

Practice Reflections & Perceptions of MOSOPS—Process, Value, and Potential Use

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12th CAHPS & 2nd SOPS User Group Meeting
20 April 2010

Track: SOPS in Medical Offices, Nursing Homes, and Other Settings

Session: Medical Office SOPS Survey Administration and Utility

Date & Time: April 20, 2010, 11:00 am

Track Number: SOPS T3_S2



Excellence in Research



Consortium of 11 PBRNs



- Eastern Pennsylvania Inquiry Collaborative (EPICNet)
- Great Lakes Research Into Practice Network (GRIN)
- Guthrie Healthcare System
- Indiana Family Practice Research Network (INet)
- Minnesota Academy of Family Physicians Research Network (MAFPRN)
- National Interdisciplinary Primary Care Practice-Based Research Network, CA
- Oklahoma Physicians Resource/Research Network (OKPRN)
- Oregon Rural Practice-based Research Network (ORPRN)
- Penn State Ambulatory Research Network (PSARN)
- South Texas Ambulatory Research Network (STARNet)
- Wisconsin Research and Education Network (WREN)

Timeline

Activity	Timeline in Proposal	Timeline after Award	Actual Dates
<ul style="list-style-type: none"> • Sampling Plan • Medical Office Recruitment • OMB Approval • Survey Administration • Data Submitted to Westat • Feedback Reports to Offices • Follow up Evaluation to POCs 	<ul style="list-style-type: none"> • Sept. 2008 • Nov. 2008 • By Feb. 2009 • Feb. 2009 • Apr. 2009 • June 2009 	<ul style="list-style-type: none"> • Sept. 2008 • Oct. 2008 • Feb./Mar./By Apr. 1, 2009 • May/June 2009 • Sept. 2009 • Dec. 2009 • Feb. 2010 	<ul style="list-style-type: none"> • Nov. 2008 • May 2009 (post OMB, but some began earlier) • May 21, 2009 • July/Aug./Sept. 2009 • Sept./Oct./Nov. 2009 • Jan. 22, 2010 to PBRNs • Feb. 2010

Follow-UP Survey Methods

■ Survey Development

- ❑ 25 questions with multiple choice response options
- ❑ Qualitative responses regarding: 1) barriers encountered in completing the survey; 2) ways to improve survey administration; and, 3) office perceptions of value and potential uses of the survey and the report/comparative data provided
- ❑ <http://www.ohsu.edu/orprn/SOPS/index.html>
- ❑ Administered via Survey Monkey

