**Community Tracking Study** 

# Physician Survey Instrument 2004-05 (Round Four)



Providing Insights that Contribute to Better Health Policy

> 600 Maryland Avenue, SW Suite 550 Washington, DC 20024 www.hschange.org

## **Technical Publication No.**



June 2006

## COMMUNITY TRACKING STUDY (CTS)

The CTS includes a periodic national survey of physicians. The survey samples are concentrated in 60 communities that were randomly selected to provide a representative profile of change across the U.S. Among these communities, 48 are "large" metropolitan areas (with populations greater than 200,000), from which 12 communities were randomly selected to be studied in depth. Those 12 communities generally have larger survey samples and also comprise the communities used for the site visits.

## CTS PHYSICIAN SURVEY

The CTS Physician Survey is a nationally representative telephone survey of non-federal, patient care physicians who spend at least 20 hours a week in direct patient care. Each of the first three surveys includes responses from approximately 12,000 physicians. The most recent survey (2004-05) consists of approximately 6,600 physicians. The survey is conducted by The Gallup Organization. Physician Survey questions cover a range of topics, including financial incentives, care management, acceptance of new patients, provision of charity care, practice characteristics, income and career satisfaction.

The Physician Survey has been conducted in 1996-97 (Round One), 1998-99 (Round Two), 2000-01 (Round Three) and 2004-05 (Round Four).

## ADDITIONAL INFORMATION

For more information on the CTS Physician Survey and related HSC Technical Publications, please visit the HSC web site (www.hschange.org).

This is one in a series of technical documents that have been done as part of the Community Tracking Study being conducted by the Center for Studying Health System Change (HSC), which is funded primarily by The Robert Wood Johnson Foundation and is affiliated with Mathematica Policy Research, Inc.

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<sup>&</sup>lt;sup>1</sup> There is no Section E.

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## CRT

#### HARD COPY REQUIRED

FINANCE, RWJ59687 F687 ROUND #4

FIELD FINAL - MAY 26, 2004 (Columns are ABSOLUTE)

(Revisions 7/13, 9/2)

THE GALLUP ORGANIZATION PROJECT REGISTRATION #140157 THE CENTER FOR STUDYING X APPROVED BY CLIENT HEALTH SYSTEM CHANGE (RWJ) City Center: Washington, D.C. Physicians Study - Round #4 X APPROVED BY PROJECT MANAGER Larsen/McComb/Richter Brenda Sonksen, Specwriter July, 2004 n=7,000

I.D.#:

\*\*AREA CODE AND TELEPHONE NUMBER:

(649 - 658)

(1-6)

\*\*INTERVIEW TIME:

(716 - 721)

(NOTE:	A11	interviews are recorded. The recording
	begi	s when the respondent answers the phone.
	This	statement is read after the "Continue"
	resp	nse is entered after the Introduction and
	befo	e the first question) This call will be
	reco	ded for quality assurance.
	1 2	(Continue) (Refused) - <b>(Thank and Terminate)</b> (984)
**SPECIAI <b>screen)</b>	'TT:	(Code from fone file) (SURVENT NOTE: Show on Introduction

## SPCLTY

(55 - 57)

\*\*STATE: (Code from fone file)

01	Alabama - SC	30	Montana - W
02	Alaska - W		31 Nebraska - NC
04	Arizona - W	32	Nevada - W
05	Arkansas - SC	33	New Hampshire - NE
06	California - W	34	New Jersey - NE
08	Colorado - W	35	New Mexico - W
09	Connecticut - NE	36	New York - NE
10	Delaware - SC	37	North Carolina - SC
11	Washington D.C SC		38 North Dakota - NC
12	Florida - SC	39	Ohio - NC
13	Georgia - SC	40	Oklahoma - SC
15	Hawaii - W		41 Oregon - W
16	Idaho - W	42	Pennsylvania - NE
17	Illinois - NC	44	Rhode Island - NE
18	Indiana - NC	45	South Carolina - SC
19	Iowa - NC	46	South Dakota - NC
20	Kansas - NC	47	Tennessee - SC
21	Kentucky – SC	48	Texas - SC
22	Louisiana - SC	49	Utah - W
23	Maine - NE		50 Vermont - NE
24	Maryland - SC	51	Virginia - SC
25	Massachusetts - NE	53	Washington - W
26	Michigan - NC	54	West Virginia - SC
27	Minnesota - NC	55	Wisconsin - NC
28	Mississippi - SC	56	Wyoming - W
29	Missouri - NC		

\*\*COUNTY: (Code from fone file)

(58) (59)

(60 - 62)

## <u>SECTION A</u> INTRODUCTION AND SCREENING; LOCATION; BOARD CERTIFICATION; SATISFACTION

S1. DOCTOR TYPE: <u>(Code from fone file)</u> DOCTYP	
1 MD 2 DO	(63)
S1b. REPLICATE NUMBER: <u>(Code from fone file)</u> REPLICAT	
[SET BY JOHN SELIX]	
Slc. PANEL: <u>(Code from fone file)</u> PANEL	
<ol> <li>New</li> <li>Re-interview</li> <li>Non-respondent</li> </ol>	(64)
(There are no questions Sld-Slf)	
S2. DOCTOR NAME: (Code from fone file)	
S3. PRIMARY SPECIALTY: <u>(Code from fone file)</u>	(65 - 105)
	(55 – 57)
S4. SITE NUMBER: (Code from fone file)	
	(148 - 150)
S5. SITE TYPE: <u>(Code from fone file)</u> STYPE	
1 High intensity 2 Low intensity/National	(150)
S6. ZIP CODE: (Code from fone file)	
<u>ZIP</u>	(151 - 155)

S6a. PRESEND CHECK EXPERIMENT: PRECHK	(Code from fone file)	
1 Yes 2 No		(156)
(Question Sa deleted)		
(Question Si deleted)	HOLD	(1101- 1102)

(If code 1 or 3 in S1c, Continue; Otherwise, Skip to Introduction #2)

## INTRODUCTION #1

HELLO1

Hello, Dr. <u>(name from fone file)</u>, my name is \_\_\_\_\_\_, from The Gallup Organization. A short time ago, you should have received a letter from the Robert Wood Johnson Foundation indicating that Gallup is conducting a national survey of physicians for the Foundation. The survey is part of a study of changes in the health care system in communities across the nation. It concerns how such changes are affecting physicians, their practices, and the health care they provide to their patients.

The interview will take about 20 minutes and we are providing an honorarium of \$25 as a small token of our appreciation. All the information you provide will be kept strictly confidential. It will be used in statistical analysis and reported only as group totals. I can conduct the interview now or at any time that's convenient for you.

- 0 Gatekeeper soft refusal
- 1 Respondent available (Skip to A1)

2 Gatekeeper not available - (Set time to call back)

3 No longer works/Lives here - (Skip to S8)

4 Never heard of respondent - (Skip to S7)

5 Gatekeeper hard refusal

6 Answering service/Can't ever reach physician at this number - (Skip to S11)

7 Physician not available - (Set time to call back)

8 Physician soft refusal9 Physician hard refusal

\_\_\_\_(1052)

#### INTRODUCTION #2

HELLO2

Hello, Dr. (name from fone file), my name is \_\_\_\_\_\_, from The Gallup Organization. You should have received a letter from the Robert Wood Johnson Foundation indicating that Gallup would be calling you again to participate in the fourth round of the study of changes in the health care systems in communities across the nation. The study concerns how these changes are affecting physicians, their practices, and the health care they provide to their patients.

The interview will take about twenty minutes, and we are again providing an honorarium of \$25 as a small token of our appreciation. All the information you provide will be kept strictly confidential. It will be used in statistical analysis and reported only as group totals. I can conduct the interview now, or at any time that's convenient for you.

0 Gatekeeper soft refusal

1 Respondent available - (Skip to A1)

2 Gatekeeper not available - (Set time to call back)

3 No longer works/Lives here - (Skip to S8)

4 Never heard of respondent - (Continue)

5 Gatekeeper hard refusal

6 Answering service/Can't ever reach physician at this number - (Skip to S11)

7 Physician not available - (Set time to call back)

8 Physician soft refusal

9 Physician hard refusal \_\_\_\_(1052)

S7. (If code 4 in Introduction, ask:) I would like to verify that I have reached (phone number from fone file). VPHONE 1 Yes - (Thank and Terminate; Skip to S11) 2 No - (READ:) I am sorry to have bothered you. - (Reset to Introduction) 3 (DK) (Thank and Terminate; Skip to Directory Assistant) 4 (Refused) (Thank and Terminate; Skip to Directory Assistant) \_\_\_\_(2418) S8. (If code 3 in Introduction, ask:) Dr. (response in s2) is a very important part of a medical study for the Robert Wood Johnson Foundation. Do you have the address or telephone number where I can reach (him/her)? DIFFADR 1 Yes - (Skip to S10) 2 No/Unknown (Continue) 3 (DK) (Continue) 4 (Continue) (Refused) (Retired) - (Thank and Terminate) (2419) 5 S9. (If code 2, 3, or 4 in S8, ask:) Do you happen to know if the doctor is still in this area, or is (he/she) in another city? WHERE 1 Same area - (Thank and Terminate; Skip to S11) Different city - (Continue) 2 3 (DK) (Thank and Terminate; Skip to S11) (Refused) (Thank and Terminate; Skip to S11) 4 \_\_\_\_(2420)

7

PHONE	
WORK PHONE NUMBER:	
	(2421 - 24
IPHON	(
HOME PHONE NUMBER:	
	(2441 - 24
<u>ADDR</u>	
STREET ADDRESS:	
	(2892 - 29
<u>CITY</u>	
CITY:	
	(2591 - 20
STATE	
STATE:	
	(2431) (24
IP	
ZIP CODE:	
	(2433 - 24

### (All in S10, Thank and Terminate; Call new number and Reset to Introduction; If BLANK in WORK PHONE NUMBER and HOME PHONE NUMBER in S10, Continue)

S11. (FDIRECTA) (If code 1, 3, or 4 in S7, OR code 6 in Introduction, OR code 1, 3, or 4 in S9, OR BLANK in WORK PHONE NUMBER and HOME PHONE NUMBER in S10:) (Call directory assistance for most recent city or area code. Ask for directory assistance using full name from fone file.)

(Original phone number from fone file)

(Original city from fone file) or (CITY from S10)

(Name from fone file) DIRPHONE

- 1 New number (Enter on next screen)
- 2 No number/Match (Thank and Terminate; Save Case ID)

\_\_\_\_(894)

(All in S11, call new number, and Reset to Introduction)

CLOCK:

A1. Are you currently a full-time employee of a federal agency such as the U.S. Public Health Service, Veterans Administration, or a military service? (Probe:) Do you receive your paychecks from a federal agency? (If respondent works part-time for a Federal Agency, ask:) Do you consider this (Federal Agency) your main practice?

#### FEDEMP

- 1 Yes - (Continue)
- 2 No - (Skip to A2)
- Retired (Thank and Terminate, 3 and Set to "Failed Screener")
- 4 Out of country (Thank and Terminate, and Set to "Failed Screener")
- 5 Institutionalized (Thank and Terminate, and Set to "Failed Screener")
- (Thank and Terminate) 8 (DK)
- 9 (Refused) (Thank and Terminate)

(1053)

\_\_\_\_(1054)

#### (If code 1 in A1,

- In this survey, we will not be interviewing READ:) physicians who are Federal employees. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - (Thank and Terminate)
- A2. Are you currently a resident or fellow? RESFEL
  - 1 Yes (Continue)
  - 2 No - (Skip to A3)
  - 8 (DK) (Thank and Terminate) 9
  - (Refused) (Thank and Terminate)

## (If code 1 in A2,

In this survey, we will not be interviewing READ:) physicians who are residents or fellows. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - (Thank and Terminate) A3. During a TYPICAL week, do you provide direct patient care for at least twenty hours a week? (INTERVIEWER NOTE:) (If necessary, say:) Direct patient care includes seeing patients and performing surgery. (If necessary, say:) INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day.

#### FULLTIM

- 1 Yes (Skip to Note before A5)
- 2 No (Continue)
- 8 (DK) (Thank and Terminate)
  9 (Refused) (Thank and Terminate)

\_\_\_\_(1055)

#### (If code 2 in A3,

**READ:)** In this survey, we will not be interviewing physicians who typically provide patient care for less than 20 hours a week. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - (Thank and Terminate)

[Deleted Note]

#### (Questions A3a-A4a deleted)

### (If BLANK in \*\*COUNTY, Skip to A5a; Otherwise, Continue)

A5. We'd like you to think about the practice location at which you spend the greatest amount of time in direct patient care. Is this practice located in (county and state from fone file)? (INTERVIEWER NOTE: Surgeons should give the location of their office, not the hospital where they perform surgery.)

#### LOCCHK

1 Yes - (Skip to Note before A5b)

	2	No	(Continue)	
	8	( DK )	(Continue)	
	9	(Refused)	(Continue)	(2634)
A5a.	(If	code 2, 8, o:	r 9 in A5 OR If BLANK in **COUNTY,	
	ask:	: <u>)</u> In what o	county and state is the practice	
	loca	ated. (Open en	nded) (VERIFY SPELLING)	
	DK	( DK )		
	RF	(Refused)		
SCNT	Y			
	COUN	JTY:		

SSTATE

(2834 - 2858)

STATE:

(2859) (2860)

## (If code 15 or 02 in A5a - State, Continue; Otherwise, Skip to A5b)

(READ:) We are not interviewing physicians in your state at this time. So it appears that we do not need any further information from you, but we thank you for your cooperation. - (Thank and Terminate)

A5b. What is the zip code of your practice? (Open ended and code all five digits of zip code)

SZIP

99998 (DK) 99999 (Refused)

(1618 - 1622)

(If code 2 in Slc, Skip to A7; Otherwise, Continue) A6. In what year did you begin medical practice after completing your undergraduate and graduate medical training? (INTERVIEWER NOTE: A residency or fellowship would be considered graduate medical training.) (Open ended and code all four digits of year) (SURVENT NOTE: Force interviewers to enter FOUR DIGITS)

#### YRBGN

- DK (DK)
- RF (Refused)

(1623 - 1626)

## (If code 999 in S3, Skip to A8; Otherwise, Continue)

A7. We have your primary specialty listed as <u>(response</u> <u>in S3)</u>. Is this correct? <u>(If necessary, say:)</u> We define primary specialty as that in which the most hours are spent weekly.

