



Specialist Services Committee (SSC) Initiatives Mid-Term Survey

Draft Report
November 2011



Background and Methodology

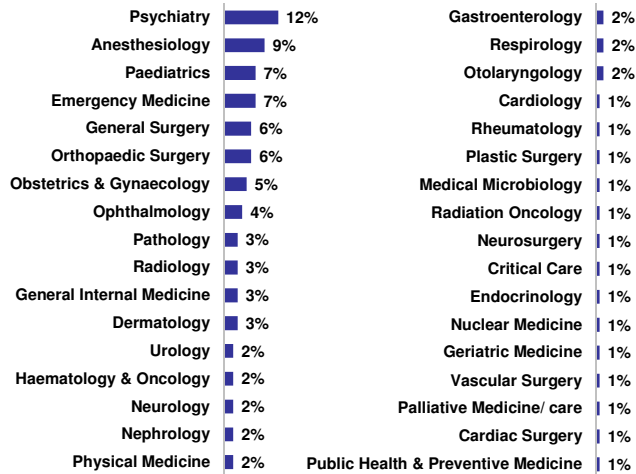
- Online survey fielded September 20 to October 5, 2011
- Survey largely repeats questions asked in a baseline survey conducted in June 2010
- 1,174 total interviews
 - 537 GPs
 - 637 Specialists
- Response rate = 15%
 - 1,174 completed interviews by deadline out of 7,905 emails sent to valid addresses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



Specialist Questions SSC Initiative



Specialties



2010 Top Responses
 Psychiatry = 14%
 Anesthesiology = 10%
 Emergency Medicine = 7%
 Paediatrics = 7%
 Radiology = 6%
 General Surgery = 5%

Responses <1% not shown

Q2010/11.What is your specialty?
 Base 2011: All specialists (n=637)

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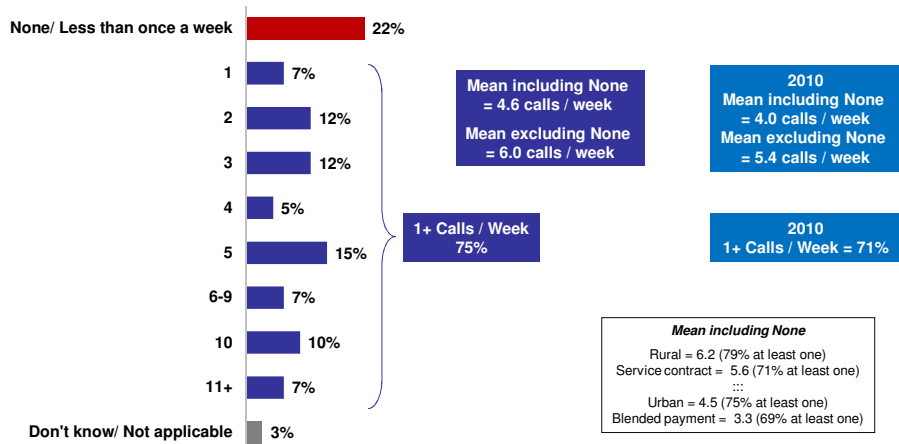
Specialist Respondent Profile

	2011 (n=637)	2010 (n=708)
Payment Type:		
Fee for service	61%	58%
Blended payment	17%	19%
Service contract	14%	13%
Salary	5%	7%
Sessional	1%	1%
Other	1%	1%
Location:		
Urban	92%	91%
Rural	8%	9%

	2011 (n=637)	2010 (n=708)
Age:		
<45	34%	34%
45-54	29%	28%
55+	36%	37%
Refused	<1%	1%
Gender:		
Male	73%	70%
Female	26%	29%
Refused	2%	1%
Years Practicing:		
<10	25%	24%
10-20	27%	26%
21+	48%	50%
Refused	<1%	1%



