

MEMORANDUM

TO: Colorado Medical Society
FR: Mr. Benjamin Kupersmit
RE: 2013 Member Survey – Strategic Plan Refresh Memo
DT: December 23, 2013

Introduction

Kupersmit Research is pleased to present this overview of the results of the 2013 CMS Strategic Plan Refresh Survey. The survey probed:

- Issues in the health system for CMS to address
- Satisfaction as a physician and areas of concern that CMS member physicians worry about
- Perceptions of drivers of cost in the healthcare system
- Impressions and expectations of CMS

Where available, we present trends versus historical data, including the 2011 Physician Wellness survey, as well as the 2008, 2009 and 2010 Membership surveys.

Overview

The 2013 CMS Survey reveals a decrease in levels of concern about a number of issues over the past 3-5 years. We see lower percentages saying CMS needs to address financial viability of small practices, payer issues, payment reform and access to care (while medical malpractice is unmoved, and remains at the top of the list; quality and cost has not moved either, and is a top priority as well).

We also see declines regarding a range of specific worries, including timely reimbursement (10 point drop), defensive medicine (7 points), financial security (6 points), and uncertainty about health care delivery systems (5 points).

Members continue to look to CMS primarily for communication and advocacy, and the organization is broadly seen as being effective in both of these areas (and ratings have largely remained stable versus historical data on these attributes).

However, we have seen softening in key ratings and attributes (movement from “strongly” positive toward “somewhat” positive in particular) including willingness to recommend to colleagues, views of CMS reflecting their priorities, making a positive difference on their career, and positively impacting the health care landscape. **In sum, the survey is a clear reminder that maintaining physician engagement in this time of constant change (with health reform, new employment models, etc.) is an ongoing challenge that the next strategic plan will need to continue to strive to address.**

Finally, one specific area that CMS physicians clearly want to see addressed proactively is the continuing effort to “bend the cost curve” in the health system. Fewer than one-in-ten physicians believes CMS should be concentrating on other issues, and while membership is split on whether CMS should appoint an internal working group and wait for the State Legislature, or ask the Legislature to form a committee on the issue, it is clear they want to see CMS continue to address the issue of quality and cost effectiveness in the health system in the near term.

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Issues

- As tables 1a and 1b below indicate, members see a wide range of issues as demanding attention from CMS, with liability/tort reform as the clear top priority, followed by a range of second-tier priorities. These second-tier priorities include payment reform, payer issues, quality and cost effectiveness, access to care, scope of practice and practice viability. Some also want to see CMS work on the physician workforce shortage and on physician morale overall.
- We continue to see the medical liability/tort environment ranking as the top issue that CMS member physicians want to see CMS devote attention to moving forward, with 81% saying as such (and little movement since 2008 on this issue). Liability tends to be more important to specialists than primary care physicians as well as to solo practitioners and owner-partners in a practice versus employees in a practice or in a hospital/IHDS (Integrated Health Delivery System)/academic setting).
- Payment reform and issues with payers (Medicare, Medicaid and private payers) continue to rank highly for CMS physicians. At the same time, the specific level of emphasis regarding payment reform, as well as the priority regarding Medicare and private payers, has declined since 2010 (while there has been little change regarding Medicaid or cost effectiveness in the system). Broadly speaking, payer issues tend to be more important to solo practitioners and owners, as well as to older physicians.
- There has also been a significant decline in the percent citing the financial viability of small practices; this issue is much more significant to those in practices with 1-3 physicians as well as to solo-practitioners and owner-partners.
- There has been a slight decline in the percent citing access to care. Access is most important to those in town/rural settings, as well as to physicians employed in a hospital/IHDS/academic institution or employed in a practice.
- The only area that has increased in importance is scope of practice of non-physicians. This issue is about equally important across subgroups.
- We see a slight decline in terms of physician workforce shortages; this issue is more important to physicians employed in a hospital/IHDS/academic institution.
- Physician morale is a new item in this survey; it is less important to owner/partners than other physicians. Another new item in the survey is the medically appropriate use of ambulatory surgical centers, which is more important to specialists than PCPs.

