US Physicians’ Views on Overtreatment Guidelines

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Outline

- Project Overview
- Significance
- Aims
- Methods
- Findings
- My Role and Lessons Learned
Project Overview

- First national assessment of physician experiences in training related to cost consciousness and overtreatment

- Overtreatment
  
  “The waste that comes from subjecting patients to care that, according to sound science and the patients’ own preferences, cannot possibly help them”

Choosing Wisely Campaign is the most widely disseminated overtreatment guidelines and was created as a result of the awareness that physicians sometimes order unnecessary tests.

Overtreatment and ordering unnecessary tests often leads to increased healthcare costs.

- Accounts for between $158 and $226 billion in healthcare costs.

Significance: Recent Institute of Medicine Report

- Surveys have found physicians feel ill prepared to deal with cultural competencies and physicians and faculty have low awareness of costs of care for their patients.
- Lack of transparency and accountability in producing the physician workforce that reflects the needs of US health care.
- Recommends a change in the Medicare Graduate Medical Education (GME) funding to promote a physician workforce that can provide better population health, better individual health, and help lower costs.

Project Timeline

Months 1-2
Survey development and IRB approval

Months 3-6
Survey mailings and Data entry

Months 7-9
Data entry and data analysis

Months 10-12
Data analysis and dissemination
Aims

- Understand how physician training affects how they practice later in life
  - With a focus on over treatment guidelines

- During summer
  - Learn methods of maximizing response rate to surveys
  - Understand how physician attitudes and training experiences could affect how comfortable they are discussing costs with their patients
Methods & Preliminary Findings

- Maximizing response rate
- Exploring how comfortable US physicians are discussing costs of care with their patients
Inclusion & Exclusion Criteria

- Must be a primary care physician
  - Internal medicine or family medicine
- Must have completed residency within the past 10 years
- Must provide direct patient care for a minimum of 20 hours a week
- Excluded hospitalists

- AMA Masterfile
- Sent 204 surveys out
- Received 33 surveys
- Response rate: 16%
Maximizing Response Rate

- Maximize our response rate using a modified tailored design method (tdm)
- TDM
  1. Respondent-friendly questionnaire
     - Filled out record number for physicians
     - Offered survey in multiple formats i.e. email, phone, paper, fax
  2. Use of four contacts by first class mail
     - 3 contacts
  3. Use of return envelopes with real first class stamps with an additional special contact
     - Telephone call
  4. Personalized correspondence
     - Cover letter
  5. A token financial incentive
     - $2 bill
Process and Modifications

Pilot 1
- Used to get a baseline
- Did not use any special tactics

Expected: 48%*
Response rate = 11%

Pilot 2
- Added in crisp $2 bills
- Called before sending surveys
- Handwritten addresses
- Provided 4 options to take survey
- Paper, phone, email, fax

Response rate = ???

1st Mail-out
- Provided only 1 option to take survey: Paper
- Handwritten cover letters
- Testing a longer vs. shorter survey

Response rate = ???

Future mail-outs
- Screening physicians using Health Grades with Google Map support
- Will apply lessons learned from 1st mail-out

Expected: 74%*
Response rate = 32%

Response rate = 65%?

Methods: Discussing Costs

- Hypothesized that physicians with more privately insured patients would be less comfortable discussing costs of care with their patients
- 26 questions total
- Looked at survey questions related to costs
  - Looked at 16 of these questions
  - 9 of which were demographics
18. Please indicate your degree of agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a. Helping contain healthcare costs is within the scope of my professional obligations as a physician.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>18b. I am familiar with overtreatment guidelines in my specialty.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>18c. Overtreatment guidelines are useful in my practice.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>18d. I am comfortable bringing up overtreatment guidelines in my discussion with patients.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>18e. I am comfortable discussing costs of care with my patients.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>18f. I am comfortable making a patient unhappy by denying a request for unnecessary tests or treatments.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
### 5-item Likert like scale: Frequency

**19. Please check the appropriate box:**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a. How often do you discuss costs of care with patients?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>19b. How often do you bring up overtreatment guidelines in your discussions with patients?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>19c. How often do you find overtreatment guidelines in your discussions with patients?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>19d. How often do your patients initiate discussions with you about cost of their care?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
17. How does your practice style compare to your physician colleagues?

