

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

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(ORPRN)

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AHRQ PBRN Task Order, HHSA290200710016

Creation of the Consortium of Practice-Based Research Networks



- Task Order from the Agency for Healthcare Research Quality to survey 311 primary care offices with MOSOPS
- Invitation to PBRN directors—mix of urban and rural, specialty, HIT enabled, ownership practices
- ORPRN Study Website:

<http://www.ohsu.edu/orprn/SOPS/index.html>

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)



300 Primary Care Offices

- Each PBRN required to recruit 25+ practices
- PBRNs chose their own recruitment methods and ORPRN provided templates
 - Letter of invitation
 - Information sheet for offices
 - Study description
 - Duties of the Point of Contact at each office

MEDICAL OFFICE SAMPLING

- Specialty
- Size
- HIT-enabled

Medical Office Survey on Patient Safety (SOPS)

Please fill in this chart with an estimate of the 25 practices (or more) that your PBRN is recruiting.

Your PBRN: _____

Single Specialty = clinicians in this practice are all FM or all PEDs or all IM

Multi-Specialty = this practice has at least one clinician outside the main specialty in that practice

HIT-enabled = this practice has 3 of 5 of the following tools implemented by June 2009:

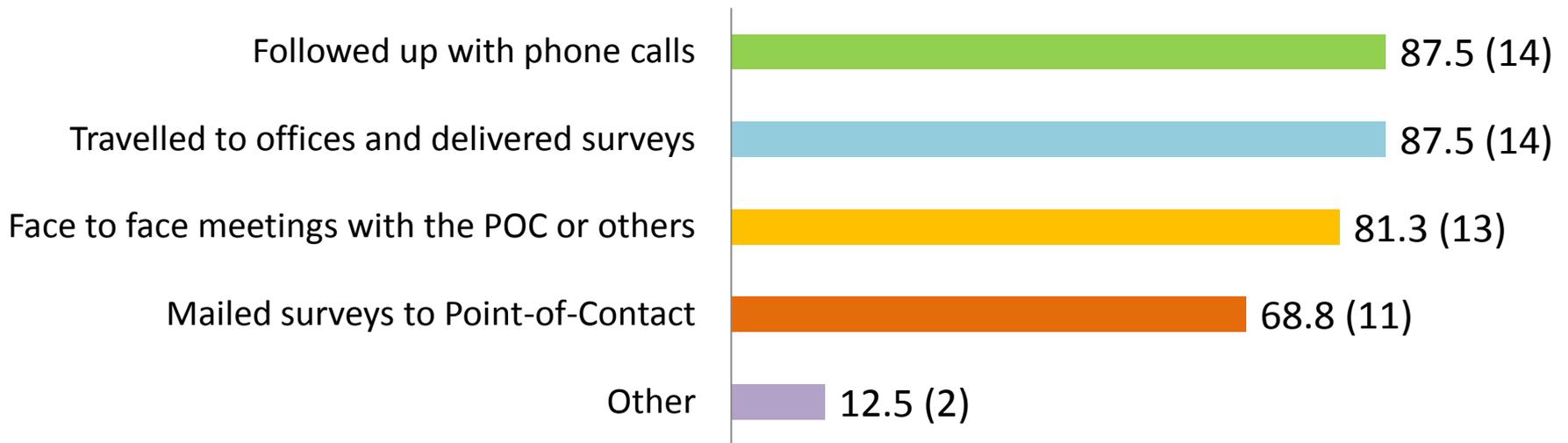
1. Electronic appointment scheduling
2. Electronic ordering of medications (with pharmacies capable of processing electronic orders)
3. Electronic ordering of tests, imaging or procedures (with test/imaging centers capable of processing electronic orders)
4. Electronic access to your patients' test or imaging results
5. Electronic medical/health records (EMR/EHR)



	SINGLE SPECIALTY		MULTI-SPECIALTY		TOTAL PRACTICES
	HIT-enabled	Not HIT-enabled	HIT-enabled	Not HIT-enabled	
SMALL PRACTICE (2-3 MDs, NPs, PAs)					
LARGE PRACTICE (4+ MDs, NPs, PAs)					
TOTAL					

How did you (PBRN) distribute and collect SOPS in your medical offices? (Please mark all that apply.)

Response % (n=16)



Other:

