

2013 AAHKS Member Survey: Patient-Physician Shared Decision Making in Total Hip & Knee Arthroplasty

This is an ANONYMOUS 2-page survey designed to explore shared decision making preferences and practices in THA/TKA. Your complete responses are important. Please return BOTH PAGES of the questionnaire in the enclosed envelope or via fax to 847-698-0704 no later than April 30, 2013. Questions? Call the AAHKS at 847-698-1200.

1. Thinking about the patients you have seen in the last 12 months, to what extent does each of the following factors affect your recommendations regarding hip or knee replacement? Please rank the following patient factors from 1 thru 8, with "1" representing the factor that most strongly affects your recommendations, to "8" being the factor that least affects your recommendations:

- | | |
|--|--|
| <input type="text"/> Physical exam findings (e.g., limp, pain with ROM, limited ROM) | <input type="text"/> Patient's symptom severity |
| <input type="text"/> Patient's values and preferences | <input type="text"/> Degree of OA on radiographic images |
| <input type="text"/> Patient's co-morbidities | <input type="text"/> Patient's functional status |
| <input type="text"/> We have exhausted conservative treatment options (Rx, Physical Therapy, etc.) | <input type="text"/> Patient's age |

2. "Routine practice" is defined as what you do more than half the time with your patients. Do you routinely (i.e., more than half the time) provide educational materials to potential THA/TKA patients before their initial office visit(s) that describe the benefits and risks of surgical options for treatment of advanced OA of the hip or knee? Yes No

3. Do you routinely (i.e., more than half the time) provide educational materials to potential THA/TKA patients before their initial office visit(s) that describe the benefits and risks of non-surgical options for treatment of advanced OA of the hip or knee? Yes No

4. If you routinely (i.e., more than half the time) provide educational materials to your hip/knee OA patients, how do you access these materials (please check all that apply)?

- Purchase directly from a vendor
- Provided by my medical group or health system
- Other (Please write your response in the box below)

5. Do you routinely (i.e., more than half the time) request that your patients develop a list of questions prior to their visit with you? Yes No

6. How do you assess your patients' preferences about surgical versus non-surgical treatment options (please describe)?

7. Do you routinely (i.e., more than half the time) provide your patients with any information that summarizes the discussion you had with them during their visit (e.g., an audio recording of their visit or dictated note)? Yes No

8. "Decision Aids" are defined as audio-visual or print materials that present benefits and risks of treatment options, including non-surgical options. Please select the appropriate response to describe your perception of the impact of Decision Aids on the following outcomes in your practice:

	Decrease	Neutral	Increase
a. Patient satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your professional satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The quality of your interactions with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The frequency with which patients choose surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The volume of patients coming to your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your total consultation time with the patient (possibly across more than 1 visit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your staff's total time interacting with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your practice costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If your practice provided Decision Aids for all your potential hip/knee arthroplasty patients, how much would you estimate that this would increase your practice costs in dollars per patient (Please mark one selection):

- \$0-5 \$6-10 \$11-15 Don't know Other (please specify)

10. If this increased your practice costs per patient, how would your practice pay for this increment? (Please describe):

11. Would this intervention be something you would use in marketing to patients and payors about the quality of care you provide? Yes No

	Yes	No	N/A, did not use Decision Aids with patients
a. Incur additional costs to your practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bill for the process as a longer or extra appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get paid in some way for the time spent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



13. "Communication Aids" are defined as communication tools such as question lists, after visit summaries, and consultation audio recordings. Please select the appropriate response to describe your perception of the impact of Communication Aids on the following outcomes in your practice:

	Decrease	Neutral	Increase
a. Patient satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your professional satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The quality of your interactions with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The frequency with which patients choose surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The volume of patients coming to your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your total consultation time with the patient (possibly across more than 1 visit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your staff's total time interacting with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your practice costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. If your practice provided Communication Aids for all of your potential hip/knee arthroplasty patients, how much would your practice costs increase in dollars per patient? (Please mark one selection):

- \$0-5 \$6-10 \$11-15 Don't know Other (please specify)

15. If this increased your practice costs per patient, how would your practice pay for this increment? (Please describe):

16. Would this intervention be something you would use in marketing to patients and payors about the quality of care you provide?

- Yes No

17. If you have used Communication Aids with patients, did you:

	Yes	No	N/A, did not use Communication Aids with patients
a. Incur additional costs to your practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bill for the process as a longer or extra appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get paid in some way for the time spent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Imagine that a specific package of decision and communication aids was made available to your practice. Studies showed they had no effect on visit length, but led to more productive visits (e.g., patients reached an informed decision sooner, greater patient confidence in knowing what questions to ask, and surgeons felt that patients asked better questions). How many dollars per patient would you be willing to pay, out of your clinic budget, for your patients to access this package? (Please round to the nearest whole dollar) \$

19. How would you expect to cover the added costs? (Please select all that apply):

- Increased productivity Increased volume of patients
 Increased reimbursement Other (please describe)

20. Do you have an employee who helps you with education or counseling of patients? If yes, please state their title or job classification.

- Yes No

21. My current practice setting is best described as (check one):

- Academic Practice
 Non-academic Hospital/HMO/Health System Employee
 Military Practice (salary from military)
 Private Practice - Orthopaedic Group
 Private Practice - Multi-specialty Group
 Other (please specify).....

22. My practice is currently involved in (please check all that apply):

- Accepting bundled payments for surgeries Part of an Accountable Care Organization (ACO)
 Accepting "travel medicine" patients None of these

23. The revenues in my practice come in approximately the following percentages (please round to the nearest whole percent):

% fee for service % capitated % bundled payment % other special reimbursement method

24. How many orthopaedists are in your practice? Please write in whole number.

25. How many years have you been in practice? Please write in whole number.

26. The state of your practice is located in: 2-letter abbreviation:

27. Did you complete an adult lower extremity reconstructive surgery fellowship? Yes No

28. Any other fellowship completed? Yes No If yes, please describe:

29. What was your total THA/TKA surgery volume for the year 2012? Please write in whole number:

30. Please estimate the percentage of types of cases you performed in 2012: Please write in whole %'s:

Primary THA: % Revision THA: % Primary TKA: % Revision TKA: %

Thank you for taking the time to complete this survey. Please return BOTH PAGES of the questionnaire in the enclosed envelope or via fax to 847-698-0704 no later than April 30, 2013. Questions? Call the AAHKS at 847-698-1200.

