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
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Weekly/ Monthly</th>
<th>Every 6 Months/ Yearly</th>
<th>Never</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A prescription drug</td>
<td>61%</td>
<td>18%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>A diagnostic test / procedure</td>
<td>42%</td>
<td>27%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>A hospital stay</td>
<td>31%</td>
<td>29%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>A specialist referral</td>
<td>29%</td>
<td>23%</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>A referral for mental health</td>
<td>18%</td>
<td>20%</td>
<td>28%</td>
<td>26%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes a decline, very serious</th>
<th>Yes a decline, somewhat serious</th>
<th>Yes a decline, not at all serious</th>
<th>No Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A referral for mental health</td>
<td>16%</td>
<td>49%</td>
<td>21%</td>
<td>6%</td>
</tr>
<tr>
<td>A specialist referral</td>
<td>12%</td>
<td>38%</td>
<td>28%</td>
<td>11%</td>
</tr>
<tr>
<td>A diagnostic test / procedure</td>
<td>8%</td>
<td>38%</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>A hospital stay</td>
<td>6%</td>
<td>33%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>A prescription drug</td>
<td>5%</td>
<td>32%</td>
<td>34%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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

- Yes: 48%
- Weekly: 26%
- Monthly: 37%
- Every six months: 19%
- Yearly: 13%
- No Answer: 4%
- No Answer: 4%

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
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**
- Never: 51%
- Sometimes: 22%
- Rarely: 21%
- Often: 5%
- No Answer: 1%

**Nurses**
- Never: 46%
- Sometimes: 23%
- Rarely: 16%
- Often: 7%
- No Answer: 8%
### 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?

<table>
<thead>
<tr>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>34%</td>
<td>13%</td>
<td>19%</td>
</tr>
</tbody>
</table>

**Outcome of most recent intervention?**

<table>
<thead>
<tr>
<th>Resolved in Patient’s favor</th>
<th>Resolved in Plan’s favor</th>
<th>Compromise</th>
<th>Not resolved at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td>22%</td>
<td>21%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
Doctors’ Reports of Health Plan Efforts that Help them Improve Care

How often has a plan...

- Provided you with guidelines /Innovative tools to manage patient illness
  - Often/Sometimes: 47%
  - Rarely: 23%
  - Never: 29%

- Helped you encourage a patient to practice better health
  - Often/Sometimes: 33%
  - Rarely: 21%
  - Never: 45%

- Provided clinical data to help you provide more effective care
  - Often/Sometimes: 25%
  - Rarely: 28%
  - Never: 47%

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

- Yes: 37%
- No: 52%
- No answer: 11%

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
Doctors and Nurses’ Concerns When Reflecting on Their Own Experiences in Practice

Percent saying each is “a great concern”...

**Doctors**
- Spending too much time on administration rather than directly with patients: 58%
- Not enough autonomy over clinical decisions: 47%
- Not making enough money: 26%

**Nurses**
- Inadequate nurse staffing levels: 69%
- Not enough autonomy over clinical decisions: 33%
- Inadequate training to cope with changes: 28%
- Not making enough money: 26%

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

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

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

ATTITUDES TOWARDS HEALTH PLANS
What Shapes Providers’ Views About Managed Care?

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

- Your own experience as a doctor/nurse: 79% (Nurses), 70% (Doctors)
- Reports from your friends and family: 39% (Nurses), 47% (Doctors)
- Reports from Professional Organization: 31% (Nurses), 29% (Doctors)
- The Media: 22% (Nurses), 27% (Doctors)
- Your own experience as a patient: 23% (Nurses), 38% (Doctors)

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

- The amount of administrative paperwork for providers and patients: 95% Increased, 2% Decreased, 2% No effect
- The use of practice guidelines and disease management protocols in patient care: 68% Increased, 12% Decreased, 19% No effect
- The likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams: 45% Increased, 21% Decreased, 33% No effect
- Overall health care costs: 32% Increased, 30% Decreased, 36% No effect
- The amount of inappropriate health care services that are provided to patients: 28% Increased, 32% Decreased, 39% No effect
- The likelihood of the early detection of patient illnesses: 18% Increased, 46% Decreased, 34% No effect
- The quality of health care for people who are sick: 10% Increased, 72% Decreased, 18% No effect
- The ability of doctors to adapt treatment plans and decisions to patients’ personal living arrangements and family circumstances: 5% Increased, 74% Decreased, 20% No effect
- The ability of patients to get the tests and treatments they need: 5% Increased, 77% Decreased, 18% No effect
- The amount of time doctors spend with their patients: 5% Increased, 83% Decreased, 12% No effect
- The ability of patients to get the specific prescription drugs they need: 4% Increased, 80% Decreased, 16% No effect
- The ability of patients to see medical specialists: 2% Increased, 86% Decreased, 12% No effect

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

- The amount of administrative paperwork from providers to patients: 92% increased, 26% decreased, 2% no effect
- Overall health care costs: 51% increased, 26% decreased, 22% no effect
- The use of practice guidelines and disease management protocols in patient care: 51% increased, 25% decreased, 23% no effect
- The likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams: 42% increased, 31% decreased, 26% no effect
- The amount of inappropriate health care services that are provided to patients: 27% increased, 41% decreased, 30% no effect
- The likelihood of the early detection of patient illnesses: 20% increased, 57% decreased, 20% no effect
- The ability of nurses to adapt treatment plans and decisions to patients’ personal living arrangements and family circumstances: 14% increased, 63% decreased, 22% no effect
- The quality of health care for people who are sick: 12% increased, 78% decreased, 9% no effect
- The ability of patients to get the specific prescription drugs they need: 10% increased, 68% decreased, 21% no effect
- The ability of patients to get the tests and treatments they need: 8% increased, 79% decreased, 13% no effect
- The ability of patients to see medical specialists: 7% increased, 82% decreased, 10% no effect
- The amount of time nurses spend with their patients: 4% increased, 85% decreased, 10% no effect

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...

