



Specialist Services Committee (SSC) Initiatives Mid-Term Survey

Draft Report
November 2011



Background and Methodology

- Online survey fielded September 20 to October 5, 2011
- Survey largely repeats questions asked in a baseline survey conducted in June 2010
- 1,174 total interviews
 - 537 GPs
 - 637 Specialists
- Response rate = 15%
 - 1,174 completed interviews by deadline out of 7,905 emails sent to valid addresses
- Margins of error
 - $\pm 4.3\%$, 19 times out of 20 for GPs
 - $\pm 3.9\%$, 19 times out of 20 for Specialists



GP Questions



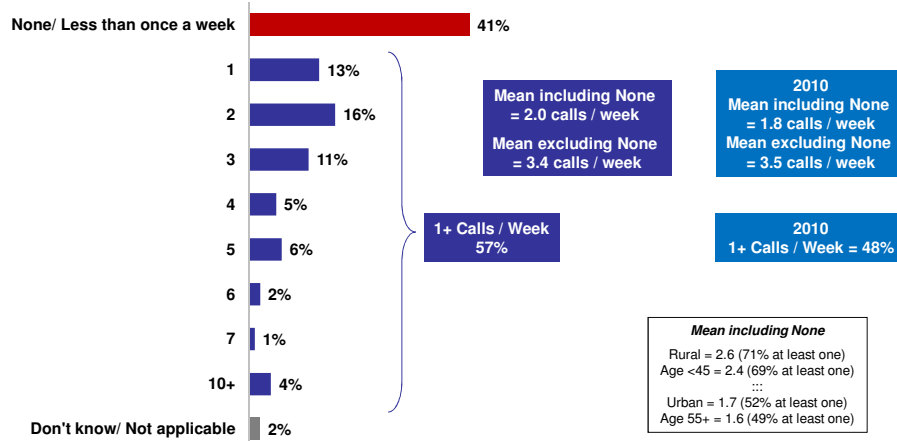
GP Respondent Profile

	2011 (n=635)	2010 (n=537)
MAIN Practice Type:		
Group practice	59%	57%
Solo practice	15%	17%
Locum	8%	10%
Walk-in practice	6%	7%
Hospitalist	4%	6%
Other	8%	5%
TOTAL Practice Type:		
Group practice	68%	n/a
Walk-in practice	28%	n/a
Solo practice	18%	n/a
Locum	16%	n/a
Hospitalist	14%	n/a
Emergency/ER	8%	n/a
Payment Type:		
Fee for service	75%	76%
Blended payment	12%	9%
Service contract	6%	9%
Sessional	4%	2%
Salary	2%	3%
Other	1%	1%

	2011 (n=635)	2010 (n=537)
Age:		
<45	31%	29%
45-54	30%	35%
55+	39%	36%
Gender:		
Male	57%	57%
Female	42%	42%
Refused	1%	1%
Years Practicing:		
<10	20%	16%
10-20	22%	32%
21+	57%	51%
Refused	<1%	1%
Location:		
Urban	72%	76%
Rural	28%	24%



Weekly Telephone Calls with Specialists



Q2011. Approximately how many times per week do you have a telephone conversation with a specialist physician regarding the assessment and management of a non-emergent patient (exclude calls for the purpose of booking an appointment or other administrative issues)?

Q2010. Prior to the implementation of the Specialist Services Committee (SSC) initiatives on April 1, 2010, approximately how many times per week did you have a telephone conversation with a specialist physician regarding the assessment and management of a non-emergent patient (exclude calls for the purpose of booking an appointment or other administrative issues)?

