



Specialist Services Committee (SSC) Initiatives Mid-Term Survey

Draft Report
November 2011



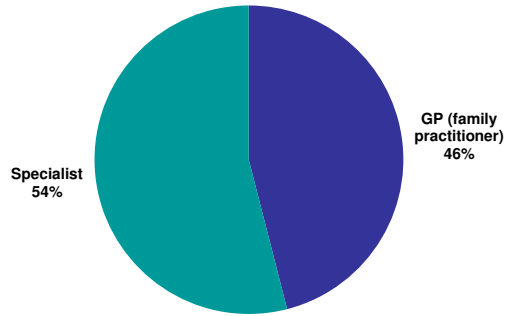
Background and Methodology

- 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 or Specialist

2010
Specialist = 53%
GP = 47%



Q2010/11. The survey questions are slightly different for GPs and Specialists. Do you practice primarily as a GP or Specialist?
Base 2011: All respondents (n=1,1174)

BCMA: SSC Initiatives Mid-Term Survey

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Summary of Findings: GP Questions





Summary of Findings: GP Questions

Weekly Telephone Calls with Specialists (Slide 16)

- GPs report having an average of 2.0 telephone conversations per week (3.4 calls among those making at least one call) with a specialist regarding the assessment and management of a non-emergent patient.
 - This is similar to the baseline of 1.8 calls per week (3.5 calls among those making at least one call).

Percentage of Calls to Specialists Returned within Specific Timeframes (Slide 17)

- GPs say that on average, 60% of the calls they make to specialists (regarding the assessment and management of a non-emergent patient) are responded to within 2 hours. Nearly nine-in-ten (87%) calls are responded to within 24 hours.
 - A comparison to the baseline should not be made because of a change in the question.

Reasonableness of Wait Times for Specialist Consultations (Slide 18)

- In terms of typical wait times for their patients to access a specialist consultation ...
 - 91% of GPs say the wait time is reasonable in "emergency" situations.
 - 71% of GPs say the wait time is reasonable in "urgent" situations.
 - 26% of GPs say the wait time is reasonable in "non-urgent" situations.
- A comparison to the baseline should not be made because of a change in the question.



Summary of Findings: GP Questions

Monthly Patients Sent to E/R because of Specialist Availability (Slide 20)

- GPs report sending an average of 1.9 patients per month to the hospital emergency room because of the lack of availability of specialist advice within a short period of time (4.0 patients among those sending at least one) .
 - This is similar to the baseline of 1.9 patients per month (3.8 patients among those sending at least one).

Collaboration / Consultation with Specialists (Slide 21)

- Nearly nine-in-ten (86%) GPs say they have good collaboration and consultation with specialists.
 - This is an increase from 80% in the baseline survey.

Familiarity with Fees / Initiatives (Slide 22)

- A slight majority (57%) of GPs say they are familiar with the fees and initiatives implemented by SSC on April 1, 2010.
 - This is a substantial increase from 24% in the baseline survey.

Amount of Information Received About Telephone Advice Fees (Slide 23)

- Nearly half (46%) of GPs say they received too little information describing the specialist telephone advice fees.



Summary of Findings: GP Questions

Impact of Fees on Contacting Specialist by Telephone (Slide 24)

- Three-in-ten (29%) GPs say they are contacting specialists by telephone more often because specialists are now compensated for these services.
 - While it's too early for a true comparison, 64% of GPs in the baseline said they would be more likely to contact a specialist.

Impact of SSC Initiatives (Slide 25)

- Nearly half of GPs say the SSC initiatives have had a positive impact for their patients (47%) and for themselves (46%).
 - While it's too early for a true comparison, 65% of GPs in the baseline survey expected a positive impact for their patients and 60% expected a positive impact for themselves.

Agreement with Statements About Telephone Advice Fees (Slide 26)

- GP agreement with statements about the telephone advice fees are as follows:
 - 69% agree the fees help improve collaboration and consultation between physicians (8% disagree).
 - 66% agree the fees help better enable primary care physicians to continue care/treatment and avoid unnecessary referrals (10% disagree).
 - 61% agree the fees help better enable identification of patients requiring urgent assessment/referral (10% disagree).
 - 56% agree the fees help enable patients to receive timelier access to care (13% disagree).



Summary of Findings: Specialist Questions





Summary of Findings: Specialist Questions

Weekly Telephone Calls with GPs / Specialists (Slide 33)

- Specialists report having an average of 4.6 telephone conversations per week (6.0 calls among those having at least one call) with a GP or specialist regarding the assessment and management of a non-emergent patient.
 - This is an increase from the baseline of 4.0 calls per week (5.4 calls among those having at least one call).