#### SPCCOR

- 1 Yes (Autocode response in S3 into A8)
- 2 No (Continue)

8	( DK )	(Thank and Terminate)	
9	(Refused)	(Thank and Terminate)	(1065)

A8. (If code 2 or BLANK in A7, ask:) What is your primary specialty? (If necessary, say:) We define primary specialty as that in which the most hours are spent weekly. (Open ended <u>and code from hard</u> <u>copy</u>) (INTERVIEWER NOTE: Probe for codeable response)

## NWSPEC

## (If code 1 in S1 [MD-AMA LIST])

301	Abdominal Radiology	(AR)
202	AIDS/HIV Specialist	(/
001	Allergy	(A)
133	Adolescent Medicine Pediatrics	(ADL)
127	Addiction Medicine	(ADM)
132	Addiction Psychiatry	(ADP)
002	Allergy & Immunology	(AI)
003	Allergy & Immunology/	
	Diagnostic Laboratory Immunology	(ALI)
005	Aerospace Medicine	( AM )
085	Adolescent Medicine (Internal Medicine	)(AMI)
006	Anesthesiology	( AN )
007	Pain Management	(APM)
026	Abdominal Surgery	(AS)
103	Anatomic Pathology	(ATP)
104	Bloodbanking/Transfusion Medicine	(BBK)
190	Cardiovascular Surgery	(CDS)
008	Critical Care Medicine (Anesthesiology	) ( CCA )
050	Clinical Cytogenetics	( CCG )
191	Craniofacial Surgery	(CFS)
128	Critical Care Medicine (Internal	
	Medicine)	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Disease	(CD)
051	Clinical Genetics	(CG)
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
049	Clinical Biochemical Genetics	( CCG )
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	(CN)
011	Colon & Rectal Surgery	(CRS)
401	Cosmetic Surgery	(CS)
124	Cardiothoracic Surgery	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory	
035	Dermatological Immunology Diabetes	(DDL) (DIA)
033	DIADELES	(DIA)

A8.	(Con	tinued:)	
	106	Dermatopathology	(DMP)
	014	Diagnostic Radiology	(DR)
	015	Emergency Medicine	(EM)
	308	Internal Medicine/Emergency Medicine	(MEM)
	036	Endocrinology, Diabetes & Metabolism	(END)
	302	Epidemiology	(EP)
	016	Sports Medicine (Emergency Medicine)	(ESM)
	402	Endovascular Surgical Neuroradiology	(ESN)
	140	Medical Toxicology (Emergency	
		Medicine)	(ETX)
	303	Flex Residents	(FLX)
	403	Family Medicine	(FM)
	018	Forensic Pathology	(FOP)
	019	Family Practice	(FP)
	020	Geriatric Medicine (Family Practice)	(FPG)
	078	Facial Plastic Surgery	(FPS)
	021	Sports Medicine (Family Practice)	(FSM)
	022	Gastroenterology	(GE)
	061	Gynecological Oncology	(GO)
	023	General Practice	(GP)
	024	General Preventive Medicine	(GPM)
	029	General Surgery	(GS)
	062	Gynecology	(GYN)
	037	Hematology	(HEM)
	038	Hepatology	(HEP)
	107	Hematology Pathology	(HMP)
	030	Head & Neck Surgery	(HNS)
	136	Hematology/Oncology	(HO)
	070	Hand Surgery Orthopedics	(HSO)
	101	Hand Surgery Plastic	(HSP)
	031	Hand Surgery	(HSS)
	201	Hospitalists	(HOS)
	039	Clinical Cardiac Electrophysiology	(ICE)
	040	Infectious Diseases	(ID)
	004	Immunology	(IG)
	041	Clinical & Laboratory Immunology (IM)	(ILI)
	042	Internal Medicine	(IM)
	194	Interventional Cardiology	(IC)
	043	Geriatric Medicine (IM)	(IMG)
	044	Sports Medicine	(ISM)
	309	Sports Medicine (Physical Medicine	
	1 0 0	and Rehabilitation) (IM)	(PMM)
	129	Legal Medicine	(LM)
	138	Medical Management	(MDM)
	063	Maternal & Fetal Medicine	(MFM)
	304	Maxillofacial Radiology	(MXR)
	053	Medical Genetics	(MG)
	108	Medical Microbiology	(MM)
	195	Internal Medicine/Family Practice	(IFP)

A8.	(Con	tinued:)	
AU.		Internal Medicine/Pediatrics	(MPD)
	099		
	022	Preventive Medicine	(MPH)
	056	Neurology	(N)
	310		(MN)
	311	Neurology/Physical Medicine	(/
		and Rehabilitation	(NPR)
	058	Critical Care Medicine (Neurosurgery)	(NCC)
	404	Neurodevelopmental Disability	(NDN)
	045	Nephrology	(NEP)
	057	Nuclear Medicine	(NM)
	109	Neuropathology	(NP)
	087	Neonatal/Perinatal Medicine	(NPM)
	117	Nuclear Radiology	(NR)
	305	Neurology/Diagnostic Radiology/	
		Neuroradiology	(NRN)
	059	Neurological Surgery	(NS)
	060	Pediatric Neurosurgery	(NSP)
	046	Nutrition	(NTR)
	405	Neuropsychiatry	(NUP)
	071	Adult Reconstructive Orthopedics	(OAR)
	064	Obstetrics & Gynecology	(OBG)
	065	Obstetrics	(OBS)
	066 134	OB Critical Care Medicine	(OCC)
	134 068	Foot & Ankle Orthopedics Occupational Medicine	(OFA)
	406	Oral and Maxillofacial Surgery	( OM ) ( OMF )
	072	Musculoskeletal Oncology	(OMP)
	047	Medical Oncology	(ON)
	073	Pediatric Orthopedics	(OP)
	069	Ophthalmology	(OPH)
	074	Orthopedic Surgery	(ORS)
	028	Other Specialty	(OS)
	075	Sports Medicine (Orthopedic Surgery)	(OSM)
	076	Orthopedic Surgery of the Spine	(OSS)
	079	Otology	(OT)
	197	Otology/Neurotology	(NO)
	080	Otolaryngology	(OTO)
	077	Orthopedic Trauma	(OTR)
	082	Psychiatry	(P)
	312	Psychiatry/Family Practice	(FPP)
	313	Internal Medicine/Psychiatry	(MP)
	130	Clinical Pharmacology	(PA)
	147	Pulmonary Critical Care Medicine	(PCC)
	110	Chemical Pathology	(PCH)
	111	Cytopathology	(PCP)
	088	Pediatrics	(PD)
	089	Pediatric Allergy	(PDA)
	306	Pediatric Anesthesiology (Pediatrics)	(PAN)
	098	Pediatric Cardiology	(PDC)

3.		tinued:)	
		Pediatric Cardiothoracic Surgery	(PCS)
		Pediatric Emergency Medicine	(EMP)
		Pediatric Endocrinology	(PDE)
		Pediatric Infectious Diseases	(PDI)
		Pediatric Otolaryngology	(PDO)
		Pediatric Pulmonology	(PDP)
	192	Pediatrics/Psychiatry/Child &	
		Adolescent Ps	(CPP)
	118	Pediatric Radiology	(PDR)
	032	Pediatric Surgery	(PDS)
	139	Medical Toxicology (Pediatrics)	(PDT)
	144	Pediatric Emergency Medicine	(PE)
	017	Pediatric Emergency Medicine	
		(Pediatrics)	(PEM)
	135	Forensic Psychiatry	(PFP)
	092	Pediatric Gastroenterology	(PG)
	093	Pediatric Hematology/Oncology	(PHO)
	112	Immunopathology	(PIP)
	094	Clinical & Laboratory Immunology	
		(Pediatrics)	(PLI)
	143	Palliative Medicine	(PLM)
	100	Physical Medicine & Rehab	(PM)
	314	Internal Medicine/Physical Medicine	
		& Rehabilitation	(MPM)
	200	Physical Medicine & Rehabilitation	
		(Pediatrics)	(PMP)
	142	Pain Medicine	(PMD)
	407	Sports Medicine (Physical	
		Medicine and Rehabilitation)	(PMM)
	095	Pediatric Nephrology	(PN)
	146	Pediatric Opthalmology	(PO)
	113	Pediatric Pathology	(PP)
	096	Pediatric Rheumatology	(PPR)
	102	Plastic Surgery/Cosmetic Surgery	(PS)
	199	Pharmaceutical Medicine	(PHM)
	307	Public Health	(PH)
	408	Plastic Surgery within the Head and Ne	ck(PSH)
	097	Sports Medicine (Pediatrics)	(PSM)
	114	Anatomic/Clinical Pathology	(PTH)
	141	Medical Toxicology (Preventive	
		Medicine)	(PTX)
	116	Pulmonary Diseases	(PUD)
	196	Internal Medicine/Preventive Medicine	(IPM)
	083	Psychoanalysis	(PYA)
	084	Geriatric Psychiatry	(PYG)
	119	Radiology	(R)
	067	Reproductive Endocrinology	(REN)
	048	Rheumatology	(RHU)
	115	Radioisotopic Pathology	(RIP)
	120	Neuroradiology	(RNR)
			· · · · · /

A8

A8.	(Con	tinued:)	
	123	Radiation Oncology	(RO)
	121	Radiological Physics	(RP)
	409	Pediatric Rehabilitation	(RPM)
	150	Spinal Cord Injury	(SCI)
	149	Sleep Medicine	(SM)
	151	Surgical Oncology	(SO)
	148	Selective Pathology	(SP)
	033	Trauma Surgery	(TRS)
	152	Transplant Surgery	(TTS)
	125	Urology	(U)
	025	Undersea Medicine	(UM)
	126	Pediatric Urology	(UP)
	131	Unspecified	(US)
	122	Vascular & Interventional Radiology	(VIR)
	165	Vascular Medicine	(VM)
	034	Vascular Surgery	(VS)
	210	Developmental & Behavioral Pediatrics	(DBP)
	159	Proctology	(PRO)
	124	Thoracic Surgery	(TS)

997 Other (list) - (USE VERY SPARINGLY; Thank and Terminate)

998	( DK )	(Thank	and	Terminate)
999	(Refused)	(Thank	and	Terminate)

(1066 - 1068)

### (If code 2 in S1 [DO-AOA LIST])

301	Abdominal Radiology	AR
202	AIDS/HIV Specialist	
002	Allergy and Immunology	AI
003	Allergy-Diagnostic Lab Immunology	ALI
004	Immunology	IG
005	Preventive Medicine-Aerospace Medicine	e AM
006	Anesthesiology	AN
006	Anesthesiology	CAN
006	Anesthesiology	IRA
006	Anesthesiology	OBA
006	Anesthesiology	PAN
007	Pain Management	APM
007	Pain Management	PMR
008	Critical Care-Anesthesiology	CCA
009	Cardiovascular Diseases-Cardiology	С
009	Cardiovascular Diseases-Cardiology	CVD
009	Cardiovascular Diseases-Cardiology	IC
190	Cardiovascular Surgery	CDS
191	Craniofacial Surgery	CFS
010	Pediatric Psychiatry	CHP

A8.	(Con	tinued:)	
AU.	•	Pediatric Psychiatry	PDP
		Colon & Rectal Surgery	CRS
	012	Dermatology	D
	015	Emergency Medicine	EM
	014	Diagnostic Radiology	DR
	308	Internal Medicine/Emergency Medicine	MEM
	015	Emergency Medicine	EMS
	015	Emergency Medicine	FEM
	015	Emergency Medicine	IEM
	302	Epidemiology	ΕP
	016	Sports Medicine (Emergency Medicine)	ESM
	017	Pediatric Emergency Medicine	PEM
	303	Flex Residents	FLX
	018	Forensic Pathology	FOP
	019	Family Practice	FP
	019	Family Practice	UFP
	020	Geriatrics-General or Family Practice	GFP
	020	Geriatrics-General or Family Practice	GGP
	021	Sports Medicine-Family or	
		General Practice	SFP
	021	Sports Medicine-Family or	
		General Practice	SGP
	022	Gastroenterology	GE
	023	General Practice	GP
	024	Preventive Medicine	PVM
	025	Undersea Medicine	UM
	026	Abdominal Surgery	AS
	027	Critical Care-Surgery or Trauma	CCS
		Critical Care-Surgery or Trauma	CCT
	028	Other Specialty	OS
	029	Surgery-General	S
	030	Head & Neck Surgery	HNS
		Hand Surgery	HS
		Hand Surgery	HSS
	201	Hospitalists	
	032	Pediatric Surgery	PDS
	033	Traumatic Surgery	TRS
	034	Vascular Surgery-General or Peripheral	
	034	Vascular Surgery-General or Peripheral	
	036 037	Endocrinology	END
	037	Hematology Cardiac Electrophysiology	HEM ICE
	040	Infectious Diseases	ICE ID
	040	Diag Lab Immunology-Int Med	ILI
	042	Internal Medicine	IM
	194	Interventional Cardiology	IC
	195	Internal Medicine/Family Practice	IFP
	042	Internal Medicine	IP

A8.	(Con	tinued:)	
AU.	•	Geriatrics-Internal Medicine	GER
	309		GIM
	044	Sports Medicine (Physical Medicine &	0111
		Rehabilitation)	PMM
	044	Sports Medicine	ISM
	044	Sports Medicine	PMS
	044	Sports Medicine	RMS
	044	Sports Medicine	SM
	045	Nephrology	NEP
	046	Nutrition	NTR
	047	Oncology	ON
	048	Rheumatology	RHU
	050	Clinical Cytogenetics	CCG
	051	Clinical Genetics	CG
	053	Medical Genetics	IMG
	054	Pediatric or Child Neurology	CHN
	054	Pediatric or Child Neurology	PDN
	055	Clinical Neurophysiology	CN
	056	Neurology	Ν
	310	Internal Medicine/Neurology	MN
	311	Neurology/Physical Medicine & Rehab	NPR
	056	Neurology	NMD
	056	Neurology	NP
	056	Neurology	NPN
	305	Neurology/Diagnostic Radiology/	
		Neuroradiology	NRN
	057	Nuclear Medicine	NI
	057	Nuclear Medicine	NM
	057	Nuclear Medicine	NV
	058	Critical Care-Neuro Surgery	NCC
	059	Neurological Surgery	NS
	061	Gynecological Oncology	GO
	062	Gynecology	GS
	062	Gynecology	GYN
	063	Maternal & Fetal Medicine	MFM
	304	Maxillofacial Radiology	MXR
	064 064	Obstetrics & Gynecology	OBG
	064	Obstetrics & Gynecology Obstetrics	OGS OBS
	065	Critical Care-Obstetrics & Gynecology	OCC
	067	Reproductive Endocrinology	RE
	068	Occupational Medicine	OCM
	068	Occupational Medicine	OCM
	069	Ophthalmology	COR
	069	Ophthalmology	OAS
	069	Ophthalmology	OCR
	069	Ophthalmology	OGL
	069	Ophthalmology	OPH
	069	Ophthalmology	VRS
		· · · · · · · · · · · · · · · · · · ·	

A8.		tinued:)	
	070	Hand Surgery-Orthopedic Surg	HSO
		Adult Reconstructive Orthopedics	OAR
	072	01	ОМО
	073	Pediatric Orthopedics	OP
	074	Orthopedic Surgery	AJI
	074	Orthopedic Surgery	OR
	074	Orthopedic Surgery	ORS
	075	Sports Medicine-Orthopedic Surgery	OSM
	076	Orthopedic Surgery-Spine	OSS
	078	Facial Plastic Surgery	OPL
	080	Otolaryngology or Rhinology	OTL
	080	Otolaryngology or Rhinology	OTR
	080	Otolaryngology or Rhinology	RHI
	197	Otology/Neurotology	NO
	081	Pediatric Otolaryngology	PDO
	082	Psychiatry	Ρ
	312	Psychiatry/Family Practice	FPP
	313	Psychiatry/Internal Medicine	MP
	083	Psychoanalysis	PYA
	084	Geriatric Psychiatry	PYG
	085	Adolescent Medicine-Family or	
		General Practice	AFP
	085	Adolescent Medicine-Family or	
		General Practice	AGP
	086	Pediatric Intensive Care	PIC
	087	Neonatology	NE
	088	Pediatrics	PD
		Pediatric Allergy & Immunology	PAI
	306	<b>UI</b> (1)	PAN
		Pediatric Pulmology Medicine	PDX
	198	Pediatric Cardiothoracic Surgery	PCS
	092	Pediatric Gastroenterology	PG
	093	Pediatric Hematology-Oncology	PHO
	094	Pediatric Diag Lab Immunology	PLI
	095		PNP
	192	Pediatrics/Psychiatry/Child &	
		Adolescent Ps	CPP
	096	Pediatric Rheumatology	PPR
	097	Sports Medicine - Pediatrics	PSM
	098	Pediatric Cardiology	PDC
	099	Preventive Medicine, Epidemiology	
		or Public Health	EPI
	099	Preventive Medicine, Epidemiology	
		or Public Health	OE
	099	Preventive Medicine, Epidemiology	
		or Public Health	ΡH
	099	Preventive Medicine, Epidemiology	
		or Public Health	PHP