Weekly Telephone Calls with GPs / Specialists



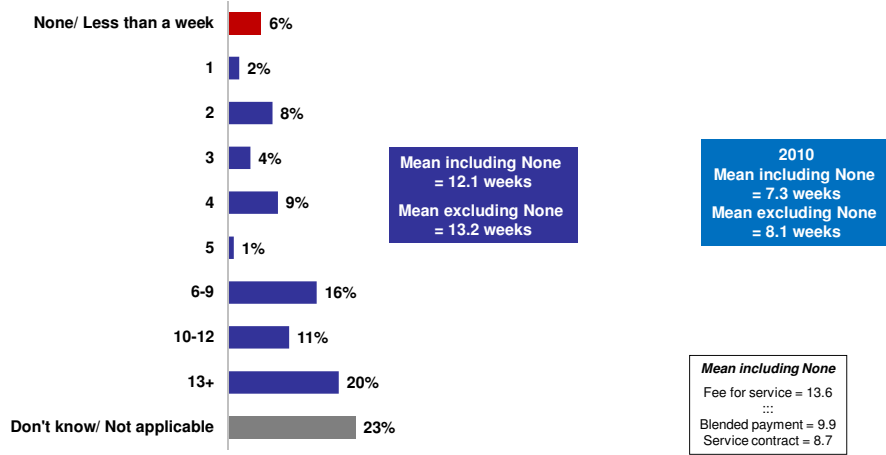
Q2011. Approximately how many times per week do you have a telephone conversation with a GP or specialist regarding the assessment and management of a non-emergent patient (exclude calls for the purpose of booking an appointment or other administrative issues)?

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 GP/Specialist 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 specialists (n=637)



Typical Weeks Wait for New Patients (Non-Urgent)



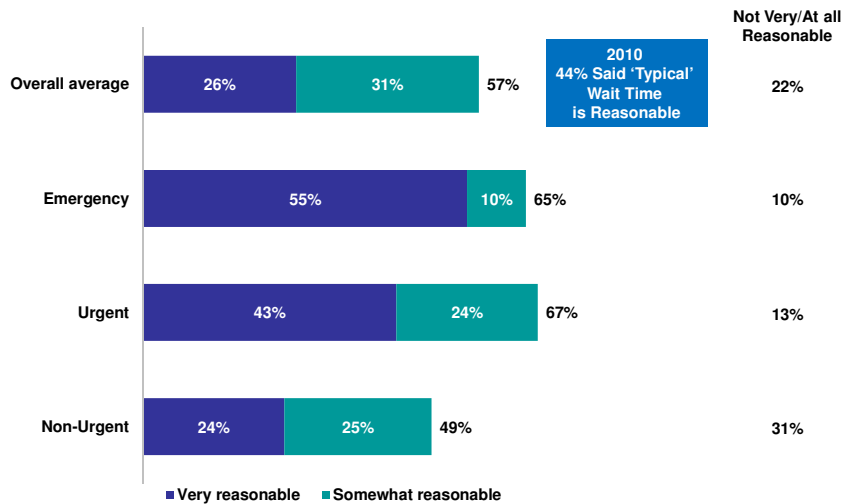
Q2011. How many weeks on average does a new patient have to wait for a routine non-urgent office consultation with you?
 Q2010. Prior to April 1, 2010, how many weeks on average would a new patient have to wait for a routine non-urgent office consultation with you?
 Base 2011: All specialists (n=637)

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Reasonableness of Wait Times for Specialist Consultations



Q2011. How reasonable (in your view) is the typical wait time for new patients to have an office consultation with you, based on the following levels of urgency?
 Q2010. Prior to April 1, 2010, how reasonable (in your view) was the typical wait time for new patients to have a routine non-urgent office consultation with you?
 Base 2011: All specialists (n=637)

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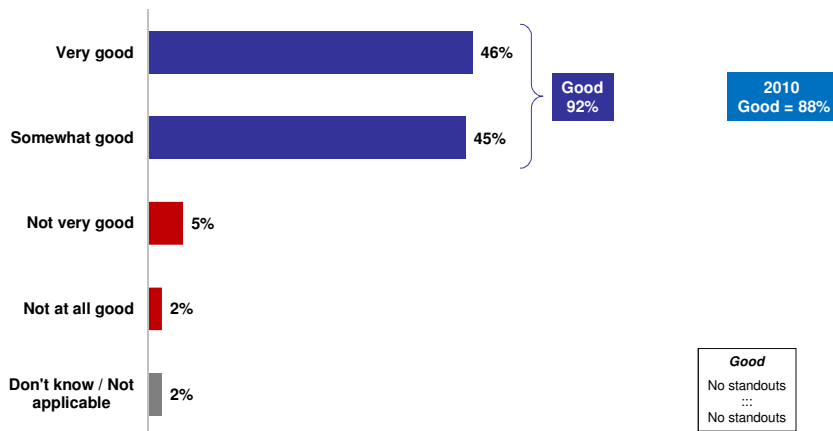
Reasonableness of Wait Times for Specialist Consultations

