



Washington State Department of
Labor & Industries

Independent Medical Exam (IME) Exit Survey

First annual report on survey findings

March 2010–March 2011

June 2011

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Introduction

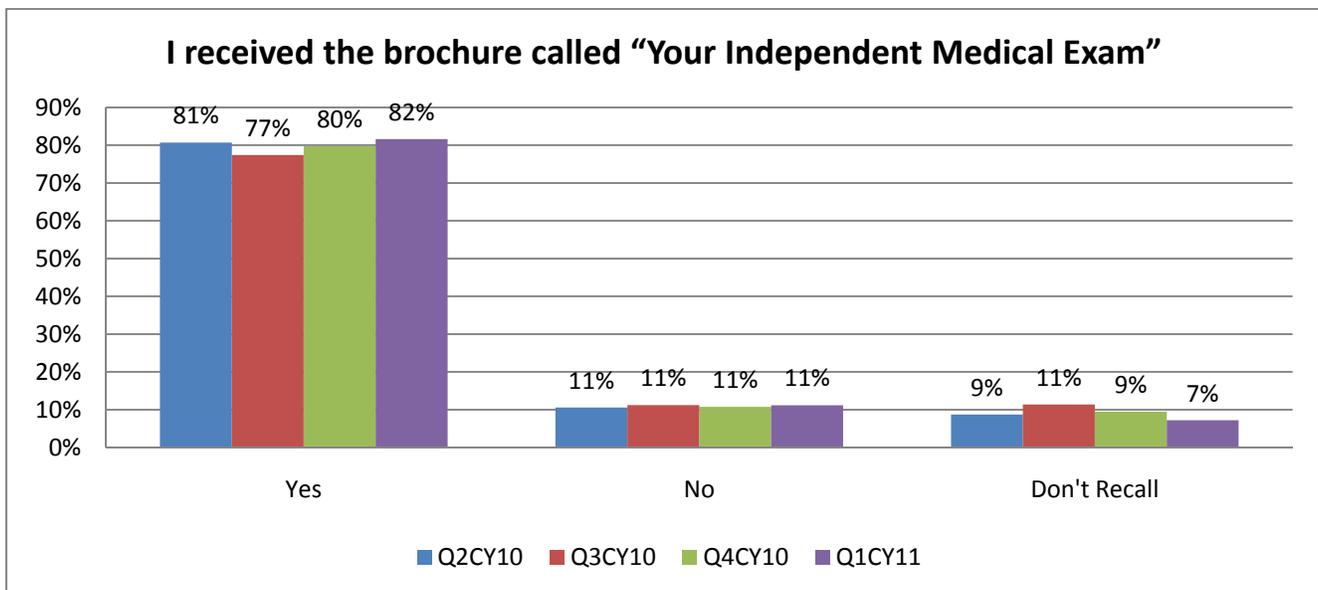
Beginning in March 2010 L&I began surveying workers on their experience with independent medical examinations (IMEs). This was a joint effort between the department and the providers. Each IME provider was asked to hand a survey and return envelope to the worker as they left their independent medical examination. The worker was asked to voluntarily complete the survey within five days of the exam and return it to the department. We had a great response of over 1,000 responses the first quarter. Responses subsequently decreased to 500 –600 worker responses per quarter.

We have now accumulated four quarters of data, consisting of over 2,700 survey responses.

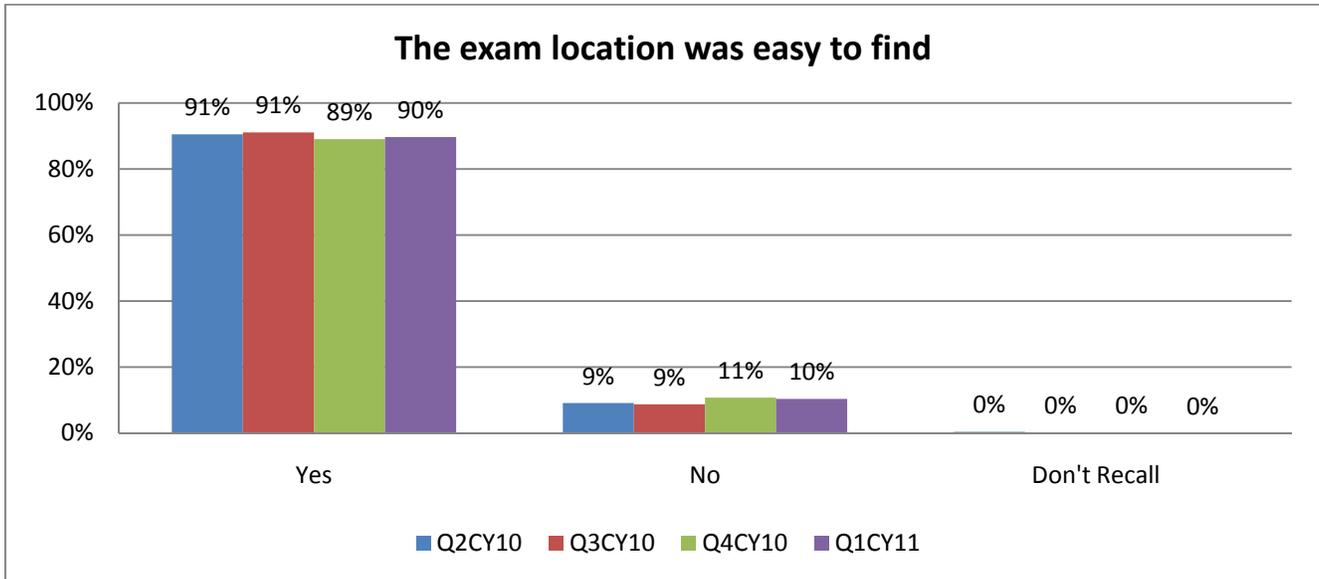
Examining the individual questions

The survey questions will be displayed with a column for each quarter displayed chronologically.

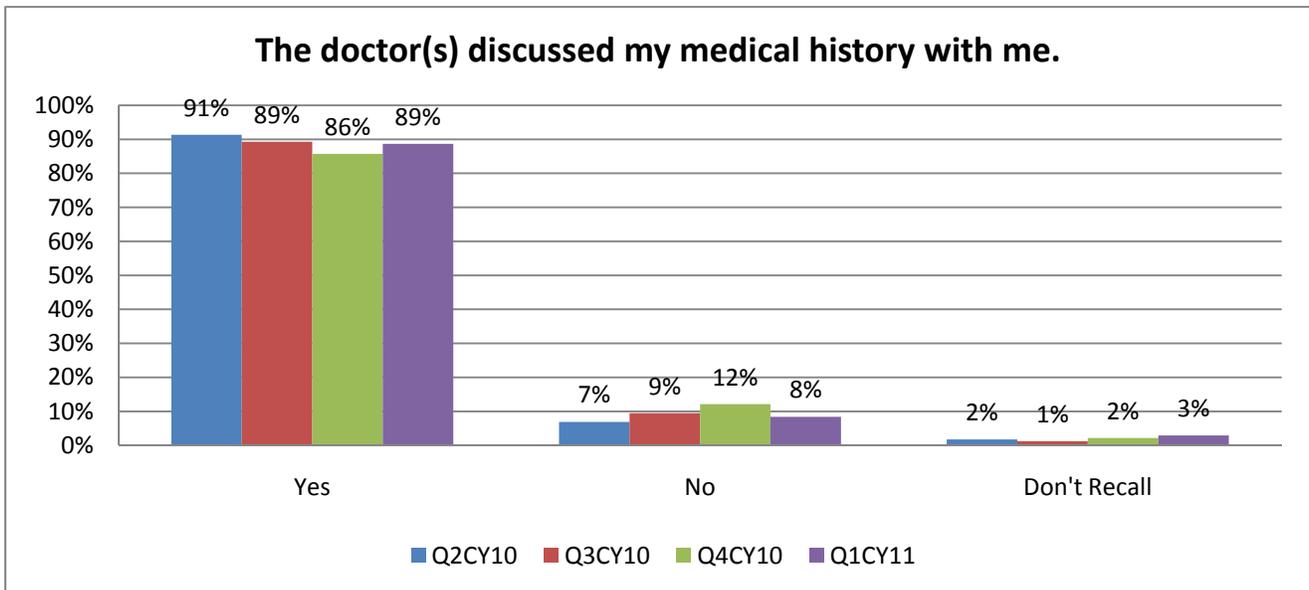
1. Across four quarters there has been no significant change. The five percent change in the “yes” answers between the second and fourth quarters reflects a reduction in those respondents that didn’t recall whether they had received it or not.