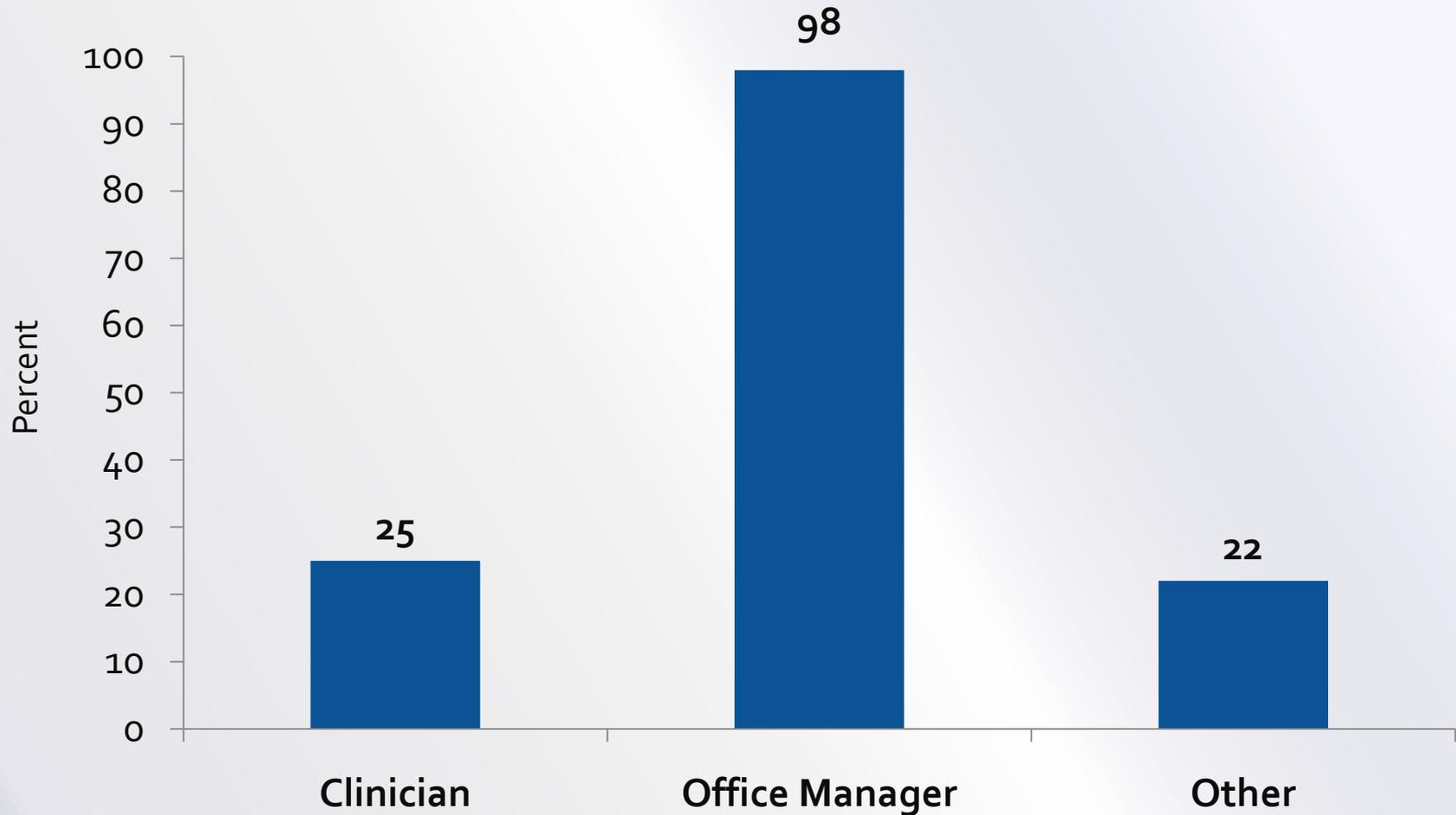
■ Survey Administration

- ❑ To be completed by the ONE person in the medical office who served as the main Point of Contact (POC)
- ❑ Instructed to answer questions with the overall office in mind
- ❑ Survey takes approximately 10 to 15 minutes to complete

