

Colorado Medical Society



Focus Forward CMS

*CMS Member Survey
November 17 & 18, 2017*

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Introduction

- **Methodology**
 - **CMS members**
 - **512 members gave a full response to the survey, of a total of 6,123 CMS members emailed (with 590 beginning the survey), giving an 8% response rate**
 - **Survey was conducted October 10-November 8, 2017**
 - **For the sample of 512 members, the margin of error is $\pm 4.3\%$ at the 95% confidence level**

Research Goals

- **Track perceptions of the Colorado Medical Society**
 - **Meeting strategic vision?**
 - **Responding in a time of major change?**
 - **Organizational change for CMS**
 - **Environment in which physicians practice**

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Research Goals

- **Help you shape the CMS of the future**
 - **Respond to physician's concerns, wants from their state medical society**
 - **Continue evolving to increase member engagement as best you can in a challenging environment**
 - **Health care is constantly in the news**
 - **Physicians (not everyone, but many) are frustrated, or stressed or burned out**
 - **All of us have "information overload"**

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Considerations

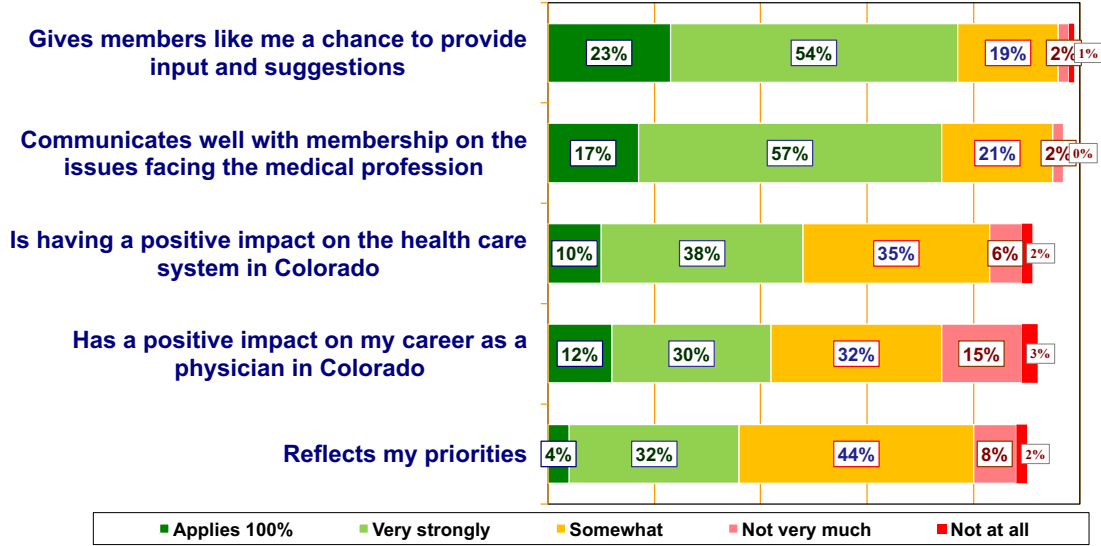
- 1. Non-response of less active members a more important factor than with 'issues' surveys**
 - **Best we can do is continue to track against similar surveys since 2008**
 - **Continue to strive to be representative by composition (by specialty, practice size, geography, etc.) across all of these surveys**
- 2. Ongoing challenge: soliciting the opinions of non-members to help inform strategic planning**

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CMS: Member Ratings

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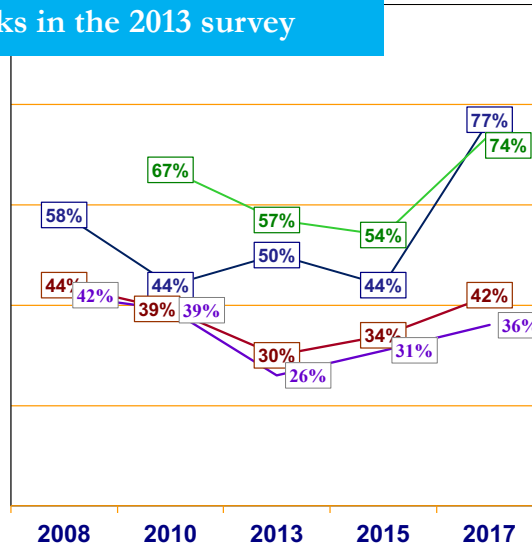
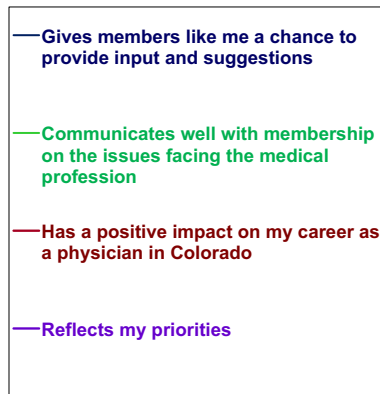
CMS Ratings: Tracking



