



Form Approved
OMB No. 0935-xxxx
Exp. Date xx/xx/2010

BU IRB No. H-25914
Exp. Date 12/05/2007

Quality Targets and Incentives Survey

Dear Colleague:

- ◆ You are being asked to participate in the following survey because you work in a setting that is involved in a project concerning improvement in patient care and the use of financial incentives. We were selected by the Agency for Healthcare Research and Quality to conduct an evaluation of this project. Responses to these questions will allow us to identify factors that contribute to successful patient care improvement efforts. The survey should take no more than 15 minutes to complete.
- ◆ The purpose of this study is to describe how financial incentives contribute to patient care improvement efforts and how physicians perceive these incentives.
- ◆ You will be one of approximately 300 subjects asked to participate at **Boston Medical Center**. A total of 600 subjects at all institutions will be asked to participate in this study.
- ◆ This survey asks for your opinions about a variety of practices in your workplace or in organizations you may work closely with. The survey also includes some demographic questions. Please return the survey in the enclosed, pre-paid envelope. Taking part in this study is voluntary. Completing a survey indicates your consent to participate in the study. You may choose to end your participation in the survey at any time. Your responses to the survey will be strictly confidential. The questions do not focus on highly personal information. Information from this study may be used for research purposes and may be published; however, individual responses will never be reported.
- ◆ There are no known risks for participating in this study. The study may inconvenience you in terms of the time or the effort that it takes to read and answer each of the questions. At no time will the responses you give in the survey be shared with your employer. There may be unknown risks/discomforts involved. Study staff will update you in a timely way on any new information that may affect your health, welfare, or decision to stay in this study.
- ◆ You will receive no direct benefit from your participation in this study. However, your participation may help the investigators better understand financial incentive programs. We will provide you and leaders in your organization with anonymous feedback from the survey that may be beneficial in planning quality improvement efforts. There are no costs to you or your organization for participating. Your alternative is to not participate in the study. You will not be paid to participate in this research study.
- ◆ Each questionnaire is numbered to identify respondents. The identifier will only be used in the data collection phase. We will send a follow-up questionnaire to those who do not return the initial questionnaire. Once we have a complete record for each participant, all identifying information will be removed from the database. All analyses will be completed using private and confidential databases. The only people who have access to these data will be project staff who are required to keep the data private and confidential. Your employer will not have access to your survey answers. Information from this study may be reviewed and photocopied by state and federal regulatory agencies such as the Office of Human Research Protection as applicable, and the Institutional Review Board of Boston University Medical

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Center. Information from this study may be used for research purposes and may be published; however, your name will not be used in any publications.

- ◆ By consenting to participate in this study you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this study and that you agree to participate. If at any time you withdraw from this study you will not suffer any penalty or lose any benefits to which you are entitled.
- ◆ You may obtain further information about your rights as a research subject by calling the Office of the Institutional Review Board of Boston University Medical Center at 617-638-7207. The investigator or a member of the research team will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury while participating in this research, contact **Gary Young** at (617) 414-1423 during the day and **Karen Sautter** at (781) 424-1477 after hours.
- ◆ Taking part in this study is voluntary. You have the right to refuse to take part in this study. If you decide to be in the study and then change your mind, you can withdraw from the research. Your participation is completely up to you. Your decision will not affect your being able to get health care at this institution or payment for your health care. It will not affect your enrollment in any health plan or benefits you can get. If you choose to take part, you have the right to stop at any time.

We hope you will take the time to complete this survey. We greatly appreciate your cooperation.



Gary Young, PhD,
Principal Investigator



Karen Sautter, MPH,
Study Coordinator

Section 1. Quality Targets and Incentives in General

These first questions ask for your thoughts concerning the use of incentives attached to quality targets in health care and performance measures in general.

