AF4Q kicked off in 2006, it has helped define the field of regional quality improvement. When the program began, the idea of diverse local stakeholders linking approaches to enhance quality and increase the value of health care was novel. Since then, Aligning Forces' emphasis on 1) engaging consumers, 2) measuring the performance of providers and reporting it publicly, and 3) improving the quality and equality of care being delivered has taken hold.

RWJF has long been committed to changing the current health care payment system to one that rewards value instead of volume. The foundation believes public and private payers should use common measures to assess provider performance, and that providers who deliver high-quality, cost-effective care or who improve significantly should be rewarded. RWJF also believes providers should be fairly compensated for preventive care, time spent coaching patients and coordinating care for those with chronic conditions.

As part of their commitment and beliefs, RWJF leadership has invested in considerable research and demonstration projects to explore different models for delivering care and for paying doctors and hospitals to deliver high-quality health care. The insights gained from this work are foundational to the work undertaken as part of the third phase of the Aligning Forces initiative, begun in 2011.

From 2011 to 2013, communities involved in AF4Q will engage in their own exploratory efforts to improve the way providers are reimbursed. Each will implement – or set the stage to implement – a workable model for reforming a segment of the health care payment system in their community. They will develop and test small-scale models that incentivize providers to deliver high-quality, cost-effective care.

As organizers in Aligning Forces communities begin their payment reform efforts, it is important that they have tested language and messages to begin conversations with physicians in their community.

The AF4Q program has traditionally provided this type of message assistance. In the summer of 2007, RWJF began a process to develop messages for use by the Aligning Forces communities to begin conversations with consumers and patients about "quality" health care. The foundation recognized that educating the public about the importance of quality health care and making informed choices about one's health is an instrumental part of health care transformation. Thus, RWJF sponsored research on how best to begin explaining the problems with health care quality, highlighting the types of solutions AF4Q is pursuing and calling people to action. Later, messages to use in beginning conversations with physicians about performance measurement and public reporting were developed and tested.

The goal of this communications research project was to develop and test simple messages that will help local AF4Q leaders begin discussions about payment and delivery reforms with physicians in their community.

IMPORTANT: The one-on-one interviews and telephone survey results explained in this report were conducted for the sole purpose of identifying and testing messages for communications purposes. The interviews and survey were not conducted to determine – and the results do not explain – how to design different payment or reimbursement systems, or which types of systems physicians will support.

The Message Research Process

RWJF staff and communications consultants from GYMR Public Relations and MSLGROUP worked with Lake Research Partners, a nationally respected message research and polling firm, to craft basic messages that can be used to begin discussions about health care payment, cost and quality with physicians.

Dozens of words, phrases and message concepts were first tested in a series of individual interviews with primary care physicians in two cities. Based on physicians' reactions, the messages were edited and selected to be quantitatively refined through an online survey of physicians. Based on the results, final messages were finalized. The four-step process for developing and testing messages included:

1. **Brief analysis of existing research and literature**
   Little publicly available research had already been conducted into how physicians view, think and talk about the role money plays in delivering health care. A top-line review and analysis of physician attitudes around payment and delivery reform was conducted. Using the insight gained from this analysis, sample messages and an interview guide were developed to test.

2. **Conduct 16 one-on-one interviews with physicians**
   The research began in December of 2010 with eight one-on-one physician interviews in both Detroit and Boston. All participants were primary care physicians and represented a mix of age, gender, race or ethnicity, years in practice and types of practice. The initial message concepts were discussed to better understand physician beliefs and values pertaining to issues of payment and quality. Reactions were used to refine the initial messages for further testing.

3. **Conduct survey of physicians to quantitatively test messages**
   The second phase of physician research took place in March of 2011 via a survey of 500 primary care physicians. The survey was conducted using an online panel of physicians. Promising concepts from the first round of interviews were revised and tested. Regression analysis helped identify the most promising message concepts.

4. **Finalize messages**
   Based on the results of the survey, final messages were selected and reviewed by the RWJF staff and prepared for the AF4Q communities and related foundation grantees.

Three Key Takeaways

1. **Physicians are extremely frustrated with the current health care system.**
   Virtually every physician interviewed passionately expressed deep frustration with the health care system in general, and their concerns about the inadequate reimbursement structure in particular. They feel squeezed by today's payment system and pressured to see more patients, frustrated that they cannot give their patients the time they need because they are not reimbursed for much of the work needed to build a better patient-provider relationship or to adequately coordinate their patients' care. They are aggravated by what they see as ever-growing administrative requirements, especially time spent supplying documentation for reimbursements, and payers interfering with care, e.g., insurers requiring authorizations for treatments. They raise concerns about inequities in pay compared to specialists. Many of the physicians in the one-on-one interviews expressed a strong desire to leave medicine. Only slightly more than one in four of those surveyed said they were "very satisfied" professionally.

2. **Physicians are open to the idea payment reform.**
   Physicians recognize that rising health care costs are unsustainable and they are open to hearing about efforts to potentially change the way payment/reimbursement works. While the downsides of various payment reform experiments past and present still concern them – and they see the devil in the details – their level of frustration has seemingly made them more receptive to new ideas.

3. **Local physicians are unaware of the specifics of many common payment and delivery reform concepts.**
   All but a few of the physicians interviewed were unaware of various payment or delivery reform efforts. Concepts like accountable care organizations, patient-centered medical homes, bundled payments, etc., were either completely new to them, or they were familiar with the terms but did not know any specifics. Only a small percentage of those surveyed described themselves as very knowledgeable about these three payment models.

