APPENDIX A

2008 HSC HEALTH TRACKING PHYSICIAN SURVEY REPORT ON COGNITIVE INTERVIEWING

FINAL

March 2007

Note: The following document refers to the survey as the Community Tracking Study Round Five Physician Survey rather than the HSC Health Tracking Physician Survey. Decisions regarding the name change were made after these materials were published.

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I. INTRODUCTION

The Center for Studying Health System Change (HSC) developed new questions for the fifth round of the Community Tracking Study's (CTS) Physician Survey. The Center hired a survey research consultant to conduct cognitive interviews to evaluate these new questions. Cognitive interviews were conducted during February and early March 2007.

This report describes the methodology used in the cognitive testing and summarizes the results. Section II describes the methodology used to conduct the interviews and provides demographic and other information on respondents. Section III provides some general comments on the interviews. Section IV of this report presents findings from the cognitive interviews. There is a separate sub-section for each part of the questionnaire (practice characteristics, hours worked, etc) and each sub-section includes the goals for the questions in that sub-section, the test questions, summary results from the interviews, results in detail (by sample group and respondent), and suggestions for revisions.

II. METHODS

The Center provided the survey research consultant with the survey questions for testing, guidance on the goals for each test question, and identified particular areas of concern or target phrases or words for testing.

The consultant prepared a mail survey questionnaire and a telephone interview protocol, both of which were reviewed and approved by HSC. The mail questionnaire was sent to the respondent to complete prior to the telephone cognitive interview and included all test questions laid out as they would be for a mail survey and space for the respondent to record comments on the question content, format and layout (See Appendix A). The telephone interview protocol was used by the consultant to conduct the cognitive interview. This protocol included all the test questions as well as question-specific probes for each test question. (See Appendix B)

HSC provided a personalized introductory letter that was faxed, emailed or mailed to the respondent. In most cases, these letters were sent after an initial telephone contact by the consultant to the physician's office or home. The letter was then followed by additional telephone contacts by the consultant to secure cooperation. When a physician agreed to participate, he or she was faxed, emailed or mailed the survey test questionnaire and a time was scheduled for the telephone interview. At the start of the telephone interview, the consultant confirmed that the respondent had the completed mail questionnaire.

The sample for the cognitive interviews was drawn by from the CTS Round Four respondent pool and was selected in the following 6 strata related to the respondent's type of practice at the time of that survey: 1) Solo or two physician practice; 2) Group practice of 3+ doctors; 3) Group or staff model HMO; 4) Hospital; 5) Community Health Center; 6) Medical school. Within each stratum, the sample was further divided between primary care physicians (PCP) and specialists. The sample was provided to the consultant in an excel spreadsheet and contained names, contact information, and information related to the sample strata definitions.

A total of 24 telephone cognitive interviews were conducted. The interviews were divided among the different type of practice strata as follows: 6 physicians in solo or two physician practice, 7 physicians in group practice, 5 physicians in a hospital setting; 3 in HMOs, and one each in a community health center, a medical school, and one 'other' setting. Effort was also made to split interviews among PCP and specialists. Eleven interviews were conducted with specialists, 10 with PCPs, and 3 with physicians who considered themselves to be both a PCP and a specialist.

Telephone interviews were conducted between February 6, 2007 and March 7, 2007. Calls were made during the day, evening and on weekends and all but three interviews were recorded with the respondent's knowledge and permission. Three interviews were not recorded because of technical difficulties. The average length of interview was 36 minutes and respondents were offered $100 honoraria as a thank you for participating in the interview.

Table One presents sample and demographic information for the 24 respondents and Table Two presents the number of respondents who made comments or had problems with each question and the number giving key responses to each question.

TABLE ONE
SAMPLE AND RESPONDENT CHARACTERISTICS

Complete Number	Date of Interview	Length of Interview	Gender	Type of Practice	PCP or Specialist	Time to complete mail questions
1	Feb 6	40	M	Solo	Specialist	15-20
2	Feb 9	40	M	HMO	Specialist	15
3	Feb 11	40	F	Hosp	PCP	15
4	Feb 13	40	M	HMO	Specialist	10
5	Feb 14	30	M	Group	PCP	25
6	Feb 14	35	M	Group	Specialist	5
7	Feb 15	45	M	HMO	Spec/PCP	25
8	Feb 15	30	M	Group+	PCP	15
9	Feb 15	45	M	Med sch+	Specialist	20
10	Feb 15	35	F	Hosp	Specialist	30
11	Feb 16	45	F	Group	PCP	10
12	Feb 16	35	F	Group	PCP	10
13	Feb 17	35	F	Group+	PCP	25
14	Feb 18	30	F	Group+	PCP	10
15	Feb 18	60	M	Hosp+	Specialist	60
16	Feb 18	30	M	Solo	Specialist	10
17	Feb 20	30	M	Hosp	Specialist	30
18	Feb 21	20	M	Other*	PCP/Spec	30
19	Feb 21	45	M	Solo	PCP	15
20	Feb 26	40	M	Hosp	PCP/Spec	10
21	March 5	35	M	Solo	Specialist	25
22	March 6	40	F	CHC	PCP	NA
23	March 7	20	F	Solo	Specialist	15
24	March 7	30	M	Solo	PCP	20

+ Dr was in solo sample group but is now in Group practice with 3+ doctors
+ Dr was in hospital sample but has changed to medical school
+ Dr was in hospital sample but has changed to group practice with 3+ doctors
+ Dr was in solo sample but now in group with 3 doctors
+ Dr was in CHC sample but now in hospital setting
* Works in a hospital ER but employed by an ER group which contracts with the hospital to supply the ER doctors. He is trained and boarded as General Internist (PCP) but works in "specialty setting" – the ER.

TABLE TWO
NUMBER OF RESPONDENTS WITH COMMENTS/PROBLEMS
AND KEY RESPONSES TO EACH QUESTION
BY SAMPLE GROUP

QUESTION	Total	Solo	Group 3+	Hospital	HMO	Other
(n)	(24)	(6)	(7)	(5)	(3)	(3)
PRACTICE CHARACTERISTICS						
Q1 – Comment/problem	5		1	1	2	1
Q1a – Comment/problem	1			1		
Q2,Q2a – Comment/problem	4		3			1
HOURS WORKED AND REIMBURSEMENT						
Q3/Q4 – Comment/problem	6	2	1	1	2	
Q3 – E-mail w/ patient/clinicians	7	2	1	1	2	1
Q4 – Reimbursed for any	1				1	
INFORMATION TECHNOLOGY IN MEDICINE						
Q5 – Comment/problem	12	3	5	2	1	1
Q5 – Any valid Yes	2	1	1			
Q5 – Don't know	6		2	2	1	1
QUALITY AND COORDINATION OF PATIENT CARE						
Q6/Q7 – Comment/problem	11	1	5	2	2	1
Q6 – Any valid yes	4	2	1			1
Q7 - Yes	6	2	2	1		1
Q8 – Comment/problem	3	1	1	1		
Q8 – Any yes	19	6	7	3	1	2
Q9 – Comment/problem	9	4	2	1	2	
Q9 – No patients in DMP	9	4	2	1		2
Q10 – Comment/problem	7	2	1	2	2	
Q10 – NA	3			1	1	1

QUESTION	Total	Solo	Group 3+	Hospital	HMO	Other
(n)	(24)	(6)	(7)	(5)	(3)	(3)
SOURCES OF PRACTICE REVENUE						
Q11 – Comment/problem	7	3	2	1	1	
Q11 – Don't know	3				1	2
Q12 - Q15 – Comment/problem	19	5	6	4	2	2
Q12 – Any yes	10	2	4	2	1	1
Q13 – Any yes	1				1	
Q14 – Yes	4			1	2	1
Q15 – Yes	1	1				
COMPENSATION						
Q16 – Comment/problem	9	5	3	1		
Q17/Q18 – Comment/problem	12	2	4	2	2	2
Q17 – Any yes other than a/b	16	4	5	3	1	3
Q18 - $1001 or more	6	1	2	2		1
PERSONAL BACKGROUND						
Q19/Q20 – Comment/problem	3	1	1		1	

III. GENERAL COMMENTS

Some respondents made comments that were not directly related to specific questions but may be valuable. Below are some general comments about the interviews.

- One solo specialist mentioned at the beginning of the interview that he did go to the HSC website to check it out before he agreed to participate.

- One solo specialist did not have his completed questionnaire with him for the interview but he said he had looked it over and completed it. It was not possible to reschedule before the end of the field period so I went ahead and conducted the interview. This was the only respondent who did not have his completed questionnaire during the interview.

- The community health center respondent wondered if respondents would be sent any kind of report from this survey. I explained that this interview was just for the design phase of the CTS physician survey. She wanted to know if respondents would be sent any reports when the CTS survey is done. I referred her to the HSC website and emailed her the link.

- The staff model HMO respondent indicated (at the end of the interview) that he thought many of these questions were irrelevant, intrusive and none of our business. "There are serious problems in medicine and none of them are addressed by the questions in this questionnaire." I tried to explain that this was just part of the full CTS survey and I tried to explain more about HSC. I also asked him to go back and go through each question and tell me which he felt were irrelevant and intrusive. His was very willing to do this. His responses were as follows: #3, 4, 6 (snooping), 11 (none of our business), 12-15 no reason to ask, 16-20 no reason to ask. He thought the questionnaire was clear, straightforward, well laid out and that the questions made sense and were easy to understand. He just found fault with why we were asking. He wasn't mad or upset, just very matter of fact. He said especially for PCP and solo practitioners, he would never answer these questions in a survey. He would have tossed it. Only did this because of pilot test aspect and he was interested. I gave him the HSC website again.

- Community Health Center – she and her husband work together in the clinic (and both were respondents in the last round of the CTS). She was unsure of some answers in the questionnaire and asked her husband who was sitting in the room with her.

IV. RESULTS AND SUGGESTIONS

A. PRACTICE CHARACTERISTICS

1. GOALS

These practice characteristic questions were changed significantly from the Mode Effect Survey and are therefore included in cognitive testing to determine if question wording is clear and unambiguous, if response options are appropriate, complete, and understandable to respondents, and if question format and skip instructions are clearly understood by respondents.

2. TEST QUESTIONS

1. Please check the box that best describes your main practice setting. If you work in more than one practice, check the one where you work the most hours.

MARK (X) ONE ANSWER

1 ☐ A solo practice
2 ☐ A two physician practice
3 ☐ A group practice with three or more physicians
4 ☐ A group or staff model HMO
5 ☐ A community health center

→ **GO TO Q2**

6 ☐ A hospital run by state, county, or city government
7 ☐ A hospital run by a private for-profit or non-profit organization
8 ☐ A medical school or university (private or government)
9 ☐ Some other setting (Please describe)

_____ ➔ GO TO Q2

1a. If your main practice is in a hospital, medical school, or university, in which of the following settings do you spend most of your time seeing patients?

1 ☐ Office practice owned by the hospital, medical school, or university
2 ☐ On hospital staff
3 ☐ In the emergency room
4 ☐ In a hospital or medical school clinic
5 ☐ Somewhere else (Describe)

2. In your main practice, are you a full owner, a part owner, an employee with no ownership, or an independent contractor?

1 ☐ Full owner ➔ Go to 3
2 ☐ Part owner ➔ Go to 2a
3 ☐ Employee (Not an owner) ➔ Go to 2a
4 ☐ Independent contractor ➔ Go to 3

2a. If you are a part owner or employee, do any of the following have an ownership interest in your main practice? Check all that apply:

1 ☐ Other physician(s) in the practice
2 ☐ Another physician practice

3 ☐ A hospital or hospital group

4 ☐ Insurance company, health plan or HMO

5 ☐ Medical school or university

6 ☐ Other (specify)_____

3. RESULTS

Summary

Solo and two physician group respondents had no problem with these questions, nor did the medical school respondent or the 'other' respondent. The remaining sample groups all had some difficulty with these questions for different reasons.

Two of the three HMO physicians had some difficulty with question one because they work for an HMO but are hospital based. Both doctors indicated some confusion between response option #4 and #7. They both indicated that they would answer #4 but there was some confusion. The other HMO physician did not have any difficulty with the questions.

A few of the group practice physicians (3) had a problem with the category 'part owner'. This seemed to be an issue for those who split ownership among more than two people. The remaining doctors in this group did not have a problem with these questions. One group practice physician thought the skip instructions were confusing but no other respondent mentioned a problem with the skip instruction.

The respondent from the Community Health Center sample group had a bit of difficulty with these questions. She originally answered question one as a group practice with three or more physicians. When I pointed out category #5 "community health center' (because I had already screened her to find out that she was in a community health center) she said that would be a better answer but she had stopped reading the categories when she found one that fit her situation. In question 2a she wanted to say none of the above. She did not notice the 'other' category. She had to ask her husband the answer to this question and he said the center is a non-profit corporation run by a community board. It is a public entity.

Hospital based physicians didn't have trouble with these questions although one physician was a bit confused about office practice versus clinic and one physician suggested that question one should include federal hospital or veterans' hospital as an option.

Results in Detail

Solo

Specialist

1) No problem with these questions.
2) No problem with these questions.
3) No problem with these questions.

4) No problem with these questions.
PCP
1) No problem with these questions
2) NO problem with these questions.

HMO
Specialist
Q1 -- Confused about #4 or #7. He works at Kaiser HMO clinic attached to a hospital. He would probably answer #4.
Q2 -Employee but after a number of years he becomes a shareholder in Kaiser.
Staff model HMO
Same problem as above, confused about #4 and #7 – he works for Staff model HMO. He is hospital based (not clinic) and the hospital is run by a non-profit group. He admits this is a very rare practice situation but he wants to indicate both #4 and #7. If he answered #7, he would answer #3 in Q1a. Employee and other physicians have ownership interest
PCP/Specialist
He works in urgent care – used to be board certified in ER but let that lapse. He works in urgent care center. In some ways he considers himself a PCP and in some ways a specialist. His practice is a huge HMO that includes 5 urgent care clinics, 10 primary or specialty clinics, a hospital, and a main office. He thought the first page looked somewhat busy and a little confusing with the arrows and skip instructions. "Busy set of questions". No real problem answering the questions but he didn't know the answer to Q2a – he thought a non-profit corporation but was not sure.

