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MINUTES OF THE REGULAR MEETING OF THE ACADEMIC COUNCIL

December 4, 1997

The Academic Council of Duke University met from 3:45 until 5:00 p.m. on December 4, 1997, in its usual location, 139 Social Sciences, with Prof. **Leonard Spicer** (RAD, BCH) presiding as Council Chair. In welcoming the members he spoke of the end-of-term atmosphere the faculty were facing, thinking of exam questions already, preparing to finish the term.

MINUTES

In view of the short time interval (two weeks) since the meeting on November 20th, the full minutes are not yet available for Council approval, although the Faculty Secretary, Prof. Donald Fluke (ZOO), as indicated in the agenda, has posted the summary on the Academic Council web site [it would appear in the *Faculty Forum* the next day]. The **Chair** hoped that that effort in making the summary available had been particularly valuable in terms of today's main agenda item. There is to be further discussion of one of the main topics last time, the results of the Survey of the Duke Managed Health Care Plan.

ANNOUNCEMENTS

There were two other brief announcements. As Council members know, the Faculty Handbook calls for reviews of academic administrative officers in the fourth year of appointment. This is the fourth year that Prof. John Strohhahn has served as Provost of the University, and his review committee is currently being organized, to be chaired by Professor Neil Demarchi (ECO). This is an important evaluative process in the University, as President Nannerl Keohane has emphasized at our last meeting. The review committee is nearly established, and some communication from Prof. Demarchi and the committee could be expected by faculty members in the near future, inviting input for this review.

A second note, made with deepest regret, is to remark the untimely death of Prof. Eric Pas (C&EE), as Council members probably already know. We will greatly miss our colleague and former Council member. He was also a member of a number of committees, including EC AC, the Executive Committee of this Academic Council. We certainly will miss his many contributions to education and the academic life of this campus.

RESULTS, SURVEY OF THE DUKE MANAGED HEALTH CARE PLAN

Continued Discussion

The **Chair**: Today's meeting provides the opportunity, which we're glad to have so promptly, to continue a discussion of a topic purposely carried over from our last meeting and which is of considerable interest. There has been some debate already, arising even during the presentation last time from our initial look at the results from the survey of the Duke Managed Care Health Plan. In talking about the history last time, it was clear that the survey questionnaire used was not what the Faculty Compensation Committee (FCC) or the Council members expected by way of evaluation of the Plan. Our initial intent had been to provide a survey of faculty and staff experience with the Plan in operation, but a shift in its principal purpose to serving accreditation of the Plan was decided in Human Resources. The point of this further discussion is not only to think about those results, ~ and the preliminary discussion from the floor last time indicated that there are significant questions remaining which may or may not still be resolvable by information that's in those results ~ but equally important to look forward to what we might do to continue looking at our Health Care Plan with a view toward optimizing its effectiveness in delivery of health care to faculty and staff. In particular, what strategies might be most useful in future and continuing looks into the Plan? This broader purpose was hinted at toward the end of the meeting last time by the chairman of the FCC, Prof. John Payne (Fuqua).

We want both to utilize the resources of our colleagues in the clinical domain who provide the significant part of health care in the Duke Health Care Plan, and of course, to survey our users, the consumers of health care delivered by the Plan, encompassing the whole faculty and staff at this University. To introduce, or reintroduce, the topic with some overview of what we have [in hand] and what we might do in the future, Prof. Kenneth Spenner (SocSci, FCC) will comment from the considerable thought, in company with the rest of the FCC, about what we might do better in the future. His comments are to be followed by another overview and summary by Prof. Payne, who will provide a sense of the ongoing discussions within the FCC after the considerable amount of time and thought they have already given to this overall problem.

We're also pleased, of course, to welcome back Mr. John Erb (Mercer) to help if there are questions particularly regarding the data from the accreditation survey that were presented last time. Also, Assoc. V. Pres. Clint Davidson (Human Resources) (who had just arrived) has been invited to join the Council for this discussion of the evaluation and of our thinking forward about the future of the health-care benefits plan. In many respects he represents us, as faculty and as the whole University, in terms of our interaction with various benefit programs.

With these remarks as preliminary to what he termed a working session, with an uncrowded agenda, the **Chair** recognized Prof. Spenner for his comments, also inviting the Council to engage discussion during the presentations in this more relaxed atmosphere. Prof.

Kenneth Spenner (SocSci, FCC) said that in the next ten or fifteen minutes he would like to comment on the FCC role in the Member Satisfaction Survey, providing the committee's independent judgment about the quality of the design of the survey in terms of the survey instrument, briefly to assess what we know and don't know from the results of that current survey, and [to suggest] what further analyses should be done. When the FCC first took up the issue of the Member Satisfaction Survey in the fall of 1996, it was their understanding that the FCC would play a strong role in assuring that the survey design and instrument were state-of-the-art, best-practice, and would produce high quality data and valid judgments about the quality of care in the Duke managed care system. Indeed, the FCC was told that the series of focus groups conducted by then Foster Higgins (now Mercer) in late 1996 with Duke faculty and staff would in part be used to inform the content areas of the survey. In September and October of 1996, when the FCC first received the proposed instrument and the survey protocol, they went right to work reviewing these. But this is when they had first learned of the NCQA — the National Committee for Quality Assurance. The NCQA is an industry group that issues accreditation ~ a seal of approval if you will — to health care programs. In turn, the NCQA mandates in great detail the survey protocol and instrument that must be used without alteration if accreditation is to be granted. Most of the twenty-one members of the NCQA's *ad hoc* Committee for a Standardized Member Satisfaction Survey are health care managers in large organizations; he had counted only one with an advanced research degree.

Duke's then Human Resources Director, Assoc. V. Pres. Toby Kahr, informed the FCC that the NCQA protocol had to be followed. On reviewing the protocol and the instrument the FCC found them seriously deficient in a number of respects, flawed in several others, and less than best practice in even more respects. It is [ironical] that an industry group with "Quality" in its name, charging itself with certifying quality, would use a design and instrument that in some respects would not pass muster in an undergraduate methods class. "Well, given grade inflation, it might get a 'C' these days." It's as though the American College of Physicians and Surgeons would require use of dirty scalpels in the name of quality.