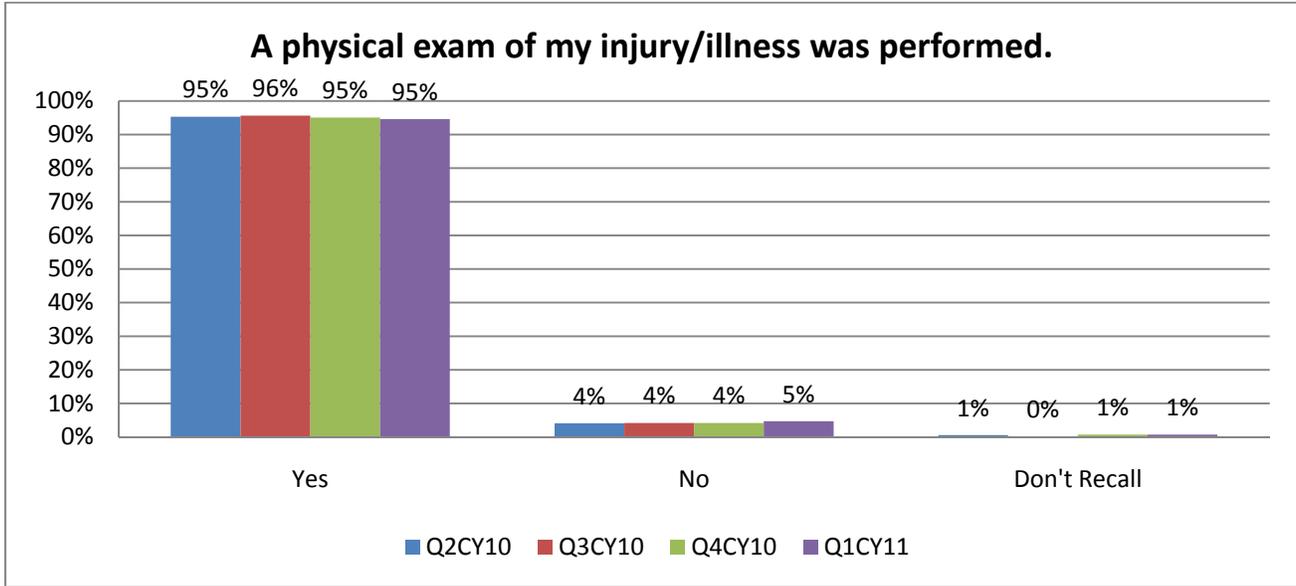
2. There was no significant change in respondents' perception of the ease of finding the exam location.



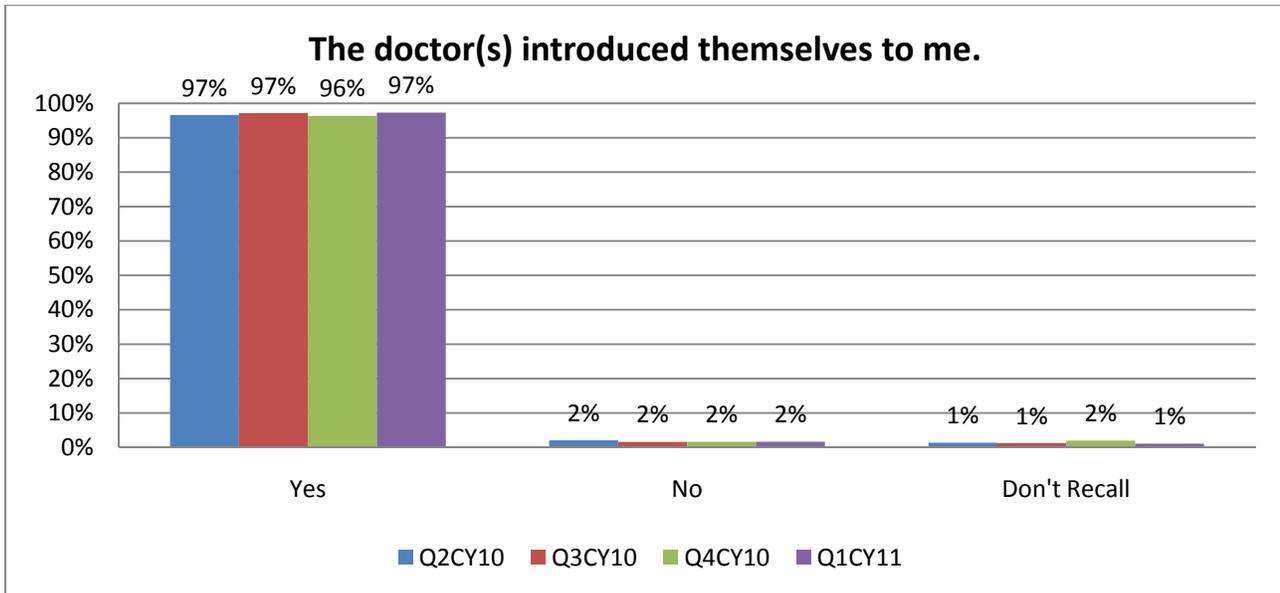
3. Across the four quarters there has been no significant change, but room for improvement remains.