Lessons Learned from Exploring Message Concepts

✓ **"Reform" is not a popular word. Instead of payment reform, use "improving the payment and reimbursement system."**

Regardless of political ideology, when speaking with either physicians or consumers, there seemed to be fatigue, at best, and fear, at worst, about discussion of further "reform" of American health care. Even when reform was seen as positive, there was little support from participants for it to be tested in their backyard. And just as any professional might be threatened by a term like "salary reform," physicians were equally wary of "payment reform." Throughout the one-on-one interviews and telephone survey, the physicians' top concern was that they might get paid less in a new system. Using "improvement" terminology, rather than "reform" terminology, does a better job of assuaging their concerns.

✓ **Keep messages basic: Language that emphasized "lifting the burden physicians feel" drew a very positive reaction from physicians.**

For introductory conversations, physicians want to know that you feel their pain. They want to get back to the basics of treating patients and helping them lead healthier lives. They all spoke about wanting to focus more on their patients – that is the part of their job that they said they like the most and the reason they gave for getting into health care. Making sure that physicians understand that you understand *them* is critical for the conversation going further. The interview and survey participants said that changes in payment that helped "lift the burdens physicians feel" could help decrease barriers to providing high-quality health care.

✓ **Physicians see insurers and government as standing in the way of their being able to consistently practice the best medicine for all their patients.**

Physicians routinely noted that insurance companies and the current reimbursement system left them feeling defeated or frustrated. All of the physicians interviewed spoke about being tired of battling insurers, the low reimbursement rates from the government and losing autonomy to the system. For the most part, they see insurers as the main threat to high-quality, patient-centered care. Primary care physicians also repeatedly said that that get the short end of the stick in reimbursement relative to their specialist colleagues. They felt that few people "stuck up" for them. While they understood that they need to work with insurers to improve the system, they want a trusted and impartial gatekeeper to lead any efforts to improve payment and care delivery in their community. Local organizations leading reform initiatives must emphasize their nonprofit status and reputation for being trusted brokers by diverse parties in order to get physicians to the table.

- ✓ **The highlight of their job is working with patients. Focus on changing the payment system as a way to improve their relationships with patients.**

When the impact that changes to payment and reimbursement systems could have on patient care was explained, physicians reacted positively. Physicians want to provide high-quality care to their patients and they respond to messages that link payment to their relationships with patients. Anything that speaks to allowing them to focus more on patients and less on administrative burdens is positive messaging.

> *Right now everything is negative. If I had something else to do, I would go out and make some money and quit medicine. The only thing positive in medicine at this time is that patients still respect you. You get rewards and the warm feeling from the patients.*
> Male Physician – Boston, MA

- ✓ **The main concern physicians have about payment and delivery reform is that they could make less money.**

In both interviews and the quantitative survey, primary care physicians felt most threatened about losing income under a reformed payment system. They already feel that they are not being paid fairly for the work they do. Demonstrating that they will not be paid less under a reformed payment system will be important to their buy-in.

- ✓ **Physicians worry about noncompliant patients in reimbursement systems that favor high-quality patient outcomes.**

Primary care physicians frequently raised concerns about not being able to control all actions their patients take, and do not want to be punished financially for their patients' poor behavior. Demonstrating that new payment scenarios would not hold them accountable for behaviors outside their control will be important to their buy-in.

> *Maybe the patient doesn't have a car to get to the doctor, maybe they missed four appointments, maybe they're not listening to what I'm telling them to do and they're not eating right. But I certainly don't feel that I should be penalized for that…Patients don't have to be compliant with anything we tell them.*
> Male Physician – Detroit, MI

- ✓ **Reinforce to physicians that a new payment system might reimburse them for more of the time they spend counseling patients, coordinating care and providing preventive services.**

Primary care physicians expressed anger and frustration that much of the care they want to – and should – provide is not valued in the current payment system. They spoke at length about their belief that much of the care they provide is not compensated, and how they believe that specific care leads to high-quality outcomes. All messaging about potential payment and delivery reform projects in communities

should validate the importance of this care. Spending more time with patients, helping to coordinate their care among different doctors, communicating with patients via email or telephone after office hours, checking in with patients after an illness and providing patients some forms of preventive care were all highly valued services by both primary care doctors and consumers.

> *They ought to increase the time that is given to us. Fifteen minutes? Fifteen minutes is absolutely not possible even if you are just talking about the preventive measures -- what they should do. You couldn't do that in 15 minutes. So the length of the visit they should increase that so you feel more comfortable to discuss things.*
> Female Physician – Boston, MA

> *Being a primary care physician we spend more time counseling patients and talking about things we don't get paid for. We get paid for the diagnosis and the treatment and yet when they go to the specialist -- yes, the specialist treats them, just gives them a cortisone injection and they get $600 for it. They won't address anything else. It is just a shot and that's it. Whereas primary care physicians, we talk about all these other things they want us to talk about – their diet, cholesterol, blood pressure, the benefits of exercise – but we don't get paid for it.*
> Female Physician – Boston, MA

> *There is so much that I do that doesn't get paid at all. Counseling families, spending a lot of time when families come in with their relatives, time counseling on the telephone, test results over the phone, just primary care in general – it's not paid well.*
> Female Physician – Detroit, MI

✓ **Who is most receptive to payment reform?**

From regression analysis of responses to the telephone survey, researchers were able to identify demographic trends among physicians who were most likely to support new models of payment, reimbursement and delivery. Those most receptive overall were:

- female physicians
- physicians in the Northeast United States
- physicians who see a lot of patients (22 a day, or more than 110 a week)

These physicians might be considered "low-hanging fruit" for getting involved in a new payment model.

