
January 18, 2005
9:00 – 11:00 AM
Oregon State Library
Room 103



Meeting Notes
Presentations
Next Meeting

Facilitator: Lisa Krois

Attendees:

Elizabeth Bell, Jean Schnadig, Joy Conklin, Jenny Pathak, Kris Gowen, Fred Steele, Tom Turek, David Pollack, Jo Bell, Scott Shipman, Jen Devoe, Rebecca Ramsay, Ellen Brown, Diana Dolstra, Deanne Dawowski Smith, Wei Zhou, Misty Eichholz, Sabine Welling, Lisa Krois, Jeanene Smith, Tina Edlund, Bruce Goldberg, Kevin Earls, Janne Boone, Matt Carlson, Charles Gallia, Scott Gallant

Introduction:

Lisa Krois, from the Office for Oregon Health Policy and Research, provided a brief introduction of OHREC, the Oregon Health Research and Evaluation Collaborative:

- Originally formed by the Office of Oregon Health Policy and Research and the Office of Medical Assistance Programs and is a partnership between health services researchers in the state. OHREC works to provide both policy makers and the public access to clearly presented non-partisan health services research through published briefs and by sponsoring these monthly, public forums where researchers discuss and present their findings.

OHREC Activities update:

Children's Access to Healthcare Survey: OHPR/OHREC has been working with Dr. Devoe (OHSU) on a Children's Access to Healthcare Survey. This project is currently in the development phase. The survey will assess barriers parents face when trying to obtain publicly financed health insurance for their children in Oregon.

Cohort Survey: OHPR/OHREC has been working with Prof. Mathew Carlson (PSU) and Bill Wright (Providence CORE) on the second wave of the OHP Cohort Survey. This survey was fielded in late November and results are expected in February.

2004 Oregon Physician Workforce Survey

Analysis of the Primary Care and
Medical & Surgical Specialties

Presentation to OHREC January 2005

Jeanene Smith MD, MPH

Janne Boone, MPH

Charles Gallia, MS

Tina Edlund, MS

Aim: To field one comprehensive survey to the physician community

- Collaborative Effort
 - Oregon Medical Association (OMA)
 - Oregon Medical Assistance Program (OMAP)
 - Office for Oregon Health Policy and Research (OHPR)
 - Oregon Medical Peer Review Organization (OMPRO)

What were the goals of the survey?

- Assess potential changes in the physician workforce and the implications for access to healthcare in Oregon
- Identify barriers to physician participation in the Oregon Health Plan (OHP)

What do we already know about Oregon's Healthcare Workforce?

- Previous OMA Physician Workforce Survey in 2003
- US Dept. of Health & Human Services/HRSA nationwide surveys of all healthcare providers - latest full reports are 2000 data
- Oregon Health Workforce Project: surveys in 2000 and 2002 (done via OHSU/AHEC)
- Non-physician workforce in Oregon hospitals - data collected by OHPR

Conducting the Survey

- Sent to all physicians in OMA database = 10,354 (database updated quarterly with Board of Med Examiners revisions)
- Two waves: Aug and Sept, accepted until October 8th, 2004
- Response Rate: 23.9%
- 2,522 completed responses were analyzed for the full report
- Age, gender and regional distribution of respondents meets expectations

This Preliminary Analysis

- Full report of survey due from OMPRO in next few weeks
- Today, this is a look at a subset of 1,843 physicians:
 - Includes just primary care & medical and surgical specialists
 - Excludes hospital-based specialties: (i.e radiologists, anesthesiologists, ER docs)
 - Excludes those not in direct patient care

Major Questions Covered by the Survey

- Demographics
- Primary care and specialty care available
- Career satisfaction
- Anticipation of changes in physician's practices
- Acceptance and perceptions of various types of payers
- Issues regarding OHP

Demographics*

- Gender: 72% male
- Age:
 - <40 yrs 21%
 - 40-49 yrs 29%
 - 50-59 yrs 33%
 - 60-69 yrs 14%
 - 70+ yrs 3%
- Geography: 71% urban
- Specialty
 - Primary Care 58%
 - Med/Surgical Specialist 42%
- Size of Practice
 - Solo 25%
 - Small 24%
 - Medium 21%
 - Large 30%

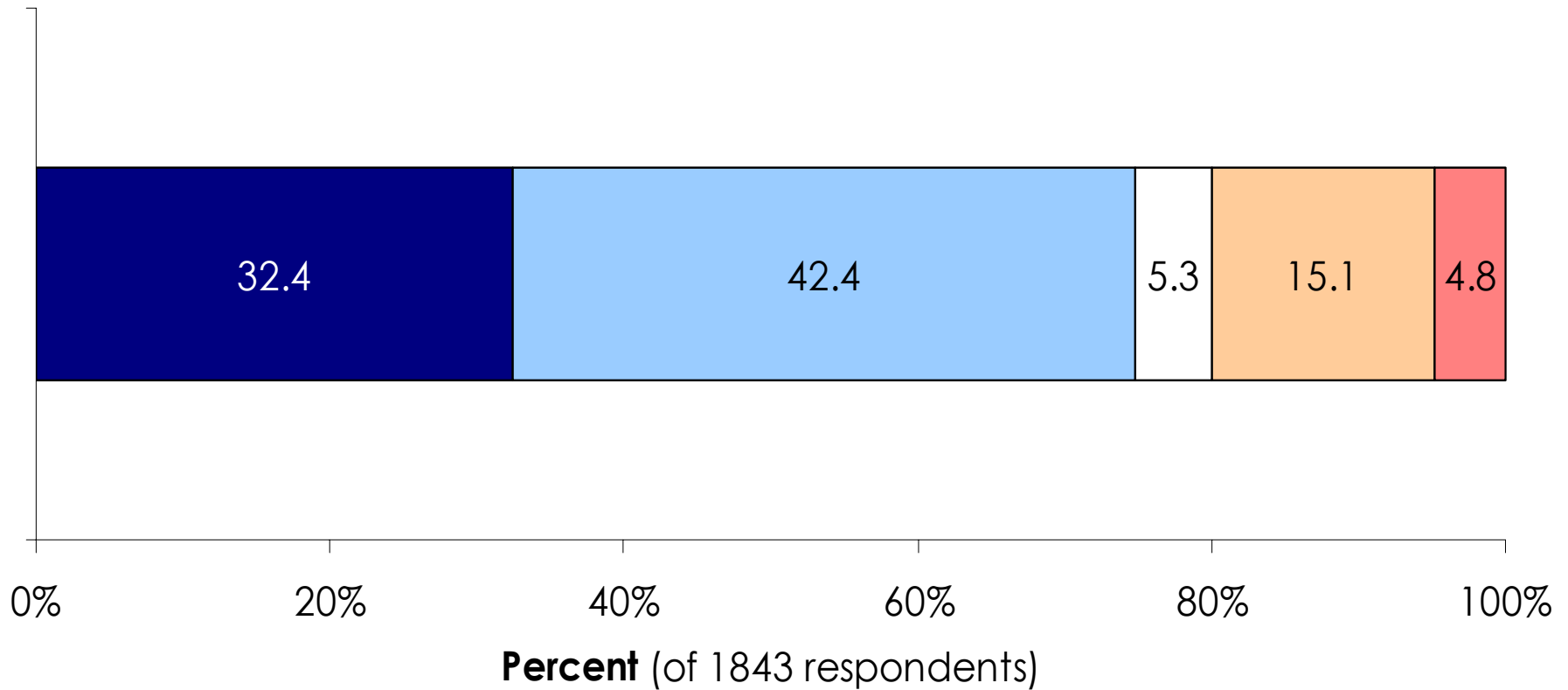
*Subset analysis

The slide features a large, light blue outline of the state of Oregon, which serves as a background for the main title. The outline is positioned in the upper and middle portions of the slide, leaving a white space at the bottom for the footer.

Physician Satisfaction

Satisfaction with Medical Career in the Past 12 Months

■ Very Satisfied ■ Somewhat Satisfied ■ Neither ■ Somewhat Dissatisfied ■ Very Dissatisfied



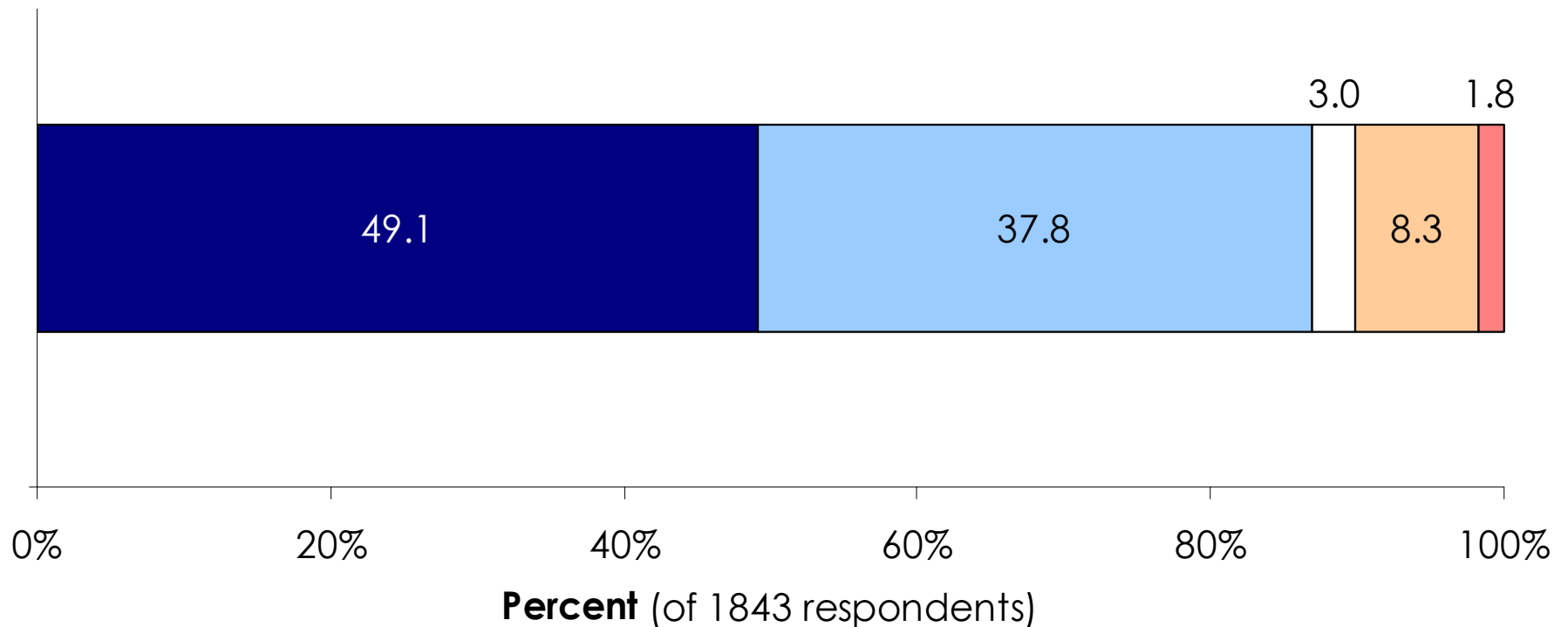
- Primary care and med/surg.specialists are similar
- Older providers are more likely to be “very satisfied”
- Urban providers are more satisfied than rural providers