7 0	(Con	tipued:)	
A8.	199	tinued:) Pharmaceutical Medicine	
	100	Physical Medicine & Rehabilitation	PHM PM
	100	Physical Medicine & Rehabilitation	IAR
	100	Physical Medicine & Rehabilitation	PDR
	314	Internal Medicine/Physical Medicine &	FDR
	JTT	Rehabilitation	MPM
	100	Physical Medicine & Rehabilitation	RM
	200	Physical Medicine & Rehabilitation	1(1)1
	200	(Pediatrics)	PMP
	101	Hand Surgery-Plastic Surg	HSP
	102	Plastic Surgery	OOP
	102	Plastic Surgery	PLR
	103	Anatomic Pathology	AP
	104	Blood Banking-Transfusion Medicine	BBT
	104	Blood Banking-Transfusion Medicine	LBM
	105	Clinical Pathology	CLP
	106	Dermatopathology	DPT
	107	Hematology-Pathology	HEP
	108	Medicine Microbiology	MMB
	109	Neuropathology	NPT
	110	Chemical Pathology	CP
	111	Cytopathology	СҮ
	112	Immunopathology	IPT
	113	Pediatric Pathology	ΡP
	114	Anatomic/Clinical Pathology	APL
	114	Anatomic/Clinical Pathology	PTH
	115	Radioisotopic Pathology	RIP
	307	Public Health	PH
	196	Internal Medicine/Preventive Medicine	IPM
	116	Pulmonary Diseases	PUD
	116	Pulmonary Diseases	PUL
	117	Nuclear Radiology	NR
	118	Pediatric Radiology	PRD
	119	Radiology	DUS
	119	Radiology	R
	119 119	Radiology Radiology	RI
	119		RT RTD
	120	Radiology Neuroradiology	NRA
	120	Radiological Physics	RP
	122	Angiography & Intervent'l Radiology	ANG
	122	Angiography & Intervent'l Radiology	SCL
	123	Radiation Oncology	RO
	123	Radiation Oncology	TR
	124	Cardiovascular or Thoracic	
		Cardiovascular Surgery	CVS
	124	Cardiovascular or Thoracic	
		Cardiovascular Surgery	TS

A8.	(Con	tinued:)			
	125	Urology	U		
		Urology	URS		
		Pediatric Urology	UP		
		Addictive Diseases	ADD		
		Critical Care-Medicine	CCM		
		Legal Medicine	LM		
		Clinical Pharmacology	PA		
		Unknown Blank			
	133	Adolescent Medicine	ADL		
	134	Orthopedic Foot & Ankle Surg	OFA		
		Forensic Psychiatry	FPS		
	136	Hematology & Oncology	HEO		
	137	Internal Med-Pediatrics	IPD		
	139	Toxicology	TX		
		Psychosomatic Medicine	PYM		
		Pediatric Infectious Diseases	PID		
		Pediatric Ophthalmology	PO		
	147	Pulmonary-Critical Care	PUC		
	153	MOHS Micrographic Surgery	DMS		
	154	Hair Transplant	HT		
	155	Osteo Manipulative Treat +1	OM1		
	156	Osteopathic Manipulative Medicine	OMM		
	157	Sports Medicine - OMM	OMS		
	158	Osteo Manipulative Medicine	OMT		
	159	Proctology	PRO		
	160	Internship	IN		
	161	Retired	RET		
	162	Transitional Year	ΤY		
	209	Nuclear Cardiology	NC		
	210	Developmental & Behavioral Pediatrics	DBP		
	159	Proctology	PRO		
	124	Thoracic Surgery	TS		
	410	Clinical Neurophysiology	CN		
	411	Hematology/Oncology	HO		
	413	Nutrition	NTR		
	414	Pulmonary Critical Care Medicine	PCC		
	415	Pediatric Infectious Disease	PDI		
	416	Pediatric Nephrology	PN		
	417	Spinal Cord Injury Medicine	SCI		
	997	Other (list) - (USE VERY SPARIN	GLY;	Thank	and
	Term	inate)			
	998	(DK) (Thank and Terminate)			
	999	(Refused) (Thank and Terminate)			

(1066 - 1068)

## (If code 003, 005-007, 013-014, 018, 025, 028, 057, 099, 103-115, 117-122, 129-131, 135, 138-141, 148, 160-162, 209, 301-307, or 402 in A8, <u>Continue;</u> Otherwise, Skip to Note before A9)

(READ:) In this survey, we are only interviewing physicians in certain specialties, and your specialty is not among those being interviewed. So, it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - (Thank and Terminate)

(If code 201 in A8, Skip to A17; If code 042, 088, 137, or 195 in A8, Continue; If code 001-002, 004, 009, 012, 015-016, 020-022, 024, 035-041, 043-048, 055-056, 085, 116, 128, 136, 142, 143, 147, 149, 194, 196, 199, 308, 310, 313, 314, or 414 in A8, Skip to A9a; If code 017, 049-054, 063, 086-087, 089-094, 095-098, 133, 144-145, 192, 193, 200, 210, 409, 415, or 416 in A8, Skip to A9b; Otherwise, Skip to A15)

A9. (If code 042, 088, 137, or 195 in A8, ask:) Do you spend more hours weekly in general (response in A8), or a subspecialty in (response in A8)? (INTERVIEWER NOTE: If respondent says 50/50 split, code as 1)

GENSUB

- 1 General (Skip to A15)
- 2 Subspecialty (including adolescent medicine or geriatrics) - (Skip to A10)
- 8 (DK) (Skip to A15) 9 (Refused) (Skip to A15) \_\_\_\_(1069)

A9a. (If code 001-002, 004, 009, 012, 015-016, 020-022, 024, 035-041, 043-048, 055-056, 085, 116, 128, 136, 142, 143, 147, 149, 194, 196, 199, 308, 310, 313, 314, OR 414 in A8, ask:) Do you spend most of your time practicing in (response in A8), or in general internal medicine? (INTERVIEWER NOTE: If respondent says 50/50 split, code as 1)

#### SIPNPED

- Subspecialty
   General internal medicine (or general family practice)
- 3 General pediatrics
- 8 (DK)
- 9 (Refused)

\_\_\_\_(2720)

#### (All in A9a, Skip to A15)

A9b. (If code 017, 049-054, 063, 086-087, 089-098, 133, 144-145, 192, 193, 200, 210, 409, 415, or 416 in A8, ask:) Do you spend most of your time practicing in (response in A8), or in general pediatrics? (INTERVIEWER NOTE: If respondent says 50/50 split, code as 1)

### SIPPED

- 1 Subspecialty
- 2 General internal medicine (General Family Practice)
- 3 General pediatrics
- 8 (DK)
- 9 (Refused)

(1357)

(All in A9b, Skip to A15)

A10.	(If	code	2	in	А9,	a	sk:)	And	what	is	that
	subspe	ecialt	y?	(If	"Mc	re	than	one	", s	ay:)	We're
	intere	ested	in	the	one	in	which	ı you	spen	d the	most
	hours	weekl	у٠	(Opei	n en	ded	and	code	from	hard	copy)
	(CHECH	K SPEL	LINC	<u>3)</u>							

## SUBSPC

## (If code 1 in S1 [MD-AMA LIST])

301	Abdominal Radiology	(AR)
202	AIDS/HIV Specialist	
001	Allergy	(A)
133	Adolescent Medicine Pediatrics	(ADL)
127	Addiction Medicine	(ADM)
132	Addiction Psychiatry	(ADP)
002	Allergy & Immunology	(AI)
003	Allergy & Immunology/	
	Diagnostic Laboratory Immunology	(ALI)
005	Aerospace Medicine	(AM)
085	Adolescent Medicine (Internal Medicine	)(AMI)
006	Anesthesiology	( AN )
007	Pain Management	(APM)
026	Abdominal Surgery	(AS)
103	Anatomic Pathology	(ATP)
104	Bloodbanking/Transfusion Medicine	(BBK)
190	Cardiovascular Surgery	(CDS)
008	Critical Care Medicine (Anesthesiology	)(CCA)
050	Clinical Cytogenetics	( CCG )
191	Craniofacial Surgery	(CFS)
128	Critical Care Medicine (Internal	
	Medicine)	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Disease	(CD)
051	Clinical Genetics	( CG )
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
049	Clinical Biochemical Genetics	(CCG)
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	( CN )
011	Colon & Rectal Surgery	(CRS)
401	Cosmetic Surgery	(CS)
124	Cardiothoracic Surgery	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory	
	Dermatological Immunology	(DDL)
035	Diabetes	(DIA)

A10.	(Con	tinued:)	
	106	Dermatopathology	(DMP)
	014	Diagnostic Radiology	(DR)
	015	Emergency Medicine	(EM)
	308	Internal Medicine/Emergency Medicine	(MEM)
	036	Endocrinology, Diabetes & Metabolism	(END)
	302	Epidemiology	(EP)
	016	Sports Medicine (Emergency Medicine)	(ESM)
	402	Endovascular Surgical Neuroradiology	(ESN)
	140	Medical Toxicology (Emergency	
		Medicine)	(ETX)
	303	Flex Residents	(FLX)
	403	Family Medicine	(FM)
	018	Forensic Pathology	(FOP)
	019	Family Practice	(FP)
	020	Geriatric Medicine (Family Practice)	(FPG)
	078	Facial Plastic Surgery	(FPS)
	021	Sports Medicine (Family Practice)	(FSM)
	022	Gastroenterology	(GE)
	061	Gynecological Oncology	(GO)
	023	General Practice	(GP)
	024	General Preventive Medicine	(GPM)
	029	General Surgery	(GS)
	062	Gynecology	(GYN)
	037	Hematology	(HEM)
	038	Hepatology	(HEP)
	107	Hematology Pathology	(HMP)
	030	Head & Neck Surgery	(HNS)
	136	Hematology/Oncology	(HO)
	070	Hand Surgery Orthopedics	(HSO)
	101	Hand Surgery Plastic	(HSP)
	031	Hand Surgery	(HSS)
	201	Hospitalists	(HOS)
	039	Clinical Cardiac Electrophysiology	(ICE)
	040	Infectious Diseases	(ID) (IC)
	004	Immunology	(IG) (TTT)
	041 042	Clinical & Laboratory Immunology (IM) Internal Medicine	
			(IM) (IQ)
	194 043	Interventional Cardiology Geriatric Medicine (IM)	(IC)
	043		(IMG)
	309	Sports Medicine	(ISM)
	509	Sports Medicine (Physical Medicine and Rehabilitation) (IM)	(PMM)
	129	Legal Medicine	(PMM) (LM)
	138	Medical Management	(MDM)
	063	Maternal & Fetal Medicine	(MDM) (MFM)
	304	Maxillofacial Radiology	(MFM) (MXR)
	053	Maxillolacial Radiology Medical Genetics	(MG)
	108	Medical Microbiology	(MG) (MM)
	195	Internal Medicine/Family Practice	(IFP)
	± > 5	incomman measonne, ramity reactive	( /

<u>م</u> 10	(Con	tinued:)	
ALU.		Internal Medicine/Pediatrics	(MPD)
	099		
	000	Preventive Medicine	(MPH)
	056	Neurology	(N)
	310	Internal Medicine/Neurology	(MN)
	311	Neurology/Physical Medicine	(1.11)
	911	and Rehabilitation	(NPR)
	058	Critical Care Medicine (Neurosurgery)	(NCC)
	404	Neurodevelopmental Disability	(NDN)
	045	Nephrology	(NEP)
	057	Nuclear Medicine	(NM)
	109	Neuropathology	(NP)
	087	Neonatal/Perinatal Medicine	(NPM)
	117	Nuclear Radiology	(NR)
	305	Neurology/Diagnostic Radiology/	
		Neuroradiology	(NRN)
	059	Neurological Surgery	(NS)
	060	Pediatric Neurosurgery	(NSP)
	046	Nutrition	(NTR)
	405	Neuropsychiatry	(NUP)
	071	Adult Reconstructive Orthopedics	(OAR)
	064	Obstetrics & Gynecology	(OBG)
	065	Obstetrics	(OBS)
	066	OB Critical Care Medicine	(OCC)
	134	Foot & Ankle Orthopedics	(OFA)
	068	Occupational Medicine	( M )
	406	Oral and Maxillofacial Surgery	(OMF)
	072	Musculoskeletal Oncology	( OMO )
	047	Medical Oncology	(ON)
	073	Pediatric Orthopedics	(OP)
	069	Ophthalmology	(OPH)
	074	Orthopedic Surgery	(ORS)
	028	Other Specialty	(OS)
	075	Sports Medicine (Orthopedic Surgery)	(OSM)
	076	Orthopedic Surgery of the Spine	(OSS)
	079 197	Otology Otology/Neurotology	(OT) (NO)
	080	Otolaryngology	(NO) (OTO)
	077	Orthopedic Trauma	(010) (0TR)
	082	Psychiatry	(DIR) (P)
	312	Psychiatry/Family Practice	(FPP)
	313	Internal Medicine/Psychiatry	(MP)
	130	Clinical Pharmacology	(PA)
	147	Pulmonary Critical Care Medicine	(PCC)
	110	Chemical Pathology	(PCH)
	111	Cytopathology	(PCP)
	088	Pediatrics	(PD)
	089	Pediatric Allergy	(PDA)
	306	Pediatric Anesthesiology (Pediatrics)	(PAN)
	098	Pediatric Cardiology	(PDC)
			. = - /

#### A10. (Continued:) 198 Pediatric Cardiothoracic Surgery (PCS) 193 Pediatric Emergency Medicine (EMP) 090 Pediatric Endocrinology (PDE) 145 Pediatric Infectious Diseases (PDI) 081 Pediatric Otolaryngology (PDO) 091 Pediatric Pulmonology (PDP) 192 Pediatrics/Psychiatry/Child & Adolescent Ps (CPP) 118 Pediatric Radiology (PDR) 032 Pediatric Surgery (PDS) 139 Medical Toxicology (Pediatrics) (PDT) 144 Pediatric Emergency Medicine (PE)017 Pediatric Emergency Medicine (Pediatrics) (PEM) 135 Forensic Psychiatry (PFP) 092 Pediatric Gastroenterology (PG) 093 Pediatric Hematology/Oncology (PHO) 112 Immunopathology (PIP) 094 Clinical & Laboratory Immunology (Pediatrics) (PLI) 143 Palliative Medicine (PLM) 100 Physical Medicine & Rehab (PM) 314 Internal Medicine/Physical Medicine & Rehabilitation (MPM) 200 Physical Medicine & Rehabilitation (Pediatrics) (PMP) 142 Pain Medicine (PMD) 407 Sports Medicine (Physical Medicine and Rehabilitation) (PMM) 095 Pediatric Nephrology (PN) 146 Pediatric Opthalmology (PO) 113 Pediatric Pathology (PP)096 Pediatric Rheumatology (PPR) 102 Plastic Surgery/Cosmetic Surgery (PS) 199 Pharmaceutical Medicine (PHM) 307 Public Health (PH) 408 Plastic Surgery within the Head and Neck(PSH) 097 Sports Medicine (Pediatrics) (PSM) 114 Anatomic/Clinical Pathology (PTH) 141 Medical Toxicology (Preventive Medicine) (PTX) 116 Pulmonary Diseases (PUD) 196 Internal Medicine/Preventive Medicine (IPM) 083 Psychoanalysis (PYA) 084 Geriatric Psychiatry (PYG) 119 Radiology (R) 067 Reproductive Endocrinology (REN) 048 Rheumatology (RHU) 115 Radioisotopic Pathology (RIP) 120 Neuroradiology (RNR)

