

Join OMA's online ThoughtLounge Community and let your voice be heard!

Member feedback helps inform OMA policy/strategy development, provides insight on topics of interest to constituency groups

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As a member of the Ontario Medical Association, your voice matters to us. ThoughtLounge is the OMA's online survey platform that allows members from across the province to share perspectives and contribute to the health care conversation. Volunteer participants become part of an “insight community” that provides timely feedback on a wide range of issues to help inform OMA policy and strategy development, and offers valuable insight on topics of interest and concern to members.

Administered by the Economics, Research & Analytics (ERA) Department,¹ the ThoughtLounge Community is comprised of more than 2,400 participants who can be called upon to help guide the OMA on key issues, and provide understanding on matters affecting specific constituency groups or the membership as a whole.

Using ERA's survey platform, the OMA can deploy visually engaging surveys of any size to the entire ThoughtLounge Community, or a specific demographic or constituency group.

Figure 1 on page 16 shows how the ThoughtLounge platform can be deployed to:

- Survey a cross-section of the OMA membership;
- Focus on certain segments of the OMA membership (e.g., a single Section); or
- Conduct a full census.

Not only do these surveys help to quickly gauge member views on a variety of topics, survey fatigue is

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reduced because participants can choose to complete as many or as few surveys as they wish (surveys are typically limited to one or two per month).

Many subjects are addressed using the ThoughtLounge platform, including physician-specific issues (e.g., billing, hours worked), health legislation, negotiation priorities, government influence, public policy discussions, challenges faced by the broader health care system, physician leadership development, and more.

The case study below provides an overview of how the ThoughtLounge Community was recently mobilized to participate in a survey about time spent on paperwork after hours. Information collected from this survey can be used to support physician advocacy or negotiations.

For more information on ThoughtLounge, and how you can participate in this important online forum, see the Frequently Asked Questions on page 17, or visit www.ThoughtLounge.ca.

Representative Results

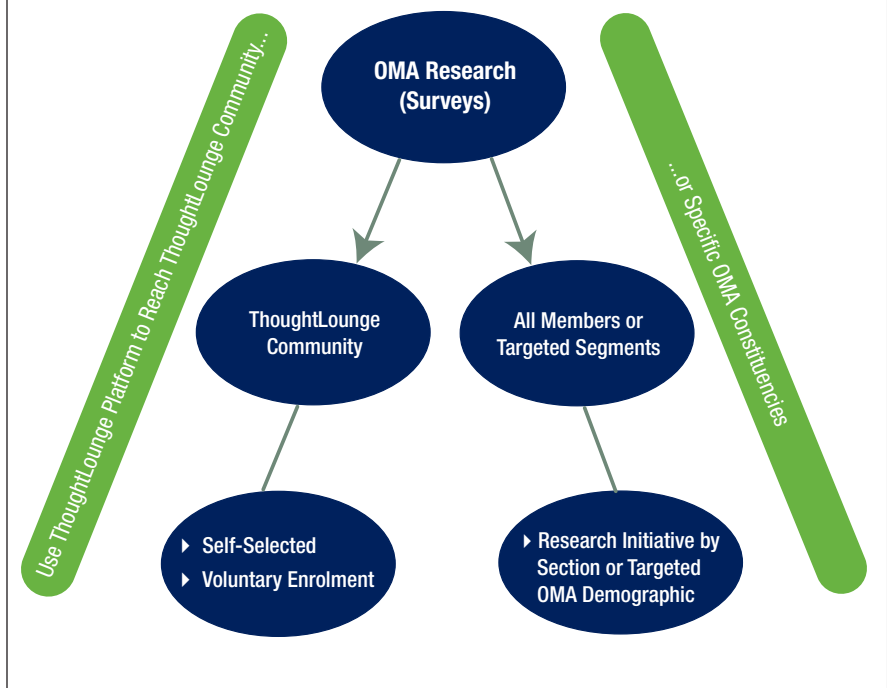
To demonstrate that the ThoughtLounge Community is representative of the OMA membership at large, and ensure that our research reflects the diverse interests of our members, ERA DataWatch² has prepared an analysis comparing these two groups.