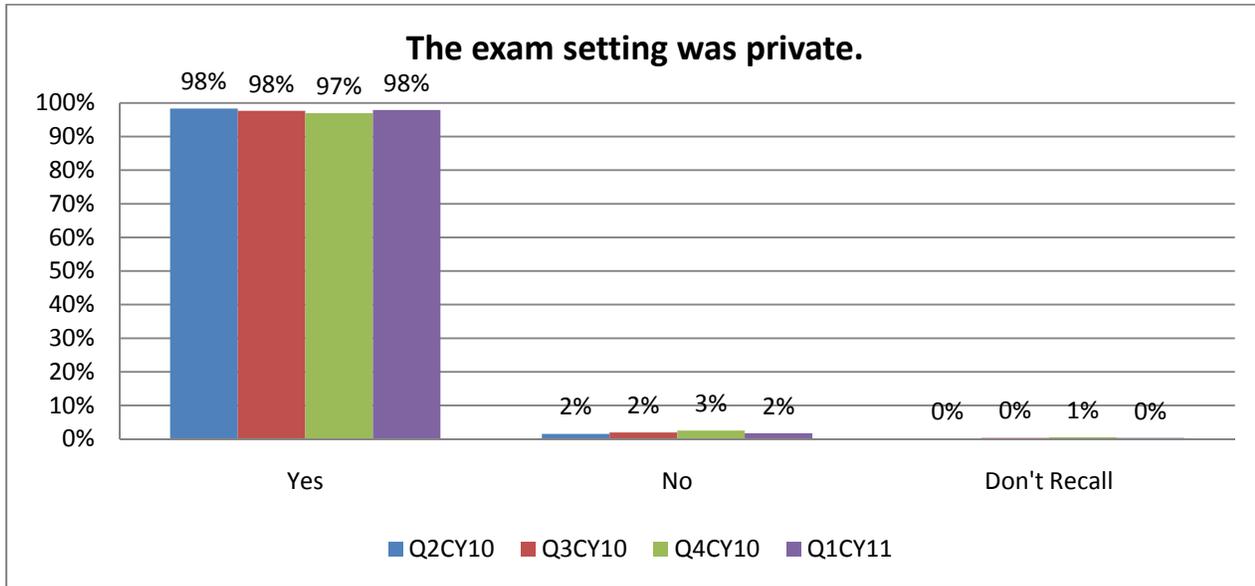
4. Across the four quarters there has been no significant change.



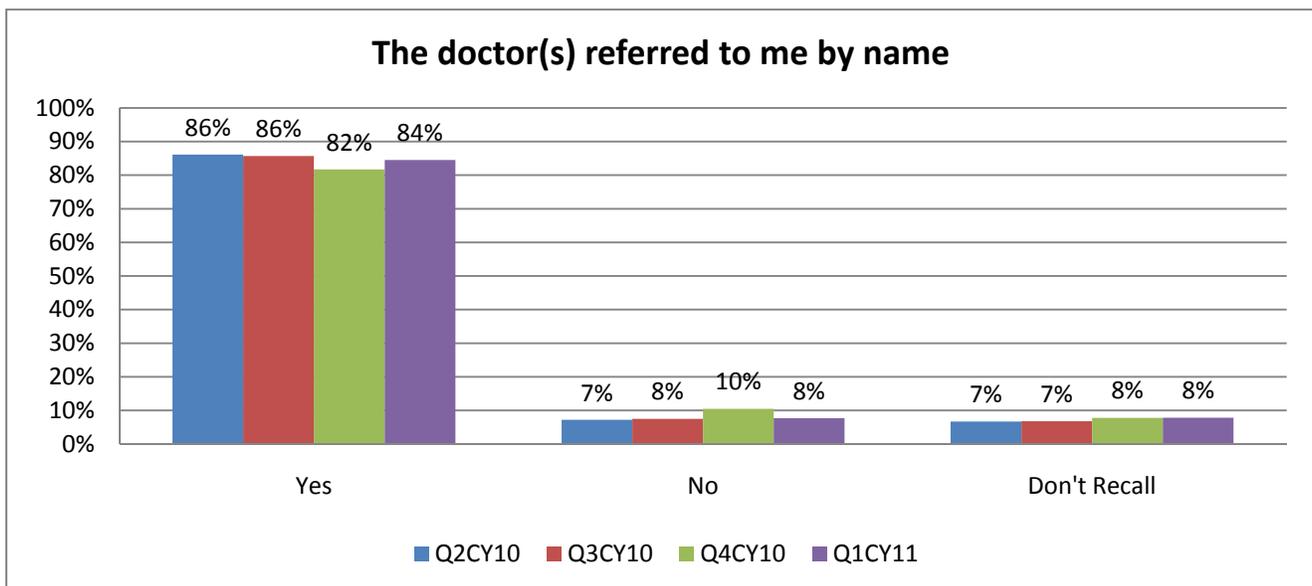
5. While there has been no change, it would be difficult to improve much over 97%.



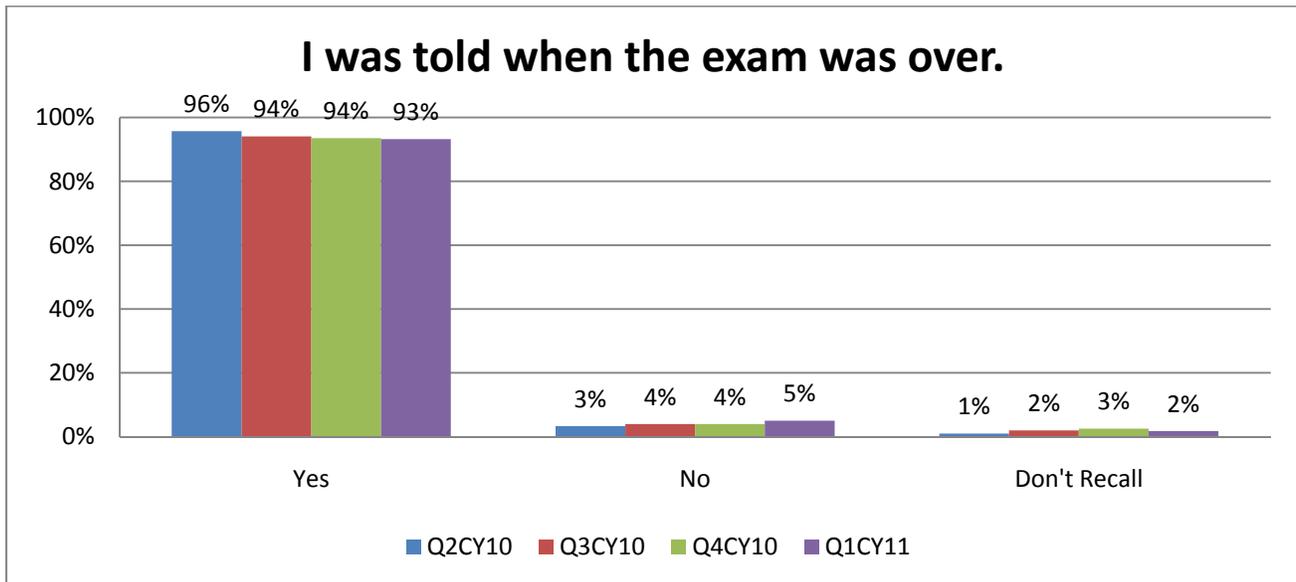
6. This is also an area in which no major improvement is possible.



