



SASKATCHEWAN MEDICAL ASSOCIATION

# SURVEY RESULTS

HEALTH SYSTEM REDESIGN

February 8, 2017

## Introduction

The Saskatchewan Medical Association has set an ambitious goal: To make Saskatchewan the best place in the world to practise medicine and to be a patient. During the past year, the SMA has been preparing itself to play a major role in creating a health-care system to achieve this goal. Much will have to change; we call the process “health system redesign.” There is widespread consensus that no health-care system can achieve the “quadruple aim” goals of better health, better care, better value, and better teams unless physicians play leading roles in redesign and are committed to continuous improvement. We have agreed to partner with government to address four key aspects of how physicians contribute and lead in a redesigned system:

- **Relationships:** How can physicians be more fully integrated into the system, and how can the system better partner with physicians?
- **Leadership:** What leadership roles should physicians play within the health-care system, and what capabilities and skills do physicians need to fill these roles?
- **Data and accountability:** What data and analysis supports are needed to help physicians build evidence-informed improvement into practice? What does accountability look like within a redesigned system?
- **Compensation:** How can we best align physician compensation models with improvements in patient care and physician work-life balance?

The SMA Board of Directors and other SMA leaders are committed to engaging the profession in the health system redesign process. As an important initial step, we conducted a survey from mid-January to early February 2017 to solicit Saskatchewan physicians' views on these four topics. This is a summary of the major findings.

## Notes on the survey

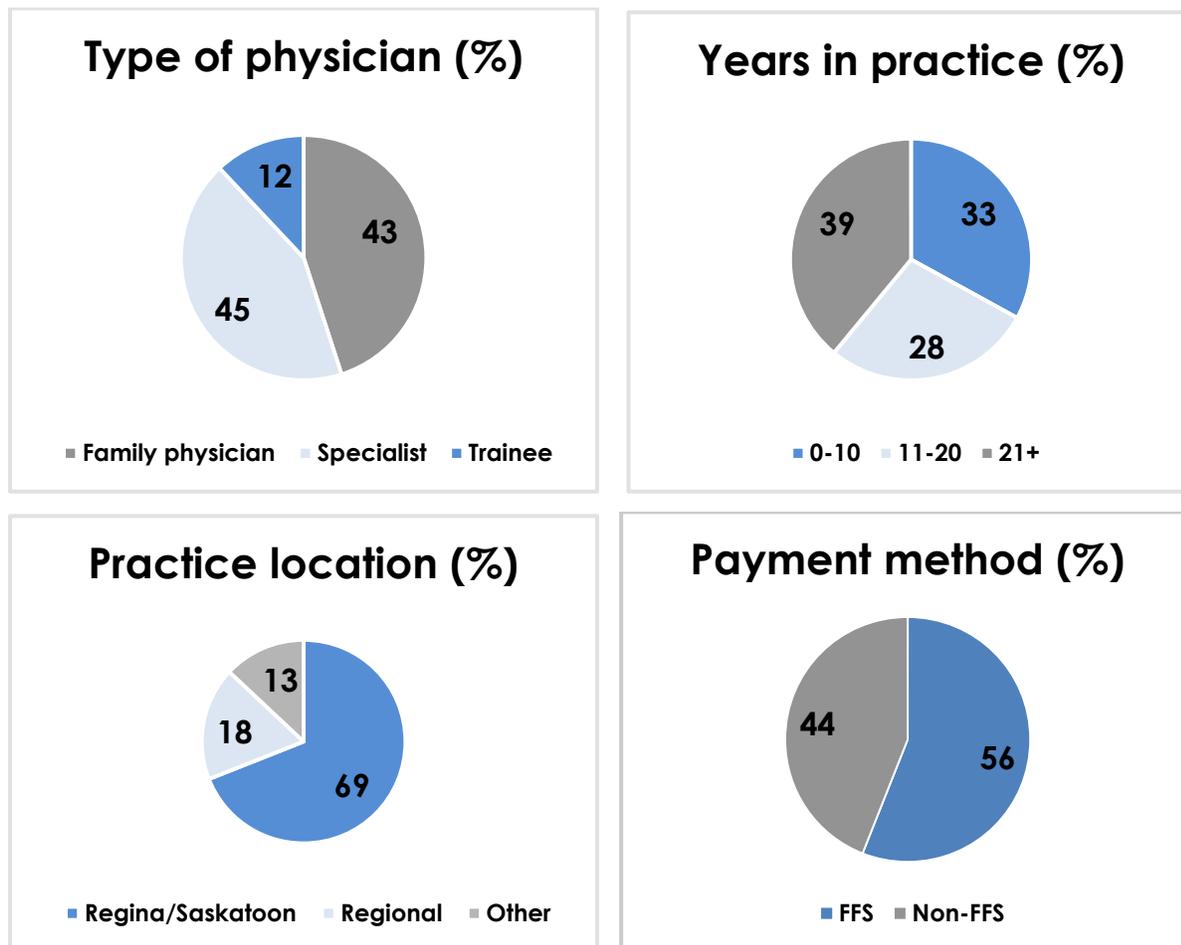
- Some questions were not applicable to all respondents (i.e., trainees). In these cases we excluded the “no response” or “not applicable” numbers from the analysis. Where we have done so is clearly indicated on the graphs.
- In the bullet points following each graph, we have highlighted some differences among respondent groups (i.e., family physician vs. specialist). To keep the presentation as clear and simple as possible, we have not inserted confidence intervals or statistical significance test results on the graphs. The findings may be read as follows:
  - Where the comparison is between two groups (i.e., family physician vs. specialist), differences of seven percentage points or more are statistically significant 19 times out of 20. The margin of error is about  $\pm 3.5\%$ .
  - Where the comparison is among three groups (i.e., Regina/Saskatoon, regional centre, other practice location), differences of about 10 percentage points or more are statistically significant, with a margin of error of  $\pm 5\%$ .
  - All of the differences mentioned in the bullet points below the graphs are statistically significant.