The series of Figures 2 through 6, which appear on pages 18-19, reveal how closely the ThoughtLounge Community resembles the OMA membership on the dimensions of age, gender, Section, Assembly and District (i.e., geographic region).

As with previous ERA DataWatch articles, the interactive versions of these Figures are accessible online at www.oma.org/thoughtloungeandmembership.

(continued on page 18)

Figure 1: ThoughtLounge Platform Reach



ThoughtLounge Case Study

Research Methodology: The ThoughtLounge resource was recently mobilized to respond to an inquiry from the membership (via Council) about time spent on paperwork after hours. The survey was deployed to all 2,404 members of the OMA ThoughtLounge Community, and was in-field from August 3 to 16, 2017.

Survey: Physicians were asked about the time spent on each of the following in a typical week:

1. Hours worked
2. Evening, night or weekend hours worked (i.e., “after hours”)
3. Paperwork
4. After-hours paperwork

Results: On average, physicians reported working 48.5 hours in a typical week, with 8.1 of those hours worked on an evening, night or weekend (i.e., “after hours”). An average of 11.1 hours per week are devoted to paperwork, 7.3 of which are completed after hours.

Value: Surveying the ThoughtLounge Community was an effective way to collect information on the time physicians spend on after-hours paperwork, stratified by specialty – data that are not captured by any other source. Such information could be used to support advocacy or negotiations.

ThoughtLounge: Frequently Asked Questions

1. What is an “insight community”?

An insight community is an online forum that is created to conduct quantitative and qualitative research. Insight communities, such as the OMA ThoughtLounge Community, are valued resources that organizations use to both strengthen customer relationships and acquire feedback from stakeholders. Understanding the needs of our membership is central to maximizing the OMA’s value to our constituencies.

2. Who is Vision Critical?

The OMA has partnered with Vision Critical, the Canadian parent company of Angus Reid polling, to create ThoughtLounge. Considered a world leader in community-based research, Vision Critical’s other clients include the Canadian Medical Association, and other respected Canadian companies.

3. Can I complete a survey from anywhere?

ThoughtLounge surveys can be accessed across all electronic platforms – including smartphones, tablets and other devices – allowing OMA members to provide input on critical subjects at any time, anywhere.

4. Is this a secure site?

Yes. ThoughtLounge is hosted on a secure website. Please note the lock symbol that should appear on your browser once you are logged into the site.

5. Who has access to my personal information? Will my information or data be sold?

The confidentiality of member information is of utmost importance to the OMA. Members can rest assured that information provided as part of engaging with ThoughtLounge will be held securely between Vision Critical and the OMA. It will never be provided to a third party. The complete privacy policy is available at www.ThoughtLounge.ca.

6. Why do I have to fill out a profile questionnaire?

Filling out a profile questionnaire will ensure that you only receive surveys that are pertinent to your interests and

your specialty; we will be able to screen out those who do not meet the qualification criteria for a survey, and will ensure that only the most relevant surveys are sent to members. Participants will then be notified by email whenever a survey has been posted online.

7. Will the survey results be made public?

The OMA is committed to a full partnership with members in this initiative. As such, quarterly reports on the research acquired through ThoughtLounge are reported out to the entire membership. Furthermore, the results of each individual survey are also reported to participants by email once the survey has been completed. In this way, the OMA seeks to keep members informed of the growing body of knowledge and information acquired through ThoughtLounge.

8. Is my participation anonymous?

The OMA’s stringent privacy standards are in place to protect member information. Survey results are only reported anonymously or in aggregated format. Data are coded and raw data with identifiers are never shared.

9. If a survey is sent to me based on my profile demographics, am I obligated to complete it?

No. Survey participation is strictly voluntary. You can participate in as many or as few surveys as you wish.

10. Will I get paid for survey participation?

Members will not be compensated for their participation. ThoughtLounge Community members who participate in surveys will be entered into a draw, held quarterly, for a \$1,000 gift voucher from the Flight Centre. In addition, certain surveys may include incentives in order to elicit larger pools of participation, but this will be decided on an ad hoc basis.

11. Can I opt out of the ThoughtLounge Community?

Yes. You can opt out at any time.