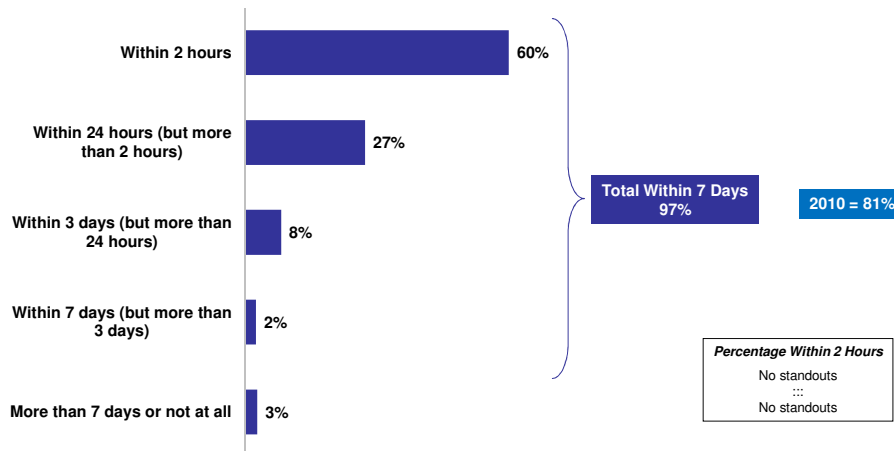
Base 2011: All GPs (n=537)

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Percentage of Calls to Specialists Returned within Specific Timeframes



Q2011. Approximately what percentage of the calls you make to specialists (regarding the assessment and management of a non-emergent patient) are responded to within each of the following timeframes?

Q2010. Prior to April 1, 2010, approximately what percentage of the calls you made to specialists (regarding the assessment and management of a non-emergent patient) were responded to within one week (7 days)?

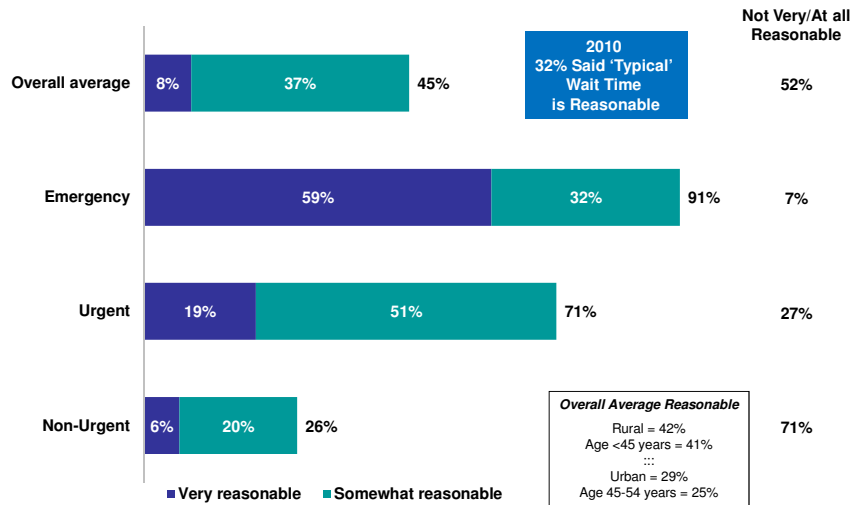
Base 2011: GPs making 1+ call per week to Specialist (n=308)

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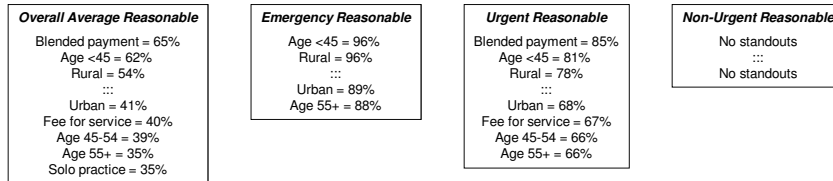
Reasonableness of Wait Times for Specialist Consultations



Q2011. How reasonable is the typical wait time for your patients to access a specialist consultation based on the following levels of urgency?
 Q2010. Prior to April 1, 2010, how reasonable was the typical wait time for your patients to access a specialist consultation?
 Base 2011: All GPs (n=537)