Overall Average Reasonable Blended payment = 64% ... Service contract = 38%	Emergency Reasonable Fee for service = 72% Age <45 = 70% ... Age 55+ = 59% Service contract = 46%	Urgent Reasonable Fee for service = 73% ... Service contract = 44%	Non-Urgent Reasonable Blended payment = 57% ... Service contract = 30%
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Q2011. How reasonable (in your view) is the typical wait time for new patients to have an office consultation with you, based on the following levels of urgency?
 Q2010. Prior to April 1, 2010, how reasonable (in your view) was the typical wait time for new patients to have a routine non-urgent office consultation with you?
 Base 2011: All specialists (n=637)



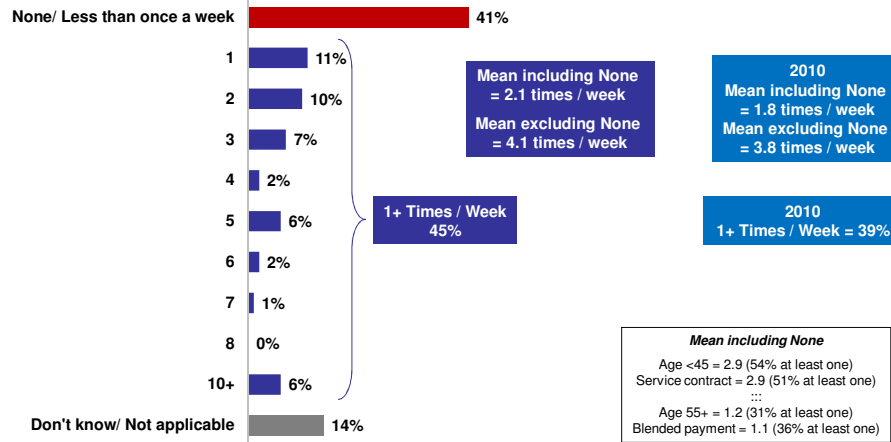
Collaboration / Consultation with GPs / Specialists



Q2011. How would you rate the overall degree of collaboration and consultation you have with GPs and specialists?
 Q2010. Prior to April 1, 2010 how would you rate the overall degree of collaboration and consultation you had with GPs/Specialists?
 Base 2011: All specialists (n=637)



Weekly Referrals Avoided by Better Communication



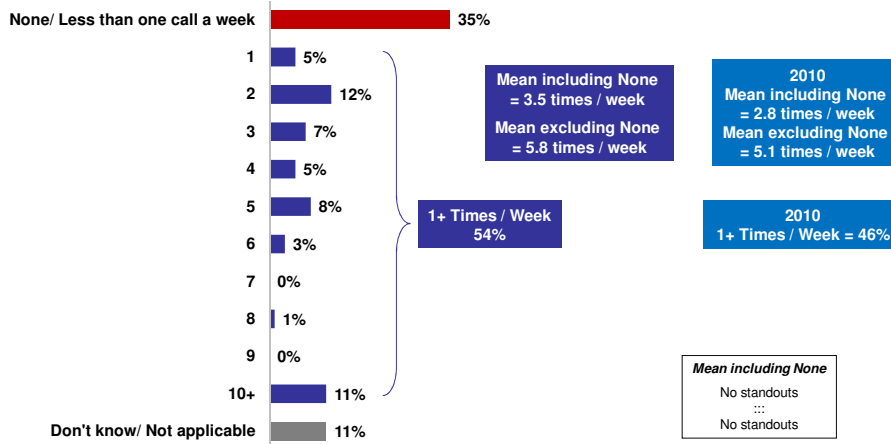
Q2011. Approximately how many times per week do you receive a patient referral where you feel that if there was better communication with the GP or specialist that the patient may NOT have needed a referral to you?

Q2010. Prior to April 1, 2010, approximately how many times per week did you receive a patient referral where you felt that if there was better communication with the GP/Specialist that the patient may NOT have needed a referral to you?