Hospital
PCP
1) Q1 – confused about category #6 and #7. She works in a state hospital but felt she could have answered either. After she read it again (best describes) and read the category again, she felt it was okay.
Q1a – confused about office practice versus clinic (#1 and #4). She is in a family care center. It used to be a clinic but now an office owned by state hospital. After 1a, she went to Q2 and Q2a.
Specialist
1) No problem with any of these questions.
2) No problem with any of these questions.
3) He moonlights in a VA hospital and suggested that we have a VA or Federal hospital category. He answered 2 and at 2a skipped because none applied (government)
PCP/Specialist
1) No problem with any of these questions.

Group
PCP
1) Q2 – a bit confused about 'part owner' but that was his response. Seven doctors own the practice so he is a part owner.
2) No problem with any of these questions
3) Q2 – a bit of a problem with part owner – there are four of them who are all part owners.
4) Q2 – confused about 'part owner' – there are four partners in the practice.

Q2a – confusing question – she had not answered the question then read it again while we were on the phone and understood it and answered "other physicians'
Didn't like the questions with skip instructions – found them confusing.
5) Q2a – answered "other" and specified 'private group practice of 3+ doctors owned by hospital that is owned by insurance company'. She is an employee.
6) No problem with any of these questions (was in 2 physician private practice, now there are 3 doctors.
Specialist
1) No problem with these questions

Medical School Specialist
No problem with these questions.

Community Health Center
Q1 – answered #3 and didn't read the rest of the categories because #3 fit. When she read #5 she indicated that this was a better choice.
Q2a – she said none of the above. The Center is a non-profit corporation owned and run by a community board. It is a public entity.

Other – ER Group
This doctor works for an ER group which contracts with a hospital. He works only in the hospital ER but is employed by this group. He did not want to say group or hospital in Q1 – he put "other setting" and described his situation. He is an employee (Q2) and the group is owned by other physicians in the practice. He didn't have any problem with these questions he just wanted to use the 'other' category.

4. SUGGESTIONS

General

- Add skip instruction after Q1a to go to Q3 rather than to Q2 (?).

Question 1

- Emphasize 'best describes' in the question wording and add instruction to read all response options.
- Address the issue of hospital based HMO by adding more detail to 'a group or staff model HMO" such as "(include clinic, office, or hospital based)".

Question 2

- Consider adding the parenthetical phrase 'with one or more other physicians' in the question wording after 'part owner'.

B. HOURS WORKED

1. GOALS

These questions ask the respondent to allocate time across four activities during a typical day and indicate whether or not they are reimbursed for this time. Key issues explored with respondents included ease of time estimation, respondent comfort with 'typical day', respondent interpretation of 'other clinicians', comprehension of instructions, appropriateness of response options, and layout of the response table.

2. TEST QUESTIONS

3. During a TYPICAL WORK DAY, how much time do you spend on each of the following activities?
MARK (X) ONE ANSWER FOR EACH ITEM

	None	Less than a half hour	1/2 hour to less than 1 hour	1-2 hours	More than 2 hours
a. E-mail communications with patients	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Telephone conversations with patients	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. E-mail communications with other clinicians	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Telephone conversations with other clinicians	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

4. Is your practice reimbursed by any health insurance plans for these activities?
If you are unsure of the reimbursement policy or don't perform an activity, please check the appropriate boxes on the right.

	Reimbursed	Not Reimbursed	Unsure if reimbursed	Don't perform activity
a. E-mail communications with patients	1 ☐	2 ☐	3 ☐	4 ☐
b. Telephone conversations with patients	1 ☐	2 ☐	3 ☐	4 ☐
c. E-mail communications with other clinicians	1 ☐	2 ☐	3 ☐	4 ☐
d. Telephone conversations with other clinicians	1 ☐	2 ☐	3 ☐	4 ☐

3. RESULTS

Summary

Question three was fairly straightforward for most respondents, although a few problems were cited. Only two respondents indicated that they spend any time in email communication with patients in a typical day; one is an emergency room doctor who answered ½ to less than 1 hour, the other is a solo PCP and answered 1-2 hours. Only six respondents indicated that they email with other clinicians. Several respondents indicated that they don't use email at all and one of these respondents suggested reordering the four items with the two email items together followed by the two telephone items so respondents who don't use email can easily mark none to both email items.

Three respondents (2 solo and 1 group) had a problem with the phrase 'typical day'. One suggested a typical week might be easier for him. The other just mentioned that her phone time varies quite a bit from day to day so she had to just ballpark but she did not suggest making a change. The third respondent who remarked on this issue said it was difficult for him to estimate for a typical day. He wondered, "does that mean a typical day seeing patients"? He's a solo practitioner and said that he sets aside a day a week to do administrative and other work and does not see patients. His phone and email time on these days is probably higher than on days when he sees patients and on these days, things vary a great deal. He suggested using 'on average' and/or including a specification of typical day 'seeing patients'. None of the other respondents had an issue with estimating time for a typical day.

Two respondents mentioned issues with the response options in question three: one thought the last response category was fairly large and wondered if anyone spends this much time on email or phone communication in a day; the other thought there was too much room between 'none' and 'less than ½ hr' and wanted to say 'very occasionally'. The response options worked well for all other respondents.

Question four was also fairly straightforward and only caused difficulty for a few respondents. Only one physician (staff model HMO) answered 'reimbursed' for telephone communication with other clinicians (the only item he spent any time on from question three). However, he went on to say that because he is in a staff model HMO, this question doesn't really apply, "the HMO is not a fee for service reimbursement so I get paid for all of my time but not reimbursed by health insurance plan". One respondent (hospital specialist) answer unsure to all items and the remaining physicians indicated 'not reimbursed' and/or 'don't perform activity.'

There were a few problems with the items in these questions. Respondents interpreted the phrase 'other clinicians' (items b and d) in different ways. While most respondents thought 'other clinicians' referred only to other physicians, four physicians (in solo, group and hospital sample groups) included time spent communicating with non-physician clinicians (e.g. nurse practitioners, dieticians, social workers, psychologists, teachers, radiologists) in this category.

One respondent indicated that he communicates with the parents and/or guardians of his patients, not with his patients directly (pediatric psychiatry) and suggested adding this designation to the

two items about patients. No other physicians mentioned this (even though some other respondents are in pediatrics).

Question three is an individual question – how the respondent spends his/her time. However, question four is worded more generally about the practice situation. This led to several respondents marking both the 'don't perform activity' and the 'not reimbursed' columns or they just marked 'not reimbursed' even though they indicated in question three that they don't perform the activity. They seemed to want to give a substantive response to question four if they were able. Several respondents simply did not see the instruction to use the 'don't perform the activity' response.

Results in Detail

Solo

Specialist

1) Q3 – group items with telephone together and email together since some doctors don't use email. For 'other clinicians', he was thinking of PCPs who refer, as well as psychologists and social workers. It was easy to ballpark amount of time, especially since he doesn't do email.
Q4 - Doesn't know any insurance company that reimburses for this so reverse order of cols 1 and 2. Probably no need for column three as most doctors know whether or not they are reimbursed.
2) Q3 – He answered none to email items. He was thinking about physician clinicians because he doesn't deal with non-physician clinicians. He thought the last category was pretty large and wondered if anyone spends this much time on email or phone in a typical day.
Q4 – he marked both "not reimbursed" and "Don't perform activity" for items a and c.
3) Q3- no problem
Q4 – no problem
4) Q3 – no problem, doesn't do email.
Q4 – no problem, no to all

PCP

1) Q3 – he thought that maybe a typical week might be better than a typical day because time in phone conversations can vary so much day to day. He was thinking about specialists when he read the term 'other clinicians'. He was not thinking about non-physician clinicians.
Q4 – no problem
2) Q3 – difficulty with the term typical day. He wondered if that means days when he is seeing patients. His days vary a lot. He sets aside a day where he does not patients and just does administrative work. On these days his time for these activities would be higher than on patient days. "Solo doctors wear so many hats, typical day may be harder for them than others. The smaller the practice the more difficult to talk about typical day." Was thinking just about physician clinicians for 'other clinicians'.
Q4 – no problem. No to all

HMO

Specialist

No problem with these questions, estimating amount of time, using either of the response tables. He was thinking of all physicians within the HMO for other clinicians

Staff model
Q3 – No problem. He was thinking of consulting and admitting doctors.
Q4 – he gets reimbursed for item d but not in the typical way. Staff model HMO so he gets reimbursed for all of his time but not reimbursed by insurance plan.
PCP/Specialist
Q3 -- He felt there was a lot of space between none and Less than ½ hour – wanted to be able to say very occasionally. He answered lt ½ for b-d.
Q4 – he knows that PCPs in his practice are reimbursed for this if they document their time but his time is not because he does it so infrequently and doesn't document time. They use EMR so patients can send email questions to PCPs in the practice. The PCPs can then charge their time for answering emails and phone calls and the practice does get reimbursed.
He answered not reimbursed for each item.

Hospital
PCP
Q3 – no problem
Q4 – none of these reimbursed. Surprised to hear if anyone gets reimbursed for this.
Specialist
1) Q3 – she was not including any non-physician clinicians but she does talk to social workers and dieticians.
Q4 – She said "I'm an employee of the hospital, I have no idea." She answered Unsure for all items even though she had indicated that she doesn't do email. She said because she sometimes asks others in her practice to email for her and she is unsure about reimbursement for this.
2) Q3 – no problem with this question – doesn't do email at all. He included non-physician clinicians here social workers, teachers, etc.
Q4 – not reimbursed for all. He didn't see the instruction about the last column. Not reimbursed for anything beyond a daily rate for inpatient hospital stay.
3) Q3 – he has 'mentally retarded' patients so we should add to items a and b 'parent/guardians'. He said no to all but clinicians. He was only thinking of physician clinicians.
Q4 – he indicated not reimbursed to all even though he doesn't perform a –c.
PCP/Specialist
Q3 – no problem. He was thinking of physician clinicians only.
Q4 – no problem. His practice is not reimbursed for any of these activities.

Group
PCP
1) Q4 – he did not notice the instruction about using the 'don't perform activity box'. He originally said 'not reimbursed' and then indicated that he doesn't do email with patients or other clinicians (on his lawyer's advice). He had said none to these two in Q3
2) Q3- He included specialists and other physicians both inside and outside of practice. He also included ancillary staff such as nurses, dieticians, etc. He wanted to add more time for telephone as we talked because he started thinking of all the people he would include as 'clinicians'.
3) Q3 – she included non-physician clinicians (nurse practitioners, dieticians)
Q4 – she didn't see instruction about don't perform activity column. She said not reimbursed for all because she knows that is the situation even though she doesn't do email.

4) Q4 – answered Not Reimbursed even though she doesn't do email. She knows they don't get reimbursed because they tried.
She liked the table formats – thought it was very clear and easy to use.
5) She found estimating phone time to be difficult because it varies so much day to day.
6) No problem with either of these questions. She was thinking only of physician clinicians.
Specialist
He does not do email at all – in Q4 he answered not reimbursed because he didn't see instruction to use last column. However, when I pointed this out he said that he could answer both because he knows that he will not be reimbursed for email which is part of the reason he doesn't do it.

Medical School Specialist
He first thought about email with other clinicians and included research and education related email communications but then thought that we probably mean clinic based or patient related so he put less than ½ hour. For other clinicians he was thinking about mostly about physicians (specialists and consults that come to the ER) rather than other types of non-physician clinicians. He didn't really notice the 'don't perform' and 'unsure' columns. He answered not reimbursed and said he is 99% sure they are not reimbursed but not absolutely certain.

Community Health Center
She had no problem with these questions. She was thinking only of physician clinicians for the term 'other clinicians'.

Other – ER Group
No problem with these questions. He doesn't do email or telephone conversations with patients and only ½ to 1 hr of phone conversations with other clinicians (only thinking of doctors).

4. SUGGESTIONS

Question 3

- Although one physician suggested reordering the items so the two email items are together and the two phone items are together, I would not suggest doing this. I think the more important categorization to emphasize is the patient versus other clinicians so I would leave the items ordered as they are. Additionally, only one physician mentioned this so I don't think it was a significant issue.
- Although three respondents had some trouble with the term 'typical day', the remaining respondents said this was easy for them and had no trouble estimating their time. All three of these respondents provided an estimate and said it was a ballpark figure which is probably the best that can be expected in any case. I would be a bit concerned about changing this to 'on average' or 'typical day seeing patients' because these might create more problems for other respondents.
- Consider including 'and/or parent/guardian' along with patient for items a and b
- Items c and d should specify physician clinicians only or provide examples of non-physicians that should be included.

Question 4

- Items should be revised in whatever way they are revised for question 3.
- Specify more clearly whether question is about practice policy or about the doctor's time specifically.
- Highlight instruction to use 'don't perform activity' or get rid of this column if you just want practice policy rather than individual doctor's time reimbursement.

NOTE:
The questions sometimes use 'your practice' (Q4, Q11, Q13, Q15) and sometimes use 'your main practice' (Q5, Q6, Q8, Q12, Q14). It would be better to be consistent throughout the questionnaire, or indicate to the respondent up front that all questions about your practice means the main practice identified in Q1.

C. INFORMATION TECHNOLOGY IN MEDICINE

1. GOALS

This question was intended to find out about incentives for 'information technology systems' in the practice. The cognitive interview probes focused on the respondents' understanding of the phrase 'information technology systems' and the respondents' ability to answer the question.