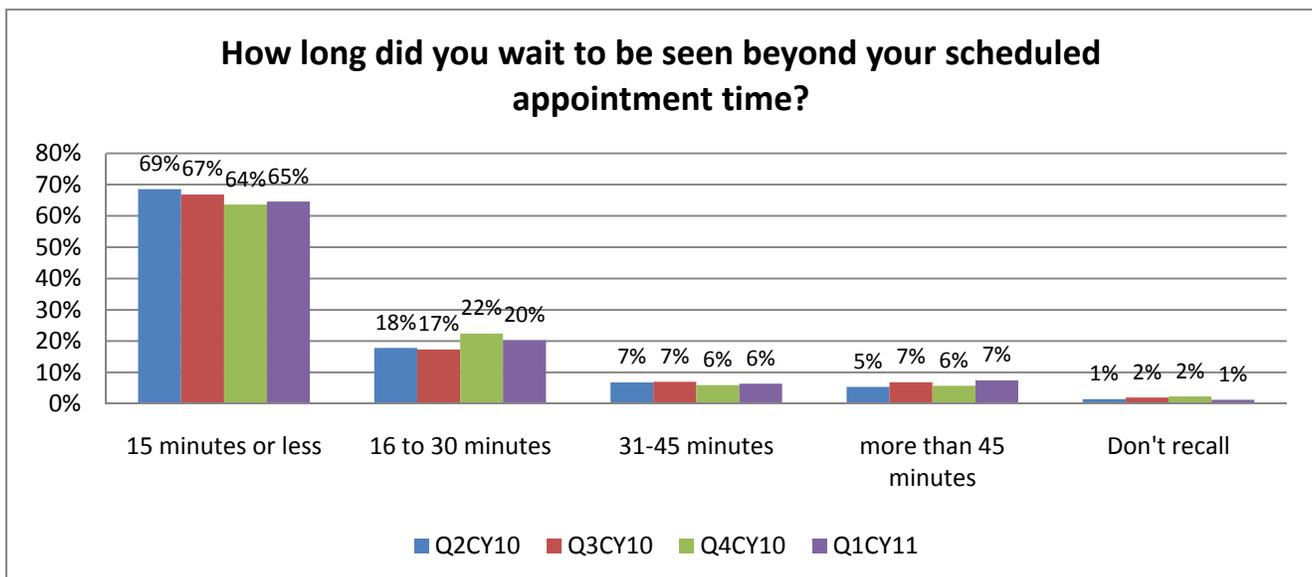
7. This is the first question that refers to the patient’s interaction with the provider during their IME. While there is no significant change over the four quarters there is clearly room to improve.



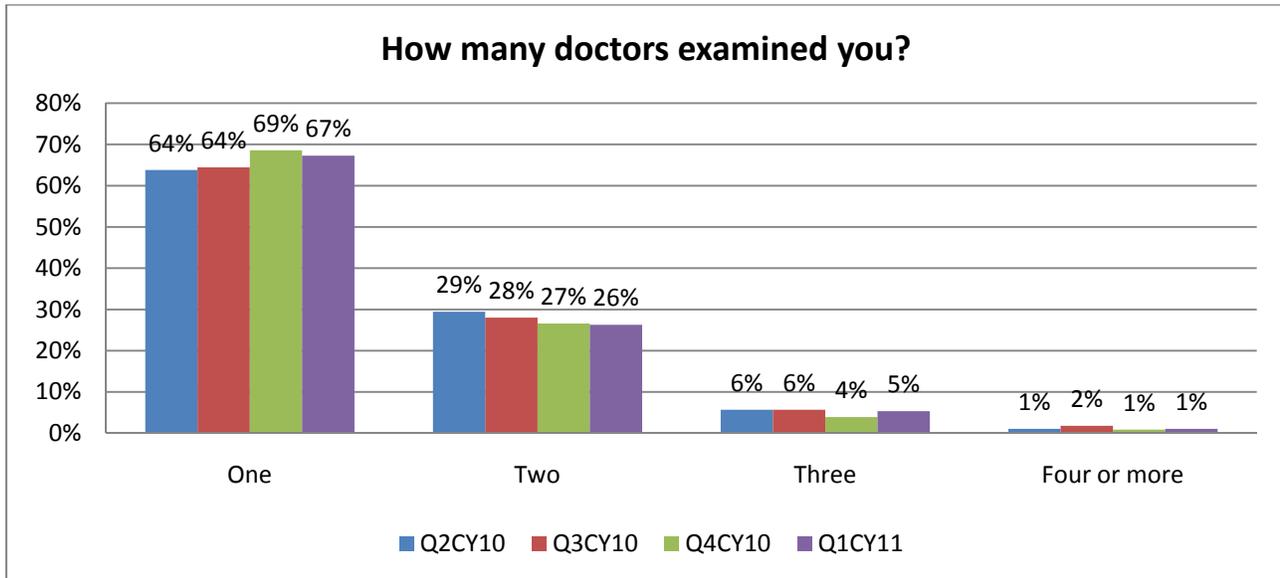
8. While a score over 90% is good and a 3% decline is not significant this should be an area in which it should be easy to see scores that are near 100%.



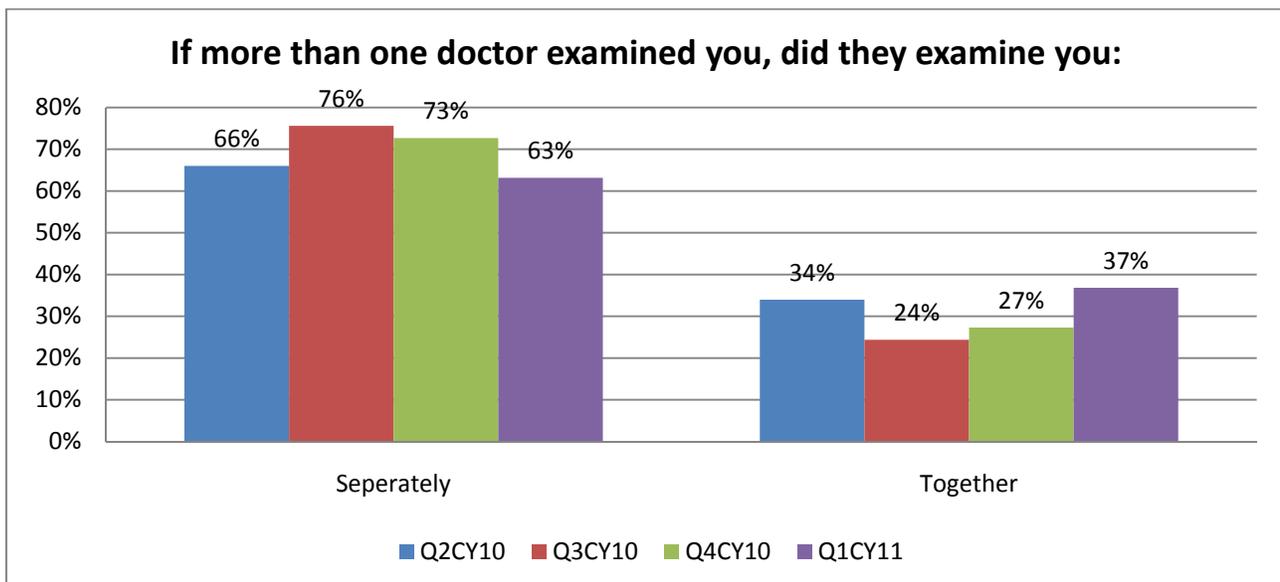
9. While we would like to see higher percentages of patients waiting 15 minutes or less, the emphasis needs to be on eliminating the group that waits 45 minutes or more.



