

Summary of Findings

Following are highlights from the 1999 Survey of Physicians and Nurses designed and analyzed by researchers at the Kaiser Family Foundation and the Harvard School of Public Health.

Section I: Experiences with Health Plans

- ❖ **Almost nine out of ten doctors (87%) say that their patients have experienced some type denial of coverage for health services by a health plan over the last two years.**
 - 79% of doctors say that over the last two years a plan has disapproved coverage for a prescription drug they believed a patient needed. 69% of doctors say that a plan has not approved a request for a diagnostic test or procedure, 60% say their patients have experienced a disapproval of a hospital stay, 52% report denials of specialty referrals, and 38% report denials for mental health or substance abuse referrals. [Chart 1]
 - Doctors report prescription drug denials as being the most frequent (61% say it happens on a weekly or monthly basis), followed by denials of coverage for diagnostic tests or procedures (42% say it happens on a weekly or monthly basis), hospital stays (31% say it happens weekly or monthly), and referrals to specialists (29% report it occurring weekly or monthly). They report denials of referrals for mental health or substance abuse as happening relatively infrequently (18% say it happens on a weekly or monthly basis). [Chart 1]
- ❖ **Across all types of services, doctors report that between 1/3 and 2/3 of denials result -- in their judgements -- in a "serious" decline in a patient's health status.**
 - Reported declines in health status were reported most frequently for problems related to mental health, specialist referrals, and diagnostic tests and procedures. In the mental health area, 65% of those doctors who reported a denial for their patients say that the most recent denial resulted in a "somewhat serious" or "very serious" decline in health. 50% report a similar decline in health for denials related to specialty referrals, and 46% report declines for denials of diagnostic tests. [Chart 2]

- "Serious" declines in health were reported less frequently for denials of hospital stays or prescription drugs. Of those doctors who reported a patient experiencing a hospital stay disapproval, 39% say that in the most recent case it resulted in a "very serious" or "somewhat serious" decline in the patient's health. 37% of those reporting denials related to prescription drugs say the most recent case resulted in a "serious" health decline. [Chart 2]

❖ **Many nurses also report that they see health plan decisions resulting in declines in patient health on a relatively frequent basis.**

- Almost half (48% of nurses) say that in the last two years a health plan has made a decision that resulted in a decline in a patient's health (an equal number say this has not happened). [Charts 3]
- Of those nurses who reported declines in a patient's health, almost two-thirds (63%) say it happens on a weekly or monthly basis. [Chart 3]

❖ **Many doctors and nurses say they have exaggerated a patient's condition to get coverage for them, and doctors report frequent -- and often successful -- efforts advocating on behalf of their patients with plans.**

- 26% of doctors and 30% of nurses say they often or sometimes exaggerate the severity of a patient's condition to get them care they think is medically necessary. Another 22% of doctors and 16% of nurses say they do this on rare occasions. 51% of doctors and 46% say they have never done so. [Chart 4]
- 66% of doctors say that they sometimes or often make contact with a health plan on behalf of patients for something other than a routine request for a referral (13% say they rarely do and 19% say they never do). [Chart 5]
- Among doctors who report making such interventions, 42% say that the most recent case was resolved in the patient's favor, 22% say it was resolved in the plan's favor, and 21% report the outcome was a compromise. 15% report the most recent intervention remains unresolved. [Chart 5]

❖ **Many doctors also report that health plans make efforts to aid them in improving patient care.**

- 47% of doctors say that a plan has at least sometimes provided them with guidelines or innovative tools to manage a patient's illness. [Charts 6]
- 33% of doctors say that a plan has at least sometimes helped them to encourage a patient to practice better health. [Chart 6]

❖ **Over one third (37%) of doctors say that they have dropped participation in a plan over the last two years because they were unsatisfied, frustrated, or unhappy (52% say they have not). [Chart 7]**

- Doctors who say they have dropped out of a plan also report more frequent coverage denials for their patients. For example, among those who have dropped a plan, 74% report plan disapprovals of prescription drugs on a weekly or monthly basis, compared to 52% among doctors who have not dropped out of a plan.