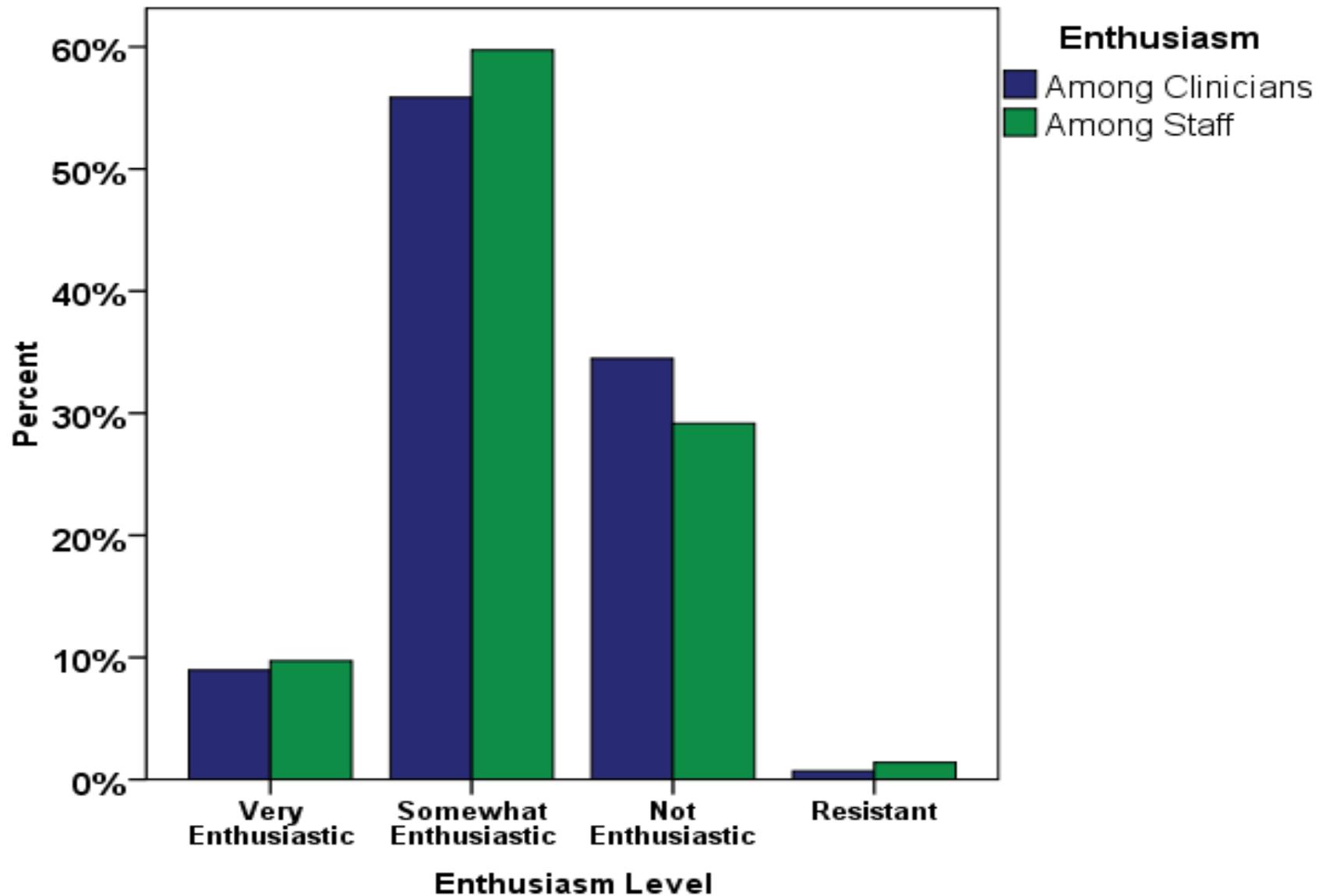
- *We met with the QI Director of a large health care system and he/she delivered the surveys to the clinics.*
- *Method varied by distance and level of previous network involvement. We had individual contact with practices that had not participated in a study in the past year.*

What worked best or didn't work for distribution and collection of surveys in your medical offices? (PBRN)

- *Face to face meetings with POCs and staff worked best overall.*
- *It worked best to go there and introduce the survey. Staff took time to complete it while we were there – more direct accountability to get it done.*
- *I think it would have been better if I had gone out to the clinics to deliver the surveys in person. There were delays in getting the survey done in clinics where we mailed the surveys.*
- *Follow up with POCs using emails and phone calls was helpful.*
- *Having food for the offices was very helpful and increased participation given that most often we had surveys completed over lunch.*
- *A good presentation to staff and time for questions assured a higher response rate.*

Survey of Practice Point of Contacts (in the medical offices)

- Survey received on 2/14/2010 by 262 office Point of Contacts (POC), 3/29/2010, 147 responses (63%)
 - 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
- POC response rate by PBRN ranged from 4.1% to 21.1%
- Over two-thirds of the respondents were office managers



Enthusiasm Level: *Positive Comments*

- “The comments that I was hearing were 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*