Subset analysis

Overall career satisfaction higher than satisfaction in past 12 months

Satisfaction with Medical Career Overall

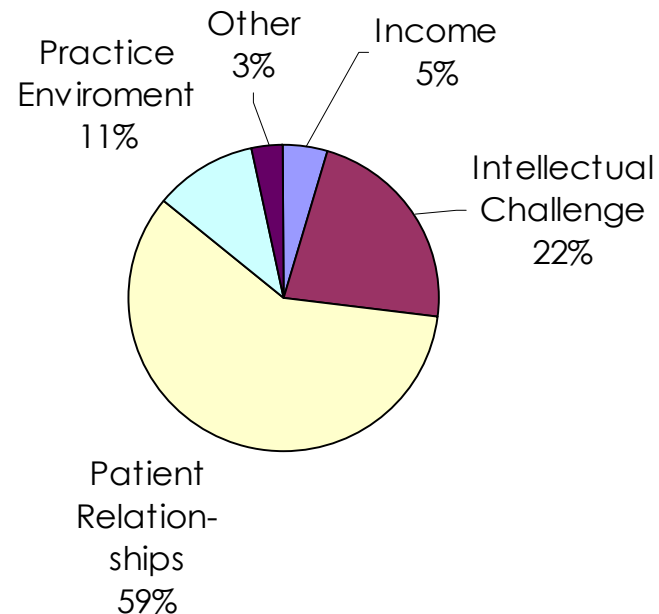
■ Very Satisfied ■ Somewhat Satisfied □ Neither ■ Somewhat Dissatisfied ■ Very Dissatisfied



Greatest Source of Professional Satisfaction

- Patient relationships was statistically significant as the greatest source of satisfaction while income was least common.
- Older providers more likely to cite intellectual challenge and patient relationships

Greatest Source of Professional Satisfaction
(% of 1843 respondents)

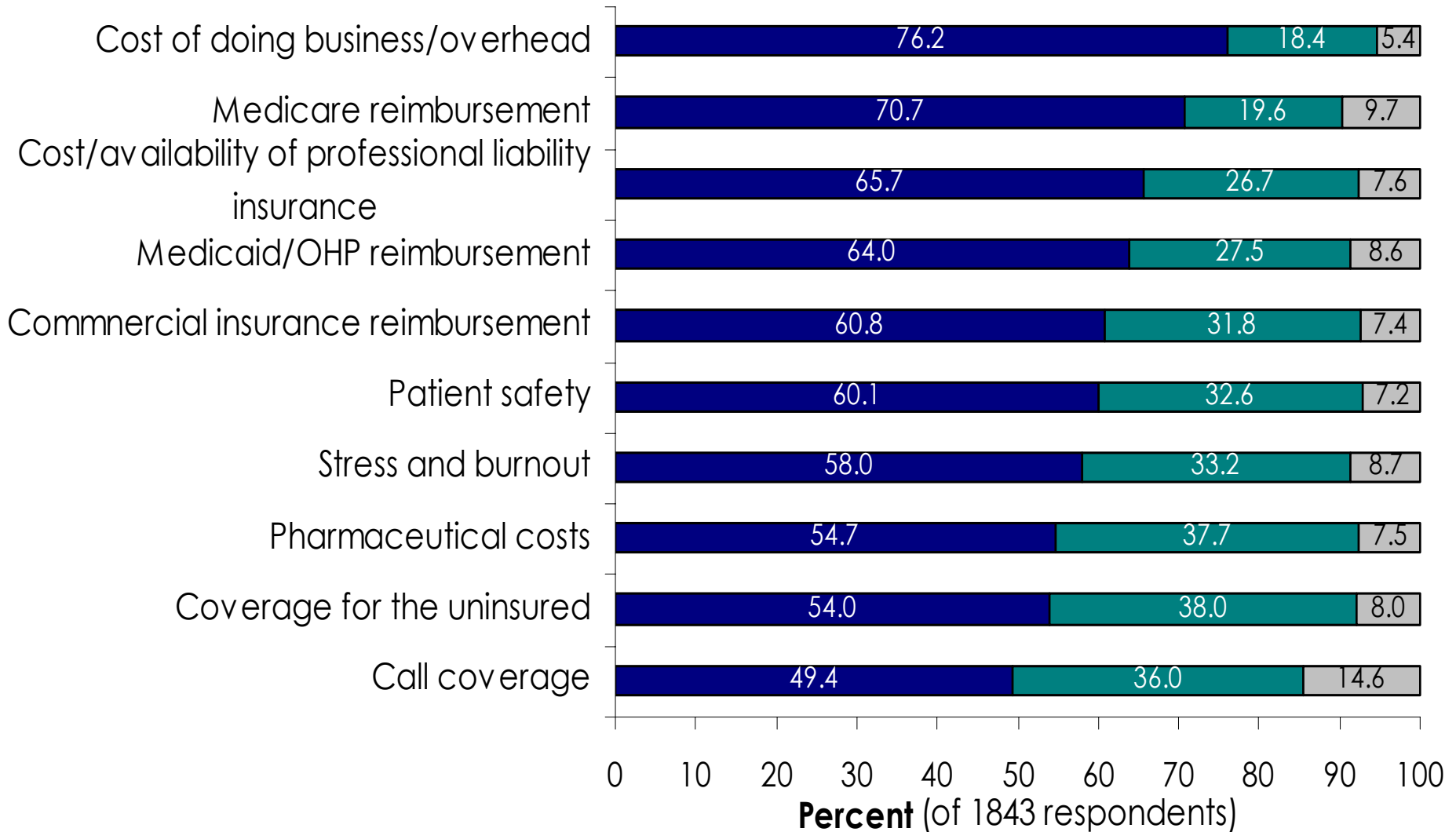




Most Important Factors for Physician Satisfaction

Top 10 Important Issues (ranked by % very important)

■ Very Important ■ Somewhat Important ■ Not Important



Subset analysis

Top 10 Issues (Ranks by % rated Very Important)

	Primary Care	Specialists
Cost of doing business/overhead	1	1
Medicare reimbursement	3	2
Cost/availability of professional liability insurance	5	3
Medicaid/OHP reimbursement	2	5
Commercial insurance reimbursement	8	4
Patient safety	6	6
Stress and burnout	7	7
Pharmaceutical costs	4	--
Coverage for the uninsured	9	8
Call coverage	10	10
Health plan timeliness of payment	--	9

Subset analysis

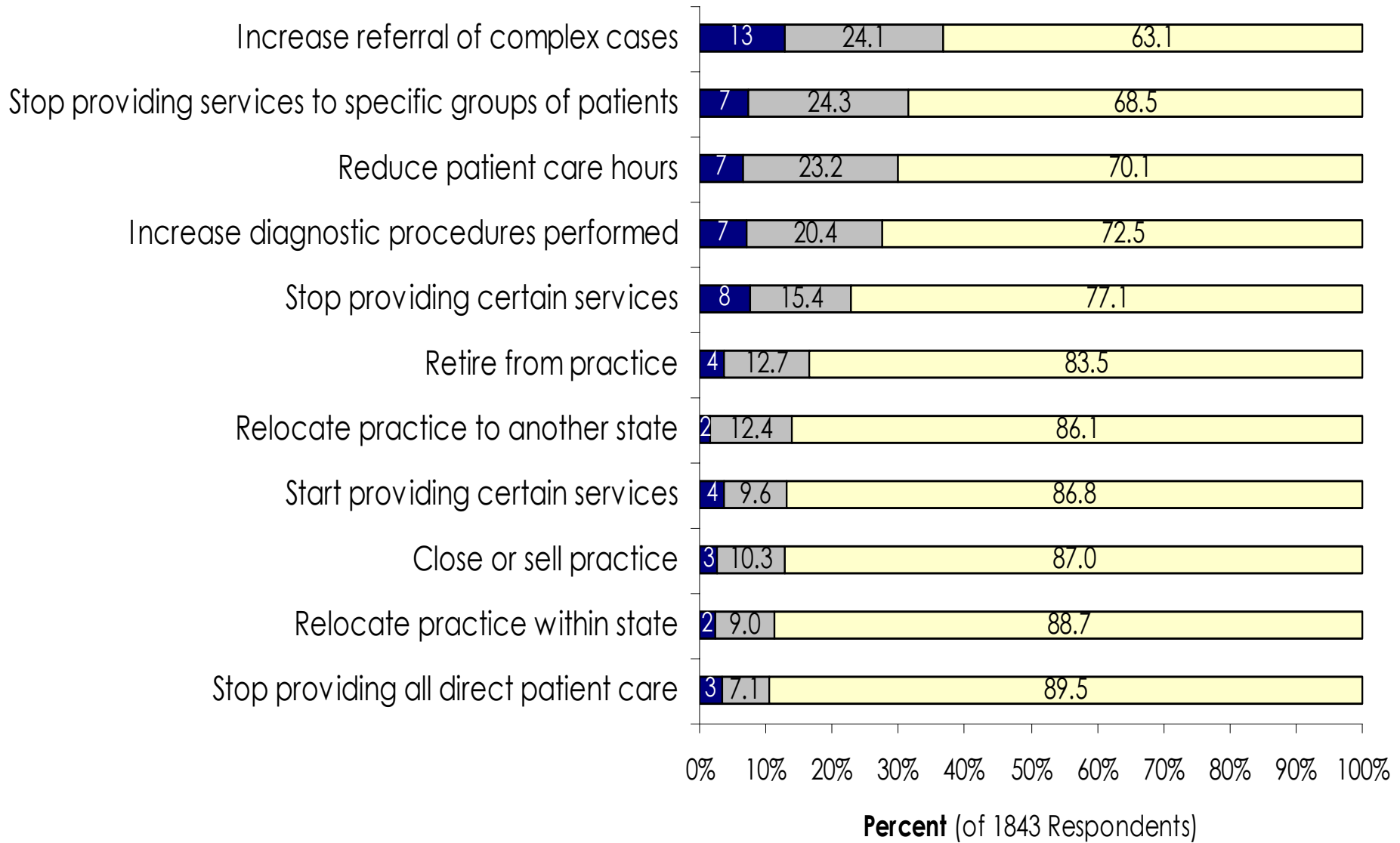
Top 10 Important Issues: Rural vs. Urban Physicians