2. TEST QUESTION

5. Does your main practice receive any financial incentives tied to the types of information technology systems it adopts?
MARK (X) ONE ANSWER

1 ☐ Yes

0 ☐ No

8 ☐ Don't Know

3. RESULTS

Summary

This question was difficult for several respondents for two main reasons – uncertainty about the meaning of 'information technology systems' and about the source of the incentive. Additionally, several respondents just did not know the answer.

Several respondents were unclear about the meaning of 'information technology systems' and wondered if it includes just electronic medical records/charts/prescribing or if it also includes computerized scheduling and billing, phone systems, and other computer systems. Many of these respondents suggested we provide a definition or examples of IT systems. One respondent was unclear where the incentives would come from – government or insurance plans.

Six respondents answered 'don't know', 15 respondents answered 'no', and three respondents answered 'yes'. However, three respondents changed their original answers after talking about the question. Among the three respondents who answered yes, two were confused by the question and upon further discussion of the question, decided their answer should have been no and one respondent who originally answered No (group PCP) changed his answer to yes after discussion.

One respondent who answered yes was clearly confused by the question and said that they have IT systems but no one gives them anything for that. He realized as we talked about the question that he should have answered no. The other yes response that turned out to be a no was from a PCP in group practice who indicated yes to the question but then realized that we were asking about the current situation and changed her answer to no. She answered yes originally because

she knows that if they do adopt IT they will get incentives but they have not done it yet. "If we use EMR, certain insurance companies will give us incentives."

One respondent (group PCP) who originally marked no asked who would give the incentives. He thought the question was asking about government incentives. I asked about incentives from insurance plans and then he said that they do get incentives from insurance plans for their IT systems and changed his answer to yes.

One solo PCP physician, who uses electronic prescribing and gets incentives from BXBS for doing this, answered yes. He indicated that he would also get an incentive if he used electronic medical records but he doesn't do that yet.

Results in Detail

Solo

Specialist

1) Don't use any IT systems so easy to answer. He guessed that it means if you have EMR or other equipment, you get a deal or get incentives.
2) He answered No – he wasn't really clear about what we meant by IT systems but they don't get any incentives so he said no. They don't have EMR but they have computerized scheduling and billing systems.
3) He answered no but was not clear 'what kind of IT you're talking about".
4) She answered no but said "information technology systems implies what?"

PCP

1) He answered 'yes'. He uses electronic prescribing and BXBS gives him an incentive for that. He would get incentive for electronic medical records as well but he does not have that. He felt that we should be more specific about the IT systems we are talking about.
2) No problem with this question. He said no. They have full IT system (paperless office) but don't get any incentives.

HMO

Specialist

He thought we meant things like new computer systems and such. A little trouble with definition of IT, he suggested that we include examples or definition. The Kaiser system just started using electronic charts. He doesn't purchase anything so he is not certain but he's pretty sure there is no incentive for using the system. He answered no.

Staff model HMO

His group has 'monumental IT system' but no incentive. Hospital system is run by a non-profit group. Medical group contracts with the hospital system. Doctors (like him) in medical group have little say or knowledge about incentives or anything to do with IT systems. It is possible that the larger hospital system gets some kind of incentive for EMR or something like that but he would not know. He answered no rather than DK because his medical group doesn't get any kind of incentive.

PCP/Specialist

He is unsure – they have IT systems (EMR) but not sure about incentives. He thought this would be a very difficult question for many doctors. He answered don't know.

Hospital

PCP

She answered Dk. She wasn't sure what we meant by ITS but thought we meant EMR. She thinks there is no incentive because if there was, she thinks her practice would use it. She wasn't sure. She thought we should include some examples.

Specialist

1) No IT systems.

2) He answered 'yes' but then went on to say that he thinks there would be incentives for that kind of thing but he isn't really sure. He seemed unclear about this and ended up saying 'I guess don't know would be a better response'. They don't have EMR yet – some parts of the hospital do but not his part (pediatric psychiatry). They have computer systems and charts on computer but he isn't really sure about incentives for this.

3) He answered dk but he's pretty sure it's no. They have computerized records and prescribing but no incentive he's pretty sure.

PCP/Specialist

No problem with this question. They have EMR and fairly extensive IT systems and he is sure they do not get any kind of incentive.

Group

PCP

1) He originally said no. They are just getting into IT. He wanted to know who the incentive would come from – government? I asked about insurance plans and then he said, yes they get incentives for IT from insurance plans.

2) He initially thought no but then realized he really didn't know so he put unsure.

3) She said that she wrote "What" on the questionnaire and answered Don't know. She was more confused about 'information technology systems' than about financial incentives. After we talked about it for a while she said she thought that some HMOs would reimburse her practice $1 for each referral they sent in electronically and wondered if that would count. However, she did not think of this at first.

4) She answered No – her practice does not get incentives for IT systems (no EMR but they have computer systems and such). However, they have a management company and purchase their IT systems from them and she doesn't know if the management company gets some kind of incentive for the IT systems.

5) She answered the question about what would happen if they adopted IT. She said yes because she knows that they will get an incentive from insurance company if they adopt EMR but they have not done that yet. She did not understand the question to be asking about current situation.

6) She wasn't really sure what we meant by IT systems or by financial incentives but she is sure they aren't getting anything. They don't have EMR just simple computer systems and they don't get any kind of incentive for that. She would have liked examples or definition of IT.

Specialist

Said no – all they have in the office is internet access (which they hardly ever use). Does this even count as IT system?

Medical School Specialist
'Sincerely doubt it but don't know' – he answered 'don't know'.

Community Health Center
She was not sure exactly what is meant by IT systems but she answered no because they don't get any financial incentives for any thing like this. She wondered if IT just meant EMR and electronic prescribing or if it included other types of systems.

Other – ER Group
No problem with this question – no incentives for the little IT they have.

4. SUGGESTIONS

Question 5

- Provide more specific information about the source of incentives – insurance companies, government?
- Provide definition and/or examples of IT – just EMR or other things as well (computer systems, phone systems)
- Consider rewording the question to something like "Does your main practice currently receive incentives from _____ that are tied to the types of IT systems it has? By IT systems, we mean things like _____"

D. QUALITY AND COORDINATION OF PATIENT CARE

1. GOALS

The questions on quality and coordination of care focused on different types of performance reports the respondent might receive from the practice and programs in which he/she might participate that are outside of the practice. Respondents were also asked about specific services and programs for their patients with chronic conditions and their efforts to coordinate patient care.

The goal of the cognitive interview was to determine if respondents understood the types of performance reports, programs and services being asked about, if they are familiar with the terms used in the questions and if they are able to respond easily using the response options and the response tables.

2. TEST QUESTIONS

6. Please indicate whether you receive any of the following types of performance reports from your main practice.
If you receive the types of reports listed in a or b, do they describe individual physician performance, the practice's performance, or both individual and practice performance?

TYPE OF REPORT	RECEIVE REPORTS?		IF YES, WHOSE PERFORMANCE DO THE REPORTS DESCRIBE**?**		
	No	Yes	Individual Performance	Practice Performance	Both Individual and Practice Performance
a. Delivery of preventive care to eligible patients	0 ☐	1 ☐➔	1 ☐	2 ☐	3 ☐
b. Delivery of care to patients with chronic conditions	0 ☐	1 ☐➔	1 ☐	2 ☐	3 ☐
c. Delivery of care to patients of different races or ethnic backgrounds	0 ☐	1 ☐			
d. Patient lists or registries (e.g., lists of patients with specific clinical conditions, medications, or laboratory results)	0 ☐	1 ☐			

7. Do you personally participate in quality reporting programs sponsored by organizations outside of your practice (e.g., Bridges to Excellence, or the Centers for Medicare & Medicaid Services)?

1 ☐ Yes

0 ☐ No

8. Does your main practice provide the following services to patients with chronic conditions (such as asthma, diabetes, depression, or congestive heart failure)?
If your practice does not treat patients with chronic conditions check "Not Applicable" for each item.

TYPES OF SERVICES FOR PATIENTS WITH CHRONIC CONDITIONS	Yes	No	Not Applicable
a. Written materials that explain guidelines for recommended care in English…….	1 ☐	0 ☐	3 ☐
b. Written materials that explain guidelines for recommended care in languages other than English (Check Not Applicable if your practice treats few or no non-English speaking patients.)	1 ☐	0☐	3 ☐
c. Nurse care managers to monitor and coordinate the care of patients with chronic diseases.....	1 ☐	0 ☐	3 ☐
d. Non-physician staff to educate patients in managing their chronic illnesses.....	1 ☐	0 ☐	3 ☐
e. Group visits in which patients with similar conditions meet with staff who provide routine medical care or address educational or personal concerns	1 ☐	0 ☐	3 ☐

9. Disease management programs are intended to reduce costs and improve quality of life for patients with chronic diseases by integrating delivery of care and involving the patient in self-care.
Please indicate your level of agreement or disagreement with the following statements about disease management programs *sponsored by health plans or employers*.
If none of your patients are in disease management programs sponsored by health plans or employers, check the box on the right.

MARK (X) ONE ANSWER FOR EACH ITEM

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Neither Agree nor Disagree	No Patients in Disease Management Programs
a. Disease management programs improve the overall quality of care for my patients with chronic conditions.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. Disease management programs improve my ability to provide high quality care to my patients with chronic conditions.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

10. This question concerns your experiences coordinating patient care with other physicians.

- If you are a primary care physician (general and family practitioners, and internists and pediatricians who provide general care), answer items (a-d).
- If you are a specialist answer items (a) and (e-g).
- Check "not applicable" If you rarely or never coordinate patient care.

	Always or Most of the Time	**Sometimes**	**Seldom or Never**	**Not Applicable**
ALL PHYSICIANS				
a. How often do you think you know about all the visits that your patients make to other physicians?	1 ☐	2 ☐	3 ☐	4 ☐
PRIMARY CARE PHYSICIANS ONLY				
b. When you refer a patient to a specialist, how often do you send the specialist notification of the patient's history and reason for the consultation?	1 ☐	2 ☐	3 ☐	4 ☐
c. How often do you receive useful information from specialists about your referred patients?	1 ☐	2 ☐	3 ☐	4 ☐
d. After your patient has seen a specialist, how often do you talk with the patient about the results of the visit(s) with the specialist?	1 ☐	2 ☐	3 ☐	4 ☐
SPECIALISTS ONLY				
e. When you see a patient referred to you by a primary care physician (PCP), how often do you receive notification about the patient's medical history and reason for consultation?	1 ☐	2 ☐	3 ☐	4 ☐
f. For the patients that were referred to you by a PCP, how often do you send the PCP notification of the results of your consultation and advice to the patient?	1 ☐	2 ☐	3 ☐	4 ☐
g. How often are new patients you see self-referred?	1 ☐	2 ☐	3 ☐	4 ☐

3. RESULTS

Summary

Question six posed some difficulty for some respondents. The difficulty arose from confusion about the source of the reports. Respondents seemed to miss the phrase 'from your main practice' in the text of the question and answered this question about reports they receive from insurance companies.

Seven respondents answered yes to at least one of these types of reports and 17 respondents answered no to all items. However, among the yes responses, three were not valid yes responses – one respondent indicated that he doesn't get these reports but the chief of his department gets them from the hospital (he answered yes to items a and b). The other two respondents indicated yes to and a, b, and d but then indicated that they come from HMOs or insurance plans not from the main practice. Neither of these respondents noticed the phrase 'from your main practice' in the question text.

The valid yes responses are described below.

- Solo PCP who answered yes for items a and b and answered individual performance to the follow-up question. He indicated that he gets these reports generated from his practice data but his IPA uses Medventive to generate the reports. There is an incentive tied to these reports and the data in the reports is from certain HMO patients not his full patient population.
- Solo PCP answered yes to items a, b, and d. He indicated that for items a and b, the reports describe both individual and practice performance. He did not have any problem with this question although he said it seems a bit weird to ask solo practitioners if they give themselves reports on their performance.
- Group PCP (owned by a hospital system). He answered yes to items b and d. He found the question difficult to answer because the reports used to come from insurance plans but now they come from the hospital system.
- Community health center respondent initially answered yes to items a, b, and d but then indicated that a and d are reports from insurance companies. Item b reports come both from her main practice and from insurance companies. She answered both individual and practice performance for the follow-up question.

Respondents did not seem to have any difficulty with the follow-up question or with the layout of the response table. Only one respondent said the table was 'too busy' – other respondents thought the table was easy to understand and use.

One respondent was confused by item d and wondered if this meant lists of patients on certain drugs in case of recall.

Question seven was slightly difficult for a few respondents who were not familiar with the term 'quality reporting programs' or with the two examples provided in the question. In some cases, respondents said that they answered no because this didn't sound like anything they were doing.

Six respondents answered yes, 17 respondents answered no and one respondent did not answer the question.

Respondents who answered yes to this question gave the following explanation for their responses:

- One said he was unclear about the meaning of 'quality reporting programs' but he sits on a physician advisory board for a local insurance company and he wasn't sure if this would count or not. This work is outside of his practice, the Board is a group of consultants who are paid for their time and meet to discuss issues related to quality of care, medical coverage and procedures.
- One respondent gets reports from BXBS about his patients covered under that plan. There is an incentive tied to these reports.
- One respondent said he is on the QA committee of local medical helicopter group and on the regional emergency medicine advisory committee.
- One respondent said she is familiar with Bridges to Excellence but not sure exactly what it is. She said yes to the question because she fills out lots of surveys on her patient practice and how she practices and she thinks these are quality reporting programs. She just doesn't know exactly who sponsors the programs but knows that it is outside of her practice.
- Two respondents indicated that they had not signed up for the program. One said 'yes but not by choice'. She explained that she gets reports from insurance companies about which of her patients have had mammograms and which haven't, which kids are up to date on immunizations and which are not and things like that. She gets these reports because she participates with the insurance company. "If you participate in certain insurance companies you are automatically in the program and get the reports."