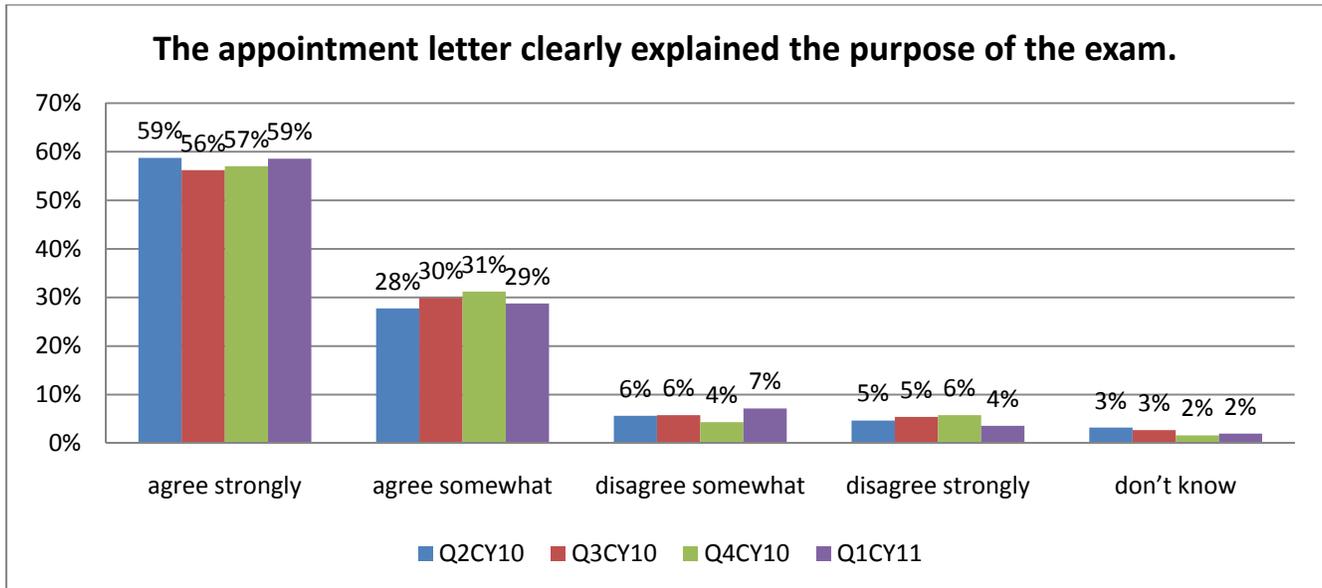
10. Based in part on the conclusion from the analysis of the first three quarters of data, that patients who are examined by one provider are more satisfied with their IMEs, we would like to increase the percentage that have only one examiner.



11. We would also like to increase the percentage of patients who are examined by each provider separately. Among those who had more than one provider, those who were examined by the providers separately tend to be more satisfied overall.

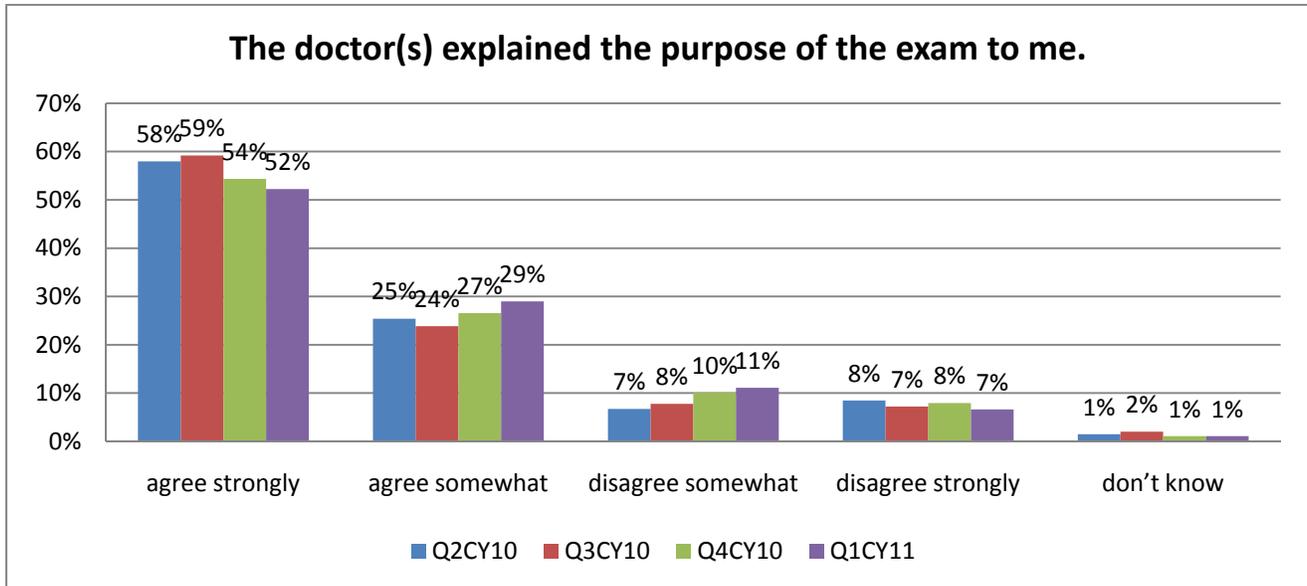


12. The clarity of our written communication is an issue that continues to be a problem. There has been no change on this issue.

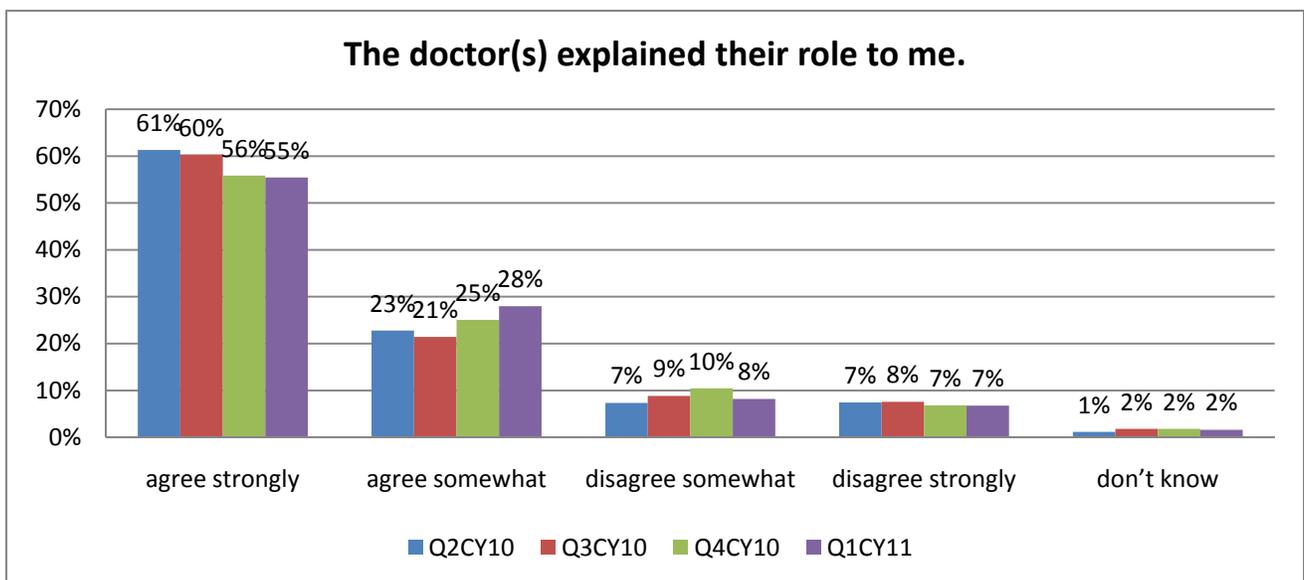


Below is the first of ten charts that show a distressing trend in the experience of injured workers during their examinations. There has been a small but steady decrease in respondents who were the most satisfied with the various aspects of their experience. If there is good news in the following charts it is that most of the reductions in the most satisfied category were reflected in increases in those who were at least somewhat satisfied. Only on the question of whether the provider was familiar with the patient's medical history did the drop in Most Satisfied respondents move completely into the categories of those who were dissatisfied.