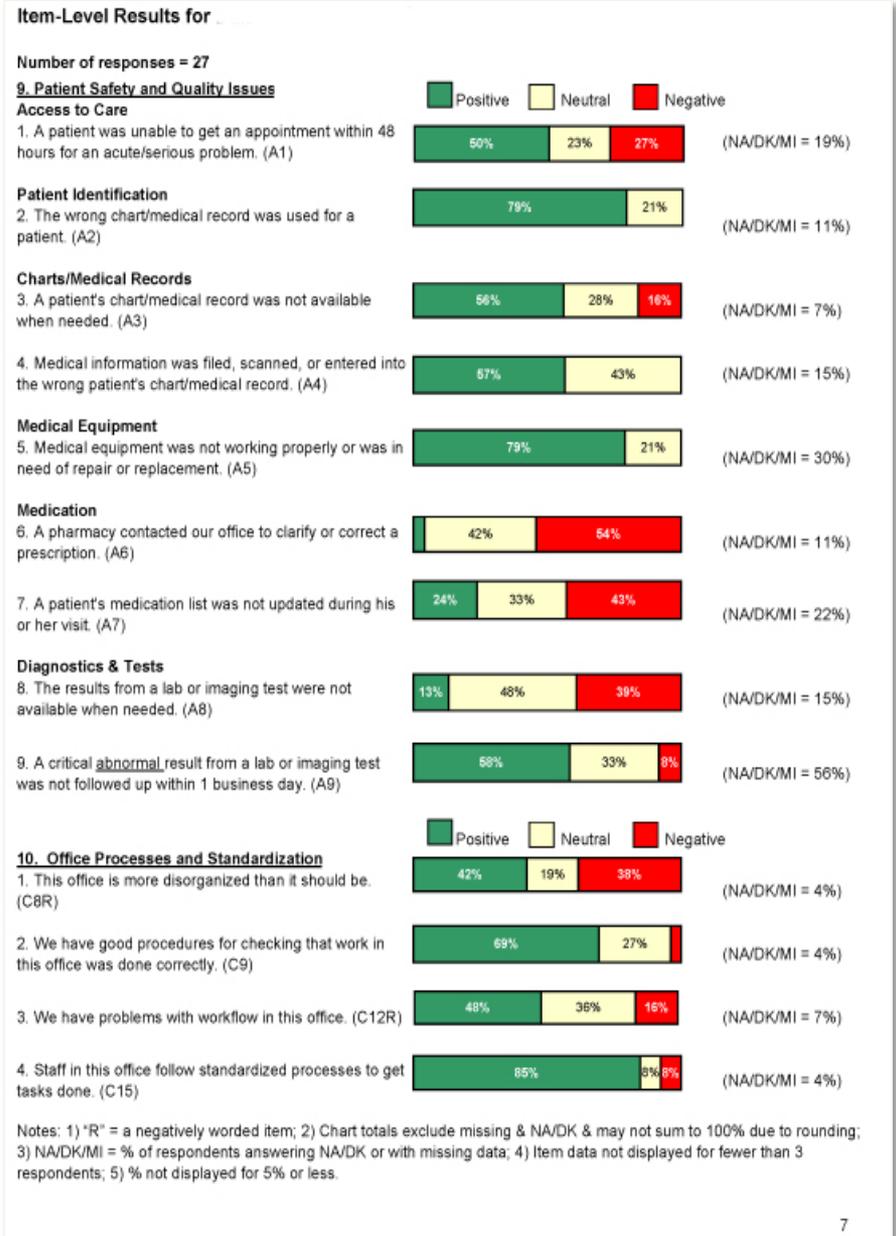
- “Staff just are not really responsive to filling out surveys...wonder what they are being surveyed on, suspicious of what will be done with the results, etc.”
- “The surveys are difficult because it is all up to the interpretation of the person taking it and what mood they happen to be in that day.”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

Did you feel that the survey items addressed all areas of patient safety? (point-of-contact)

- 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.”

RESULTS/REPORTS TO PRACTICES

- Westat distributed the 42 page report (.pdf) to each PBRN PI and RC to distribute to their medical offices.
- PIs chose how to distribute reports to their offices: encrypted .pdf, email, printouts.
- 56.3% of PBRNs visited or plan to visit their medical offices to discuss the survey results.



Practice plan for sharing results (point-of-contact)

	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

Overall, has your office benefitted from participating in the survey? (point-of-contact)

- 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)

What feedback have you heard from the medical offices in response to their individual SOPS reports? (PBRN)

- *One office manager considered it too lengthy and complex.*
- *Many think their results are interesting and like the fact that the data were analyzed and presented to them at the end of the study.*
- *I got the feeling that most clinics didn't share the results with their staff. We have offered via email several times to review reports with clinics and no clinics have responded to this offer.*
- *The most common questions were about how to do the survey again.*
- *There was some confusion in how to understand the negatively worded questions.*

Please provide any ideas or suggestions you have for using the reports/results in the medical office. (PBRN)

- We need to explain the results very carefully due to the complexities of scoring (reverse coding, double negatives.)
- Going to the practices and talking to the clinicians and staff was a huge success. The clinics we visited were very engaged.
- The PBRN should provide education and support. Otherwise, many offices don't make the time to review the results or share them with others.

Any other comments? We value your contribution to SOPS and invite you to share any other comments here.

- *The project was much more fun than I had anticipated. The results we reviewed with clinics were well received by the staff and admin. The range of responses I heard when implementing this survey was great. Some examples: “I am so glad you asked, nobody ever asked the front desk for their opinion before.” Another young woman came with her survey in her sealed envelope, tightly clutched to her chest. She asked “Are you absolutely sure my manager will never see my survey . . . They won’t know it is me, right?” I also heard “This is the dumbest thing I have ever done.” That person was very interested in the results once it became apparent that things weren’t working as well as she had thought they were.*