A10.	(Con		
	123	Radiation Oncology	(RO)
	121	Radiological Physics	(RP)
	409	Pediatric Rehabilitation	(RPM)
	150	Spinal Cord Injury	(SCI)
	149	Sleep Medicine	(SM)
	151	Surgical Oncology	(SO)
	148	Selective Pathology	(SP)
	033	Trauma Surgery	(TRS)
	152	Transplant Surgery	(TTS)
	125	Urology	(U)
	025	Undersea Medicine	(UM)
	126	Pediatric Urology	(UP)
	131	Unspecified	(US)
	122	Vascular & Interventional Radiology	(VIR)
	165	Vascular Medicine	( WV )
	034	Vascular Surgery	(VS)
	210	Developmental & Behavioral Pediatrics	(DBP)
	159	Proctology	(PRO)
	124	Thoracic Surgery	(TS)

997 Other (list) - (USE VERY SPARINGLY; Thank and Terminate)

998	( DK )	(Thank	and	Terminate)
999	(Refused)	(Thank	and	Terminate)

(1070 - 1072)

#### (If code 2 in S1 [DO-AOA LIST])

<u>\</u>		
301	Abdominal Radiology	AR
202	AIDS/HIV Specialist	
002	Allergy and Immunology	AI
003	Allergy-Diagnostic Lab Immunology	ALI
004	Immunology	IG
005	Preventive Medicine-Aerospace Medicine	e AM
006	Anesthesiology	AN
006	Anesthesiology	CAN
006	Anesthesiology	IRA
006	Anesthesiology	OBA
006	Anesthesiology	PAN
007	Pain Management	APM
007	Pain Management	PMR
800	Critical Care-Anesthesiology	CCA
009	Cardiovascular Diseases-Cardiology	С
009	Cardiovascular Diseases-Cardiology	CVD
009	Cardiovascular Diseases-Cardiology	IC
190	Cardiovascular Surgery	CDS
191	Craniofacial Surgery	CFS

A10.	(Con	tinued:)	
	010	Pediatric Psychiatry	CHP
		Pediatric Psychiatry	PDP
	011	Colon & Rectal Surgery	CRS
	012	Dermatology	D
	015	Emergency Medicine	ΕM
	014	Diagnostic Radiology	DR
	308	Internal Medicine/Emergency Medicine	MEM
	015	Emergency Medicine	EMS
	015	Emergency Medicine	FEM
	015	Emergency Medicine	IEM
	302	Epidemiology	ΕP
	016	Sports Medicine (Emergency Medicine)	ESM
	017	Pediatric Emergency Medicine	PEM
	303	Flex Residents	FLX
	018	Forensic Pathology	FOP
	019	Family Practice	FP
	019	Family Practice	UFP
	020	Geriatrics-General or Family Practice	GFP
	020	Geriatrics-General or Family Practice	GGP
	021	Sports Medicine-Family or	
		General Practice	SFP
	021	Sports Medicine-Family or	
		General Practice	SGP
	022	Gastroenterology	GE
	023	General Practice	GP
	024	Preventive Medicine	PVM
	025	Undersea Medicine	UM
	026	Abdominal Surgery	AS
	027	Critical Care-Surgery or Trauma	CCS
	027	Critical Care-Surgery or Trauma	CCT
	028	Other Specialty	OS
	029	Surgery-General	S
	030	Head & Neck Surgery	HNS
		Hand Surgery	HS
		Hand Surgery	HSS
	201 032	Hospitalists	PDS
	032	Pediatric Surgery Traumatic Surgery	TRS
	033	Vascular Surgery-General or Peripheral	
	034	Vascular Surgery-General of Peripheral Vascular Surgery-General or Peripheral	
	034	Endocrinology	END
	030	Hematology	HEM
	039	Cardiac Electrophysiology	ICE
	040	Infectious Diseases	ID
	041	Diag Lab Immunology-Int Med	ILI
	042	Internal Medicine	IM
	194	Interventional Cardiology	IC
	195	Internal Medicine/Family Practice	IFP
	•		

A10.	(Con	tinued:)	
1110.	042		IP
		Geriatrics-Internal Medicine	GER
	309		GIM
	044	Sports Medicine (Physical Medicine &	0211
	0	Rehabilitation)	PMM
	044	Sports Medicine	ISM
	044	Sports Medicine	PMS
	044	Sports Medicine	RMS
	044	Sports Medicine	SM
	045	Nephrology	NEP
	046	Nutrition	NTR
	047	Oncology	ON
	048	Rheumatology	RHU
	050	Clinical Cytogenetics	CCG
		Clinical Genetics	CG
	053	Medical Genetics	IMG
	054	Pediatric or Child Neurology	CHN
	054	Pediatric or Child Neurology	PDN
	055	Clinical Neurophysiology	CN
	056	Neurology	Ν
	310	Internal Medicine/Neurology	MN
	311	Neurology/Physical Medicine & Rehab	NPR
	056	Neurology	NMD
	056	Neurology	NP
	056	Neurology	NPN
	305	Neurology/Diagnostic Radiology/	
		Neuroradiology	NRN
	057	Nuclear Medicine	NI
	057	Nuclear Medicine	NM
	057	Nuclear Medicine	NV
	058	Critical Care-Neuro Surgery	NCC
	059	Neurological Surgery	NS
	061	Gynecological Oncology	GO
	062	Gynecology	GS
	062	Gynecology	GYN
	063	Maternal & Fetal Medicine	MFM
	304	Maxillofacial Radiology	MXR
	064	Obstetrics & Gynecology	OBG
	064	Obstetrics & Gynecology	OGS
	065	Obstetrics	OBS
	066	Critical Care-Obstetrics & Gynecology	OCC
	067	Reproductive Endocrinology	RE
	068	Occupational Medicine	OCM
	068	Occupational Medicine	OM

A10.	(Con	tinued:)	
	069	Ophthalmology	COR
	069	Ophthalmology	OAS
	069	Ophthalmology	OCR
	069	Ophthalmology	OGL
	069	Ophthalmology	OPH
	069	Ophthalmology	VRS
	070	Hand Surgery-Orthopedic Surg	HSO
	071	Adult Reconstructive Orthopedics	OAR
	072	Musculoskeletal Oncology	OMO
	073	Pediatric Orthopedics	OP
	074	Orthopedic Surgery	AJI
	074	Orthopedic Surgery	OR
	074	Orthopedic Surgery	ORS
	075	Sports Medicine-Orthopedic Surgery	OSM
	076	Orthopedic Surgery-Spine	OSS
	078	Facial Plastic Surgery	OPL
	080	Otolaryngology or Rhinology	OTL
	080	Otolaryngology or Rhinology	OTR
	080	Otolaryngology or Rhinology	RHI
	197	Otology/Neurotology	NO
	081	Pediatric Otolaryngology	PDO
	082	Psychiatry	Ρ
	312	Psychiatry/Family Practice	FPP
	313	Psychiatry/Internal Medicine	MP
	083	Psychoanalysis	PYA
	084	Geriatric Psychiatry	PYG
	085	Adolescent Medicine-Family or	3
	005	General Practice	AFP
	085	Adolescent Medicine-Family or	A O D
	006	General Practice Pediatric Intensive Care	AGP
	086 087		PIC NE
	087	Neonatology Pediatrics	PD
		Pediatric Allergy & Immunology	PD PAI
		Pediatric Anesthesiology (Pediatrics)	PAI PAN
	091	Pediatric Pulmology Medicine	PAN PDX
	198	Pediatric Cardiothoracic Surgery	PCS
	092	Pediatric Gastroenterology	PG
	093	Pediatric Hematology-Oncology	PHO
	094	Pediatric Diag Lab Immunology	PLI
	095	Pediatric Nephrology	PNP
	192	Pediatrics/Psychiatry/Child &	- 1VL
		Adolescent Ps	CPP
	096	Pediatric Rheumatology	PPR
	097	Sports Medicine - Pediatrics	PSM
	098	Pediatric Cardiology	PDC
<b>D</b> 10	(Con	tinued:)	
-------------	-------	---------------------------------------	------
ALO.		Preventive Medicine, Epidemiology	
	022	or Public Health	EPI
	099	Preventive Medicine, Epidemiology	штт
	0 7 7	or Public Health	OE
	099	Preventive Medicine, Epidemiology	01
	0 7 7	or Public Health	PH
	099	Preventive Medicine, Epidemiology	1 11
	0 7 7	or Public Health	PHP
	199	Pharmaceutical Medicine	PHM
	100	Physical Medicine & Rehabilitation	PM
	100	Physical Medicine & Rehabilitation	IAR
	100	Physical Medicine & Rehabilitation	PDR
	314	Internal Medicine/Physical Medicine &	IDR
	511	Rehabilitation	MPM
	100	Physical Medicine & Rehabilitation	RM
	200	Physical Medicine & Rehabilitation	1714
	200	(Pediatrics)	PMP
	101	Hand Surgery-Plastic Surg	HSP
	102	Plastic Surgery	OOP
	102	Plastic Surgery	PLR
	103	Anatomic Pathology	AP
	104	Blood Banking-Transfusion Medicine	BBT
	104	Blood Banking-Transfusion Medicine	LBM
	105	Clinical Pathology	CLP
	106	Dermatopathology	DPT
	107	Hematology-Pathology	HEP
	108	Medicine Microbiology	MMB
	109	Neuropathology	NPT
	110	Chemical Pathology	CP
	111	Cytopathology	CY
	112	Immunopathology	IPT
	113	Pediatric Pathology	PP
	114	Anatomic/Clinical Pathology	APL
	114	Anatomic/Clinical Pathology	PTH
	115	Radioisotopic Pathology	RIP
	307	Public Health	PH
	196	Internal Medicine/Preventive Medicine	IPM
	116	Pulmonary Diseases	PUD
	116	Pulmonary Diseases	PUL
	117	Nuclear Radiology	NR
	118	Pediatric Radiology	PRD
	119	Radiology	DUS
	119	Radiology	R
	119	Radiology	RI
	119	Radiology	RT
	119	Radiology	RTD
	120	Neuroradiology	NRA

<b>D</b> 10	(Con	tinued:)	
ALO.	121		RP
	122	5 1	ANG
	122	Angiography & Intervent'l Radiology	SCL
		Radiation Oncology	RO
		Radiation Oncology	TR
		Cardiovascular or Thoracic	110
	12 I	Cardiovascular Surgery	CVS
	124	Cardiovascular or Thoracic	010
		Cardiovascular Surgery	TS
	125	Urology	U
	125	Urology	URS
	126	Pediatric Urology	UP
	127	Addictive Diseases	ADD
	128	Critical Care-Medicine	CCM
	129	Legal Medicine	LМ
	130	Clinical Pharmacology	PA
	131	Unknown Blank	
	133	Adolescent Medicine	ADL
	134	Orthopedic Foot & Ankle Surg	OFA
	135	Forensic Psychiatry	FPS
	136	Hematology & Oncology	HEO
	137	Internal Med-Pediatrics	IPD
	139	Toxicology	ТΧ
	142	Psychosomatic Medicine	PYM
	145	Pediatric Infectious Diseases	PID
	146	Pediatric Ophthalmology	PO
	147	Pulmonary-Critical Care	PUC
	153	MOHS Micrographic Surgery	DMS
	154	Hair Transplant	HT
	155	Osteo Manipulative Treat +1	OM1
	156	Osteopathic Manipulative Medicine	OMM
	157	Sports Medicine - OMM	OMS
	158	-	OMT
	159	Proctology	PRO
	160	Internship	IN
	161	Retired	RET
	162	Transitional Year	ΤY
	209	Nuclear Cardiology	NC
	210	Developmental & Behavioral Pediatrics	DBP
	159	Proctology	PRO
	124	Thoracic Surgery	TS
	410	Clinical Neurophysiology	CN
	411	Hematology/Oncology	HO
	413	Nutrition	NTR
	414	Pulmonary Critical Care Medicine	PCC
	415	Pediatric Infectious Disease	PDI
	416	Pediatric Nephrology	PN
	417	Spinal Cord Injury Medicine	SCI

## A10. (Continued:) 997 Other (list) - (USE VERY SPARINGLY; Thank and Terminate)

998	( DK )	( Thank	and	Terminate)
999	(Refused)	(Thank	and	Terminate)

(1070 - 1072)

### (If code 003, 005-007, 013-014, 018, 025, 028, 057, 099, 103-115, 117-122, 129-131, 135, 138-141, 148, 160-162, 209, 301-307, or 402 in A10, Continue; Otherwise, Skip to Note before A11)

(READ:) In this survey, we are only interviewing physicians in certain specialties, and your specialty is not among those being interviewed. So, it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - (Thank and Terminate)

### (If code 201 in A10, Skip to A17; Otherwise, Continue)

### All. Are you board-certified in <u>(response in Al0)</u>? BDCTSB

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

\_\_\_\_(1358)

\_\_\_\_(1631)

### (Question A12 deleted)

HOLD (1630)

A13. Are you board-certified in <u>(response in A8)</u>? BDCTSP

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### (If code 2, 8, or 9 in All AND Al3, Skip to Al7; Otherwise, Skip to Al9) 36

### (Question A14 deleted)

Yes

you

in Pediatrics", code as 1)

A15. Are

BDCTPSP

1

2 No 8 (DK) 9 (Refused)

### (If code 1 in A15, Skip to A19; Otherwise, Continue)

(Question A16 deleted)

A17. Are you board certified in any specialty? BDCTAY

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

(Question	A18	deleted)	
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A19. Many of the remaining questions are about your practice and your relationships with patients. Before we begin those questions, let me ask you: Thinking very generally about your satisfaction with your overall career in medicine, would you say that you are CURRENTLY (read 5-1)?

37

CARSAT

- 5 Very satisfied
- 4 Somewhat satisfied
- 3 Somewhat dissatisfied
- 2 Very dissatisfied, OR
- 1 Neither satisfied nor dissatisfied
- 8 (DK)
- 9 (Refused)
- CLOCK:

(1545 1548)

(1080)

board-certified in (response

(INTERVIEWER NOTE: If physician says "Board-Certified in Internal Medicine" or "Board-Certified

\_\_\_\_(1634)

(1636)

\_\_\_\_(1078)

\_\_\_\_(1079)

HOLD

HOLD

HOLD

in A8)?

