



Doctor Survey Information Sheet

To support physician group quality improvement efforts, CCHRI is offering groups the option of additional surveying of patients to produce doctor-level results, using the same survey tools being applied at the group level. Groups can choose among three unique surveys, respectively designed to evaluate care provided by primary care practitioners, specialists, or pediatricians.

Although the IHA Pay-for-Performance (P4P) bonus program is predicated on results of the Group Survey, groups have indicated that the doctor-level “drill down” option will serve to better guide their one-on-one quality improvement work with physicians. Effective with MY 2007 of the IHA program, under the “*Systemness Measure 5: Physician Measurement and Reporting*,” POs can earn 4 points for measuring physician level patient experience and/or clinical performance, reporting it to physicians, and offering financial incentives or other incentives of monetary value based on performance.

For the Doctor Survey, the group designates the physicians for whom patient samples will be drawn. Groups can survey across a broad range of physician specialties. The survey instrument used will depend on the physician:

- ▶ PCP Survey: Family practitioners and internal medicine physicians designated as the adult’s PCP
- ▶ Specialist Survey: Adult specialists, excluding hospital-based physicians and urgent care physicians
- ▶ Child Survey: Pediatricians designated as the PCP for visits with children under the age of 14

The survey will be administered using a two-wave mail protocol (and no phone follow-up). The same sampling rules that are used in the Group Survey apply: Eligible patients are those who have had a visit with their PCP or with a specialist whom the medical group has included in the doctor-level survey. Patient visits with a PCP who is not the patient’s PCP will be excluded.

Distinct from the Group Survey, which limits the survey sample to HMO or POS patients over the age of 18, the Doctor Survey allows for reporting on physicians serving members in any product line (HMO, POS, PPO; commercial or Medicare). However, special arrangements must be made if a medical group wishes to create a unique sample of Medicare-only patients.

For each physician you would like to report on, a sample of 100 patients will be selected for inclusion in the survey mailing. A mail-out sample size of 100 patients per doctor typically yields between 30 and 35 survey responses per physician, *averaged across all medical groups*. However, response rates for individual doctors can range substantially. Historically, the number of responses per doctor has ranged from a low of 10 to a high of 50+. There is some indication that physicians who serve patients of diverse cultures/language mix see lower response rates.

In order to increase the likelihood of receiving a threshold number of responses per doctor, groups will have the option to increase the number of patients in the mail sample to 135 per doctor. Specifically, the group has the option of designating a subset of select doctors to have a larger patient sample. This option does entail an additional fee (see below). A group’s decision to increase the mailed sample size from 100 to 135 for select physicians will depend on a number of variables, including:

- ▶ The way in which your group wishes to use the results. If results are being used as a basis for physician compensation, we recommend a minimum of 20-25 responses per doctor. Tying the survey results to physician reimbursement may increase the importance of achieving a minimum number of responses per doctor, and thus make it worth the additional cost of enlarging the mail sample size.

- ▶ Your group's historical experience with physician level survey efforts. Groups who have participated in past years may wish to consider the 135 patient sample size for select physicians that have historically experienced low response rates. Groups without historic information may wish to choose the standard sample size of 100 for this year, and make adjustments in future years as necessary.

In some cases, low numbers of responses may also result from the relatively small size of some physician patient panels—with some physicians not having 100 patients that meet the eligibility criteria for inclusion in the survey sample. As an interim step in the project, the survey vendor will apprise the group of each doctor's sample size after receiving your data submission. Groups will then have the opportunity, if they so choose, to *de-select* from the doctor-level survey those physicians whose eligible patient samples fall below 100. Likewise, if a physician was targeted for a 135 sample size, but the data submission shows that they do not have enough eligible patients to meet this mark, the group can choose to transfer the doctor to the 100 sample size option.

Fees for Doctor Survey participation are detailed below. Although the per unit fees for the Doctor Survey and alternative language surveying are final, each group's total fees (based on the number of doctors participating) will not be finalized until we are able to see your data submission and calculate exactly how many doctors are eligible among those you have designated for participation.

You will be required to flag physicians selected for inclusion in the Doctor Survey as part of the physician group's data submission due by November 20, 2009.

Doctor Survey*		Total
Fixed fee for each reporting unit	\$2,050	\$2,050
(A) Per practitioner fee for a sample size of 100	\$214 X No. of Docs Surveyed	+
(B) Per practitioner fee for a sample size of 135	\$273 X No. of Docs Surveyed	+
Preliminary Total		=

*For PCP, Specialist and Child Surveys

Alternative Language Surveying in the Doctor Survey

As with the Group Survey, you can also choose to conduct alternative language surveying at the physician-level in Spanish, Chinese, or Vietnamese. You may select either all, or a subset of providers to receive double stuffing. You will be required to flag physicians selected for alternative language surveying in the physician group's data submission due by November 20, 2009.

The additional fees are listed below.

Fees for Doctor Survey Alternative Language		Total
Survey mailings "double stuffed" to include written survey materials in both English and one alternative language among the above listed options. (The Child Survey will not be available in Chinese, or Vietnamese)	\$182 X No. of doctors with sample size of 100 \$246 X No. of doctors with sample size of 135	+
Preliminary Total		=