

2006 Medicare Oncology Demonstration Program: Physician Survey

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We would like to invite you to participate in an important evaluation of the *2006 Medicare Oncology Demonstration Program*, a national program that supports the use of evidence-based practice guidelines, by completing a survey to assess the demonstration. Other components of this evaluation include site visits with physician offices' who participated in the demonstration and an analysis of demonstration claims data. The purpose of the 2006 Demonstration was to sustain quality care for Medicare patients with a primary diagnosis of cancer in one of 13 major diagnostic categories. While current quality initiatives such as the Physician Quality Reporting Initiative (PQRI) assess 74 diverse quality measures applicable to many Medicare physicians, the 2006 Demonstration, which ended in December of 2006, gathered information specific to oncologists and hematologists regarding patients' treatments, the spectrum of care they received, and the frequency with which physician's used clinical practice guidelines. Your participation in this survey is crucial in helping us assess the 2006 Medicare Demonstration and in improving Medicare's approach to cancer care.

The National Cancer Institute (NCI) and the Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services would like to learn more about physicians' experiences with the 2006 Medicare Oncology Demonstration Program. NCI and CMS have contracted with the National Opinion Research Center at the University of Chicago (NORC) to conduct this survey.

All the information that would identify you or your practice will be kept confidential. No individual physicians will be identified in any of the analyses or reports from this evaluation and your decision on whether or not to participate in the survey will not affect your eligibility in the Medicare Program. Taking part in the survey is voluntary. You may elect to skip any questions. Please know all your answers are very important to us; your responses will help inform how Medicare pays for cancer care in the future.

Please return your completed survey in the enclosed postage-paid business reply envelope. If you would like more information about this survey, please call toll-free, 1-8XX-XXX-XXXX. For questions regarding your rights as a research subject, please contact NORC's IRB Administrator at 1-866-309-0542.

CASEID:

OMB #0938-NEW

Instructions:

Please answer the questions about your participation in the 2006 Medicare Oncology Demonstration Program. Answer all the questions by checking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → Go to Question 1

No

Statement of Burden

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Preliminary Questions:

(1) Did you participate in the 2005 Medicare Oncology Demonstration Program?

1. Yes
2. No

(2) Did you participate in the 2006 Medicare Oncology Demonstration Program?

1. Yes
2. No → (Stop. Please return this survey in the enclosed postage paid envelope.
Thank you.)

(3) What is your specialty? *Please choose only one.*

1. Hematology
2. Hematology/Oncology
3. Medical Oncology
4. Gynecological Oncology
5. None of the above → (Stop. Please return this survey in the enclosed postage paid envelope.
Thank you.)

(4) Did you primarily provide 2006 demonstration services in an office-setting or some other setting?

1. Office Setting
2. Some other setting → (Stop. Please return this survey in the enclosed postage paid envelope.
Thank you.)

2006 Medicare Oncology Demonstration Background:

The following section is about participation in the 2006 Medicare Oncology Demonstration Program.

(5) How did you hear about the 2006 demonstration? *(Mark all that apply.)*

1. CMS (Centers for Medicare & Medicaid Services)
2. Medical Association or Professional Society (i.e. AMA, ASCO)
3. NCCN (National Comprehensive Cancer Network)
4. Colleague

- 5. Office manager/office staff
- 6. Other (please specify): _____

(6) How would you rate your understanding of the goals of the 2006 demonstration?

- 1. Excellent
- 2. Very Good
- 3. Good
- 4. Fair
- 5. Poor

(7) To what extent did CMS answer your questions about the 2006 demonstration?

(Please include phone calls to CMS and accessing the CMS website.)

- 1. CMS answered all my questions
- 2. CMS answered some of my questions
- 3. CMS answered none of my questions
- 4. I did not contact CMS with questions

(8) How important were the following reasons in your participation of the 2006 demonstration?

		Very important	Important	Not important
a	Additional revenue for my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Believe it is important to follow clinical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	To assist in efforts for improving the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Believe in cooperating with government initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implementation of 2006 Medicare Oncology Demonstration Program:

(9) Think about the care you provide for Medicare patients with visits for breast cancer, chronic myelogenous leukemia, colon cancer, esophageal cancer, gastric cancer, head and neck cancer, multiple myeloma, non-Hodgkin’s lymphoma, non-small cell/small cell lung cancer, ovarian cancer, pancreatic cancer, prostate cancer, and rectal cancer. In 2006, how often did you submit a G-code when a patient had a qualifying visit?