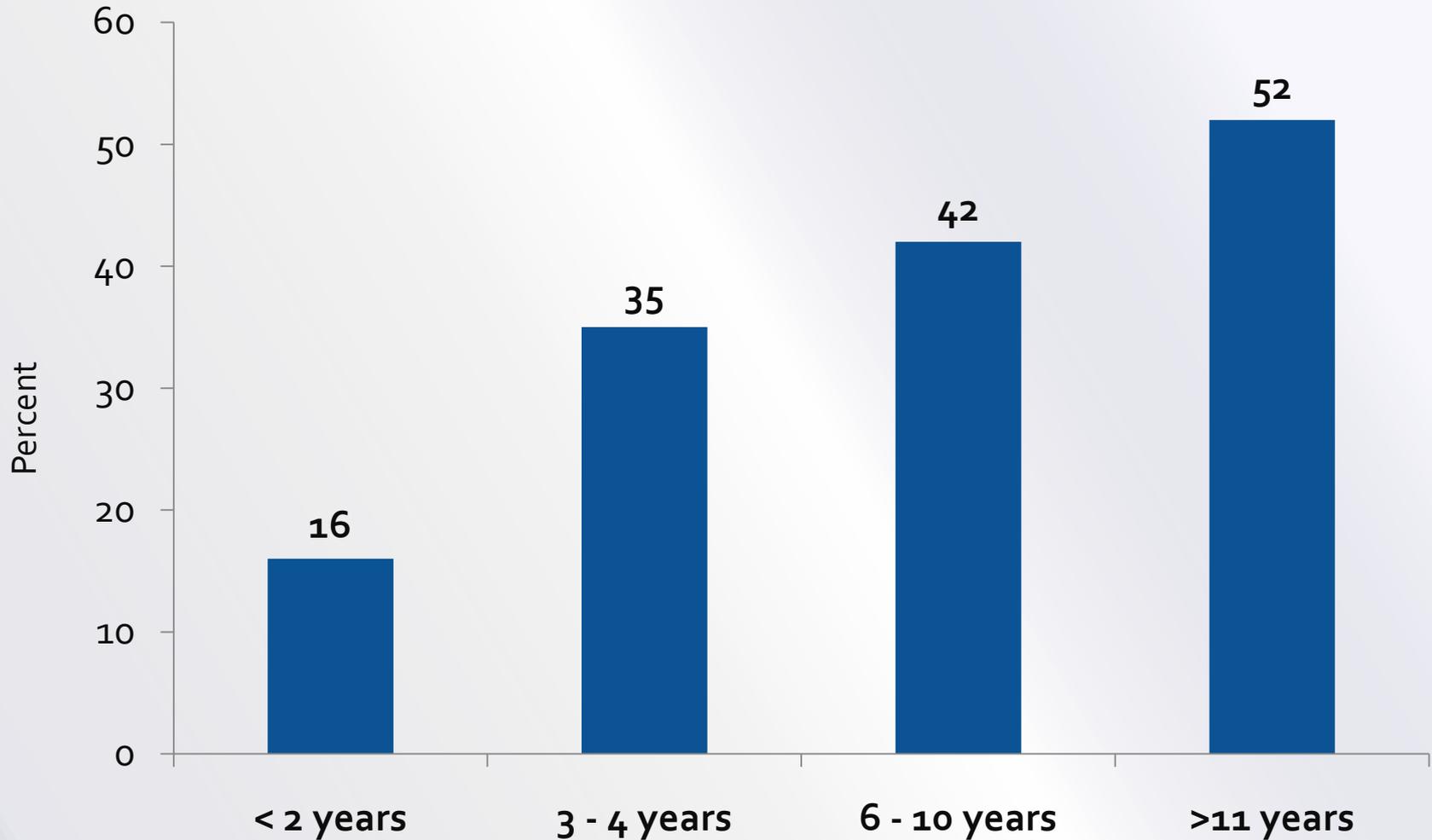
Survey Response

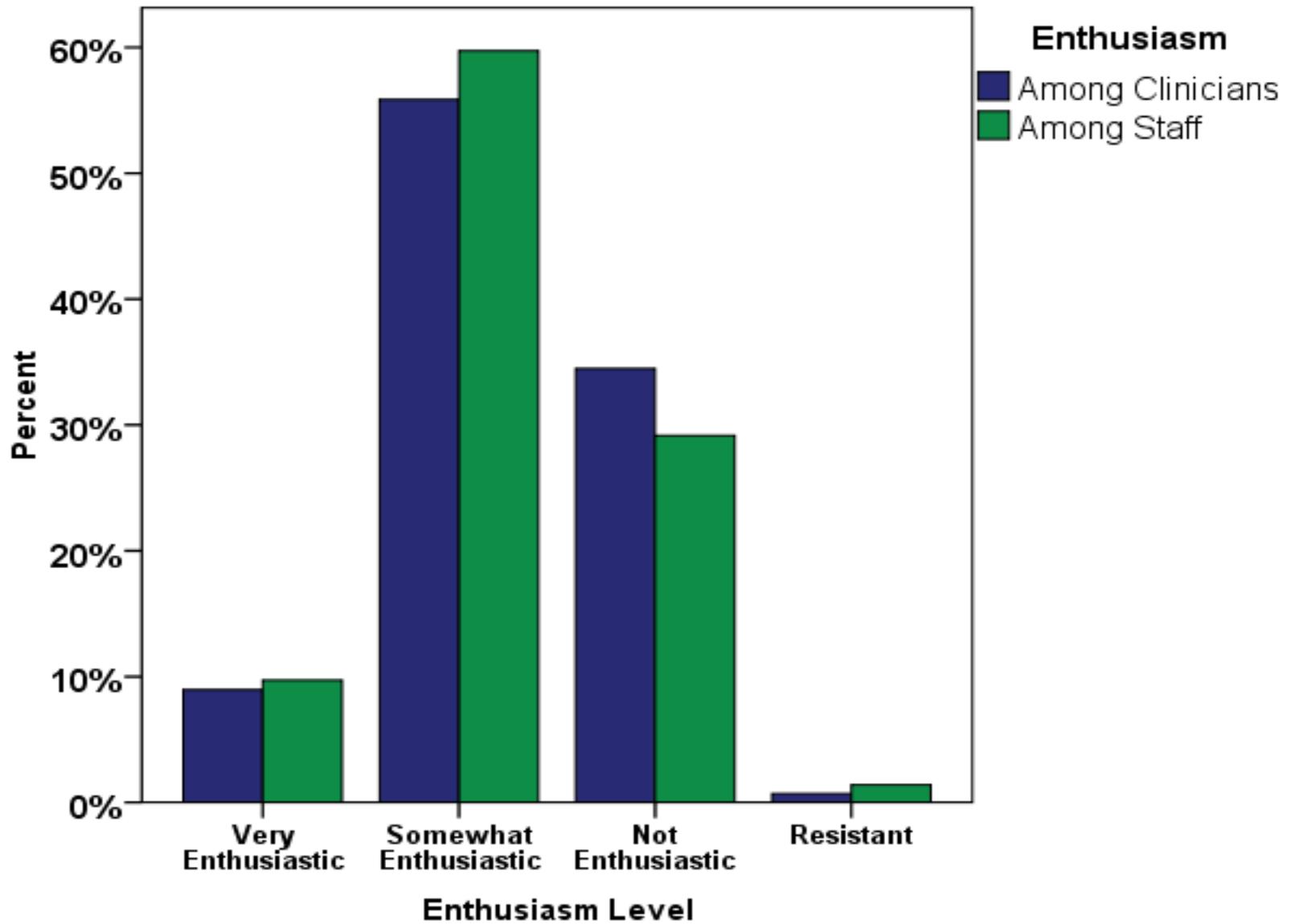
- Survey received by 262 Point of Contacts (POC) on February 14, 2010
- As of March 29th, 147 responses received (56% response rate)
- Median number of questions answered was 25, and the 75th percentile of answered questions was 24
- POC response rate by PBRN ranged from 4.1% to 21.1%