For more information on ThoughtLounge, or to complete a profile questionnaire, visit www.ThoughtLounge.ca.

Comparison of ThoughtLounge Community to OMA Membership

(as of September 2017)

Interactive Online Visualizations

As with all ERA DataWatch images, the online visualizations of the Figures presented in this article are interactive, and enable the user to access supporting details that are not visible in print, and to view them dynamically. To view the interactive visualizations of Figures 2 through 6 (which appear on pages 18-19), visit www.oma.org/thoughtloungeandmembership.

Hovering your cursor over any of the online images will display the percentages of ThoughtLounge participants and OMA members in any given category or variable. Clicking on any data point on any of the graphs for either the ThoughtLounge Community or the membership will highlight associated data for that group on other variables. Clicking on the map will highlight that particular District and display the composition of ThoughtLounge participants and OMA members. Zoom in/zoom out functionality is also enabled on the map in Figure 6, along with a reset button on the bottom of the dashboard.

Several key insights from the interactive online visualizations have been extracted in order to present static images, as shown in Figures 2 to 6.

Figure 2: Representation by OMA Section

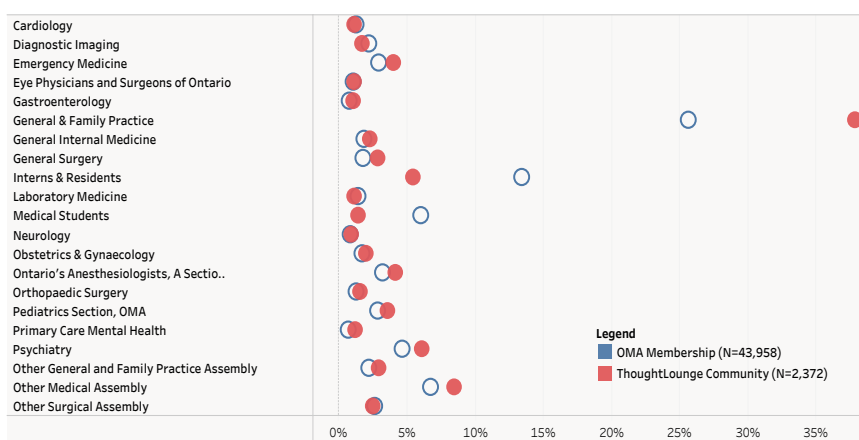
Figure 2 demonstrates that the ThoughtLounge Community comprises a substantial number of volunteers from each OMA Section. Sections with small cell counts are not presented individually in order to avoid identifying members; they are instead grouped together by relevant Assembly. The participation rate of most groups is proportion-

ate to the composition of the general membership with three exceptions: General and Family Practice, Medical Students, and Interns and Residents. ERA is able to adjust for these differences via statistical weighting methods.

Figure 3: Representation by OMA Assembly

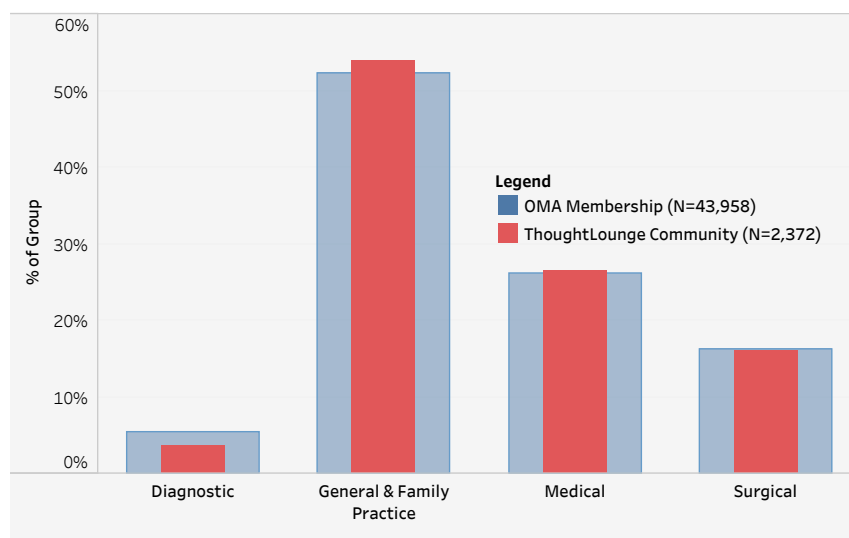
Figure 3 shows participation at the Assembly level, and confirms that the ThoughtLounge Community resembles the OMA membership very closely for each Assembly.