- 1. Always → Go to Question 11
- 2. Usually

3. Sometimes
4. Rarely
5. Never

(10) If you did not submit G-codes for all these qualifying patients, why not?

(Mark all that apply.)

1. Documenting and reporting is time consuming
2. Coding and billing is time consuming
3. Clerical error, forms not attached
4. I did not want to bill my patients additional co-insurance amounts
5. I am less familiar with ASCO/NCCN guidelines for certain eligible diagnoses
6. Overlap in G-code descriptions made selection difficult
7. Other (please specify): _____

- (11) The next set of questions pertains to activities related to the 2006 demonstration. Please indicate how difficult you found the following activities.

		Very difficult	Difficult	Not difficult
a	Determining the primary focus of evaluation and management service for your patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Determining the current disease state of your patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Reporting adherence to the practice guidelines established by ASCO/NCCN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Data reporting and documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Coding and billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Initial implementation of the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (12) How often did you look-up clinical guidelines to determine if you would check the "Adhere to Guidelines" G-code for a patient?

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never → Go to Question 14

- (13) Approximately how long did it take to look-up clinical guidelines to determine if you would check the "Adhere to Guidelines" G-code for a patient?

1. Less than 1 minutes
2. Between 1-5 minutes
3. Between 6-10 minutes
4. More than 10 minutes

- (14) For you, how much extra work did it take to participate in the 2006 demonstration?

1. A lot
2. Some
3. A little
4. No extra work at all

- (15) For your non-physician personnel, how much extra work did it take to participate in the 2006 demonstration?
1. A lot
 2. Some
 3. A little
 4. No extra work at all
- (16) Which of the following did your practice do as a result of its participation in the 2006 demonstration? *(Mark all that apply.)*
1. Implement new policies/procedures
 2. Buy software to help administer the demonstration
 3. Modify software for billing
 4. Train staff
 5. Hire new staff
 6. Download resources and tools from an association or other group
 7. No changes were made
 8. Other (please specify): _____
- (17) How many non-physician personnel in your office took on new responsibilities as a result of the 2006 demonstration (e.g. identifying eligible patients, adding forms to charts, filing additional codes on claims, training)?
1. 0
 2. 1 - 3
 3. 4 - 6
 4. More than 6
 5. Don't know
- (18) How was the demonstration co-insurance explained to patients?
1. Oral explanation
 2. Written explanation
 3. Both written and oral explanation
 4. No standardized explanation
 5. Don't know
- (19) What percent of your patients commented on the demonstration co-insurance amounts?
1. None
 2. 1 - 25%
 3. 26 - 50%
 4. More than 50%
 5. Don't know

Physician Perceptions:

(20) Please indicate how much you agree or disagree with the following statements regarding clinical practice guidelines:

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a	Clinical guidelines are one of the most important tools that help me provide quality oncology care.	<input type="checkbox"/>				
b	Clinical guidelines are easy to use.	<input type="checkbox"/>				
c	Using clinical guidelines is like practicing cookbook medicine.	<input type="checkbox"/>				
d	Clinical guidelines are too rigid to apply to individual patients.	<input type="checkbox"/>				
e	Clinical guidelines limit my ability to apply clinical judgment.	<input type="checkbox"/>				

(21) Please indicate how much you agree or disagree with the following statements regarding the 2006 demonstration:

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a	This demonstration has improved the way I provide care to my <i>Medicare patients</i> .	<input type="checkbox"/>				
b	This demonstration has improved the way I provide care to my <i>non-Medicare patients</i> .	<input type="checkbox"/>				
c	This demonstration promotes and improves the overall quality of care for	<input type="checkbox"/>				

	cancer patients.					
d	Relative to the amount of work required to document patient care and report G-codes, the compensation is appropriate.	<input type="checkbox"/>				
e	The demonstration has been worth the effort.	<input type="checkbox"/>				

(22) To what degree did the 2006 demonstration improve or worsen the following at your practice?