Q1-5: How strongly do the following apply to the Colorado Medical Society?

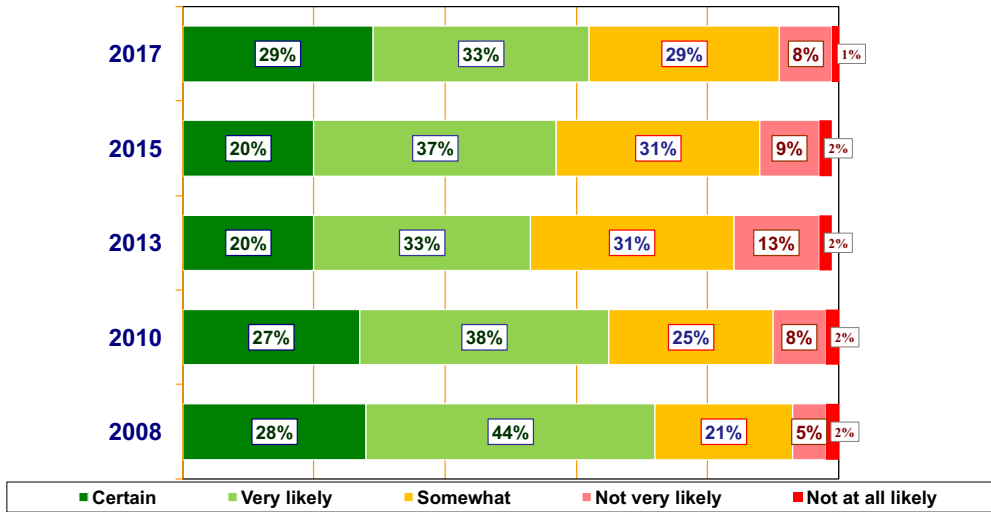
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Tracking shows clear improvement in 'input' and 'communication,' while other ratings have improved back to their 2008 levels since hitting low marks in the 2013 survey



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“Recommendation” has also improved since 2013, back to levels we saw last in 2010



Q6: How likely would you be to recommend to a colleague that they become a member of the Colorado Medical Society?

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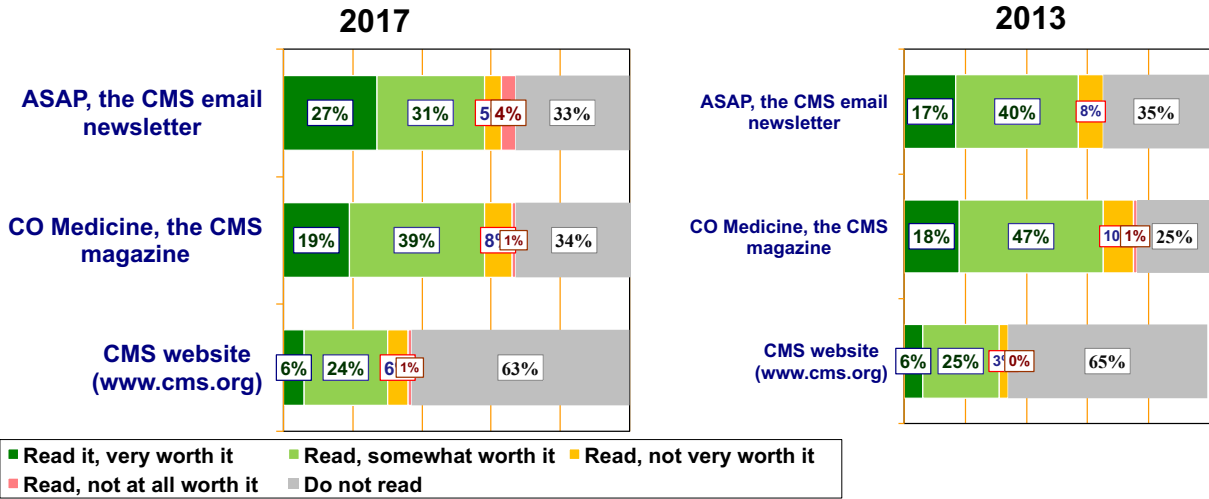
‘Advocacy’ and ‘Information/Communication’ continue to be the top reasons members rely on CMS; physicians in large facilities are more likely to say ‘social/networking’



Q7: For which of the following do you rely on the Colorado Medical Society? Please select all that apply.

