Physicians’ Views on Quality of Care: Findings from the Commonwealth Fund National Survey of Physicians and Quality of Care

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May 2005
Chapter I
Information Technologies: Current Use, Future Plans, and Perceived Barriers
Use of Information Technologies in Clinical Practice
Chart I-1. Use of Information Technologies

Percent indicating “routine” or “occasional” use

- **Electronic Billing**: 79% used occasionally, 6% used routinely
- **Access to Test Results**: 58% used occasionally, 21% used routinely
- **Electronic Medical Records**: 73% used occasionally, 37% used routinely
- **Electronic Ordering**: 27% used occasionally, 9% used routinely
- **Clinical Decision Support**: 24% used occasionally, 18% used routinely
- **E-mail with Doctors**: 28% used occasionally, 21% used routinely
- **E-mail with Patients**: 18% used occasionally, 3% used routinely

* Electronic ordering of tests, procedures, or drugs.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-2. Electronic Access to Patient Test Results, Electronic Medical Records, and Electronic Ordering, by Practice Size

Percent who currently “routinely/occasionally” use the following

- Electronic Access to Test Results
- Electronic Medical Records
- Electronic Ordering

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.

* Electronic ordering of tests, procedures, or drugs.
Chart I-3. Use of Clinical Decision Support, E-mail with Doctors, and E-mail with Patients, by Practice Size

Percent who currently “routinely/occasionally” use the following

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-4. Use of Reminders or Alerts

Percent indicating following tasks currently performed in their office practice

- Yes, using a manual system
- Yes, using a computerized system

Drug Alerts
- 26 using a manual system
- 12 using a computerized system

Follow-Up Alerts
- 31 using a manual system
- 10 using a computerized system

Reminders
- 33 using a manual system
- 21 using a computerized system

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Drug Alerts: 6, 10, 17, 27
Follow-Up Alerts: 5, 9, 11, 21
Reminders: 13, 22, 23, 31

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Future Use of IT
Chart I-6. Planned Future Use of IT

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent expecting use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Billing</td>
<td>21%</td>
</tr>
<tr>
<td>Access to Test Results</td>
<td>27%</td>
</tr>
<tr>
<td>Electronic Medical Records</td>
<td>53%</td>
</tr>
<tr>
<td>Electronic Ordering*</td>
<td>53%</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td>58%</td>
</tr>
<tr>
<td>E-mail with Doctors</td>
<td>57%</td>
</tr>
<tr>
<td>E-mail with Patients</td>
<td>71%</td>
</tr>
</tbody>
</table>

* Electronic ordering of tests, procedures, or drugs.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-7. Planned Future Use of Reminders or Alerts

Percent expecting future use of the following

- Not done, NO plan to in next year
- Not done, PLAN to in next year

<table>
<thead>
<tr>
<th>Category</th>
<th>Next Year Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Alerts</td>
<td>60%</td>
</tr>
<tr>
<td>Follow-Up Alerts</td>
<td>56%</td>
</tr>
<tr>
<td>Reminders</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-8. Planned Future Use of Electronic Medical Records, by Practice Size

Percent expecting use

- Not used, NO plan to use within next year
- Not used, PLAN to use within next year

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Perceived Barriers to IT Adoption
Chart I-9. Barriers to Adoption

- **Start-up costs**: 56% Major Barrier, 28% Minor Barrier, 15% Not a Barrier
- **Lack of uniform standards**: 44% Major Barrier, 40% Minor Barrier, 14% Not a Barrier
- **Lack of time**: 39% Major Barrier, 44% Minor Barrier, 16% Not a Barrier
- **Maintenance costs**: 37% Major Barrier, 46% Minor Barrier, 15% Not a Barrier
- **Lack of evidence of effectiveness**: 26% Major Barrier, 38% Minor Barrier, 35% Not a Barrier
- **Privacy concerns**: 21% Major Barrier, 49% Minor Barrier, 29% Not a Barrier
- **Lack training/knowledge**: 16% Major Barrier, 47% Minor Barrier, 36% Not a Barrier

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-10. Barriers to Adoption of Information Technologies, by Practice Size

Percent indicating start-up costs, scientific evidence, or privacy concerns as a “major barrier” to greater use of information technologies

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chapter II
Practice-Level and Performance Data: Availability, Sources, and Willingness to Share
Access to Patient Panel Data
Chart II-1. Physicians’ Access to Patient Panel Data

Percent indicating “very/somewhat” difficult or cannot generate lists of patients by