On October 17, 1996, the FCC provided three single-spaced pages of recommendations for changes and alterations to Foster Higgins and to Duke Human Resources, including the Health Plan Manager and Assoc. V. Pres. Kahr. The recommendations were in three areas: first, sampling design, second, response rates and follow-up protocols, and third, questionnaire content and layout. The FCC written counsel included explicit recommendations to add response options of "not applicable" and "does not apply" to many questions where a respondent had not used or had not experienced a given procedure, or had not been referred to a specialist, or [had not actually engaged] whatever aspect of interface with the managed care system. To summarize the response to this counsel, a good number of the FCC recommendations were implemented in the area of sampling design, and some of the committee's recommendations were implemented in the area of response rate and follow-up protocols, but only a few of the recommendations on questionnaire content and layout were followed. Parenthetically, all of the

acknowledgements of FCC assistance at the last meeting notwithstanding, Spenner had almost feared that any additional gratitude coming in his direction would have been career ending.

In the area of sampling design, the FCC recommended probability sampling and a much larger sample than was mandated by the NCQA. These recommendations were implemented, and in these respects, the design is much better than the typical NCQA-mandated effort. Most crucially, the FCC has repeatedly recommended that Primary Care Physicians (PCP's) and specialists be sampled and studied as a special group with specialized instruments, but repeatedly their counsel had not been followed. To the FCC, it makes no sense to claim to be reviewing the quality of a system and then to leave out two key components of the system — PCP's and specialists. It's kind of a managed-care version of "Don't ask, don't tell." That is, if you don't ask them how the system is working, they won't tell you any bad news. In the area of response rates and follow-up protocols, the FCC had multiple recommendations to strengthen the design - but again, only some were followed.

The critical item here is response rate; the FCC recommended a goal of 80% response from the total sample, and that in no case should the effort for response stop short of a 70% response rate. It is quite possible to be seriously fooled in inferences to the population with non-response rates as low as even 10 or 15 percent. The effort that was made produced a 62% response rate. It should be noted in passing that the NCQA mandates a minimum 50% response rate, which is simply unsatisfactory by scientific standards. Such results would not be publishable in a peer-reviewed journal. Although Mr. Erb reported at last meeting that the 62% rate that they witnessed in the Duke survey was the best in the industry of which he was aware, and the best ever achieved by his firm in this type of survey, the FCC judges the 62% response rate "marginal" and "minimally satisfactory" and far from best practice by scientific standards.

In the area of questionnaire content and layout, key points of FCC recommendation and counsel were simply not followed, repeat, simply not followed. So he could answer Prof. David Smith's (NS&M) question of last meeting, "What was Ken Spenner doing?" Well, in this area, he was trying, but not with much success. This includes the "not applicable/never used/does not apply" response option that in its absence, renders a number of the univariate comparisons that we saw last time ambiguous at best, and meaningless at worst. Further, the FCC strongly recommended that separate sections of questions be added in areas such as mental health care, the prescription drug program and pediatric care — but other than a single question or so, this counsel was mostly not followed. In fairness to Mercer, and the survey people at Mercer, he thought that they were highly sympathetic to the FCC counsel but that they, too, were stuck with the Human Resources decision to stay with the NCQA-mandated design and instrument.

Further, the FCC recommended that the instrument be pretested on a subsample from Duke, which had it been done and done well would have revealed the problems that we have

been discussing last time and are likely to discuss later at this meeting, and they potentially could have been avoided. In terms of future evaluation efforts, it is the strong sense of the FCC that unless NCQA gets its act together in this area, dramatically improving the instrument and protocol, then Duke should be prepared to conduct its own evaluation effort.

Finally, **Spenner** wanted briefly to comment on what we know, don't know, and can perhaps still learn from the results of the current survey. What we have learned so far is relatively little, in particular from the types of univariate pie charts that we saw at the last meeting. For questions flawed by lack of the "not-applicable" response option, it is very possible that the univariate descriptions that we saw last time contain as much noise as they do signal, enough so that if one could remove the noise, a judgment that "all is fine in one area" could be changed to "this is an area in which we have a serious problem." Again, that's noise that could be removed. Visual analysis of univariate response distributions is but a crude first step in the analysis of these data, particularly given their limitations. The committee does believe there might be some reasonable refinement of the signal-to-noise ratio, thereby getting a clearer idea than we have now about what works well in the system and what does not. With further multivariate analyses and statistical modeling we could know for whom [it works].

Sparing the details this refinement would minimally include:

- 1) Extending analysis of respondents versus nonrespondents, and of patterns of nonresponse among respondents to uncover systematic biases that would jeopardize inferences.
- 2) Using multivariate regression models that allow for random and nonrandom error in the dependent sets of satisfaction variables.
- 3) Using regression models that allow for different functional forms of evaluative measures.
- 4) Using models that include main effects and interaction effects for demographic characteristics such as age, race, gender, education and so on in order to identify areas where the system is working particularly well or not so well for given demographic and social groups at Duke.
- 5) Using models that control for different levels of perceived health status.
- 6) And, crucially given the limits of the instrument, using models that control for frequency and intensity of use of the system.

For an example of the latter, in the current instrument and the very substantial resulting document, it is possible to separate out those respondents who have low or zero frequency visits to the doctor, clinic, or emergency room compared with others, or, it is

possible to separate out those who have been hospitalized compared with those who have not, and then to reconduct the analyses that we saw last time making other sorts of adjustments. These things are all very possible to do and they might go part of the distance toward cleaning up and clarifying the signal-to-noise ratio compared with visual inspection of univariate distributions. But again, none of this has been done to date. So the real analysis of the current data still lies ahead of us.

The key issues are resources to do it and access to the microdata, which in turn involves issues of confidentiality and anonymity. Given resources and access, the FCC is prepared to assist. This time we hope that more of our counsel is followed.