## What we've learned

- Saskatchewan physicians are ready to lead and work together to redesign our health-care system so as to improve care and create better value for our patients.
- Saskatchewan physicians want to influence the health-care system beyond their individual practice and believe physicians are responsible for resource stewardship.
- The reported burnout risk is high. We need to delve further into how physicians understand burnout and the intensity of their perception of personal risk. It seems clear that physicians are under considerable stress. A fundamental SMA goal for health system redesign is to make Saskatchewan the best place to practise medicine. Reducing the stress load must be a primary driver of change.
- There is virtually unanimous support for collaborative care and optimizing the scope of practice for all physicians, but also some concern about shared decision-making and divided views on whether some physician work could be done by others. We need to learn more about physicians' views on team-based care – both benefits and potential risks.
- Three-quarters of physicians report using practice-generated data to improve their own performance. This is encouraging given the still-developing state of the province's health information system. Almost all doctors sense an obligation to participate in quality improvement activities and to support each other through peer review. These findings suggest that physicians are and will be avid users of relevant data.

## Who responded?

We distributed the survey to practising physicians, physicians who were on a temporary leave or sabbatical, as well as trainees. Respondents were grouped based on: Whether they were a family physician, specialist or trainee; their primary method of payment, fee-for-service (FFS) vs. non-fee-for-service (non-FFS); their number of years in practice; and their location. The graphs below represent the percentage of respondents in each category.