Top 10 Issues (Ranks by % rated Very Important)

	Rural	Urban
Cost of doing business/overhead	1	1
Medicare reimbursement	2	2
Cost/availability of professional liability insurance	4	3
Medicaid/OHP reimbursement	3	5
Commercial insurance reimbursement	5	6
Patient safety	6	4
Stress and burnout	8	7
Pharmaceutical costs	7	9
Coverage for the uninsured	--	8
Call coverage	10	10
Government regulation and oversight	9	--

Anticipated Changes in the Next Two Years - Combined

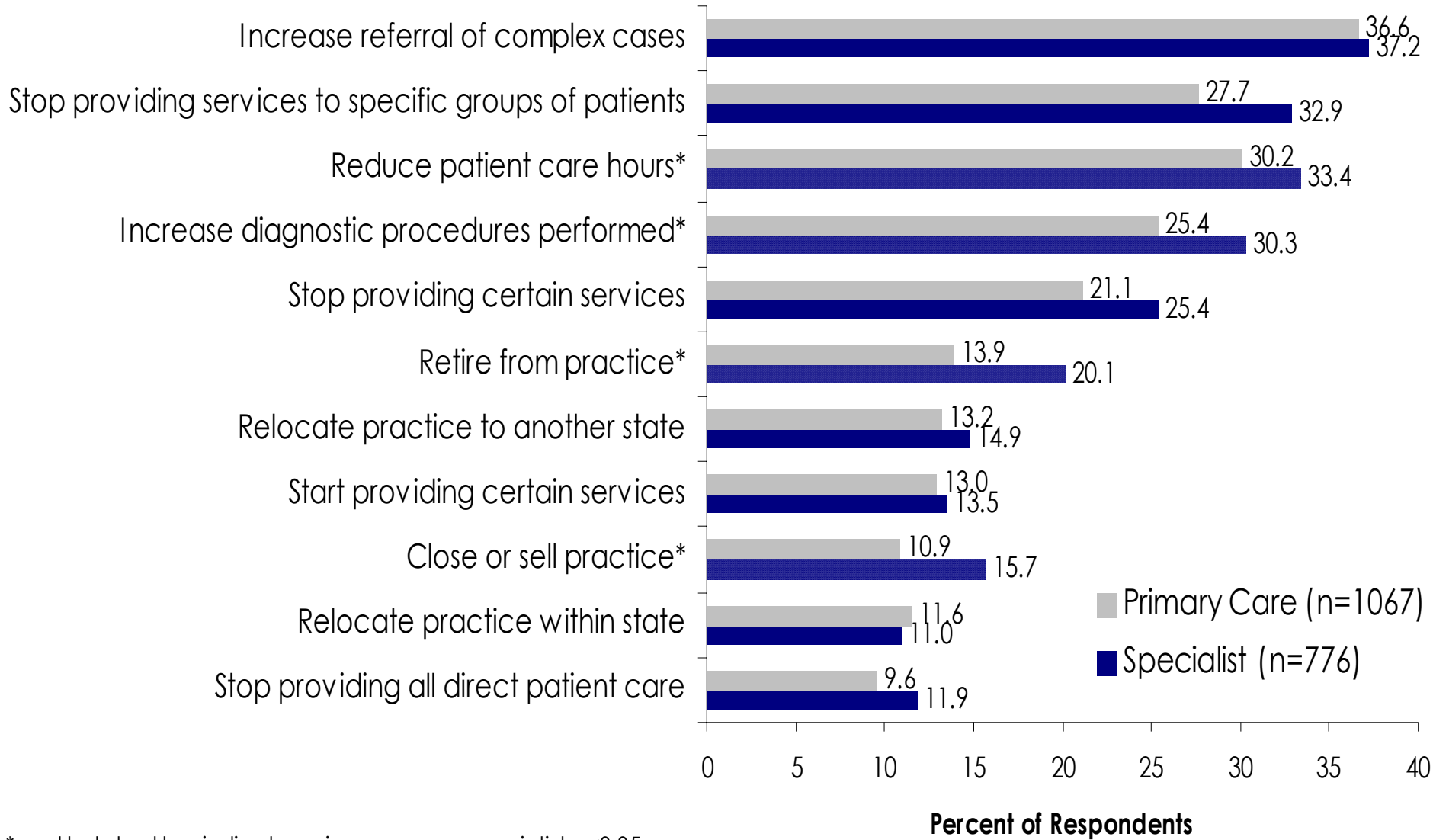
■ Definitely
 ■ Might Do
 ■ Not Anticipated



Subset analysis

Anticipated Changes in Next Two Years - Primary Care vs Specialists

(definitely or might do)



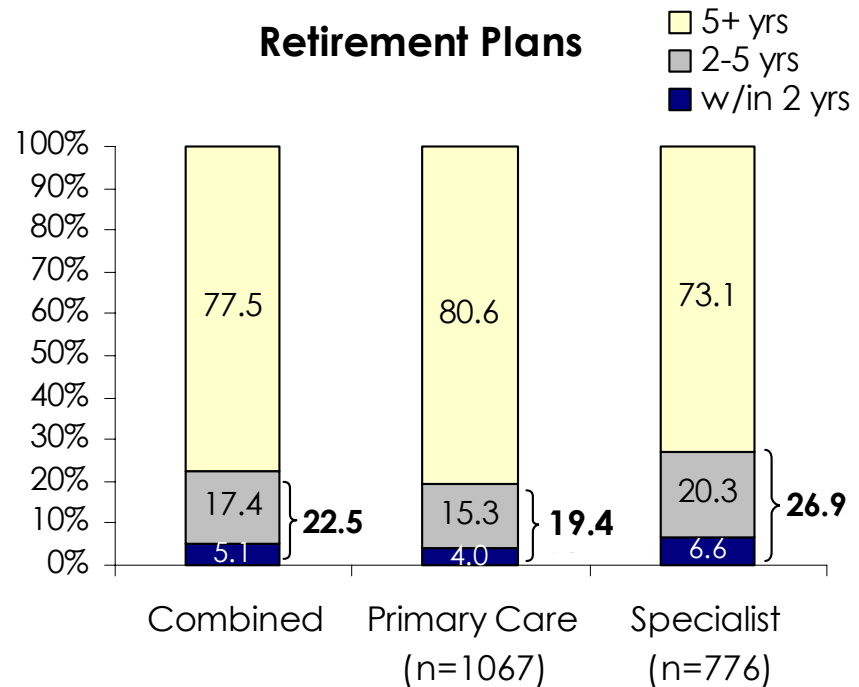
* and hatched bar indicates primary care vs specialist p<0.05

Percent of Respondents

Subset analysis

Retirement

- Influx of providers is not keeping pace with retirement
- This growing gap is combined with an increase in population and an increase in acuity of presenting diseases



Subset analysis

Maternity Care

Plans to Stop Delivering Babies

Of respondents who currently deliver babies:

- 6% plan to stop delivering all babies in the next year
- An additional 4% plan to specifically exclude deliveries for Medicaid women

