

KAISER FAMILY FOUNDATION/HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH
SURVEY OF PHYSICIANS AND NURSES

SUMMARY OF FINDINGS AND CHART PACK

July 1999



Methodology

The 1999 *Survey of Physicians and Nurses* was designed and analyzed by researchers at the Kaiser Family Foundation and the Harvard School of Public Health. The survey was administered by mail by the National Opinion Research Center to a national random sample of 1053 physicians and 768 nurses nationwide between February 11 and June 5, 1999. Because fewer Medicare beneficiaries are in managed care plans, the survey asked doctors and nurses only about their experiences with patients under 65 years of age. The physician sample was drawn from the American Medical Association's Masterfile and included physicians who indicate that they care for patients 20 or more hours each week. The sample was proportionately stratified to represent primary care physicians (general and family practitioners, general internists, pediatricians) and specialists (medical specialists and surgeons). The sample of registered nurses was drawn from a list provided by Medical Marketing Services, Inc. that was compiled from state nurse registries and other sources for use in surveys of nurses. Respondents were ineligible if they had not cared for patients in the year prior to the survey. The survey data are weighted by age, gender and region to be representative of national samples of patient care physicians and registered nurses and to account in part for non-response.

The survey collected quantitative information about physicians' and nurses' experiences with and attitudes towards health plans, particularly as it relates to patient care. The survey also collected verbatim responses from physicians and nurses in order to assess their judgements about the consequences of health plan denials for their patients. Reported verbatim responses were randomly selected from a total of 601 responses provided by physicians and 365 responses provided by nurses. Data presented on the consequences of health plan denials represents the judgements of the physicians surveyed, not independent clinical reviews. The maximum margin of sampling error for responses in a survey of 1,053 physicians is +/- 3% and for 768 nurses is +/- 4%. Estimates from smaller subgroups may be subject to higher margins of error based on the subgroup size.

The Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

CHARTPACK

SECTION I

DOCTORS AND NURSES EXPERIENCES WITH HEALTH PLANS

Chart # 1

Health Plan Denials Reported by Physicians

During the past two years, how frequently did an insurance plan not approve...

■ Weekly / Monthly ■ Every 6 Months / Yearly ■ Never □ Not Applicable to my practice

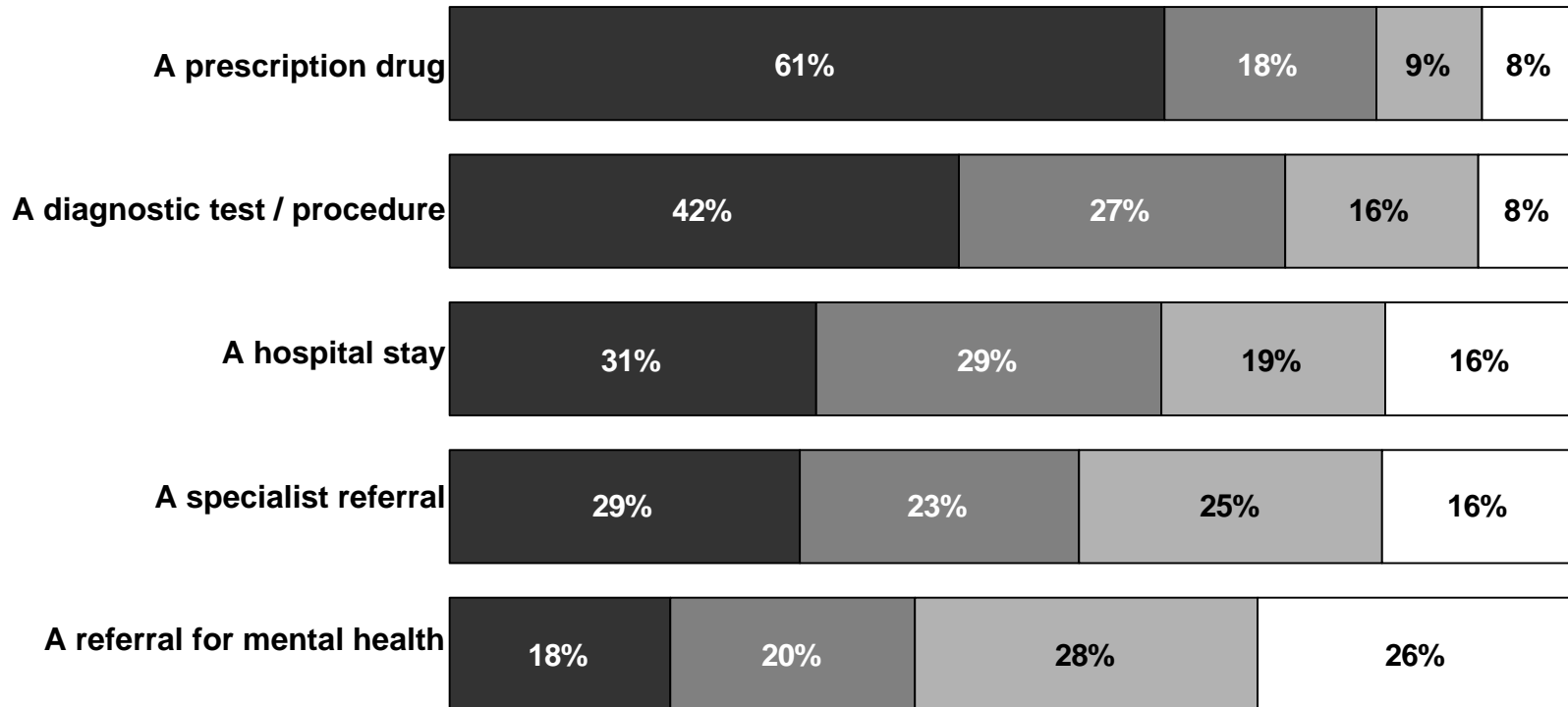


Chart # 2

Consequences of Denials Reported by Physicians

Of those doctors who say a patient has experienced a denial, did the most recent case result in a decline in their health status?