Figure 2: Representation by OMA Section



Note: Groups of five and under are combined at the Assembly level in order to protect member privacy. Those not affiliated with a Section are excluded.

Figure 3: Representation by OMA Assembly



Note: Residents and others not affiliated with an Assembly are excluded.

Figure 4: Representation by Gender

Similarly, gender representation in the ThoughtLounge Community is nearly identical to that of the OMA membership, as shown in Figure 4. In the ThoughtLounge Community, the split is 40% female and 60% male, compared to 41% female and 59% male in the OMA membership.

Figure 5: Representation by Age Category

Figure 5 depicts age distributions for the ThoughtLounge Community and OMA membership. Younger OMA members are less likely to participate in ThoughtLounge, which is reflective of the lower representation noted among medical students and residents. An important finding is that there is very strong representation among physicians most likely to be in full-time active practice: 70% of ThoughtLounge participants are 35 to 64 years old compared to 56% of the OMA membership. Again, ERA can adjust for these differences via statistical weighting.

Figure 6: Representation by OMA District

Figure 6 maps the 11 OMA Districts in order to gauge geographic representation. The actual percentages of ThoughtLounge participants and OMA members are provided in the online version. Most Districts are accurately represented in terms of ThoughtLounge participation: seven Districts fall within +/- one percentage point of the share of OMA members in those regions. Only two Districts show ThoughtLounge participation rates lower than the proportion of members, with the greatest difference in District 11 (3.8 percentage points less participation). As these differences are minor – and can be adjusted via statistical weighting methods – we conclude that the ThoughtLounge Community representation is proportionate to OMA District size.

Figure 4: Representation by Gender

OMA Membership

ThoughtLounge

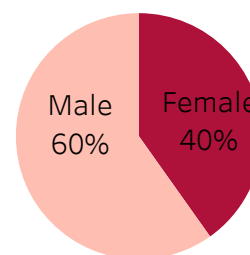
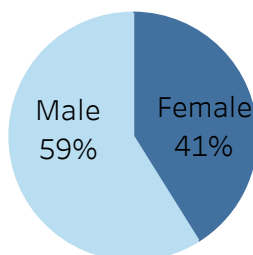