Among respondents who answered no, a few are familiar with Bridges to Excellence but even among those not familiar with this program, most indicated that they understood the question. One respondent who answered no said he is looking into Pay for Performance but none of his insurance companies have this. One respondent said he thought Bridges to Excellence was "some kind of coalition of people trying to quantify quality" something in the category of the Leap Frog group. Five of the respondents who answered no, indicated that they were not really clear what these programs are but they are pretty sure they do not participate in anything like this so they said no. One respondent who said no said that he is not familiar with the term quality reporting programs or Bridges to Excellence but said "it is called Pay for Performance here" (Washington state).

One respondent who answered no said he does not do preventive care or deal much with patients with chronic conditions so he felt the questions did not apply to him. He wanted to be able to indicate NA rather than no. Another respondent also indicated that he was probably not eligible for such a program but he just answered no.

The respondent who did not answer the question was confused by the question. He is not familiar with the specific terms in the question (quality reporting programs or Bridges to Excellence). He talked about Performance Appraisals he gets from the hospital once a year but then realized that this is from within practice and is probably just a job review and would not

count. He also talked about the Joint Commission on the Accreditation of Health Organizations which gives the hospital a report for each group in the hospital and how they are doing but it is not specific to individual doctor. He ended up deciding the answer was probably no to the question but he was definitely confused by the question.

Question eight was straightforward and easy for most respondents. Most respondents were able to answer the question easily, found the items to be clear and easy to understand, and had no difficulty with the response table.

There were just a few comments about the question.

- One respondent felt these questions were more appropriate for PCPs than for specialists but he answered the question (yes to a, no to the remaining items).
- One respondent said the answer to items a and d would be yes if we added the phrase 'or parent/guardian' – otherwise the answer is no to all items.
- One respondent said 'sometimes' for item b – "when available".

Question nine was interpreted differently by different doctors. Some respondents answered this question very specifically from experience with patients in disease management programs (either patients they enrolled in these programs or patients they see who they know are in DMP but enrolled by someone else). Other respondents answered the question very generally and not based on personal experience with DMP. Most respondents were familiar with these types of programs and had an opinion about them but this opinion was not always based on actual personal experience with patients in these programs. The personalization of the two statements ('my patients'/'my ability') did not always stand out to respondents nor did the instruction to use the last response column. Additionally, the phrase "programs sponsored by health plans or employers" was missed by several respondents.

Eight respondents answered the question based on general impression of disease management programs rather than on personal experience with patients in these programs.

Most respondents understood what was meant by disease management programs and thought the first sentence of the question was accurate and useful. Only one physician said he thought we should not use the term disease management program because he thought it was not very common language. He was familiar with the term but didn't think other physicians would be.

Some of the comments made by respondents:

- One respondent who answered generally and said he did not see the instruction about the last column or notice the 'my' in the two statements, suggested we put the "No patients in DMP" column first rather than last, highlight the instruction and bold and/or cap the word 'my' in the two statements.
- One respondent answered strongly agree and no patients in DMP to both items. He suggested skipping people out of the question altogether if we don't want general responses.
- One respondent answered strongly agree to item a but wanted to answer NA to item b because he doesn't think DMP affect his ability to provide care. "People I see on an

episodic basis are in these programs and I'm sure they are helped by that but that does not affect my ability to provide quality care."

- One respondent thought the question was only asking about her enrolling patients in these programs.
- One respondent said it was a good thing the question emphasized 'programs sponsored by health plans or employers' because he has patients in hospital DMP and they are very different and his answers to this question would be different (less positive).
- One respondent thought the 'neither agree nor disagree' column should be in the middle.

Question ten was fairly straightforward and easy for most respondents. For the most part respondents found this question clear, easy to understand and answer and the response table clear and easy to use.

There was one issue with the separate items for PCP and specialists. While respondents were clear about the instructions and knew which items they were supposed to answer and which they were supposed to skip, three respondents did not follow the instructions. Two respondents who are specialists felt the PCP items were more relevant for them and answered those instead of the specialist items. One of these was in an HMO (urgent care clinic) and the other was in a hospital (emergency medicine). A third respondent answered both sets of items because he has some patients for whom he is a PCP and others for whom he is a consulting neurologist (state mental health hospital). A fourth respondent answered the PCP items because he was instructed to but he indicated that he also does obstetrics (although he is not board certified in ob) and could have answered both sets of items.

Some of the other comments respondents made about this question are listed below.

- Two respondents mentioned a problem with the scale and both wanted more choices – one wanted to answer something between 'sometimes' and 'seldom/never' for item e and the other one said he wanted five choices not three. There were no other comments about the scale.
- One respondent suggested that the item letters should be made to stand out more by bolding or capitalizing them. There were no other comments about the layout of the table.
- One respondent was slightly confused by item C and wondered if we want to know if she gets information or if the information she gets is useful. She thought the latter and answered that way.
- One respondent thought item a was "worded oddly" – the phrase 'you think you know' seemed odd to him.
- Two respondents answered NA for all items because they do not coordinate care. They both noticed the instruction and the response option and used it with no problem.

Results in Detail

Solo

Specialist

1) Q6 – Clear, easy to understand no problems. Doesn't receive any of these types of reports.
Q7 – Unclear what "quality reporting programs" means. He was unfamiliar with Bridges to Excellence and doesn't do Medicare or Medicaid. He answered yes because he is on an a physician advisory board for a local insurance company but wasn't sure if this counts or not. This is outside of his practice but related to practice. The Board is a group of consultants that meet to discuss issues related to quality of care, medical coverage, and procedures. He gets paid for his time.
Q8 – Clear and easy to answer but he felt this question was more for PCPs. He said yes to A
Q9 – He is familiar with DMP for adults in his community so he answered the question very generally about these types of programs (answers strongly agree to both). He did not notice that the question was asking about HIS patients and he did not notice the instruction about using the last column. He felt we need to highlight more that we are talking about personal situation and not DMP in general. Suggested putting last column first, my in caps and instruction in bold.
Q10 – no problem with this question, skip instructions, items, or response table.
2) Q6 – he hasn't really heard of others who get these types of reports. He understands what we are asking here and he answered no to all.
Q7 – answered no – has not heard of quality reporting programs or Bridges to Excellence but he understands what we are talking about. He's looking into Pay for Performance (a Medicare thing, he thinks) but none of his insurance companies have this.
Q8 – no problem.
Q9 – He answered both 'agree somewhat' and 'no patients in DMP' to each item. He doesn't have patients in dmp but he was thinking generally about dmp and is imagining what it could be like and answered on that basis (agree somewhat). He suggested skipping people out of this question if they don't have patients in dmp if we want answers based on real experience with these programs
Q10 – item e, he wanted to say something between sometimes and seldom/never. He answered sometimes.
3) Q6 – he answered no to all and said "I get no performance reports from anyone."
Q7 – he answered no and said he is familiar with Bridges to Excellence for hospitals.
Q8 – he indicated yes to a and no to all other items and said he sees very few patients with chronic conditions that he is responsible for caring for but he does see some do he did not want to answer NA.
Q9 – he answered no patients in disease management programs and had no problem with this question.
Q10 – no problem
4) Q6 – didn't understand the question so she did not answer it but then said all no. She wasn't sure what the reports are or who would provide them.
Q7 – not familiar with these terms but she is not participating in such a program. She thinks she was in a program like this three years ago but not now.
Q8 – she wondered if medical assistants are included in non-physician staff and assumed they are so she answered yes to item d and also to a and b.

Q9 – she was thinking generally about DMP and answered agree somewhat to both but then read it again and marked 'no patients in DMP.'
Q10 – no problem
PCP
1) Q6- He felt that table was too busy and thought it would be better to have four separate questions for the four kinds of reports. He said yes to a and b and said the reports describe individual performance. He explained that these reports are generated for him by an Independent Physician Association (IPA) who uses Medventive to produce reports based on data from patients in his practice who are in certain HMOs. So the reports come from data in his practice but only for some patients and the reports are generated outside the practice. He gets information about his performance and is compared to other doctors in the IPA.
Q7 – He said yes here as well and felt that Q6 and Q7 are related. In Q7 he was talking about reports he gets from BXBS about his patients covered by that insurance company. He also explained that there is an incentive that is tied to these reports.
Q8 – No problem with this question
Q9 – He indicated agree somewhat to both. He enrolls patients and has patients he knows are in these types of programs through insurance companies. He has patients who get contacted by insurance companies based on his diagnosis. He understands what we mean by this but doesn't think dmp is the phrase to use because he doesn't think this is very common language.
Q10 – No problem with this question. He is a PCP in Family Medicine but he also does obstetrics (although not board certified in ob) so he could have answered specialist and PCP items but he just answered PCP.
2) Q6 – he thought it a little weird for solo practitioners to say they give themselves reports on their performance but this is what this is asking and he said yes to a, b, (both individual and practice performance described) and d.
Q7 – he said he understood the question and he answered no and said 'it's called pay for performance here (Washington state).
Q8 – they provide a, b, and d but they refer for c. He did answer no for c.
Q9 – good thing we emphasized programs sponsored by health plans or employers because he would have answered differently for programs sponsored by hospitals (less positively). He thought the neither column should be in the middle.
Q10 – He wanted more response options – 5 instead of 3.

HMO
Specialist
Q6 – He originally answered yes to a and b and indicated practice performance for the follow-up question. However, he then said that he does not personally get these kinds of reports but the chief of his department does and he knows this information is accessible it's just not routinely provided in a report form. He thought maybe we should provide examples of reports and highlight 'regularly receive".
Q7 – He participates within the practice as department rep for quality management but not outside practice. He indicated 'no'. He was not familiar with Bridges to Excellence or CMMS.
Q8 – item a is worded oddly – 'you think you know'. He knows about all visits within HMO because his patients only go within HMO.
Q9 – he does not put patients in dmp but he has some who are in these programs and he thinks they are a good idea. He answered strongly agree to both a and b.

Staff model HMO
Q6 – no to all reports. Question and table were clear and easy to understand. No problem.
Q7 – has heard of Bridges to Excellence but not sure exactly what it is. Thinks it's 'coalition of people trying to quantify quality', in category of Leap Frog group. He answered no. NO problem with the question.
Q8 – no to all in Q8. No problem with the question or table.
Q9 – strongly agree for a but for b wants to say NA because DMP don't affect his ability to provide quality care. "People I see on an episodic basis are in these programs and I'm sure they are helped by that but that does not affect my ability to provide quality care."
Q10 – he doesn't coordinate care and he saw that instruction so he responded NA. Question and table were fine.
PCP/Specialist
Q6 – he doesn't do preventive care or deal much with patients with chronic conditions so he felt these questions didn't really apply to him. He wanted to be able to indicate NA rather than NO.
Q8 –he had no trouble answering this question for his practice even though he does not really deal with chronic conditions. He seemed very knowledgeable about what his practice has to offer.
Q9 – he feels that this question doesn't really apply to him because he does not put patients in DMP. He sees some patients who are in DMP but he doesn't enroll them. He did answer them agree strongly, and agree somewhat.
Q10 – He indicated that 'coordinating care' is a phrase used in billing so he felt there should be no problem for doctors to understand what it means. After reading the items in the question, he felt as though the PCP items were more appropriate for him than the specialist questions so he answered those. He said that in his practice he is listed under PCP heading. No other problems with the question

Hospital
PCP
Q6 – the practice doesn't give these reports but the HMO does. She first indicated Yes to a, b, and d but then when she re-read the question and saw 'from your main practice', she said no. The table is fine.
Q7 – She said yes, and is familiar with Bridges to Excellence but not sure who sponsors these programs. She thought we were talking about filling out surveys from drug companies and others who invite her to fill out surveys.
Q8 – no problem
Q9 – no problem
Q10 – no problem
Specialist
1) Q6 – no problem
Q7 – didn't seem to understand what quality reporting programs is – had not heard of Bridges to Excellence. Did not think she was in any kind of program so she said no.
Q8 – no problem
Q9 – she was not familiar with the term DMP but read the description and thought about hospital based programs for patients with HIV/AIDS or diabetes. Her hospital sponsors programs so she answered about those and answered strongly agree to both statements. She did not see the phrase in the question 'sponsored by…'.

Q10 – no problem
2) Q6 – he answered no to all of these and seemed very clear about it.
Q7 – he wasn't sure how to answer this. He was not familiar with any of the terms in the questions – quality reporting program or Bridges to Excellence, etc. He talked about Performance Appraisals he gets from the hospital once a year but this is from within practice and sounds like a job review. He also talked about the Joint Commission on the Accreditation of Health Organizations. This organization gives the hospital a report about his area of the hospital and how they are doing but it isn't specific to doctors. Sounds like the answer is no to this question.
Q8 – Q9 – he didn't have this page.
Q10 – no problem with this question
3) Q6 – he knows what we are talking about but he doesn't get any of these – answered no to all
Q7 – not familiar with these specific terms (Bridges to Excellence or quality reporting programs) but understands what we are asking about and said no.
Q8 – add 'to family/guardians" then the answer is yes for a and d. Otherwise no because doesn't give to patients.
Q9 – no problem. He answered no patients in dmp.
Q10 – he answered all items because he has some patients for whom he is PCP and others he's consulting neurologist. He considers himself a specialist but does act as PCP for some patients so he answered all items. Item d – add 'family'
PCP/Specialist
Q6 – does not get any of these kinds of reports but had no problem with the question. He gets an Annual Performance review every 6 months but this is job performance review. He understood what we were asking about with these reports but he doesn't get any of them from his practice.
Q7 – no problem with this question. He was familiar with Bridges to Excellence and quality reporting programs because other physicians in his group participate but he does not.
Q8 – no problem with this question. He answered yes to a, b, and d but no to the other items. He found this question very straightforward and easy to answer.
Q9 – no problem with this question. He answered agree strongly for both items. He is very familiar with DMP – he enrolls patients and treats patients who have been enrolled by others. He felt the explanation of DMP provided was accurate and useful.
Q10 – he answered the items for PCP because he felt they were more appropriate for him. He did not want to use the NA column because he does coordinate care but more from the PCP perspective.