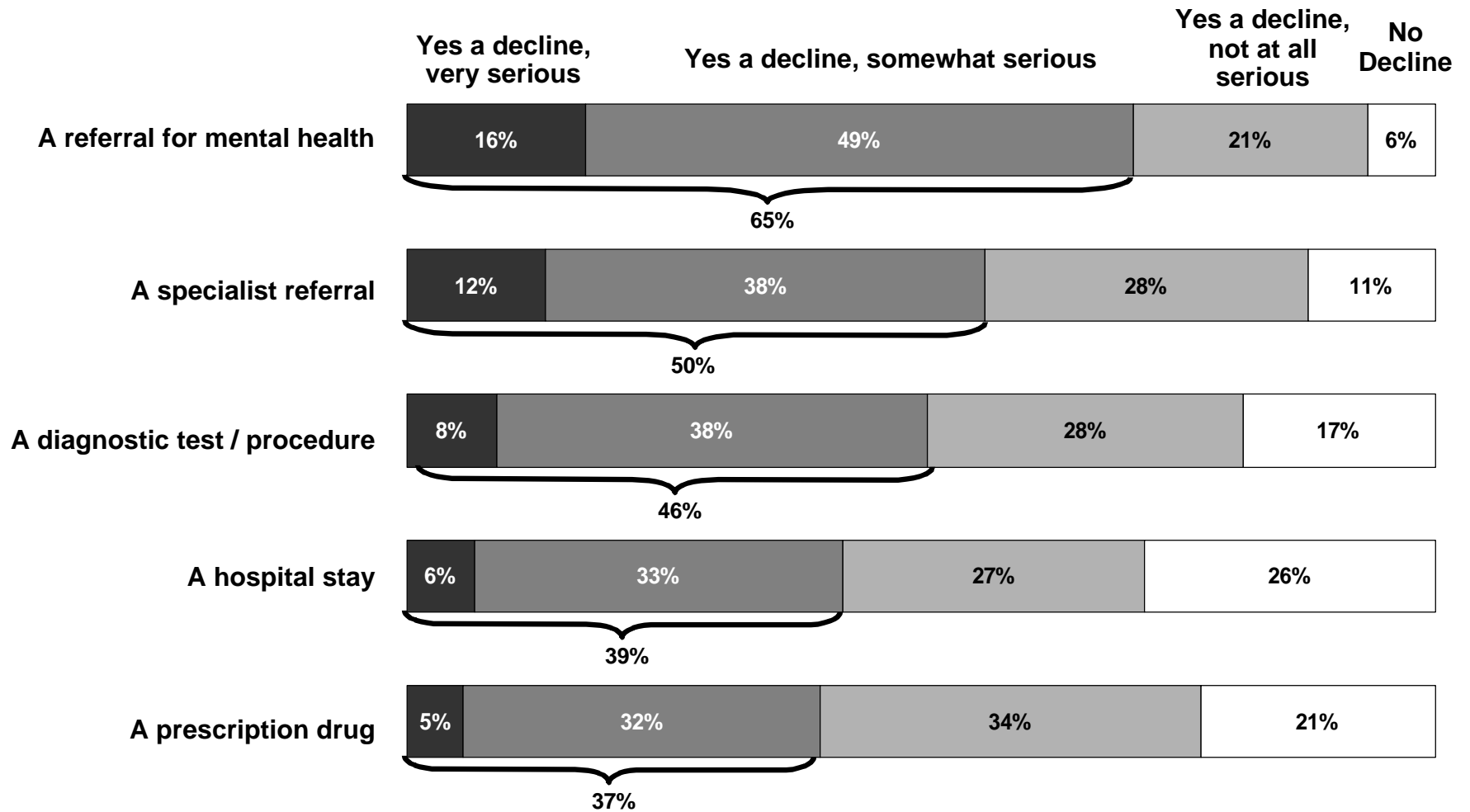


Chart # 3

Nurses' View: How Frequently Health Plan Decisions Adversely Affect Their Patients

Within the last two years has an insurance plan made a decision that resulted in a decline in your patient's health

How frequently does this occur?

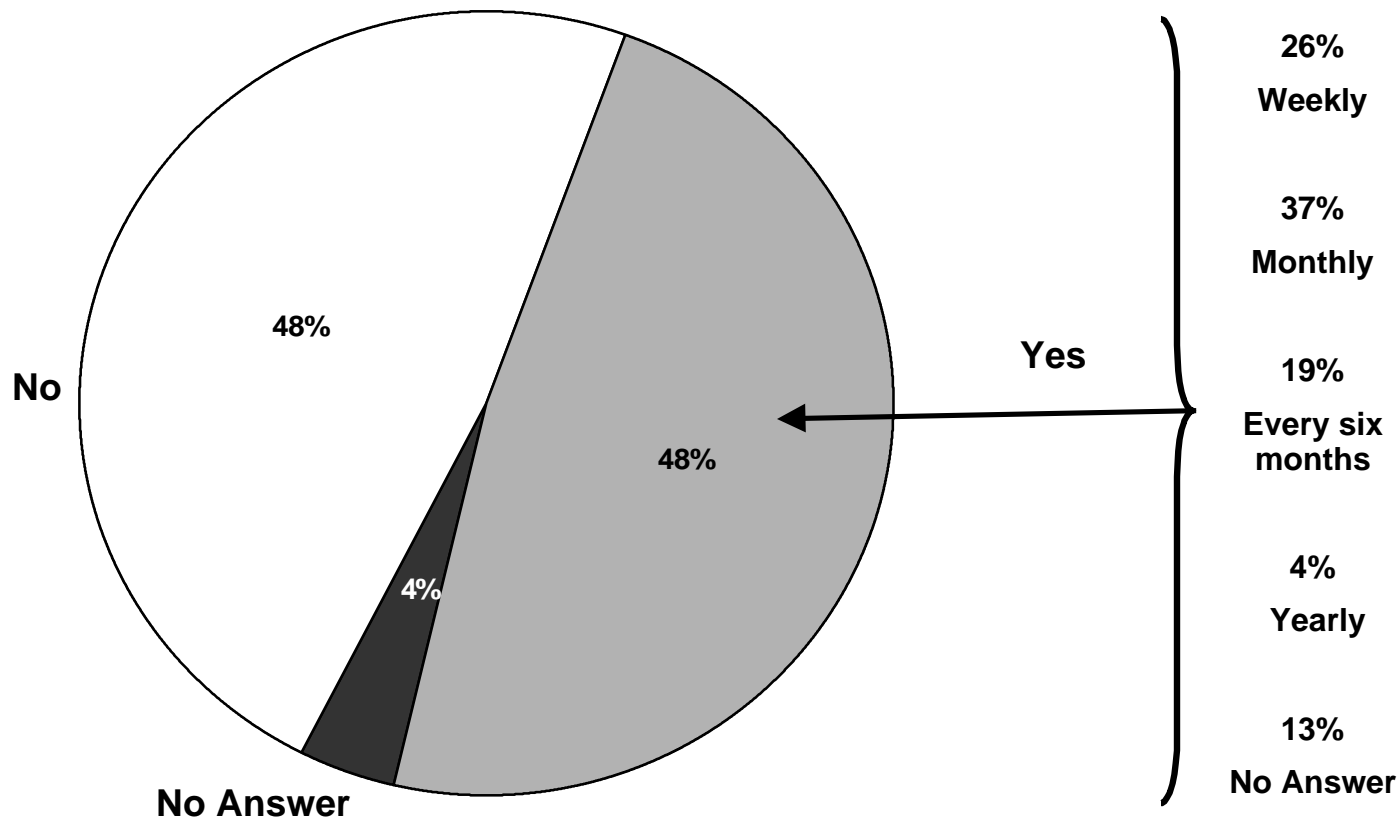
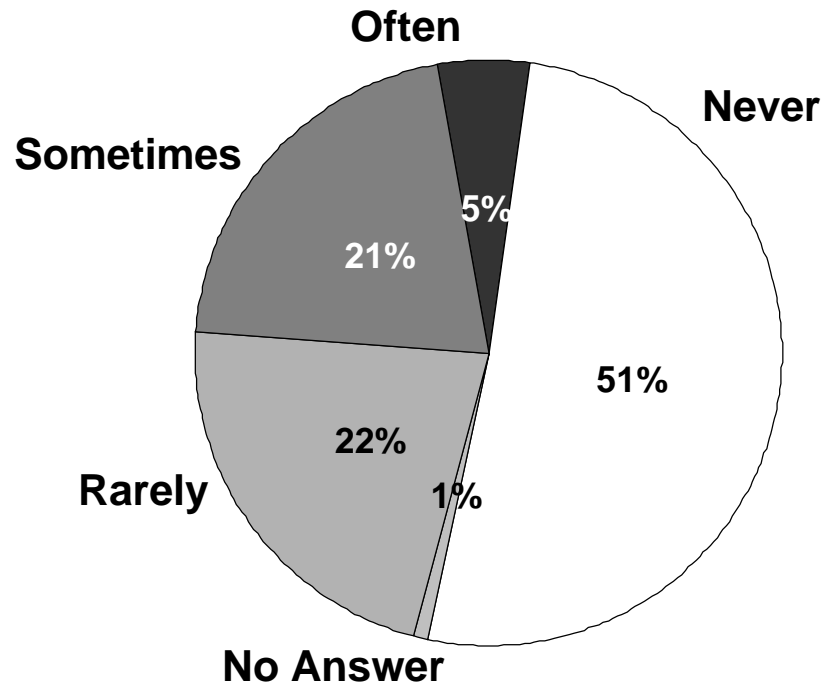


Chart # 4

Providers' Reports of Exaggerating Conditions to Get Coverage

In the past two years, how often have you exaggerated the severity of a patient's condition to get the patient care that you thought was medically necessary?