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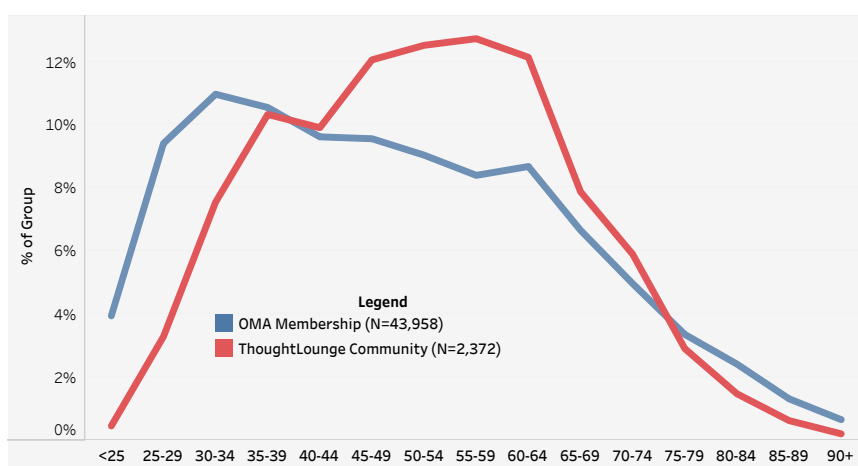
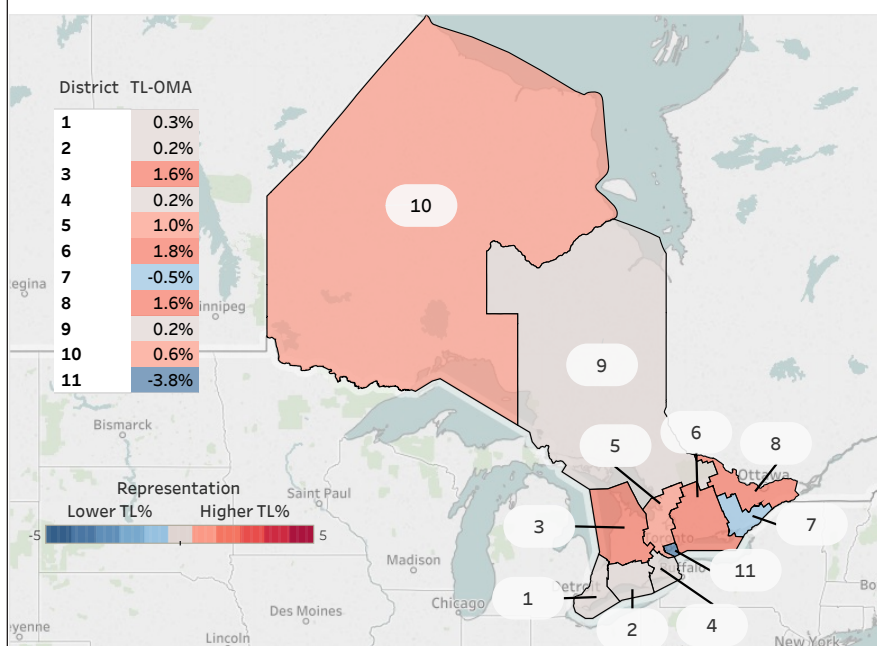


Figure 6: Representation by OMA District



Conclusion

The ThoughtLounge resource is a valuable in-house tool to query the views of the membership on a variety of topics (e.g., policy discussions, practice patterns, negotiations, member needs) for which data are not otherwise available.

Moreover, as this DataWatch analysis confirms, the ThoughtLounge Community comprises a representative sample of the OMA membership, allowing surveys to be conducted with confidence that the results can be extrapolated to the general member experience – without the extra cost, time and effort required to conduct a membership-wide census.

ERA can fully adjust for any minor differences in the sample via statistical weighting of responses. Furthermore, the ThoughtLounge platform can be used to target surveys to a specific segment (e.g., a Section or Forum) or the entire membership when warranted.

Expect to see more original research from ThoughtLounge in the future.

Let Your Voice be Heard!

We are always interested in recruiting new volunteers who want to share their perspectives and expertise. We invite you to join the ThoughtLounge Community by completing the online profile questionnaire at www.ThoughtLounge.ca. Members who participate in ThoughtLounge activities are eligible to be entered into a quarterly draw for a \$1,000 Flight Centre gift card.

Have You Stopped Receiving ThoughtLounge Surveys?

If you have previously unsubscribed from ThoughtLounge, privacy rules do not permit us to contact you – ever. Important institutional and system research could benefit from your input! If you have opted out of ThoughtLounge and wish to re-join, simply email us at askERA@oma.org. ■

Endnotes

1. ERA conducts economic research and analysis in support of the Board of Directors, Sections and Committees, and directs economic studies both internally and externally on behalf of the Ontario Medical Association.
2. ERA DataWatch demonstrates innovative analytical techniques used by ERA to present complex data in a meaningful way. Previous ERA DataWatch topics featured in the October and November issues of OMR online included an interactive Physician Age Pyramid (www.oma.org/physicianage) and Leading Causes of Death Stratigraph® (www.oma.org/leadingcausesofdeath). Additional ERA DataWatch analyses will be highlighted in future issues of the OMR. Further examples of ERA research may be found on the OMA website at www.oma.org/visualizations.

ERA welcomes feedback from members. Please email any questions or comments to askERA@oma.org.

A Few Minutes of Your Time Can Have a Big Impact

Join the ThoughtLounge Community to access surveys on important topics.

Topics will cover a wide range of areas including:

- Health policy discussions
- Physician-specific issues
- Challenges faced by the health care system
- OMA programs and services

[Join at ThoughtLounge.ca](http://ThoughtLounge.ca)



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