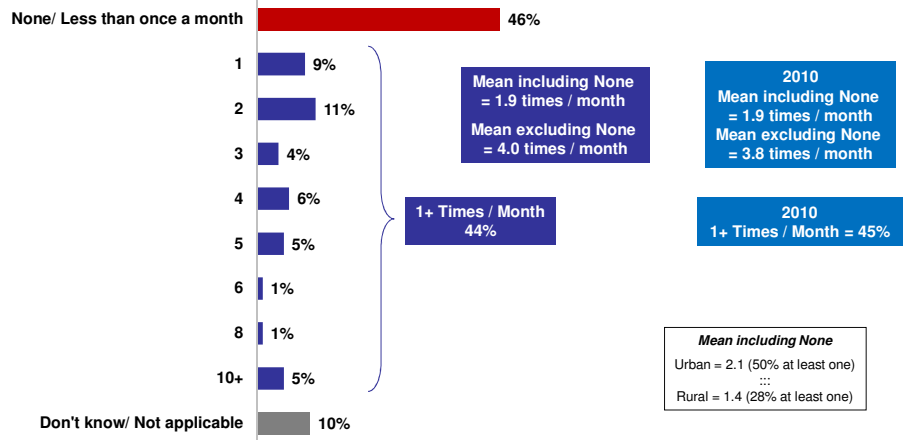
Reasonableness of Wait Times for Specialist Consultations



Q2011. How reasonable is the typical wait time for your patients to access a specialist consultation based on the following levels of urgency?
 Q2010. Prior to April 1, 2010, how reasonable was the typical wait time for your patients to access a specialist consultation?
 Base 2011: All GPs (n=537)



Monthly Patients Sent to E/R because of Specialist Availability



Q2011. Approximately how many times per month do you send a patient to the hospital emergency room because of the lack of availability of specialist advice within a short period of time?

Q2010. Prior to April 1, 2010, approximately how many times per month did you send a patient to the hospital emergency room because of the lack of availability of specialist advice within a short period of time?

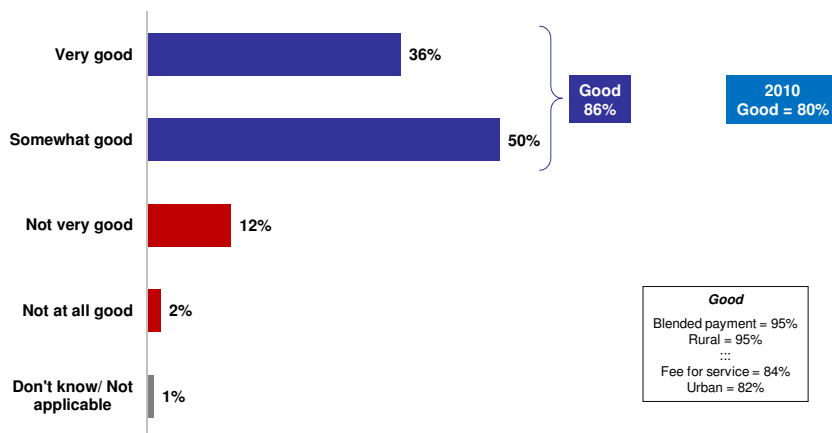
Base 2011: All GPs (n=537)

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Collaboration / Consultation with Specialists



Q2011. How would you rate the overall degree of collaboration and consultation you have with specialists?

Q2010. Prior to April 1, 2010, how would you rate the overall degree of collaboration and consultation you had with specialists?

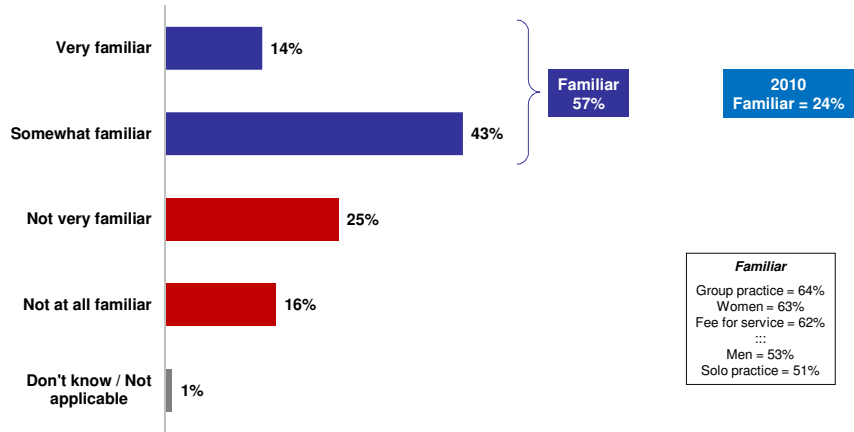
Base 2011: All GPs (n=537)

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Familiarity with Fees / Initiatives



Q2011. Overall, how familiar are you with the fees and initiatives that were implemented by the Specialist Services Committee on April 1, 2010 (i.e. physician to physician telephone advice, specialist to patient follow-up advice by telephone)?