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Penetration of ASAP has improved significantly since 2013, while the CMS magazine and the website have seen little change in their ratings



Q8-10: For each of following, do you read/access/attend? If so, is it interesting and worth your time to do so?

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Communications: Observations from the cross-tabs

Colorado Medicine

- “Not read” by 50% of those 30-45, 28% of those 46-55 and 10% of those 56 and older
- “Not read” by 45% of those who say they are “minimally involved” with CMS

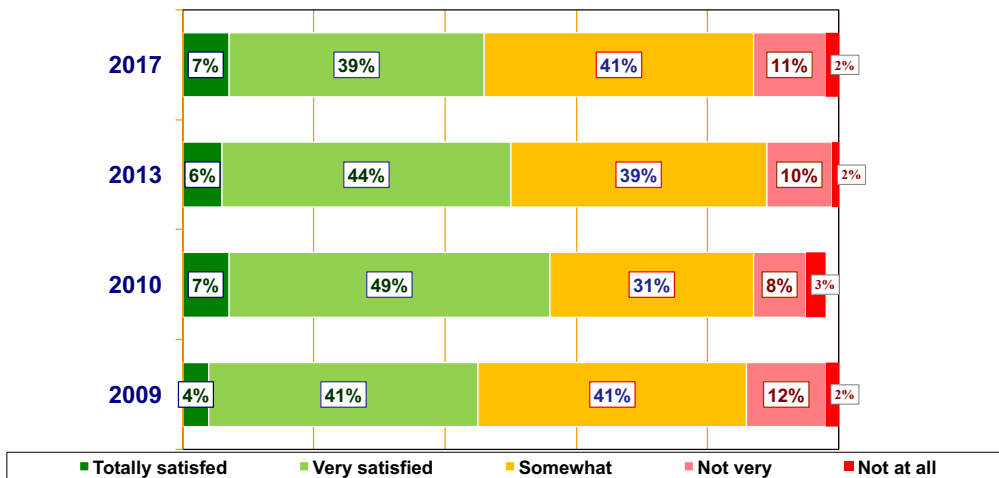
ASAP

- “Not read” by 29% of those 30-45, 36% of those 46 and older
- “Not read” by 53% of solo practice, 43% of 2-5 physicians, 37% of 6-25 and 19% of 26+

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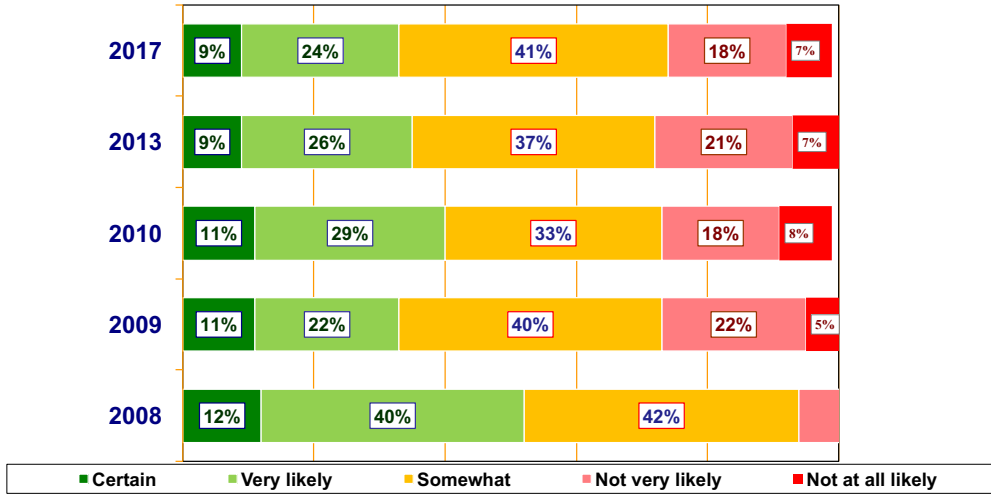
Needs, Priorities