However, interest in exploring payment changes *increased the most* over the course of the survey among (a) physicians who see less than 110 patients per week and/or (b) spend more than 20 minutes with a patient in the average visit. This means that these

physicians initially were not receptive, but became significantly more so as the survey progressed. It strongly suggests that spending time discussing scenarios with these providers – using messages that reflect their motivations and concerns – can have a substantial effect on their willingness to participate.

Tested Messages/Language to Use with Physicians

Open the Conversation by Meeting Physicians Where They Are

A. Something must be done to lift the burdens that primary care physicians face and improving the payment and reimbursement system is one way to do that.

B. We can use health care dollars a lot more wisely by figuring out a way to pay physicians more equitably while incentivizing high-quality care that saves health care costs down the road.

C. We understand the frustration of doctors who feel squeezed by today's payment system, pressured to see more patients and aggravated by growing administrative requirements. They're tired of battling insurers and low reimbursement rates from the government. That's why we want to work toward a system that rewards doctors for getting patients the care they need. Improving the payment and reimbursement system could alleviate some of this frustration and enable doctors to get paid for the most important and enjoyable aspects of being a doctor: direct interaction with their patients that improves their lives.

Motivate Physicians to Participate by Explaining Benefits they Care About

D. A local nonprofit organization, XXX, is bringing physicians together to discuss potential ways to pay and reimburse physicians. We want to explore a payment and reimbursement system that:
   (1) makes payment more equitable for physicians
   (2) values the primary care provider as the center of patient care
   (3) results in better patient care
   (4) gives doctors more autonomy over care decisions.

E. We want to explore ways for you to get paid for all of the care you and your practice provide, not just the procedures you do.

F. Locally, a coalition of physicians, physician groups, patients, health systems, health plans and employers are working to make it easier for doctors and health care professionals to provide high-quality care. Too often the system puts up barriers for doctors to provide the kind of care they want and were trained to do. A better payment and reimbursement system could improve the situation.

G. Some forms of care are not always reimbursed by all payers. For example, we know that counseling patients on disease management and prevention is critically important, but too often is not reimbursed. It's the same thing with efforts to better coordinate patient care. With your involvement, we can work together to better recognize these critical aspects of care through the payment and reimbursement system.

Address Physicians' Initial Concerns about a New Payment and Reimbursement System

H. Linking physician payment to performance is not a new concept, and we know there are concerns we need to address. Our goal is not to penalize providers, especially for factors beyond their control, like patient compliance. We need practicing physicians involved in deciding how payment could be linked to performance. We want to create a system that focuses on incentives instead of penalties.

I. We know there are concerns about exploring a different payment and reimbursement system. Some physicians, especially those in solo practice or with a particularly heavy patient load, worry about getting paid less than they currently are paid. We want to focus on helping physicians get compensated for all of the care their practice provides, not just the procedures they do.

# # #

Appendix A:
Research Presentation

Physicians and Payment Reform

PHYSICIANS & PAYMENT REFORM

Insights from a Survey of Primary Care Physicians

Conducted for
Robert Wood Johnson Foundation

April 2011

By
Lake Research Partners

Purpose

The purpose of this study was to identify messages that inoculate opposition to payment reform efforts being piloted in a number of communities. Prior research with consumers found many concerns about linking physician reimbursement with quality of care. Consumers are uncomfortable with the notion that physicians might provide better, higher-quality care if they are paid more for that care. Our hunch was that physicians would likely be more open to payment reform than consumers given their frustration with insurers and the current reimbursement system.

This study focused on *physicians* and sought to understand their feelings toward and awareness of payment reform efforts and to identify messages that can mitigate concerns and build support.

Methods

Phase 1 Interviews: Eight physician interviews were conducted in Detroit and Boston, for a total of 16. All participants were primary care physicians, and represented a mix of age, gender, race/ethnicity, years in practice and types of practice. The interviews took place December 15 and December 20, 2010.

Phase 2 Survey: A survey of 500 primary care physicians was conducted March 10 through 14, 2011 to test concepts emerging from the interviews. The survey was conducted using Knowledge Networks' online panel of physicians. Regression analysis was used to help identify the most promising message concepts.

Recap of Phase 1

Physicians Frustrated, Somewhat Open to Payment Reform

In our initial qualitative research, physicians in the interviews were more open to payment reform than consumers. They recognize the threat of increasing health care costs and are open to ways to reduce these costs.

Additionally, physicians feel frustrated with the current health system, particularly around payment issues – reimbursements, documentation and payers interfering with care. They see these issues as the main barriers to high-quality care.

Many also say they spend a lot of time providing care that is not reimbursed, and raise concerns about inequities in pay compared to specialists.

These physicians did not have much awareness about current payment reform efforts, with the exception of a few in Boston who were part of medical home models.

