

Evidence Roadmap: Changes in Physician Practice



In 2013, AcademyHealth's Translation and Dissemination Institute launched its Listening Project, which aims to identify the most pressing health services research needs of leaders in health policy and health care delivery for the coming three to five years. **The 2014 Listening Project Report** identified several research and data gaps related to Medicare. In response to what we heard from the Medicare policy community, AcademyHealth has created this series of evidence roadmaps to identify existing resources related to the gaps. These roadmaps represent a selected minimal set of key resources rather than a comprehensive list of relevant research. The roadmaps are intended to help policy analysts and other research users better understand whether a perceived research gap represents an actual lack of evidence or failure of existing evidence to reach the policy arena, that is, a failure of adequate translation and dissemination. AcademyHealth undertook this roadmap with the support of the Robert Wood Johnson Foundation.

In Listening Project interviews, members of the Medicare policy community indicated a need for research and data that explain how physicians practice, organize themselves, and use resources in response to new payment incentives.

Data Sources

The National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) are national surveys designed to elicit information related to the utilization and provision of ambulatory services. Using the Physician Induction Interview Form, NAMCS interviews physicians about themselves and their practices. It collects organizational information related to personnel, services provided, and sources of payment. The information is available as a downloadable public-use file from the NAMCS/NHAMCS website.

American Medical Association

In 2007 and 2008, the American Medical Association (AMA) administered the Physician Practice Information Survey (PPI) with the goal of collecting extensive data on physician practice. AMA sold the data to the Centers for Medicare & Medicaid Services (CMS) in 2009 to help guide development of the 2010 Medicare Payment Schedule. Before the PPI survey, CMS relied on data from AMA's Socioeconomic Monitoring Surveys to determine Medicare physician payment.

National Study of Physician Organizations

The National Study of Physician Organizations (NSPO), conducted by the University of California, Berkeley, School of Public Health, was part of the Robert Wood Johnson Foundation's (RWJF) Aligning Forces for Quality initiative. From 2000 to 2012, the national survey collected information from physician groups of all sizes in three rounds. The collected data included "practice size, ownership, type, and volume of patients seen; management and governance of the organization; compensation models; relationships with health plans; and implementation of care management processes and quality improvement approaches—with a specific focus on four key chronic illnesses (asthma, congestive heart failure, depression, and diabetes)."

Medical Group Management Association

The Medical Group Management Association (MGMA)'s members are medical practice executives and leaders. It conducts a wide range of surveys and collects data related to physician practice staffing, productivity, compensation, and reimbursement. Selected reports are publicly available through the MGMA website.

Center for Studying Health System Change

The Center for Studying Health System Change (HSC) collected both quantitative and qualitative data on health care delivery topics, including physician practice, through the Community Tracking Study (CTS) and various Health Tracking surveys. Data from the CTS and Health Tracking surveys are publicly available through the Health and Medical Care Archive at the Inter-university Consortium for Political and Social Research (<http://www.icpsr.umich.edu/icpsrweb/landing.jsp>). HSC ceased operation as an independent organization and merged with Mathematica Policy Research in 2013. Research is archived at the HSC website.

Individual Studies

What Does it Cost Physician Practices to Interact with Health Insurance Plans?

Casalino LP, Nicholson S, Gans DN, Hammona T, Morra D, Karrison T, Levinson W. *Health Aff (Millwood)*. 2009 Aug; 28(4): w533-w543.

Researchers conducted a national survey of physicians and practice managers to estimate the amount of time spent on administrative interaction with health plans and then converted time to dollars.

Office-Based Physicians are Responding to Incentives and Assistance by Adopting and Using Electronic Health Records

Hsiao CJ, Jha AK, King J, Patel V, Furukawa MF, Mostashari F. *Health Aff (Millwood)*. 2013 Aug; 32(8): 1470-1477.

Researchers used the 2010–2012 National Ambulatory Medical Care Survey to examine which physicians in what types of practices are implementing electronic health records (EHR) and how they are using them. The study found that a majority of physicians in the sample adopted some form of EHR and uses them regularly.

Hospital-Physician Gainsharing in Cardiology

Ketcham J, Furukawa M. *Health Affairs*. 2008;27(3):803--812.

The study used private sector data to examine the impact on costs of 13 “gainsharing” experiments in which physicians received cash payments for reducing hospital spending.

Proportion Of Physicians In Large Group Practices Continued To Grow In 2009

Welch W, Cuellar A, Stearns S, Bindman A. --11. *Health Affairs*. 2013;32(9):1659--1666.

This article used Medicare data to track trends in the proportion of physicians in group practices and their characteristics.

Grey Literature

Feasibility of Collecting Data on Physicians and Their Practices

Rich EC (Mathematica Policy Research, Washington, D.C.). September 2013. Report for U.S. Department of Health and Human Services and Agency for Healthcare Research and Quality.

The report described a project that identified current and past research related to physician practices and physician data collection efforts. In addition, it identified options for narrowing the data gap and provides recommendations to the Agency for Healthcare Research and Quality.

Collecting Data on Physician Services and Hours Worked

Zismer DK, Zeglin JL, Balukoff SA (University of Minnesota, School of Public Health, Division of Health Policy and Management, Minneapolis, MN). August 2012. Report for Medicare Payment Advisory Commission.

The report described an effort to determine the ability of medical practices to “access and organize data that could be used to examine assumptions of how existing payment models and methods reimburse for physician services.”

Search Strategy

Using the National Library of Medicine MeSH browser, AcademyHealth staff first identified key words and associated MeSH (medical subject headings) terms. Staff used the key words to search various databases and journals for relevant articles and then examined the bibliographies of these articles to identify additional studies. Staff searched health care, health policy, trade group, government, and academic websites for grey literature and chose studies most relevant to changes in physician practice in the context of the Listening Project Report. Because the purpose of these roadmaps was to inform current policy, searches focused on the period 2010 through 2014, with older resources included when appropriate. Two AcademyHealth members, chosen for their relevant expertise, reviewed the draft Roadmaps and AcademyHealth staff then updated the document to incorporate the reviewers' comments and suggestions.

Databases/Journals: EBSCO Host—Academic Search Elite, Business Source Elite; SAGE Publications; Medical Care Research & Review; Health Affairs; Google Scholar; HSRProj; PubMed/MEDLINE

Websites: AARP Public Policy Institute; Robert Wood Johnson Foundation; Kaiser Family Foundation; American Medical Association; Mathematica Policy Research; Changes in Health Care Financing & Organization; American Medical Group Association; Medical Group Management Association; Agency for Healthcare Research and Quality

Key words: physician practice; physician practice AND Medicare; physician payment AND Medicare; physician office; physician office AND Medicare; office of physician; office of physician AND Medicare

Inclusion criteria: Studies/resources related to recent changes in physician practice and payment by Medicare

Key to Cited Resources

-  **Data sources** provide key descriptive information and trends, and are common sources for health services and policy research.
-  **Individual studies** provide findings from key pieces of research.
-  **Grey literature** provides relevant evidence published by organizations whose primary activity is not publishing.