Group
PCP
1) No problem with any of these questions – all were clear and easy to understand.
2) No problem with any of these questions
3) Q6d – wasn't sure what this means. Does it mean lists of patients on certain medications in case of recall, for example?
Q7 – was not familiar with quality reporting programs or Bridges to Excellence. Her practice doesn't take Medicare or Medicaid so she didn't know but she is not aware of participating in anything that sounds like this so she said no.

Q8d – they have 'advice nurses' who answer patient questions over the telephone and help people manage their care and educate but this is not formal or structured thing and it's not just for patients with chronic illness – it's for all patients (parents). Pediatrics
Q9 – She thought this was only asking about her enrolling her patients in dmp so she answered No pt in dmp for a (she doesn't enroll patients) and neither agree nor disagree for b (because she has no experience on which to base an answer). She missed the phrase 'sponsored by health plans or employers'. She said she used to have insurance companies calling her to try to get her to enroll her patients in dmp but this hasn't happened in five years or so.
Q10 – no problem
4) Q6 – she does not receive any of these types of reports from her main practice but she talked a lot about these kinds of reports from insurance companies and the state medical society. She had not answered the question because she was confused about this but she probably would have answered yes – she did not notice the phrase 'from your main practice'. She talked about "Physicians for Performance incentive" which she gets from the state medical society. She didn't think any private practice would provide these types of reports to their physicians because it would cost too much and take too much time. Because she couldn't imagine private practices doing this, she was thinking about other sources of these types of reports (state medical society and insurance companies).
Q7 – she said "yes but not by choice'. She said that she get reports from insurance companies about which of her patients have had mammograms and which haven't, which kids have gotten immunizations and which haven't. She gets these because they participate with insurance companies. It is not by her choice. If you participate in certain insurance companies you automatically are in the program and get reports.
Q8 – she said 'sometimes' to item b ('when we have it available'). Item e – they used to do this but they were not getting reimbursed so they stopped –she said no.
Q9 – she answered agree somewhat to both items but she really was not familiar with disease management programs. She was thinking about guidelines for her to follow to treat patients with chronic diseases. She does not enroll patients in any programs and is unaware of any formal structured programs for patients but she answered the questions thinking about guidelines she uses for treating patients with chronic diseases. She did not notice the phrase 'sponsored by health plans or employers' , nor did she see the column 'no patients in dmp'.
Q10 – no problem with this question
5) Q6 – found question confusing. She didn't understand the question to be asking about reports from main practice. She wanted to know if we were talking about reports from insurance companies. From main practice, the answer is no to all.
Q7 – she was not familiar with the term quality reporting programs but answered yes to the question because she gets reports from insurance companies on her personal practice performance but she didn't sign up for it – she just gets them because her practice participates with that company. The reports provide information such as the number of her patients who are up to date on immunizations, how often she prescribes generic drugs, etc. She had not heard of Bridges to Excellence.
Q8 – no problem
Q9 – she did not see the phrase 'sponsored by health plans or employers'. They don't have a lot of patients in dmp. She refers some but mostly they get signed up in other ways, such as through insurance. She answered agree somewhat but then went on to say she didn't think much of dmp and didn't think they helped much. When I asked why she agreed somewhat with the statements

she said she was thinking about an ideal world – 'dmp should work they just don't work very often because of patient issues such as other stressors and not being reliable about participating. She said she was also thinking about one patient who was signed up for a dmp and it helped her.
Q10 – make item letters stand out more. Item C – she was confused – are we asking if she gets information or if information is useful. She thought we wanted to know how often it is useful and answered that way.
6) Q6 – she did not understand who the source of the report would be…"If you're the main practice than who would this be?" She didn't really understand performance report either. She answered No to everything because she doesn't get anything like this from anyone. After we talked about it she said they have access to this information but they don't generate any kind of report.
Q7 – she was not familiar with quality report programs and had not heard of Bridges to Excellence. She answered No.
She suggested that before Q6, we have a few sentences that set the stage for what we are asking about in Q6 and Q7, some kind of context or framework for these questions.
Q8 – no problem
Q9 – wasn't familiar with the term dmp. She doesn't enroll any patients and doesn't know this about her patients. Her practice is primarily Medicare. Does Medicare enroll patients in dmp?T The description of dmp was helpful to her and she saw the instruction about using the last column and she did.
Q10 – no problem
Specialist
Q6 – he said Yes but indicated that the reports came from insurance companies. He does not get any reports from his main practice. He didn't notice this phrase in the question.
Q7 – no but he is familiar with these programs. He thinks he is probably not eligible.
Q8 – no problem
Q9 – he doesn't put any patients in DMP but he has patients that are in such programs through insurance companies. He only knew about insurance company sponsored programs. He does not think much of them. He also disagreed with the definition of dmp in the question.
Q10 – no problem with this question or table.

Medical School Specialist
Q6 – Don't do preventive care so item a is NA. Otherwise no problem with this question
Q7 – He answered yes – he is on QA committee for local medical helicopter group and on the regional emergency medicine advisory committee. He wondered if we should add lines to allow doctor to list what he/she does in this area. He liked having comment lines throughout the questionnaire.
Q8 – no problem
Q9 – wanted to explain his answer (agree somewhat) otherwise no problem with the question
Q10 – No problem

Community Health Center
Q6 – she indicated yes to items a, b, and d but indicated that items a and d come from insurance companies not from her main practice. Item b reports come from both insurance companies and her main practice. She thought this question was asking about reports about patients in her main practice but generated by any anyone, she did not read this as reports generated by the main

practice. She had no trouble answering the follow-up questions (both individual and practice performance)
Q7 – she didn't have a problem with the question although she has not heard of quality reporting programs or Bridges to Excellence. She is not in any kind of program that sounds like this.
Q8 – no problem, she said yes to a, c, d, e.
Q9 – no problem, she said no patients in dmp for both items. She indicated that if she were talking generally about dmp she would answer agree strongly. She is familiar with these types of programs and very positive about them. Her practice is trying to building some of these programs themselves.
Q10 – no problem

Other – ER Group
Q6 – he does not get any of these types of reports. He only gets acute care reports from his group and from the hospital (e.g. length of time in ER, time from check in to being seen in ER, cardiac care guidelines followed, etc).
Q7 – he has heard of quality reporting programs but does not participate. Has not heard of Bridges to Excellence.
Q8 – No to all. While he is sure that some of the patients he sees have chronic conditions, he is not dealing with that when he sees them in the ER.
Q9 – No patients in DMP.
Q10 – NA to all. He does not follow up with patients, He does not refer to PCP and he doesn't get many referred patients so he felt these were all NA for him.

4. SUGGESTIONS

General

- Add a few introductory sentences before Q6 to provide context and framework for Q6 and Q7.

Question 6

- Emphasize the phrase 'from main practice' or reword to indicate 'generated' by main practice.
- Provide examples of reports or examples of the kind of information that would be in the reports.

Question 7

- Provide more of an explanation of what quality reporting programs are and/or what physicians would have to do if they were in these programs.

Question 8

- None

Question 9

- If the intent of the question is to focus on doctors who use DMP for their own patients and get opinions from doctors with actual personal experience with these programs, the

question needs revision. If the intent of the question is to get very general impressions and opinions about DMP in general, revision may be unnecessary.

- Highlight/emphasize 'sponsored by health plans or employers'
- Consider skipping respondents out of question if they don't have patients in DMP (specify who are enrolled by employers or insurance companies). Maybe a screener question first – do you have patients in DMP then use that to skip around opinion question about the programs.
- If not skipping doctors out of the question, may want to rewrite to something like…"Thinking just about your patients with chronic conditions who are enrolled in DMP, please indicate your level of agreement ….."
- Bold/italics for 'my patients' in Q9a and 'my ability' in Q9b

Question 10

- Make item letters stand out more.
- Think about rewriting to address useful issue (?)
- Item d – add 'family'
- Address issue of PCP versus specialist (esp. for ER or urgent care doctors)

E. SOURCES OF PRACTIC REVENUE

1. GOALS

The practice revenue questions included in cognitive interviewing asked about managed care contracts and financial interests (both practice and personal) in medical equipment and hospitals.

The follow-up questions and probes for the question on managed care contracts focused on the respondents' understanding of what types of contracts to include, their willingness and ability to provide a response, whether or not they sought the information from someone else in the practice and their view of how good an estimate they were able to provide.

The goals for the cognitive interview for the questions on financial interest (Q12-Q15) were to determine if respondents understood the definition of financial interest provided, if they thought the definition was complete, if they were knowledgeable enough about their practice situation to be able to answer the questions and if they felt the response options and the response tables were clear and easy to use.

Additionally, a particular concern with the questions on financial interests was whether or not respondents would be willing to provide the information and if they would feel the questions were intrusive or too personal or make them unwilling to complete the questionnaire.

2. TEST QUESTIONS

11. With how many health plans does your practice have managed care contracts?
Managed care contracts are contracts with health plans, such as HMOs, PPOs, IPAs, and Point-Of-Service plans that use financial incentives or specific controls to encourage utilization of specific providers associated with the plan.

    Your best estimate is fine.

    1 ☐ None
    2 ☐ 1-4
    3 ☐ 5-9
    4 ☐ 10-19
    5 ☐ 20 or more

12. Physicians are relying on more diverse business models now than in the past. Does your main practice have a financial interest in the following types of medical equipment located in your main practice site, in a free standing facility other than a hospital, or both?
Financial interest includes full ownership, partnership, stock investment, or leasing arrangements.

MARK (X) ONE ANSWER FOR EACH ITEM

	YES				
Medical equipment used for:	In practice site ONLY	In free standing facility ONLY	In BOTH practice site AND free standing facility	NO	UNSURE
Laboratory testing	1 ☐	2 ☐	3☐	0 ☐	8 ☐
X-rays	1 ☐	2 ☐	3☐	0 ☐	8 ☐
Other diagnostic imaging, such as CT or MRI scans	1 ☐	2 ☐	3☐	0 ☐	8 ☐
Non-invasive testing besides EKGs (e.g., Echocardiograms, treadmill, nuclear testing, sleep testing)	1 ☐	2 ☐	3☐	0 ☐	8 ☐
Invasive procedures, such as endoscopy or cardiac catheterization	1 ☐	2 ☐	3 ☐	0 ☐	8 ☐

13. Excluding any financial interests your practice might have, do you personally have a financial interest in a freestanding facility other than a hospital that has the following types of medical equipment?

MARK (X) ONE ANSWER FOR EACH ITEM

Medical equipment used for:	Yes	No	Unsure
Laboratory testing	1 ☐	0 ☐	8 ☐
X-rays	1 ☐	0 ☐	8 ☐
Other diagnostic imaging, such as CT or MRI scans	1 ☐	0 ☐	8 ☐
Non-invasive testing besides EKGs (e.g., Echocardiograms, treadmill, nuclear testing, sleep testing)	1 ☐	0 ☐	8 ☐
Invasive procedures, such as endoscopy or cardiac catheterization	1 ☐	0 ☐	8 ☐

14. Does your main practice have a financial interest in a hospital?

MARK (X) ONE ANSWER

1 ☐ ***Yes***

0 ☐ ***No***

8 ☐ ***Unsure***

15. Excluding any financial interests your practice might have, do you personally have a financial interest in a hospital?

MARK (X) ONE ANSWER

1 ☐ ***Yes***

0 ☐ ***No***

8 ☐ ***Unsure***

3. RESULTS

Summary

Question 11 was not a difficult question for respondents to understand but respondents admitted that they were guessing about the number of plans. Several respondents said they were glad to see the statement 'your best estimate is fine' because they really were estimating. Three respondents did not answer the question because they just didn't know. Four respondents said none, 3 said 1-4 plans, 6 said 5-9 plans, and 8 said 10-19. No one answered 20 or more plans.

One respondent indicated that he had answered the question (10-19) but then asked someone in the office administration and changed his answer (5-9). Another respondent said that if she had been in the office when she was answering the question she would have asked someone. She said 'who knows' but answered 10-19 as a guess.

Respondents who used the larger category (10-19) said things like, 'we accept everything'. Two of these respondents were very sure of their answers the others said it was more of an estimate.

Respondents did not seem to have any difficulty understanding what to include as managed care contracts but some respondents indicated they were unsure how to count products within larger health plans. For instance, one respondent indicated that they accept BXBS, Tufts and Harvard/Pilgrim. He answered 5 to 9 but then said it should probably have been 10-19 because of all the products within these plans that he may have missed. Another respondent answered 5 to 9 but noted that some large health plans (like HealthNet) have sub-plans and practices may accept some but not all of the sub-plans. She noted that the count could be very different if you count individual plans or just the larger plans. Her count was just of the larger plans – she counted HealthNet as one. One of the respondents who answered don't know, subsequently asked her husband who said it would be 30 to 50 if all sub-plans were counted separately and 19-19 if the count was just of the larger plans.

One respondent (solo PCP) who answered 10-19 said that he contracts with an 'umbrella contracting network – First Choice – that has 150 different insurance companies in it". He counted this as one and wondered if we should ask about "health plans or health networks".

The respondent in the staff model HMO said he had trouble deciding whether to answer none or one and said that the question assumes that the practice contracts at all. The health plan contracts with the medical group and the medical group contracts with the hospital. He answered none but felt he could have answered one.