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-2. Physicians’ Access to Any Patient Panel Data, by Practice Size

Percent indicating “very/somewhat” easy to generate lists of patients using any* criteria

* Indicates “very/somewhat” easy to generate lists of patients using any of the following criteria: age group, diagnosis/health risk, lab results, or current medications.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-3. Physicians’ Access to Patient Panel Data, by Practice Size

Percent indicating “very/somewhat” easy to generate lists of patients by

- 1 Physician
- 2–9 Physicians
- 10–49 Physicians
- 50+ Physicians

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-4. Physicians’ Access to Any Patient Panel Data, by Electronic Medical Record Use

Percent indicating “very/somewhat” easy to generate lists of patients using any* criteria:

- Total: 57%
- EMR Used Routinely/Occasionally: 62%
- Do Not Use EMR: 55%

* Indicates “very/somewhat” easy to generate lists of patients using any of the following criteria: age group, diagnosis/health risk, lab results, or current medications.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Access to Quality-of-Care or Performance Data
Chart II-5. Physicians’ Access to Quality-of-Care or Performance Data

Percent receiving data on the following aspects of patient care

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-6. Physicians’ Access to Quality-of-Care Data, by Practice Size

Percent receiving data on the following aspects of patient care

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-7. Physicians’ Sources of Quality-of-Care Data

Percent of physicians indicating each as a source of quality of care data

- Health plans: 25%
- Internal sources: 13%
- Accreditation agencies: 7%
- Professional societies: 7%
- CMS: 4%
- Regulatory agencies: 3%
- Employer groups: 3%
- Other: 1%
- No answer: 3%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart II-8. Physicians’ Ability to Generate Any Quality-of-Care Data Internally

Percent indicating they receive quality-of-care data from internal sources

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Ability to Benchmark
Chart II-9. Physicians’ Ability to Compare Performance

Percent of physicians able to compare themselves to

- Other physicians in specialty: 24%
- Other physicians in the same health plan: 22%
- Other physicians in practice/local area: 19%
- Other physicians nationally: 11%
- Other hospitals/clinics/health centers: 1%
- Some other comparison group: 1%
- No comparison with other physicians possible: 3%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Sharing Performance Information
### Chart II-10. Physicians’ Willingness to Share Quality-of-Care Data

<table>
<thead>
<tr>
<th>Willingness to share data with:*</th>
<th>Yes, Definitely/Probably</th>
<th>No, Definitely/Probably Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical leadership</td>
<td>71%</td>
<td>27%</td>
</tr>
<tr>
<td>Physicians’ own patients</td>
<td>55%</td>
<td>44%</td>
</tr>
<tr>
<td>General public</td>
<td>29%</td>
<td>69%</td>
</tr>
<tr>
<td>Other physicians</td>
<td>72%</td>
<td>26%</td>
</tr>
</tbody>
</table>

* Answers to survey question: “To improve high quality of care in the U.S., which of the following do you think should have access to ‘Quality of Care’ data about individual physicians?”

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chapter III
Physicians’ Involvement in Quality Improvement Activities
Chart III-1. Physicians’ Participation in Redesign and Collaborative Activities, by Practice Size

Percent indicating involvement in redesign and collaborative efforts

* Indicates physicians who responded yes to participating in local, regional, or national collaboratives in the past 2 years.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart III-2. Physicians’ Participation in Redesign and Collaborative Activities, by Physician Type

Percent indicating involvement in redesign and collaborative efforts

* Indicates physicians who responded yes to participating in local, regional, or national collaboratives in the past 2 years.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart III-3. Physicians’ Involvement in Collaborative Efforts to Improve Quality of Care

Percent indicating involvement in any collaborative efforts in past two years*

- **No, have not been involved**
- **Yes, a LOCAL effort**
- **Yes, a REGIONAL effort**
- **Yes, a NATIONAL effort**

Involved in at least one effort (32%)

* Multiple answers possible.
Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart III-4. Physicians’ Opinions on Effectiveness of Collaborative Activities, by Practice Size

Percent saying that involvement in collaborative efforts is “very/somewhat” effective in improving quality of care

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>Physicians</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>76</td>
</tr>
<tr>
<td>1 Physician</td>
<td></td>
<td>68</td>
</tr>
<tr>
<td>2-9 Physicians</td>
<td></td>
<td>77</td>
</tr>
<tr>
<td>10-49 Physicians</td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>50+ Physicians</td>
<td></td>
<td>83</td>
</tr>
</tbody>
</table>