With that conclusion, **Spenner** asked if there should be questions or comments at this juncture, or after Prof. Payne's presentation. The **Chair** opted for the latter but encouraged the Council to ask questions or make other comments from the floor as things came up, but remembering please to identify themselves. "Even with all the microphone technology that we've tried to implement, it is sometimes still very difficult keep track, particularly from some regions of this hall."

Prof. **John Payne** (Fuqua, FCC chair) proposed to move on from the overview just heard, of where the FCC was involved in the development of the survey, and some ideas for what they'd like to see done, as said, in increasing the signal component of the existing survey, to talk a little more about where we'd like to see the evaluation go in the future. He wanted to pose for the Council's consideration some questions the FCC thinks need to be pondered in terms of future evaluation. First, as he had mentioned at the last meeting, the FCC thinks we should institute a regular survey of the participants of the Duke Managed Care Health Plan. That means each year, or at least every other year. That proposed survey should focus in on the kind of questions that Prof. Spenner had mentioned in addition to the ones that are in the current survey. That is, it should deal with areas of special interest like mental health and pediatrics. There should be better design of questions in order to deal with the issue of use. That is something we can do as Duke University and as custodians of the benefit plan. Two other FCC recommendations have also already been mentioned. One is that we have a regular survey of the caregivers, the PCP's and the specialists, and that we collect and regularly analyze system data such as waiting times, complaints, etc. Those last two issues of course will require the cooperation of the Duke Managed Care Health Plan, but given the special relationship that exists between that Plan as a health maintenance organization, and the faculty and staff here at the University, such cooperation can be expected. So those are the three items we think we need to do, in terms of future evaluation: regular surveys, surveys of the caregivers, and the collection of system data.

There are some policy issues or questions that the FCC would like to bring forward. First, who pays for the evaluation efforts and who controls them. One of the issues that came out of this [experience of the FCC] and that was made very clear in the last meeting was we that really had a couple of goals simultaneously. One was to collect the kind of data that would allow for the accreditation of the Duke Managed Care program, and the other was

to try to collect data that would let the faculty and staff know how the plan is currently operating and that could identify areas where improvement of that plan is needed. The FCC thinks that those two issues need to be separated and that the payment and control of the future surveys of the participants should rest with the University, as representative of the faculty and staff in terms of their benefit dollars.

Next are the questions of who owns the microdata and who has access to it. Prof. Spenner had talked a little bit about that in reference to the current survey, in those same terms that he had mentioned, of owning the survey. The FCC thinks that future data are something that Duke University should have control over. We understand the need to worry about confidentiality and certainly want to have surveys that people feel good about responding to honestly, but those issues can be dealt with so that the kinds of analyses that have been mentioned [as needed] for this survey can be [accomplished] in future surveys.

Then, as a last point, capturing several of the things mentioned, what we should do with [this first] NCQA survey? He would recommend that maybe in the future we should drop it, as far as our purposes are involved, which are to collect data to inform ourselves on how that plan is going and where there would be opportunities for improvement in the plan. All these issues are certainly appropriate for discussion, and as a way to get that discussion going he had wanted to pose these recommendations, here on the floor of the Council.

General Discussion, Member Health Plan Survey

As a point of clarification Prof. **Roger Barr** (EGR) asked who did pay for the survey that has been done, and who does in fact own the data that have been collected. Who is in control of whatever it is [that has been accomplished in this first survey]? Whatever happens in the future, what is the situation for what has already now been concluded? Prof. **Payne** deferred to Ms. Lois Ann Green (Manager, Benefits Administration) for the answer to those questions, and **Lois Ann Green** said that we paid for it out of Duke funds. It was agreed with Foster Higgins (now Mercer) that the data would remain confidential with that firm, and that was what was promised to the participants when the survey [questionnaire] was sent out. But it was paid for out of the benefits office.

Prof. **John Staddon** (NS&M) wanted to urge very strongly to Prof. Payne that the nursing staff also be included in the caregivers as part of and improved survey. Also, it was not clear to him, if the questions in this survey were predetermined as apparently they were, what the need was for hiring a consultant. If we already knew the questions [in the form they had to be asked], why couldn't Duke conduct the survey itself instead of hiring a consultant? And second, given the apparent uselessness of the NCQA set of questions, who is being protected by the NCQA survey? It's not clear that the Duke participants in this plan are being protected in any way. He was not sure who should answer that question but presumed that someone responsible for knowing the answer was present. The **Chair** commented that the question was related to one that Staddon had asked last time; does it matter to us as faculty and staff whether or not [the Duke Health Plan] is accredited?

Staddon agreed; right, what difference does it make to the participants in this plan, as distinct from the management?

Helping to clarify the question to whomever undertook to answer it, the **Chair** remarked that there are probably some requirements in terms of the contract with Sanus and the establishment of the plan, as he understood it from earlier discussions, is that right? **Staddon** didn't think the Chair should be the one to answer this question. The **Chair** concurred, but just remembered reading in some of the earlier materials sent to EC AC, before he had been on that committee, that there was discussion in the original agreement between Duke University and Sanus that there be accreditation, however they went forward with a joint plan. So there was probably a statutory requirement on the part of the Plan.

Ms. **Lois Ann Green** said that the NCQA does mandate that a third party perform the survey. **Staddon** asked why we should care about NCQA? That's the question. Ms. **Green** said that part of our discussion as we go forward is whether to make just one survey, [or more than one, to serve various needs]. The decision at the time of this first survey was that instead of two surveys going out at one time, these surveys should be combined.

Prof. **Staddon** continued to ask why we should care about NCQA. Assoc. V. Pres. **Clint Davidson** said that the explanation is that Sanus as a third-party administrator has to survey. That's not optional. And apparently when Duke was considering this [requirement] and the new plan design, there was discussion about whether we should do two surveys, which would go out with our knowing that they are [both] very extensive, or can they be combined as a first effort? The decision as he understood it was to combine [the two surveys], leading to the inadequacies and limitations now under discussion, while obviously going forward from the University's standpoint. **Staddon** [ventured that] it's Sanus' interest that is served by NCQA. **Davidson** said he believed it's required but deferred to Mr. Erb [Mercer] to say whether that was correct, that Sanus, as a third-party administrator, is required [to make a survey].