Doctors



Nurses

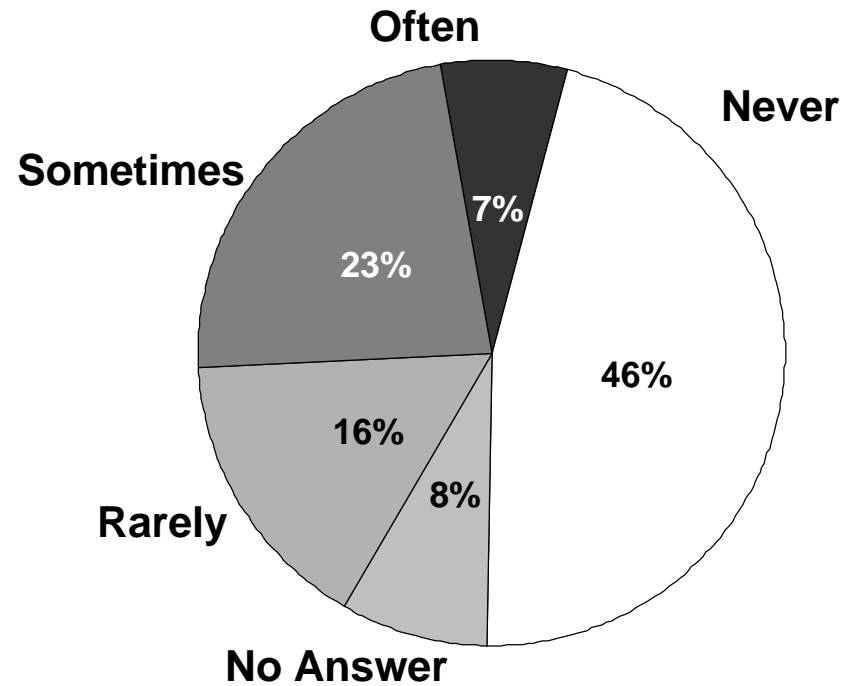
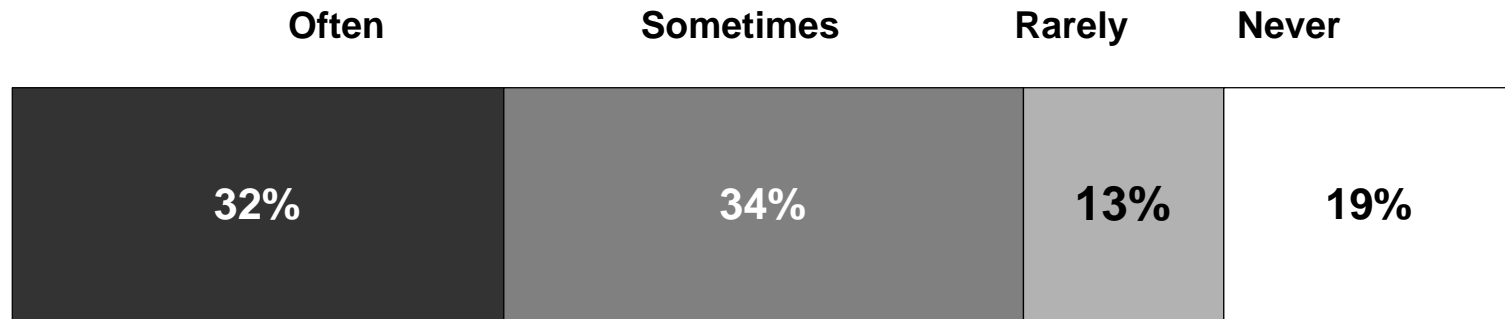


Chart # 5

Doctors as Advocates for Patients

How often have you or someone in your office made contact with a health plan on behalf of patients for something other than a routine request for a referral approval?



Outcome of most recent intervention ?

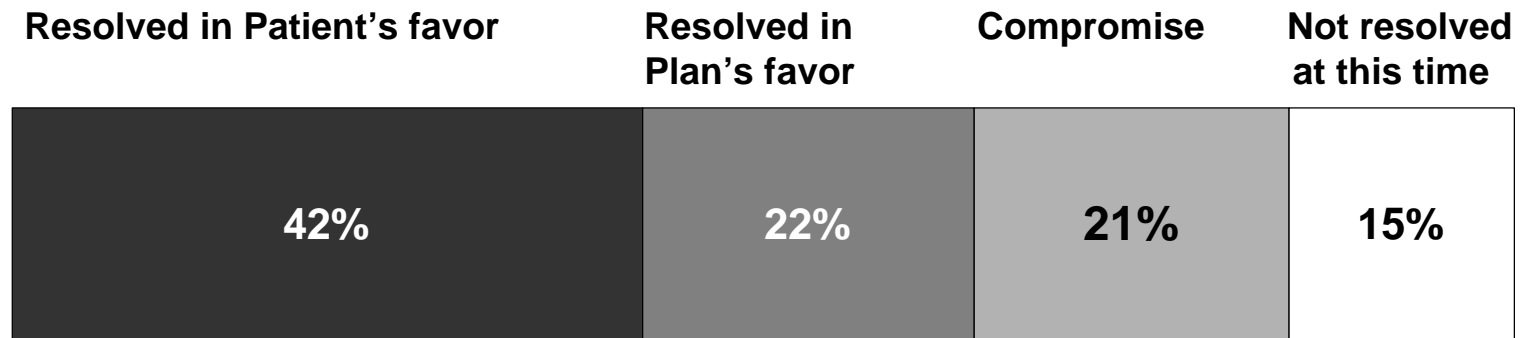


Chart # 6

Doctors' Reports of Health Plan Efforts that Help them Improve Care

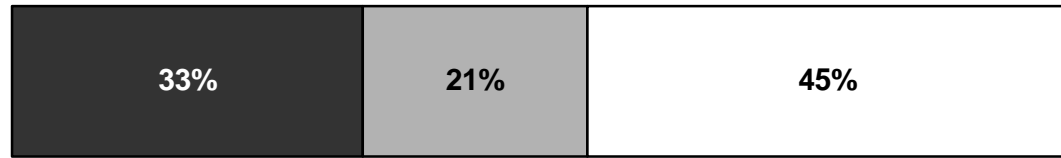
How often has a plan ...

■ Often/Sometimes ■ Rarely □ Never

Provided you with guidelines /Innovative tools to manage patient illness



Helped you encourage a patient to practice better health



Provided clinical data to help you provide more effective care

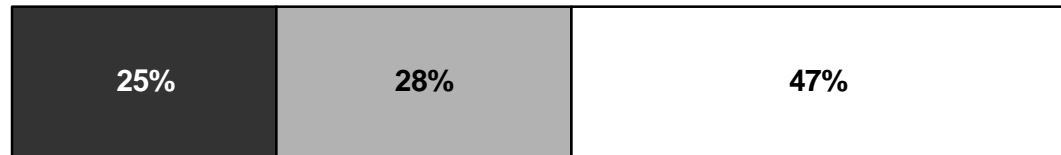


Chart # 7

In the Past Two Years, Have You Dropped Your Participation in a Plan Because You Were Unsatisfied, Frustrated or Unhappy ?

Percent of doctors who say...