Recap of Phase 1

Message Openings

In our initial message testing, some language and concepts were effective:

- Reducing barriers to physicians providing quality health care
- Enabling physicians to focus more on the patient – the part of their job they like most
- Physicians getting compensated for all of the care they provide, not just procedures they do

These message concepts were refined and tested, along with others, in the survey.

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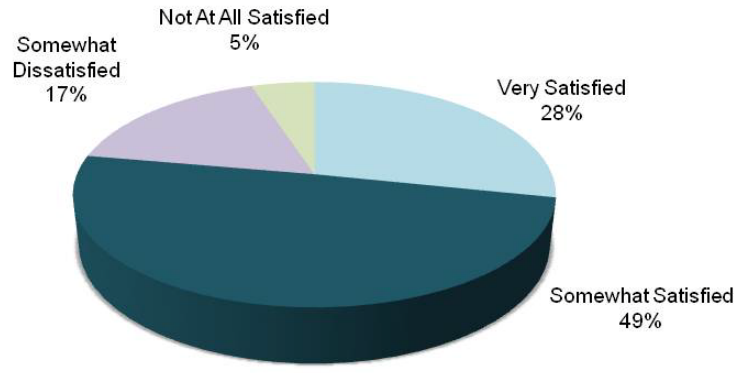
DETAILED FINDINGS
CONTEXT

Context

Only 28% of Physicians Are "Very" Satisfied Professionally

Q: How satisfied or dissatisfied are you professionally?

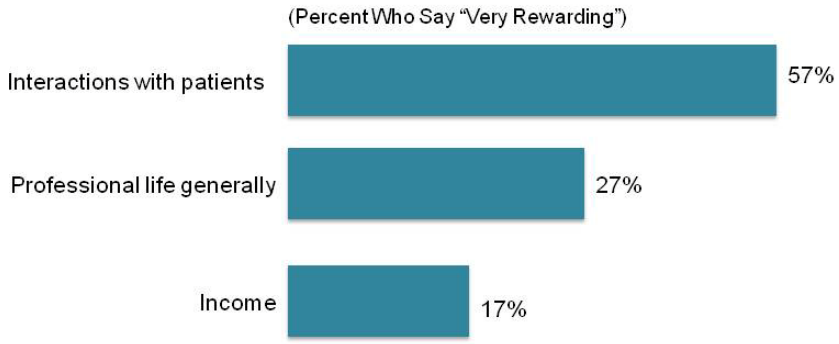


7

Context

Interactions with Patients Most Rewarding, Income Least Rewarding

Q: How rewarding is…



8

Context

Biggest Barriers: Insurers Interfering with Care and Reimbursement System

Q: How big of a barrier is each of the following to practicing High-quality medicine?

(Percent who said "Large Barrier")

Health insurers interfering with care	61%
The reimbursement system	52%
Potential lawsuits	42%
Overhead costs	42%
Not enough time with patients	35%

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Context

Many Aspects of Reimbursement System Seen as Burdensome

Q: Thinking specifically about reimbursements, how big of a burden is each of the following?

(Percent Who Said "Large Burden")

Not getting reimbursed for all the time you would like to spend with patients	59%
Spending too much time documenting care for reimbursements	57%
Not getting reimbursed for all of the care you provide	56%
Spending too much time trying to get authorizations	54%
Reimbursements being too low	53%

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Context

Curing Patients, Changing Lives Most Enjoyable Part of Being Physician

Q: How enjoyable do you find the following aspects of being a physician? (1-7 Scale)

	1-7 Scale Mean Rating	Percent Who Chose "7" Very Enjoyable
The ability to cure people and change lives.	6.2	49%
The direct contact I have with my patients.	6.0	38%
The opportunity to continually learn about new science for medical advancement.	5.9	33%
The opportunity to be continually challenged.	5.7	28%
Autonomy and flexibility	5.1	21%

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VIEWS TOWARD REFORMS

Awareness Large Majority Not Very Knowledgeable about Reforms

Q: How knowledgeable are you about these new concepts?

	Very Knowledgeable
Medical Home Model of Care	14%
Bundled Payments	11%
Accountable Care Organizations (ACOs)	7%

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Importance Many Say Changing/Improving System Is Important, Language Is Key

33% to 55% of physicians say reforms are very important, depending on question wording.

Physicians are much more likely to say "improving" the current payment and reimbursement system is very important (55%) vs. "changing" the system (33%).

While 44% have heard about "changes" to the system, only 26% have heard of "improvements."

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Importance

While Important, Only 13% "Very Interested" in Participating in Reform Effort

"The current fee-for-service physician payment system that is widely used across America focuses on quantity of care instead of quality. That is why in several places across the country, coalitions of physicians, physician groups, patients, health systems, health plans, and employers are working together to explore new reimbursement models.

Q: On a scale of 1-7, how interested would you be in participating in a new model of payment and reimbursement if it were happening in your community?"

Mean	***4.8***
7 (Very Interested)	13%
5-6	48%
4	21%
2-3	12%
1 (Not at All Interested)	5%

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MESSAGE CONCEPTS

Messages

Message Most Correlated with Improving System and Interest in Participating

Regression analysis shows the strongest message concept we tested is:

"Something must be done to lift the burdens physicians face, and improving the payment and reimbursement system is one way to do this."