One respondent thought the categories should include a larger range because he feels that most respondents will be guessing and won't really know if it's 4 or 5 plans, for instance. He suggested using none, less than 10, 10 to 19 and 20 or more. He was the only respondent who mentioned anything about the response options.

Question 12 was difficult for some respondents because of confusion about the definition of 'free-standing clinic' and 'financial interest'. Overall, 10 respondents said yes to at least one item, 14 respondents answered no to all.

The confusion about the free-standing clinic seemed to result from respondents wondering if this means physically free-standing or free-standing as a business entity. One respondent (solo specialist) reported that he performs cataract surgery in a surgery center that is physically connected to his main practice (in the same building) but is a separate business entity. He answered 'in practice only' for this. He also marked 'in practice only' for items c and d – they do these things as part of the practice but they bill separately for them and they own the equipment.

Three respondents (one solo and two group respondents) wondered if small equipment for standard, small tests performed in the office (such as urine analysis or rapid strep tests) would count. This is equipment they have in their offices that did not involve a large capital investment and they are not sure if these tests are billed separately or not. The three situations are described below:

- One respondent (group PCP) has a small lab in her practice that does a few tests (rapid strep, blood counts, urine tests, hearing and vision screening). She thinks they are reimbursed for some of these and not for others. It is not a separate business or separate place. Would this count? She answered no but was wondering.
- Another group PCP said they have equipment for bone density scans in the office but it is not a separate business or space. She also answered no.
- The third respondent (solo PCP) also answered no to all but wondered about simple lab equipment for blood counts and urine analysis and about simple procedures such as 'flexible sigmoidoscopy'.

The hospital specialist answered 'in practice site' to lab because they have a lab in their hospital clinic office and he answered no to everything else because it's all in the hospital and they don't have a financial interest.

There was also some confusion about the definition of financial interest. One respondent (HMO specialist) is a shareholder in the HMO and wondered if this counted. He didn't invest personally in any of this and it doesn't affect his income but he is a shareholder in the HMO. He answered no to all items.

One respondent (hospital specialist) had a confusing situation and was not sure how to answer. His hospital has a lab and x-rays and he answered "Yes, in practice site only' for these two items but he's not sure this is really 'financial interest' because he's in a state hospital. They own equipment for lab and x-rays but they don't bill patients for it so they don't make any money by having the equipment. They avoid losing money by having this equipment because if they had to send patients out for this, the other facility would bill the patients and his hospital would end up paying. He thinks the situation for government hospitals is different from private hospitals or practices who bill patients for the procedures. He answered no to all other items because they don't have any of this in the hospital.

Four respondents (one solo practitioner, one group PCP, one HMO PCP/Specialist, and the Community Health Center respondent) had the following difficulties with specific items.

1) The solo practitioner wondered where to put equipment for diagnostic endoscopy of the nose and throat. He didn't think it fit well in item five (which gave endoscopy as and example) because it is non-invasive and a diagnostic tool rather than a procedure.
2) The group PCP respondent wondered if ultrasounds would be included in 'other diagnostic imaging' and, if so, she thought the question should specify. For this item she said "In free standing clinic only" but only if ultrasounds are included. She also felt that ultrasounds are very different from CT and MRI scans in terms of financial interest and equipment so she wasn't sure if she should include. Similarly, echocardiogram is very different from nuclear testing in terms of the sophistication of the equipment and the cost. She thought it odd that these would be combined in one item.
3) The HMO respondent had difficulty with the fifth item. He indicated that his answer would be yes for endoscopy 'in the practice site only' but no for catheterization because they only do that at the hospital and they don't have financial interest there.
4) The community health center respondent wondered where mammograms would fit and thought they would fit in the third item "other diagnostic imaging' but wasn't sure.

One respondent did not realize that question 12 was asking about the practice – he answered no to all items in question 12 and no to all in question 13. However, when we were talking about question 13, he realized that question 12 was about the practice, not his personal situation and he went back and changed his response for item A to 'yes'. The lab is in the same building with his practice but in a separate space – he wasn't sure if that should be column one or two.

Respondents did not express a great deal of concern about why these questions were being asked. Only three doctors mentioned this concern at all and two of these said it was not a concern for them (because they don't have any financial interests) but they thought it might be for others. One of these doctors said he would wonder why the personal questions were being asked and what the information would be used for. He thought maybe a confidentiality reminder or explanation of data use might help. The respondent from the staff model HMO was the only one who felt this was no one's business and couldn't see how any of this information would be useful for research purposes (although he did answer the questions). In contrast, a few doctors indicated that they have to provide this type of information when they renew their state license so they did not see it as a problem at all.

Question 13 was more straightforward for most respondents than question 12 because they were clear about their personal financial situation, with most saying no to all. Only one respondent answered yes to any item. This respondent (HMO PCP/Specialist) has financial interest in a clinic he started many years ago in a different state. It is totally unrelated to the main practice he was talking about in the survey. He first thought the answer would be no because the clinic is completely unrelated to his current practice situation but then decided the answer would be yes to items a, b, and d because he does have personal financial interest in this clinic.

The question was somewhat difficult for one solo practitioner because he said it is difficult for him to separate himself from the practice. To him, question 12 and 13 are the same and question

14 and 15 are the same. He said no to all of them. However, another solo practitioner said he has no problem at all separating his incorporated practice from his personal financial situation.

One respondent thought we should be asking about the personal situation of the respondent as well as his/her immediate family members. He felt that if his spouse had a lab and he was sending all his patients there, it would be his financial interest. He didn't feel that the question as worded includes that situation. One respondent expressed confusion about the phrase 'you personally'. She said "we have lab testing in our office, so I benefit from it but as an extra investment, no". She answered no.

Several respondents expressed some confusion about question 14 because their practice is owned by a hospital and they wondered if this would count as having a financial interest in a hospital. One respondent in this situation was unsure how to answer but answered yes. One hospital specialist was unsure because his hospital is part of a community health network that includes 5 hospitals and other facilities. Overall, four respondents answered yes (2 group HMO, 1 hospital, 1 medical school physician). Two respondents answered unsure (group and hospital) and the remaining 18 physicians answered no.

A few respondents were unclear about the definition of financial interest here and wanted another definition or at least reference to the definition given in question 12 if that applies. One respondent (Group PCP) said unsure but then said if the definition of financial interest from question 12 held for this question, the answer would be no. He was thinking of financial interest as "benefiting financially from the performance of a hospital". His practice is owned by a hospital system so "the hospital has financial interest in us."

The medical school specialist answered yes but then said if the definition of financial interest in Q12 holds here, the answer would be no. He's an employee of a hospital and his practice is part of the hospital.

Question 15 did not raise any issues other than those discussed above for question 14 and was easier for most respondents to answer than question 14. Only one of the respondents answered yes (solo practitioner).

Results in Detail

Solo
Specialist
1) Q11 – no problem
Q12-Q15 – no problem. He has no financial interest in any equip or hospital in practice or personally so it was easy for him. He did not have a problem answering these questions but thought some doctors might be concerned about why we are asking these questions. He suggested adding a confidentiality reminder before these questions and/or explanation of who is getting this info and how it will be used.
2) Q11 – answered none. No problem

Q12 – problem with 'free standing' do we mean physically free standing or business-wise free standing? He does cataract surgery in a surgery center that is physically connected (in same office building) but is separate business entity. He marked in practice for this.
He marked 'in practice' for items c and d – they do these things as part of the practice (imaging for the eye and tests of the eye) but they bill separately for them. They own the equipment.
Q13-Q15 – no problem. Said no to all.
3) Q11 – no problem.
Q12 – he owns X-ray equipment so he said yes in practice site only to this item and no to all others. He was not sure what to do about "diagnostic endoscopy of the nose and throat" which he performs in his practice site. He didn't want to say yes to the last item because he says the diagnostic endoscopy is non-invasive and it is not a 'procedure' (which removes or fixes something), it is a diagnostic tool.
Q13- no problem, answered no to all. It is easy for him to separate himself from his practice in terms of financial interest. His practice is an incorporated separate entity.
Q14 – no problem, answered no.
Q15 – answered yes.
4) Q11 – she said her answer (10-19) was a rough estimate and wondered if Medicare and Medicaid HMO counted. She said 'the whole HMO thing is pretty unclear to me".
Q12 – Q15 – no to all and no real problem but thought we should provide another definition of financial interest in Q14 or refer back to Q12 definition.
PCP
1) Q11 - he answered #3 but as we talked he decided he really should have answered #4 when he thought about the different products within BXBS, Tufts and Harvard/Pilgrim which are the main ones he uses.
Q12, Q14 – he had no problem with these questions.
Q13, Q15 – he had a bit of trouble since he is solo practice. It is hard for him to separate what would be him personally from his main practice. To him, Q12 was the same thing as Q13 and Q15 was the same as Q14. He said no to all in Q12-Q15
2) Q11 – he has one health network which is an 'umbrella contracting network with 150 different insurance companies under it. He counted this as one but wondered if we should say health plans or health networks. He understood this question to be asking about all non fee-for-service contracts.
Q12 – he answered no to all but was wondering if his small lab equipment in his office (that he owns) would count here. He does urine analysis and blood counts but the equipment is small and not a large capital investment. He thought it would not count. They also do flexible sigmoidoscopy in the office but he said it is a simple inexpensive procedure so he did not think it would count under item #5.
Q13-Q15 – no to all. No problem.

HMO
Specialist
Q11 – no problem. He answered 1-4.
Q12 – Q15 – he was confused by 'financial interest'. If we fix the definition it should solve problems for all questions. He is a share holder, does this count. He didn't invest personally in any of these things and it doesn't affect his income but he is a share holder in the HMO. His gut

reaction would be no to all items in Q12 but he wasn't sure. Definitely no to Q13 For Q14 – his main practice is part of a hospital, does that count?
He was not bothered by us asking these questions – he said that he had to answer the same types of questions when he renewed his state license so it didn't bother him. He just wanted more clarity about what we meant by financial interest.
Staff model HMO
Q11 – either one or none. He's not sure which to answer but would probably go with none. The question assumes you have a practice that contracts. The health plan contracts with the medical group and the medical group contracts with the hospital. Could be either one or none.
Q12-Q15 – no to all. Questions are clear and make sense and he has no difficulty answering but he feels this is none of our business and can't possibly be useful for research purposes.
PCP/Specialist
Q11 – he has no idea. Would like to have a dk response. He thinks this will be a very difficult question for most doctors.
Q12 – He originally thought 12 was asking about him personally. Confused about what 'free standing clinic means' – does it mean not associated with a hospital? His practice has 5 urgent care centers, 10 other types of clinics (specialty and primary care) and a hospital. Some of this equipment is in these centers. Are these free standing clinics?
On the last item – endoscopy is at one of the clinics but the cardiac catherization is only at the hospital so he wasn't sure how to answer. He answered BOTH for items a, b, and d, and NO for item c and unsure for item e.
Q13 – He has financial interest in another practice totally unrelated to the one we were talking about. It's in WA state and he hasn't practiced there in years but still has financial interest. Does this count here? He thought no because he thought this question was related to q12. He would have said no to all. If we wanted him to include the financial interest in the other practice, he would have said yes to items a, b, and d.

Hospital
PCP
1) Q11 – no problem HMO and PPO (all that I know of)
Q12 – no to all. She didn't read the definition of financial interest and didn't see the phrase 'other than a hospital'.
Q13 – no problem
Q14 – the practice is owned by the hospital. She said unsure than answered Yes
Q15 – no problem
Specialist
1) Q11 – her practice takes everything and she has seen a list so she was pretty sure about this answer – 10-19. She was thinking about HMO, PPO, etc.
Q12 – they have a lab in their hospital clinic office. Everything else is in the hospital but they don't have a financial interest in the equipment or in the hospital. She seemed very clear on this.
Q13- Q15 – no problems
2) Q11 – he first marked #4 (10-19) but then spoke to someone in administration who said it was #3 (5-9).
Q12 – He answered no to all of this – said the hospital has all of this as part of the hospital but not as a separate business entity.
Q13 – no to all. This was easy

Q14 – He answered 'unsure' – his hospital is part of a 'community health network' that includes 5 hospitals and other facilities.
Q15 – he answered no to this. This was easy.
3) Q11 – no problem. Answered no
Q12 – confusing. His hospital has lab and xrays and he answered "Yes, in practice site only' for these two items but he's not sure this is really 'financial interest' because he's in a state hospital. They own equipment for lab and x-rays but they don't bill patients for it so they don't make any money by having. They avoid losing money by having this equip because if they had to send patients out for this, the other facility would bill the patients and his hospital would end up paying. He thinks situation for government hospitals is different from private hospitals or practices who bill patients for the procedures. He answered no to all other items because they don't have any of this in the hospital.
Q13 – he thinks we should add "do you or any family member" have financial interest. He suggested that if his wife owned a lab and he sent all his patients there, it would be to his financial benefit and his interest.
Q14 – Q15 – no problem
PCP/Specialist
Q11 – he answered 10-19 because his practice accepts 'everything'.
Q12 – he didn't have a problem with this question. He felt he understood the definition of financial interest and felt it was complete and appropriate. He answered no to all.
Q13 – no problem. He answered no to all. This was easy since it was personal.
Q14 – he was a little unclear about financial interest here and wondered if it meant the same thing as in Q12. He suggested that we define it again or reference the definition in Q12.
Q15 – no problem.