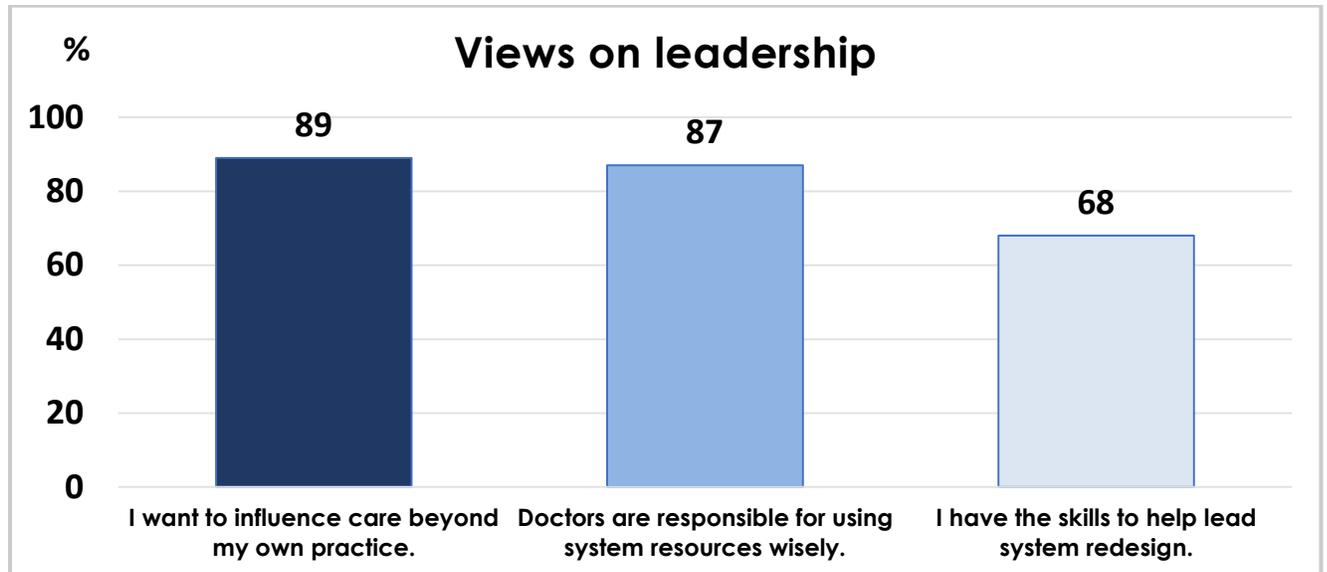


### Highlights

- 640 physicians completed the survey – an unprecedented response representing approximately 19% of practising Saskatchewan physicians and trainees. As with many surveys, the possibility of response bias exists – those who responded and those who didn't may think differently – however we are quite confident that the risks are low in that there was very strong consensus (80%+) for more than half of the responses.
- 45% are specialists, 43% family physicians, 12% trainees. This is generally representative of Saskatchewan physicians, however trainees were underrepresented.
- Excluding trainees, 56% are paid mainly fee-for-service (FFS), 44% primarily other methods.
- Excluding trainees, 33% have been in practice 10 years or less, 28% 11-20 years, 39% 21 years or more.
- 69% practise in Regina/Saskatoon, 18% in regional centres, and 13% elsewhere. The Regina/Saskatoon numbers are larger because of specialist concentration and trainees.

## Leadership: Willing and able

We gave physicians a series of statements pertaining to leadership and asked whether they agreed or disagreed with each statement. The graph represents the percentage of respondents who agreed with the statements below.