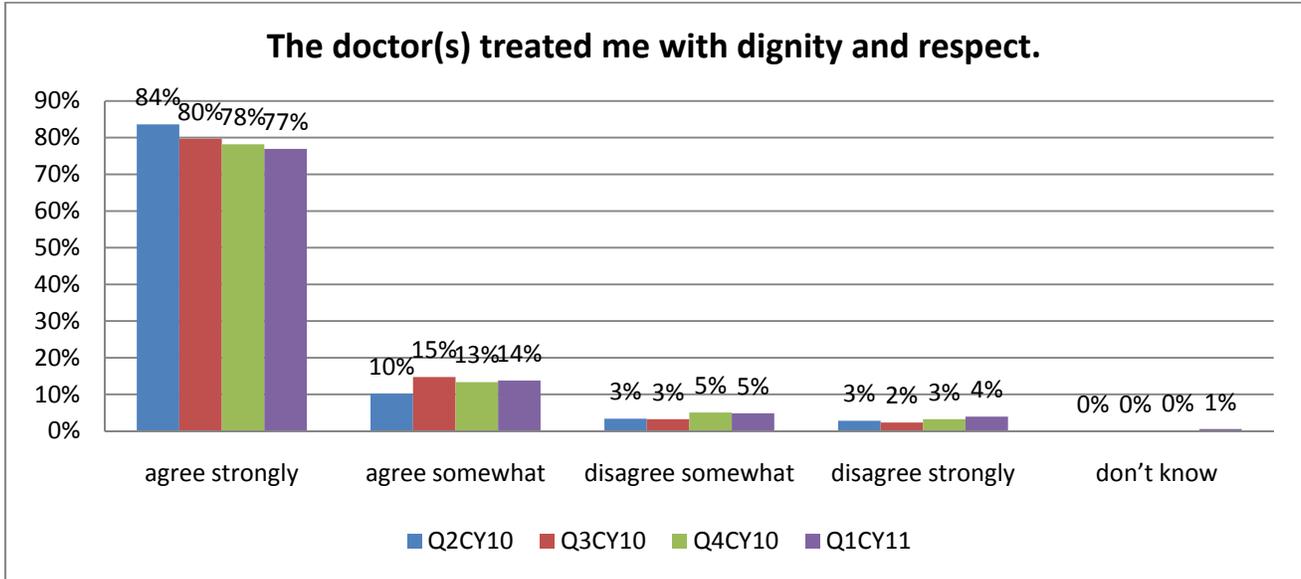
13. When both the agree categories are combined, the drop in satisfactions is only 2% from the first quarter to the fourth quarter.



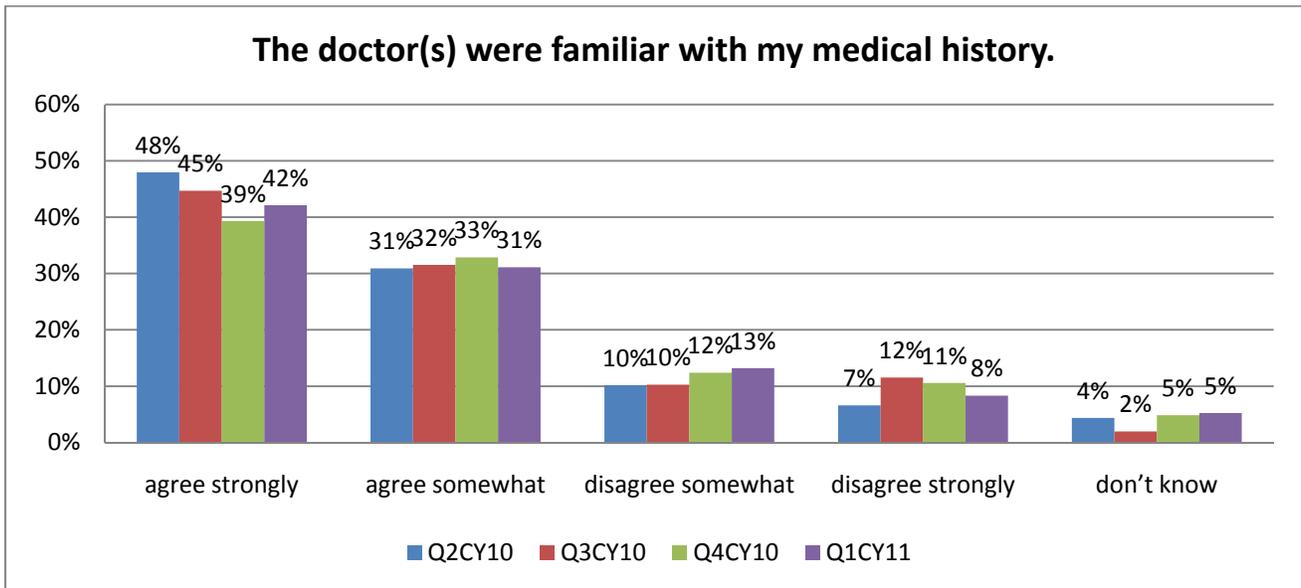
14. Once again, not profound results but part of a worrying trend.