Group
PCP
1) No problem with Q11 – he included HMO and PPO contracts. It is an estimate but it pretty good one.
Q12-Q15 – his practice has financial interest in some of this equipment but not in a hospital. He has no personal financial interest in any of the equipment or hospital. He suggested that we order the questions to first ask about the practice (Q12 and Q14) and then ask about personal (Q13 and Q15). He said he thought that doctors who do have personal financial interest may be more unwilling to answer these questions honestly. He would have been wondering why we were asking about the personal situation and who was getting the information.
2) Q11 – he would have used larger categories (1 to 9, 10 to 19, 20 or more) because he thinks that no one will really know for sure – just guessing. He really guessed since he doesn't have to know this sort of stuff.
Q12-Q15 – not getting that definition of financial interest given in Q12 should still hold for this question. He was wondering what we meant by financial interest. He originally said unsure but if definition from Q12 still holds for this question than he would say No. He thought of financial interest as benefiting financially from performance of the hospital.
Q14 –not sure what to answer. My practice is owned by a hospital system so the hospital has financial interest in us.

3) Q11 – she said "who knows" but had marked 10-19. She said if she had been in her office when she was completing the survey, she would have asked someone.
Q12 – her practice (pediatrics) has a small lab with equipment that does a few tests (rapid strep, urinanalysis, blood counts, hearing and vision screenings. She thinks they are reimbursed for some of these and not for others. Would this count for item a or not? It is not a separate business or separate space.
Q13-Q15 very clear on the rest of these questions – all no.
4) Q11 – She answered 5-9 but noted that some large health plans (she gave HealthNet as an example) have sub plans and practices may take some but not others of these sub-plans. The count therefore could be very different depending how you count these. She counted Health Net as one main plan. She also said it was a good thing we included the phrase 'your best estimate is fine'. Her answer is a 'pretty good estimate but definitely an estimate.'
Q12 – they have equipment to do bone density scans in their main office but they don't get paid as a separate business for that. Does that count here? Would that be a free standing clinic? Not sure what free-standing clinic means.
Q13-Q15 – no problem.
5) Q11 – no problem. She would count Health Net as one big one. She answered 5-9
Q12 – Q15 – seemed clear on this. No problem
6) Q11 – no problem. They have none and she was very clear about that.
Q12 – she had a few problems with this question. For the third item she wondered if ultrasounds would be included in 'other diagnostic imaging' and, if so, we should specify. For this item she said "In free standing clinic only" but only if ultrasounds are included. She also felt that ultrasounds are very different from CT and MRI scans in terms of financial interest and equipment so she wasn't sure if she should include. Similarly, echocardiogram is very different from nuclear testing in terms of the sophistication of the equipment and the cost. She thought it odd that these would be combined in one item. She found the definition of financial interest clear, complete and helpful.
Q13 – she was a little confused by the 'you personally' she said "we have lab testing in our office, so I benefit from it but as an extra investment, no".
Q14-Q15 – no problem

Specialist
He somehow did not realize that Q12 was asking about the practice – he answered Q12 all no and Q13 all no. Then when we were talking about Q13, he realized that Q12 was about the practice, not him personally and he went back and changed response for item a to Yes. The lab is in the same building with his practice but in a separate space – wasn't sure if that should be column one or two.
No other problems with these questions

Medical School Specialist
Q11 – His answer is really a guess. He's not in administration so he really doesn't know.
Q12 – he didn't seem to have any problem with this question
Q13 – easy because he has no financial interest
Q14 – he answered yes but if the definition of financial interest given in Q12 holds for this question as well, the answer would be NO. He's employee of a hospital, his practice is part of the hospital

Q15 – easy because he has no financial interest

Community Health Center
Q11 – She answered don't know but then spoke to her husband and estimated that the number is 30-50 if all sub-plans are counted separately and 10-19 if they are not counted separately.
Q12 – She answered 'in practice site only' for the first four items and explained, "We rent space in our building for other entities to perform these tasks". She also wondered where mammograms would fit. Would it fit in other diagnostic imaging?
Q13 – answered no to all. No problem with this question.
Q14 – no problem. Answered no.
Q15 – no problem. Answered no.

Other – ER Group
Q11 – no idea
Q!2 - Q15 – no to all. He understood these questions and didn't have any comments about them, he and his practice don't have any financial interest in any of this.

4. SUGGESTIONS
Question 11
- Consider offering an 'unsure' category to pull out the real guesses.
- Clarify for respondents how to count large plans that include multiple products and health networks.
- Although one respondent suggested reordering questions Q12, Q14, Q13, Q15, I do not recommend doing this. The way the four questions are structured and worded makes more sense and is easy to follow if the question are ordered the way they are now. Only one doctor has an issue with the order of the question. I don't think it will make this series any easier to change the order of the question.

Question 12
- Emphasize *the practice* having financial interest.
- Emphasize 'other than hospital'.
- Provide definition of free-standing clinic and expand/clarify definition of financial interest.
- Address issues raised by respondent comments on items four and five and specify where mammograms would fit.
- Consider (?) making the question just yes/no rather than practice, free standing, both.

Question 13
- Note to include all outside personal financial interest (in another practice other than main)
- Although one physician suggested including the personal financial interest of immediate family members, I would not recommend that – it would be difficult to define and explain and would probably be considered even more intrusive.

Question 14
- Provide guidance for respondents in practices that are part of or owned by hospitals and groups/hospitals that own other hospitals.
- Provide another definition of financial interest in Q14/Q15 or reference definition in Q12.

Question 15
- None

F. COMPENSATION

1. GOALS

Question 16 is intended to measure the respondent's method of basic compensation. The cognitive interview was to determine if the concept of 'basic compensation' was meaningful to respondents, if the response options are appropriate and cover the majority of compensation methods and if respondents have any trouble selecting an appropriate category.

Questions 17 and 18 are intended to categorize and estimate the amount of supplemental income physicians receive from drug, device and medically related companies.

The concern here was to determine if respondents are willing and able to answer these questions, if the items make sense to them, if they are able to recall the previous year and if they are willing and comfortable providing this information. In particular, the cognitive interview was to determine if these questions would cause any respondents to refuse to complete and return the questionnaire.

2. TEST QUESTIONS

16. Which of the following methods best describes your basic compensation? Do not include bonuses or incentives. ***MARK (X) ONE ANSWER***

    1 ☐ Fixed salary

    2 ☐ Salary adjusted for performance (e.g., own productivity, practice's financial performance, quality measures, practice profiling)

    3 ☐ Shift, hourly, or other time-based payment

    4 ☐ Share of practice billings

    5 ☐ Share of workload

    6 ☐ Other Method (Describe)

17. During the last year, have you personally received any of the following from drug, device, or other medically related companies? Include honoraria and payments from marketing and research firms working for medically related companies.

    MARK (X) ONE ANSWER FOR EACH ITEM

	Yes	No
a. Food and/or beverages in your workplace?	1 ☐	0 ☐
b. Free drug samples?	1 ☐	0 ☐
c. Honoraria for speaking?	1 ☐	0 ☐
d. Honoraria for participating in surveys on prescribing practices?	1 ☐	0 ☐
e. Payment for consulting services?	1 ☐	0 ☐
f. Payment in excess of costs for enrolling patients in clinical trials?	1 ☐	0 ☐
g. Costs for travel for attending meetings?	1 ☐	0 ☐
h. Gifts that you receive as a result of prescribing practices?	1 ☐	0 ☐
i. Complementary tickets to cultural or sporting events?	1 ☐	0 ☐
j. Complementary or subsidized admission to meetings or conferences for which CME credits are awarded?	1 ☐	0 ☐

18. Excluding any food, beverages, and drug samples you may have received in your workplace, please estimate the total value of all goods and services you received in the last year from drug, device, or other medically related companies? Include honoraria or payments from surveys conducted by marketing or research firms for medically related companies.
Your best estimate is fine.
MARK (X) ONE ANSWER

1 ☐ Less than $1,000

2 ☐ $1,001 to $5,000

3 ☐ $5,001 to $10,000

4 ☐ More than $10,000

5 ☐ None

3. RESULTS

Summary

Question 16 posed some difficulty for five of the solo practitioners and three of the group practice doctors but other respondents (those in HMO, hospital, other) did not seem to have difficulty with it. The confusion stemmed from the response options. The solo practitioners felt they could answer more than one category.

- Three answered salary adjusted for performance although they all thought they could have answered fixed salary. One of these mentioned that the adjustment is a bonus.
- One answered share of practice billings (100%) but said he could also have answered salary adjusted for performance.
- One said he could have answered share of practice billing and share of workload. He marked 'other' and wrote the following note, "Paid as total reimbursement from insurance companies minus expenses, done separately for the two doctors in the practice."

One solo practitioner had no problem answering the question – he said salary adjusted for performance.

The group practice doctors who had trouble with the question reported two different situations. One doctor had trouble deciding between 4 and 5 – she indicated that they have five doctors in the practice, one who gets a fixed salary and then the workload and practice profits are split among the remaining four (she being one of them). The other group doctor said that she gets salary adjusted for productivity (#2) but the adjustment is considered a bonus and the question instructed her to exclude bonuses. She ended up answering fixed salary but could have answered salary adjusted for productivity. The third group practice physician was unclear about the meaning of 'performance' and asked, 'does performance mean how good a job you're doing taking care of patients or how much money you bring to the practice?"

One hospital specialist said he gets a fixed salary but he also gets paid for taking call which is voluntary. He wasn't sure how or if to record this. He noted it on the questionnaire but only as we were talking about it, he had not noted it before the interview.

Question 17 was not particularly difficult for most respondents but there were a few issues with the question and the items. One respondent asked what exactly is meant by 'medically

related companies' and wondered if the honorarium for this survey would count. This respondent also indicated that he does CME credits on line that are free so someone is subsidizing that but he doesn't know who. He said he sometimes isn't exactly clear who is paying for conferences or CME meetings. A few respondents did not seem to notice the phrase 'on prescribing practices' in item d and talked about this survey and other surveys not related to prescribing practices.

Additionally, there were a few isolated concerns about some of the items –

- Three respondents said that item H is not allowed by regulations of the AMA
- One respondent thought that item G costs for travel for attending meetings was only for CME conference and meetings and didn't include meetings he had with a drug company until we talked about it and then he thought it should be included here.
- One respondent was unclear if we meant last 12 months or last calendar year.
- One respondent said she has gone to dinners sponsored by drug companies where they have lectures by experts or specialists but no CME credits are given. Should this be included somewhere?
- One respondent was unclear if the question was asking about her as a person or about her as a doctor in her practice. She personally doesn't get drug samples but her practice does. Similarly for food – could be for person or practice. The other items were more clearly about her personally. She thinks of herself as the practice.

Question 18 was not particularly difficult for most respondents but there were a few isolated problems. The issue raised most often was that the first category could be much smaller – maybe less than $500 or even less than $100. The isolated concerns raised were:

- One respondent initially read it as taking money from drug companies. He did not include his work on the advisory board for an insurance company because he did not think of insurance as medically related company. One respondent did not notice the 'exclude food, beverage and drug samples phrase.
- One respondent said it was very difficult for him to estimate and wanted a "don't know" category. He answered less than $1000 but said the answer is really less than $100 but difficult to estimate.
- One respondent said that she often doesn't know the sponsorship or purpose of the surveys she does so it's hard for her to know if she should include the honoraria or not.

There seems to be a bit of mismatch between item d in question 17 which asks about surveys on prescribing practices and the last sentence of question 18 which does not mention 'prescribing practices'. This confused a couple of respondents. It seems that question 18 is asking respondents to include any kind of survey conducted by marketing or research companies for medically related companies but question 17 only talked about surveys on prescribing practices.

There was not a great deal of concern among respondents about answering these questions. Only one respondent mentioned a concern without prompting. This respondent (group PCP) answered $1800 and seemed uncomfortable about providing the information and wanted to be sure it was confidential first. He thought other doctors would have a problem with it, especially those who have made a lot of money from these things. However, for most respondents, even when the issue was raised, most did not have any problem answering these questions. One respondent

indicated that he has to provide a 'disclosure' statement for his job each year and it is very similar to this so he had no problem with it. No one indicated that they would not answer the survey because of these questions.

Results in Detail

Solo

Specialist

1) Q16 – confusing. What is difference between #2 and #4?
Q17 – He only answered yes to E – consulting services because of his work on Advisory Board for insurance company.
Q18 – He first read this question as 'did you take any $ from drug companies". He did not think of insurance companies as being medically related so he did not include is work on the advisory board. He did not realize this question was related to Q17. He thought first category should be less than $500 or less than $100.
He was not at all bothered by these questions. Doesn't think most doctors would have a problem with these questions.
2) Q16 – he answered #2 and said it is adjusted for productivity. When I asked about the second sentence and category #1 he said the bonus part was not confusing but then wondered if his adjustment could be considered an incentive.
Q17 – yes to a, b, d no problem
Q18 - #1 no problem
3) Q16 – no problem
Q17 – no problem
Q18 – no problem
4) Q16 – She answered salary adjusted for performance but said she gets a fixed salary which is adjusted each year for performance and she called this a bonus.
Q17 – she thought items g and j were similar
Q18 – no problem, answered less than $1000

PCP

1) Q16 – he answered #2 but said he could have answered #1. He pays himself a fixed salary but it can be adjusted based on quality measure and IT incentives that he gets from various insurance plans.
Q17 – he answered yes to a-d and g. He went on to explain that he had travel costs reimbursed for some consulting he did. I pointed out that he had said no to consulting services – he had missed that.
Q18 – be answered #2. No problem with this question.
2) Q16 – he answered 'other' and said 'paid as total reimbursement from insurance companies minus expenses, separately for the two doctors in the practice." He said he could have answered share of practice billings or share of workload.
Q17 – he said item h is a violation of AMA regulations
Q18 – no problem.

HMO

Specialist

Q16 – no problem, fixed salary
Q17 – no to all but drug samples and food/beverage.
Q18 – said LT $1000 – didn't notice the exclude food and beverage. Thinks first category should be less than $500 or less than $100.
Staff model HMO – no problem with any of these.
PCP/Specialist
Q17 – What exactly does medically related company mean? He does CME credits on line that are free so someone is subsidizing that but he doesn't know who. Often can't be sure who is paying for conferences, CME credits etc.
Would this survey be included?
Q18 – very difficult to estimate. Should offer a dk response. His answer (lt $100) is really a guess.