A majority of physicians continue to be less than “very” satisfied in their practice, continuing a downward trend since 2010



Q13. How satisfied are you with your day-to-day life as a physician practicing medicine? (Active practice only, n=433)

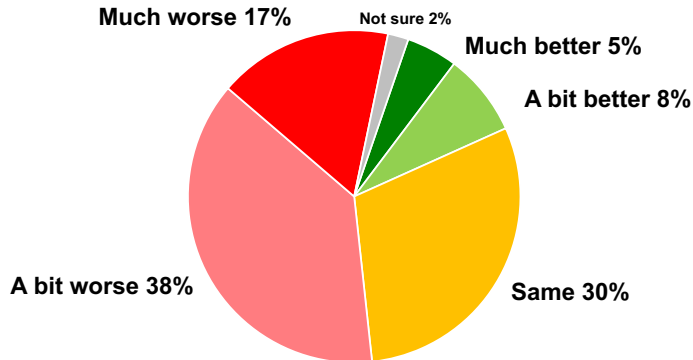
One-third would recommend a career as a physician, similar to levels we have seen since 2009



Q14. How likely are you to recommend that someone pursue a career as a physician? (Active practice only, n=433)

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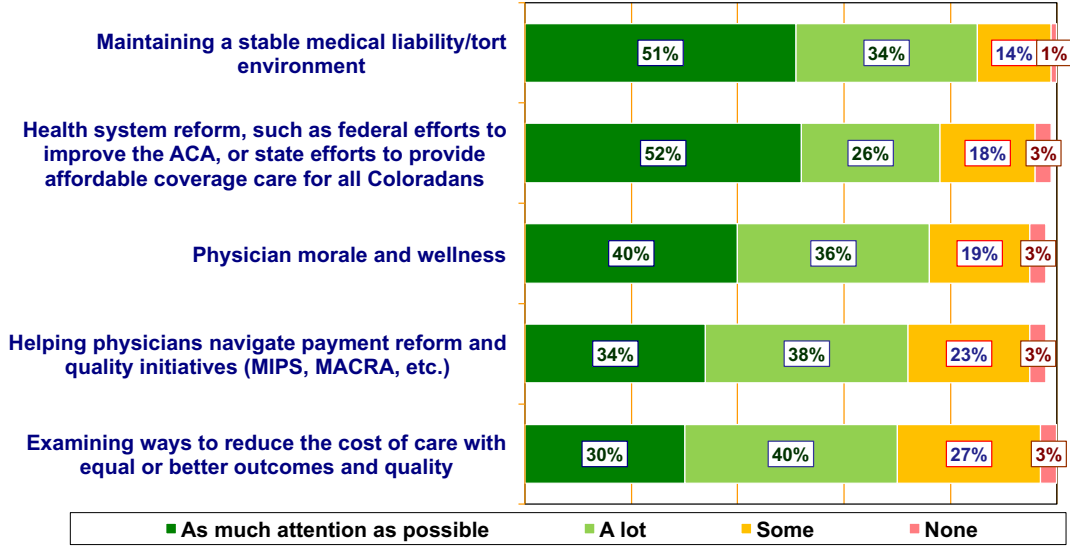
Physicians generally expect things to be worse or about the same over the next 2-3 years; just 13% are optimistic



Q15: Do you expect things to get better, worse or stay about the same (in terms of your satisfaction and the overall practice environment) in the next 2-3 years? (Active practice only, n=433)