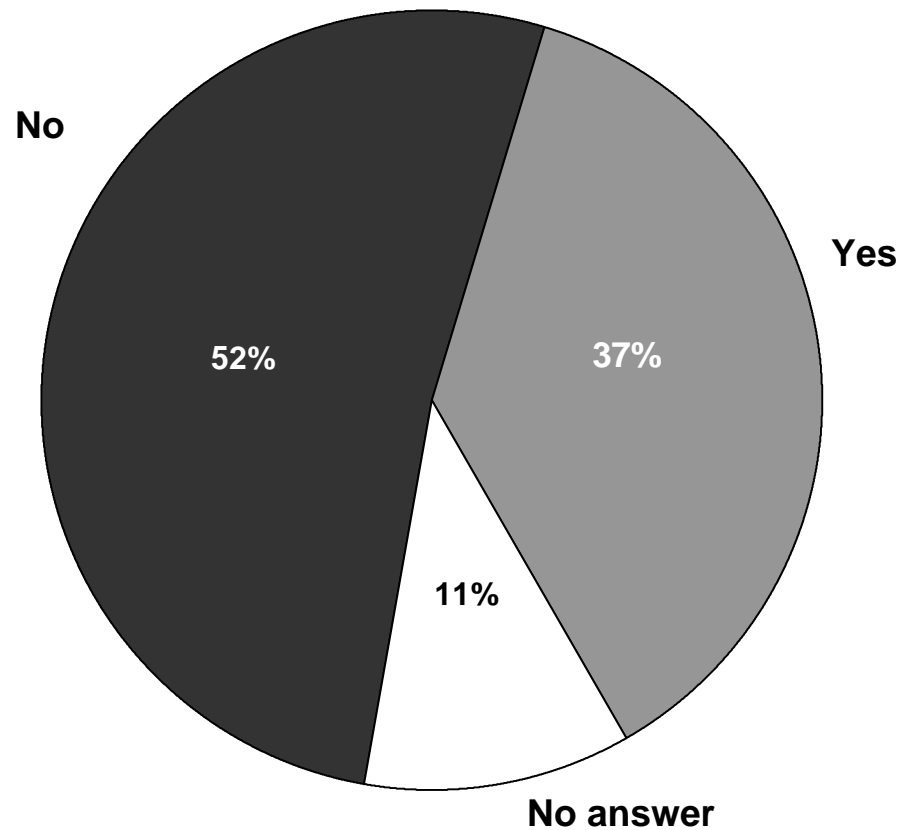
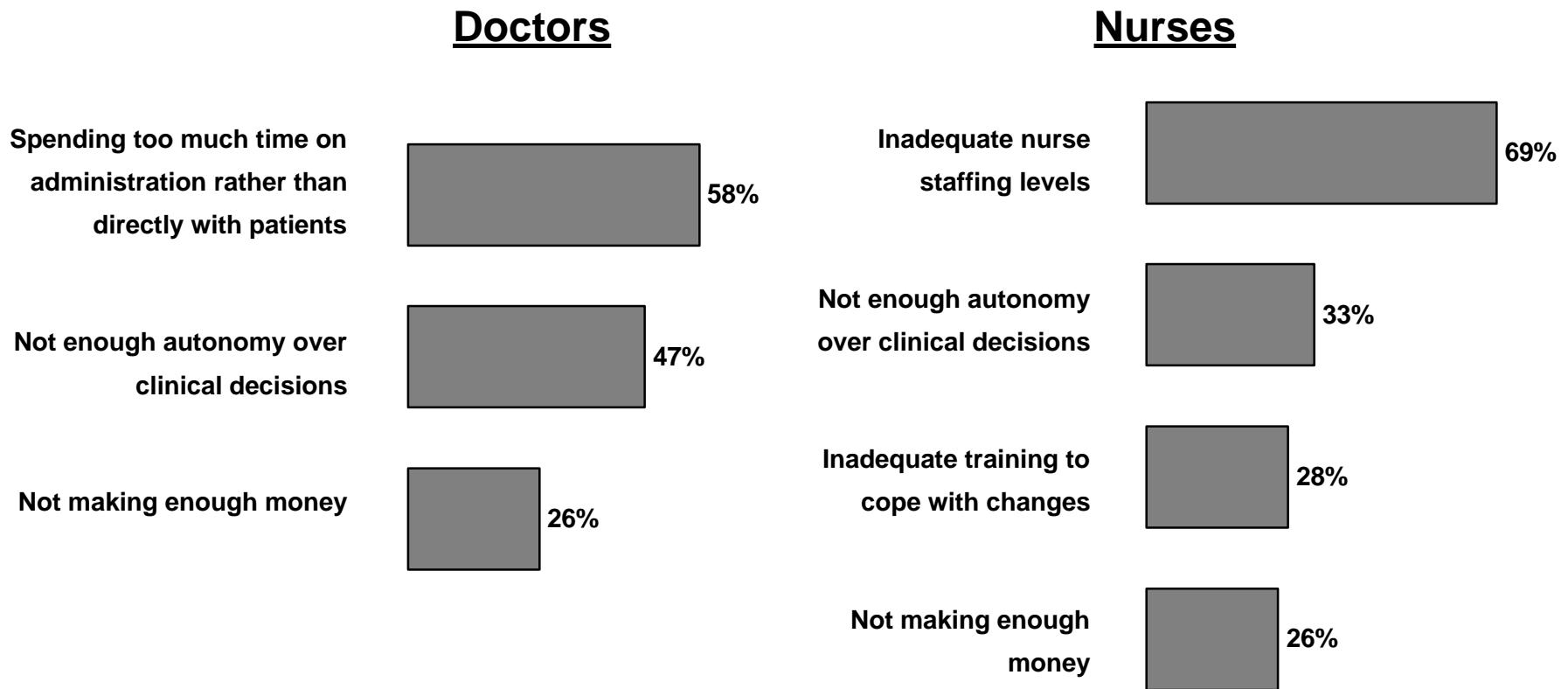


Chart # 8

Doctors and Nurses' Concerns When Reflecting on Their Own Experiences in Practice

Percent saying each is "a great concern" ...



The Stories Behind the Numbers: Doctors

Examples of Randomly Selected Verbatim Descriptions of Denials for Diagnostic Tests or Procedures that Physicians' Reports Resulted in a ...

“Very Serious” Decline in Health

A patient with long standing migraine headache experienced a change in the nature and duration of headache. MRI denied, patient had a subarachnoid hemorrhage a few months later.

The most serious recent event was a managed care company denying a stereotactic breast biopsy. The insurance plan surgeon didn't think the mammogram looked too bad, no palpable lump, etc, etc. So the repeat mammogram, six months later looked worse. Patient has breast cancer yuck!

“Somewhat Serious” Decline in Health

Neurological consult and MRI. Continued neurological problems subsequently shown to be small CVA [stroke]--no long term change in outcomes.

Request for hysterectomy for severe dysmenorrhea turned down even though patient failed all treatments.

“Not at All Serious” Decline in Health

One patient came to the office his blood pressure was good control with medication. Which was not approved by his plan. When I switched him his blood pressure went up.

Requested a repeat pap smear in four months for a high risk patient. The results of the repeat pap smear (when finally done) indicated a more severe status of cervical disease.

The Stories Behind the Numbers: Nurses

Examples of Randomly Selected Verbatim Descriptions of Insurance Decisions Resulting in Declines in Patient's Health Status

"Very Serious" Decline in Health

Patient needed a liver transplant. Insurance would not cover. Finally transferred. . .too late. 36 year old white female died as situation deteriorated drastically in two weeks it took to straighten out the paper-work, then finally get her on the transplant list.

NIDDM [non-insulin dependent diabetes mellitus] patient status post CABG [coronary artery bypass graft], CVA [stroke] & PE [pulmonary embolus] released home. Managed care refused to allow physical therapy, occupational therapy or procurement of diabetic monitoring supplies. As a result patient uncontrolled blood sugar & increasing obesity resolving to immobility resulted in transfer to IDDM [insulin dependent diabetes mellitus], with decubitus ulcers etc.

"Somewhat Serious" Decline in Health

Early discharge of elderly patient into care of elderly family member, only to be re-admitted within a few days with dehydration, weakness.

Specified time limit for hospital stay. Readmitted with complications a week later and declined health from then on.

"Not at All Serious" Decline in Health

47 year old male unable to get prescription filled HMO filled with Tylenol #3 not effective drug for patient.

SECTION II

ATTITUDES TOWARDS HEALTH PLANS

Chart # 11

What Shapes Providers' Views About Managed Care ?

Percent saying each shaped their views on managed care "a great deal"...