Maternity Care

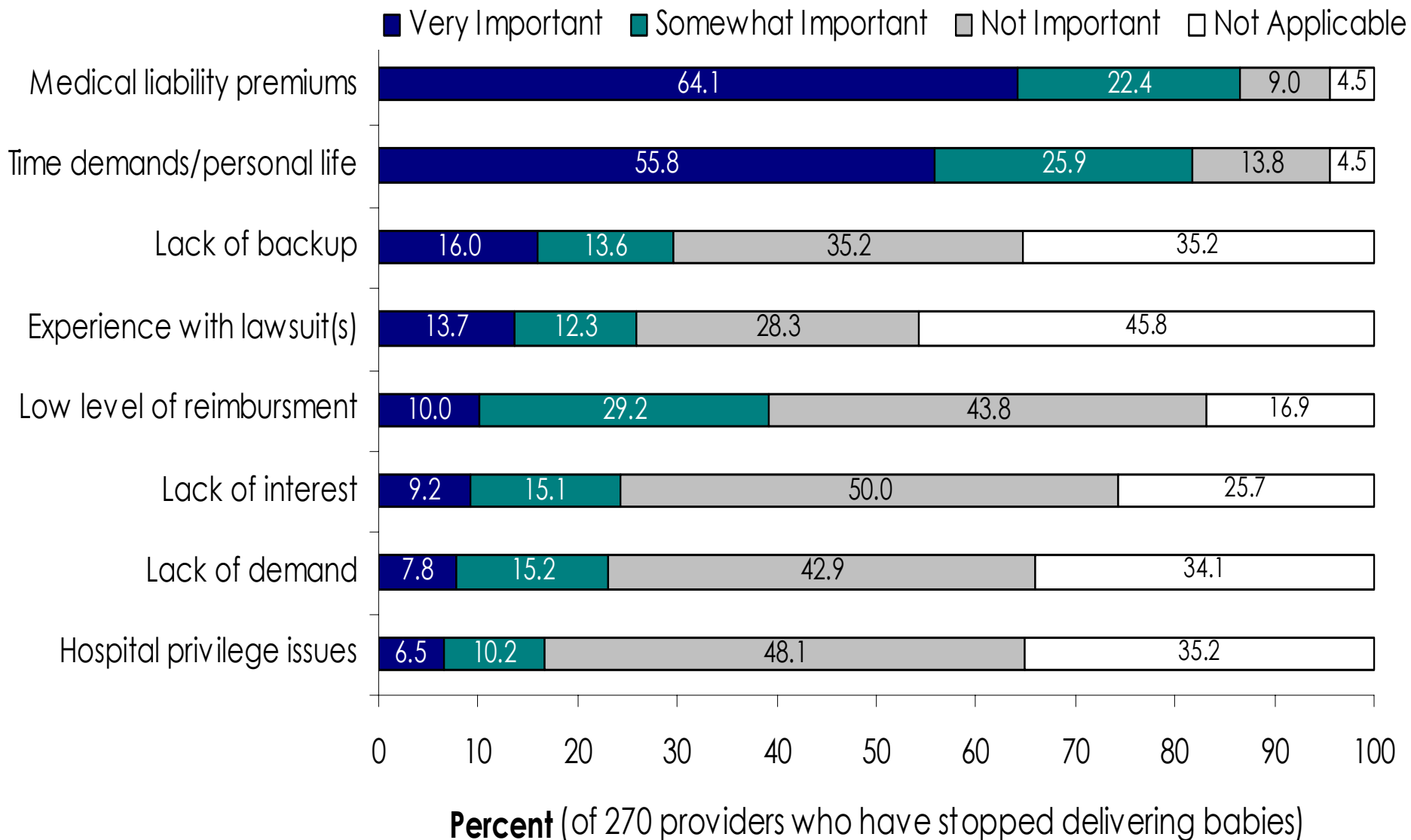
Time Since Providers Stopped Delivering

Of 300 respondents who DO NOT currently deliver babies:

- 10.2% stopped delivering within the past year
- 19.1% stopped delivering 1-2 years ago
- 70.6% stopped delivering over 2 years ago