Respondent's Role in Practice



Length of Respondent's Affiliation with Practice





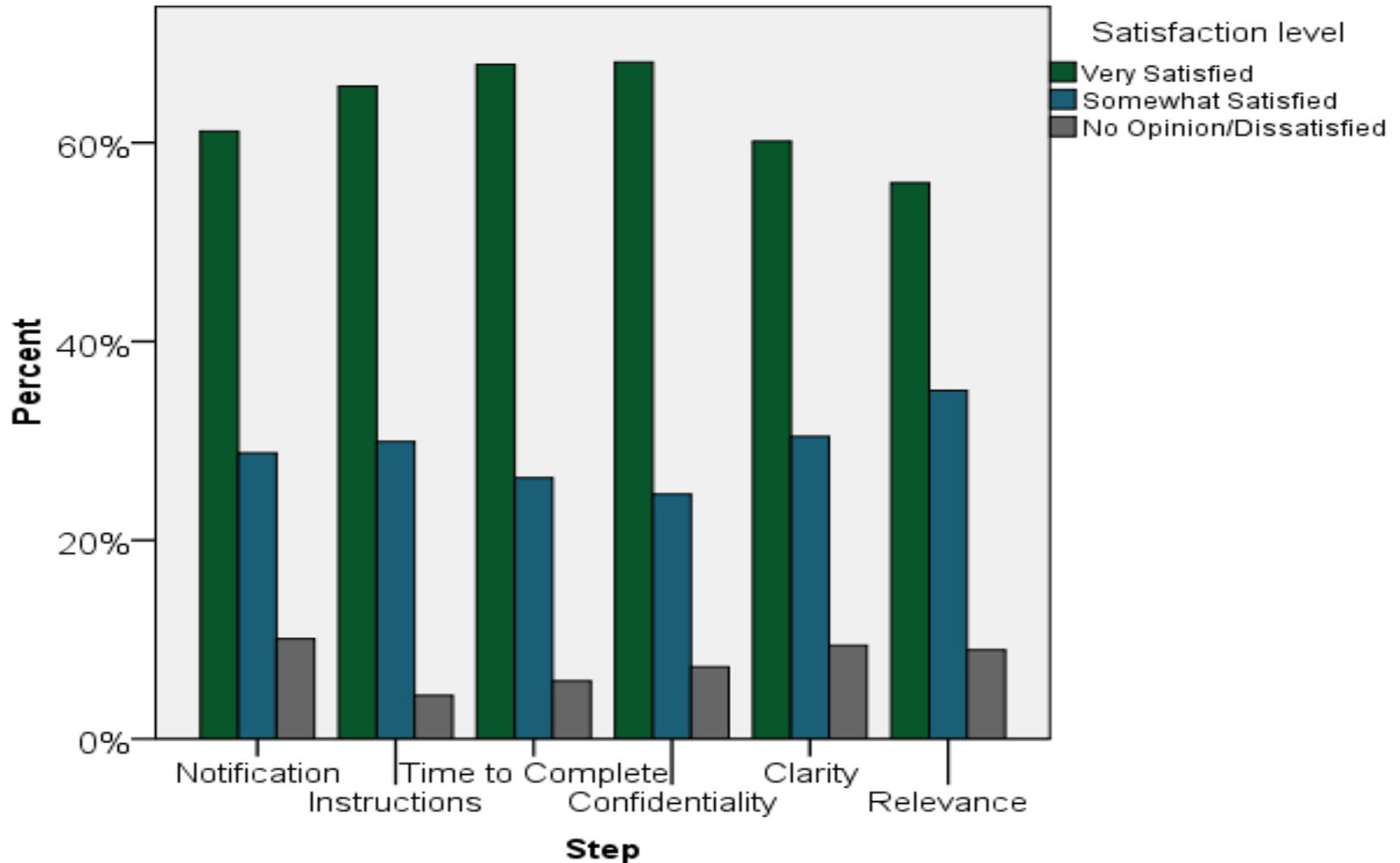
Enthusiasm Level—*Positive Comments*

- “The comments that I was hearing was that they could not wait to get the results back from the survey.”
- “The staff were very enthusiastic when starting the survey realizing that it asks great questions [about] job satisfaction.”