### <u>SECTION B</u> UTILIZATION OF TIME; PRODUCTIVITY; INFORMATION BROUGHT BY PATIENTS; CASE MIX

### TIME AND PRODUCTIVITY

B1. Approximately how many weeks did you practice medicine during 2003? Exclude time missed due to illness, other vacation, and absences. (If necessary, say:) Exclude family leave, military service, and professional conferences. If your office is closed for several weeks of the year, those weeks should NOT be counted as weeks worked. (INTERVIEWER NOTE: Response refers to all practices, not just main practice) (Open ended and code actual number)

### WKSWRK

- 53-
- 97 (BLOCK)
- DK (DK)
- RF (Refused)

### (1081) (1082)

of During your last complete week в2. work, approximately how many hours did you spend in all medically-related activities? Please include all time spent in administrative tasks, professional activities, and direct patient care. Exclude time on call when not actually working. (INTERVIEWER NOTE: If necessary, read:) Direct patient care includes time spent on patient record keeping, patientrelated office work, and travel time connected with seeing patients. (Open ended and code actual number) (INTERVIEWER NOTE: Response refers to all practices, not just main practice)

HRSMD\_A

169-997 (BLOCK) DK (DK) RF (Refused)

(1083 - 1085)

[Deleted Note]

ВЗ. (If code 001-168 in B2, ask:) Of these (response in B2) hours, how many did you spend in direct patient care activities? Direct care of patients includes face-to-face contact with patients, as well as patient record keeping and office work, travel time connected with seeing patients, and communication with other physicians, hospitals, pharmacies, and other places on a patient's behalf. (INTERVIEWER NOTE:) (If necessary, say:) INCLUDE time spent on patient record keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If appropriate, say:) INCLUDE ALL PRACTICES, not just the main practice. (Open ended and code actual number)

(If code DK or RF in B2, ask:) About how many hours did you spend in direct patient care activities? (If <u>necessary, say:)</u> EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If <u>appropriate, say:)</u> INCLUDE ALL PRACTICES, not just the main practice. (Open ended <u>and code actual</u> <u>number)</u>

HRSPT\_A

169-997 (BLOCK) DK (DK) (Skip to Note after B5) RF (Refused) (Skip to Note after B5)

(1086 - 1088)

### (If response in B3 = response in B2, Continue; If response in B3 > response in B2, Skip to B4; Otherwise, Skip to Note after B5)

B3a. So, you spent all of your time working in direct patient care activities, is that right?

ALLPAT

- 1 Yes (Skip to Note after B5)
- 2 No (Continue)
- 8 (DK) (Skip to Note after B5)
- 9 (Refused) (Skip to Note after B5)

\_\_\_\_(1115)

- B3b. (If code 2 in B3a, ask:) I have recorded that you spent (response in B2) hours in all medically related activities and (response in B3) hours in direct patient care. Which of these is incorrect? MEDPAT 1 All medically related activities hours - (Continue) Direct patient care hours - (Skip to B3d) 2 3 (Neither are correct) - (Continue) 4 (Both are correct) (Skip to Note after B5) (Skip to Note after B5) 8 (DK) (Refused) (Skip to Note after B5) \_\_\_\_(1116) 9
- B3c. (If code 1 or 3 in B3b, ask:) Thinking of your last complete week of work, approximately how many hours did you spend in all medically related activities? Please include all time spent in administrative tasks, professional activities, and direct patient care. Exclude time on call when not actually working. (Open ended <u>and code actual number)</u> HRSMD\_B

169-997 (BLOCK) DK (DK) RF (Refused)

(1117 - 1119)

### (If code 1 in B3b, Skip to Note after B5; Otherwise, Continue)

B3d. (If code 2 or 3 in B3b, ask:) Thinking of your last complete week of work, about how many hours did you spend in direct patient care activities? (If <u>necessary, say:)</u> INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If appropriate, say:) INCLUDE ALL PRACTICES, not just the main practice. (Open ended and code actual number)

### HRSPT\_B

- 169-997 (BLOCK)
- DK (DK)
- RF (Refused)

(1194 - 1196)

### (All in B3d, Skip to Note after B5)

B4. I may have made a recording mistake. My computer is showing that I've recorded more hours spent in direct patient care than in ALL medical activities. So, during your last complete week of work, approximately how many hours did you spend in ALL medically related activities? Please include all time spent in administrative tasks, professional activities, and direct patient care, as well as any hours spent on call when actually working? (Open ended <u>and code actual number)</u>

HRSMD\_C

169-997 (BLOCK) DK (DK) RF (Refused) B5. And of those total [(response in B4)] hours, about how many did you spend in direct patient care activities? (If necessary, say:) INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If appropriate, say:) INCLUDE ALL PRACTICES, not just the main practice. (Open ended and code actual number)

HRSPT\_C

169-997 (BLOCK) DK (DK) RF (Refused)

(1092 - 1094)

(If code 019-020, 023, 043, 085, 133, 195, or 403 <u>in A10 OR A8</u> <u>OR If code 1, 8, or 9 in A9 OR</u> <u>If code 042, 088, or 137 in A10 OR</u> <u>If code 2 or 3 in A9a OR</u> <u>If code 2 or 3 in A9b, Continue;</u> <u>Otherwise, Skip to B6)</u>

(Deleted CLOCK)

HOLD (3557-

3560)

- B5a. Again, thinking of your last complete week of work, how many patient visits did you personally have in each of the following settings? Please count as one visit each time you saw a patient. How about (read and rotate A-D)? (Open ended and code actual number) (INTERVIEWER NOTE: The categories in this question are mutually exclusive. If a respondent works in an outpatient clinic but is asked the "in the office" item first and gives a number, code the number given for "in the office" into the "outpatient clinic" item and recode the response to "office" to 0) (SURVENT NOTE: Allow interviewers to verify responses over 400 in any category. In this instance, interviewer say:) That's (response in A-D, as appropriate), right? (If respondent wants to change their response, allow interviewer to enter the new number in place of the old number.) 000 None 997 997+
  - 998 (DK)
    - 999 (Refused)

### OFFICEV

A. In the office

#### OUTPTV

B. In outpatient clinics

### NURSHMV

C. In nursing homes and other extended care facilities

(3401 - 3403)

(3404 - 3406)

(3407 - 3409)

(3410 - 3412)

(3413-

3416)

HOLD

### HOSPV

- D. On hospital rounds
- (Deleted CLOCK)

B6. During the LAST MONTH, how many hours, if any, did you spend providing CHARITY care? By this we mean, that because of the financial need of the patient you charged either no fee or a reduced fee. Please do not include time spent providing services for which you expected, but did not receive, payment. (Probe:) Your best estimate would be fine. (Open ended and code actual number)

(If necessary, say:) EXCLUDE bad debt and time spent providing services under a discounted fee for service contract or seeing Medicare and [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:) MediCAL patients/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:) AHCCCS ("Access") patients/(Otherwise, read:) Medicaid patients]. (If necessary, read:) By the LAST MONTH, we mean the last 4 weeks.

### HRFREE

000 None DK (DK) RF (Refused)

(2544 - 2546)

### (If code 000 in B6, Skip to B12; Otherwise, Continue)

B6a. Where do you typically provide charity care, (read and rotate 1-3, then 4)? (INTERVIEWER NOTE: If respondent provides charity care in more than one place, ask for the one where they provide care most often.)

LOCFREE

- 1 In your main practice
- 2 On-call at a hospital emergency department
- 3 In another practice or clinic
- 4 Or somewhere else
- 8 (DK)
- 9 (Refused)

\_\_\_\_(3417)

(Questions B7-B11 deleted)

\_\_\_\_(3207-\_\_\_\_\_(3212)

HOLD \_\_\_\_(3256-

3258)

HOLD

		HOLD		(3418- 3421)
		HOLD		(3215- (3216)
CASE MIX				
(Deleted	CLOCK)	HOLD		(3422- 3425)
medi		of your patients has cobe:) Your best es ode actual percent)		
102	None Less than 1% (DK) (Refused)			
			_	(3426 - 3428)
	[Delet	ed Note]		
(Questior	B13 deleted)	HOLD		(3429- 3431)
rota		of your patients are Your best estimate <b>tual percent)</b>		
000 101 102 103 BLCKPT	None Less than 1% (DK) (Refused)			
Α.	African-American o	r Black		
			_	(3432 - 3434)
HISPPT				
В.	Hispanic or Latino			
ASIAPT			_	(3435 - 3437)
C.	Asian or Pacific I	slander		
				(3438 - 3440)

B15. About what percentage of your patients do you have a hard time speaking with or understanding because you speak different languages? (Probe:) Your best estimate is fine. (Open ended <u>and code actual</u> <u>percent)</u> LANGPT 000 None 101 Less than 1% 102 (DK) 103 (Refused)

CLOCK:

(3441 - 3443)

(2184 - 2187)

### <u>SECTION C</u> TYPE AND SIZE OF PRACTICE

### (Question CA deleted)

(READ:) Now, I would like to ask you a series of questions about the main practice in which you work.

C1. Are you a full owner, a part owner, or not an owner of this practice? (INTERVIEWER NOTE: A shareholder of the practice in which they work should be coded as 2 - Part owner)

### OWNPR

1	Full owner	(Continue)
2	Part owner	(Continue)
3	Not an owner	(Skip to C3)
8	(DK)	(Skip to C3)
9	(Refused)	(Skip to C3)

\_\_\_\_(1104)

C2. (If code 1 or 2 in Cl, ask:) Which of the following best describes this practice? Is it (read 06-16, then 01)? (INTERVIEWER NOTE: A free-standing clinic includes non-hospital-based ambulatory care, surgical, and emergency care centers)

### TOPOWN

OR, something else (list) 01 02-05 HOLD 06 A practice owned by one physician (solo practice) A two physician-owned practice 07 A group practice of three or more 80 physicians (see AMA definition on card) 09 A group model HMO A staff model HMO 10 11-15 HOLD 16 A free-standing clinic (DK) 98 99 (Refused)

(1105) (1106)

(If code 08 or 16 in C2, Continue; Otherwise, Skip to C7) C2a. Is the practice a single-specialty or multispecialty practice? OWNNSPC

1	Single-specialty	-	(Skip	to	C7)

- 2 Multi-specialty - (Continue)
- 8 (DK) (Skip to C7) 9
- (Refused) (Skip to C7)

\_\_\_\_(1637)

(1638)

\_\_\_\_(1639)

(If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, Skip to C2c; Otherwise, Continue)

C2b. Are any of the physicians in the practice in primary care specialties? (Probe:) By primary care specialties, we mean general or family practice, general pediatrics, or general internal medicine.

### OWNPCP

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### (All in C2b, Skip to C7)

C2c. (If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics or general internal medicine? OWNSPEC

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### (All in C2c, Skip to C7)

C3. (If code 3, 8, or 9 in C1, ask:) Which of the following best describes your current employer or employment arrangement? Are you employed by (read 06-16, then 01)? (INTERVIEWER NOTE: Stop once response is given) (If necessary, say:) An EMPLOYER is the entity that pays you and should not be confused with where you work. For instance, your employer could be a group practice even if you work in a hospital. TOPEMP 01 OR, something else (do NOT list here) - (Skip to C3b) 02-05 HOLD 06 A practice owned by one physician (solo practice) - (Skip to C7) 07 A two physician-owned practice - (Skip to C7) 08 A group practice of three or more physicians (see) AMA definition on card) - (Continue) 09 A group model HMO (Skip to C7) 10 A staff model HMO (Skip to C7) 12 A medical school or university (Skip to C6b) 13 A non-government hospital or group of hospitals (Skip to C6b) 14 City, county or state government - (Skip to C3a) 16 A free-standing clinic - (Continue) 98 (DK) (Skip to C3b) 99 (Refused) (Skip to C3b)

(1107) (1108)

C3aa. <u>(If code 08 or 16 in C3, ask:)</u> Is the practice a single-specialty or multi-specialty practice? EMPNSPC 1 Single-specialty - (Skip to C7) 2 Multi-specialty - (Continue) 8 (DK) (Skip to C7) 9 (Refused) (Skip to C7) \_\_\_\_(1640)

(If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, Skip to C3ac; Otherwise, Continue)

C3ab. Are any of the physicians in the practice in primary care specialties? (Probe:) By primary care specialties, we mean general or family practice, general pediatrics, or general internal medicine.

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

(1641)

\_\_\_\_(1642)

### (All in C3ab, Skip to C7)

C3ac. (If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics or general internal medicine?

### EMPSPEC

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### (All in C3ac, Skip to C7)

C3a. (If code 14 in C3, ask:) Is this a hospital, clinic,

or some other setting?

- OTHSET
  - Hospital
     Clinic
     Other (do NOT list)
  - 8 (DK)
  - 9 (Refused)

\_\_\_\_(1198)

### (If code 1 in C3a, Skip to CX; Otherwise, Skip to Note before C8a)

C3b. (If code 01, 98, or 99 in C3, ask:) Are you employed by (read 11-21, 22, 25, and 26, as appropriate, then 01)?

EMPTYP

01	OR, something else (do NOT list here)
02-	
10	HOLD
11	Other HMO, insurance company, or health plan
15	An integrated health or delivery system
17	A physician practice management company or other for-profit investment company
18	Community health center
19	Management Services Organization (MSO)
20	Physician-Hospital Organization (PHO)
21	Locum tenens
22	Foundation
25	Independent contractor
26	Industry clinic
98	(DK)
99	(Refused)

(1199) (1200)

(If code 01 in C3b, Continue; If code 18, 98, or 99 in C3b, Skip to C7; If code 22 in C3b, Skip to C3ca; Otherwise, Skip to Note before C8a) C3c. What type of organization do you work for? (Open ended and code, if possible; otherwise, ENTER VERBATIM RESPONSE) EMPTYP2 01 Other (list) 02-05 HOLD 06 A practice owned by one physician (solo practice) A two physician-owned practice 07 A group practice of three or 08 more physicians (see) AMA definition on card) 09 A group model HMO A staff model HMO 10 A medical school or university 12 A non-government hospital or group of hospitals 13 14 City, county or state government 16 A free-standing clinic 17 HOLD 18 Community health center 19-21 HOLD 22 Foundation Independent Contractor 25 26 Industry Clinic 98 (DK) 99 (Refused)

(1643) (1644)

(If code 01, 25, or 26 in C3c, Skip to Note before C8a; If code 06, 07, 09, 10, 18, 98, or 99 in C3c, Skip to C7; If code 08, 16, or 22 in C3c, Continue; If code 12 or 13 in C3c, Skip to C6b; Otherwise, Skip to C3d) C3ca.(If code 08, 16, or 22 in C3c or code 22 in C3b,

**<u>ask:</u>)** Is the practice a single-specialty or multispecialty practice?

### EM2NSPC

1 Single-specialty - (Skip to C7)

- 2 Multi-specialty (Continue)
- 8 (DK) (Skip to C7) 9 (Refused) (Skip to C7) \_\_\_\_(1097)

(If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, Skip to C3cc; Otherwise, Continue)

C3cb. Are any of the physicians in the practice in primary care specialties? By primary care specialties, we mean general or family practice, general pediatrics, or general internal medicine.

- EM2PCP
  - 1 Yes
  - 2 No
  - 8 (DK)
  - 9 (Refused)

(1098)

\_\_\_\_(1099)

### (All in C3cb, Skip to C7)

C3cc. (If code 019-020, 023, 043, 085, 133, 195, or 403 in A10 OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in A10 OR If code 2 or 3 in A9a OR If code 2 or 3 in A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics, or general internal medicine?