		Greatly improved	Somewhat improved	No Change	Somewhat worsened	Greatly worsened
a	Patient health outcomes	<input type="checkbox"/>				
b	Processes of clinical care	<input type="checkbox"/>				
c	Patient satisfaction	<input type="checkbox"/>				
d	Overall patient care	<input type="checkbox"/>				
e	Finances	<input type="checkbox"/>				

Impact of 2006 Medicare Oncology Demonstration Program

(23) Think about the care you provide to your cancer patients. Compared to 2006, how frequently do you engage in the following activities now?

		More often now than in 2006	Same frequency now as in 2006	Less often now than in 2006
a	Look-up clinical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Follow clinical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Use clinical guidelines to determine the current disease state of my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d .	Identify the stage of the cancer			
e .	Use coding procedures developed for the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You:

(24) What is your gender?

1. Male
2. Female

(25) How old are you? _____ (years)

(26) How long have you been practicing your specialty? _____ (years)

(27) Are you board certified in your specialty?

1. Yes
2. No
3. I am board certified in a different specialty
4. I am board eligible

(28) Approximately what percent of your patients are on Medicare?

1. None
2. 1 to 25%
3. 26 to 50%
4. 51 to 75%
5. 76 to 99%
6. 100%
7. Don't Know

(29) Approximately what percent of your patients are cancer patients?

1. None
2. 1 to 25%
3. 26 to 50%
4. 51 to 75%
5. 76 to 99%
6. 100%
7. Don't Know

(30) In a typical week, how many cancer patients do you see?
_____ number per week

(31) Please rank from 1 to 5, with 1 being the highest, the top five cancer diagnoses you treat in your practice.

____ Breast cancer

____ Non-Hodgkin's lymphoma

- | | |
|---|--|
| <input type="checkbox"/> Cervical cancer | <input type="checkbox"/> Non-small cell/small cell lung cancer |
| <input type="checkbox"/> Chronic myelogenous leukemia | <input type="checkbox"/> Ovarian cancer |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Pancreatic cancer |
| <input type="checkbox"/> Esophageal cancer | <input type="checkbox"/> Prostate cancer |
| <input type="checkbox"/> Gastric cancer | <input type="checkbox"/> Rectal cancer |
| <input type="checkbox"/> Head and neck cancer | <input type="checkbox"/> Other cancers |
| <input type="checkbox"/> Multiple myeloma | |

About your practice:

- (32) Including yourself, how many full-time physicians are employed in your practice (at this site)? ___ (number)
- (33) Which of the following best describes your practice?
1. Sole practitioner
 2. Group practice, single specialty
 3. Group practice, multi-specialty practice
(please specify other specialties in the practice): _____
 4. Other (please specify): _____
- (34) Which of the following best describes the ownership structure of your practice?
1. One or more physicians, or a physician-owned practice
 2. HMO, health plan, or insurance company
 3. Health care corporation
 4. Hospital
 5. Academic medical center
 6. Federal, state, or local government
 7. Don't know
 8. Other (please specify): _____
- (35) Does your practice currently use an electronic medical record system?
1. Yes, we currently use an electronic medical record system.
 2. No, but we are planning to implement an electronic medical record system in the next few years
 3. No, we do not have any current plans to implement electronic medical records
 4. Don't know
- (36) Compared to other practices, do you feel that the technological aspects of your practice (such as scheduling, billing, and managing data) are...?
1. Above average
 2. Average
 3. Below Average
 4. Don't know

Final Impressions:

(37) Overall, what are your general impressions of the 2005 and 2006 demonstrations?

	Excellent	Good	Fair	Poor	Did not participate
2005 Demonstration	<input type="checkbox"/>				
2006 Demonstration	<input type="checkbox"/>				

(38) Please tell us anything else you would like to add about the 2006 demonstration.

End of Questionnaire:

Thank you.
Please return the completed questionnaire in the enclosed postage paid envelope to:

NORC
Attn: Medicare Oncology Demonstration Survey
1 North State Street, 16th Floor
Chicago, IL 60602

If you prefer, you may

fax your completed questionnaire to: **1-800-XXX-XXXX**
or e-mail it to **email@norc.org**

Please make sure to include the survey cover page in your fax or email.