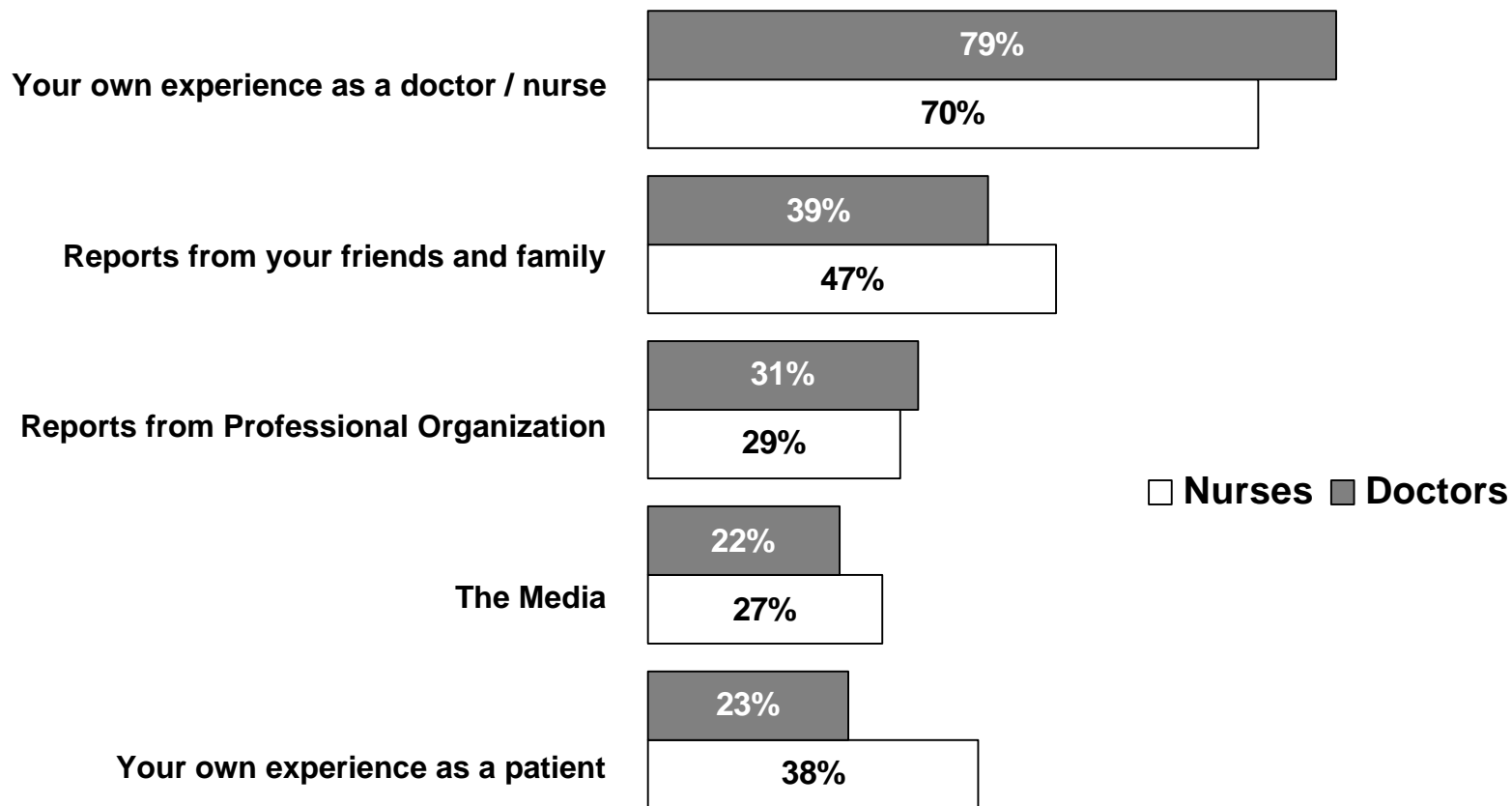
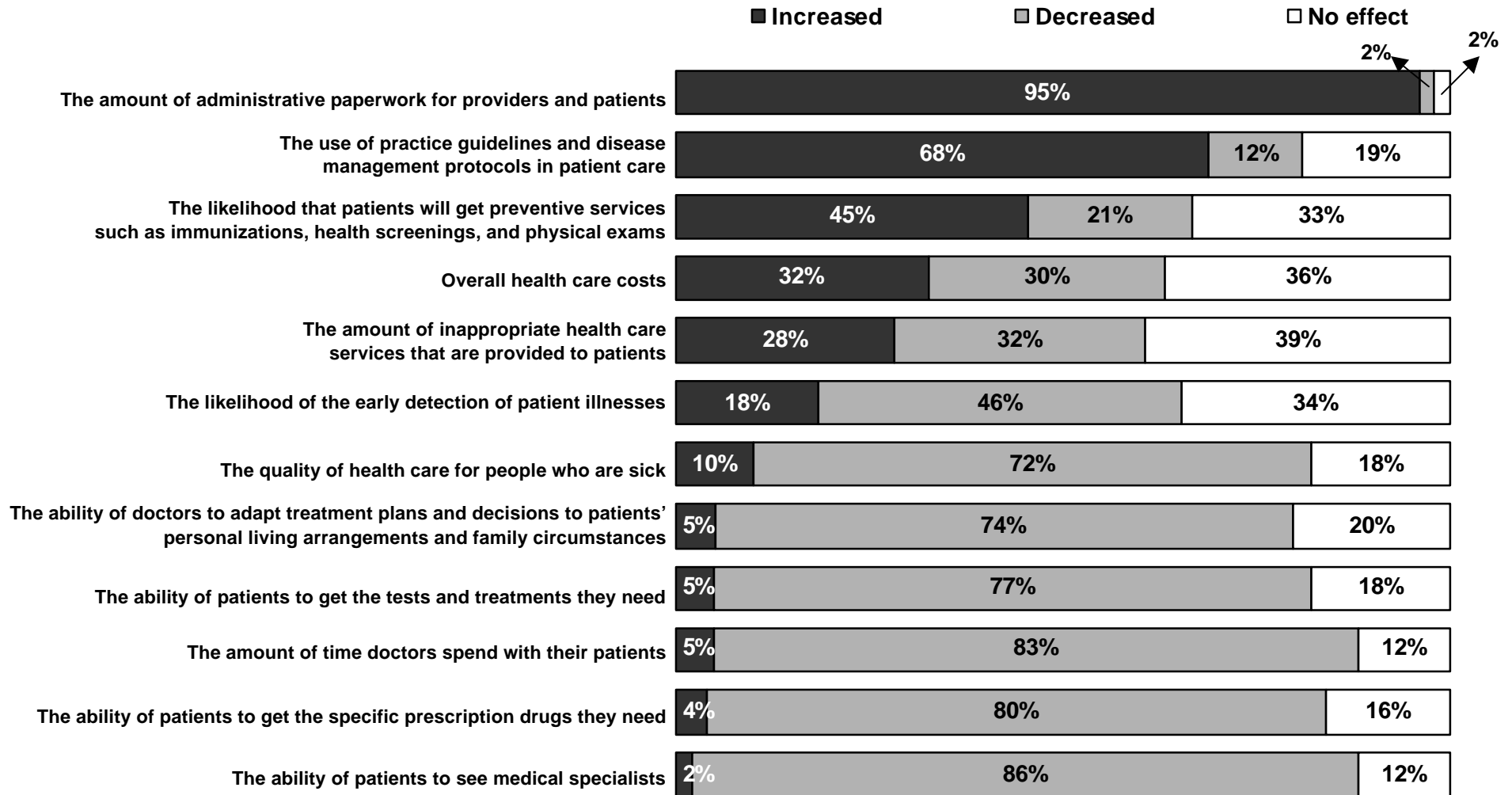


Chart # 12

Doctors' Impressions of the Impact of Managed Care

During the past few years, do you think HMOs and other managed care plans have increased, decreased or had no effect on ...

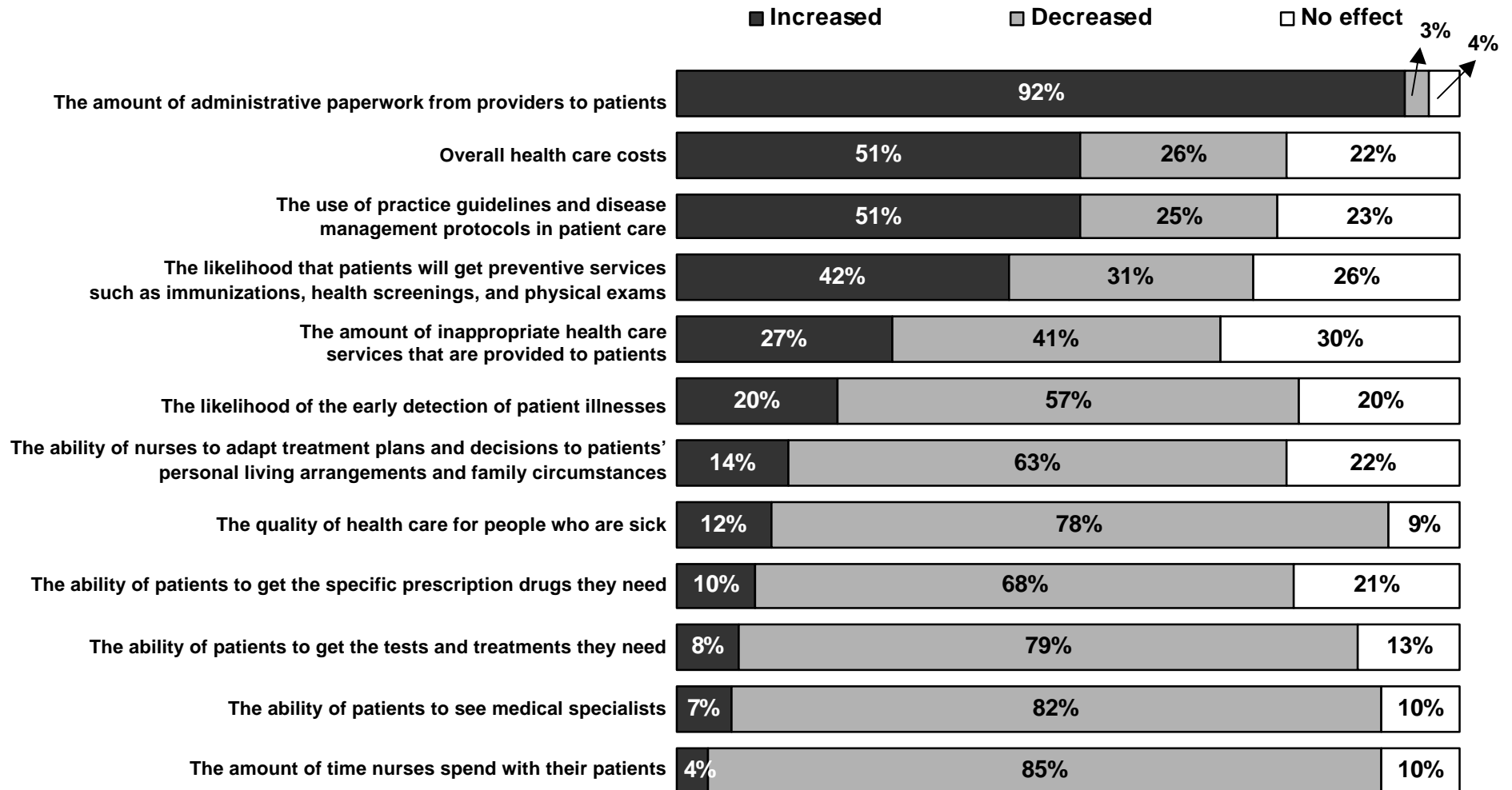


Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999

Chart # 13

Nurses' Impressions of the Impact of Managed Care

During the past few years, do you think HMOs and other managed care plans have increased, decreased or had no effect on ...



Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999

Biggest Impacts of Managed Care on You and Your Patients

When asked to choose, from previous list, the “most positive” and “most negative” impact of managed care on you and your patients...

Doctors Say...

Most Positive Impacts

- Increased the amount of preventive services patients receive (27%).
- Increased the use of practice guidelines / disease management protocols (23%).

Most Negative Impacts

- Increased administrative paperwork (31%).
- Decreased the quality of care (15%).

Nurses Say...

Most Positive Impacts

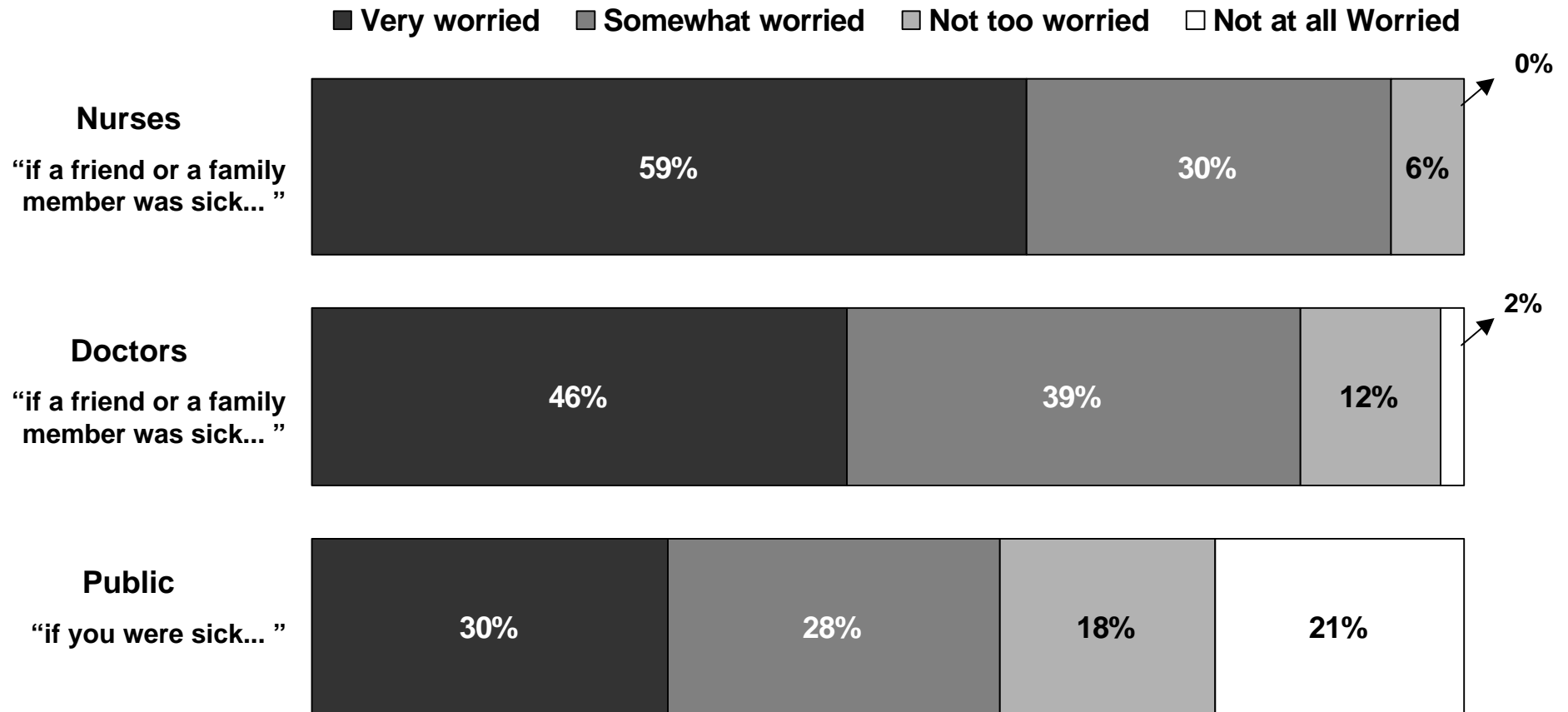
- Increased the amount of preventive services patients receive (20%).
- Increased the use of practice guidelines / disease management (20%).

Most Negative Impacts

- Decreased the quality of care (21%).
- Decreased the amount of time spent with patients (15%).

Chart # 15

Worry About Whether Health Plans Would Be More Concerned About Saving Money Than About What's the Best Treatment



Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999. Kaiser Family Foundation / Harvard School of Public Health Update on Americans' Views on Consumer Protection in Managed Care (4/99).

SECTION III

EXPERIENCES AND ATTITUDES
FOR DIFFERENT PHYSICIANS
AND BY TYPES OF PRACTICE

Chart # 16

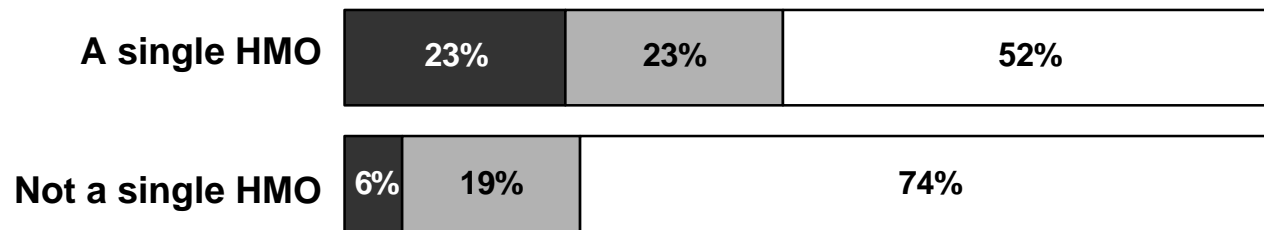
Overall Impression of Managed Care's Impact on Medical Services Available to Patients