1. Physicians should be rewarded when they provide higher quality care.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

2. Financial incentives are an effective way to improve the quality of health care.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

3. Financial rewards are more effective as an incentive compared to non-financial rewards such as peer recognition.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

4. Physicians are aware of the financial incentive features of health plan contracts that apply to them.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

5. Financial incentives aside, reaching the quality targets used in incentive programs is good for patients.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

6. Physicians' efforts to achieve quality targets hinder them from providing other essential medical services.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

7. Physicians have a professional responsibility to measure the outcomes of their care.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

8. Feedback on specific clinical performance measures helps physicians identify opportunities to improve the quality of patient care.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

9. The primary motivation for performance measures is to improve the quality of patient care.

- Strongly disagree
- Disagree
- Neutral

- Agree
- Strongly agree

10. Most physicians are able to achieve the quality targets set by health plans and other payers.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

11. It is informative for physicians to compare their performance with that of their peers.

- Strongly disagree

- Disagree
- Neutral
- Agree
- Strongly agree

12. Financial incentives for achieving quality targets are most effective when linked to the performance of individual physicians (rather than the performance of a team or group practice overall).

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

13. Below please find a list of selected clinical procedures and quality indicators. You or your practice may be eligible for financial incentives for achieving certain specific quality targets related to these procedures and indicators. For each one that is applicable, please indicate whether you are aware of the quality target(s) and any associated individual or group financial incentive.

		Aware of quality target(s)?			Aware that there is a financial incentive?	
		Yes	No	Does Not Apply	Yes	No
A.	Asthma medication use	1	2	3	1	2
B.	Well-child exam in the first 15 months	1	2	3	1	2
C.	Diabetes retinal eye exam	1	2	3	1	2
D.	Patient retention	1	2	3	1	2
E.	Appointment availability	1	2	3	1	2

Section 2. Your Experience with a Specific Quality Target

14. To answer the next questions, it will be necessary to focus on a quality target and financial incentive (individual or group) associated with a particular clinical procedure. Detailed knowledge is not necessary in order to answer the questions, however. Please select one of your highest high volume procedures to use as your focus for this section of the survey. If you practice in more than one location, please answer the questions in this section with regard to the medical practice where you received this questionnaire.

- Asthma medication use
- Well-child exam in the first 15 months
- Diabetes retinal eye exam
- Not aware of both a quality target and the individual or group financial incentive related to any of these procedures

If not aware,
please skip to
Question 47.

15. About what percent of your patients are eligible for the procedure you selected in Question 14?

- Less than 5% of my patients
- 5% to 9% of my patients
- 10% to 14% of my patients
- 15% to 19% of my patients
- 20% to 24% of my patients
- 25% or more of my patients
- Not sure

16. When were you first made aware of the financial incentive associated with the procedure that you selected in Question 14?

- Within the past 6 months
- 7-12 months ago
- 13-24 months ago
- More than two years ago
- I cannot recall

17. Who has given you the most information about the financial incentive associated with the procedure that you selected in Question 14?

- A health plan
- The manager or medical director of my practice
- Other clinicians
- Other - please specify:

18. If you achieve the quality target and qualify for the financial incentive, how is the money distributed?

- Entirely to me
- Apportioned between me and the medical practice
- Entirely to the medical practice
- Not sure

19. Have you personally received any payment related to the financial incentive you selected in Question 14?

- Yes
- No
- Not sure

Please continue with the one quality target and associated financial incentive that you selected in Question 14 in mind.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
20	I have adequate information about the definition of the quality target.	1	2	3	4	5
21	This financial incentive represents an opportunity for me to appreciably increase my income.	1	2	3	4	5
22	This financial incentive is tied to a quality target that is clinically meaningful.	1	2	3	4	5
23	Efforts to obtain this financial incentive hinder me from providing other essential medical services to this group of patients.	1	2	3	4	5
24	The actions necessary to obtain this financial incentive are largely within my control.	1	2	3	4	5
25	Because of the clinical characteristics of my patients, it is more difficult for me to obtain this financial incentive than it is for other physicians.	1	2	3	4	5
26	The data used to assess achievement of the quality target are accurate.	1	2	3	4	5
27	I have adequate information about the scoring system used to compute the incentive amount.	1	2	3	4	5
28	I know the amount of the financial incentive I/my practice will receive if I achieve the quality target.	1	2	3	4	5
29	This financial incentive is sufficiently large to compensate for expenditures that might be necessary in order to meet the quality target.	1	2	3	4	5
30	This financial incentive is tied to a quality target based on sound medical science.	1	2	3	4	5
31	The effort required to obtain this financial incentive has an adverse impact on other types of patients in my practice.	1	2	3	4	5
32	I would be just as focused on this quality target without the financial incentive.	1	2	3	4	5

