

Opinion

Surveys: Which Ones Matter?

How did we do?" shouts the brochure resting on the bed pillow at most hotels these days. Excepting of course at those that you'd like to give an earful because of traffic noise or missing soap or filthy carpet—their comment cards are nowhere to be found. (Funny how they put the feedback card on the bed pillow but slip the bill under the door in the dead of night.) Lately, with the proliferation of Internet reservations, the booking service drops you an e-mail a few days after your stay to inquire if your reservation was handled to your liking. On the way home, you stopped at a fast-food restaurant, and on the receipt is a little note that you can receive a free burger if you go to a Web site and fill out a brief questionnaire. I suppose I should be flattered that so many people seem to be interested in my opinion, but frankly, I don't have sufficient opinions to satisfy most of them.

And that doesn't even count the legions of questionnaires and opinion surveys I get at work. Drug companies want to know on a scale of 10 how useful their eyedrop is in managing ocular hypertension, hospitals want to know how the admitting department functions (in a good year I'll admit one patient), continuing education providers want to know whether each of 20 lectures will affect how I practice every day. My reaction to all of this opinion solicitation is pretty similar to that of most ophthalmologists: I ignore it, circular file it, mark

the return envelope deceased, and manifest other forms of civil disobedience.

But I learned the other day something that got my attention. Buried in all the cacophony of these questionnaires are a few you should read, and then fill out. Because they affect how you will be paid for your services in the future. Ignore them at your peril, because then the response rate will be too low for the insurers or the government to consider valid, or worse, the data will reflect the responses of only the geeks who see few patients and have nothing to do but fill out the questionnaire!

It's all about the Relative Value Update Committee (RUC) process, which is run by the American Medical Association, but whose recommendations are almost always accepted by CMS and private insurers. Annually, proposed code revisions and relative value changes require validation by surveys of practicing physicians in the affected specialty. These surveys are distributed to a random sample, and they form the evidence basis for formal recommendations to the RUC. Such surveys ask about 15 to 25 services that serve as reference points for the proposed new code or old code with proposed new relative value. In this way, work values can be assigned, and subsequently, practice expense values can be derived. Without adequate survey data, a recommendation is much less likely to receive favorable action by the RUC. Recently, ophthalmology has had a lot of trouble getting a sufficient

response rate, even after several tries. That makes the job of Stephen A. Kamenetzky, MD, our RUC advisor, and Michael X. Repka, MD, the Academy's Federal Affairs secretary, also much more difficult. It shouldn't be this way if we all understood the importance of responding.

So, if you get a questionnaire in the snail mail or electronically from the AMA or CMS or other government agency,¹ get your staff to let you see it, then fill it out. Your reimbursement may depend on it.

¹ Contact Cherie McNett at cmcnett@aaodc.org, who can clarify the Academy's role in any survey you receive.



RICHARD P. MILLS, MD, MPH
CHIEF MEDICAL EDITOR, EYENET