Base 2011: All specialists (n=637)



Weekly Follow-Up Phone Calls with Patients



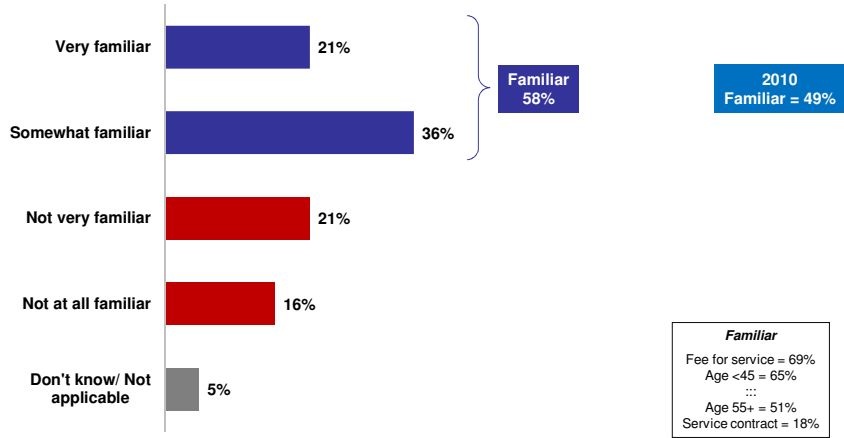
Q2011. Approximately how many follow-up clinical telephone calls per week do you initiate and conduct with patients (exclude calls for informing a patient about diagnostic results or for administrative purposes such as appointment notification)?

Q2010. Prior to April 1, 2010, approximately how many follow-up clinical telephone calls per week did you initiate and conduct with patients (exclude calls for informing a patient about diagnostic results or for administrative purposes such as appointment notification)?

Base 2011: All specialists (n=637)



Familiarity with Fees / Initiatives

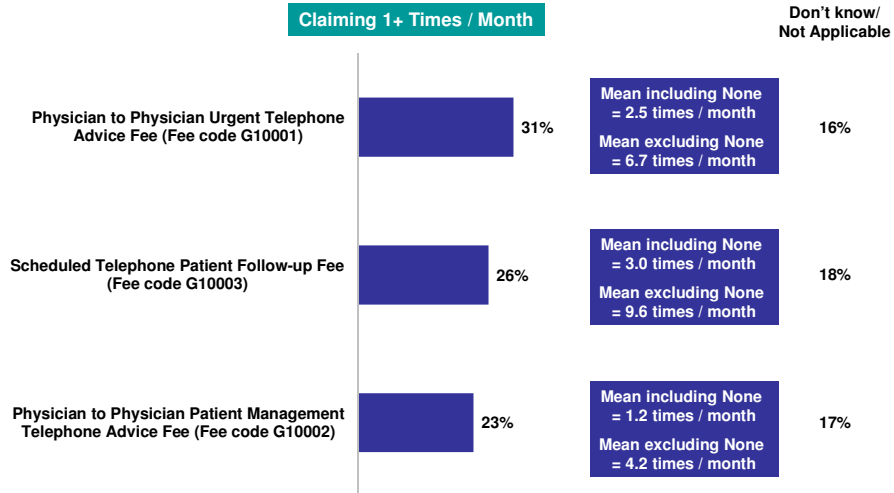


Q2011. Overall, how familiar are you with the fees and initiatives that were implemented by the Specialist Services Committee on April 1, 2010 (i.e. physician to physician telephone advice, patient follow-up advice by telephone, peri-operative billing rule changes, etc.)?
 Q2010. Overall, how familiar 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 specialists (n=637)



Claiming SSC Initiative Fees



Q2011. Approximately how many times per month are you billing/claiming each of the following fees?

Q2010. Not asked.

Base 2011: All specialists (n=637)