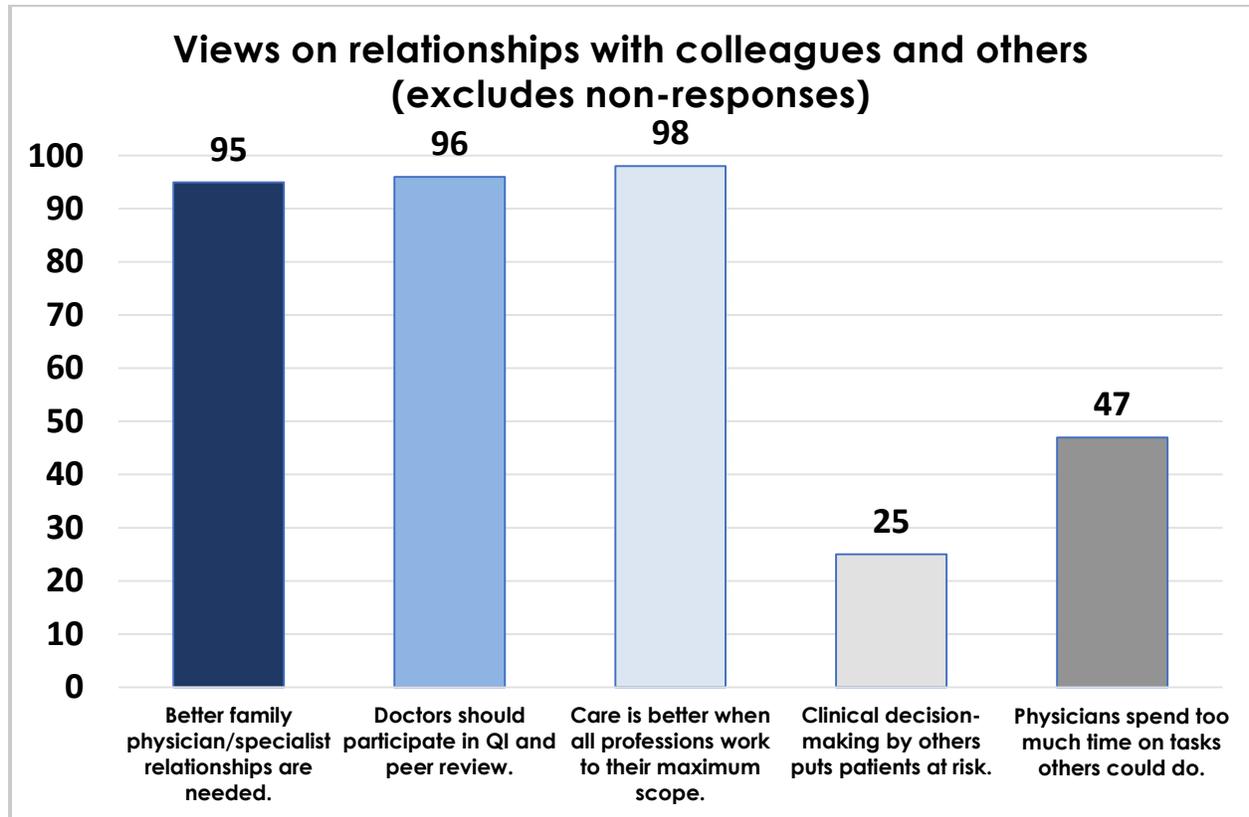


### Highlights

- Physicians are outward looking – they want to influence the health-care system beyond their own practices.
- Seven of eight respondents think physicians are responsible for resource stewardship.
- Substantial numbers believe they have solid health system redesign skills.

## Strong support for collaboration

We gave physicians a series of statements pertaining to collaboration and their working relationships with colleagues, as well as with other health-care providers. We asked whether they agreed or disagreed with each statement. The graph represents the percentage of respondents who agreed with the statements below.