Mr. **John Erb** (Mercer) said yes, that such a survey is required, by NCQA, if they want accreditation. Prof. **Payne** said maybe he could shed a little light on this [whole question]. **Staddon**: "Sorry to be so dim about it." **Payne** alluded to Prof. Spenner's original idea of the survey, and thought the following has always been [true], that there were really two [distinct] goals that were discussed last fall, when we were designing this first survey. One was the need for a third-party, survey accreditation [anchor] and so on. There was also clearly a sense that we wanted at that point, after there had been a time to get used to the new plan, to survey the faculty and staff to get their reactions and to help design something hopefully better. Originally, the idea was that maybe we can combine our efforts into one survey. That's where Prof. Spenner was mentioning that there was a lot of discussion about not only the nature of who will get the survey, and what the size of the sample would be, but also what the content would be.

At this juncture a telephone started ringing in a locked box at the front of the room. There's the answer, said the **Chair**. **Payne**: It's in a locked box? The **Chair**: Locked box, that's right; it's like a fire alarm. **Staddon**: It's like a symbol for this whole discussion. The **Chair**: Hopefully they [the mystery caller] will get bored [and give up]. Speaking above the din of the ringing phone, Payne said that what happened, he thought, as Prof. Spenner mentioned, was that our recommendations for the content and the structure of the survey [were disregarded], for a variety of reasons. So our feeling is that the survey as it went out did not meet what we wanted it to meet. It may have met the goal of accreditation. [At some point the phone stopped ringing.] **Staddon**: So it did not meet the goal of the participants in this plan. That's the point he was trying to make. **Payne** added that it was the point that Prof. Spenner made very clearly. He did want to say that back last fall, as correspondence back and forth would indicate, we were trying to figure out some way to serve both [purposes in one survey], but it did not work out.

Prof. **Spenner** added, in response to that question, that there is a bigger potential policy issue, and a potential conflict of interest. He wished people here from the [Duke Health Plan] would comment on it. Why [any need for a] seal of approval? One possible answer is the future need to recruit patients into the system, including the fine folks from Smithfield, Creedmoor and Oxford and so on. They are wonderful people, but they have nothing to do with Duke, and there's a potential conflict of interest in having Duke dollars, in particular, fringe benefit pool monies, going to pay for what is precious close to a marketing [seal of approval]. He didn't mean that potential conflict in a crass way. But one is straying far afield from our interests as faculty and staff in wanting to know what's been going on in this larger Duke Health System.

The **Chair** said that that [matter of conflict of purpose and interest] bears very strongly also on future efforts, for which there is a continuing call on everybody's part. That's the comment Assoc. V. Pres. Clint Davidson was making; in the future we need to think about how to do these things right.

Prof. **Kenneth Knoerr** (NSOE) asked whether he could assume, on the basis of this survey, that the Duke Health Plan is now accredited. The **Chair** was also curious to know what the time frame was for utilizing these data for making that decision about accreditation. Mr. **Erb** said that there are several criteria for accreditation by NCQA. The member satisfaction survey is only one. First of all, the managed care plan has to be in existence for a certain amount of time before they can even apply for accreditation, and then there are site visits made to look at their quality assurance mechanisms, to interview their quality assurance committee members. There's a whole laundry list of qualifications for getting NCQA accreditation that go beyond the employee attitude survey. But in order to get accreditation, you must use the employee attitude survey.

Prof. **Knoerr** asked how long, once they're accredited, does this accreditation last? **Erb** said anywhere from one to three years. **Knoerr** said that what concerned him is that we want to do our own survey, but if we've got to be surveying this group of clients of the

service, for keeping accreditation for Sanus, [then it would appear that there's interference]. If we need to get our own data [from our own survey as well], people aren't going to want to respond to both surveys. The **Chair** agreed with that remark; there's a risk of oversurveying. **Knoerr** said he didn't think we should be in the business of [footing] Sanus' public relations bill.

The **Chair** asked whether there is an ongoing requirement for continuing NCQA survey information. Is it yearly? Someone evidently indicated that it is yearly. [The **Chair** continuing]: So that frequency is going to lead to some conflict inevitably, but it does involve a different population. The accreditation survey would involve the full population served by the Duke Health Plan, not just faculty and staff, right? **Erb** said that's correct. The **Chair** went on to suppose that that accreditation-related surveying would require things like random sampling, which would mean that it will involve the faculty ~ no matter what we do - but in terms of the amount of tolerance people have for surveys. **Knoerr** said that from his own personal experience if somebody asks him to respond to something once, that's fine, but to keep on asking him for [such] information [is likely to reduce the inclination toward thoughtful response]. The **Chair** agreed; the tolerance factor on repeated survey is an issue that one has to consider.

Prof. **John Falletta** (CliSci) still hadn't "heard a crisp answer" to the question why it should be to the plan participants' advantage, "that's us," to have an accredited plan, and specifically a plan accredited by NCQA. He wanted to separate that question from the question of whether it's to advantage for management of the faculty/staff health-care benefit [to have a plan that is accredited]. Is it to pure advantage, as faculty, staff, family members or whomever, to have an accredited plan? For clarification the **Chair** asked if it was "our" meaning Duke University, or "our" meaning the Academic Council as representative of the faculty? **Falletta** said, you and I, as members of this community. The **Chair** understood that the question of advantage was for a user of the health care system in general. **Falletta**: Is it to our advantage? Because if it is, it seemed to him that we need to achieve that status. If it is no! to our advantage, then he thought we should "blow it off."

Prof. **Staddon** interjected the thought that if "they" are going to rely on invalid surveys, he didn't see how it could be to our advantage, to which **Falletta** responded that it should then be incumbent upon us to make the survey better so that it serves our purposes. But if [rather] it is to our advantage to be accredited, then we need to ensure that we're accredited. While this question hung in the air the **Chair** asked Mr. Erb whether there is indeed such an advantage.