Q2010. Overall, how familiar are you with the fees and initiatives being implemented by the Specialist Services Committee on April 1, 2010 (i.e. physician to physician telephone advice, patient follow-up advice by telephone, peri-operative billing rule changes, etc.)?

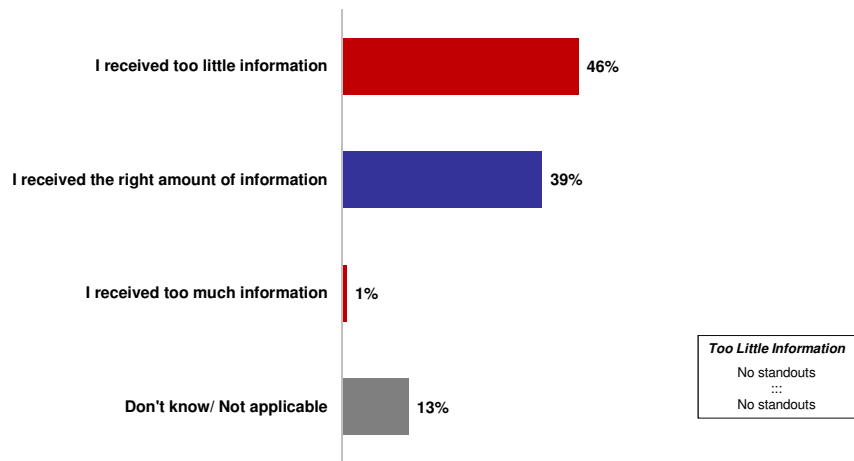
Base 2011: All GPs (n=537)

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Amount of Information Received About Telephone Advice Fees



Q2011. How do you feel about the amount of information you have received describing the specialist telephone advice fees?

Q2010. Not asked.

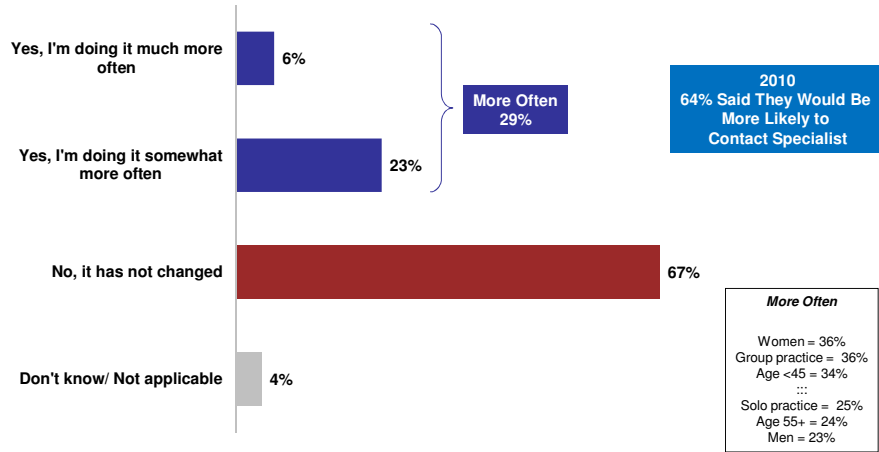
Base 2011: All GPs (n=537)

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Impact of Fees on Contacting Specialist by Telephone



Q2011. Knowing that specialists are now compensated for providing these telephone services, has this changed the frequency with which you contact a specialist by telephone for urgent advice and/or for non-urgent patient management advice?

Q2010. Will you be more likely to contact a specialist by telephone for urgent advice and/or for patient management knowing that specialists will now be compensated to provide these services?