■ Positive ■ Neutral □ Negative

By Type of Physician



By Primary Practice Setting *

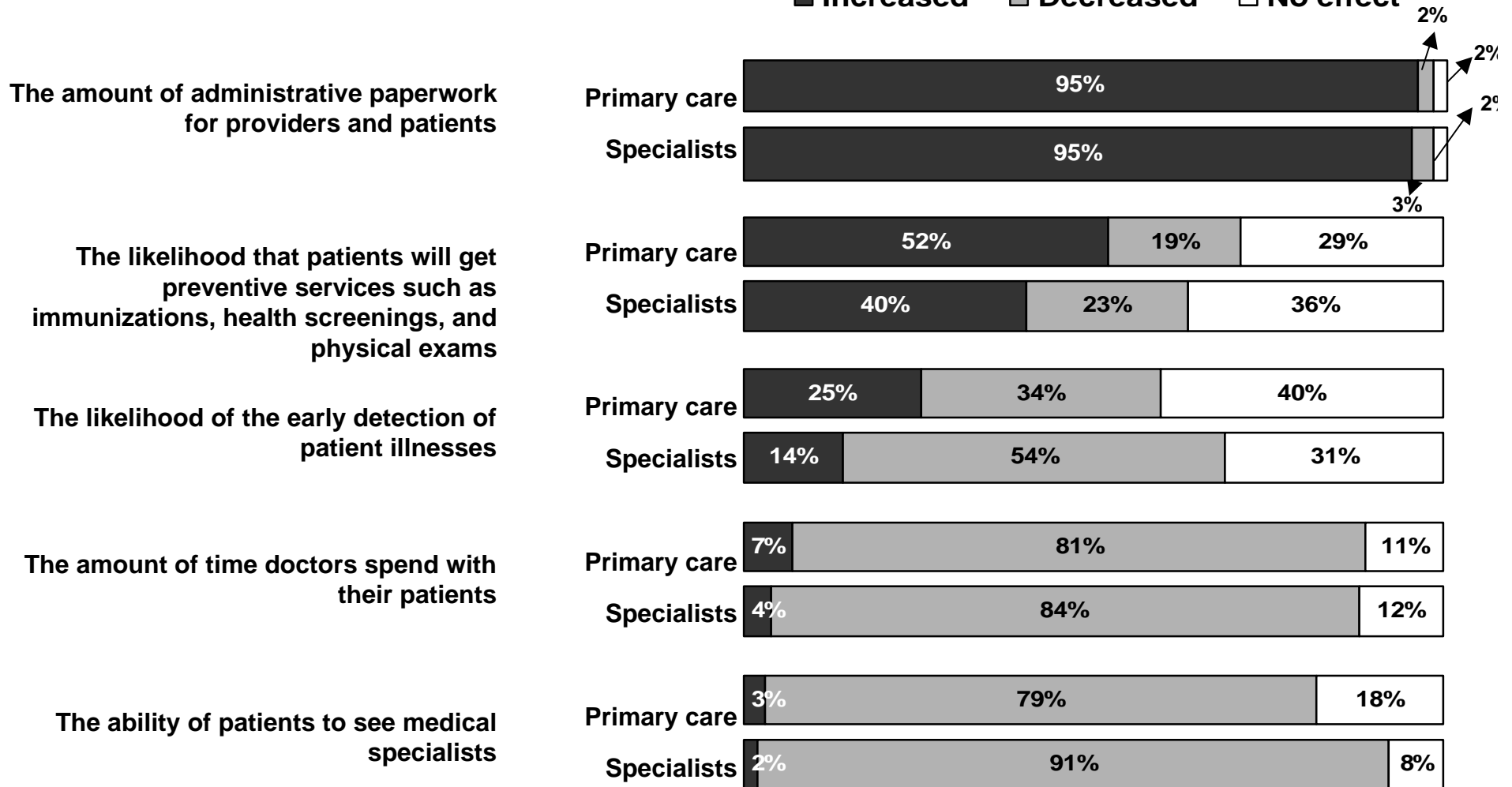


* Note: "Single HMO" refers to physicians who report that 75% or more of their patients are in one health plan.

Chart # 17

Doctors' Views on Managed Care : By Type of Physician

■ Increased ■ Decreased □ No effect

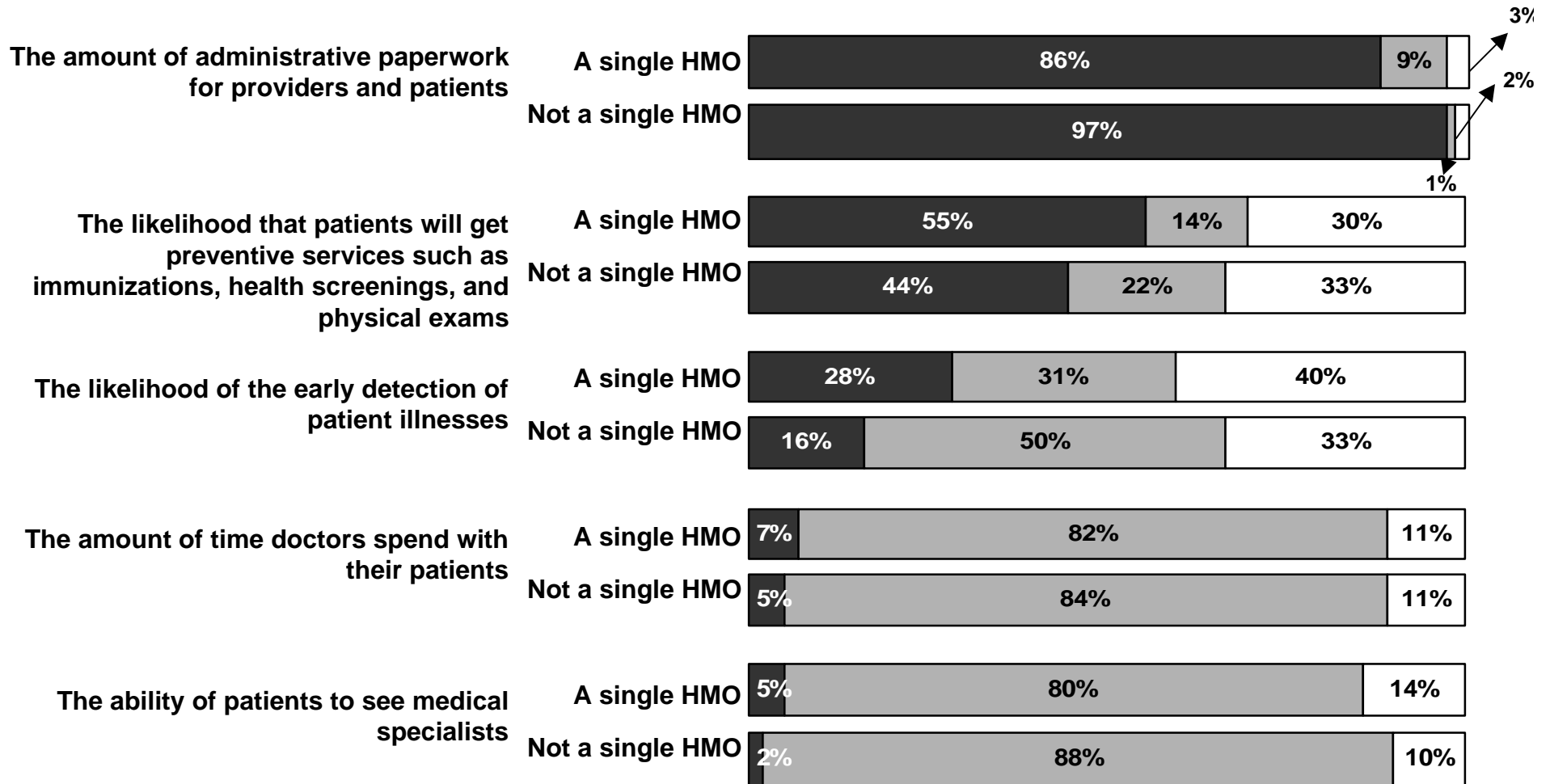


Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999.

Chart # 18

Doctors' Views on Managed Care : By Primary Practice Setting *

■ Increased ■ Decreased □ No effect



* Note: "Single HMO" refers to physicians who report that 75% or more of their patients are in one health plan.

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999.

Chart # 19

Physician Concerns, by Number of Managed Care Plans they Contract With

Percent who say each is a “great concern” ...