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chapter IV
Coordination of Care and Referrals
## Chart IV-1. Coordination of Care Problems Physicians Observe

<table>
<thead>
<tr>
<th>Coordination of care problems</th>
<th>Percent who observed problem sometimes or often in past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s medical record, test results, or other relevant clinical information were not available at the time of the scheduled visit</td>
<td>72%</td>
</tr>
<tr>
<td>Tests or procedures had to be repeated because findings were unavailable or inadequate for interpretation</td>
<td>34%</td>
</tr>
<tr>
<td>Patient experienced a problem following discharge from a hospital because physician did not receive needed information from the hospital in a timely manner</td>
<td>26%</td>
</tr>
<tr>
<td>Patient’s care was compromised because he/she received conflicting information from different doctors or other health professionals</td>
<td>28%</td>
</tr>
<tr>
<td>Patient had a positive test result that was not followed-up appropriately</td>
<td>15%</td>
</tr>
<tr>
<td>Patient received the wrong drug, wrong dose, or had a preventable drug-drug interaction</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-2. Coordination of Care Problems, by Practice Size

Percent who say “often/sometimes” observed the following

- 1 Physician
- 2–9 Physicians
- 10–49 Physicians
- 50+ Physicians

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-3. Coordination of Care Problems, by Practice Size

Percent who say “often/sometimes” observed the following

- 1 Physician
- 2–9 Physicians
- 10–49 Physicians
- 50+ Physicians

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-4. Coordination of Care Problems, by Practice Size

Percent who say “often/sometimes” observed the following

- 1 Physician
- 2–9 Physicians
- 10–49 Physicians
- 50+ Physicians

Patient Experienced Coordination Problem Post Hospital Discharge*

- 1 Physician: 25%
- 2–9 Physicians: 24%
- 10–49 Physicians: 29%
- 50+ Physicians: 29%

Patient’s Care Compromised Because He/She Received Conflicting Information

- 1 Physician: 31%
- 2–9 Physicians: 24%
- 10–49 Physicians: 27%
- 50+ Physicians: 34%

* A patient experienced a problem following discharge from a hospital because his/her physician did not receive needed information from the hospital in a timely manner.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-5. Coordination of Care Problems, by Physician Type

Percent who say “often/sometimes” observed the following

* A patient experienced a problem following discharge from a hospital because his/her physician did not receive needed information from the hospital in a timely manner.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-6. Ability of Physicians to Provide Same-Day Appointments, by Physician Type

Percent indicating how often they can provide same-day appointments

- Total: 64% Often, 17% Always
- Primary Care Physician: 77% Often, 23% Always
- Specialist: 58% Often, 43% Always

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-7. Receipt of Timely Referral Information

Percent who say they receive timely information about the results of a referral

- Often 54%
- Sometimes 28%
- Rarely 6%
- Always 11%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-8. Receipt of Timely Referral Information

Percent who say they “always/often” receive timely information about the results of a referral

Practice Size

- 1 Physician
- 2–9 Physicians
- 10–49 Physicians
- 50+ Physicians

Physician Type

- Primary Care Physician
- Specialist

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-9. Availability of Quality-of-Care Data When Making Referrals

Percent indicating how often they have any data about a physician’s quality of care when making referrals

- Rarely: 32%
- Always: 32%
- Never: 64%
- Often: 14%
- Sometimes: 16%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart IV-10. Availability of Quality-of-Care Data When Making Referrals

Percent indicating they “always/often” have data about a physician’s quality of care when making a referral

Practice Size

- 1 Physican: 24%
- 2-9 Physicians: 17%
- 10-49 Physicians: 15%
- 50+ Physicians: 17%

Years in Practice

- 10 Years or Less: 18%
- 11-15 Years: 11%
- 16+ Years: 22%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
# Chart IV-11. Relative Importance of Quality-of-Care Data

<table>
<thead>
<tr>
<th>Information</th>
<th>Percent indicating MORE important than quality-of-care data*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s reputation among peers</td>
<td>42%</td>
</tr>
<tr>
<td>Physician’s technical qualifications (e.g., training, education, board certification)</td>
<td>25%</td>
</tr>
<tr>
<td>Experiences with the physician</td>
<td>64%</td>
</tr>
<tr>
<td>Physician’s bedside manner, as reported by patients</td>
<td>25%</td>
</tr>
</tbody>
</table>