Subset analysis

Maternity Care - Importance of Factors in Decision to Stop Delivering Babies



Subset analysis



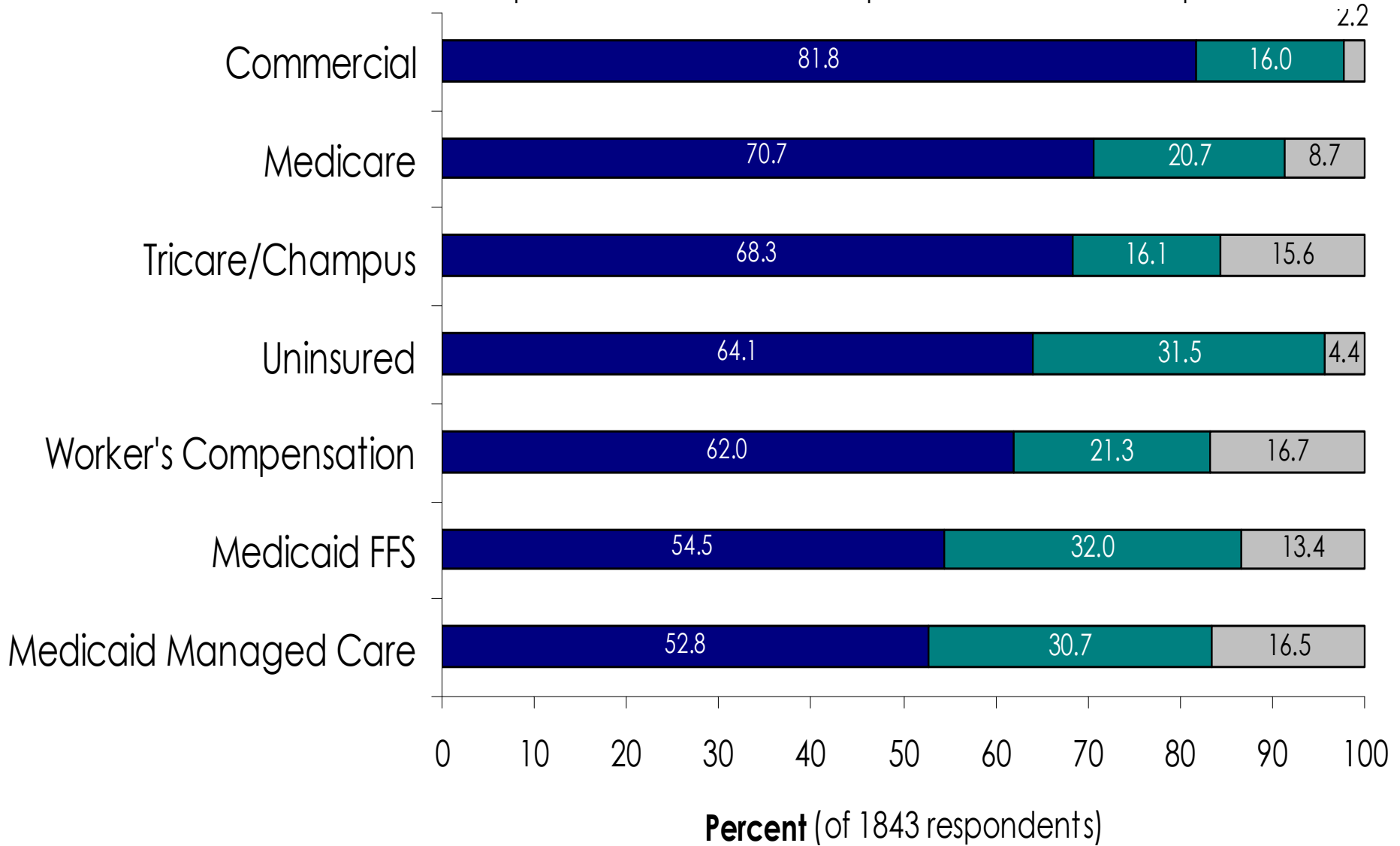
Acceptance of Payers

Acceptance of Payer Types - Combined

■ Accept All

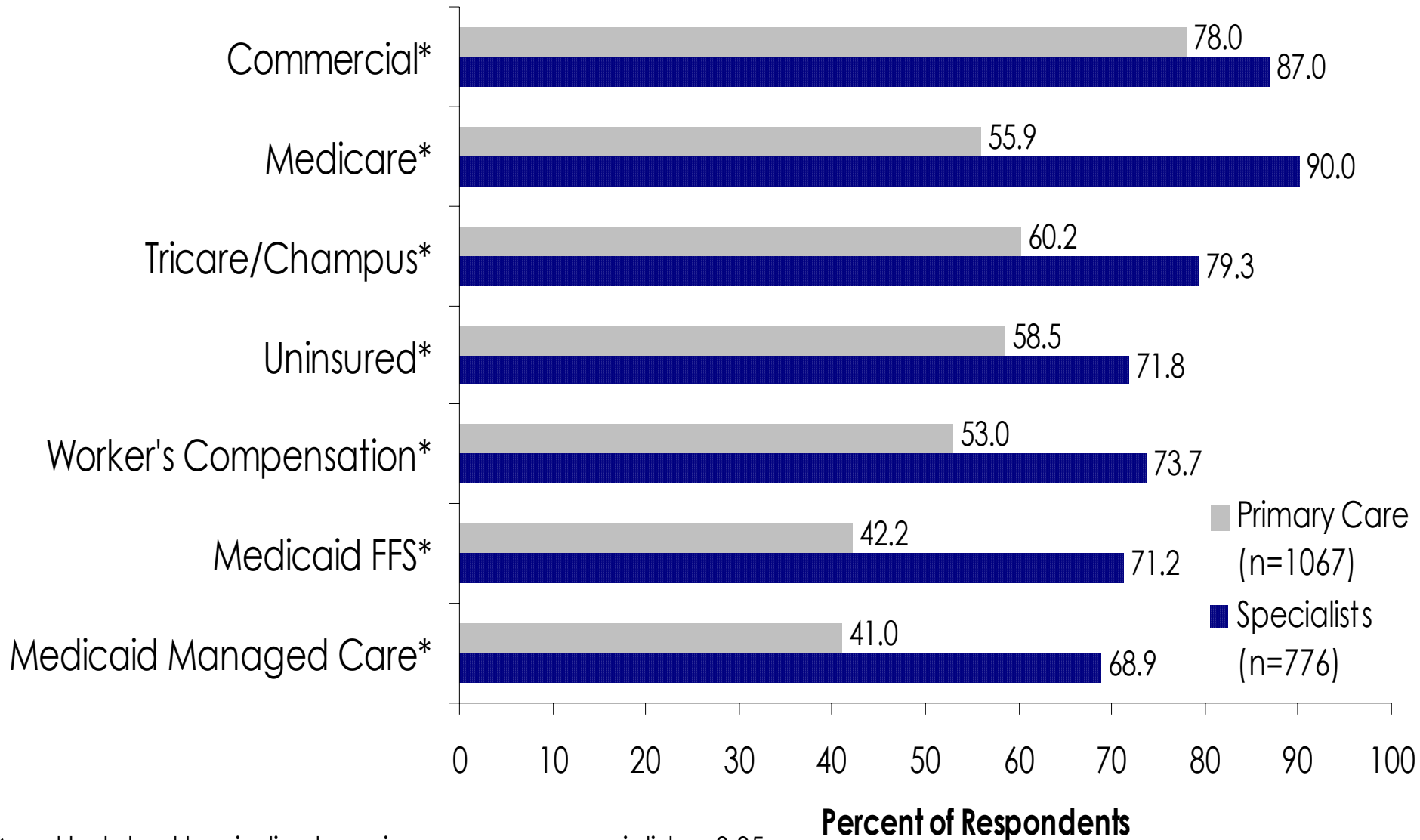
■ Limit Acceptance

■ Accept None



Subset analysis

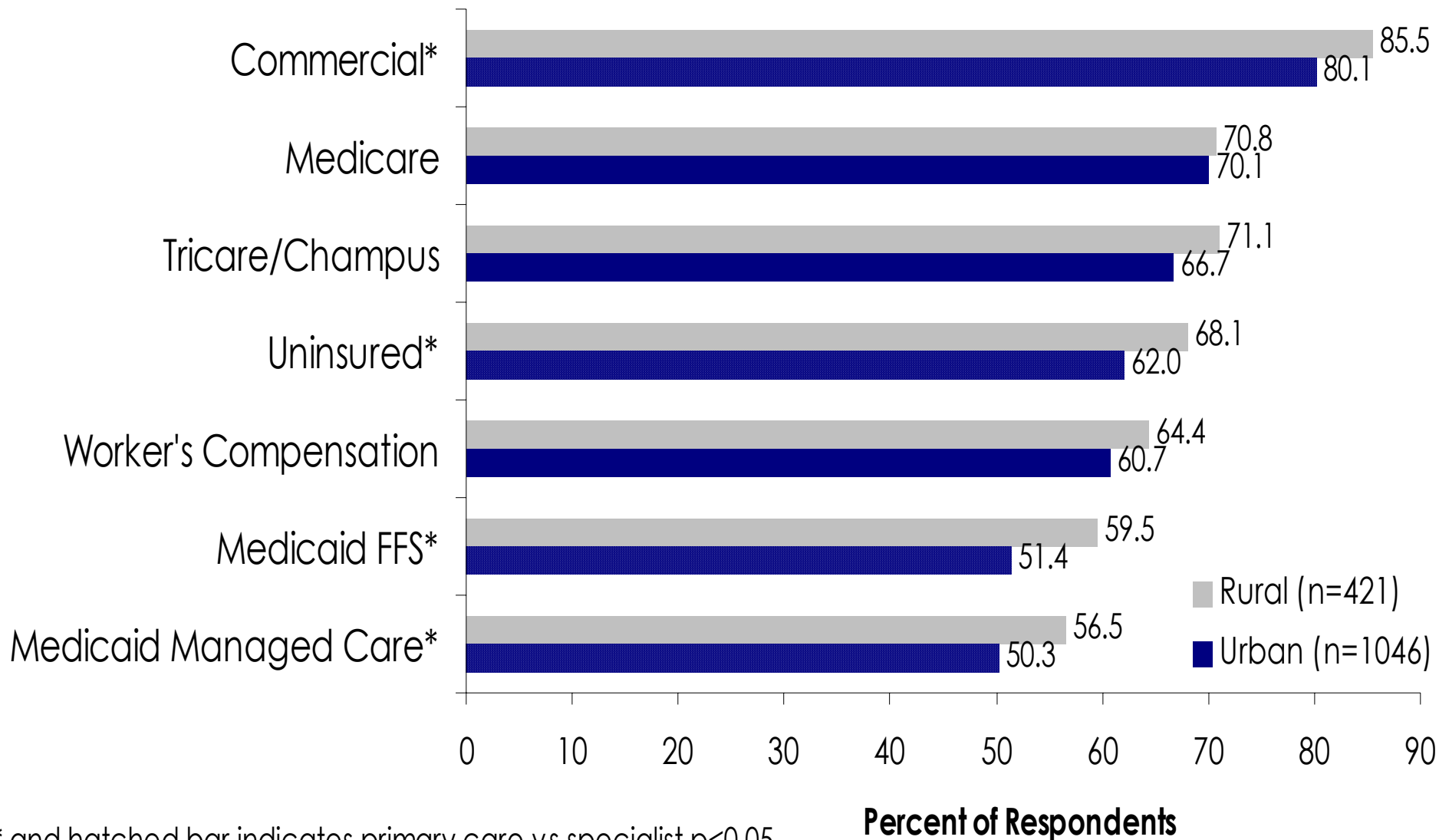
Acceptance of all Patients with Payer Types - Primary Care vs Specialists



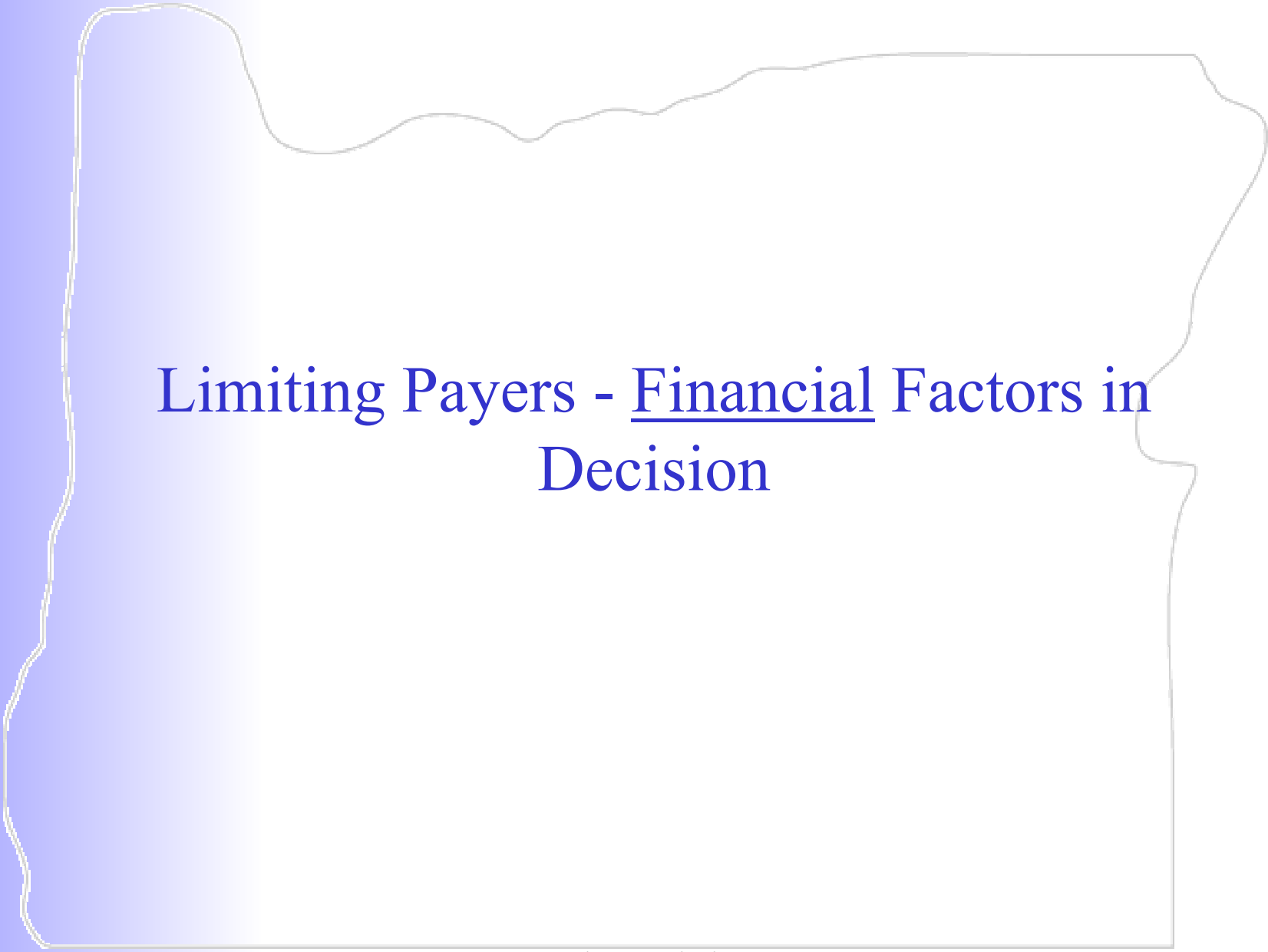
* and hatched bar indicates primary care vs specialist p<0.05