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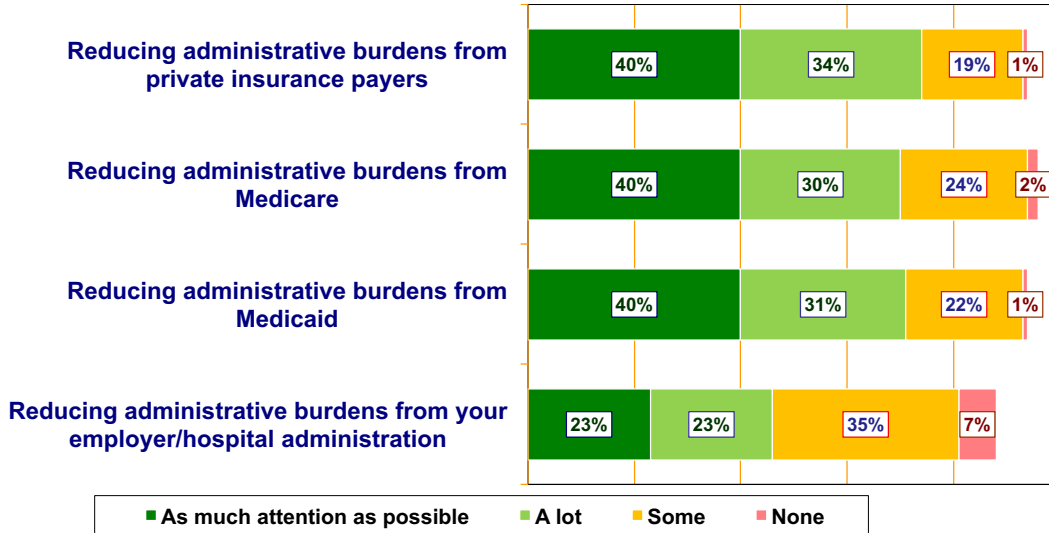
Top-tier priorities are the liability/tort environment and advocacy as health reform continues to unfold



Q16-27: Thinking about how the Colorado Medical Society devotes its resources, how significantly should the Colorado Medical Society address the following issues?

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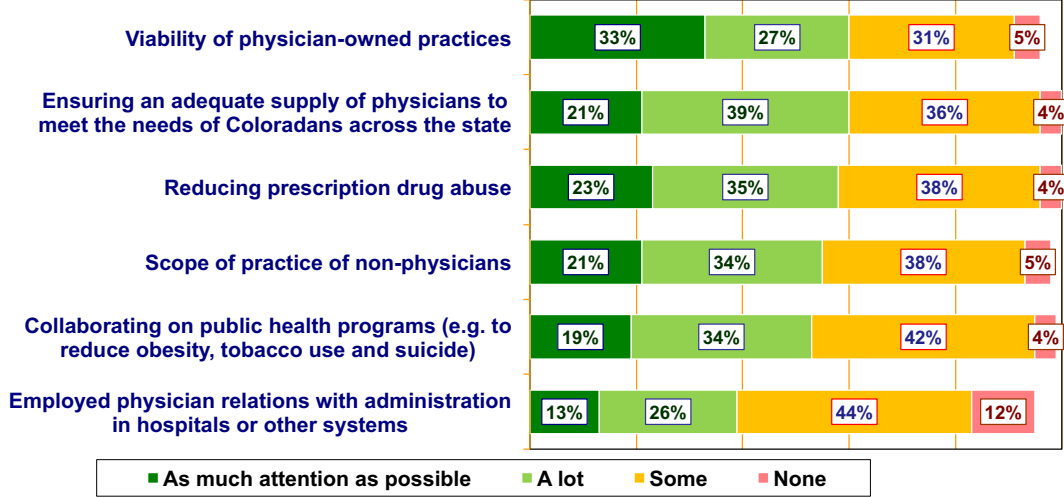
We also see great importance placed on reducing administrative burdens on physicians



Q28-31: Thinking about administrative or regulatory requirements with payers that affect your practice (prior authorization, contracting, reimbursement, etc.)...how much attention do you think each of the following needs from CMS?

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Other issues demand attention from at least 50%, with the exception of 'employed physician relations' (which received a score of 53% from those working in larger hospitals/systems)

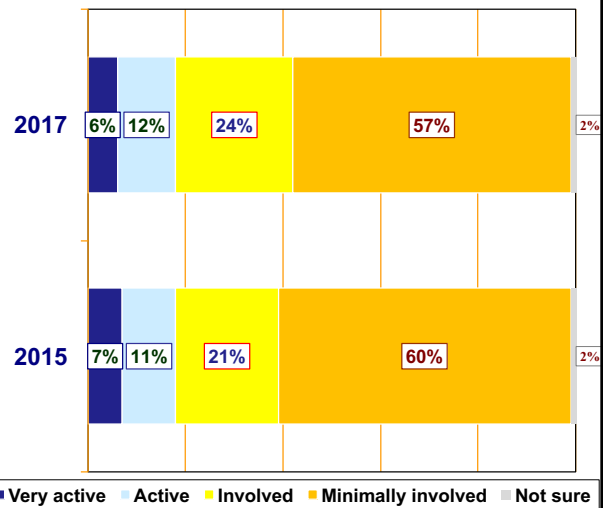


Q16-27: Thinking about how the Colorado Medical Society devotes its resources, how significantly should the Colorado Medical Society address the following issues?