* Indicates physicians who responded that the above information was more important than quality-of-care data.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chapter V
Strategies to Improve Quality of Care
Chart V-1. Physicians’ Opinions on Strategies to Improve Quality of Care

Percent of physicians who indicate the following are “very effective” in improving quality of care

- Having more time to spend with patients: 52%
- Better patient access to preventive care: 41%
- Improved teamwork and communication: 35%
- More use of computer technology: 25%
- Better information on best specialized physicians/centers: 23%
- Better treatment guidelines for common conditions: 21%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
The team process makes care more cumbersome

The involvement of multiple team members increases the likelihood of medical errors

**Percent indicating they “agree” or “strongly agree” that***

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The give and take among team members results in better decisions regarding patient care</td>
<td>73%</td>
</tr>
<tr>
<td>The team process makes care more cumbersome</td>
<td>32%</td>
</tr>
<tr>
<td>The involvement of multiple team members increases the likelihood of medical errors</td>
<td>24%</td>
</tr>
</tbody>
</table>

* Indicates physicians who, based on their experience working in teams, said that they agree or disagree with the above.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
The give and take among team members results in better decisions regarding patient care.

The team process makes care more cumbersome.

The involvement of multiple team members increases the likelihood of medical errors.

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart V-4. Physicians’ Opinions on Team Care, by Physician Type

Percent who say improved teamwork would be “very effective” in improving quality of care

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chapter VI
Incentives and Disincentives to Providing Quality Care and Physicians’ Satisfaction with Current Practice
Chart VI-1. Factors Affecting Physicians’ Compensation

Percent indicating the following as factors in determining compensation or income

- **Productivity/Billing**
  - Major Factor: 58%
  - Minor Factor: 14%
  - Not a Factor: 27%

- **Board Re-Certification Status**
  - Major Factor: 11%
  - Minor Factor: 28%
  - Not a Factor: 60%

- **Measures of Clinical Care**
  - Major Factor: 8%
  - Minor Factor: 19%
  - Not a Factor: 72%

- **Patient Surveys/Experience**
  - Major Factor: 8%
  - Minor Factor: 19%
  - Not a Factor: 72%

- **Quality Bonus/Incentive Payments from Insurance Plans**
  - Major Factor: 4%
  - Minor Factor: 15%
  - Not a Factor: 80%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart VI-2. Financial Consequences of Providing High Quality of Care, by Practice Size

Percent indicating that providing high quality of care “often/sometimes” means less income

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart VI-3. Physicians’ Satisfaction with Current Medical Practice

- Very satisfied: 33%
- Somewhat satisfied: 45%
- Somewhat dissatisfied: 17%
- Very dissatisfied: 5%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart VI-4. Physicians’ Dissatisfaction with Current Practice, by Practice Size

Percent “very or somewhat” dissatisfied with current practice

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Appendix

Profile of Physician Respondents
# Chart A-1. Characteristics of Small and Large Group Physician Practices

<table>
<thead>
<tr>
<th>Practice Characteristics</th>
<th>Total</th>
<th>1 Physician</th>
<th>2–9 Physicians</th>
<th>10–49 Physicians</th>
<th>50+ Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Distribution</td>
<td>27%</td>
<td>41%</td>
<td>17%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Practice Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital or public clinic</td>
<td>14</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Single or multi-specialty group</td>
<td>52</td>
<td>—</td>
<td>78</td>
<td>69</td>
<td>55</td>
</tr>
<tr>
<td>Solo</td>
<td>25</td>
<td>93</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td>11</td>
<td>22</td>
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<tr>
<td>Salary Status</td>
<td></td>
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<tr>
<td>Salaried (yes)</td>
<td>41</td>
<td>16</td>
<td>43</td>
<td>53</td>
<td>72</td>
</tr>
<tr>
<td>Ownership of Practice</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Full owner</td>
<td>36</td>
<td>90</td>
<td>20</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Part owner</td>
<td>28</td>
<td>2</td>
<td>45</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Not an owner</td>
<td>35</td>
<td>8</td>
<td>34</td>
<td>52</td>
<td>68</td>
</tr>
<tr>
<td>Physician Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td>29</td>
<td>26</td>
<td>29</td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Specialist</td>
<td>71</td>
<td>74</td>
<td>71</td>
<td>63</td>
<td>72</td>
</tr>
<tr>
<td>Hours in Direct Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 hours or fewer</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>21–40 hours</td>
<td>30</td>
<td>32</td>
<td>16</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>More than 40 hours</td>
<td>62</td>
<td>58</td>
<td>68</td>
<td>58</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.