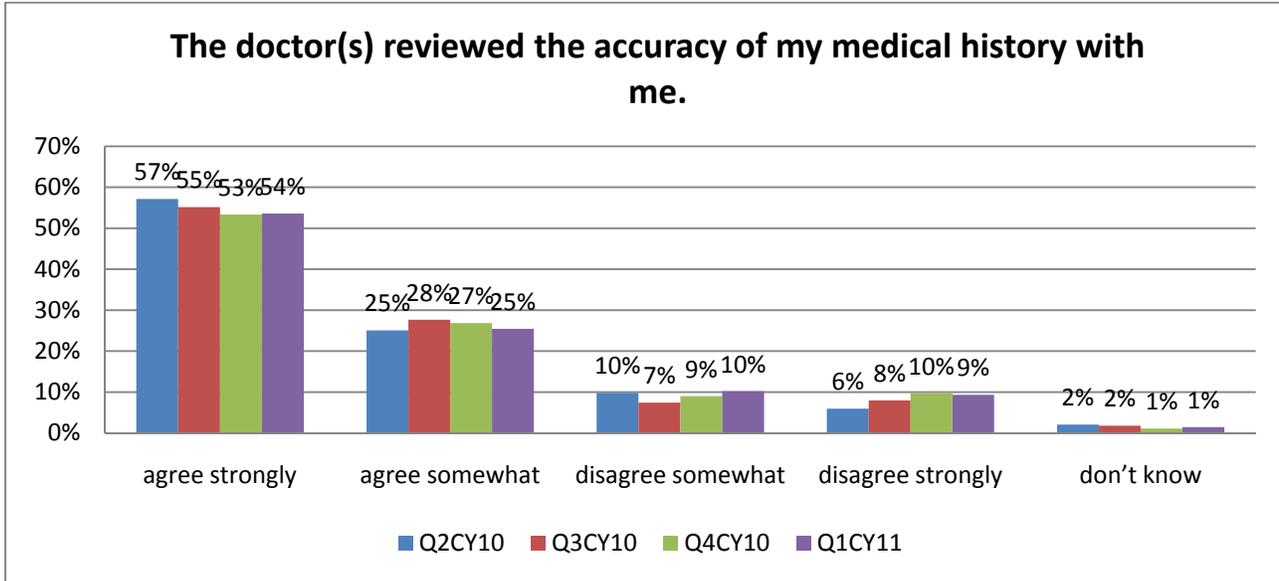
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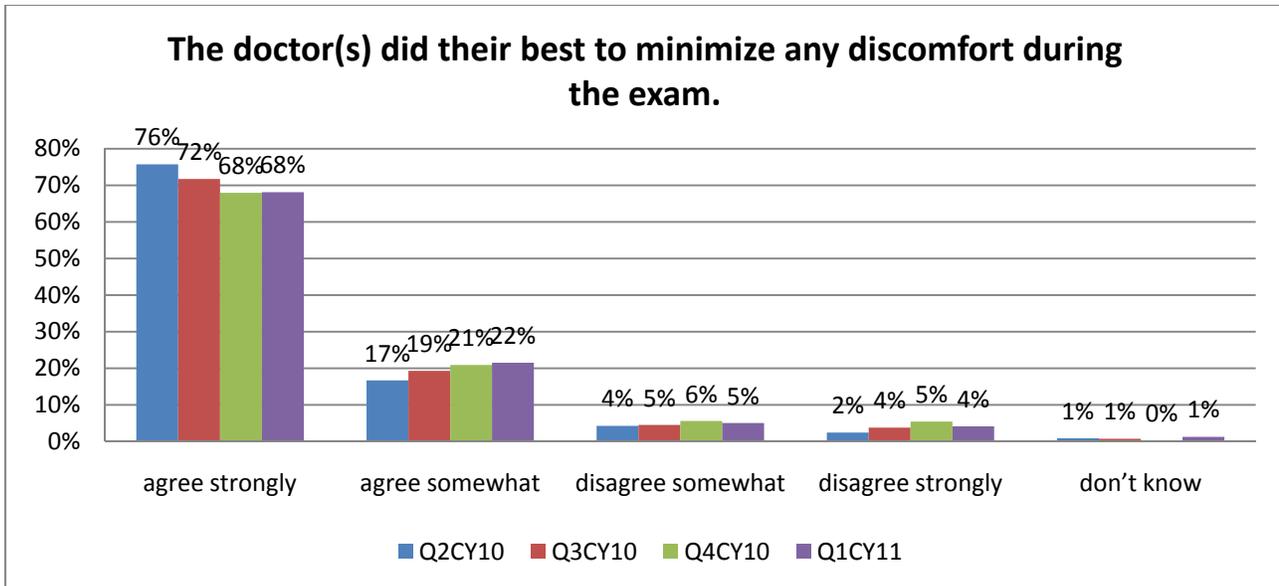
16. This is the only chart in which the drop in the “agree strongly” responses moved entirely into the “disagree” categories. The “disagree” answers indicate dissatisfaction with aspect of the exam in this question.



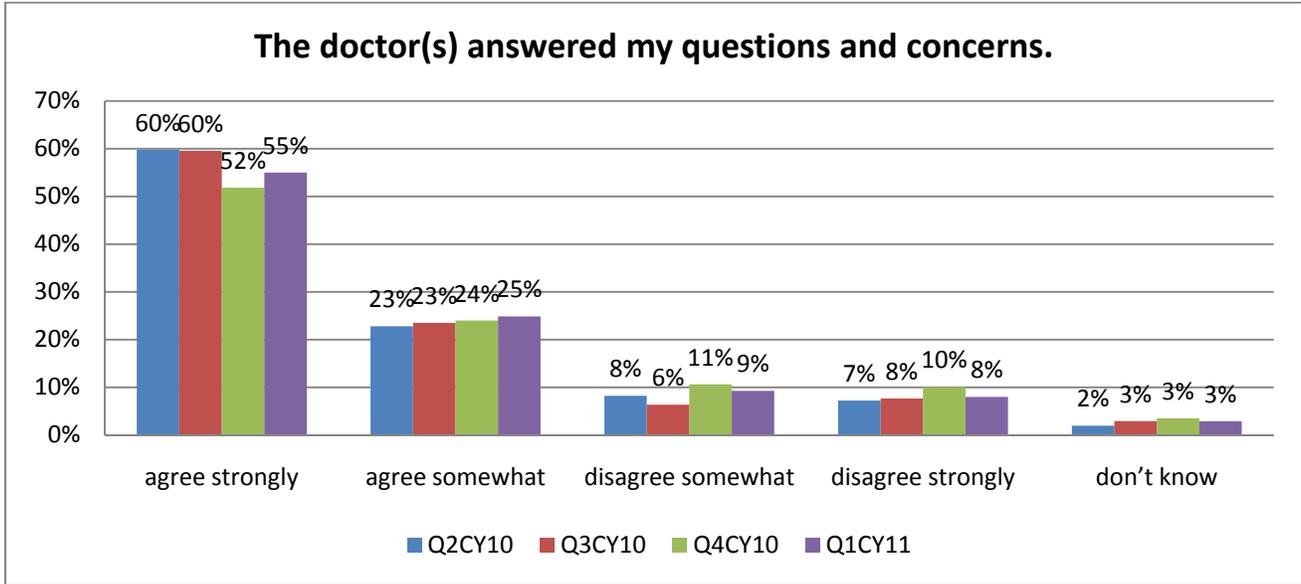
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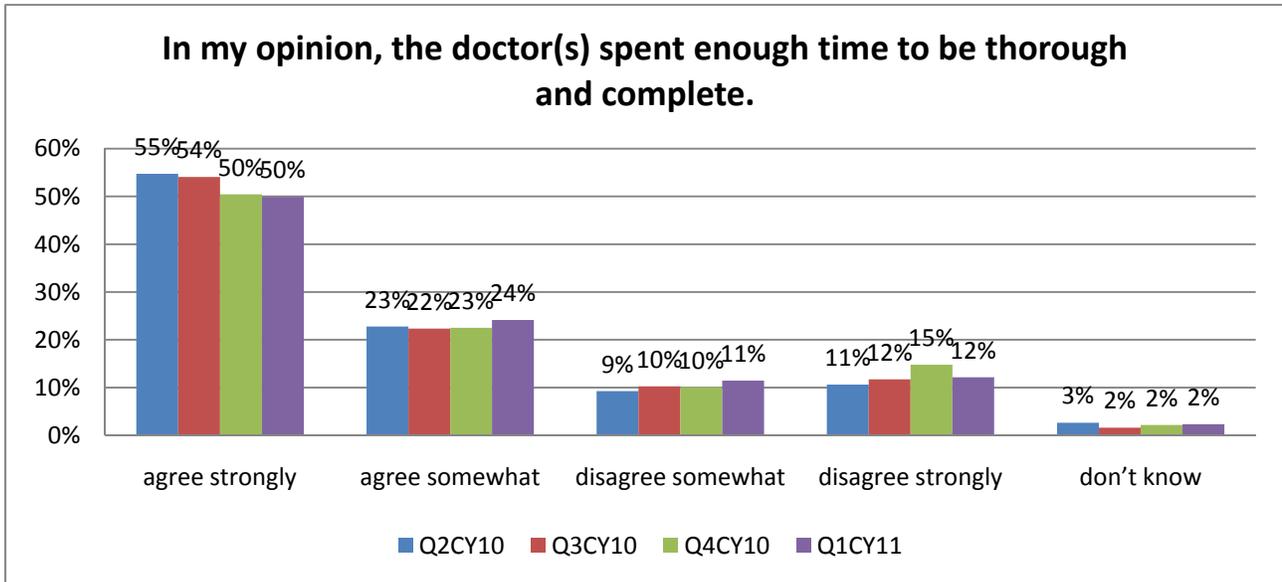
18.