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Messages

Top Motivations Address Biggest Frustrations and Patient Care Focus

Q: How interested would you be in participating in [a new model of payment and reimbursement] if it…

(Percent Who Rated the Reason a "7" – Very Interested)

Made payment more equitable for physicians	55%
Valued the PCP as the center of patients' care	51%
Resulted in better patient care	50%
Gave you more autonomy over care decisions with less influence from payers	46%
Allowed you to provide more counseling and preventive care	34%
Allowed you to focus more on cognitive services	33%
Rewarded physicians based on performance	22%
Linked payment to physician performance data	14%

Messaging should emphasize these top four concepts.

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Messages More on Payment as Motivator

Q. How motivating is each of the following as a reason to participate in a new model of payment and reimbursement?

	% Very Motivating
Made payment more equitable for physicians	55%*
I could get paid more fairly.	46%
I could get paid for all of the time I would like to spend with my patients.	46%
I could get paid for spending more time being a doctor rather than running on a treadmill of endless patient visits.	46%
I could get paid for all of the work needed to help patients achieve the best possible outcomes.	40%

** % saying 7 on interest scale (from previous slide)*

Regressions showed these two are most strongly linked with interest in participating in an effort. Messaging should emphasize more equitable payment and paid for all the work for best possible patient outcomes.

Messages Tested Message Scores Positively

"Something must be done to rein in health care costs, and everyone has a role to play: hospitals, insurance companies, Medicare and Medicaid, patients and physicians. One way to use health care dollars more wisely is to figure out a way to pay physicians more equitably while incentivizing high quality care that saves health care costs down the road."

Mean	***5.5***
7 (Strongly agree)	30%
5-6	52%
4	8%
2-3	7%
1 (Strongly disagree)	3%

We tested this "packaged" message in the survey, based on what we learned from the interviews. This message scores well – 82% give it a positive rating. It is not as persuasive, however, as "something must be done to lift the burdens…."

Messages

Linking to Performance: Talk about Not Being Penalized for Factors Outside Control

Q: If doctors and payers were developing a new payment and reimbursement system in your community, how important would each of the following be?

(Percent Who Rated the Statement a "7" – Very Important)

Physicians would not be financially penalized for factors outside of their control, like patient responsibility and compliance	63%
Practicing physicians were involved in deciding how payment would be linked to performance	40%
The system could focus on incentives instead of penalties	39%
Any performance data used were based on widely accepted medical best practices like providing an A1C test to diabetics	31%
Physicians would not have to document care any differently than they do now	28%

If possible, communications should be explicit about "not being financially penalized for factors outside their control, like patient responsibility and compliance" – this is much stronger than talking in generalities about focusing on incentives instead of penalties.

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Messages

Highlight Disease Management, Preventive Care in New Efforts

Some forms of care are not always reimbursed by all payers. Knowing that all of these services are important, please choose <u>three</u> forms of care that are most important to be reimbursed under a new system.

(Percent Chosen as *Most Important*)

Counseling on disease management	56%
Counseling on preventive issues	50%
Coordinating patient care	46%
Interpreting lab/test/treatment results	46%
Care provided by telephone	42%
Helping patients understand treatment decisions	42%
Making hospital visits	9%
Time spent communicating with specialists	9%

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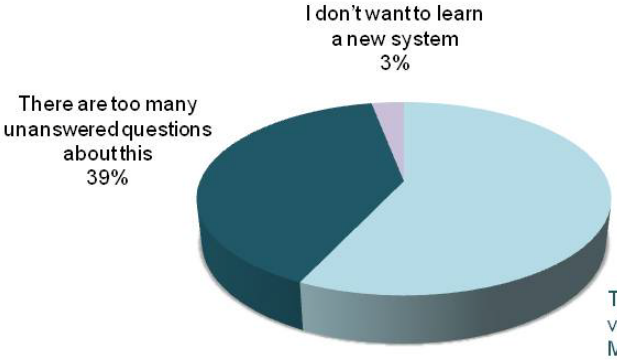
Messages

Caution: Biggest Barrier Is Concern about Getting Paid Even Less than Now

Q: Still thinking about participating in new models of payment and reimbursement, which of the following best describes why you may not want to participate?



Those whose average patient visit is less than 15 mins (65%)
MDs in solo practice (62%)

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DEMOGRAPHIC SEGMENTS

Demos

Women Physicians Among "Low-Hanging Fruit" for Improving System

By the end of the survey, 52% of physicians agree it is "extremely important" to improve the payment and reimbursement system for physicians.

Following are the groups of physicians *most likely* to say "extremely important":

	% "Extremely Important" to Improve System
Total	***52%***
Women	66%
Those who are not satisfied professionally	62%
Physicians in the Northeast	60%
Physicians in the Midwest	60%
Those who see more than 110 patients per week	60%

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Demos

Women also among Most Likely to Move More Favorable by End of Survey

By the end of the survey, 35% shifted toward being more interested in participating in a new effort. Those most likely to shift positive are:

	% Moved
Total	***35%***
Women	44%
Average office visit more than 20 minutes	42%
Those who see less than 110 patients per week	41%
Physicians in the Northeast	40%
Currently receive incentives	40%

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RECOMMENDATIONS

Recommendations

Connect Reform to Top Frustrations and What They Like about Medicine

Open with meeting physicians where they are at:

> "Something must be done to lift burdens physicians face, and changing the payment and reimbursement system is one way to do that."

Position payment reform as a way to alleviate some of their current frustrations with reimbursements and insurers: more equitable payment and, if appropriate, more autonomy over care decisions with less influence from payers. Also talk about getting paid for all the work necessary to get the best patient outcomes.