Enthusiasm Level—*Negative Comments*

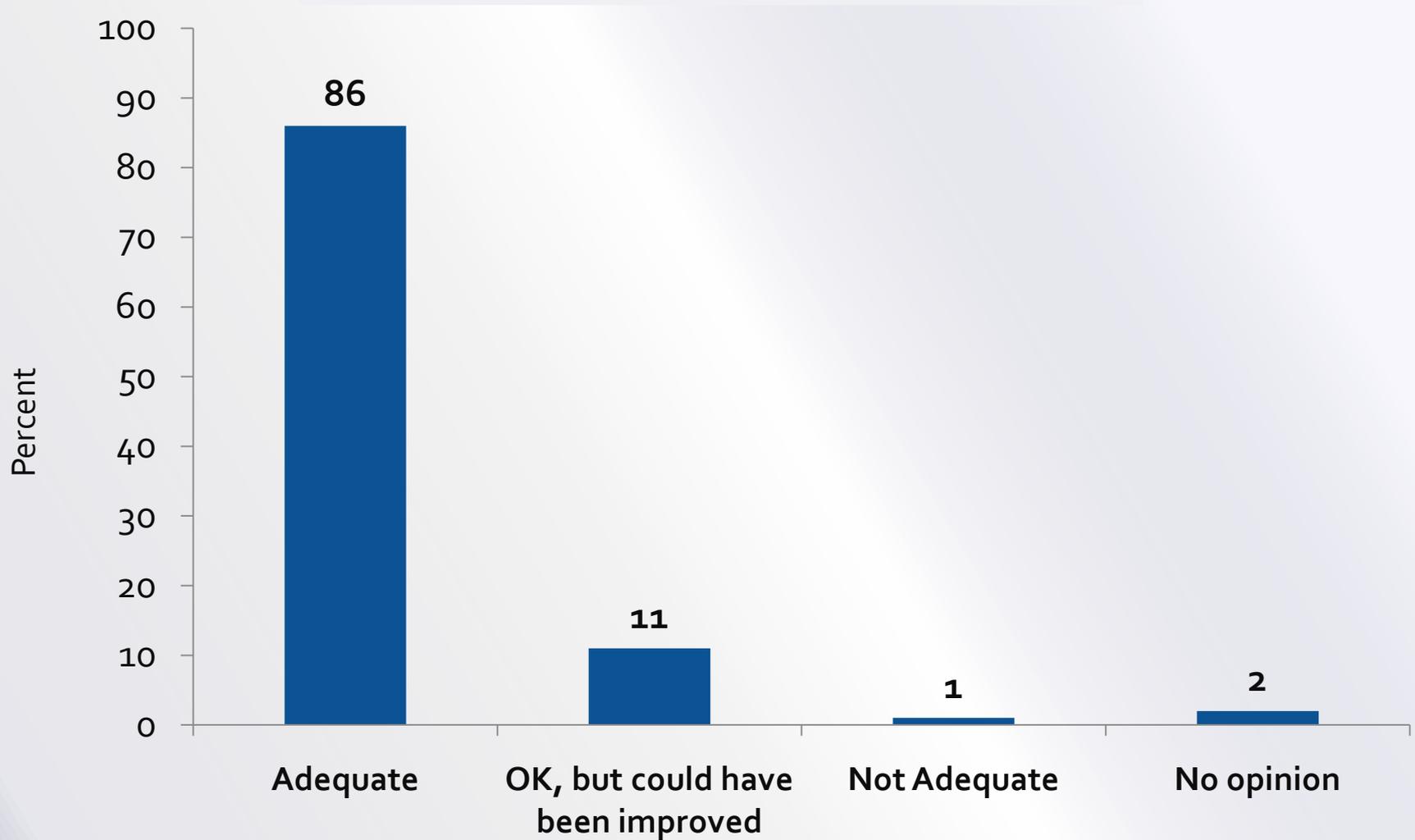
- “Staff just are not really responsive to filling out surveys...wonder what they are being surveyed on, suspicious of what will be done with the results, etc.”
- “The surveys are difficult because it is all up to the interpretation of the person taking it and what mood they happen to be in that day.”
- “We’ve been so busy between patient care and EMR implementation. The timing was pretty bad for us. Kind of stressful here.”