- □ A lot more cost conscious
- □ Somewhat more cost conscious
- □ About the same
- □ Somewhat less cost conscious
- □ A lot less cost conscious

23. Relative to your practice, your practice style during residency training was:

- □ A lot more cost conscious
- □ Somewhat more cost conscious
- □ About the same
- □ Somewhat less cost conscious
- □ A lot less cost conscious
Demographics: Race/Gender

Race/Ethnicity
- White: 67%
- Asian: 15%
- Black or African American: 6%
- Hispanic: 3%
- Other: 9%

Gender
- Male: 58%
- Female: 42%
Demographics: Compensation

Primary Compensation
- Salary plus bonus: 50%
- Salary Only: 21%
- Billing only: 29%
- Other: 0%

Quality Improvement & Compensation
- Quality measures: 33%
- Productivity measures: 33%
- Patient satisfaction: 24%
- Utilization review: 10%
Demographics: Environment

Practice Organization

- Group or staff HMO: 22%
- Solo practice: 12%
- Group private: 31%
- Academic: 16%
- Hospital-owned: 13%
- Veterans Administration: 3%
- Long-term care: 0%
- Other: 3%

Division of Clinical Time

- Exclusively outpatient: 59%
- Mostly outpatient: 22%
- Mostly inpatient: 13%
- Exclusively inpatient: 3%
- 50/50: 3%
Demographics: Patient Population

- 48% had no uninsured patients
- 82% had <5% uninsured
- 52% had <5% medicaid
In general, my practice style is cost conscious

I am comfortable making a patient unhappy by denying a request for unnecessary tests or treatments

I am comfortable discussing costs of care with my patients

I am comfortable bringing up overtreatment guidelines in my discussion with patients

Overtreatment guidelines are useful in my practice

I am familiar with overtreatment guidelines in my specialty

Helping contain healthcare costs is within the scope of my professional obligations as a physician

% who moderately/strongly agree
Training and Present Practice

- How often were you aware of costs of care for your patients? 66.7%
- How often were you exposed to teaching about cost conscious care? 73.3%
- How often did your attending physicians discuss costs of care when taking care of patients? 76.7%
- How often do your patients initiate discussions with you about costs of care? 71.0%
- How often do you discuss costs of care with patients? 77.4%

% who responded at least occasionally
Practice in relation to their peers

Relative to your practice, your practice style during residency was: 73.3%

How does your practice style compare to your physician colleagues? 100%

% who responded about the same/somewhat more/a lot more cost conscious
Ran a few tests and our results, in regard to my question of interest for the summer, seem to point in this direction:

- Physicians with more privately and Medicare insured patients tend to report being comfortable discussing costs of care with their patients
- Physicians with more Medicaid and uninsured patients tend to report not being comfortable discussing costs of care with their patients

Not statistically significant

Potential reason: knowing a patient is struggling financially, they might not want to add burden

Recognizing limitations

- Had a sample size of 33
- Cross sectional study
- Self-reported behaviors may not be reflexive of actual behaviors
Next Steps

- Continue surveying physicians using knowledge we now know about getting higher response rates
- Analyze full survey
## My role/lessons learned

### My Role

- Data collection
  - Determining eligibility
  - Calling physicians and their offices
  - Recording phone call outcome into RedCAP
  - Adopting screening using health grades
- Data analysis with STATA

### Lessons Learned

- Always double-check to make sure your data was exported correctly
- Constantly think of and be open to innovative strategies
- Continuously reflect on what is working and what is not working for your research project
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