<i>Table 1a: Does ____ demand as much attention as possible from the Colorado Medical Society, no attention at all, or somewhere in-between? 2013 Results</i>	As much as possible	A lot	Some	None	Not sure
The medical liability/tort environment	51%	30	14	1	4
Payment reform (quality initiatives, comparative effectiveness, etc.)	31%	37	23	3	5
Issues with Medicare	28%	39	26	2	4
Issues with Medicaid	26%	41	26	2	5
Issues with private insurance payers	27%	39	28	1	5
Quality of care and cost effectiveness in the delivery system	26%	40	28	3	4
Achieving coverage and access to health care for all Coloradans	31%	32	28	6	3
Scope of practice of non-physicians	24%	35	34	2	5
Viability of small practices across Colorado	25%	31	31	7	6
Physician morale	19%	34	40	4	3
Physician workforce shortages (e.g., reducing med school debt, lifting residency caps)	14%	30	42	8	5
Medically appropriate use of ambulatory surgical centers to reduce Medicaid costs	8%	19	46	14	12

<i>Table 1b: Tracking “As much as possible+ A lot”</i>	2008	2010	2013
The medical liability/tort environment	78%	84%	81%
Payment reform (quality initiatives, comparative effectiveness, etc.)	NA	79	68
Issues with Medicare	<i>(“Issues with public / private payers” – 80%)</i>	79	67
Issues with Medicaid		69	67
Issues with private insurance payers		75	66
Quality of care and cost effectiveness in the delivery system	NA	67	66
Achieving coverage and access to health care for all Coloradans	71	68	63
Scope of practice of non-physicians	NA	54	59
Viability of small practices across Colorado	NA	70	56
Physician workforce shortages (e.g., reducing med school debt, lifting residency caps)	NA	51	44

Satisfaction as a Physician

- Personal satisfaction with day-to-day life as a practicing physician stands at 50% “totally” or “very” satisfied, down 6 points from 2010, with 39% “somewhat” satisfied (up 8 points from 2010) while 12% are “not very” or “not at all” satisfied (about the same level as 2010).
 - General satisfaction does not vary much by subgroups.

Table 3: Thinking about your personal satisfaction, how satisfied would you say you are with your day-to-day life as a physician practicing medicine?

	<u>2009</u>	<u>2010</u>	<u>2013</u>
Totally satisfied	4%	7%	6%
Very satisfied	41	49	44
Somewhat satisfied	41	31	39
Not very satisfied	12	8	10
Not at all satisfied	2	3	2

- One-third (35%) of members say they would be “certain” or “very likely” to recommend a career as a physician, down 5 points from 2010 (and about the same as in 2009 and 2008), while 37% say they are “somewhat” likely (up 4 points from 2010, and down a bit from 2008-2009) while 28% say they would not be likely to do so (about the same as in 2009-2010, which was up somewhat from 2008).
 - Scores for recommendation are lowest among solo-practitioners, and are also relatively low among owner/partners in private practices; scores are somewhat higher among those employed in a practice, and highest among those employed in a hospital/IHDS/academic center.

Table 4: How likely are you to recommend that someone pursue a career as a physician?

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2013</u>
Certain	12%	11%	11	9
Very likely	24	22	29	26
Somewhat likely	42	40	33	37
Not very likely	17	22	18	21
Not at all likely	5	5	8	7

- We see that 59% of CMS physicians say they “never” or “rarely” consider early retirement, closing their practice or otherwise leaving active practice in Colorado, while 23% say they consider it “pretty often” and 10% say they do so “all the time.”
- Fewer physicians saying they have already left active practice, and more saying they “never” or “rarely” consider retiring early (up from 47% in 2008 to 59% of members today).
- Solo-practitioners are least likely to say “never” or “rarely,” while others tend to be closer to the average (with employees in an IHDS somewhat more likely to say “never” or “rarely.”

Table 5: In the past year, have you considered retiring early due to the practice environment, closing your practice, changing practice type, or otherwise leaving active practice in Colorado?			
	<u>2008</u>	<u>2010</u>	<u>2013</u>
Never consider leaving, closing, retiring early, etc.	22%	20%	26%
Consider it rarely	25	25	33
Consider it pretty often	24	21	23
Consider it all the time	9	12	10
Already planning to do so for sure	5	6	6
Have already done so	10	11	1
Not applicable	4	7	0

- As Tables 6a and 6b below indicate, overall levels of concern have dropped at least somewhat across almost all of the issues we asked about (with the exception of concerns about hiring staff/workplace and patient engagement in care, both of which increased slightly).
- Specifically, CMS members continue to be most likely to say they worry specifically about health reform, with 49%, though concern has dropped by 5 points. In second place, we see financial security (with a decline of 6 points), followed by hiring good staff (increased 8 points), reimbursement (down 10 points) and defensive medicine (down 7 points).
- We see relatively less concern regarding the way physicians are viewed during public debates about health care (down 5 points) and referring patients to providers (13%).

