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% (6% routine, 73% occasional)
- **Access to Test Results**: 58% (21% routine, 37% occasional)
- **Electronic Medical Records**: 27% (9% routine, 18% occasional)
- **Electronic Ordering**: 27% (9% routine, 17% occasional)
- **Clinical Decision Support**: 24% (6% routine, 18% occasional)
- **E-mail with Doctors**: 28% (7% routine, 21% occasional)
- **E-mail with Patients**: 18% (3% routine, 14% occasional)

* 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*

* Electronic ordering of tests, procedures, or drugs.

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

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Chart I-5. Use of Electronic Drug Alerts, Follow-Up Alerts, and Reminders, by Practice Size

Percent who currently use a “computerized system” for the following

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

Percent expecting use

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

Electronic Billing | Access to Test Results | Electronic Medical Records | Electronic Ordering* | Clinical Decision Support | E-mail with Doctors | E-mail with Patients

21/15 | 41/27 | 63/20 | 62/19 | 75/17 | 69/12 | 82/11

* 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>Service</th>
<th>Planned Use</th>
<th>Not Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Alerts</td>
<td>60%</td>
<td>16%</td>
</tr>
<tr>
<td>Follow-Up Alerts</td>
<td>56%</td>
<td>13%</td>
</tr>
<tr>
<td>Reminders</td>
<td>44%</td>
<td>10%</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

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

* 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

- Process of Care Data: 20%
- Clinical Outcomes Data: 18%
- Patient Survey Data: 25%
- Any Data: 33%

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

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

Clinical Information Not Available at Visit
- 1 Physician: 64%
- 2–9 Physicians: 74%
- 10–49 Physicians: 78%
- 50+ Physicians: 76%

Tests Repeated
- 1 Physician: 33%
- 2–9 Physicians: 33%
- 10–49 Physicians: 44%
- 50+ Physicians: 33%

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

- **Test Results Not Followed Up Properly**
  - 1 Physician: 10
  - 2–9 Physicians: 15
  - 10–49 Physicians: 17
  - 50+ Physicians: 22

- **Wrong Dose/Medication**
  - 1 Physician: 9
  - 2–9 Physicians: 10
  - 10–49 Physicians: 13
  - 50+ Physicians: 14

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

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>Patient Experienced Coordination Problem Post Hospital Discharge*</th>
<th>Patient’s Care Compromised Because He/She Received Conflicting Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physician</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>2–9 Physicians</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>10–49 Physicians</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>50+ Physicians</td>
<td>29</td>
<td>34</td>
</tr>
</tbody>
</table>

* 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

Tests Repeated

- Primary care physician: 28%
- Specialist: 37%

Patient Experienced Coordination Problem Post-Hospital Discharge*

- Primary care physician: 32%
- Specialist: 23%

* 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

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>64</td>
<td>17</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>54</td>
<td>23</td>
</tr>
<tr>
<td>Specialist</td>
<td>58</td>
<td>15</td>
</tr>
</tbody>
</table>

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

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

- Sometimes: 16%
- Often: 14%
- Always: 5%
- Rarely: 32%
- Never: 32%

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

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent</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.
Chart V-3. Physicians’ Opinion on Team Care, by Practice Size

Percent who agree/strongly agree

- **The give and take among team members results in better decisions regarding patient care**
  - 65% (1 Physician)  
  - 73% (2-9 Physicians)  
  - 80% (10-49 Physicians)  
  - 81% (50+ Physicians)

- **The team process makes care more cumbersome**
  - 37% (1 Physician)  
  - 33% (2-9 Physicians)  
  - 28% (10-49 Physicians)  
  - 27% (50+ Physicians)

- **The involvement of multiple team members increases the likelihood of medical errors**
  - 32% (1 Physician)  
  - 23% (2-9 Physicians)  
  - 19% (10-49 Physicians)  
  - 17% (50+ Physicians)

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

- **Major Factor**
- **Minor Factor**
- **Not a Factor**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Major Factor</th>
<th>Minor Factor</th>
<th>Not a Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity/Billing</td>
<td>58%</td>
<td>14%</td>
<td>27%</td>
</tr>
<tr>
<td>Board Re-Certification Status</td>
<td>11%</td>
<td>28%</td>
<td>60%</td>
</tr>
<tr>
<td>Measures of Clinical Care</td>
<td>8%</td>
<td>19%</td>
<td>72%</td>
</tr>
<tr>
<td>Patient Surveys/Experience</td>
<td>8%</td>
<td>19%</td>
<td>72%</td>
</tr>
<tr>
<td>Quality Bonus/Incentive Payments from Insurance Plans</td>
<td>4%</td>
<td>15%</td>
<td>80%</td>
</tr>
</tbody>
</table>

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><strong>Percent Distribution</strong></td>
<td>27%</td>
<td>41%</td>
<td>17%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td><strong>Practice Setting</strong></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>
</tr>
<tr>
<td><strong>Salary Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaried (yes)</td>
<td>41</td>
<td>16</td>
<td>43</td>
<td>53</td>
<td>72</td>
</tr>
<tr>
<td><strong>Ownership of Practice</strong></td>
<td></td>
<td></td>
<td></td>
<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><strong>Physician Type</strong></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><strong>Hours in Direct Care</strong></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.