Connect payment reform with what they like most about being a physician – curing patients, impacting lives and direct patient interaction. Emphasize reform's impact on better patient care.

Emphasizing counseling – particularly around prevention and disease management – taps into what they feel is most important for reimbursement under a new system.

Talking about "improving the payment and reimbursement system" (not "payment reform.")

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Recommendations Address Concerns

Consider addressing their top concern about getting paid even less than they do now.

When communicating about linking payment to performance, reassure physicians that reform will not financially penalize them for factors outside their control, such as non-compliance.

Mention that practicing physicians are involved in linking payment to performance.

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Recommendations Target Audiences

Women are a key target – both feeling improving the system is very important, as well as most likely to move toward wanting to participate in an effort by the end the of the survey.

Physicians in the Northeast are also a target.

Those who see the most patients are most likely to say change is important.

However, it is physicians who see *less than* 110 patients per week who are actually move more interested in participating by the end of the survey. Additionally, physicians whose average patient visit is more than 20 minutes are among the most likely to move by the end.

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Appendix B:

Phase One One-on-One Interviews Questionnaire

Detroit and Boston

Lake Research Partners

Lake Snell Perry Mermin Meadow Gotoff Ulibarri

Messaging on Payment Reform

Focus Groups for AF4Q/RWJF/GYMR

Physician Guide

December 13, 2010

16 – 20 one-on-one interviews (Detroit and Boston)

45-minute interviews

I. Introduction/Welcome **5 mins**

Moderator Introduction

Description of the Project

Ground Rules

- We are audio and video taping
- There are colleagues behind the one way mirror
- You do not need to be an expert on this topic – we just want your feelings and impressions
- There are no wrong answers in this discussion so please speak up

Participant Introductions

- Name
- Type of practice
- Years in practice
- Health system affiliation

Let's get started.

II. Opening/Barriers to Quality **5 mins**

1. Tell me a little about how you feel about practicing medicine these days. Is it rewarding, satisfying?

2. What do you like best?

3. What are the biggest challenges to practicing high-quality medicine? (For you? For doctors in the community?)

4. Tell me some ways those challenges affect quality of care.

5. What kind of changes need to happen to help you practice the way you want?

6. What about reimbursements? How do those need to be changed to facilitate better doctor-patient relationships?

7. What about changing the criteria on which physicians are paid – paying more for *quality* rather than *quantity*? Does that need to happen?

III. Introduction to Payment Reform | Benefits 10 mins

8. Have you heard of a new effort in CITY working to improve the quality of health care here? This effort is led by the… [Greater Detroit Area Health Council / Kansas City Quality Improvement Consortium/ Massachusetts Health Quality Partners] If yes, what have you heard?

9. HANDOUT. Turn to the first page in your handout. This is a description of what this effort is talking about doing. I'd like you to read the description and then rate on a scale of 1 to 10 whether you think it is important or not. I'd also like you to circle words that really stand out to you positively and cross out anything you don't like.

GENERAL DESCRIPTION: BENEFITS

Locally, a coalition of physicians, physician groups, patients, health systems, health plans, and employers are talking about ways to make it easier for doctors and health care professionals to provide high quality care. Too often the system puts up barriers for doctors to provide the kind of care they want and were trained to do. The effort is talking about ways to reduce some of those barriers so that physicians can focus more on their patients and quality care.

a. Reactions?
b. Questions?
c. What would you like to see happen?
d. Any concerns?

10. HANDOUT. Turn the page again. Here's a description of how the effort could try to improve care in CITY. Do the same thing – give it a rating and then circle and cross out words you like and don't like.

HOW THINGS WILL CHANGE: CARE COORDINATION

Right now, care is often too fragmented for patients, and primary care physicians do not have the bandwidth to help them. Some health systems are focusing on improving care coordination for patients and paying physicians for doing so. Medical professionals are working more in teams to manage patients' care, coordinate care and improve communication across providers. This will also lift some of the burdens off physicians by being part of a team that shares information, rather than working alone in trying to provide and coordinate care with incomplete information.

a. Do you agree with this? Which part?
b. Would you support this?
c. What concerns do you have? What in the description makes you concerned about that?

11. Who do you think would benefit from these improvements, such as improving care coordination? Probe:

a. How would physicians?
b. Would patients? How?
c. Would hospitals? How might hospitals benefit?
d. Would insurance companies? Medicare? Is that good/bad?

IV. More on Rationale for Physicians **5 mins**

12. HANDOUT. Turn the page again. This is one reason why the effort may take on improving care here. I'm going to ask you to do the same thing – give it a rating and then circle and cross out words you like and don't like.

Many physicians are frustrated with the current system of care because they no longer have time to provide the type of care they really want – like involving patients more in decisions about their care, making sure patients understand all of their health needs, following up with patients, and talking to specialists and others about patients' care. Right now, many physicians have to do these things without getting paid for it, which is a heavy burden, or they do not do it at all.

a. Do you agree? Which parts?
b. Do you have to do anything else like this, not listed here? Are we missing anything?
c. Is this a reason to change the system?

V. Describing Payment Reform **10 mins**

13. What do you think about changing the way physicians are reimbursed?
    a. Positives?
    b. Negatives?

14. What types of things would you want to be reimbursed for that you aren't now?

15. Are you familiar with any kinds of models out there for changing the way physicians and hospitals are paid? Which ones? Reactions?