Subset analysis

Acceptance of all Patients with Payer Types - Rural vs Urban

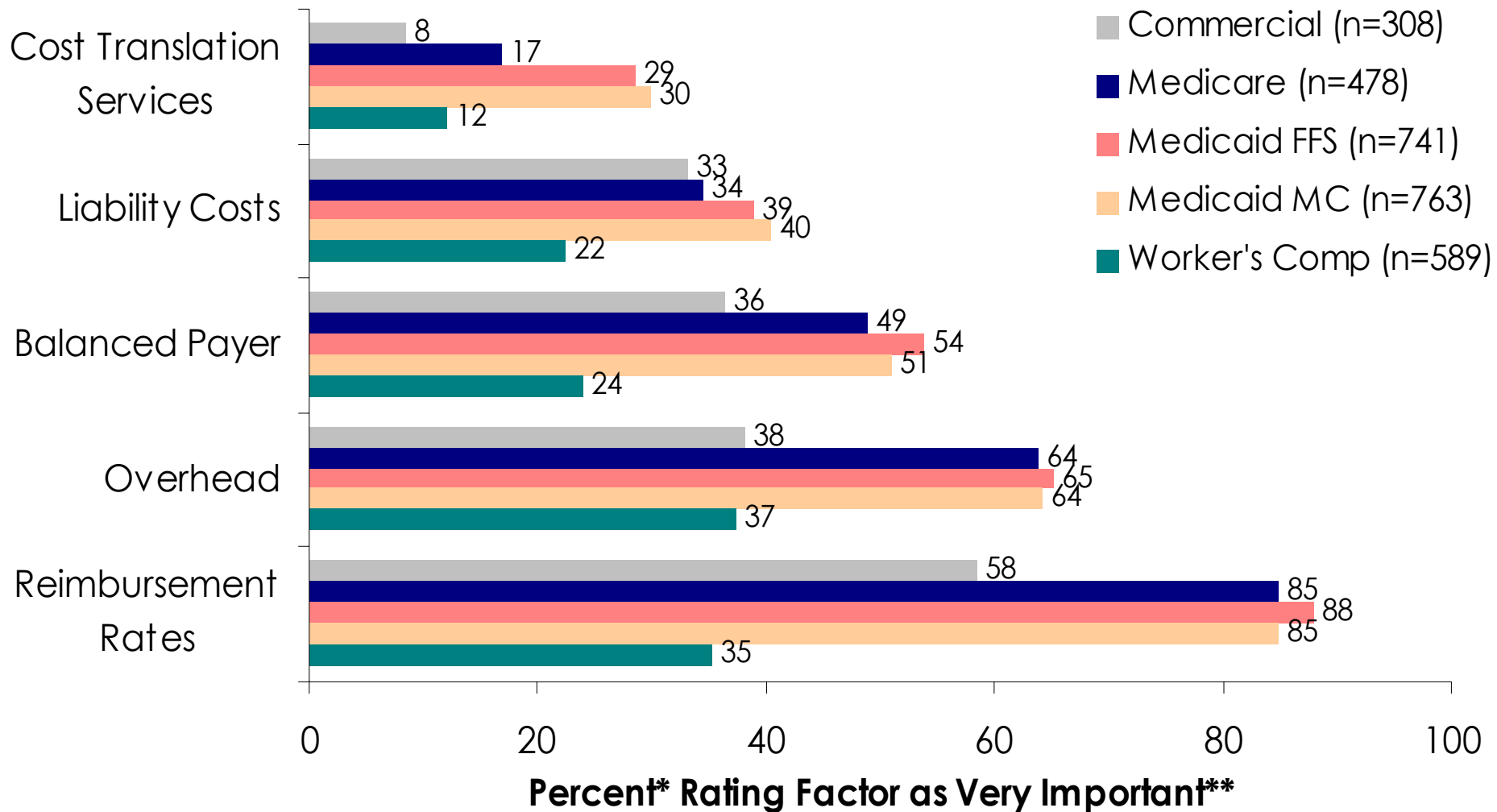


Subset analysis



Limiting Payers - Financial Factors in Decision

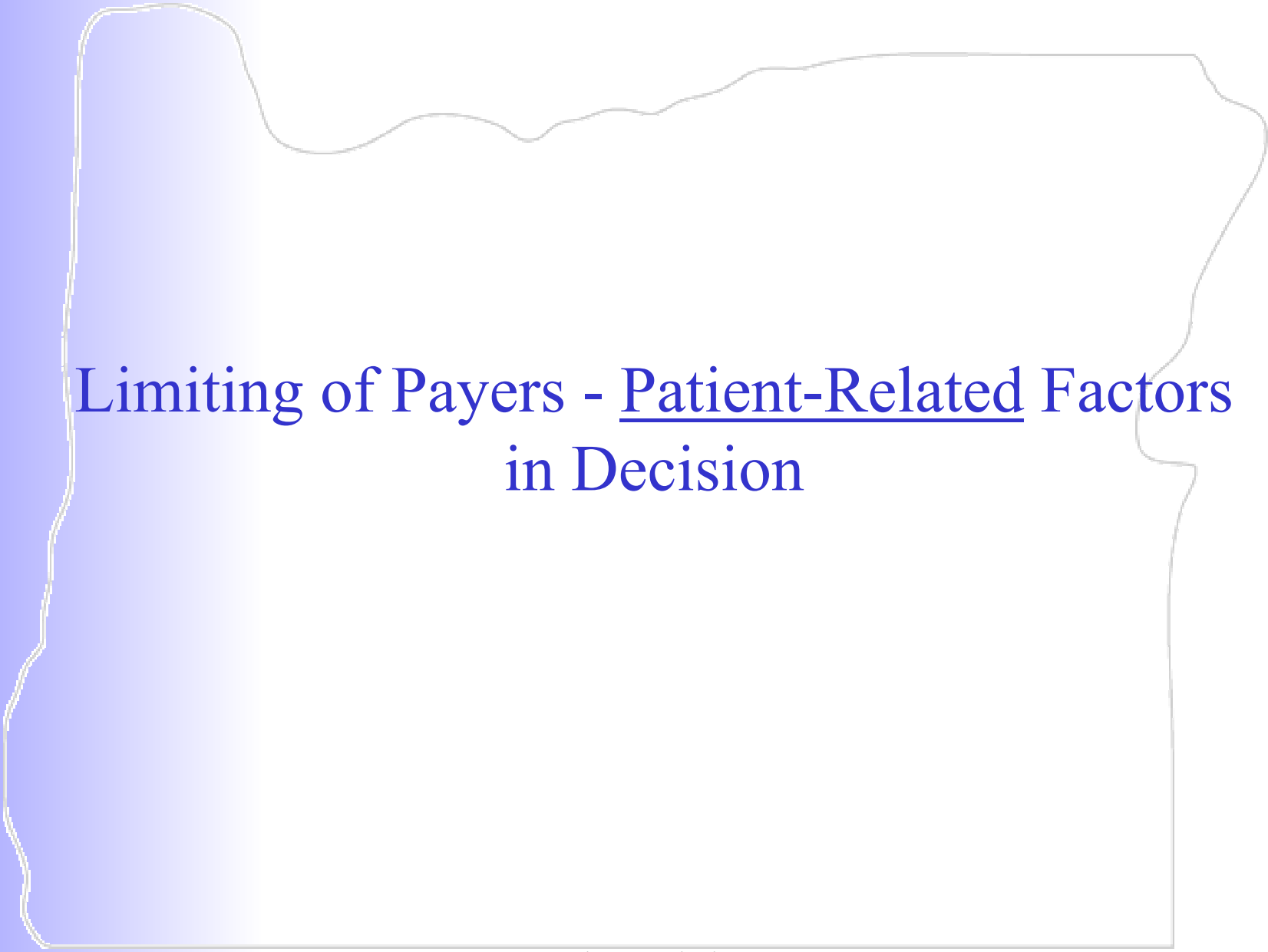
Factors in Decision to Limit Payers - Administrative Factors



*Percent of respondents who limit the associated payer and provided an importance rating

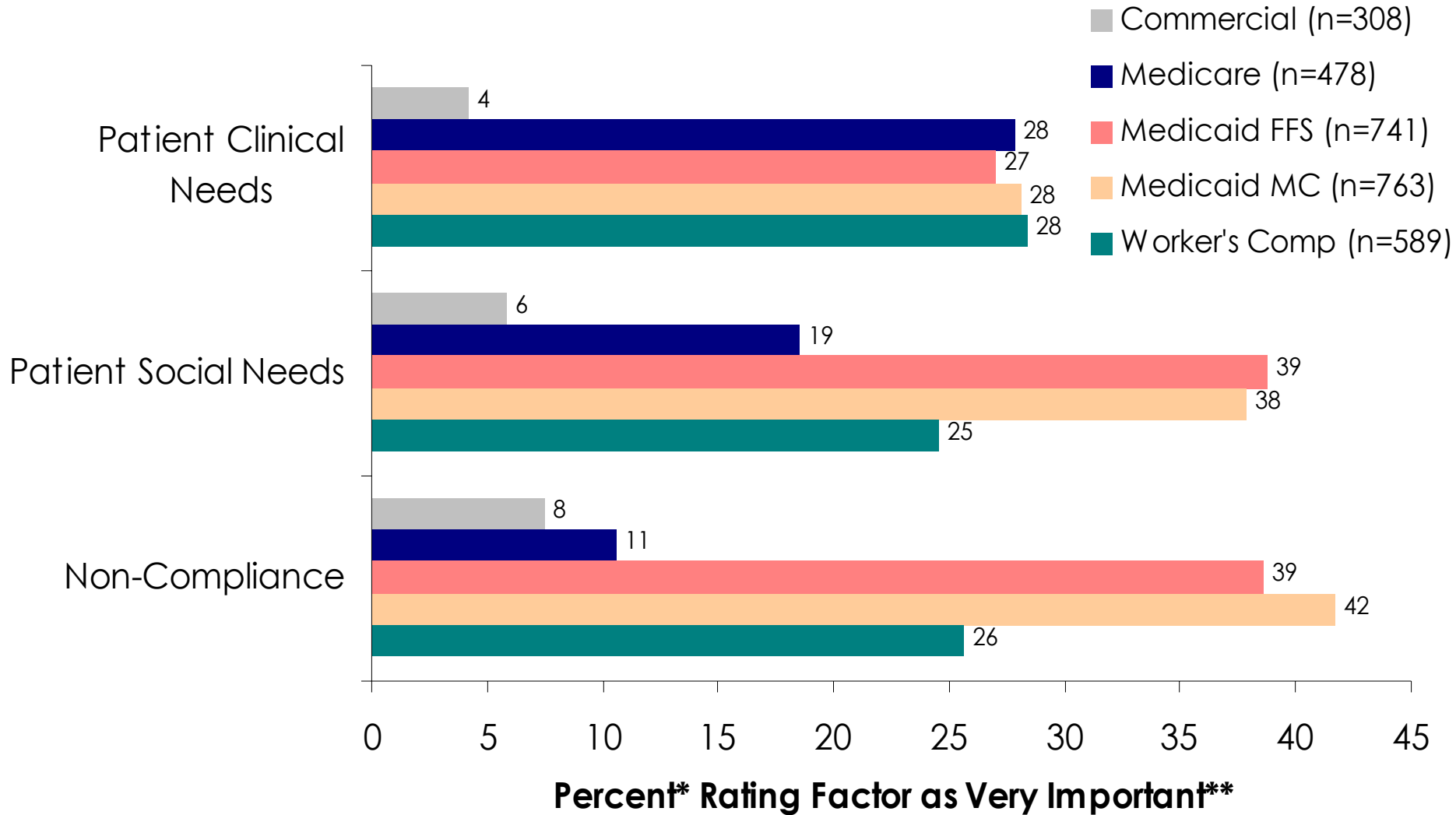
**Issues rated on a scale of 1 to 3 ("not important" to "very important")

Subset analysis

The slide features a large, light-colored outline of the state of Oregon, which serves as a background for the main text. The text is centered within this outline.