Hospital
PCP
Q16 – no problem. Good that we said to exclude bonuses and incentives or she would not known how to handle.
Q17 – yes to a, b, and d
Q18 – start with less than $500
She did not seem at all uncomfortable or bothered by these questions.
Specialist
1) No problem with questions – missed the instruction to 'exclude food and beverage'.
2) Q16 - He answered 'fixed salary'.
Q17 – he felt that item h is no longer allowed. He said yes to a, b, c, d, g, j.
Q18 – Answered #3.
He didn't have any problem answering these questions.
3) Q16 - He answered fixed salary but said he gets paid for taking call which is voluntary and wasn't sure how or if he should include this. He noted it on the questionnaire but only as we were talking.
Q17 – no problem. Yes to a and b/
Q18 – no problem. Answered none.
PCP/Specialist
Q16 –no problem
Q17 – had a slight problem with item g. He originally said no because he thought this was just travel to meetings that involved CME. He did go to a meeting held by a pharmaceutical company and so he eventually said yes here. He said yes to items a and g and no to all other items.
Q18 – no problem. Answered #2 for the travel expenses he indicated in Q17.
He didn't have any problem answering these questions and didn't think other doctors should have a problem with it. He said that he has to complete a similar set of questions (a disclosure statement) every year for his job so he didn't think it was strange at all to have these questions.

Group
PCP

1) He had a questionnaire that did not have the examples for response option #2 in Q16 so he was confused about what type of performance we were talking about – quality care of patients or bringing money into the practice. When I read him the examples we added to this response option, he said that cleared it up for him.
Q17 – he said yes to food, drug and honoraria for surveys
Q18 – said $1800 but he didn't have this question in front of him so difficult to determine answer. He seemed uncomfortable about giving this information – wanted to be sure it was confidential. He thought some doctors will have trouble answering these questions. Those who have gotten a lot of money will be more uncomfortable answering these questions, he thinks.
2) No problems with any of these questions.
3) Q16 – no problem with
Q17 – she has gone to dinners sponsored by drug companies where they have lectures by experts or specialists but no CME credit is given. Do we care about this? Do we want to capture this somewhere here? She didn't see 'prescribing practices' on D.
Q18 – smaller first category
4) Q16 – not sure about difference between #4 and #5 – there are four doctors who split the workload and the profits of the practice. They have one additional physician in the practice who gets a salary but the rest of them split the profits.
Q17 – She said yes to a and b and no to everything else. She said that item I is not allowed by regulations of the AMA.
Q18 – no problem
5) Q16 – She answered fixed salary but only because we said in the question not to include bonuses. She said she gets salary adjusted for her productivity but the adjustment is considered a bonus so she excluded it. Otherwise she would have said #2.
Q17 – was unclear about her as a person or as a doctor in her practice. For instance, she doesn't get drug samples but her practice does. Food could also be for practice or for person. Other items are for person. She thinks of herself as the practice.
Q18 – first category needs to be smaller.
6) Q16 – no problem with this question. She has salary adjusted for performance (productivity) and it is not a bonus so she was very clear about this.
Q17 – she did not see the 'on prescribing practices' part of the item, just say the surveys.
Q18 – no problem with this question

Specialist
No problem with any of these questions. He did not seem at all bothered by indicating that he had received a-d. He complained that he no longer gets some of the other items.
He was somewhat confused about during the last year – last 12 months or last calendar year

Medical School Specialist
No problem with any of these questions

Community Health Center
Q16 – no problem
Q17 – She sometimes doesn't know the sponsor or purpose of the surveys she does so it's hard for her to know what to count for item d.

Q18 – She answered #1. She indicated that it is hard for her to estimate the value of the honoraria for surveys because she is sometimes unclear of sponsorship and purpose of the surveys she completes. She indicated that she was a little uncomfortable answering this question and thinks that if she had made more money she would be more uncomfortable.

Other – ER Group

Q16 – shift, hourly, other time-based payment. No problem with this question.
Q17 – no problem with this question
Q18 – no problem with this question

4. SUGGESTIONS

Question 16

- Revise categories to address issues raised by solo and group doctors.
- Specify what to do about bonuses or incentives that are adjustments for performance.

Question 17

- Specify calendar year or last 12 months
- Emphasize the phrase 'prescribing practices' in item D or include all surveys conducted by marketing or research firms for medically related companies as question 18 indicates.
- Delete item h.

Question 18

- Make the first category smaller – start with less than $500, then $500 to less than $1000
- Note that the last sentence of the question does not match up with item d in question 17. Question 18 says to include surveys conducted by marketing or research firms for medically related companies but it does not specify 'surveys on prescribing practices' as item d in Q17 says.

G. PERSONAL BACKGROUND

1. GOALS

These questions are intended to gather practice and hospital location information including name and address. The concern to be addressed in cognitive interviewing was if respondents would be willing to provide this information and if asking for this information would have any impact on their overall willingness to complete and return the survey. If respondents expressed concern, the goal was to determine the nature of their concern and the best way to address that concern.

2. TEST QUESTIONS

19. What are the name and address of the practice we have been talking about during this interview?

    Your information is confidential and individuals or practices will not be identified. Your practice information will help us categorize types of physician practices and will be helpful if we select your practice for a follow-up study in future years.

20. What is the name of the hospital where you admit the largest number of patients?

    This information is confidential and will be used solely for analytic purposes, for example, to define hospital referral regions. The hospital will not be contacted.

3. RESULTS

Summary

The majority of respondents was willing to provide the requested information and seemed to have no concerns about providing it. They did not seem at all surprised to be asked for this information and provided it without comment. When specifically asked if they had any reservations about these questions, most indicated they had none. A few said they wondered why it was needed but they didn't have a problem providing the information and a couple of respondents said they would fully expect to be asked this information at the end of a survey. Several respondents said they read the confidentiality reassurance statements after each question and appreciated that information and felt better after reading it.

Two respondents (staff model HMO and group PCP) refused to give the information and said they would never provide this information in a survey such as this. Neither of these respondents was reassured by the statements and they saw no reason for us to ask for the information and would not provide it. It did not prevent them from completing the survey, they just wouldn't answer these questions.

A couple of respondents who did provide the information suggested that we ask for city and state only and not name and street address of the practice.

Results in Detail

Solo

Specialist

1) No problem with these questions. Thinks maybe we should explain more about why we are asking – he did not notice the explanations. When he saw the statements and read them, he thought this was useful and thought we should highlight these statements more.

2) No problem with these questions but he did like having the confidentiality assurance statements.

3) No problem answering the question. He said that because he has done a survey for HSC before he feel comfortable that it is confidential but he did say he was a bit surprised that a confidential survey was asking for this information.

4) No problem answering the questions.

PCP

1) No problem answering these questions but he did wonder why we needed name and street for the practice. He thought we should just ask for city, state, and zip.

2) No problem answering the questions.

HMO

Specialist

No problem answering these questions. Didn't see why others would be bothered by them either.

Staff model HMO

He would not provide this information in a survey.

Specialist/PCP

No problem answering these questions.

Hospital

PCP

No problem answering these questions.

Specialist

1) No problem answering these questions.

2) No problem answering these questions.

3) No problem answering these questions.

PCP/Specialist

No problem answering these questions.

Group

PCP

1) No problem answering these questions.

2) No problem answering these questions

3) Would not answer questions – felt uncomfortable. Didn't understand why we wanted the information. Did read the reassurances but still wondered by we wanted it. She would have felt much better if we had only asked for practice name and city, state, zip. She was uncomfortable with street address. Didn't want to give hospital either.

4) No problem answering these questions.

5) No problem answering these questions.

6) No problem answering these questions.
Specialist
No problem answering these questions

Medical School Specialist
No problem answering these questions.

Community Health Center
No problem answering these questions but did read the confidentiality.

Other – ER Group
No problem answering these questions.

4. SUGGESTIONS

Question 19

- None

Question 20

- None

MEMORANDUM

TO: Mai Pham, Jim Reschovsky, Richard Strouse
FROM: Carolyn Miller
RE: Additional Cognitive Testing for CTS Round Five Physician Survey
DATE: April 26, 2007

I've completed six interviews with physicians from the first round of cognitive interviewing to test questions 25 and 54. The interview also included question 50a as a screen for Q54 and Q53 to provide context for Q54. Respondents were told they did not need to answer Q53. (The protocol I used is attached)

The respondents to this test included 3 physicians in group practice with 3 or more physicians, one physician from a hospital, one physician from a staff model HMO, and one physician from a community health center.

Among the six interviews, four respondents answered both test questions and two respondents (staff HMO, hospital physician) answered only Q25 because they screened out of Q54 at Q50a.

QUESTION 25

Five respondents answered question 25 with no difficulty. One respondent was unsure of the answer but didn't really have trouble with the question. Four respondents answered 'yes', one respondent answered 'No', and one respondent did not know the answer to this question. When I asked the follow-up questions, there were a few comments but none of the respondents changed their answer or described having any real difficulty answering the question. Five of the six respondents were familiar with the term 'intensivists' and said that the definition provided in the question matched their understanding of this term. One respondent (CHC) said she was only vaguely familiar with the term.

Comments that came up during follow-up questions:

- One respondent wondered if there is a separate board certification in critical care. His experience is that intensivists are pulmonologists and wondered if there is a separate board certification. He suggested that the question specify the type of board certification.

- One respondent wondered about the phrase 'always staffed'. He was not sure if the question meant 24 hours a day physically in the ICU or covering the ICU. In his hospital, there are 3 intensivists and one is always 'covering' the ICU but may not always be there physically.

- One respondent asked if the question 'really means ***always*** staffed'. He indicated that his hospital had some 'staffing issues' when an intensivist quit.

- One respondent said that the ICU at her hospital is staffed mostly by cardiologists but she wasn't sure. She then went on to say that she didn't really admit patients to the hospital. If she had been looking at the question she would have checked the box that said "I did not admit patients to the hospital in the last year'.

QUESTION 54

Four respondents answered this question and had no problem with it. One respondent answered 1 to 10%, two respondents answered 76-100% and one answered 51% to 75%.

Two of the respondents had a bit of difficulty with Q50 but I think that was a context problem more than anything else. I had to read the question a couple of times but I think that in the context of the compensation section of the questionnaire with other items in Q50, it would be clear to respondents.

Once the respondents understood Q50a and heard question 53, they had no problem with Q54. One respondent answered 50% to 75% so I had to re-read the categories. If he had been looking at the categories he would not have had a problem.

One respondent said she wasn't completely sure if the answer was 1to 10% or 11 to 25% but she could figure it out.

None of the respondents expressed any reluctance to answer the question.

Questions for Second Round of Cognitive Testing of Physician CTS Survey
April 2007

INTRODUCTION:

Hello Doctor ____, this is Carolyn Miller and I'm calling from the Center for Studying Health System Change. As you may recall, I did an interview with you this past FEB to test some questions for the next round of the Community Tracking Study's Physician Survey. We really appreciate your help with that and I hope that you received your check for $100 as a thank you for participating.

I'm calling now because we've added two new questions to the survey. I was wondering if I could just read them to you over the phone and get your opinion about them. It should only take about 5 minutes. Would you be willing to give us your opinion about these new questions?

The first test question is….

25. Intensivists are physicians who are board certified to care for critically ill patients in settings such as medical intensive care units. Does the hospital where you admit the greatest number of your patients have intensive care units that are always staffed with intensivists?

IF YOU DID NOT ADMIT ANY PATIENTS TO A HOSPITAL IN THE LAST YEAR OR YOU ARE A PRACTICING INTENSIVIST, CHECK THE APPROPRIATE BOX FOR THAT RESPONSE.

1 ☐ ***Yes***

0 ☐ ***No***

☐ ***I did not admit patients to hospital in the last year***

☐ ***I am a practicing intensivist***

Is there anything about this question that you find confusing or difficult to answer?

Have you heard the term 'intensivists before?

Does the definition we provided in the question make sense to you?

The last test question is about factors that contribute to your net income. I have to read two questions to you first so you will understand the context in which the test question is asked.

50. Medical practices may take various factors into account in determining the compensation (salary, bonus, pay rate, etc.) paid to physicians in the practice. Please TELL ME IF FACTORS THAT REFLECT YOUR OWN PRODUCTIVITY ARE explicitly considered by the practice in determining your compensation.

1 YES
2 NO

This next question is about your own net income but you don't need to answer it. I just want to read it for you to provide some context and explanation for the last test question. You don't have to answer it.

53. During 2006, what was your own net income from the practice of medicine, after expenses but before taxes? ***Please include earnings (salaries, fees, bonuses, retainers, etc.) from all practices, not just your main practice, as well as contributions to retirement plans made for you by your practice(s). Exclude investment income, defined as income from investments in medically related enterprises independent of your medical practice(s), such as medical labs or imaging centers.***

1 ☐ **Less than $100,000**

2 ☐ **$100,001 to $150,000**

3 ☐ **$150,001 to $200,000**

4 ☐ **$200,001 to $250,000**

5 ☐ **$250,001 to $300,000**

6 ☐ **More than $300,000**

This is the last test question.

54. What percent of your own net income from the practice of medicine is based on factors that reflect your own productivity?

1 ☐ **None**

2 ☐ **1 to 10 percent**

3 ☐ **11 to 25 percent**

4 ☐ **26 to 50 percent**

5 ☐ **51 to 75 percent**

6 ☐ **76 to 100 percent**

How easy or difficult is it for you to answer this question with the intervals I provided?

Any reluctance on the respondent's part?

Any other comments about this question?