Typical Weeks Wait for New Patients (Slide 34)

- Specialists say that on average a new non-urgent patient has to wait 12.1 weeks for an office consultation (13.2 weeks if no waits are excluded).
 - This result is a substantial increase from the baseline of 7.3 weeks (8.1 weeks if no waits are excluded). The increase is due to a small number of physicians in the mid-term survey reporting average waits of 100 weeks or more.

Reasonableness of Wait Times for Specialist Consultations (Slide 35)

- In terms of typical wait times for patients to access a specialist consultation ...
 - 65% of specialists say the wait time is reasonable in "emergency" situations.
 - 67% of specialists say the wait time is reasonable in "urgent" situations.
 - 49% of specialists say the wait time is reasonable in "non-urgent" situations.
- A comparison to the baseline should not be made because of a change in the question.



Summary of Findings: Specialist Questions

Collaboration / Consultation with GPs / Specialists (Slide 37)

- More than nine-in-ten (92%) specialists say they have good collaboration and consultation with GPs and specialists.
 - This is a slight increase from 88% in the baseline survey.

Weekly Referrals Avoided by Better Communication (Slide 38)

- Specialists report receiving an average of 2.1 referrals per week that could have been avoided through better communication (4.1 referrals among those with at least one).
 - This is a slight increase from the baseline of 1.8 referrals per week (3.8 referrals among those with at least one).

Weekly Follow-Up Phone Calls with Patients (Slide 39)

- Specialists report making an average of 3.5 follow-up calls per week with patients (5.8 calls among those making at least one).
 - This is an increase from the baseline of 2.8 calls per week (5.1 calls among those making at least one).

Familiarity with Fees / Initiatives (Slide 40)

- Nearly six-in-ten (58%) specialists say they are familiar with the fees and initiatives implemented by SSC on April 1, 2010.
 - This is an increase from 49% in the baseline survey.



Summary of Findings: Specialist Questions

Claiming SSC Initiative Fees (Slide 41)

- Reported use of fees are as follows:
 - 31% of specialists have billed/claimed the physician to physician urgent telephone advice fee.
 - 26% of specialists have billed/claimed the scheduled telephone patient follow-up fee.
 - 23% of specialists have billed/claimed the physician to physician patient management telephone advice fee.

Agreement with Statements About Telephone Fees (Slide 43)

- Specialist agreement with statements about the telephone fees are as follows:
 - 58% agree the fees are applicable to their practice/role/situation (15% disagree).
 - 34% agree the fees require too much work/time to bill (24% disagree)
 - 21% agree the fees are too low (16% disagree).
 - 9% agree the fees are unnecessary (64% disagree).

Impact of SSC Initiatives (Slide 46)

- Nearly four-in-ten (37%) specialists say the SSC initiatives have had a positive impact for themselves and about one-third (32%) say they have had a positive impact for their patients.
 - While it's too early for a true comparison, 50% of specialists in the baseline survey expected a positive impact for themselves and 45% expected a positive impact for their patients.



Summary of Findings: Specialist Questions

Agreement with Statements About Telephone Advice and Patient Follow-Up Fees (Slide 47)

- Specialist agreement with some additional statements about the telephone advice and patient follow-up fees are as follows:
 - 51% agree the fees help improve collaboration and consultation between physicians (12% disagree).
 - 47% agree the fees help enable primary care physicians to continue care/treatment and avoid unnecessary referrals (13% disagree).
 - 46% agree the fees help better enable identification of patients requiring urgent assessment/referral (15% disagree).
 - 43% agree the fees help enable patients to receive timelier access to care (17% disagree).
 - 34% agree the fees help increase practice efficiency/capacity (21% disagree).

Importance of Support such as SSC Initiatives (Slide 49)

- Seven-in-ten (71%) specialists say it is important in BC to have the types of support provided through the SSC initiatives.

Recall of SSC Communications (Slide 50)

- Three-quarters (77%) of specialists say they recall receiving information about the SSC initiatives.
 - This is basically unchanged from 75% in the baseline survey.



Summary of Findings: Specialist Questions

Assessment of SSC Communications (Slide 51)

- Specialists who recalled the SSC communications had the following assessments:
 - 77% rated the “usefulness” as good (77% in baseline).
 - 74% rated the “clarity” as good (71% in baseline).
 - Only 18% said there was “too little” information provided (22% in baseline).

Priority of SSC Initiatives (Slide 54)

- Specialists assigned the following priority to the SSC providing payments, fees and incentives for each of the following activities:
 - Providing complex care for patients with multiple conditions (67% rated as a high priority)
 - Spending extra time with patients (57% rated as a high priority)
 - Coordinating or participating in multidisciplinary care teams (49% rated as a high priority)
 - Initiating outgoing phone calls / coordination (37% rated as a high priority)
 - Providing prevention activities for patients (36% rated as a high priority)
 - Providing patient advice/care management via e-mail communication (29% rated as a high priority)