16. This local effort may be talking about different ways to pay doctors and their staff. One model that may or may not be considered involves paying physicians and hospitals above and beyond fees for service or hospital stays and also reimburses based on the quality of care. This would include additional payment for things such as whether patients have to go back to the hospital, whether they show up at the emergency room, or get the right tests and treatments.

    a. What do you think about this?
    b. What are some advantages of this approach?
    c. How might physicians benefit?
    d. What are your concerns about this?

17. Here are more specific ways that physicians and hospitals could be reimbursed. HANDOUT. Read each one and give it a 1 to 10 rating. 1 means you strongly oppose this method of reimbursement, 10 means you would strong support.

- Physicians could be reimbursed for providing coaching to their patients and coordinating their care among multiple doctors.
    - Probe: These types of patient-centered medical homes are being explored in many communities. Have you heard about "patient-centered medical homes"? Any impressions of these so far?

- Physicians and hospitals could be reimbursed for the total package of treatments needed for an entire "episode of care" for a certain medical condition rather than being paying separately for each specific step in the treatment.

    - Probe: These types bundled payment models are also being explored right now in communities. Have you heard about "bundled payment" models? Any impressions of this model, from what you've heard?

- A group of health care providers (e.g. primary care physicians, specialists and hospitals) could assume collective responsibility for the cost and quality of care for a specific group of patients – and receive financial incentives if they are successful. These types of Accountable Care Organizations are being explored in many communities.

    - Probe: Have you heard of "Accountable Care Organizations"? Impressions?

a. Discuss each.
b. What are your main concerns? What in the description leads you to that?
c. How might this benefit you?

VI. Challenges and Responses **10 mins**

18. HANDOUT. Now let's go over some questions and answers about these types of changes. Let's read the first one. DISCUSS EACH INDIVIDUALLY.

Q. Who would set the criteria for quality of care?

A local group of physicians, hospitals, patients and others would be involved in setting the criteria. These could be based on process measures, such as did patients with diabetes receive foot exams, and/or outcome measures, such as whether the patient's blood sugar was under control. You would not be punished for outcomes that were outside of your care, like patients not returning for office visits, etc.

Q. How would this affect me financially?

The goal is to reward physicians for the quality of care they provide not just for services rendered. Also, the effort wants to use health care resources wisely and values the doctor-patient relationship.

Q. Would this result in taking away my autonomy?

This would not limit your decision-making in any way. Physicians in your community would be at the table making sure physicians' autonomy about treatment decisions is preserved. These changes could enable you to get paid for some of the work you're already doing, and even more financial incentives for providing high quality care.

19. What other concerns do you have? GET A SENSE OF MOST PRESSING.

VII. Making It Personal 10 mins

20. Now that you've heard more about this – would you want to be part of this change? Why/why not? What would you want in place in order TO BE part of this effort?

21. WRITE. Let's say you had to convince a colleague to be part of this effort. What are three things you would tell him or her?

Appendix C:

Phase Two Telephone Survey Questionnaire

National Survey of 500 Primary Care Physicians

Lake Research Partners

Lake Snell Perry Mermin Meadow Gotoff Ulibarri

Communicating about Payment Reform to Physicians

Draft Questionnaire

February 28, 2011

10 minute survey

N = 500 PCPs

Introduction

This survey is being sponsored by a national non-profit foundation that works on health care issues. Your responses to these questions are completely confidential. Thank you for your participation.

Potential Reasons to Support Payment Reform

1. How satisfied or dissatisfied are you professionally?

   Very satisfied

   Somewhat satisfied

   Not very satisfied

   Not at all satisfied

2. How rewarding is…. RANDOMIZE

   Very rewarding

   Somewhat rewarding

   Not very rewarding

   Not at all rewarding

a. your income
b. your interactions with patients
c. your professional life generally

3. On a scale of 1 to 7, how enjoyable do you find the following aspects of being a physician: RANDOMIZE

   1 TO 7, NOT AT ALL ENJOYABLE, VERY ENJOYABE

   a. The direct contact I have with my patients
   b. The opportunity to be continually challenged
   c. Autonomy and flexibility
   d. The ability to cure people and change lives
   e. The opportunity to learn about cutting-edge medical advancement

4. Thinking about your own practice, how big of a barrier is each of the following to practicing high quality medicine? RANDOMIZE

   Large barrier

   Moderate barrier

   Not much of a barrier

   Not a barrier at all

   a. the reimbursement system
   b. overhead costs
   c. not enough time with patients
   d. potential lawsuits
   e. health insurers interfering with care

5. Thinking specifically about <u>reimbursements</u>, how big of a burden is each of the following? RANDOMIZE

   Large burden

   Moderate burden

   Not much of a burden

   Not a burden at all

a. not getting reimbursed for all of the care you provide
b. reimbursements being too low
c. spending too much time documenting care for reimbursements
d. spending too much time trying to get authorizations
e. not getting reimbursed for all the time you would like to spend with patients

6. On a slightly different topic, how worried are you about the increasing costs of health care in our country?

   Extremely worried

   Very worried

   Somewhat worried

   Not too worried

   Not at all worried

Views Toward Current Payment System

7. Are you currently salaried?

   Yes

   No

8. Is your practice paid on a fee-for-service or capitated basis? ALLOW MULTIPLE RESPONSE

   Fee for service

   Capitated

   Other (SPECIFY _____)

9. In general, do you favor or oppose each of the following types of payments for physicians:

   Strongly favor

Somewhat favor

Neither favor nor oppose

Somewhat oppose

Strongly oppose

a. fee-for-service
b. capitation
c. salary

Initial Views toward Changing Payment System

10. How important is it that the payment and reimbursement system for physicians be [SPLIT SAMPLE: changed/improved]? 1 to 7 SCALE – NOT AT ALL TO VERY IMPORTANT

Have you heard of any efforts happening to [change/improve] the payment and reimbursement system?