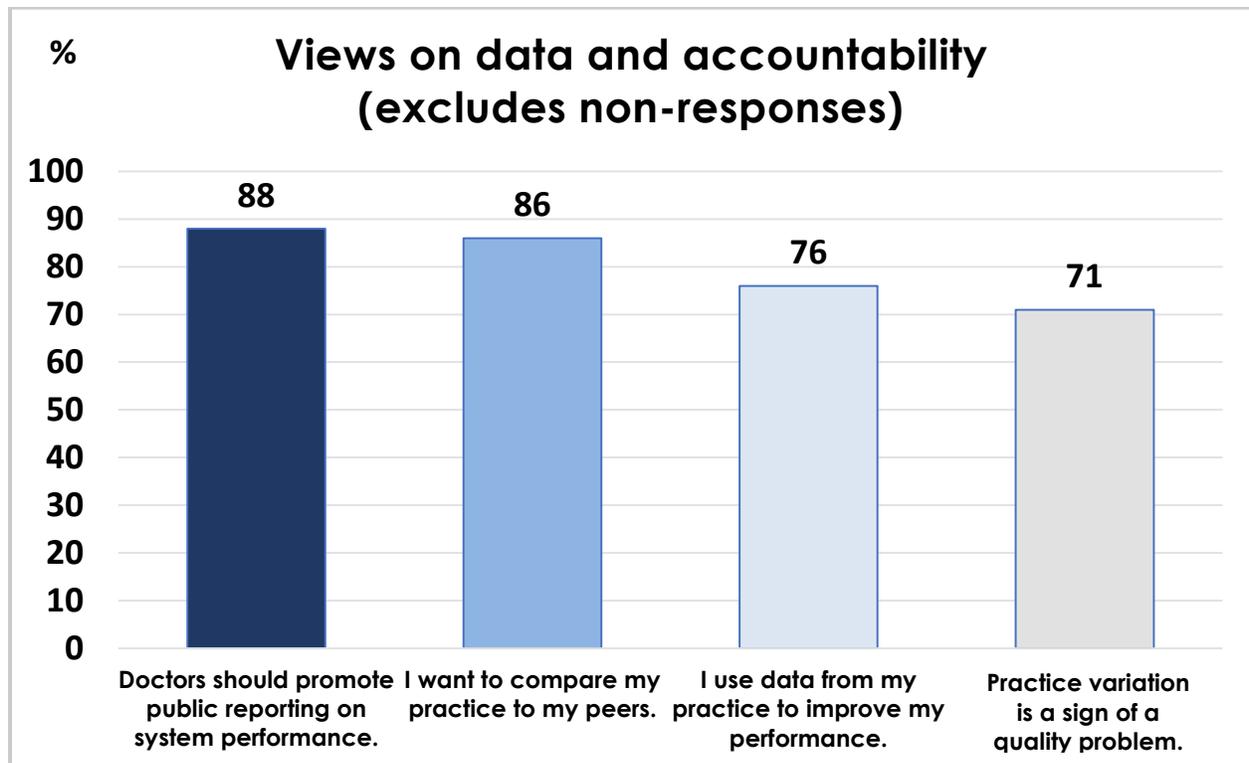


### Highlights

- There is overwhelming support for intra- and inter-professional collaboration.
- Non-FFS doctors are more likely to report spending too much time on tasks that could be done by others (54% vs. 41% for FFS), as are specialists (55% vs. 38% of family physicians).
- 34% of those not satisfied with their clinical earnings think shared clinical decision-making puts patients at risk compared to 21% of those satisfied with their practice incomes.

## Using data for improvement and to inform the public

We gave physicians a series of statements pertaining to data and accountability, and they were asked whether they agreed or disagreed with each statement. The graph represents the percentage of respondents who agreed with the statements below.