### EM2SPEC

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### (All in C3cc, Skip to C7)

C3d. <u>(If code 14 in C3c, ask:)</u> Is this a hospital, clinic, or some other setting? <u>EM2HOSP</u> 1 Hospital

- 2 Clinic 3 Other (do NOT list) 8 (DK)
- 9 (Refused)

\_\_\_\_(1662)

### (If code 1 in C3d, Skip to CX; Otherwise, Skip to Note before C8a)

### (Questions C4-C6a deleted)

### [Deleted Note]

C6b. In which of the following settings do you spend most of your time seeing patients - in an office practice owned by the hospital or a university or medical school, on hospital staff, in the emergency room, in a hospital clinic, or somewhere else?

SETTING

01 Somewhere else (list) 02 (DK) 03 (Refused) 04 HOLD 05 HOLD 06 Office practice owned by the (hospital/ university/medical school) 07 On hospital staff 80 In emergency room In a hospital clinic 09

(3217) (3218)

(If code 07 or 08 in C6b, Skip to CX; If code 01, 02, 03, or 09 in C6b, Skip to Note before C8a; Otherwise, Continue) C7. How many physicians, including yourself, are in the practice? Please include all locations of the practice. (Probe:) Your best estimate would be fine. (Open ended and code actual number) (INTERVIEWER NOTE: If asked, this includes both full- and part-time physicians)

NPHYS

997 997+ DK (DK) RF (Refused)

(1148 - 1150)

(1151-

1153)

### (Question C8 deleted)

# (If code 2 in S1c OR

HOLD

### If response in A6 is less than 2002, DK, or RF, Continue; Otherwise, Skip to Note before C9)

C8a. The next question is about the overall level, that is, the quality and number of nurses, including RNs, LPNs, nurse aides, and assistants, who work in your practice. Compared with three years ago, is the overall level of nursing support in your practice much better, slightly better, about the same, slightly worse, or much worse?

### NURSLEV

- 5 Much better
- 4 Slightly better
- 3 About the same
- 2 Slightly worse
- 1 Much worse
- 6 (DK)
- 7 (Refused)

\_\_\_\_(1159)

### (If code 1 or 2 in C8a, Continue; Otherwise, Skip to Note before C9)

- C8aa. Has the overall level of nursing support worsened mainly because you have fewer nurses, mainly because nursing quality has declined, or both about equally?
  - 1 Fewer nurses
  - 2 Nursing quality has declined
  - 3 (Both about equally)
  - 4 (DK)
  - 5 (Refused)

\_\_\_\_(1160)

- (If code 06 in C6b, Skip to CX; If code 08 in C2 or C3 AND code 025-997 in C7, Continue; Otherwise, Skip to CX)
- C9. Is your practice either a group model HMO or organized exclusively to provide services to a group model HMO?

### GRPHMO

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

(1154)

### (Questions C10-C12 deleted)

CX. How would you describe your overall personal financial incentives in your practice? On balance, do these incentives favor reducing services to individual patients, favor expanding services to individual patients, or favor neither? INCENT

- 1Reducing services to individual patients(Continue)2Expanding services to individual patients(Continue)3Favor neither (Skip to CZ)(Skip to CZ)8(DK)(Skip to CZ)
- 9 (Refused) (Skip to CZ) \_\_\_\_(3271)

- CY. (If code 1 or 2 in CX, ask:) Have these incentives [(if code 1 in CX, say:) reduced/(if code 2 in CX, say:) expanded] services a little, a moderate amount, or a lot? EFINCNT
  - 1 A little
  - 2 A moderate amount
  - 3 A lot
  - 4 (None)
  - 8 (DK)
  - 9 (Refused)

\_\_\_\_(3272)

CZ. The next question deals with your perception of competition among physicians. By competition among physicians, we mean pressure to undertake various activities to attract and retain patients. Now, thinking about your practice specifically, how would you describe the competitive situation your practice faces? Would you say very competitive, somewhat competitive, or not at all competitive?

COMPETE

- 3 Very competitive
- 2 Somewhat competitive
- 1 Not at all competitive
- 8 (DK)
- 9 (Refused)

CLOCK:

\_\_\_\_(3273)

(2192 - 2195)

### <u>SECTION D</u> MEDICAL CARE MANAGEMENT; INFORMATION TECHNOLOGY; CARE MANAGEMENT; HOSPITAL SAFETY; SCOPE OF CARE

### INFORMATION TECHNOLOGY

D1. The next question is about the use of computers and other forms of information technology, such as handheld computers, in diagnosing or treating your patients. In your practice, are computers or other forms of information technology used (read and rotate A-H)? (INTERVIEWER NOTE: "Practice" refers to main practice)

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### IT\_TRT

A. To obtain information about treatment alternatives or recommended guidelines

### IT\_FORM

- B. To obtain information on formularies \_\_\_\_(3228)
  - C. To generate reminders for you about preventive \_\_\_\_(3229)

### ITNOTES

D. To access patient notes, medication lists, or problem lists \_\_\_\_(3230)

### ITPRESC

- E. To write prescriptions \_\_\_\_(3231)
  - F. For clinical data and image exchanges <u>WITH OTHER</u> <u>PHYSICIANS</u> \_\_\_\_(3232)

### ITHOSP

F1. For clinical data and image exchanges <u>WITH</u> HOSPITALS AND LABORATORIES \_\_\_\_(3444)

### D1. (Continued:)

ITCOMM

G. To communicate about clinical issues with patients by e-mail \_\_\_\_(3233)

### ITDRUG

H. To obtain information on potential patient drug interactions with other drugs, allergies, and/or patient conditions

### (If code 1 in D1-E, Continue; Otherwise, Skip to D3)

(Question D2 deleted)

### (There are no questions D2a and D2b)

D2aa. What percentage of the prescriptions that you order are written electronically? (Open ended <u>and</u> <u>code actual percent)</u>

### EPRESC

000 None 101 Less than 1% 102 (DK) 103 (Refused)

(3445 - 3447)

[Deleted	Notel
	NOLCI

(Questions D2	2ab-D2ad	deleted)	HOLD	(3448-

### 3450)

### CARE MANAGEMENT

D3. What percentage of your patients have prescription coverage that includes the use of a formulary? (INTERVIEWER NOTE: A formulary is a restriction on the types of prescription drugs insurance companies will cover) (Open ended and code actual percent)

### FORMLRY

000 None 101 Less than 1% 102 (DK) 102 (Defused)

103 (Refused)

### [Deleted Read]

### (Question D4 deleted)

D4-A. How large an effect does your use of FORMAL, WRITTEN practice guidelines such as those generated by physician organizations, insurance companies, or HMOS, or government agencies have on your practice of medicine? (INTERVIEWER NOTE: Exclude guidelines that are unique to the physician.) [(If physician says that he/she uses his/her own guidelines, say:) In this question, we are only interested in the use of formal, written guidelines such as those generated by physician organizations, insurance companies or HMOs, or other such groups.] Would you say that the effect is (read 5-0)?

#### EFGUIDE

- 5 Very large 4 Large 3 Moderate 2 Small 1 Very small, OR 0 No effect at all 8 (DK)
- 9 (Refused)

\_\_\_\_(1157)

D4-A1. (If code 0 in D4-A, ask:) Is that because you are not aware of guidelines that pertain to conditions you typically treat, or because you are aware of them, but they have no effect on conditions you treat?

### AWRGUID

1 Not aware 2 Aware, no effect 8 (DK) 9 (Refused)

\_\_\_\_(1158)

(D4-B, D4-B1, D4-C, D4-C1, and D5 deleted) HOLD

(3242-3250)

(3251-

(3280-

3255)

3283)

(There is no question D6) HOLD

### HOSPITAL SAFETY

[Deleted	CLOCK]
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HOLD

(If code 019-020, 023, 043, 085, 133, 195, or 403 in <u>A10/A8, OR</u> <u>If code 1, 8, or 9 in A9, OR</u> <u>If code 042, 088, or 137 in A10, OR</u> <u>If code 2 or 3 in A9a, OR</u> <u>If code 2 or 3 in A9b, AND</u> <u>If code 000, 998, or 999 in B5a-D, Skip to D7;</u> Otherwise, Continue)

D6a. Does the hospital where most of your patients are treated have computerized systems to order tests and medications?

### **CPOEHSP**

- 1 Yes
- 2 No
- 3 (Not applicable; Do not admit patients to hospital)
- 8 (DK)
- 9 (Refused)

\_\_\_\_(3451)

D6b. Medical errors include events such as dispensing of incorrect medication doses, surgical mistakes, or error in interpreting results of diagnostic tests. Does the hospital where most of your patients are treated have a system for reporting medical errors, in which the person reporting the error remains anonymous? (If necessary to clarify term "medical errors", read:) Some errors harm patients, some are caught before they can cause any harm, and others may occur but don't cause any harm.

### ERRREPT

- 1 Yes
- 2 No
- 3 (Not applicable; Do not admit patients to
- hospital)
- 8 (DK)
- 9 (Refused)

\_\_\_\_(3452)

D7. Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. What percentage of your patients who were hospitalized last year had a hospitalist involved in their inpatient care? (Open ended <u>and code actual percent)</u>

### HSPLST

000 None
101 Less than 1%
102 (DK)
103 (Refused)
104 (Not applicable/Do not admit patients to
hospital)

(3453 - 3455)

[Deleted CLOCK]

HOLD (3284-

3287)

(If code 019-020, 023, 043, 085, 133, 195, or 403 <u>in Al0/A8, OR</u> <u>If code 1, 8 or 9 in A9, OR</u> <u>If code 042, 088, or 137 in Al0, OR</u> <u>If code 2 or 3 in A9a, OR</u> <u>If code 2 or 3 in A9b, Continue;</u> <u>Otherwise, Skip to CLOCK before F1)</u>

### PCP SCOPE OF CARE, GATEKEEPING

- (READ:) Now, I would like to ask you a couple of questions about the range and complexity of conditions you treat without referral to specialists.
- D8. In general, would you say that the complexity or severity of patients' conditions for which you are currently expected to provide care without referral is <u>(read 5-1)</u>?

CMPEXPC

- 5 Much greater than it should be
- 4 Somewhat greater than it should be
- 3 About right
- 2 Somewhat less than it should be, OR
- 1 Much less than it should be
- 8 (DK)
- 9 (Refused)

\_\_\_\_(1170)

D9. During the last two years, has the number of patients that you refer to specialists (read 5-1)? SPECUSE

- 5 Increased a lot4 Increased a little3 Stayed about the same2 Decreased a little, OR
- 1 Decreased a lot
- 8 (DK)
- 9 (Refused)

\_\_\_\_(1171)

D10. Some insurance plans or medical groups REQUIRE their enrollees to obtain permission from a primary care physician before seeing a specialist. For roughly what percent of your patients do you serve in this role? (Open ended **and code actual percent**)

(If necessary, say:) The term "gatekeeper" is often used to refer to this role.

(If necessary, say:) Include only those patients for whom it is required, not for patients who choose to do so voluntarily.

PCTGATE

- 000None(Skip to CLOCK before F1)0011% or less(Skip to CLOCK beforeF1)002-(Skip to CLOCK before F1)
- DK(DK)(Continue)RF(Refused)(Continue)

(1172 - 1174)

D10a. (If code DK or RF in D10, ask:) Would you say you serve in this role for (read 1-2)?

- PGATE25
  - 1 Less than 25 percent of your patients, OR - (Skip to D10c) 2 25 percent or more of your patients - (Continue) 8 (DK) (Skip to CLOCK before F1) 9 (Refused) (Skip to CLOCK before F1) \_\_\_\_(1175)

D10b.	(If code 2 in D10a, ask:) Wou	ld you say	for		
<u>(rea</u> <u>PGATE50</u>	ad 1-2)?				
1 2	Less than 50 percent of your pati 50 percent or more of your patier				
8 9	(DK) (Refused)		(1176)		
	(All in D10b, Skip to CLOCK befor	<u>re F1)</u>			
D10c. <u>(rea</u> <u>PGATE10</u>	(If code 1 in D10a, ask:) Wou ad 1-2)?	ld you say	for		
1 2	Less than 10 percent of your pati 10 percent or more of your patier				
8 9	(DK) (Refused)		(1177)		
	[Deleted Note]				
(There are no questions D11, D12, or D13)					
(Question	n D14 deleted)	HOLD	(3456)		
CLOCK:					
			(2200 - 2204)		

(There is no Section E)

### SECTION F

### PHYSICIAN-PATIENT INTERACTIONS; QUALITY; ABILITY TO OBTAIN SERVICES; COST SHARING; NEW PATIENTS

### PERCEPTIONS OF QUALITY

F1. Next I am going to read you several statements. For each, I'd like you to tell me if you agree strongly, agree somewhat, disagree somewhat, disagree strongly, or if you neither agree nor disagree. [(If necessary, say:) As you answer, please think only your main practice.] (Read А-В, about as appropriate, then read and rotate C-H, as appropriate) Do you (read 5-1)? (If necessary, say:) We'd like you to think across all patients that you see in your practice.

5	Aqree	strongly
0	119100	

- 4 Agree somewhat
- 3 Neither agree nor disagree
- 2 Disagree somewhat, OR
- Disagree strongly 1
- 7 (Doctor does not have office) [A only] 7 (Doctor does not have continuing relationship with patients) [H only] (DK)
- 8
- 9 (Refused)

### ATMOFF

I have adequate time to spend with my patients Α. during their office visits? (INTERVIEWER NOTE: Do not further differentiate the level of visit, that is, whether brief, intermediate, etc.) (If necessary, say:) We would like you to answer in general or on AVERAGE over all types of visits. (1308)

ATMOTH

(If code 7 in F1-A, ask:) I have adequate time Β. spend with my patients during a typical to patient visit (INTERVIEWER NOTE: This does not include surgery)

### CLNFREE

I have the freedom to make clinical decisions C. that meet my patients' needs \_(1309)

HIGHCAR

D. It is possible to provide high quality care to all of my patients

### F1. (Continued:)

### NEGINCN

E. I can make clinical decisions in the best interests of my patients without the possibility of reducing my income \_\_\_\_\_(1311)

(Items F and G deleted) HOLD \_\_\_\_(1312-

### PATREL

H. It is possible to maintain the kind of continuing relationships with patients over time that promote the delivery of high quality care

### (There are no questions F2-F7)

### ABILITY TO OBTAIN SERVICES

### (Question F8 and F8a deleted)

[Deleted CLOCK]

HOLD (3462-

3465)

1313)

F8b. During the last 12 months, were you unable to obtain any of the following services for your patients when you thought they were medically necessary? How about (read and rotate A-E, as appropriate)?