Yes

No

Not sure

11. How knowledgeable are you about these concepts: RANDOMIZE

Very knowledgeable

Somewhat knowledgeable

Not very knowledgeable

Not at all knowledgeable

a. medical home models of care
b. bundled payments
c. accountable care organizations (ACOs)

The current fee-for-service physician payment system that is widely used across America focuses on quantity of care instead of quality. That is why in several places across the country, coalitions of physicians, physician groups, patients, health

systems, health plans, and employers are working together to explore new reimbursement models.

12. How interested would you be in participating in a new model of payment and reimbursement, if it were happening in your community? 1 TO 7 SCALE, NOT AT ALL TO VERY INTERESTED

Reasons to Support Payment Reform (Message Components)

13. Here are reasons some physicians have taken part in new models of payment and reimbursement. For you personally, how interested would you be in participating in one of these models if it:

    1 TO 7 SCALE NOT AT ALL INTERESTED TO VERY INTERESTED; RANDOMIZE

    a. gave you more autonomy over care decisions, with less influence from payers
    b. allowed you to focus more on cognitive services
    c. allowed you to provide more counseling and preventive care
    d. resulted in better patient care
    e. made payment more equitable for primary care physicians
    f. linked payment to physician performance data
    g. rewarded physicians based on performance
    h. valued the primary care physician as the center of patients' care

14. How motivating is each of the following as a reason to participate in a new model of payment and reimbursement? 1 TO 7 NOT AT ALL MOTIVATING TO VERY MOTIVATING; RANDOMIZE

    a. Something must be done to lift the burdens physicians face, and [changing/improving] the payment and reimbursement system is one way to do that.
    b. New models of payment and reimbursement could help rein in health care costs.
    c. The best health systems in the country are already trying out new models of care.
    d. The current system hurts the doctor-patient relationship because someone has defined my value as volume – how many patients I need to squeeze in a day or how many procedures are done.
    e. I could get paid for all of the time I would like to spend with my patients.
    f. I could get paid more fairly.

g. I could get paid for all of the work needed to help patients achieve the best possible outcomes.
h. I could get paid for spending more time being a doctor rather than running on a treadmill of endless patient visits.

15. Some forms of care are not always reimbursed by all payers. Knowing that all of these services are important, please choose three below that are most important to be reimbursed for under a new system:

Care provided by telephone

Counseling on preventive issues

Counseling on disease management

Time spent communicating with specialists

Interpreting lab/test/treatment results

Making hospital visits

Helping patients understand treatment decisions

Coordinating patient care

Barriers to Support Payment Reform (Identifying Biggest Threats)

16. Still thinking about participating in new models of payment and reimbursement, which of the following best describes why you may not want to participate? (Choose one.) RANDOMIZE

There are too many unanswered questions about this.

I would be worried about getting paid even less than I do now.

I don't want to learn a new system.

17. If doctors and payers were developing a new payment and reimbursement system in your community, how important would each of the following be: 1 TO 7 SCALE, NOT AT ALL IMPORTANT TO EXTREMELY IMPORTANT; RANDOMIZE

a. Physicians would not be financially penalized for factors outside their control, like patient responsibility and compliance.
b. Any performance data used were based on widely-accepted medical best practices [SPLIT SAMPLE: like providing an A1C test to diabetics].
c. Physicians would not have to document care any differently than they do now.
d. Practicing physicians were involved in deciding how payment would be linked to performance.
e. The system would focus on incentives instead of penalties.

18. Do you agree or disagree with this statement: 1 TO 7 SCALE – STRONGLY DISAGREE TO STRONGLY AGREE

    Something must be done to rein in health care costs, and everyone has a role to play: hospitals, insurance companies, Medicare and Medicaid, patients, and physicians. One way to use health care dollars more wisely is to figure out a way to pay physicians more equitably while incentivizing high quality care that saves health care costs down the road.

19. Do you receive any bonus payments from insurers for meeting performance standards or standards of care?

    Yes

    Not

    Not sure

Post Measures (for Regression Analysis)

20. How important is it that the payment and reimbursement system for physicians be [SPLIT SAMPLE: changed/improved]? 1 to 7 SCALE – NOT AT ALL TO VERY IMPORTANT

21. How interested would you be in participating in one of these new models of payment and reimbursement, if it were happening in your community? 1 TO 7 SCALE, NOT AT ALL TO VERY INTERESTED

Demographics

- Gender
- Region
- Age
- Years in practice
- Type of practice (solo, single specialty, multi specialty)
- IF SINGLE/MULTI: How many physicians are in your group?
  - Less than 10
  - 10 to 49
  - 50 or more
- Number of patients
- Average office visit time
- Patient population
- Accept Medicare
- Urban/suburban/rural

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