Mr. **Erb** responded that as an independent's answer to that question, yes, it is to the advantage of the plan participants that the plan be accredited, because there is so much more than just the questionnaire and the survey. Accreditation means an external body coming in to review the clinical protocols, the quality assurance protocols, the grievance procedures, the member complaints. It means an independent third party that comes in and reviews these [measures of quality] every three years, at maximum. "So it is to the advantage of all of you

that an external organization comes in and reviews what the Duke Managed Care [Health] Plan is doing, in terms of quality. It's way beyond just a survey."

The **Chair** agreed that that advantage guarantees that there is some policing within our system, but could Mr. Erb in fact distinguish that advantage from the need, for example, of an IBM or other group listed in NCQA as requiring accreditation but also having a grab bag of choices in health care and therefore able to make that choice based on who's accredited and who isn't. We're in a slightly different position in the sense that we're us and we're serving ourselves and so it's important those things happen, but can we make them happen another way?

Mr. **Erb** said that he was speaking again from the plan participants' perspective, not from the plan's perspective. The plan wants to market itself to all employers, to state employees, to other groups, and it's critical for them to get that NCQA accreditation [if they are] to get those other groups. But from the plan participants' perspective, from your perspective and your perspective [pointing at Council members], having an external body come in to make sure that there are quality mechanisms in place and that they're being utilized properly was he thought critical. Now whether that is NCQA or not he would guess could be discussed, but right now, NCQA is all we have.

Prof. **Emily Klein** (NSOE, ECAC) said that the fear is that the other oversight activities would be done in as cursory a fashion as the survey.

Assoc. V. Pres. **Clint Davidson** said that we cannot let the NCQA certification keep us as a University community, concerned about the quality of this plan, from gathering the data through an annual survey in an ongoing way. It must not keep us from finding out where we need to improve. He didn't believe there is anything in NCQA that keeps us from asking — and this was discussed in the FCC — additional questions or focus questions. As he understood the NCQA requirement there is a common set of questions that have to be asked of all employers. He thought himself correct in saying that part of the questioning here concerns the management of the tolerance of people in filling out a very lengthy questionnaire. He did not remember exactly the length of this [present survey form], but it was substantial. It would be his argument, as had been discussed in the FCC, that we need to get at more data. We need to resolve these methodological questions and he thought we could do that, as we go forward. He had met with the clinical leadership of the Health System and could tell the Council that they were of very vigorous opinion about the same methodological issues, about wanting to have more data and more feedback about how their performance is being evaluated. He saw it as a given at this point that we've got to get at these data.

Now, what is the tolerance for the length and frequency of questionnaires? That is something we need to talk about but he would find it unacceptable from a plan administrator's standpoint not to have more data. He asked Mr. Erb if it were not correct that we were the first employer for such survey, and that the questionnaire used was new, so

there are some obvious limitations. He would hope that with the help of persons such as Prof. Spenner and others that [the NCQA] would take advantage of "what we've done and what we've observed and modify the darn thing." If they don't then he thought they would be under serious attack from several directions.

The **Chair** followed up on that point with Mr. Erb. Realistically, one of the comments he (Erb) had made had to do with what the NCQA felt they honestly could insist on in terms of percent return, and other things as well, including the length of the survey form that would work. There is a potential problem in assuming that our information is what the NCQA wants to use, so, it becomes a question of whether they are likely to adopt the rigorous academic standards at some level that we're trying to impose. **Erb** said that he seriously doubted it, and the **Chair** commented that realistically, then, that's part of the problem.

Exec. V. Pres. **Tallman Trask** joined the discussion to say that it seemed to him that the importance of this [present effort] is simply to become accredited. The decision to go with the NCQA was basically saying that as the buyer of this health care plan in terms of third parties we want to be assured that [the plan] meets whatever national accreditation standards exist. Those standards are now clearly low, still evolving, and do not yet answer a large number of questions. On the other hand, he did want to insist, in the role of the employer, that we at least [require accreditation], at minimum, for certification. Now, we may say in addition that there are a considerable number of other things that we want as well, and we have been finding out what they are, [but we do] have to deal with the logistics of how many questions can be [usefully be] asked, and who will answer them, and so forth. Accreditation by the NCQA has never been, in his opinion, anything more than our saying that's the minimum threshold. We don't want a plan that [can't meet at least that standard]. In our roles as an employer and as participants we want a plan that seeks much higher standards. The question is how to get [those higher standards], and he would never depend on the NCQA as anything more than the sort of lowest common denominator [that that] national accreditation standard [represents]. [That lower standard] should certainly be met, but it is probably irrelevant to half of our questions.

The **Chair** said that that's what he heard people suggesting from all sides, including Human Resources. A concern that is behind this question is that addressing it does require resources. Doing so on an ongoing basis requires even further resources. To some extent as faculty we would want to make sure that those resources are available to do what we need, in addition to whatever else has to be done by the health-care plan.

Exec. V. Pres. **Trask** said that, of course, resources are not unlimited, but we're talking about \$40M worth of purchases. Within reason, resources are available to handle [assessment of that total expenditure], to which the **Chair** responded that that was good to hear.

Prof. **Staddon** wasn't sure of the logic underlying this discussion. If we have an accreditation agency that is itself is unaccredited, an agency that has not established any reputation for itself as yet, why on earth should we feel compelled this early in the game to go for [approval by] it or for any [such] agency? When an agency emerges that does have some credibility, then by all means go for it, but obviously from what has been said [the NCQA does not yet have that kind of credibility]. Exec. V. Pres. Trask acknowledged that that was a good question, and that by hindsight we might have decided to do our own survey, but at some point you have to say, "why bother?" We are all of us in a new business here, trying to figure out how it works, trying to figure out what the standards are, and this [NCQA recourse] was put forward then as having the potential for a standard. Having used [that form of standard we now recognize that it] hasn't solved a lot of other problems.