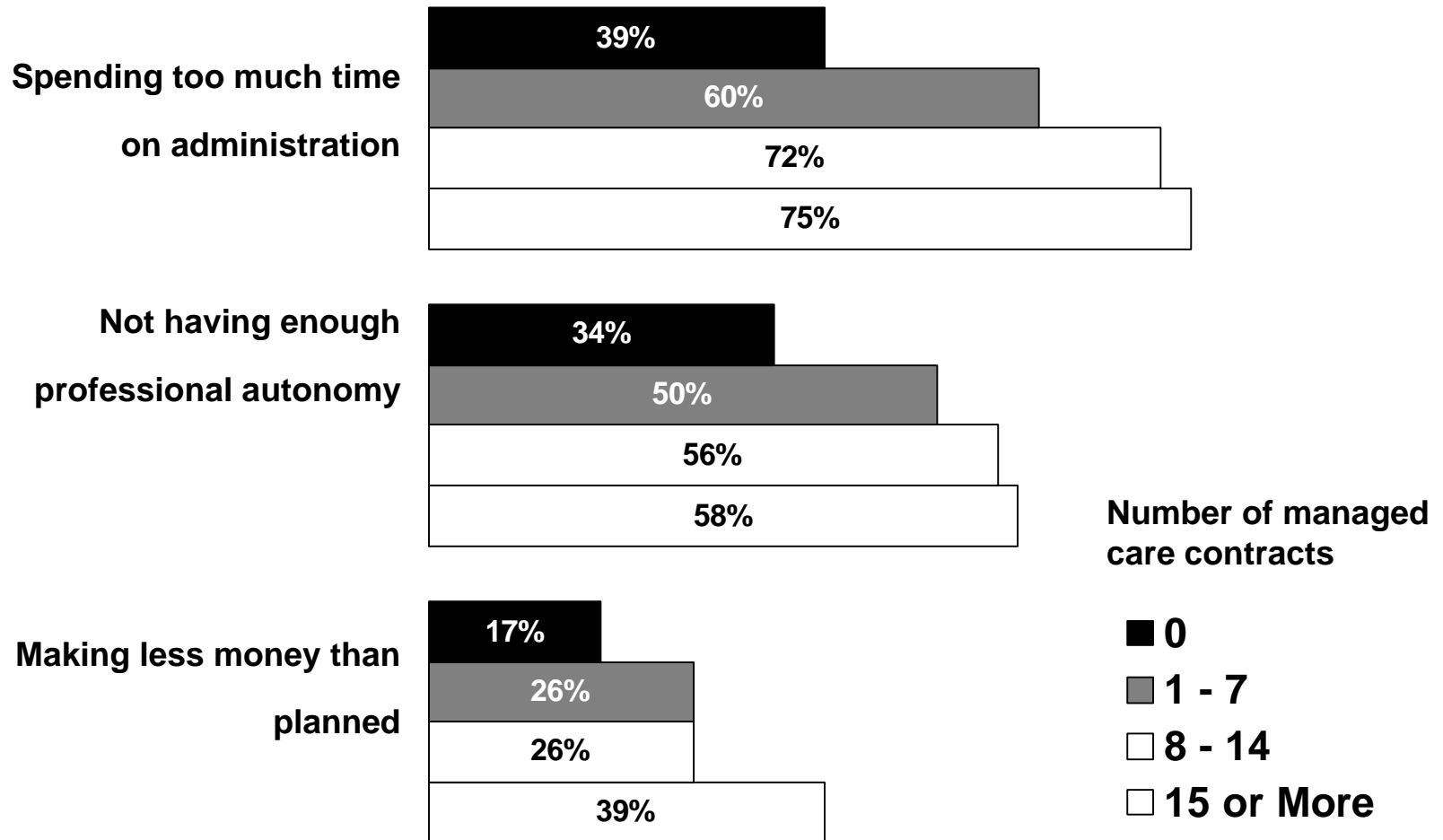


Chart # 20

Doctors' Perceptions of Health Plan Efforts to Improve Care: By Type of Physician

How often has a plan ...

■ Often/Sometimes ■ Rarely □ Never

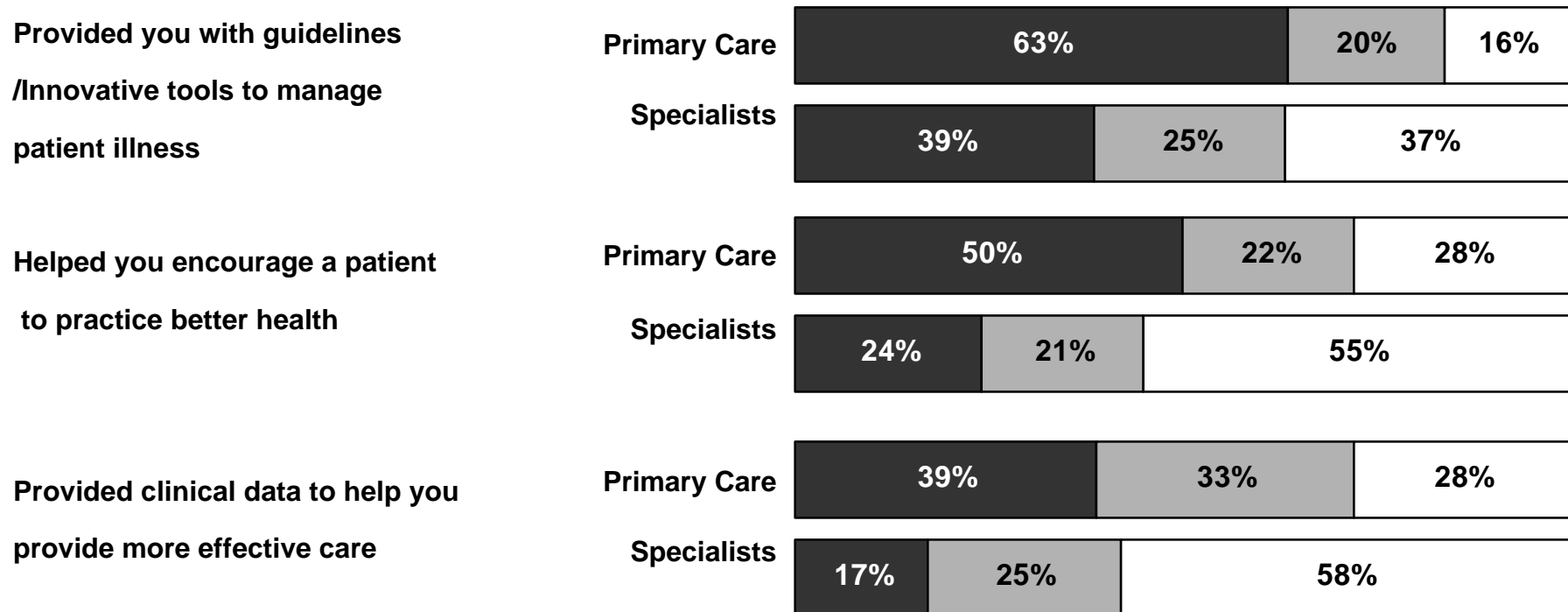
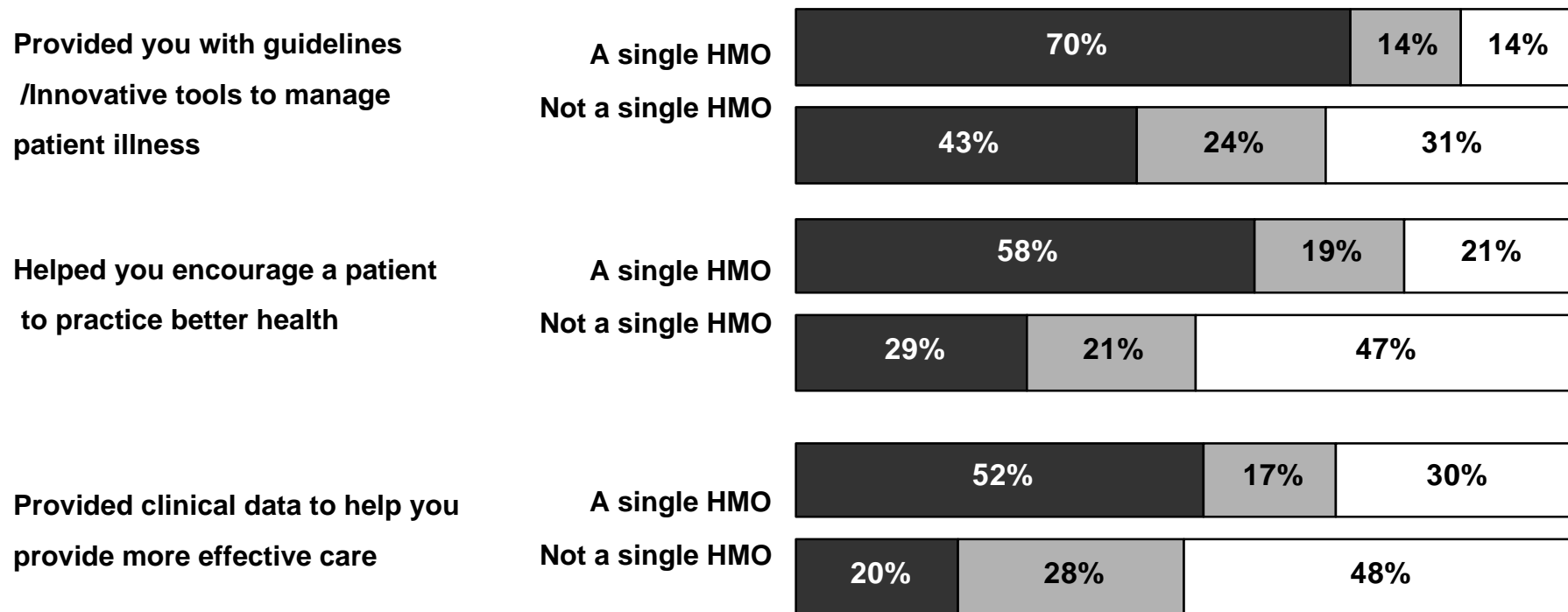


Chart # 21

Doctors' Perceptions of Health Plan Efforts to Improve Care: By Primary Practice Setting *

How often has a plan ...

■ Often/Sometimes ■ Rarely □ Never



* Note: "Single HMO" refers to physicians who report that 75% or more of their patients are in one health plan.

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999



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