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

### NOTREFS

A. [<u>(If code 019, 020, 023, 043, 085, 133, 195, or 403 in A10/A8, OR code 1, 8, or 9 in A9, or if code 042, 088, or 137 in A10, OR code 2 or 3 in A9a, OR code 2 or 3 in A9b, ask:)</u> Referrals to specialists of high quality/<u>(Otherwise, ask:)</u> Referrals to other specialists of high quality] \_\_\_\_(3457)

(Ite	em B deleted) HOLD	(3458)
NOTHOSP		
С.	Non-emergency hospital admissions	(3459)
NOTIMAG		
D.	High quality diagnostic imaging services	(3460)

### NOTOUTP

### E. (If code 010, 019, 020, 023, 043, 062, 064-065,

				A9a,							
				or 3		_		gh	qua⊥	ıty	
outp	bati	.ent	ment	al he	alth	1 serv	rices				(346

[Deleted CLOCK]

HOLD (3466-3469)

- F8c. Now, I am going to read some reasons why you might be unable to obtain various services. For each one, tell me whether it is a very important, moderately important, not very important, or not at all important reason for your being unable to obtain (read A-C, as appropriate). How about (read and rotate a-c)?
  - 4 Very important
  - 3 Moderately important
  - 2 Not very important
  - 1 Not at all important
  - 8 (DK)
  - 9 (Refused)
  - A. (If code 1 in F8b-A, ask:) [(If code 019, 020, 023, 043, 085, 133, 195, or 403 in A10/A8, OR code 1, 8, or 9 in A9, or if code 042, 088, or 137 in A10, OR code 2 or 3 in A9a, OR code 2 or 3 in A9b, ask:) Referrals to specialists of high quality/(Otherwise, ask:) Referrals to other specialists of high quality]

REFPRVR

a. There aren't enough qualified service providers or facilities in my area \_\_\_\_\_(3470)

### REFHPR

b. Health plan networks and administrative barriers limit patient access \_\_\_\_(3471)

REFINSR

- c. Patients lack health insurance or have inadequate insurance coverage \_\_\_\_(3472)
- B. <u>(If code 1 in F8b-C, ask:)</u> Non-emergency hospital admissions

HSPPRVR

a. There aren't enough qualified service providers or facilities in my area \_\_\_\_\_(3473)

### HSPHPR

b. Health plan networks and administrative barriers limit patient access \_\_\_\_(3474)

### HSPINSR

c. Patients lack health insurance or have inadequate insurance coverage \_\_\_\_(3475)
F8c. (Coi	ntinued:)			
С.		e 1 in F8b-E, ask		
		nt mental health ser is medically necessary		
MHPROVR		ib medically necessary		
MHHPR	a.	There aren't enough o providers or faciliti	-	(3476)
MHINSR	b.	Health plan administrative barrie access(3		
	c.	Patients lack health inadequate insurance		(3478)
COST SHA	RING			
[De]	leted CLOC	К]	HOLD	(3479–
				3482)
pat: ded 5 4 3 2 1 8 9 <b>GENERIC</b>	ients' ou uctibles. Always Usually Sometimes Rarely Never (DK) (Refused	)	co-payments and	
Α.	_	eric option is availak cribe a generic over a <u>L)</u>		(3483)
DIAGCST B. IOPTCST	often do of pocke	is uncertainty about you consider an insur t costs in deciding th nend? <u>(Read 5-1)</u>	ed patient's out-	(3484)
<u>C.</u>	inpatien	e is a choice betwee c care, how often do patient's out-of-pocket	you consider an	(3485)
[De]	leted CLOC	K ]	HOLD	(3486- 3489)

#### NEW PATIENTS

F9.	Now, I'd practice				-			_		
	the prac			-		-				
	A-G, as	approp	priat	<b>e)</b> ?	(INTE	RVIEWE	R NO	TE:	Refers	s to
							-			
	entire	practi	ce	not	jusi	t to	phy	sici	an's	own
	entire patients									
		. Medi	caid	and	l Med	icare	bene	fici	aries	who

- 4 All
- 3 Most
- 2 Some
- 1 No new patients/None

- 8 (DK)
- 9 (Refused)

#### NWMCARE

New patients who are insured through Medicare, including Medicare managed care patients

NWMCAID

Α.

в. [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE }, read:) New patients who are insured through MediCAL, including MediCAL managed care patients/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code AZ in A5a-STATE}, read:) New patients who are insured through AHCCCS ("Access")/(Otherwise, read:) New patients who are insured through Medicaid, including Medicaid managed care patients

#### (Item B1 deleted)

NWPRIV

С. New patients who are insured through private or commercial insurance plans including managed care plans and HMOs with whom the practice has contracts. (If necessary, read:) This includes both fee for service patients and patients enrolled in managed care plans with whom the practice has a contract. It excludes Medicaid or Medicare managed care

\_\_\_\_(1324)

(3269)

\_\_\_\_(1322)

(3490)

(1323)

(Item D deleted)

HOLD

HOLD

(There are no Items E or F)

NWNPAY

New uninsured patients who are unable to pay G. your fees (3495)

#### (Question F10 deleted)

# HOLD (3270)

HOLD

[Deleted CLOCK]

\_\_\_\_(3491-3494)

# (If code 1 or 2 in F9-A, Continue; Otherwise, Skip to Note before F12)

- F11. I am going to read some reasons why physician practices may be limiting or not accepting new Medicare patients. For each one, tell me whether it is a very important, moderately important, not very important, or not at all important reason why your practice is [(If code 1 in F9-A, read:) not accepting/(If code 2 in F9-A, read:) limiting] new Medicare patients. How about (read and rotate A-E)?
  - 4 Very important
  - 3 Moderately important
  - 2 Not very important
  - 1 Not at all important
  - 8 (DK)
  - 9 (Refused)

# MRBILL

A. Billing requirements, including paperwork, and filing of claims \_\_\_\_(3496)

MRAUDIT

B. Concern about a Medicare audit \_\_\_\_(3497)

MRREIMB

C. Inadequate reimbursement \_\_\_\_(3498)

MRNUFPT

- D. Practice already has enough patients \_\_\_\_(3499)
  - E. Medicare patients have high clinical burden \_\_\_\_(3500)

# (If code 1 or 2 in F9-B, Continue; Otherwise, Skip to CLOCK after F12)

F12. Ne	xt, I am going to read some reasons why physician practices may be limiting or not accepting new	
	[({If code 06 in **STATE AND code 1 in A5} OR	
	{If code 2, 8, 9, or BLANK in A5 AND code CA in	
	A5a-STATE}, read:) MediCal/({If code 04 in	
	**STATE AND code 1 in A5} OR {If code 2, 8, 9,	
	or BLANK in A5 AND AZ in A5a-STATE}, read:)	
	AHCCCS ("Access")/((Otherwise, read:) Medicaid]	
	patients. Again, tell me whether each one is a	
	very important, moderately important, not very	
	<pre>important, or not at all important reason why your practice is [(If code 1 in F9-B, read:) not</pre>	
	accepting/(If code 2 in F9-B, read:) limiting]	
	new [({If code 06 in **STATE AND code 1 in A5}	
	OR {If code 2, 8, 9, or BLANK in A5 AND code CA	
	<pre>in A5a-STATE}, read:) MediCal/({If code 04 in</pre>	
	**STATE AND code 1 in A5} OR {If code 2, 8, 9,	
	or BLANK in A5 AND AZ in A5a-STATE}, read:)	
	AHCCCS ("Access")/ <b>(Otherwise, read:)</b> Medicaid]	
	patients. How about (read and rotate A-E)?	
4	Very important	
3	Moderately important	
2	Not very important	
1	Not at all important	
8	( DK )	
9	(Refused)	
MDBILL		
Α.	Billing requirements, including paperwork, and	(2501)
MDDELAY	filing of claims	(3501)
В.		(3502)
MDREIME	-	(3302)
С.	-	(3503)
MDNUFPT		
D.	Practice already has enough patients	(3504)
MDPTBUR		
Ε.		
	OR {If code 2, 8, 9, or BLANK in A5 AND code CA	
	in A5a-STATE}, read:) MediCal/({If code 04 in	
	**STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:)	
	AHCCCS ("Access")/(Otherwise, read:) Medicaid]	
	patients have high clinical burden	
CLOCK:	Pastenes nave migh similar sarach	

# <u>SECTION G</u> PRACTICE REVENUE

- G1. Now, I'm going to ask you some questions about the patient care revenue received by the <u>(response in CA)</u> in which you work. Approximately what percentage of the PRACTICE REVENUE FROM PATIENT CARE would you say comes from <u>(read A-B)</u>? (Open ended <u>and code actual percent)</u> (Probe:) Your best estimate will be fine. <u>(If necessary, say:)</u> We're asking about the patient care revenue of the practice in which you work, not just the revenue from the patients YOU see. <u>(INTERVIEWER NOTE: "Other public insurance" includes Champus, Champva, and Tricare)</u>
  - 000 None 001 1% or less
  - DK (DK)
  - RF (Refused)

# PMCR\_A

A. Payments from all Medicare plans, including Medicare managed care

# PMCD\_A

в. [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE }, read:) Payments from MediCAL or any other public insurance, including MediCAL managed care/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:) Payments from AHCCCS ("Access") or any other public insurance/(Otherwise, read:) Payments from any other public insurance, Medicaid or including Medicaid managed care]

(1328 - 1330)

(1325 - 1327)

(If response in G1-A + response in G1-B > 100, Continue; Otherwise, Skip to G3)

- Gla. I have recorded that the combined practice revenue from Medicare and [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:) MediCAL/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:) AHCCCS ("Access")/(Otherwise, read:) Medicaid] is greater than 100 percent, can you help me resolve this? Approximately what percentage of the practice's revenue from patient care comes from (read A-B)? (INTERVIEWER NOTE: Revenue from patients covered by both Medicare and Medicaid should be counted in MEDICARE ONLY) (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) We're asking about the patient care revenue of the practice in which you work, not just the revenue from the patients YOU see.
  - 000 None 001 1% or less DK (DK) RF (Refused)

#### PMCR\_B

A. Payments from all Medicare plans, including Medicare managed care

# (1334 - 1336)

#### PMCD\_B

B. [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:) MediCAL/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:) AHCCCS ("Access")/(Otherwise, read:) Medicaid]

(1337 - 1339)

(There is no question G2)

[Deleted Note]

G3. Now, again thinking about the patient care revenue from ALL sources received by the practice in which you work, what percentage is paid on a capitated or other prepaid basis? (If necessary, say:) Under capitation, a fixed amount is paid per patient per month regardless of services provided. (Probe:) Your best estimate would be fine. (Open ended and code actual percent) (INTERVIEWER NOTE: Includes payments made on a capitated or other prepaid basis from Medicare or Medicaid)

PCAP\_A

000 None 001 1% or less 002-100 DK (DK) RF (Refused)

(2438 - 2440)

(There are no questions G3a-G5)

[Deleted Note]

(Question G5a deleted)

HOLD

\_\_(3509-3514)

(Question G5b deleted)

Thinking again about the practice in which you work, G6. we have a few questions about contracts with managed care plans such as HMOs, PPOs, IPAs, and Point-Of-Service plans. First, roughly how many managed care contracts does the practice have? (Probe:) Your best estimate would be fine. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (INTERVIEWER NOTE: Include Medicare managed care, Medicaid managed care, and other government managed care contracts but not traditional Medicare or Medicaid.) (Open ended and code actual number)

```
NMC_A
```

```
00
    None - (Skip to G7)
01 -
19
              (Skip to G8)
20-
97
              (Skip to G6b)
98
    98+ contracts
                       (Skip to G6b)
    (DK)
                   (Continue)
DK
RF
    (Refused) (Continue)
```

```
(2458) (2459)
```

G6a. (If code DK or RF in G6, ask:) Would you say less than 3 contracts, 3 to 10, or more than 10 contracts?

NMCCAT

0	(None) - <b>(Skip to G7)</b>		
1	Less than 3 (1 or 2)	(Skip to G8)	
2	3 to 10	(Skip to G8)	
3	More than 10 (11+)	(Skip to G8)	
8	( DK )	(Skip to G8)	
9	(Refused)	(Skip to G8)	(2460)

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G6b. (If code 20-97 in G6, ask:) Just to be sure, is this
 the number of contracts, or patients?
CONPATS

Contracts - (Skip to G8)
 Patients - (Continue)
 (DK) (Skip to G8)
 (Refused) (Skip to G8)

\_\_\_\_(1340)

G6c. (If code 2 in G6b, ask:) In this question, we are asking about contracts. So, roughly how many managed care CONTRACTS does the practice have? (Open ended and code actual number)

# NMC\_B

00	None -	(Continue)
01-		
97		(Skip to G8)
DK	( DK )	(Skip to G8)
RF	(Refused)	(Skip to G8)

(1341) (1342)

G7. (If code 00 in G6, or code 0 in G6a, or code 00 in G6c, ask:) What percentage, if any, of the patient care revenue received by the practice in which you work comes from all managed care combined? Please include ALL revenue from managed care including, but not limited to, any payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care programs include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

# PMC\_A

Nor	ıe	
1%	or	less
(Dł	C )	
(Re	efus	sed)
	1% (Dł	None 1% or (DK) (Refus

(1343 - 1345)

# (If code 00 in G6,

# and G7 is LESS THAN response in G3, Continue; If code 00 in G6a or G6c, And G7 is LESS THAN response in G3, Continue; Otherwise, Skip to CLOCK before Section H)

G7a. I may have recorded something incorrectly. I recorded that the percentage of practice revenue from all managed care is less than the percentage of practice revenue that is paid on a capitated or other prepaid basis. This seems inconsistent, so let me ask you again, what percent of patient care revenue received by the practice in which you work comes from all managed care combined? (Open ended and code actual percent) (SURVENT: Show response in G7)

PMC\_F

000 None 101 Less than 1% DK (DK) RF (Refused) G7b. Let me also ask you again, thinking about the patient care revenue from ALL sources received by the practice in which you work, what percentage is paid on a capitated or other prepaid basis? (Open ended and code actual percent) (SURVENT: Show response in G3)

## PCAP\_D

000	None		
101	Less	than	1%
DK	( DK )		
RF	(Refi	used)	

# (2551 - 2553)

(All in G7b, Skip to CLOCK before Section H)

G8. (If code 02-97 in G6c, or code 1-3 in G6a, or code 02-97 in G6, ask:) What percentage of the patient care revenue received by the practice in which you work comes from these (response in G6c/G6a/G6) managed care contracts combined? [(If code 001-100, DK, or RF in G3, say:) Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis.] (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

(If code 01 in G6c or G6, ask:) What percentage of the patient care revenue received by the practice in which you work comes from this managed care contract? [(If code 001-100, DK, or RF, say:) Please include ALL revenue from this contract including, but not limited to, any payments made on a capitated or prepaid basis.] (Probe once lightly:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended <u>and</u> <u>code actual percent)</u>

# G8. (Continued:)

(If code "DK" or "RF" in G6c, or code 8 or 9 in G6a, ask:) What percentage of the patient care revenue received by the practice in which you work comes from all of the practice's managed care contracts combined? [(If code 001-100, DK, or RF, say:) Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis.] (Probe once lightly:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

#### PMC\_B

000 001 002-	None 1% or less	(Continue) (Continue)
100 DK <b>H)</b>	( DK )	(Continue) (Skip to CLOCK before Section
RF <b>H)</b>	(Refused)	(Skip to CLOCK before Section

(2462 - 2464)

(If response in G8 is less than response in G3, Continue; If response in G3 + response in G8=0, Skip to CLOCK before Section H; If response in G8 > 000, Skip to G8d) G8a. (If response in G8 is less than response in G3, ask:) I have recorded that your revenue from all managed care contracts is less than the amount you received on a capitated or prepaid basis. We would like you to include all capitated payments in estimating managed care revenue. Would you like to change your answer of (read 1-2)?