Satisfaction with Steps of SOPS Process



Very Satisfied=1 to Very Dissatisfied=5. Median overall satisfaction rate=1.33

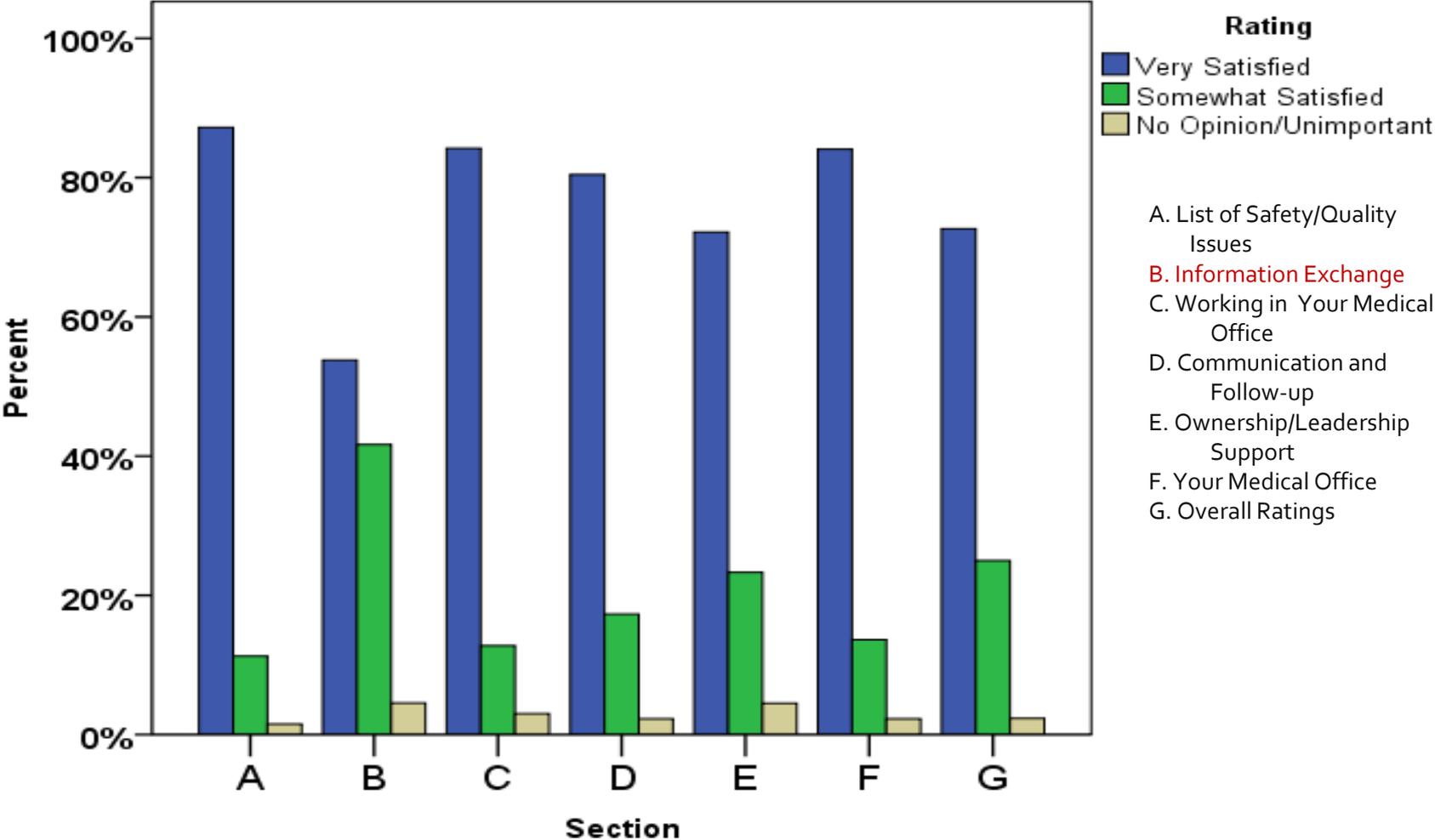
Adequacy of SOPS Orientation and Instruction



Comments on Satisfaction/Irrelevant questions

- “Confidentiality is hard in such a tiny practice, ie results tabulated by MD, PA, and we only have 1 PA.”
- “Though this would not apply to all offices, our office has 3 clinical pharmacists on staff who were not easily classified by the options in the staff position section.”
- “Many of the questions were ‘open to interpretation’. I received feedback from the providers and several staff that questions were confusing and difficult to answer. Perhaps oral administration of the survey would provide more accurate results.”

Ranking of Importance of Survey Sections



Did you feel that the survey items addressed all areas of patient safety?

- Yes—86% (n=126); No—4% (n=6); Missing—10% (n=14)
- If no, what additional questions would you include?
 - “Medication error questions too non-specific and brief to be helpful with informing operational improvement.”
 - “More specifics on coordination of care for patients.”
 - “Related to how the culture impacts clinical outcomes.”
 - “Rating the office on outside access to clinic: i.e. access to parking/issue with drive up access for handicapped patients, proper lighting to sidewalks, if the clinics have extended hours.”

Sharing of Results

	Frequency	Percent
Held meeting with clinicians and staff	13	8.9
Planning meeting with clinicians and staff	70	47.9
Written report to clinicians only	13	8.9
Written report to clinicians and staff	24	16.4
No plans to share results	6	4.1
No response	20	13.7
Total	146	100

What assistance or resources might help your medical office utilize the report/results?