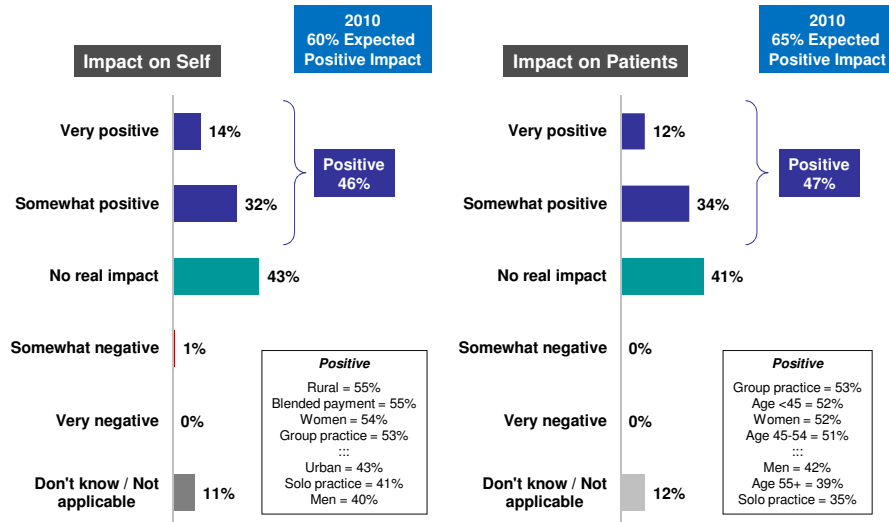
Base 2011: All GPs (n=537)

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Impact of SSC Initiatives



Q2011. Overall, what has been the impact of the SSC initiatives introduced April 1, 2010 on you and your patients?

Q2010. Overall, what type of impact do you think the SSC initiatives introduced April 1, 2010 will have for you and your patients?

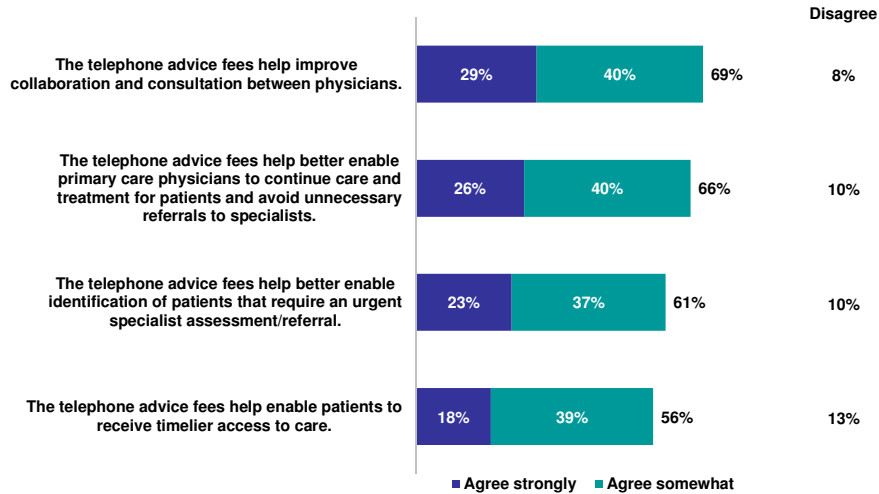
Base 2011: All GPs (n=537)

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Agreement with Statements About Telephone Advice Fees



Q2011. Please indicate your level of agreement with each of the following statements regarding the physician to physician telephone advice fees (e.g. GPs talking to specialists, specialists talking to specialists).

Q2010. Not asked.

Base 2011: All GPs (n=537)

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Agreement with Statements About Telephone Advice Fees

The telephone advice fees help improve collaboration and consultation between physicians.

- Age <45 = 79%
- Rural = 78%
- Women = 77%
- ...
- Urban = 65%
- Men = 63%
- Age 55+ = 62%

The telephone advice fees help better enable primary care physicians to continue care and treatment for patients and avoid unnecessary referrals to specialists.