- Some key differences emerge by subgroups:
 - Uncertainty about health reform is higher among PCPs than specialists, and among those who are solo-practitioners or owner/partners than those who are employed (in either a practice or hospital/IHDS/academic setting).
 - Timely reimbursement is of great concern to solo-practitioners, somewhat of a concern for those who are owner/partners, and much less of a concern for those who are employed.
 - Financial security is a much greater worry for those who are solo-practitioners or owner/partners than those who are employed.
 - Hiring good staff is of more concern to owner/partners in practice, and to those employed in a hospital/IHDS/academic center.
 - Patients being more engaged in their care is a much greater worry among those employed in a hospital/IHDS/academic center.
 - Referring patients to providers is of more concern to PCPs.

<i>Table 6a: How much would you say you personally worry about the following? 2013 Results</i>	<i>Worry all the time/A lot</i>	<i>Worry some</i>
Uncertainty about how the changes in health care delivery will affect you (payment reform, changing practice models, etc.)	49%	33%
Financial security for your medical practice or employer	36	30
Hiring good staff and creating a successful work environment for them	35	33
Defensive medicine or the threat of a lawsuit	33	36
Getting reimbursed in a timely, fair way by insurers	30	31
Patients being more compliant and engaged as partners in health care	24	41
Physicians and the practice of medicine being regarded highly by the public (such as during political debates on health reform)	23	37
Referring patients to providers	13	28

<i>Table 6b: Tracking “Worry all the time + Worry a lot”</i>	2011	2013
Uncertainty about how the changes in health care delivery will affect you (payment reform, changing practice models, etc.)	54%	49%
Financial security for your medical practice or employer	42	36
Hiring good staff and creating a successful work environment for them	27	35
Defensive medicine or the threat of a lawsuit	40	33
Getting reimbursed in a timely, fair way by insurers	40	30
Patients being more compliant and engaged as partners in their health care	20	24
Physicians and the practice of medicine being regarded highly by the public (such as during political debates on health reform)	28	23
Referring patients to providers	NA	13

Impressions of CMS

- Members continue to say they expect the Colorado Medical Society to focus on advocacy and information/communication, with other items ranking considerably lower.
 - Overall, there has been a trend of some decline almost across the board, with a higher percentage saying “none of the above” than in 2008.

Table 7: For which of the following do you rely on the Colorado Medical Society? Please select all that apply.		
	<u>2008</u>	<u>2013</u>
Advocacy	77%	70%
Information and communication	68	62
Community involvement	26	20
Professional development	14	13
Endorsed vendor discount programs	13	9
None of the above	9	14

- As table 8a and 8b below indicate, CMS scores strongly overall on communicating well with members and giving members a chance to provide input, while scores are softer for ‘positive impact on health system,’ ‘positive impact on my career,’ and ‘reflects my priorities.’
 - We see a general trend downward on key questions from 2008 to 2010 to 2013, with a decline of 13 points on reflecting priorities, 10 points on communication, 9 points on impacting career, 7 points on impacting the health system and 4 points on providing input.
 - We see generally higher ratings across the board on impressions of CMS from primary care physicians than from specialists.

<i>Table 8a: Does this apply 100%, very strongly, somewhat, not very much or not at all to the Colorado Medical Society? 2013 Results</i>	<i>100%</i>	<i>Very</i>	<i>Somewhat</i>	<i>Not very</i>	<i>Not at all</i>	<i>Not sure</i>
Communicates well with membership on the issues facing the medical profession	6%	51	34	5	1	2
Gives members like me a chance to provide my input and suggestions	9%	41	32	9	2	7
Is having a positive impact on the health care system in Colorado	7%	34	37	8	3	10
Has a positive impact on my career as a physician in Colorado	5%	25	43	18	5	5
Reflects my priorities	2%	24	44	17	4	8

<i>Table 8b: Tracking “Applies 100%” + “Applies Very Strongly”</i>	2008	2010	2013
Communicates well with membership on issues facing medical profession	-	67%	57%
Gives members like me a chance to provide my input and suggestions	58	54	50
Is having a positive impact on the health care system in Colorado	58	48	41
Has a positive impact on my career as a physician in Colorado	44	39	30
Reflects my priorities	42	39	26

- Scores among CMS physicians on recommendation of CMS to a colleague have declined as well, with 53% “certain” or “very likely” to say they would recommend dropping from 72% in 2008 to 65% in 2010 to 53% today.
 - Scores are higher among PCPs than among specialists; scores are also much higher among solo-practitioners and those who are owner/partners or are employed in a practice; scores are lower among those employed in a hospital/IHDS/academic setting.