The **Chair** elaborated that the survey form, the vehicle itself, was a new version, but [to Mr. Erb], the NCQA has been operating with some sort of database or survey collection vehicle before, isn't that right? Mr. Erb said yes, and you can only imagine how adequate that one was. The **Chair** saw that as maybe getting better, but it's still not getting over the bar. **Erb:** That is correct, if the focus is simply on employee [satisfaction] survey. But again, he thought we have to think more broadly, recognizing that they [the NCQA] do other things. The **Chair** said that on their web site they actually indicate two types of surveys. There's a certification survey, which they claim has a certain function in terms of making sure that the structure and the infrastructure are in place, but there's also a delivery type survey, focusing on delivery of health care. Is that an ongoing one that they're talking about or is that a separate one? **Erb:** It's a separate one.

Prof. Dennis Clements (CliSci) remarked that most groups that are in this business [of health care] don't have a group of individuals that are willing to spend the time that this group [the FCC?] [has been willing to spend, if] academic centers are to themselves police what is going on. Most of these rules are written for companies where the people are just showing up for their job, and the idea is to assure that there is some minimum standard of care for those people, who can't organize themselves or don't have the wherewithal to do it. It's a learning process, one that is all new and that is certainly expanding in our area [of work and service]. What we really want to [avoid] is to waste time [trying to do] two things, one of which doesn't fulfill what we need. What we really need to decide is, yes, there can be a base questionnaire, one in which 80% of the questions are alright, but where you really want to include others that are more specific for [your situation], so that whoever is filling it out, you fulfill the basic requirements. That may not be as important now as it may be five years down the road, but you get the information back that you want as well, which would make our own system better. We're very fortunate to have so many people so interested in what's going on and not just taking whatever someone else dishes out. [That degree of interest] obviously gives us the opportunity to have a much better plan, one which we know more about and for which we get more feedback in possibly changing it to everyone's advantage. We can see how [this process of getting such feedback] has evolved. What we don't want is to end up with a questionnaire that seems to be a waste of time,

where maybe some of the questions on it are OK, but where we would really like to be able to scoot in our own questions, afterwards or before, or right along with them. That way we could get the real answers we want and perhaps over time we will learn something from the questionnaires we provide. With all the expertise here we stand actually to get better answers.

Prof. **Seymour Mauskopf** (SocSci), following up, pointed out that a main justification for keeping with the NCQA is the comprehensiveness of the things they're doing. But there needs to be a policing of the process, of these other areas, the way Prof. Spenner has policed this first survey and its questionnaire. What mechanism would we have in place to implement that sort of policing so that the FCC and others don't do a report and have 20% of it accepted and the other 80% rejected? The **Chair** asked if that meant on an ongoing basis. There is a question of both the energy of the FCC and also of the resources available internally to be able to verify the effectiveness of the process as well engaging either consultation in Human Resources or through people who are a part of our institution. He asked Prof. Payne whether he had any opinion to offer about that degree of engagement by the FCC. **Payne** answered that [it might be feasible] if sabbaticals were granted "to all of us."

The **Chair** saw it as a problem to try to run this gauging of member satisfaction process in-house. It would be feasible with the expertise we have certainly, and we'd probably do a good job, but the problem is everyone is fully occupied as faculty members in their professional interests and their teaching interests and we don't have a staff that can go out and do this. Thus, it's important to find people who can help along the lines that have been indicated. There is some policing we can do, but it would be hard to generate what is needed without having some mechanism through Human Resources to find people we can depend upon to help in that process.

Prof. **Mauskopf**, in further follow up, gathered that there was good and comprehensive policing in respect to the report and recommendations of [this original questionnaire], even though so much of what was recommended about the survey process was not implemented. But if you [still can't] get that [policing of the process and effective use of the recommendations for such a more extended survey], it would seem like a double waste of effort. The **Chair** agreed that that was the worrisome thing he thought for a number of faculty, because they put in a lot of effort before knowing what the NCQA requirements were likely to be. When that happened, it did in a sense do just what Mauskopf had said. We need to avoid that waste of effort in the future. Now, the first time around, anything can happen. And actually what he would prefer, as Assoc. V. Pres. Davidson has mentioned, is to think forward through what we're going to do in the future, certainly with avoidance of wasted effort a key consideration.

Prof. **Jackson Carroll** (Divinity) asked if it were possible to do what we were talking about, but subsequently, analogous to the census process where a general survey is done and then a smaller sample is studied with a more detailed questionnaire. It seemed feasible to

him that there be a basic questionnaire that is answered first, [by a larger sample population], after which a part of that larger sample, perhaps only [partly] internal to Duke University, would be asked to answer the more detailed questionnaire.

Prof. **Spenner** thought that [two-stage approach] would be feasible to do. In fact, that would be his counsel. If the NCQA is going to be minimalist [in its approach], then we ought to be minimalist in compliance with the survey part that they're requiring us to do. The Council may recall that the FCC upped the numbers substantially, thinking we'd have a good instrument and wanting to do multivariate analysis. But there are mandated minimums, and in this respect we can use their partial incompetence in our favor. [Their?] minimums are much lower; they will accept he thought as few as 300 or so respondents. But we're talking twenty-thousand plus plan participants from Duke, with family members included. We could go our own separate route. "So that's a yes." The **Chair** added the importance of making sure that follow-up data are fully available for analysis at the micro level, depending on what's important in Human Resources their role as custodians with advice from the FCC.

Mr. **Erb** wanted to clarify an issue that was brought up earlier, about policing beyond the survey, and policing the other areas that NCQA would [also] police. In late 1995 Human Resources hired an outside consultant to do essentially what NCQA does, but without the NCQA [constraints], meaning from the lowest common denominator. That outside, independent consultant had looked at quality assurance mechanisms, at grievance procedures, where it was established there were serious deficiencies, and [at how effectively] those were corrected. The consultant had also looked at contracts with physicians in the hospital, and at actuarial underpinnings of the rates that were being charged, all across the board. So that earlier process was already complete before the present survey took place. And the reason he knew so much about it is was because "we," Mercer (Foster Higgins), did the analysis. The **Chair** asked if that recourse to an outside, independent consultant could be an equally effective substitute. **Erb** responded that one does not of course get the imprimatur of actual accreditation [from that route]. **Staddon**: And all that comes with it. **Erb**: It's the best that is available now.