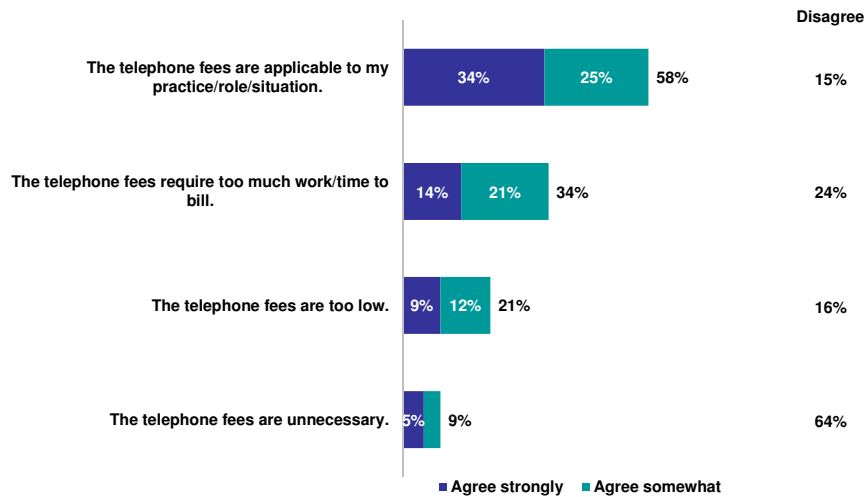
Claiming SSC Initiative Fees

<p>Physician to Physician Urgent Telephone Advice Fee (Fee code G10001) Mean including None</p> <p>Age <45 = 4.0 (41% at least once) Fee for service = 3.0 (41% at least once) ... Age 55+ = 1.2 (21% at least once) Service contract = 1.0 (7% at least once)</p>	<p>Scheduled Telephone Patient Follow-up Fee (Fee code G10003) Mean including None</p> <p>Fee for service = 3.9 (36% at least once) Age <45 = 3.8 (35% at least once) ... Age 55+ = 2.0 (18% at least once) Blended payment 1.9 (21% at least once) Service contract = 0.5 (7% at least once)</p>	<p>Physician to Physician Patient Management Telephone Advice Fee (Fee code G10002) Mean including None</p> <p>No standouts ... Service contract = 0.3 (4% at least once)</p>
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Q2011. Approximately how many times per month are you billing/claiming each of the following fees?
Q2010. Not asked.
Base 2011: All specialists (n=637)



Agreement with Statements about Telephone Fees



Q2011. Please indicate your level of agreement with each of the following statements regarding the telephone fees.
Q2010. Not asked.
Base 2011: All specialists (n=637)



Agreement with Statements About Telephone Fees

The telephone fees are applicable to my practice/role/situation.

Age 45-54 = 71%
 Age <45 = 69%
 Fee for service = 68%
 Blended payment = 65%
 ...
 Age 55+ = 48%
 Service contract = 24%

The telephone fees require too much work/time to bill.

Fee for service = 39%
 Blended payment = 39%
 ...
 Service contract = 23%

The telephone fees are too low.

Fee for service = 25%
 Blended payment = 24%
 ...
 Service contract = 8%

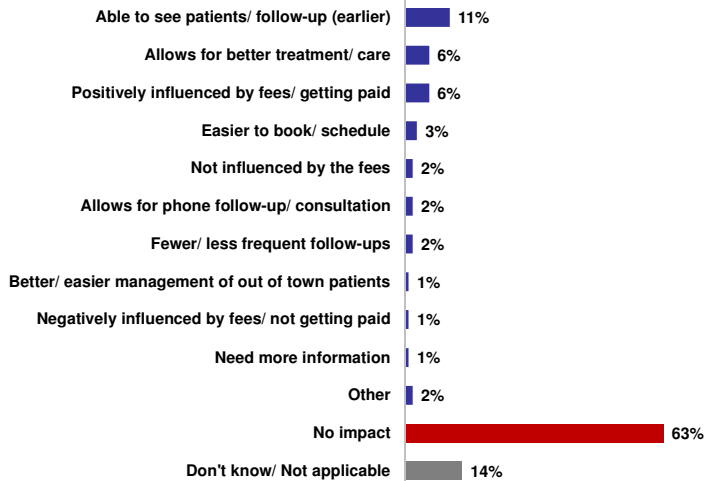
The telephone fees are unnecessary.

Men = 10%
 ...
 Women = 5%

Q2011. Please indicate your level of agreement with each of the following statements regarding the telephone fees.
 Q2010. Not asked.
 Base 2011: All specialists (n=637)



Surgical Specialists: Impact of Changes to Peri-Operative Billing Rules on Scheduling

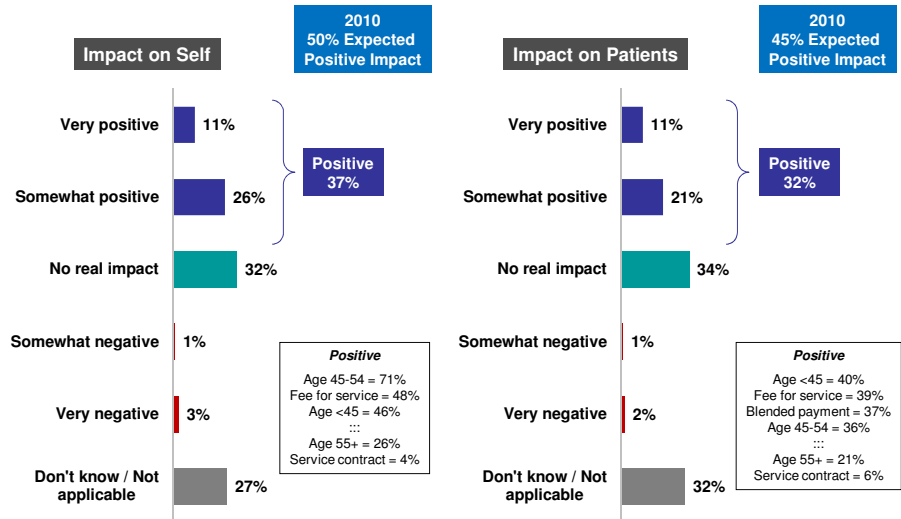


Q2011. Are you a surgical specialist? (IF YES) In what way, if any, have the changes made to the peri-operative billing rules affected the timing of how and/or when you schedule your patients for pre- or post-operative visits?
 Q2010. Not asked.