Table 9: How likely would you be to recommend to a colleague that they become a member of the Colorado Medical Society?

	<u>2008</u>	<u>2010</u>	<u>2013</u>
Certain	28%	27%	20%
Very likely	44	38	33
Somewhat likely	21	25	31
Not very likely	5	8	13
Not at all likely	2	2	2

Information

- As table 10a and 10b below indicate, *Colorado Medicine*, the CMS magazine, receives generally positive reviews, with 82% saying they read it, including 68% who say it is “very” or “somewhat” worth it, and 14% who they do not find it worthwhile (and another 18% saying they do not access it).
 - There are lower levels of readership for *Colorado Medicine* in town/rural settings, among younger physicians, and among physicians working in larger facilities.
- Considerably fewer members access CMS’s website, with just 26% saying they do so (and the bulk of them finding it at least “somewhat” worth it).
 - Among the 20% who attend the CMS annual meeting, one-half say it is “very” worth it and one-half say it is “somewhat” worth it.
 - We see some decline in these scores over time across the board, particularly in terms of the percent of members who were accessing the website a few years ago, and the percent of the members responding to the survey who attended the annual meeting (down from 36% in 2010 to 20% today).

<i>Table 10a: For each of following, do you read/access/attend? If yes, is it interesting and worth your time to do so? 2013 Results</i>	Read, very worth it	Somewhat worth it	Not very	Not at all	Do not access
Colorado Medicine, the Colorado Medical Society magazine	17%	51	13	1	18
The Colorado Medical Society website	4%	20	2	0	74
The Colorado Medical Society annual meeting	10%	10	1	0	79

<i>Table 10b: Tracking “Very” + “Somewhat”</i>	2008	2010	2013
Colorado Medicine, CMS magazine	71%	79%	68%
The Colorado Medical Society website	35	44	24
The Colorado Medical Society annual meeting	31	36	20

Drivers of Cost in the Healthcare System

- CMS physicians believe that the most influential drivers of cost in the healthcare system are medical device and pharmaceutical overpricing, end of life care, patient lifestyles and hospital overpricing, with misaligned payment incentives and lack of care coordination also seen as playing an influential role.
- A majority also says that uneven coverage and delayed access to care and medically unnecessary services are influential (a “4” or “5” on a scale of 1 to 5).
- Fewer believe that variations in care, physician overpricing of some services or fraudulent services are as influential in driving healthcare costs.

*Table 11: “Health care costs are increasingly under scrutiny, since the issues of coverage and who pays have been decided for the time being. Public officials in Colorado are expected to start getting tougher on health care costs across all settings. At some point in this emergent debate, CMS will be asked to weigh-in. First, what are your views as to the more critical costs drivers?”
1 is less influential and 5 is very influential*

	% Responding “4” or “5”	Mean score
Medical device and pharmaceutical over pricing	79%	4.2
End of life care	74	4.1
Patient lifestyles and adherence to treatments	72	4.0
Hospital over pricing of some services	71	4.0
Misaligned payment incentives	63	3.8
Lack of care coordination	61	3.7
Uneven coverage and delayed access to appropriate care	57	3.6
Medically unnecessary services	54	3.6
Variation in care	39	3.2
Physician over pricing of some services	34	3.0
Fraudulent services	22	2.6

- CMS physicians are somewhat divided as to the next step for CMS on the issue of cost in the healthcare system, but there is overwhelming agreement that this issue should be addressed:
 - One-half (48%) say they want to see CMS “appoint an internal physician working group to advise the board of directors while waiting to see what the Colorado Legislature is going to do,” while 41% want to see CMS “call on the Legislature to appoint a special select committee to examine health care cost drivers and to develop solutions.”
 - Just 8% say that CMS should “concentrate on other issues,” and 4% say “not sure/none of the above.”