Limiting of Payers - Patient-Related Factors in Decision

Factors in Decision to Limit Payers - Patient Factors



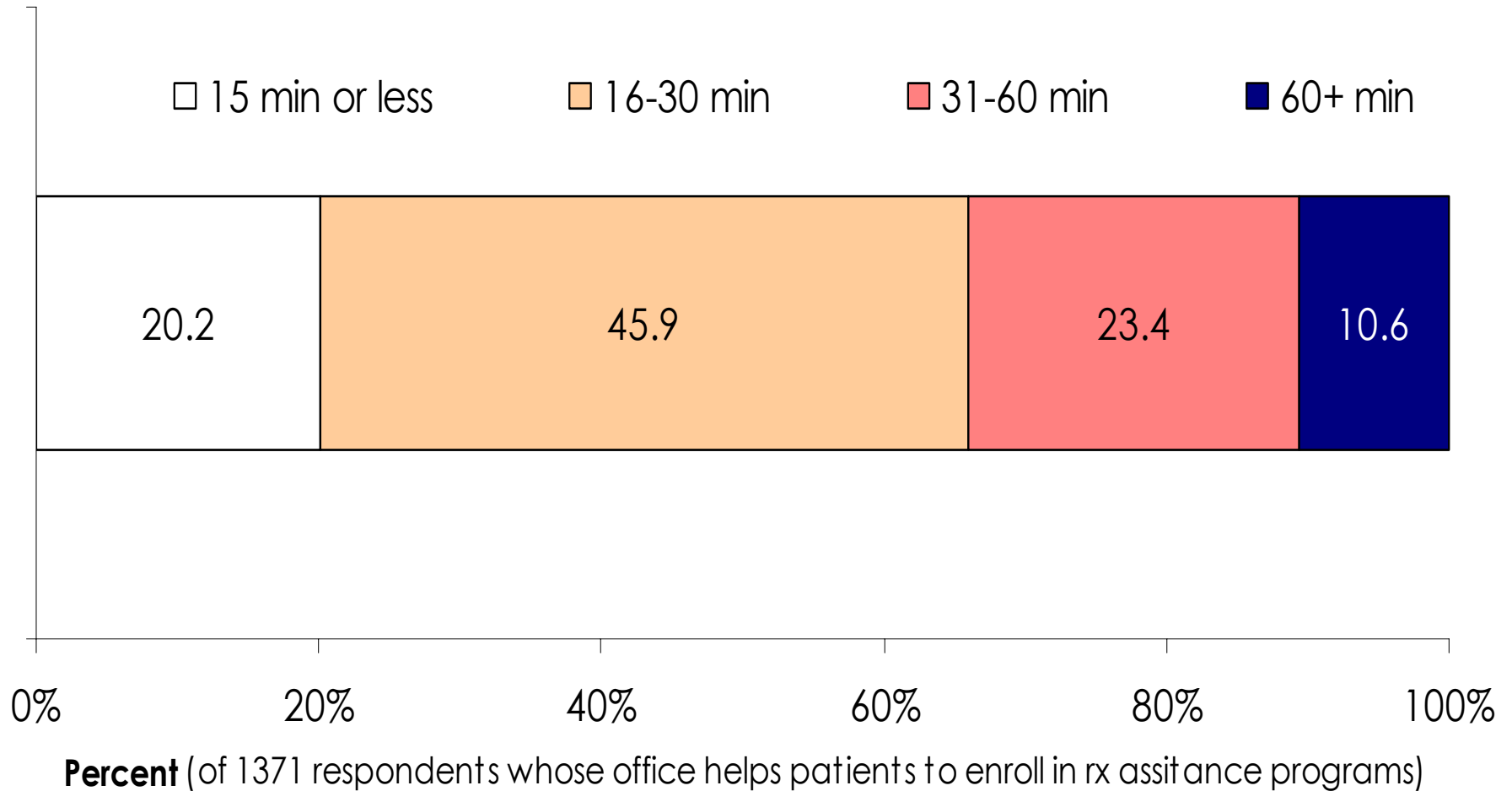
*Percent of respondents who limit the associated payer and provided an importance rating

**Issues rated on a scale of 1 to 3 ("not important" to "very important")

Subset analysis

Rx Assistance Programs

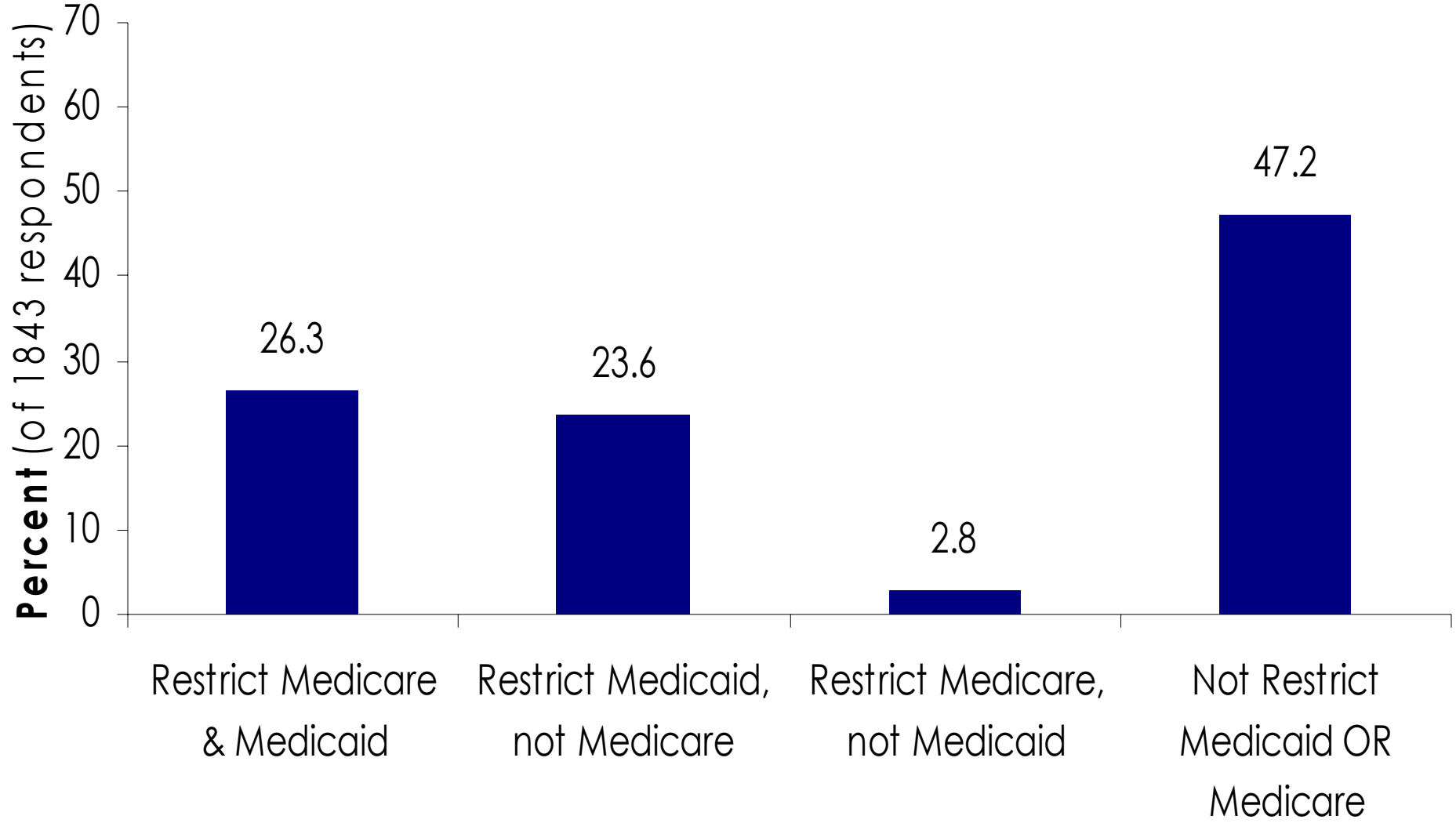
Time Spent to Help Enroll Each Patient in Pharmaceutical Assistance Programs



An outline map of the state of Oregon, rendered in a light gray color, serves as a background for the slide. The map is centered and occupies most of the frame. The text "Restricting Public Payers" is superimposed on the map.

