APHA 2012: Handout

CTS (2004-05) survey questions used in the present study (actual question in underline)

1. Ability to provide care: (5-point Likert scale, Strongly disagree to Strongly agree)

- It is possible to provide high quality care to my patients.

2. Organizational policies: Financial incentives and practice climate

2-1 Financial incentives aligned with care content (1: not affected, 2: not at all important ~ 5: very important)[1]

When the compensation (your salary/bonus/pay rate) is determined, does the practice in which you work consider;

- Results of satisfaction surveys completed by your own patients?

- Specific measures of quality of care, such as rates of preventive care services for your patients?

- Results of practice profiles comparing your pattern of using medical resources to treat patients with that of other physicians?

2-2 Practice climate consistent with patient-centered medical home: (5-point Likert scale, Strongly disagree to Strongly agree)

- Maintain a long-term relationship with patients: It is possible to maintain the kind of continuing relationships with patients over time that promote the delivery of high quality care.

- Spend enough time with patients: I have adequate time to spend with patients during typical office/patient visits.

- Freedom to make clinical decisions in the best interest of patients: I can make clinical decisions in the best interests of my patients without the possibility of reducing my income.

- Having clinical freedom to make decisions to meet patients' needs: I have freedom to make clinical decisions that meet my patients' needs.

3. Structural/ Resource constraints

3-1 Adequacy of supportive/referral clinical resources; (Yes/no)

- Availability of specialists for referral: During the last 12 months, were you unable to obtain referrals to specialists of high quality?

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[1] 'Not affect' is based on separate subjective response on the same financial incentive compensation program.

- Availability of non-emergency hospital admission: <u>During the last 12 months, were you unable to obtain non-emergency hospital admissions?</u>

- Availability of high quality diagnostic imaging services: <u>During the last 12 months, were you unable to obtain high quality diagnostic imaging services?</u>

- Availability of high quality mental health services: <u>During the last 12 months, were you unable to obtain high quality outpatient mental health services?</u>

3-2 Clinical complexity of patients: : (5-point Likert scale, much lesser to much greater than before)

- <u>In general, would you say that the complexity or severity of patients' conditions for which you are currently expected to provide care without referral is?</u>

4. Consider patient out-of-pocket burden in care decisions: (5-point Likert scale, never to always)

- <u>If there is uncertainty about a diagnosis, how often do you consider an insured patient's out-of pocket costs in deciding the types of tests to recommend?</u>

- <u>If there is a choice between outpatient and inpatient care, how often do you consider an insured patient's out-of-pocket costs?</u>

5 Drug prescription restraints: (measured in percent)[2]

- prescribe generic over a brand name: <u>If a generic option is available, how often do you prescribe a generic over a brand name drug?</u>

- use of formulary: <u>What percentage of your patients have prescription coverage that includes the use of a formulary?</u>

6. Patients with different language: (measured in percent)[2]

- <u>About what percentage of patients do you have a hard time speaking with or understanding because you speak different languages?</u>

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[2] Re-coded in to 5 categories by 20%.

Multivariate result

Variable	Adjusted odds of high quality primary care† (Odds ratio, 95% CI)			
	Neutral/Agree		Strongly agree	
Financial Incentive				
- Financial Incentive aligned with care quality/content	1.22**	(1.05,1.42)	1,30**	(1.10,1.54)
- Financial Incentive aligned with profitability/productivity	1.00	(0.89,1.12)	0.96	(0.84,1.09)
<u>Practice climate consistent with PCMH</u>	2.88***	(2.37,3.51)	8.63***	(6.67,11.18)
<u>Structural/resource constraints affecting care decisions</u>				
- Consideration of patient financial burden in care decisions	1.05	(0.92,1.21)	1.03	(0.88,1.20)
- Referral/clinical resource availability relative to medical necessity	0.67***	(0.54,0.83)	0.41***	(0.32,0.53)
- Drug prescribing restraints	0.86	(0.68,1.08)	0.94	(0.72,1.21)
Age	0.99	(0.95-1.02)	0.997	(0.95-1.03)
Gender	1.09	(0.80-1.50)	1.44	(1.00-2.06)
Race: White vs. Other	1.16	(0.75-1.78)	1.28	(0.76-2.10)
Race: Black vs. Other	0.55*	(0.31-0.97)	0.55	(0.29-1.05)
Specialty: Internal Medicine vs. Pediatrics	0.79	(0.52-1.18)	0.52*	(0.33-0.82)
Specialty: Family Practice vs. Pediatrics	0.87	(0.58-1.28)	0.62*	(0.40-0.95)
Practice Types: 2 physician clinic vs. HMO	0.84	(0.55-1.28)	0.80	(0.50-1.30)
Practice Types: >=3 physician clinic vs. HMO	0.92	(0.65-1.32)	0.94	(0.64-1.40)
MSA: Small metro vs. Large metro	0.57	(0.26-1.23)	0.67	(0.29-1.57)
MSA: None metro vs. Large metro	0.65	(0.41-1.03)	0.56*	(0.34-0.93)
Foreign MD degree: No vs. Yes	1.81**	(1.22-2.7)	1.39	(0.87-2.23)
% patients using different language	0.98	(0.97-1.00)	0.98*	(0.97-0.99)

†Referent group: Strongly disagree to disagree

‡Adjusted for physicians demographics (age, gender, race, MSA, specialty, practice type, foreign MD degree) and % of patients speaking a different language).

* $0.01 <= p < 0.05$/ ** $0.001 <= p < 0.01$/ *** $p < 0.001$