Base 2011: Surgical specialists (n=192)



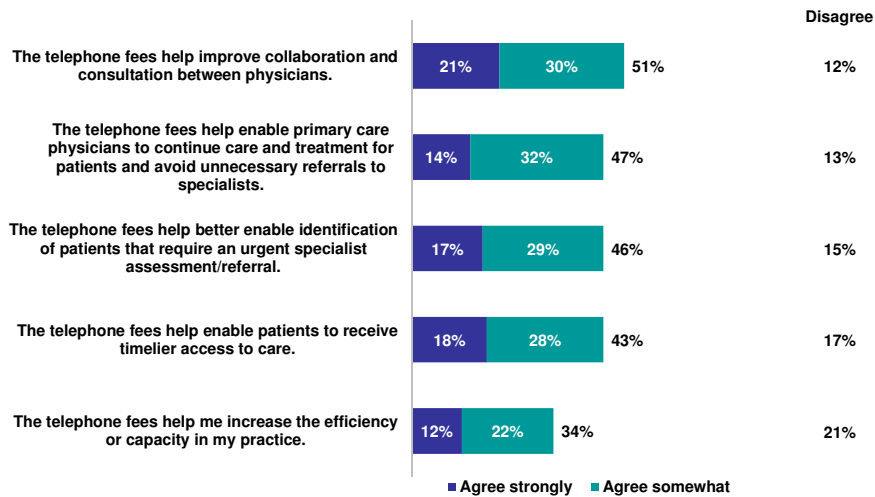
Impact of SSC Initiatives



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 specialists (n=637)



Agreement with Statements about Telephone Advice and Patient Follow-Up Fees



Q2011. Please indicate your level of agreement with each of the following statements regarding the telephone advice and patient follow-up fees.
 Q2010. Not asked.
 Base 2011: All specialists (n=637)



Agreement with Statements about Telephone Advice and Patient Follow-Up Fees

The telephone fees help improve collaboration and consultation between physicians.

Age 45-54 = 71%
 Age <45 = 57%
 ...
 Age 55+ = 44%
 Service contract = 37%

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

Fee for service = 52%
 ...
 Age 55+ = 41%
 Service contract = 34%

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

Age <45 = 53%
 Fee for service = 51%
 ...
 Age 55+ = 37%
 Service contract = 30%

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

Blended payment = 53%
 Age <45 = 48%
 ...
 Age 55+ = 34%
 Service contract = 28%

The telephone fees help me increase the efficiency or capacity in my practice.

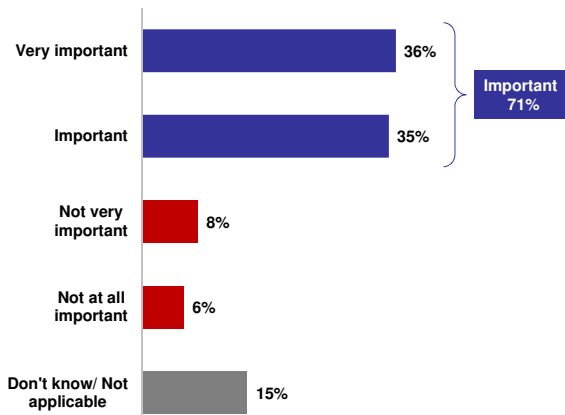
Age <45 = 41%
 Blended payment = 40%
 Fee for service = 39%
 ...
 Age 55+ = 28%
 Service contract = 12%

Q2011. Please indicate your level of agreement with each of the following statements regarding the telephone advice and patient follow-up fees.
 Q2010. Not asked.
 Base 2011: All specialists (n=637)

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Importance of Support such as SSC Initiatives