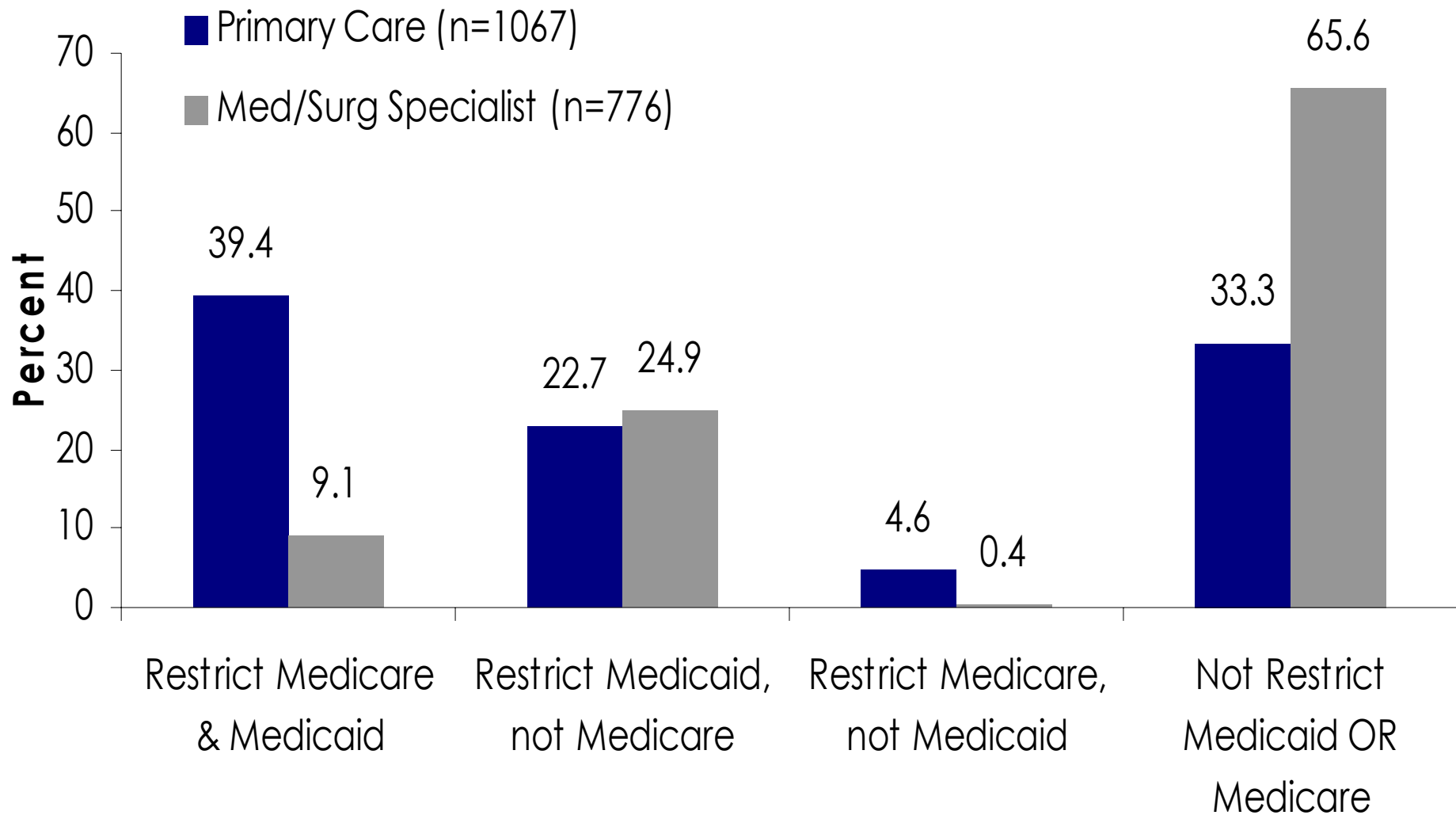
Restricting Public Payers

Public Payer Restriction Group



Subset analysis

Public Payer Restriction Group - Primary Care vs Specialist*



*significant per chi-square test of independence

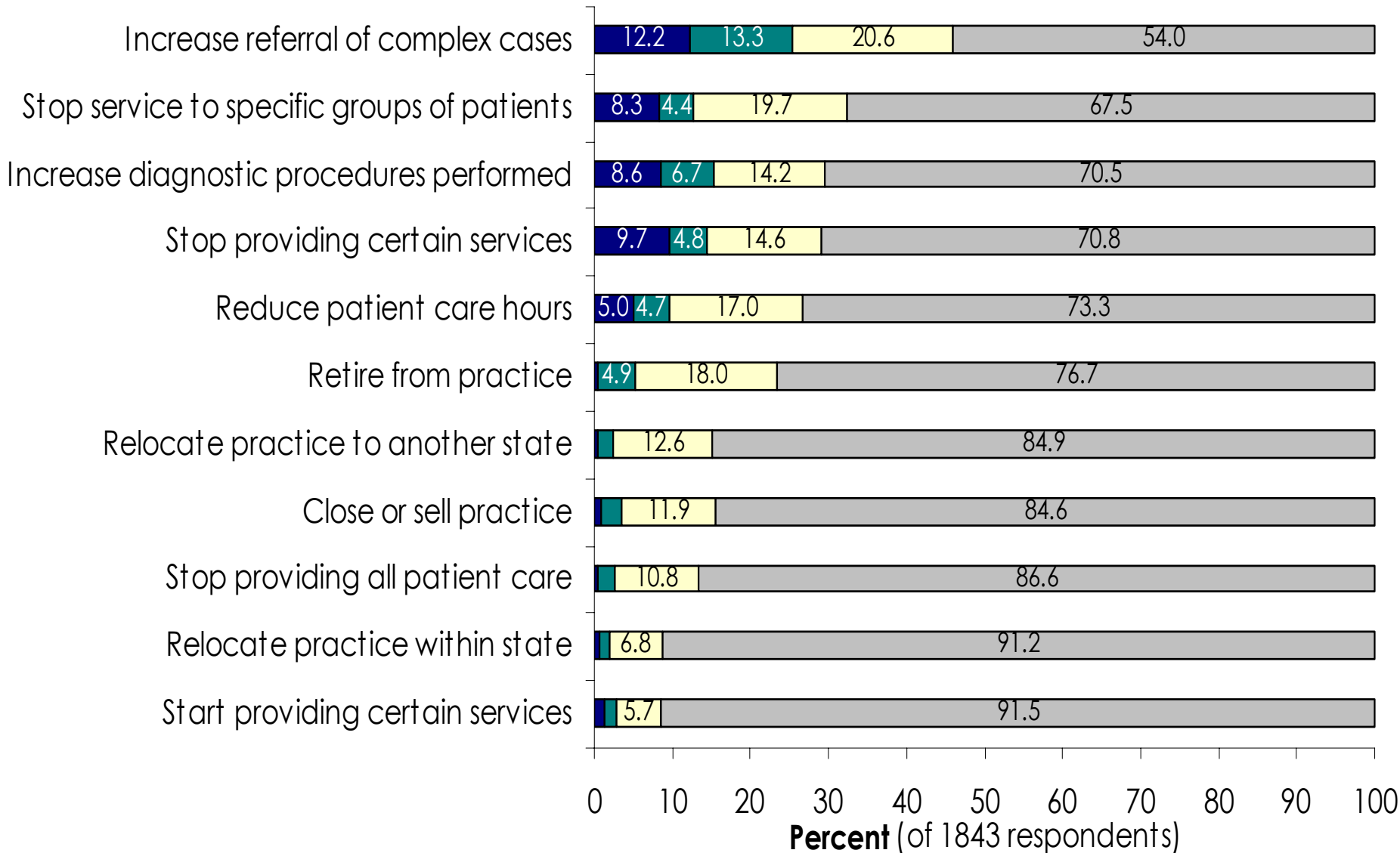
Subset analysis

An outline map of the state of Oregon, rendered in a light gray color, serves as a background for the slide. The map shows the state's irregular borders, including the coastline on the west and south, and the borders with Washington, Idaho, and Nevada.

Liability Issues

Anticipated Actions due to Liability Concerns - Combined

■ Already have done
 ■ Definitely will do
 ■ May consider doing
 ■ Nothing anticipated



Subset analysis

So what does this mean for access?

- Patient Relationships are important, more than income despite physician's concerns with reimbursement.
- Physician retirement is outpacing replacement in Oregon
- Physician's response to increasing cost pressures and medical liability include ↑ referral of complex cases and decreasing hours.
- Physicians are balancing the types of payers, and their decisions on Medicare impact decisions about Medicaid

Reaction

- Charles Gallia – Oregon Medical Assistance Program, Dept of Human Services
- Scott Gallant – Oregon Medical Association

For more information

- Full report completed by OMPRO will be available in February on both the OMAP& OHPR website, if questions contact Charles Gallia at charles.a.gallia@state.or.us or 503-947-5280
- OMAP's website: <http://www.dhs.state.or.us/healthplan/>
- For questions regarding this Subset Analysis, contact Jeanene Smith at jeanene.smith@state.or.us or 503-378-2422
- Presentation materials will be available at <http://egov.oregon.gov/DAS/OHPPR>



NEXT MEETING

Tuesday, February 8, 2005
9:00 to 11:00 AM

Portland, State Office Building
Room 120C
800 Oregon St NE
Portland, Oregon
(see attached map for directions)

Presentation: **“Changes in Access to Primary Care for Oregon Health Plan Beneficiaries and the Uninsured: The Emergency Department Perspective”** Robert A. Lowe, MD, MPH, Director, Center for Policy and Research in Emergency Medicine at OHSU

Presentation: **Judith Hibbard**, Professor of Health Policy in the Department of Planning, Public Policy and Management at the University of Oregon, will present her latest work focused on **consumer decision-making**.



Directions to OHPR/OHREC

**The Portland State Office Building is at:
800 Oregon Street, Portland Oregon 97232.**

In addition to metered parking on the premises of the Portland State Office Building, parking is conveniently located at The Liberty Center Parking structure located on the Northwest corner of 7th & Oregon.

Coming from North of City of Portland

From Interstate 5, take Exit 302-A for Rose Quarter/Lloyd Center. Cross Broadway. Go to the second light which is Weidler Street and take a left. Go to the first light, Martin Luther King Jr. Blvd. (MLK). Turn right, get into the far left lane and go 8 blocks to Oregon Street. Take a left and go 3 blocks to 7th Avenue. You will see the State office building immediately on the right with an adjacent parking lot.

Coming from South of City of Portland

From Interstate 5, take Exit 302-A for Rose Quarter/Lloyd Center. Take a right onto Weidler Street. Go to the first light, Martin Luther King Jr. Blvd (MLK). Turn right, get into the far left lane and go 8 blocks to Oregon Street. Take a left and go 3 blocks to 7th Avenue. You will see the State office building immediately on the right. The Liberty Center Parking is located on the left side of 7th & Oregon

Coming from East of City of Portland

From Highway 84, take Exit #1 for Lloyd Avenue and get into the middle lane. Go through two lights on Lloyd Avenue to 7th Avenue and turn right. One block up is Oregon Street. Turn right. You will see the State office building immediately on the right with an adjacent parking lot.

Coming from West of City of Portland

Take Highway 26 (Sunset Hwy) and follow signs for Seattle and 405 North. You will go over the Willamette River on the Fremont Bridge. Once on the bridge, get in the far left lane and take the exit for The Dalles. This will put you on I-5 South. Once on I-5, stay in the right lane and take the first exit, 302-A for the Rose Quarter/Lloyd Center area. Go to the second light, which is Weidler Street, and take a left. Go to the first light, Martin Luther King Jr. Blvd. (MLK). Turn right, get into the far left lane and go 8 blocks to Oregon Street. Take a left and go 3 blocks to 7th Avenue. You will see the State office building immediately on the right with an adjacent parking lot.

Coming from Downtown Portland

Cross the Morrison Bridge eastbound. Turn left onto Grand Avenue. Stay in the right hand lane for about 15 blocks. Turn right onto Oregon Street (across from the Convention Center), proceed 2 blocks, look for a high-rise building on your right with an open dome on the top at 7th Avenue and Oregon Street.

Using TriMet MAX Light Rail

- **Eastside** (Gresham or Portland International Airport) - board a westbound train, exit at the 7th Avenue station, look for a high-rise building to the south, proceed through the courtyard ending at the building.
- **Westside** (Beaverton or Hillsboro) - board an eastbound train, exit at the 7th Avenue station, look for a high-rise building to the south, proceed through the courtyard ending at the building.
- For MAX schedule, please visit [TriMet](http://www.trimet.org/schedule/r100.htm).
<http://www.trimet.org/schedule/r100.htm>