ICD-10 Awareness

- One-quarter (26%) of CMS member physicians report that they have heard “a lot” about ICD-10, while 52% say they have heard at least “some” about it, and 16% say “not much” and 5% say they have heard “nothing” about it.
- One-quarter (27%) are “very” confident that their practice is ‘on track to manage the transition to ICD-10,’ while 32% are “a bit” confident, 28% are “not confident” and 13% say that the transition will not apply to them.
- Awareness of the CMS educational campaign ‘available to practices to help them prepare for the transition to ICD-10’ stands at 36%, while 64% say they are unaware of it.

Key Trends

- In 2010, 22% of CMS member physicians reported that they were operating as a solo-practitioner, and in 2013, 14% said as such. We have seen a rise in the percent saying they are employed in a single- or multi-specialty practice (now 14% of members), as well as in the percent working for an IHDS now 7% of members). There has also been a slight decline in the percent responding that they are an owner/partner in their practice.

Table 2: Practice Type	2010	2013
Solo-practitioner	22%	14%
Owner/partner in a single or multi-specialty practice	44	39
Employee of a hospital	9	8
Employee of an integrated health delivery system (e.g., Kaiser)	4	7
Employee in a practice	4	14
Academic center/teaching hospital	4	5
Retired	6	6

- Currently, 9% of CMS member physicians report that they dispense prescription medications from their clinic, other than samples, and include a charge to the patient, while 76% say they do not do this and the remaining 15% say it does not apply.

Conclusions

This survey reinforces the challenge of maintaining relevance and engagement in a world of constant change. On the one hand, we see scores improving in terms of ratings on issues and concerns (such as reimbursement from payers, financial viability, health reform and payment reform). On the other hand, we see ratings regarding CMS softening (and going from the “strong” positives toward the “somewhat” positive middle), indicating a membership that is somewhat less engaged than it was just a few years ago.

One reason this may be happening is that the membership itself has changed: as more physicians work for an employer, they are likely to be less concerned with the same issues as an owner/partner of a small or even medium-sized practice (and perhaps generally less engaged and aware of how the issues in the healthcare system might affect them). CMS needs to find issues that speak to these members to show them that engagement with CMS is in their interest and makes Colorado a better place for their patients to receive care and for them to practice medicine.

Furthermore, because of the amount of change, over such a long period (the debate over the PPACA was in 2008, almost 6 years ago), it is quite possible that members are fatigued. It is also quite possible that CMS has taken a position, or failed to take a position, that some members might have preferred, on one (or more) of the myriad range of issues that are facing physicians. We also know from experience that it is very difficult to break through the “clutter” of information they are already dealing with, including communications from their other professional societies.

The key for CMS in our view is to continue to demonstrate to physicians that the work you do in communicating with them and in being the advocate and voice for physicians in the state is a unique one that only CMS fills, and that they personally benefit from. Continue telling your story through your publications, website and social media, as well as through earned media, to try to gain physicians’ attention. Of course, one-on-one, grass roots outreach is vital - continues showing physicians, one at a time, that their interest, involvement and support of CMS are vital to improving the landscape in which they practice medicine and treat patients in the state of Colorado.

One area where there is a great level of interest is in seeing CMS move forward on the issue of quality and cost effectiveness in the healthcare system, with less than 10% saying they want CMS to concentrate on other issues rather than address cost in the system proactively. The survey data indicate that physicians understand they have a role to play in bringing costs down (through better alignment of incentives, coordination of care, better management of end-of-life care, and others), but at the same time clearly want to see other stakeholders do everything they can to hold down costs as well (and this is likely more true among physicians in a less financially secure situation). Given our overall need to demonstrate relevance at every opportunity, it will be very important for CMS to communicate to its physicians that it is standing up for them and is committed to advancing their voice as this critical debate on cost unfolds.

Methodology

This survey was administered online by the Colorado Medical Society. The survey was in the field from November 18, 2013 to December 17, 2013. A total of 757 Colorado Medical Society members (including medical students and physicians) responded to the survey; the results reported in this document reflect the views of the 645 CMS member physicians who took the survey (unless noted otherwise). Data from the medical students is also being made available by CMS. These sample sizes result in a margin of error of $\pm 3.6\%$ at the 95% confidence level for the overall data set, and $\pm 3.9\%$ for the physician sample specifically.