Important

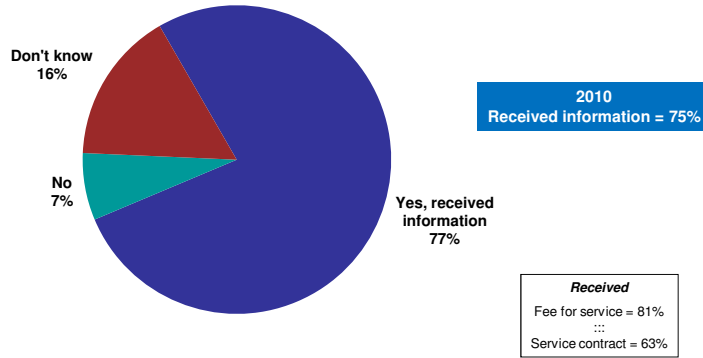
Blended payment = 81%
 Age <45 = 79%
 Women = 79%
 ...
 Age 55+ = 63%
 Men = 69%
 Service contract = 56%

Q2011. Overall, how important is it in BC to have the types of support provided through the SSC initiatives?
 Q2010. Not asked?
 Base 2011: All specialists (n=637)

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Recall of SSC Communications



Q2011. The Specialist Services Committee provided information about these initiatives in a number of different formats including the BCMA E-news, BCMA President's letter, SSC Quarterly Newsletter: 'The Specialist Consult', MSP newsletter, SSPS newsletter, and the BCMJ. Did you receive any of this information?

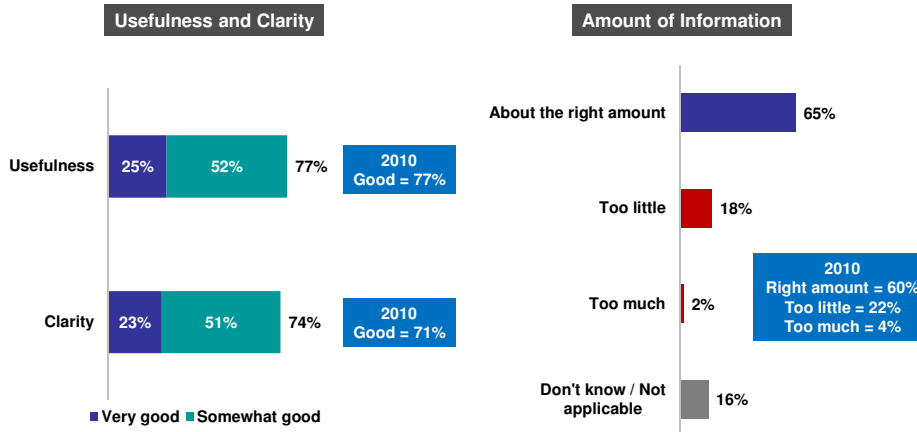
Q2010. The Specialist Services Committee provided information about these initiatives in a number of different formats including the E-news, President's letter, MSP newsletter, SSPS newsletter, and the BCMJ. Did you receive any of this information?

Base 2011: All specialists (n=637)

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Assessment of SSC Communications



Q2011. How would you rate the usefulness and clarity (ease of understanding) of the information provided by the SSC about these initiatives? In your view, did the SSC provide you with too much information, too little information or about the right amount of information about these initiatives?

Q2010. How would you rate the usefulness and clarity (ease of understanding) of the information provided by the SSC about these initiatives? In your view, did the SSC provide you with too much information, too little information or about the right amount of information about these initiatives?

Base 2011: Recall communications (n=491)

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Assessment of SSC Communications

Usefulness is Good

Age 45-54 = 84%
 Blended payment = 83%
 ...
 Age 55+ = 69%
 Service contract = 60%

Clarity is Good

Age 45-54 = 80%
 ...
 Age 55+ = 69%
 Service contract = 60%

Too Little Information

No standouts
 ...
 No standouts

Q2011. How would you rate the usefulness and clarity (ease of understanding) of the information provided by the SSC about these initiatives? In your view, did the SSC provide you with too much information, too little information or about the right amount of information about these initiatives?

Q2010. How would you rate the usefulness and clarity (ease of understanding) of the information provided by the SSC about these initiatives? In your view, did the SSC provide you with too much information, too little information or about the right amount of information about these initiatives?