- “Dr. [xx] would like for someone to come to our next provider’s meeting...to discuss the results in detail.”
- “It would have been helpful if the questions were worded so the answers were consistent, in that some answers were ‘good’ if they had a high percentage and some answers were ‘bad’ if they had a high percentage.....”
- “The results comparison was very helpful, as it indicated how we compare to other medical offices. However, it would be better to compare the office to other demographically similar offices based on number of clinicians/staff, type of professionals in the office, geographic location....”

Overall, has your office benefitted from participating in the survey?

- Yes—68% (n=99); No—17% (n=25); Missing—15% (n=22)
- “Obtaining internal data in a ‘safe environment’ was very beneficial, and allowed for honest answers.” (clinician)
- “Interesting to note areas of concern from staff perspective.” (clinician)
- “Has opened the dialogue on many issues.” (clinician)
- “Doubt that we will discuss the report. Office manager/physician did not seem interested in exploring the report.”(office staff POC)
- “It is a great tool to reinforce the need for patient safety in the practice. I have broken up the survey and discussed sections at staff meetings.” (clinician)

Advice/feedback to AHRQ regarding the use of MOSOPS in a medical office

- “It would be great to have a facilitator to go over the results and lead a group discussion that can help bring up ideas to resolve some deficiencies.”
- “FUNDING! There is not CPT code to reimburse for patient safety, quality initiatives, etc. In primary care, we are underpaid, get paid very little, and only get paid for face to face encounters with patients.....”
- “This survey is something we would not have done on our own, not because we wouldn’t want to but rather because of time and manpower restraints. Therefore, we are grateful for the assistance in implementing this and providing us with the results.”

	Do you think your office would want to participate in further group discussion about the results of the survey?			
Overall, has your office benefited from participating in the survey?	Yes, within office	Yes, within PBRN	No	No Response
Yes	25 25.3%	22 22.2%	43 43.4%	9 9.1%
No	6 24.0%	3 12.0%	15 60.0%	1 4.0%
No Response	1 4.5%	0 0%	1 4.5%	20 90.9%
Total	32 21.9%	25 17.1%	59 40.4%	30 20.5%

Interest in completing SOPS in the future

	Total		Within Q15*=Yes		Within Q15*=No	
	N	Percent	N	Percent	N	Percent
Yes	102	70%	83	84%	18	72%
No	19	16%	11	11%	7	28%
Missing	25	25%	5	5%	0	0%

***Question 15=Overall has your office benefitted from participating in the survey?**

How often do you think SOPS should be administered?

	Total		Within Q18*=Yes		Within Q18*=No	
	N	Percent	N	Percent	N	Percent
Once a year	40	27%	35	34%	3	16%
Every 2 years	60	41%	54	53%	4	21%
No Opinion	23	16%	10	10%	12	63%
Missing	23	16%	3	3%	0	0%

***Question 18=Do you think your office would be interested in completing SOPS in the future?**

Additional Comments—*Negative*

- “The survey results are sooooo long and cumbersome to go through.....All the bar graph information was great but I feel that I totally did not need all the other information that followed.”
- “We struggled some with our response rate. I think this was at least partly due to the time burden (or at least, perceived time burden) of filling out the survey. I think some people felt that the process of responding to the survey was cumbersome, perhaps partly because it was done on paper as well as the desire to keep surveys anonymous, etc.. I wonder if it might not be useful to give clinics (or perhaps individuals within clinics) the option of doing an online survey once the tool is fully developed.”

Additional Comments—*Positive*

- “I appreciated the opportunity for our clinic to participate in this valuable process. Thank you. I think the survey was administered very well and with little disruption. I would be happy to participate in future studies.”
- “Thanks for looking into this! Again, though, it’s all moot—we’re all too busy (and underpaid) to really put in the time/effort it takes to really make patient safety (and other QI improvements) a priority.”
- “ORPRN support was VERY GOOD. Made it as simple and attractive as could be imagined.”

Thank you.

ORPRN:

Jean O'Malley, MPH, Biostatistician

PBRN Principal Investigators and Research Coordinators:

Eastern Pennsylvania Inquiry Collaborative (EPICNet) – Brian Stello, MD and Melanie Johnson, x;
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