CMS engagement levels are similar to the baseline we adopted in 2015

There are different ways that physicians engage the various organizations in which they have membership:

- Very active, as a leader in the organization
- Active, as members who attend events, read publications, give input on key issues and encourage others to take actions or engage, but would rather not take a leadership role in the organization
- Involved, as members who read publications, want to be educated and aware on key issues, and might attend an event or take an action (call a legislator, sign a petition) if a major issue came up that was relevant to them
- Minimally involved, as members who might occasionally browse publications or correspondence, but are unlikely to take actions or participate in in-person events



Q32. How would you describe your current engagement with CMS?

Nearly half (including 36% of “minimally” involved members) are interested in dinner with a legislator, and one-third (with 20%-30% of “minimally involved” members) interested in a 2nd-tier set of ideas



Q33: What ways might you be interested in becoming more involved? Please check all that you feel CMS should explore:

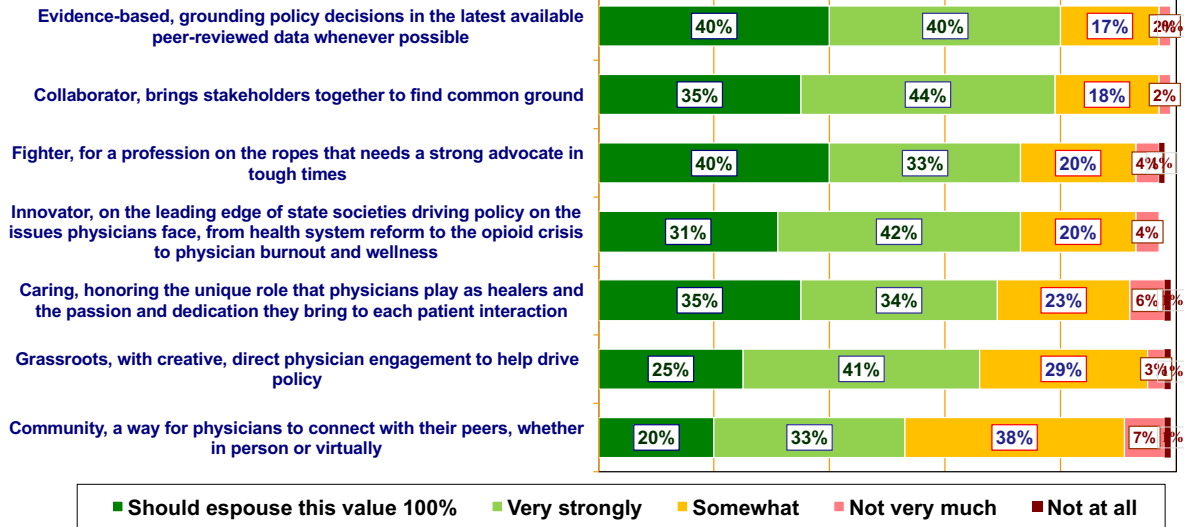
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Ideas: Observations from the cross-tabs

- **Online connection is of interest to 31% of physicians under 45**
- **BBQ is of interest to 29% of physicians under 45**
- **DOI meeting is of interest to 28% of solo/2-3 physician practices (28%)**

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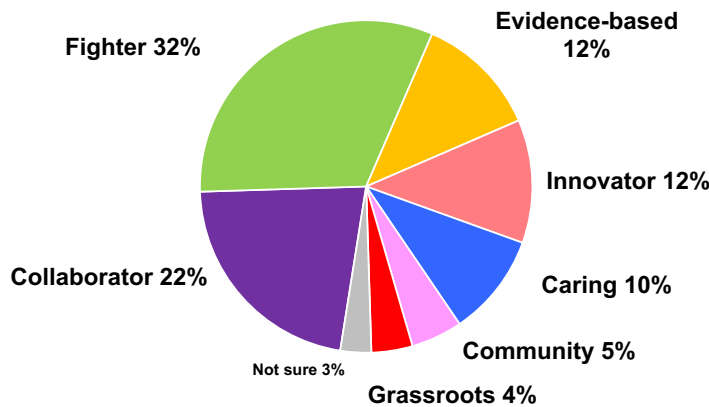
Members reacted positively to a range of values that CMS tries to espouse as an organization



Q34-40. Think for a moment about the kind of organization you want CMS to be in terms of the core values you believe it should espouse as your state medical society. How strongly should CMS espouse this value as an organization?

