

Pay for Performance: Survey of Diagnostic Radiology Faculty and Trainees

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Purpose: Pay-for-performance (P4P) programs have been implemented in many health care markets in the United States. The purpose of this study was to survey faculty members and trainees regarding familiarity with the P4P model and their interest in further education.

Methods: An eight-question survey designed to explore faculty member and trainee awareness of and attitudes toward P4P was distributed. Data were analyzed using Microsoft Excel.

Results: One hundred four of 144 questionnaires distributed to faculty members (50 of 70) and trainees (54 of 74) were returned. Sixty-one percent of trainees stated that they had never heard of the P4P model. Seventeen percent of trainees and 26% of attending radiologists were aware that P4P programs have already been instituted. Although 74% of trainees agreed that P4P will influence their reimbursement in the future, only 42% of attending radiologists agreed. A minority of trainees and attending radiologists (35%) felt that P4P improves the quality of care, whereas 42% were neutral. A majority were interested in further education.

Conclusion: Faculty members and trainees in diagnostic radiology in a university-based program were unfamiliar with the P4P model of reimbursement and were interested in learning more. Additional investigation is needed to ascertain whether this knowledge gap is widespread. This could influence future education about P4P on a national level.

Key Words: Pay for performance, education, residents

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INTRODUCTION

Momentum to improve quality and patient safety has been steadily increasing since the 1999 Institute of Medicine report *To Err Is Human* [1] revealed a disturbingly high number of deaths attributable to medical errors in hospitals in the United States. In its two subsequent reports, *Crossing the Quality Chasm* and *Leadership by Example*, the Institute of Medicine [2,3] recommended the establishment of financial incentives for health care workers to provide higher quality care. One such proposal is the pay-for-performance (P4P) model. Under this model, physicians and hospitals who meet or exceed established quality standards are paid at a higher rate than those who do not. Interest in the P4P model from the Centers for Medicare and Medicaid Services, private insurers, and employers has resulted in the creation of a

number of large P4P programs with hundreds of participating hospitals and thousands of participating physicians nationwide [4]. There is no doubt that paying for quality is becoming an important aspect of reimbursement.

Despite significant attention in the media and medical literature to P4P initiatives, we suspected that radiologists are largely unfamiliar with this model of reimbursement. The purpose of our study was to survey faculty members and trainees in an academic radiology department regarding their familiarity with the P4P model and their interest in further education about this topic.

MATERIALS AND METHODS

An eight-question survey was designed to explore faculty member and trainee awareness of P4P (Table 1). The first 3 questions collected demographic information, and the remaining 5 questions pertained to knowledge and attitudes regarding P4P. No personally identifiable information was obtained.

One hundred forty-four paper surveys were distrib-

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Table 1. Pay-for-Performance Survey

Please read the following questions and choose one answer.

1. My level of training is:
 - a. Postgraduate year - 1
 - b. Postgraduate year - 2
 - c. Postgraduate year - 3
 - d. Postgraduate year - 4
 - e. Postgraduate year - 5
 - f. Fellow
 - g. Practicing Radiologist
2. My practice setting is:
 - a. University
 - b. Private Practice
 - c. US Department of Veterans Affairs
 - d. Pediatric Hospital
 - e. Other
3. Number of years practicing radiology beyond training (residency/fellowship):
 - a. I am still in training (resident or fellow).
 - b. 0-5 years
 - c. 5-10 years
 - d. 10-15 years
 - e. >15 years
4. Pay for performance is a model of reimbursement whereby a portion of physician and hospital reimbursement from third party payers (Medicare, private insurers, etc.) is based on performance in a number of quality measures.
 - a. I have never heard of the pay-for-performance model of reimbursement.
 - b. I am not sure if I have heard of the pay-for-performance model of reimbursement.
 - c. I am somewhat familiar with the pay-for-performance model of reimbursement.
 - d. I know a lot about the pay-for-performance model of reimbursement.
5. Are you aware of physicians and hospitals in the United States that are currently participating in pay-for-performance programs as described in question #4?
 - a. Yes
 - b. No
6. In the future, a portion of my reimbursement from insurance companies, Medicare and Medicaid will be tied to performance in certain quality measures.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Undecided
 - d. Somewhat agree
 - e. Strongly agree
7. The pay-for-performance model as described in question #4 will be effective in improving the quality of patient care.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Undecided
 - d. Somewhat agree
 - e. Strongly agree
8. I am interested in learning more about the pay-for-performance model.
 - a. Strongly disagree
 - b. Somewhat disagree
 - c. Undecided
 - d. Somewhat agree
 - e. Strongly agree

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