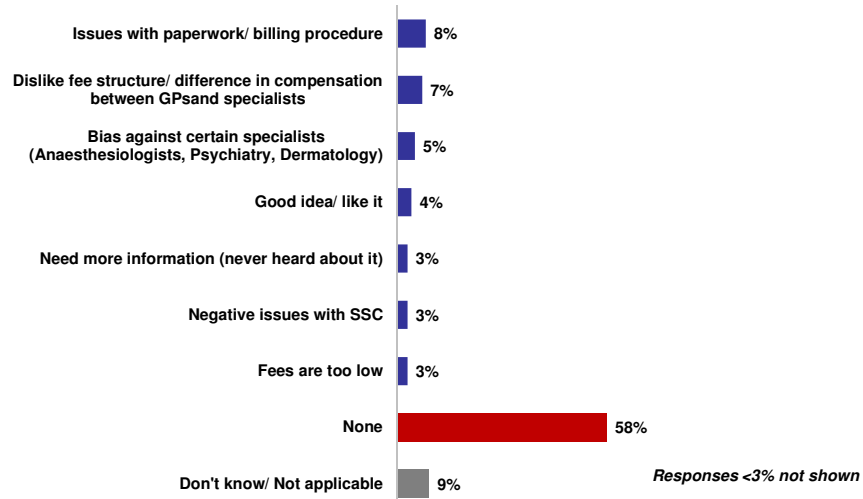
Base 2011: Recall communications (n=491)

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Other Comments / Suggestions



Q2011. Do you have any additional comments or suggestions regarding the Specialist Services Committee's initiatives and fees, including opportunities to further develop and strengthen the SSC initiatives?

Q2010. Not asked.

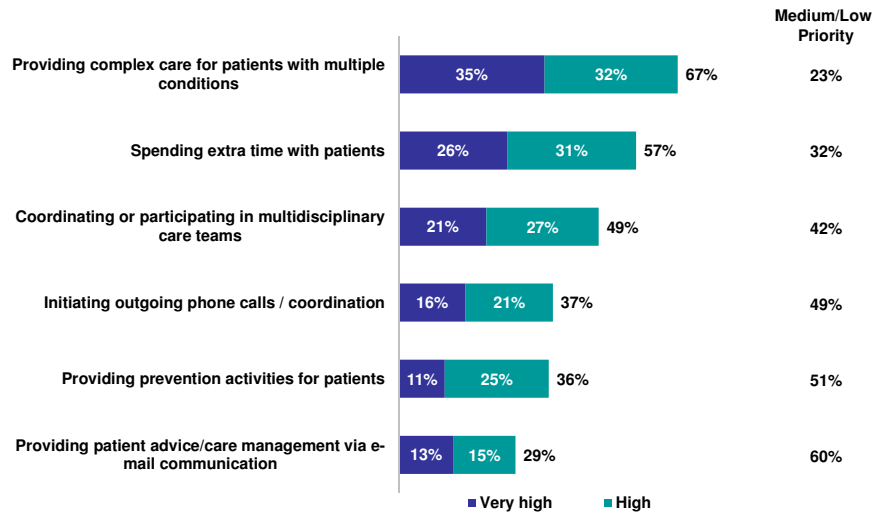
Base 2011: All specialists (n=637)

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Priority of Future SSC Initiatives



Q2011. In the future, the SSC may decide to expand current or introduce new initiatives, including payments, fees and incentives. How much of a priority would you like to see the SSC give to providing payments, fees and incentives for each of the following activities?

Q2010. Not asked.

Base 2011: All specialists (n=637)

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Priority of Future SSC Initiatives

Very High or High: Providing complex care for patients with multiple conditions

Women = 82%
Blended payment = 79%
Age <45 = 72%
:::
Men = 62%
Age 55+ = 60%
Service contract = 59%

Very High or High: Spending extra time with patients

Blended payment = 65%
Age <45 = 63%
:::
Service contract = 46%

Very High or High: Coordinating or participating in multidisciplinary care teams

Blended payment = 68%
Women = 66%
Age <45 = 54%
:::
Men = 43%
Age 55+ = 43%
Fee for service = 40%

Very High or High: Initiating outgoing phone calls / coordination

Women = 49%
Blended payment = 45%
Age <45 = 43%
:::
Men = 34%
Age 55+ = 31%
Service contract = 30%

Very High or High: Providing prevention activities for patients

Women = 47%
Blended payment = 47%
Age <45 = 42%
:::
Men = 33%
Age 55+ = 31%

Very High or High: Providing patient advice/care management via e-mail communication

Blended payment = 37%
:::
Age 55+ = 22%
Service contract = 22%

Q2011. In the future, the SSC may decide to expand current or introduce new initiatives, including payments, fees and incentives. How much of a priority would you like to see the SSC give to providing payments, fees and incentives for each of the following activities?

Q2010. Not asked.

Base 2011: All specialists (n=637)

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