Please continue with the one quality target and associated financial incentive that you selected in Question 14 in mind.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33	New information technology has been required to obtain this financial incentive.	1	2	3	4	5
34	Physicians are on a level playing field for obtaining this financial incentive.	1	2	3	4	5
35	I get useful feedback regarding my progress toward achieving the quality target.	1	2	3	4	5
36	I invest extra time and effort in the care of those patients who are the focus of this financial incentive.	1	2	3	4	5
37	Obtaining the financial incentive brings me favorable recognition from my colleagues.	1	2	3	4	5
38	The financial incentive aside, reaching this quality target is good for my patients.	1	2	3	4	5
39	I have changed my practice behavior to obtain this financial incentive.	1	2	3	4	5
40	I receive useful assistance in response to my questions or concerns regarding the data related to this quality target.	1	2	3	4	5
41	Overall, my patients who are the focus of this financial incentive are getting better care.	1	2	3	4	5
42	I am able to get the cooperation of other physicians as needed to obtain this financial incentive.	1	2	3	4	5
43	I am able to get the cooperation of support staff as needed to obtain this financial incentive.	1	2	3	4	5
44	The financial incentive is applied fairly to physicians based on their performance.	1	2	3	4	5
45	The quality target helps me focus my time and effort constructively.	1	2	3	4	5
46	As a result of the financial incentive, physicians are more hesitant to treat non-compliant patients.	1	2	3	4	5

Section 3. Your Experience with Boston Medical Center Health Plan

Please answer the next questions on the basis of your typical experience with Montefiore Medical Group during the past six months.

47. BMC Health Plan seeks to maintain good relationships with practitioners.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

48. BMC Health Plan wants to help me take better care of my patients.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

49. BMC Health Plan interferes with how I care for my patients.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

50. BMC Health Plan understands my situation and needs as a practitioner.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

51. BMC Health Plan has confidence in my ability to offer high quality care to my patients.

- Strongly disagree
- Disagree

- Neutral
- Agree
- Strongly agree

52. BMC Health Plan encourages my questions and feedback about quality targets.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

53. I read BMC Health Plan's performance reports thoroughly.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
- I do not get reports

54. BMC Health Plan's performance reports are accurate.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
- I do not get reports

Section 4. Your Medical Practice Overall

If you practice in more than one location, please answer the following questions with regard to the medical practice where you received this questionnaire.

55. Overall, how satisfied are you with your current medical practice?

- Completely Dissatisfied
- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- Completely Satisfied

56. How many years ago did you complete residency?

- Less than a year ago
- 1 to 2 years ago
- 3 to 5 years ago
- 6 to 10 years ago
- 11 to 20 years ago
- More than 20 years ago

57. Are you a/an (check one):

- Internist
- Family Medicine Physician
- Pediatrician
- Other _____

58. Do you have a faculty appointment at a university or medical school?

- Yes
- No

59. If you are a primary care provider, approximately how many active patients do you currently care for at the medical practice where you received this questionnaire?

- Fewer than 1,000
- 1,000 to 1,500
- 1,501 to 2,000
- 2,001 to 2,500
- More than 2,500
- Not a primary care provider

60. Please use the space below to tell us about any issues related to quality targets or financial incentives that you think it would be important for policy makers to consider.

Thank you for completing this survey!

Please return your completed questionnaire in the enclosed envelope to:
Karen Sautter, Project Manager
Boston University School of Public Health
715 Albany Street, T3-West
Boston, MA 02118-2526