Prof. **John Board** (EGR) remarked that various Duke publications such as the *Duke Dialogue* have already run stories based on the summaries of the flawed data that were discussed here [at the last meeting], data which paint to the broader community a very rosy picture of a general level of satisfaction. Is FCC happy with such Duke publications about the survey results as have appeared, and would they advocate perhaps a different story being released [at this more considered stage]? Prof. **Payne** undertook to respond, as chair of the FCC. He would not have expected to say this, but it is one of the few times that the *Durham Herald-Sun* actually did it better. He wasn't happy when he saw that [*Dialogue*] story, [recognizing of course that] it was somewhat rushed, but he was very happy that we've had an opportunity to follow up on this [matter]. There were clearly some concerns and some issues about where we needed to go in the future that didn't come across in that particular story, and he was hoping that a follow-up story would bring those issues forward.

Prof. **John Baillie** (CliSci) was interested, in approaching this evolution of the NCQA [as an accrediting agency], to think that there is a kind of precedent in the Duke Hospital, which [is subject to] a joint commission for accreditation, the JCAHO. The JCAHO has become a kind of 800-pound gorilla [in the sense of] having come to consciousness at some level and realizing the power it has over institutions, the power to make people jump through hoops. And every year more and more hoops get added, so such that now people are terrified before each JCAHO review and more and more money is being spent covering our backsides, making sure we are in compliance. This body that is meant to be maintaining a standard has become a sort of end in itself, and one can worry whether this [further] type of accreditation [of the Health Plan] will develop this [multiplying] power also. Will they find they can make people jump through certain hoops to conform to what's five years ahead, or ten years ahead here, like a dog wagging his tail [tail wagging the dog?], or whatever. He didn't have an answer to that question, but it seems that every time you have an organization which sets itself up to be an accrediting agency it tends to become more and more powerful when it finds out it can influence how people behave. We need to keep an eye on that [danger]. The **Chair** agreed that the tendency to be self-perpetuating or encourage self-perpetuation can be pretty strong.

Who actually is this organization [the NCQA?] **Baillie** asked. Is it a profit-making organization? If it is not-for-profit, what is it, at the end of the day? Does somebody make money off accrediting places? "I mean, who are NCQA, at the end of the day?" Erb explained that the NCQA was born out of an employer coalition. It's a not-for-profit organization that does accreditation full time, just as JCAHO does. **Baillie** pointed out that people do make their living accrediting, though, [even in non-profits]. Erb said that [such organizations] are competitive. **Baillie** would bet that five years from now this [NCQA] will be the next JCAHO. It will enlarge, and their requirements will grow larger and more draconian, and we'll be in the same position [as the Hospital in relation to the JCAHO].

Prof. **Staddon** very much wanted to endorse that warning, thinking of his experience with the animal-care accreditation operation. What seems to happen is that very soon the means overtake the ends. **Baillie** said that there were a couple of instances of items this year that this other organization [the JCAHO?] [introduced], but people eventually came around and said this was nonsense. Why do we need this? And the [JCAHO] had had to back off, had to produce data to show that the new and more stringent regulations were actually cost-effective. Here somebody sitting in a back office dreamt up this new regulation, requiring all this paperwork, so people are actually [now] trying to fight back [against] these regulations. He was raising this comparison as a warning, because if you give any such organization a credentialing power it will become very powerful very quickly.

The **Chair** added that one thing that we shouldn't lose sight of is that we as users of the Duke Health Plan have a conscious interest in the survey's having shown some obvious things that some of us needed to know. It has shown things we may actually have suspected, as was evident in some of the conclusions of the report. So some positive aspects were identified, he thought most would agree. But it's just not a very complete identification. So

he didn't want to suggest that there wasn't a conscious effort to utilize what we had so far. And there may be more efforts in the future if other meaningful signals can be found in these data. It looks like people have pretty well made a fairly strong mandate to the Council, and — "if I'm wrong, tell me" - he would interpret much of this discussion as suggesting, first, that we encourage Human Resources as the administrator of our benefits plan to do just what Assoc. V. Pres. Davidson has said, to monitor carefully what this information gathering process means to us, asking the right questions so we can optimize the value of the benefits to the faculty and staff. Second, there was a strong endorsement that there be resources, within reason but available certainly, to enable that effort, independent of what other things may be mandated by NCQA. And in that negotiation it may well be that the cost of those accreditation processes may come from some other pocket, if in fact they are serving some other purpose, and not necessarily have to come out of our benefit plan, at least not fully, and perhaps not at all.

Prof. **Staddon** asked if the FCC would be willing to work on the question of whether we should even attempt accreditation at this time, or whether it should be put off for a year or two. Would that be appropriate? Prof. **Payne** said that it's certainly something the FCC can discuss. He was inclined toward what Prof. Spicer, the Chair, was saying by way of summary and prescription. There are some data in the existing survey, and with the kinds of things that Prof. Spenner has suggested, he thought that we could get some more information out of those data that can help us improve [our knowledge of how the Health Plan is working], now. He would very much like to focus on getting the kind of resources and commitment on the part of Human Resources which Assoc. V. Pres. Davidson has indicated, on going forward to collect the kind of data that would make us all much happier about our sense that we understand [the Health Plan as it currently is] and how [it can be improved]. He was happy, as a faculty member, not as the FCC chair, that we are accredited, and that the Duke managed-care plan goes out and makes money, and those sort of things. But that is, in his view, a different goal and a different objective than those he had as chair of the FCC. The role of the FCC is to work toward understanding [the situation well enough] to get the best possible [benefits from] the benefits system that we can. The **Chair** added to that role the aim of making sure the resources in the benefits pool are spent appropriately on monitoring benefits.

Exec. V. Pres. **Trask** pointed out that there were two issues within this discussion. There are the standards we want to see met, for all as either members "or victims" [as may be] of managed care, standards that we can modify to advantage. And the NCQA is either giving or not giving [us a good handle on that concern]. Assoc. V. Pres. Davidson and he are certainly ready and willing to meet that concern. The second question is [how we exercise data ownership]. Our keeping the data outside was obviously based on the notion that some of these data were somewhat sensitive, and people would feel better if it went to a third party and not to their employer. He would obviously rather we have those data ourselves, but there is a common [perception] about that.