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When asked to choose their most important value, members gravitated most toward ‘Fighter’ and ‘Collaborator’



Q41: Which ONE value stood out most to you from the above list? Please choose just one.

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Central Line

- Overall, 69% are familiar with Central Line
 - Nearly one-half (46%) have already participated in a Central Line vote/policy, and 25% have heard of it but have not yet participated
- 88% approve (including 65% who “strongly” approve) of Central Line, while 1% “somewhat” disapprove, 8% “neither approve nor disapprove” and 3% are unsure

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Preliminary Conclusions and Recommendations

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Conclusions

- **CMS seems to be on the right track, but still face challenges in balancing the needs and priorities of a membership that is so diverse**
 - **In terms of specialties and practice types**
 - **In terms of age and generational differences**
 - **A male, older cohort alongside a more female (and likely more diverse) younger cohort of members**
 - **29% of members over age 56 are women, versus 56% of those age 30-55**

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Conclusions

- **CMS ratings on communication and input are clearly improved**
 - **Through very challenging times**
- **Ratings regarding 'reflecting my priorities,' as well as those regarding CMS's 'impact,' are relatively softer**
 - **It remains difficult to communicate your efforts and accomplishments (and your values), but critical to try**

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Conclusions

- **This survey is in line with all of the evidence documenting the challenges that many (not all, but many) physicians face in their practice**
- **They want a medical society that is keeping them informed, and advocating on their (and their patients') behalf, to impact their day-to-day practice in ways they, as individual and often isolated physicians, cannot**
 - **With legislators and regulators here in Colorado**
 - **With payers (public and private)**

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Conclusions

- **Some who feel they are currently 'involved' or 'minimally involved' are interested in a range of ideas**
 - **Those in large facilities, particularly younger physicians, seem more interested in social/in-person interactions**
 - **Younger physicians overall seem open to online connection**
 - **Middle-age and older physicians seem more open to participation in a committee or leadership role (through CMS, or perhaps with training from CMS)**
 - **And finally, it is clear that many physicians believe they would be interested in advocating directly with their elected representatives**

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Recommendations

- **Your core values (collaborator (and ‘convener’), fighter for physicians and their patients, evidence-based) are even more important in times like these**
- **These need to be highlighted and reinforced openly and clearly as you communicate and advocate**
 - **In particular, standing up for physicians with evidence-based answers that make a difference (are not seen as grounded in mostly ideology or political considerations) is critical**

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Recommendations

- **Remind physicians of your accomplishments, and how you have lived these values in getting recent “wins”**
 - **Mergers, A69, legislative accomplishments in 2017**
 - **Ongoing stability of liability/tort environment**
 - *Celebrating and reminding physicians what you have done is not “looking backwards,” it is a key part of building a strong brand*
- **(Moving to neutrality on PAD continues to perhaps be difficult for some members to accept; ongoing outreach to show what you are doing for physicians and patients on this issue, while respecting the majority of CMS physicians and voters, might be welcome)**

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Recommendations

- **Looking forward, we believe that continuing to build and improve on Central Line (as well as other ways members give input to CMS leadership) is vital**
 - **Publicize what has been accomplished by members driving initiatives so far, and actively solicit and encourage members to find ways to bring their ideas to the table to take advantage of the system**
 - **Success will drive success**

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Recommendations

- **We also believe it is time for a “refresh” of the *Colorado Medicine* magazine**
 - **It reaches a wide swath of members who continually rate it “somewhat” interesting**
 - **Perhaps there are opportunities to ask members (at a conference, in informal settings) what they would want to see changed, or what journals/magazines they have seen, that would be more appealing**
 - **We doubt that younger physicians will start reading a print version; the target should be existing readers to see what would be more relevant and interesting for them**

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Recommendations

- **We also believe that the CMS website could better serve members, as reflected in this survey’s question about “online community” which seems of interest to at least some physicians, particularly younger physicians**
 - **Once there is a solid offering/content, it would seem that leveraging ASAP (which has excellent penetration among most physicians, including particularly those in larger institutions) to drive visits to the website would be prudent**

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Thank You

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