❖ **In reflecting on their own experiences in medicine, most doctors cite administrative issues as a great concern, while most nurses point to inadequate staffing levels.**

- 58% of doctors say spending too much time on administration rather than with patients is a great concern for them. Fewer cite lack of autonomy over clinical decisions (47%) or not making as much money as planned (26%) as great concerns. [Chart 8]
- 69% of nurses cite inadequate nurse staffing levels as a great concern, far exceeding those who cite other possible issues like insufficient autonomy (33%), inadequate training to cope with changes (28%), or not making as much money as planned (26%). [Chart 8]

Section II: Attitudes Towards Health Plans

- ❖ **Most doctors and nurses (79% and 70% respectively) say their views of managed care are shaped a great deal by their experiences as health providers. [Chart 11]**
 - Fewer cite reports of professional organizations (31% for doctors and 29% for nurses) or the media (22% for doctors and 27% for nurses) as major influences. [Chart 11]
 - Nurses are more likely than doctors to say they are influenced a great deal by their experiences as patients (38% vs. 23%) and by reports of their friends and family members (47% vs. 39%). [Chart 11]
- ❖ **Both doctors and nurses say that managed care has had a generally negative effect on the health care system, although many also report positive influences.**

The downsides

- 95% of doctors and 92% of nurses say it has increased the amount of administrative paperwork. [Charts 12 and 13]
- 83% of doctors and 85% of nurses say it has decreased time spent with patients. [Charts 12 and 13]
- 80% of doctors and 68% of nurses say it has decreased the ability of patients to get the prescription drugs they need. [Charts 12 and 13]
- 72% of doctors and 78% of nurses say it has decreased the quality of care for people who are sick. [Charts 12 and 13]
- Doctors say the biggest negative impact of managed care on their practices and patients is increased administrative paperwork; nurses say the biggest negative impact is decreased quality of care. [Chart 14]

The upsides

- 68% of doctors and 51% of nurses say it has increased the use of practice guidelines and disease management protocols. [Charts 12 and 13]
 - 45% of doctors and 42% of nurses say it has increased the likelihood that patients will get preventive services. [Charts 12 and 13]
 - Both doctors and nurses say the biggest positive impact of managed care on them and their patients is increased preventive services. [Chart 14]
- ❖ **Doctors and nurses both express greater concern than the general public about how plans balance patient care and cost concerns.**
- 59% of nurses and 46% of doctors say they would be very worried that a health plan would be more concerned about saving money than about what is the best treatment if a friend or family member were sick. [Chart 15]
 - In an April 1999 Kaiser Family Foundation/Harvard School of Public Health survey of the general public, 30% said they would very worried when asked a similar question. [Chart 15]

Section III: Physician Experiences and Attitudes for Different Physicians and Types of Practice

- ❖ **Physician experiences and attitudes vary considerably by their specialty designation.**
- Overall, 66% of primary care physicians say that managed care has had a negative impact on patient care, compared to 75% of specialists. 13% of primary care physicians and 5% of specialists say it has had a positive impact. [Chart 16]

- Specialists are more likely than primary care physicians to say that managed care had decreased the ability of patients to see medical specialists (91% vs. 79%) and decreased the likelihood of the early detection of illnesses (54% vs. 34%). [Chart 17]
 - A majority of primary care physicians (52%) say that managed care has increased the likelihood that patients will get preventive services, compared to 40% of specialists. Primary care physicians are also more likely than specialists to say that a health plan has often or sometimes helped them to encourage a patient to practice better health (50% vs. 24%). [Charts 17 and 20]
- ❖ **Physician reports also vary based on their relationships with health plans. Physicians who are primarily affiliated with a single HMO are more likely to report positive views or experiences than those who contract with a large number of plans.**
- Overall, 52% of physicians who work primarily with a single HMO say that managed care has had a negative impact on patient care, compared to 74% of physicians who contract with multiple plans (23% and 6% respectively say it has had a positive influence). [Chart 16]
 - Doctors who work primarily with a single HMO are more likely than other physicians to say that plans often or sometimes provide them with clinical data to provide more effective care (52% vs. 20%), help them to encourage patients to practice better health (58% vs. 29%), or provide them with guidelines or innovative tools to manage care (70% vs. 43%). [Chart 21]
 - The more plans a physician contracts with, the more likely he or she is to report "great concern" about spending too much time on administration rather than with patients (physicians with 0 managed care contracts: 39%; 1-7 contracts: 60%; 8-14 contracts: 72%; 15 or more contracts: 75%). [Chart 19]