Prof. **Payne** said that there are mechanisms in place [for safeguarding confidentiality of data]. He would recommend that we probably continue to have a third party administer, collect, and [keep the data]. But there are mechanisms in place to let us go through the data, trying to work through it and find possible identifiers, still enabling the kinds of more sophisticated analysis on the clean-up data that is possible. Prof. **Spenner** added that the FCC for years has done a number of analyses in fact on salaries, on issues of gender, race, and equity, and has worked with microdata in cooperation with the Provost's office. He didn't think the Council had ever seen a leak of faculty salaries [as sensitive information]. The **Chair**: So there are mechanisms.

Exec. V. Pres. **Trask** said that he didn't have any problem with [the FCC or faculty representatives] having the raw data, but there is a question whether that does effect the response rate in a meaningful way. **Payne** agreed that it might, but he thought there were ways to do both, [have the data available for use and still reassure the survey respondents of confidentiality].

Prof. **Richard Schmalbeck** (Law) said that while he didn't want to seem to be speaking out against gathering data he did have a couple of cautionary notes. First, the nature of this problem is one where we should be especially concerned about even a fairly small number of really bad horror stories out there. And a small number of people who have had really bad experiences is not something that random sampling is really adept at teasing out. If you get a few people in the survey who have had really bad experiences, and may give you negative comments, that may be a relatively small percentage of the whole group. Nevertheless, if you knew more about it, you'd want to weight those concerns very heavily, and [the data and its availability] may not give the detail needed to do that. The other thing he'd say about survey [instruments] is that they certainly vary in quality, but the ones he'd seen in the last ten years or more he would divide among bad, very bad, and really, really bad. What he was saying really is that even for the best of them, he found himself wanting to add footnotes, about every other question or so, to explain why none of the four responses really captures his sentiment about what is being asked. So, on this note, there is certainly not going to be a perfect survey document that is going to give us every last [assurance] about [degree of] satisfaction with the plan that we would really like to have. To some degree we have to rely [on volunteered opinion], and there might be a role for the Council in this, since we may already have a file of correspondence relating to this question [of how well the Health Plan is working]. But, even with that reservation he actually did think there are some useful data [from the survey results in hand], even though it's not the kind that can be scientifically summarized in the way we might like. But there is [likely] some further information that comes from the detailed experiences of people as they've been related to some body, the Academic Council or whatever, and there is some useful role there that could be played.

The **Chair** agreed that that was a very important point. It was his impression that Sanus has a requirement to respond to input. Last year or two years ago, before he was on EC AC, he had sat in on one of the meetings when Ms. Ann Lore [Chief of Sanus for NC]

actually was questioned about that requirement and about the types of people at the other end [of the hot line, whose job it was] to duly respond and keep track of those specific volunteered inputs. They may be a minority but may also be devastating. So there is some monitoring of the direct bad experience input to Sanus and there is a required function to do that. How well that works on an ongoing basis we do periodically see, but we don't know for sure. It is true that some complaints do come to the Academic Council and we do tend to talk about those inputs and pass them on. Surveys certainly aren't perfect, that's for sure, and are only part, one part, we might want to have. "So I guess what you're saying, Richard, is that you wouldn't want to spend all the money, huge amounts of money, if that were the only vehicle we were using."

NEW BUSINESS

The Chair then called for any other comments, and seeing none invited any new business that might be brought before the Council. Prof. Knoerr had a matter to introduce. In the March 1996 meeting of the Council, Mr. Richard Siemer (then Chief of Staff for Administrative Services) reported on something called Work Process Redesign for administrative services, sometimes referred to as Re-engineering. Some of this so-called re-engineering has been implemented and some comments made to him (Knoerr) suggest that it might be useful for the Academic Council to have an update on this effort. To give some idea of what people were saying to him, particularly in the areas of accounting and procurement practices in the University, some support staff in his school [the NSOE] and some other academic units have said this system is having lots of problems, particularly in the disbursement areas. They feel that the good people have seen the handwriting on the wall, that they see a downsizing, and that some have jumped ship. And the temporary people whom these support staff are dealing with are having problems getting the bills paid on time. The vendors are calling us up and saying, "Where is our money? We're not being paid." We're having some problems with reimbursement forms being lost and with the purchasing area. The [support staff] are finding that there are fewer qualified [central] staff because there are more temporary people. One major problem [involves] the procurement card, which reduces what the person in central purchasing has to do but puts more of the burden back on the academic unit in terms of the bookkeeping and keeping track of things that are required. That's a hidden cost. We don't have many more people at the local unit and yet they're still having to deal with more things. From the faculty point of view, we're always encouraged to hustle more grant money particularly, with high overhead rates, and while the faculty never sees the overhead we know well that it is supposed to help get things bought for our research needs, to help take care of the payment [of bills] and everything else. And when those services are failing [it means that] the faculty are not getting their fair [value] out of their overhead. It would be good to have a report on that activity.

The Chair clarified that what was being asked was to schedule some time for bringing these matters to attention. Knoerr said yes, and there might be others with comments they might want to make about the impact that such re-engineering has had on the users. The Chair, remarking that Mr. Siemer is no longer at Duke, asked Exec. V. Pres.

Trask if someone could be available to provide that [administrative overview]. **Trask** asked if he could do it in January, and **Knoerr** said that sometime during spring semester would be great. Exec. V. Pres. **Trask** remarked that "all that Ken said is somewhat true." The **Chair** agreed that the matter is important because it does affect how we're going to do business in the future, however far one goes with it at any one time. He indicated that ECAC will find time on the Council agenda to schedule that matter for presentation and discussion, because it is understood to be a system in transition and input could be valuable to that development of the process as well.

There being no other new business, the **Chair** invited a motion to adjourn. There was such a motion, and perhaps a second, and the meeting was **adjourned**, by voice vote.

Prepared for consideration by the Academic Council,

Donald J. Fluke, Faculty Secretary of the Academic Council.