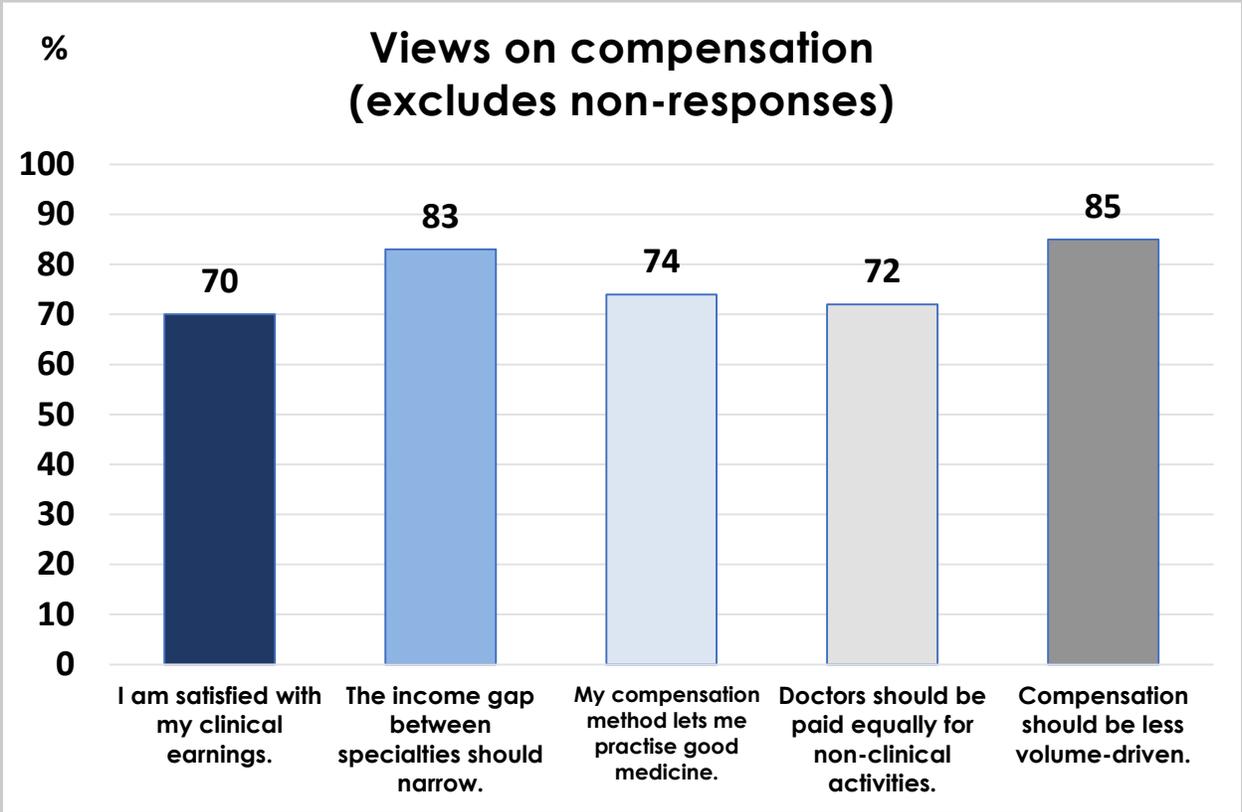


### Highlights

- Doctors want to use data to improve their practices.
- There is strong support for more public reporting on all aspects of health system performance.
- Most view major differences in how doctors treat similar patients as a sign of a quality problem.

# Compensation: General satisfaction but strong interest in change

Physicians were given a series of statements to respond to in order to assess their satisfaction with compensation. We asked them to agree or disagree with a series of statements. The graph represents the percentage of respondents who agreed with the statements below.



