

Association of Northern California Oncologists
REFERRING PHYSICIAN SATISFACTION SURVEY
August 2006

SUMMARY REPORT

GENERAL

Cancer Care Consultants of Northern California; John A. Keech, Jr., D.O.; Redwood Regional Oncology Center; and Sacramento Center for Hematology & Medical Oncology -- members of The Association of Northern California Oncologists (ANCO) -- conducted a satisfaction survey of referring physicians during the second quarter of 2006.

The purpose of the survey was to measure perceptions among primary care physicians of the work processes and provider/staff performance that affect satisfaction, loyalty, and willingness to continue to refer patients to the practices.

The data are useful for setting priorities and developing action plans to improve the survey scores.

SAMPLE POPULATION AND BENCHMARKING

The benchmarking Referring Physician Database currently includes more than 1,100 individual provider responses, representing referrals to all medical specialists. Using an "all specialist" database provides a statistically valid comparison -- regression analysis of the database consistently indicates that the expectations of Primary Care physicians are "constant" across all specialties. In this context, we are able to use the entire referral database to produce the most useful benchmark comparison.

Further, the sampling error associated with the 270 responses contained in this report is approximately $\pm 7.7\%$. While such an error tolerance would be unacceptable for a more scientific study, we should note that satisfaction surveys are based on perceptions rather than performance; further, the sample size associated with the report for each participating practice is less important than the content -- given the volume of new patients resulting from Primary Care referrals, a negative or positive response from even one physician becomes an issue for review and immediate remediation.

In opinion surveys, sampling error is often misinterpreted. At the assumptive 95% confidence level, a sampling error of 7.7% means that, at a minimum, the responses to survey questions have an 86.3% likelihood that they represent all the patients of the practice. From the perspective of business strategy -- that is,

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protecting one's referral base and generating new referral volume -- it would be more appropriate to believe the survey findings than to doubt them.

METHODOLOGY

Mailed surveys offer the advantage of avoiding insider manipulation while producing valid results. For the ANCO survey, mailings were made to primary care providers using addresses supplied by the participating groups and/or physician. The surveys included business reply envelopes addressed to Sullivan/Luallin Inc. for data entry and processing; incentives were not included, since there is no evidence that incentives influence either the response rate or the survey scores.

A total of 1,482 surveys were mailed for the participating practices as follows:

Cancer Care Consultants	217
John A. Keech, Jr., D.O.	127
Redwood Regional Oncology:	513
Sacramento Center	625

A total of 270 questionnaires were returned, representing an aggregate 18% response rate -- typical for a referring physician survey.

SURVEY FINDINGS

A. SATISFACTION

Responses to Question C ("What is your overall satisfaction with our practice?") can be viewed as a summative evaluation of performance. The mean score for the survey participants was 4.62 compared with 4.23 for the benchmarking database -- the difference is statistically significant.

Analyzing the percentage responses, it can be said that the sum of "excellent" and "very good" responses (96.1%) represent physicians who are loyal to the practice. The sum of "fair" and "poor" responses (1.1%) represents referring physicians who would most likely refer elsewhere (please see the comments section for an indication of why this might be so).

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The least interpretable response category is the "good" response (2.7%). As the mid-point of the scale, "good" responses can be viewed as neutral -- neither delighted with the specialist's services nor antagonized by them. As such, these responses can be seen as representing "undecided" physicians -- vulnerable to overtures from competing specialists.

B. PATIENT FEEDBACK

Of particular interest are responses to Question B5 ("Your patient's comments about our practice"). Since Primary Care doctors are influenced by their patients' oral comments on returning from specialist care, the mean score of 4.35 -- compared with a database mean of 4.04 -- should be gratifying. For this question, however, the "good" responses represent one of every ten patients, whose report about the specialist practice is generally neutral.

For each participant in this survey, converting the "good" responses to Question B5 to "very good" is a worthwhile objective for improving scores on the next survey.

C. PERCENTAGE OF REFERRALS

Question 1b ("What percentage of your total patient hematology/oncology care referrals are made to our practice?") indicate that ANCO members have the potential to increase their referral volume. If 21.3% of respondents -- representing nearly 60 physicians -- refer less than half of their patients to ANCO members, participants can look to the lowest mean scores in Section B in setting improvement goals for 2006 and beyond. The five lowest scores for the summary report are (in order of importance):

	MEAN SCORE
B16. Involvement in end-of-treatment/end-of-life decisions	3.86
B15. Inclusion in patient management decisions	3.93
B6. Health plans contracted with	4.04
B1. Timely appointments	4.11
B10. Process for returning patient to their physician	4.14

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D. WILLINGNESS TO REFER

Question F ("Would you refer a member of your family to every physician in our practice?") merits some discussion. While 90% of the respondents said they would refer a member of their family to the participating ANCO hematology/oncology practices, approximately 25 providers answered in the negative. In this summary report, it is impossible to pinpoint which practices received the highest "No" answers. However, it would be wise for the individual groups to review their own reports to determine, if possible, which of their physicians are seen in a negative light by their referral base.

Setting improvement goals

Since each participating practice has its own report indicating its own strengths and weaknesses, we hesitate to make "blanket" recommendations based on the summary report. However, in general, the lowest mean scores in Section B are a practical starting point for developing an action plan with your office manager and staff.

CONFIDENTIALITY

Sullivan/Luallin safeguards all patient information in compliance with HIPAA requirements for confidentiality of sensitive personal information. Please be assured that all surveys received in the course of this project will be destroyed 60 days following the date of this report.

POST-SURVEY PHONE CONFERENCE

Our service includes a post-survey phone conference to discuss the results and suggest methods of setting priorities for improving participating practice scores. In the case of an association, generally the Executive Director schedules the conference call with Sullivan/Luallin at a time convenient for all practices. Please let us know when you'd like to schedule the conference.

Sincerely,

Sullivan/Luallin Inc.