<table>
<thead>
<tr>
<th>Most Positive Impacts</th>
<th>Most Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased the amount of preventive services patients receive (27%).</td>
<td>• Increased administrative paperwork (31%).</td>
</tr>
<tr>
<td>• Increased the use of practice guidelines / disease management protocols (23%).</td>
<td>• Decreased the quality of care (15%).</td>
</tr>
</tbody>
</table>

### Nurses Say...

<table>
<thead>
<tr>
<th>Most Positive Impacts</th>
<th>Most Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased the amount of preventive services patients receive (20%).</td>
<td>• Decreased the quality of care (21%).</td>
</tr>
<tr>
<td>• Increased the use of practice guidelines / disease management (20%).</td>
<td>• Decreased the amount of time spent with patients (15%).</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
Worry About Whether Health Plans Would Be More Concerned About Saving Money Than About What’s the Best Treatment

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

By Type of Physician

<table>
<thead>
<tr>
<th>Type</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>13%</td>
<td>20%</td>
<td>66%</td>
</tr>
<tr>
<td>Specialists</td>
<td>5%</td>
<td>19%</td>
<td>75%</td>
</tr>
</tbody>
</table>

By Primary Practice Setting *

<table>
<thead>
<tr>
<th>Setting</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single HMO</td>
<td>23%</td>
<td>23%</td>
<td>52%</td>
</tr>
<tr>
<td>Not a single HMO</td>
<td>6%</td>
<td>19%</td>
<td>74%</td>
</tr>
</tbody>
</table>

* 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 # 17
Doctors’ Views on Managed Care : By Type of Physician

The amount of administrative paperwork for providers and patients

- Primary care: 95%
- Specialists: 95%

The likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams

- Primary care: 52%, 19%, 29%
- Specialists: 40%, 23%, 36%

The likelihood of the early detection of patient illnesses

- Primary care: 25%, 34%, 40%
- Specialists: 14%, 54%, 31%

The amount of time doctors spend with their patients

- Primary care: 7%, 81%, 11%
- Specialists: 4%, 84%, 12%

The ability of patients to see medical specialists

- Primary care: 3%, 79%, 18%
- Specialists: 2%, 91%, 8%

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

<table>
<thead>
<tr>
<th>Category</th>
<th>A single HMO</th>
<th>Not a single HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount of administrative paperwork for providers and patients</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td>The likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams</td>
<td>55% 14% 30%</td>
<td>44% 22% 33%</td>
</tr>
<tr>
<td>The likelihood of the early detection of patient illnesses</td>
<td>28% 31% 40%</td>
<td>16% 50% 33%</td>
</tr>
<tr>
<td>The amount of time doctors spend with their patients</td>
<td>7% 82% 11%</td>
<td>5% 84% 11%</td>
</tr>
<tr>
<td>The ability of patients to see medical specialists</td>
<td>5% 80% 14%</td>
<td>2% 88% 10%</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Concern</th>
<th>0</th>
<th>1 - 7</th>
<th>8 - 14</th>
<th>15 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending too much time on administration</td>
<td>39%</td>
<td>60%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Not having enough professional autonomy</td>
<td>34%</td>
<td>50%</td>
<td>56%</td>
<td>58%</td>
</tr>
<tr>
<td>Making less money than planned</td>
<td>17%</td>
<td>26%</td>
<td>26%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
Doctors’ Perceptions of Health Plan Efforts to Improve Care: By Type of Physician

How often has a plan ...

- Provided you with guidelines/Innovative tools to manage patient illness
  - **Primary Care**: Often/Sometimes 63%, Rarely 20%, Never 16%
  - **Specialists**: Often/Sometimes 39%, Rarely 25%, Never 37%

- Helped you encourage a patient to practice better health
  - **Primary Care**: Often/Sometimes 50%, Rarely 22%, Never 28%
  - **Specialists**: Often/Sometimes 24%, Rarely 21%, Never 55%

- Provided clinical data to help you provide more effective care
  - **Primary Care**: Often/Sometimes 39%, Rarely 33%, Never 28%
  - **Specialists**: Often/Sometimes 17%, Rarely 25%, Never 58%

Source: Kaiser Family Foundation / Harvard School of Public Health, Survey of Physicians and Nurses, July 1999
### Doctors’ Perceptions of Health Plan Efforts to Improve Care: By Primary Practice Setting *

<table>
<thead>
<tr>
<th>Provided you with guidelines / Innovative tools to manage patient illness</th>
<th>Often/Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single HMO</td>
<td>70%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Not a single HMO</td>
<td>43%</td>
<td>24%</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Helped you encourage a patient to practice better health</th>
<th>Often/Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single HMO</td>
<td>58%</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Not a single HMO</td>
<td>29%</td>
<td>21%</td>
<td>47%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provided clinical data to help you provide more effective care</th>
<th>Often/Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single HMO</td>
<td>52%</td>
<td>17%</td>
<td>30%</td>
</tr>
<tr>
<td>Not a single HMO</td>
<td>20%</td>
<td>28%</td>
<td>48%</td>
</tr>
</tbody>
</table>

*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