- Rural = 80%
- Age <45 = 74%
- Women = 74%
- ...
- Age 55+ = 61%
- Men = 60%
- Urban = 60%

The telephone advice fees help better enable identification of patients that require an urgent specialist assessment/referral.

- Women = 70%
- Rural = 69%
- Age <45 = 69%
- ...
- Urban = 58%
- Age 45-55 = 58%
- Age 55+ = 57%
- Men = 54%

The telephone advice fees help enable patients to receive timelier access to care.

- Age <45 = 67%
- Rural = 64%
- Women = 64%
- ...
- Age 55+ = 50%
- Men = 51%
- Urban = 54%

Q2011. Please indicate your level of agreement with each of the following statements regarding the physician to physician telephone advice fees (e.g. GPs talking to specialists, specialists talking to specialists).

Q2010. Not asked.

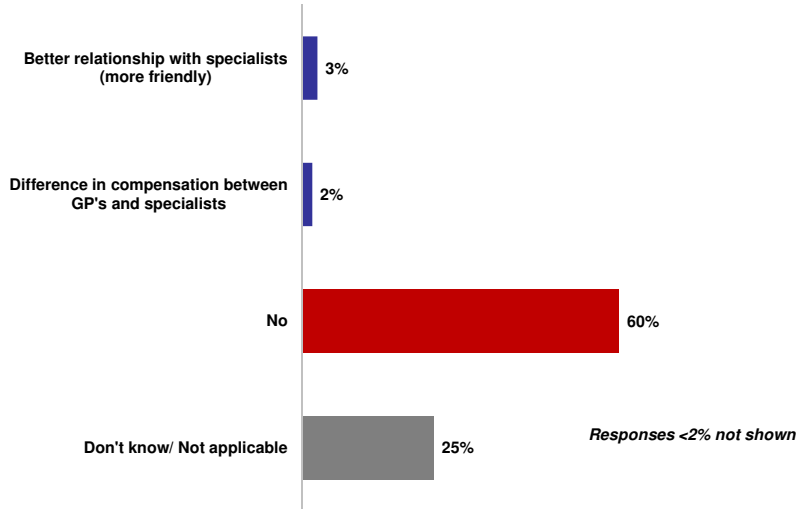
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Unintended Outcomes from Specialist Telephone Fees



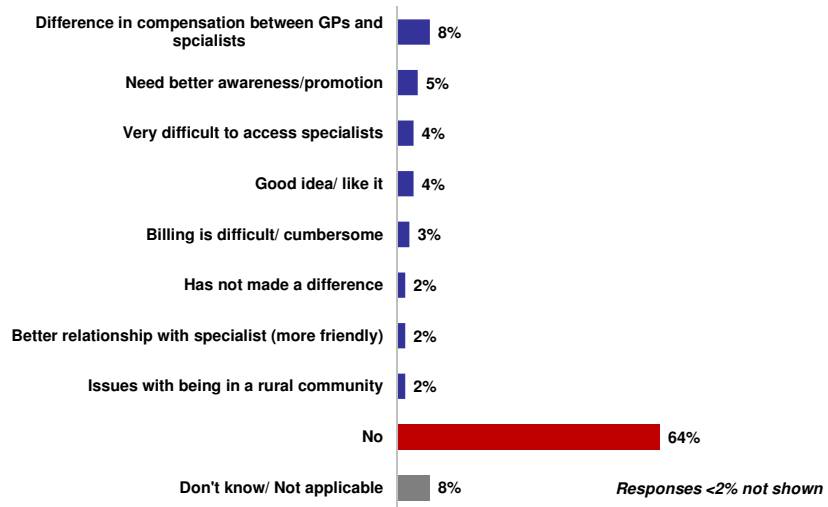
Q2011. In your view, have there been any unintended outcomes as a result of the specialist telephone fees?
Q2010. Not asked.
Base 2011: All GPs (n=537)

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Other Comments / Suggestions



Q2011. Do you have any additional comments or suggestions regarding the implementation of the physician to physician telephone advice fees or any of the other SSC initiatives implemented since April 1, 2010?

Q2010. Not asked.
Base 2011: All GPs (n=537)

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