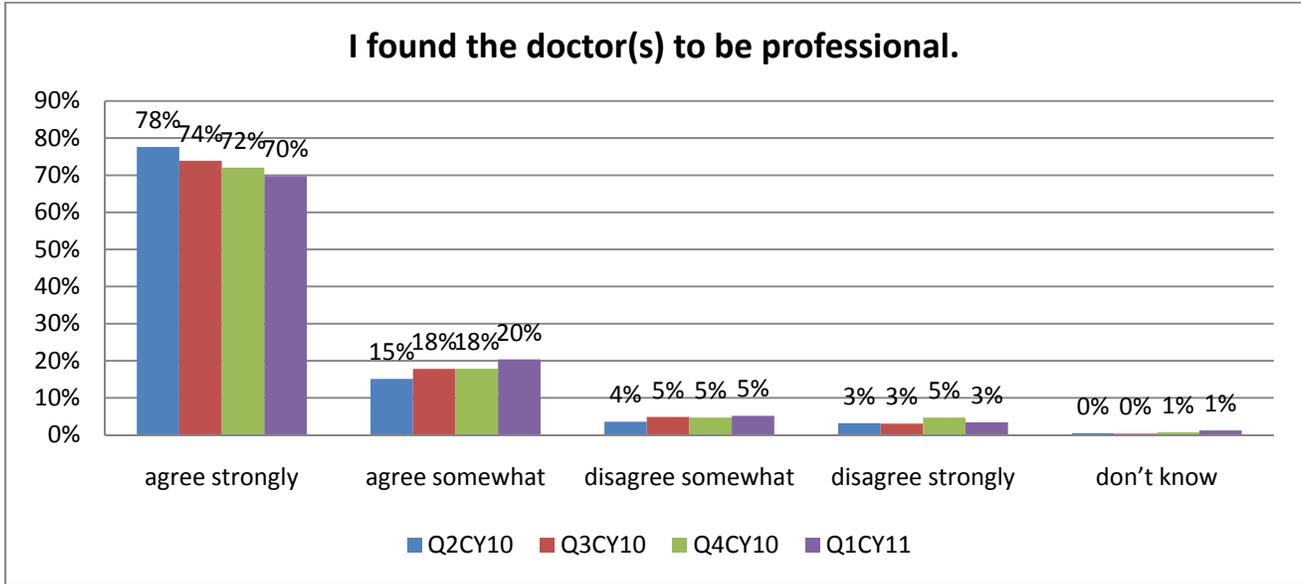
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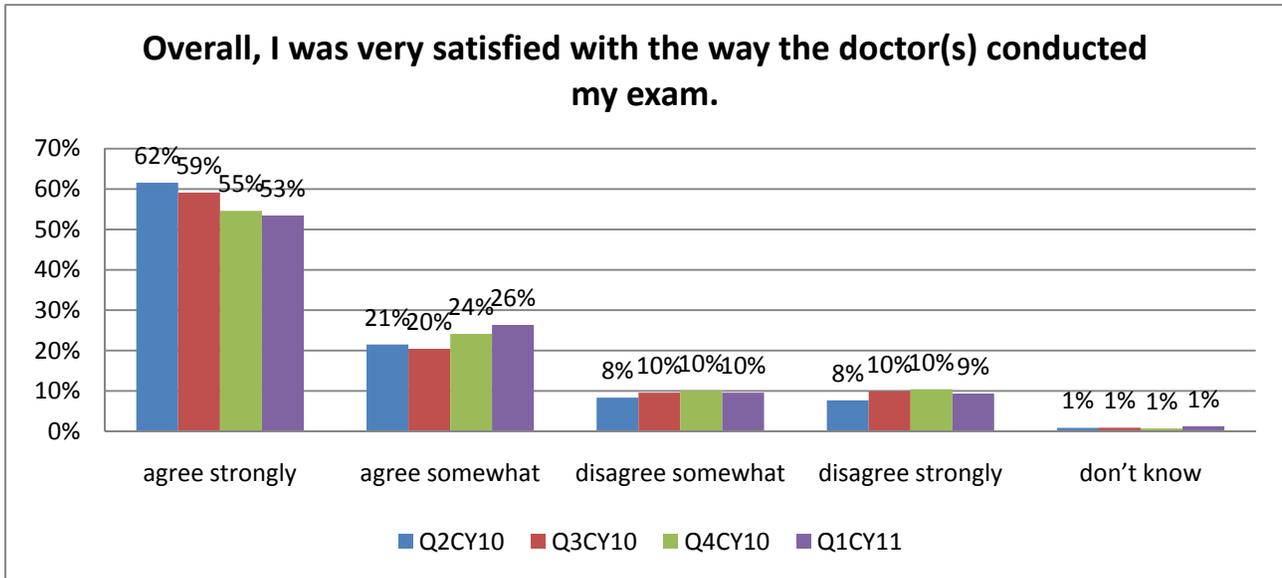
20.



21.



22. When we combine the responses from those who “Agree Strongly” and “Agree Somewhat” that they were very satisfied with their IME, you can see that most of those who stopped being “Most Satisfied” were at least “Somewhat Satisfied”.



Conclusion

When we combine the responses from those who “Agree Strongly” and “Agree Somewhat” you can see that most of those who stopped being “Most Satisfied” were at least “Somewhat Satisfied”. Using the combined numbers, two questions fell by 1%, one fell by 2%, four fell by 3%, two fell by 4% and the question about whether the provider was familiar with the patient’s medical history fell by 6%.

The questions that show a drop in the most satisfied respondents shows that the decline in their satisfaction is related entirely to their experience directly with the provider during the IME appointment.

The fall in satisfaction levels, especially in those who are most satisfied with their examinations, is a serious concern. The fact that the fall in satisfaction relates so closely to the experience of the patient in the examination room tells us that we need to make much greater efforts to reach the individual providers with our education efforts and ensure they understand that the 15 to 30 minute visit is all important in determining the injured workers satisfaction with their IME experience.

Next quarter’s information will allow us to compare directly from calendar quarter to calendar quarter which will help clarify our results. Analysis of future quarters will also enable us to see if changes in our outreach to providers have started to have any effect on the injured workers experience.