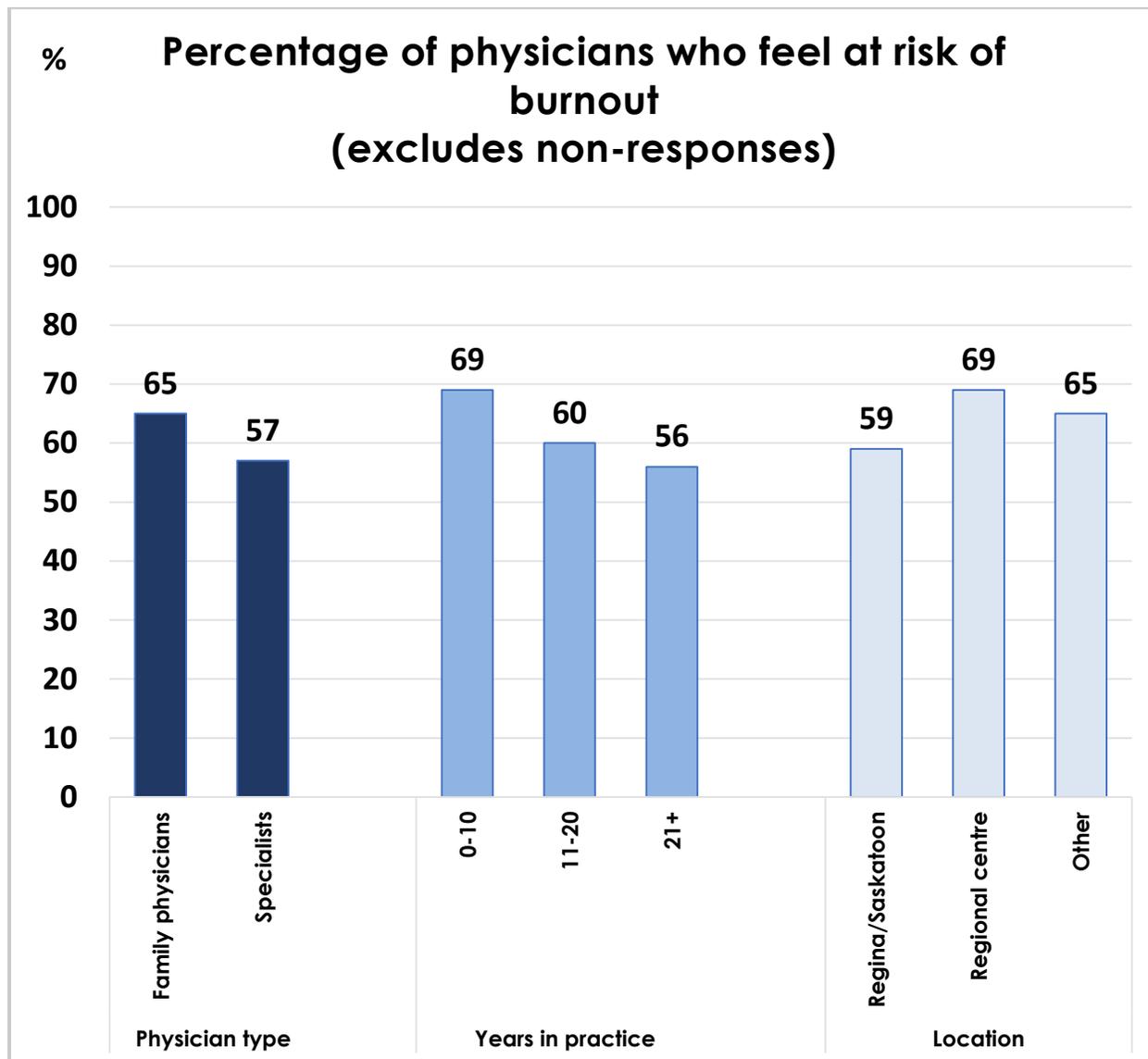
### Highlights

- There is general satisfaction with earnings (75% of specialists vs. 66% of family physicians) and overall, physicians feel that their method of compensation allows them to practise good medicine.
- There is very strong support for moving away from volume-driven payment.
- There is similarly strong support for reducing income disparities among specialties (91% of family physicians vs. 76% of specialists).

## Burnout is a significant risk

In an effort to assess the risk of burnout in our physician population, we asked physicians to agree or disagree with the following statement: *I think I am at risk of burning out.*

The results are concerning.



### Highlights

- The reported risk of burnout is very high: 62% of all doctors.
- Rates are higher among family physicians, younger doctors, and those outside the two largest cities.
- 80% of doctors who are not satisfied with their clinical earnings report being at risk of burnout.

## Next steps

The survey was the beginning of an inquiry and a conversation, not the last word. We are committed to following up, not only to clarify some of the most thought-provoking responses, but also to engage doctors more broadly in health system redesign. In the coming days and weeks, we will offer a variety of opportunities to participate so that as many as possible can engage in a manner that aligns with their interests and availability.

This has been an enormously encouraging exercise for the SMA. For the first time we have solid data on how the profession views its role in the context of a rapidly evolving landscape. The findings confirm that SMA leadership is on the right track in its discussions with government and health system colleagues. The response rate suggests that the membership is willing to respond to short, focused surveys, and we hope to get the numbers even higher in the future.