#### FIXPMC

1 (Response in G8) percent from all managed care contracts - (Continue)

OR

- (Response in G3) percent received on a capitated 2 or prepaid basis - (Skip to G8c)
- 3 (Both) - (Continue)
- 4 (Neither) (Skip to CLOCK before Section H) (Skip to CLOCK before Section H) 8 (DK) 9

(Refused) (Skip to CLOCK before Section H) \_\_\_\_(2465)

# (If code 01-19 in G6, Skip to G8b; If code 20-97 in G6, AND code 1 in G6b, Skip to G8b; If code 8, 9 or BLANK in G6a, AND code DK, RF, or BLANK in G6c, Skip to G8d; Otherwise, Continue)

G8b. (If code 1 or 3 in G8a, ask:)

(If code 02-97 in G6c, or code 1-3 in G6a or code 02-97 in G6, ask:) So, what percentage of the practice's revenue from patient care would you say comes from all of these managed care contracts combined? (Open ended and code actual percent) (If code 01 in G6c or G6, ask:) So, what percentage of the practice's revenue from patient care would you say comes from this managed care contract? (Open ended and code actual percent)

PMC\_C

000 None - (Skip to CLOCK before Section H) 001 1% or less DK (DK) RF (Refused)

G8c. (If code 2 or 3 in G8a, ask:) So what percentage of patient care revenue received by the practice in which you work is paid on a capitated or other prepaid basis? (If necessary, say:) Under capitation, a fixed amount is paid per patient per month regardless of services provided. (Probe:) Your best estimate would be fine. (Open ended and code actual percent)

## PCAP B

000 None 001 1% or less 002-100 DK (DK) RF (Refused)

(1352 - 1354)

G8d. (If "specific" response in G8b/G8 = "specific" response in G8c/G3, ask:) So, all of the practice's managed care revenue is paid on a capitated, or prepaid basis, is this correct? ALLCAP 1 Yes - (Skip to CLOCK before Section H) No - (Continue) 2 (DK) 8 (Skip to CLOCK before Section H) 9 (Refused) (Skip to CLOCK before Section H) (1346) G8e. (If code 2 in G8d, ask:) I have recorded that (response in G8b/G8) percent of the practice revenue is from managed care and that (response in G8c/G3) percent of the practice revenue is paid on a capitated or prepaid basis. Which of these is incorrect? FIXCAP 1 Revenue from managed care - (Continue) 2 Revenue paid on capitated or prepaid basis - (Skip to G8g) Both are correct -(Skip to CLOCK before Section H) 3 4 Neither are correct - (Continue) (DK) (Skip to CLOCK before Section H) 8 9 (Refused) (Skip to CLOCK before Section H) \_\_\_\_(1347) 84

G8f. (If code 1 or 4 in G8e, ask:)

(If code 02-97 in G6c, or G6 or code 1-3 in G6a, ask:) What percentage of the patient care revenue received by the practice in which you work comes from these [(response in G6c/G6)] managed care contracts combined? (If code 001-100, DK, or RF in G3, say:) Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to utilization of specific providers encourage associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

## G8f. (Continued:)

(If code 01 in G6c or G6, ask:) What percentage of the patient care revenue received by the practice in which you work comes from this managed care contract? Please include ALL revenue from this contract including, but not limited to, any payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

(If code DK or RF in G6c or code 8 or 9 in G6a, ask:) What percentage of the patient care revenue received by the practice in which you work comes from all of the practice's managed care contracts combined? Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended <u>and code actual</u> percent)

# PMC\_D

```
      000
      None - (Skip to CLOCK before Section H)

      001
      1% or less
      (Continue)

      002-
      (Continue)

      100
      (Continue)

      DK
      (DK)

      (RF
      (Refused)
```

(1161 - 1163)

G8g. (If code 2 or 4 in G8e, ask:) Now thinking about the patient care revenue from ALL sources received by the practice in which you work, what percentage is paid on a capitated or other prepaid basis? (If necessary, say:) Under capitation, a fixed amount is paid per patient per month regardless of services provided. (Probe:) Your best estimate would be fine. (Open ended and code actual percent) (INTERVIEWER NOTE: Includes payments made on a capitated or other prepaid basis from Medicare or Medicaid)

PCAP\_C

000 None 001 1% or less 002-100 DK (DK) RF (Refused)

(1191 - 1193)

[Deleted Note]

```
(There are no questions G9-G10)
(There is no question G11)
(There is no question G12)
CLOCK:
```

(2224 - 2227)

# <u>SECTION H</u> PHYSICIAN COMPENSATION METHODS AND INCOME LEVEL

# (If code 1 in C1, AND code 06 in C2, Skip to H15a; Otherwise, Continue)

(READ:) Now, I'm going to ask you a few questions about how your practice compensates you personally. (If necessary, say:) Please answer only about the main practice in which you work.

H1. Are you a salaried physician?

1 Yes - (Skip to H3)

2	No	(Continue)
8	( DK )	(Continue)
9	(Refused)	(Continue)

\_\_\_\_(2510)

- H2. (If code 2, 8, or 9 in H1, ask:) Are you paid in direct relation to the amount of time you work, such as by the shift or by the hour? SALTIME
  - 1 Yes (Skip to H4)

2	No	(Skip to H4)	
8	( DK )	(Skip to H4)	
9	(Refused)	(Skip to H4)	(2511)

H3. (If code 1 in H1, ask:) Is your base salary a fixed amount that will not change until your salary is renegotiated or is it adjusted up or down during the present contract period depending on your performance or that of the practice? (If necessary, say:) Adjusted up or down means for example, some practices pay their physicians an amount per month that is based on their expected revenue, but this amount is adjusted periodically to reflect actual revenue produced. (INTERVIEWER NOTE: Base salary is the fixed amount of earnings, independent of bonuses or incentive payments.)

#### SALADJ

- 1 Fixed amount
- 2 Adjusted up or down
- 8 (DK)
- 9 (Refused)

\_\_\_\_(2512)

H4. Are you currently eligible to earn income through any type of bonus or incentive plan? (INTERVIEWER NOTE: Bonus can include any type of payment above the fixed, guaranteed salary)

## BONUS

- 1 Yes (Skip to Note before H5)
- 2 No (Continue)
- 8 (DK) (Continue)
- 9 (Refused) (Skip to Note before H5) \_\_\_\_(2513)

H4a. (If code 2 or 8 in H4, ask:) Are you eligible to receive end-of-year adjustments, returns on withholds, or any type of supplemental payments, either from this practice or from health plans? SUPLPAY

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

\_\_\_\_(3515)

# (If code 1 in H2 OR code 1 in H3, Continue; Otherwise, Skip to H7)

H5. I am going to read you a short list of factors that are sometimes taken into account by medical practices when they determine the compensation paid to physicians in the practice. For each factor, please tell me whether or not it is EXPLICITLY considered: (INTERVIEWER NOTE: "Practice" refers to main practice)

[(If code 1 in H1, AND code 2 or 8-9 in H4 AND H4a, ask:) When your salary is determined, does the practice consider (read A-E)?

(If code 1 in H1 AND code 1 in H4 OR H4a, ask:) When either your base salary or bonus is determined, does the practice consider (read A-E)?

(If code 1 in H2, AND code 2, 8, or 9 in H4 AND H4a, ask:) When your pay rate is determined, does the practice consider (read A-E)?

(If code 1 in H2, AND code 1 in H4 OR H4a, ask:)
When either your pay rate or bonus is determined,
does the practice consider (read A-E)?
1 Yes
2 No

- 8 (DK)
- 9 (Refused)

#### SPROD\_A

A. Factors that reflect your own productivity (If <u>necessary, say:</u>) Examples include the amount of revenue you generate for the practice, the number of relative value units you produce, the number of patient visits you provide, or the size of your enrollee panel.

# SSAT\_A

B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS \_\_\_\_(2515)

SQUAL\_A

- C. Specific measures of quality of care, such as rates of preventive care services for your patients
- SPROF\_A

D.

Results of practice profiling comparing your pattern of using medical resources to treat patients with that of other physicians (INTERVIEWER NOTE: A practice profile is a report that is usually computer generated, which compares you to other physicians on things like referrals to specialists, hospitalizations, and other measures of cost effectiveness.)

\_\_\_\_(2517)

\_\_\_\_(2516)

# H5. (Continued:) SPERF\_A

E. The overall financial performance of the practice (INTERVIEWER NOTE: This item refers to the costs and revenues generated by all of the physicians in the practice)

(If code 2, 8, or 9 to ALL in H5 A-E, Skip to H15a; Otherwise, Skip to Note before H7a)

# (Question H6 deleted)

- H7. (If code 2, 8, or 9 in H2, or code 2, 8, or 9 in H3, <u>ask:</u>) I am now going to read you a short list of factors that are sometimes taken into account by medical practices when they determine the compensation paid to physicians in the practice. For each factor, please tell me whether or not it is EXPLICITLY considered when your compensation is determined. Does the practice in which you work consider <u>(read A-E)</u>? (INTERVIEWER NOTE: "Practice" refers to main practice)
  - 1 Yes
  - 2 No
  - 8 (DK)
  - 9 (Refused)

#### SPROD\_B

A. Factors that reflect YOUR OWN productivity (If necessary, say:) Examples include the amount of revenue you generate for the practice, the number of relative value units you produce, the number of patient visits you provide, or the size of your enrollee panel.

# SSAT\_B

B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS

# SQUAL\_B

C. Specific measures of quality of care, such as rates of preventive care services for your patients

# SPROF\_B

D. Results of practice profiles comparing your pattern of using medical resources to treat patients with that of other physicians (INTERVIEWER NOTE: A practice profile is a report that is usually computer generated, which compares you to other physicians on things like referrals to specialists, hospitalizations and other measures of cost effectiveness)

(2522)

(2520)

(2521)

#### H7. (Continued:)

SPERF\_B

E. The overall financial performance of the practice (INTERVIEWER NOTE: This item refers to the costs and revenues generated by all of the physicians in the practice)

(If code 1 in H5-A or H7-A, H5-B or H7-B, <u>H5-C or H7-C, H5-D or H7-D OR</u> <u>H5-E or H7-E, Continue;</u> <u>Otherwise, Skip to H15a</u>)

[Deleted CLOCK]

\_\_\_\_\_(1645-\_\_\_\_\_1648)

HOLD

- H7a. For each of the factors you mentioned, tell me whether it is very important, moderately important, not very important, or not at all important in determining your compensation? How about <u>(read and</u> <u>rotate A-E, as appropriate)</u>?
  - 4 Very important
  - 3 Moderately important
  - 2 Not very important
  - 1 Not at all important
  - 8 (DK)
  - 9 (Refused)

## IMPPROD

Α.	<u>(If</u>	code	1	in	H5-A	or	H7-А,	ask:)	Your	own	
	prod	luctiv	ity								(3518)

#### IMPPSAT

B. (If code 1 in H5-B or H7-B, ask:) Satisfaction surveys \_\_\_\_(3519)

#### IMPQUAL

C. (If code 1 in H5-C or H7-C, ask:) Quality of care measures \_\_\_\_(3520)

# IMPPROF

D. (If code 1 in H5-D or H7-D, ask:) Results of practice profiling \_\_\_\_\_(3521)

#### IMPRPRF

E. (If code 1 in H5-E or H7-E, ask:) Overall practice performance \_\_\_\_(3522)

(There are no questions H8-H12)

[Deleted CLOC	K] HOLD	(1649- 1652)
(Questions H13 and H14 delet	ed) HOLD	(3523- 3542)

H15a. During 2003, what was your own net income from the practice of medicine to the nearest \$1,000, after expenses but before taxes? Please include contributions to retirement plans made for you by the practice and any bonuses as well as fees, salaries and retainers. Exclude investment income. Please include earnings from ALL practices, not just your main practice. (If necessary, say:) We define investment income as income from investments in medically related enterprises independent of а physician's medical practice(s), such as medical labs or imaging centers. (If respondent refuses, say:) This information is important to a complete understanding of community health care patterns and will be used only in aggregate form to ensure your confidentiality of the information. (Open ended and code actual number) (If response is > \$1 million, verify)

# INCOME

0 0 0 0 0 0 -

(Skip to H18)
(Continue)
(Continue)

(2527 - 2533)

H15b. (If code DK in H15a, ask:) Would you say that it
was (read 01-04)?

(If code RF in H15a, ask:) Would you be willing to indicate if it was (read 01-04)?

INCCAT

01 Less than \$100,000 02 \$100,000 to less than \$150,000 03 \$150,000 to less than \$250,000 04 \$250,000 or more 98 (DK) 99 (Refused)

© CENTER FOR STUDYING HEALTH SYSTEM CHANGE

# [Deleted Note]

#### (Questions H16 and H17 deleted) HOLD

H18. Do you consider yourself to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background? (Probe Refusals with:) Ι understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.

#### HISP

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)
- H19. What race do you consider yourself to be? (If respondent hesitates, read 06-09) (Probe Refusals with:) I understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.] (Open ended and code) (INTERVIEWER NOTE: If respondent specifies a mixed race or a race not pre-coded, code as 01 - Other)

RACE

01	Other (list)
02-	
05	HOLD
06	White/Caucasian
07	African-American/Black
08	Native American (American Indian)
	or Alaska Native
09	Asian or Pacific Islander
98	( DK )
99	(Refused)

(1660) (1661)

(2637-2640)

[Deleted CLOCK]

(3543-3548)

\_\_\_\_(1659)

HOLD

H20. Finally, I am going to list several problems that may limit physicians' ability to provide high quality care. For each one, tell me whether it is a MAJOR PROBLEM, MINOR PROBLEM, OR NOT A PROBLEM affecting your ability to provide high quality care. How about (read and rotate A-H, as appropriate)? 3 Major problem 2 Minor problem Not a problem 1 8 (DK) (Refused) 9 QNOTIME Inadequate time with patients during office Α. visits \_\_\_\_(3549) QPRBPAY Patients' inability to pay for needed care (3550) в. QINSREJ C. Rejections of care decisions by insurance \_\_\_\_(3551) companies QNOSPEC Lack of qualified specialists in your area \_\_\_\_(3552) D. QNOREPT E. Not getting timely reports from other physicians and facilities \_\_\_\_(3553) QLANG F. Difficulties communicating with patients due to (3554) language or cultural barriers (Item G deleted) HOLD (3555) QERRHSP H. Medical errors in hospitals (3556) CLOCK:

### (2233 - 2236)

### (SURVENT NOTE: If code 2 in S6a, Autocode 2 in I0)

IO. (If code 1 in S6a, ask:) Our records indicate that you have already received your \$25 honorarium check. Did you receive the check?

# CHECK

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

# \_\_\_\_(3275)

# SECTION I ENDING

# [Deleted Note]

I1. Let me verify that your name and address are (read information from fone file/S4)? (ENTER ALL THAT ARE INCORRECT) (INTERVIEWER NOTE: Verify PRACTICE ADDRESS)

\*

(2554)

- 1 First name is incorrect
- 2 Last name is incorrect
- 3 Address is incorrect
- 4 City is incorrect
- 5 State is incorrect
- 6 Zip code is incorrect
- 7 All information correct

FIRST NAME: (Display from fone file)

(1801 - 1816) LAST NAME: (Display from fone file) CSTREET ADDRESS #1: (Display from fone file) (1841 - 1880) CSTRET2 ADDRESS #2: (Display from fone file) (3013 - 3037) CCITY CITY: (Display from fone file) (2682 - 2694) STATE: (Display from fone file)

<u>CZIP</u> <u>ZIP CODE</u> : (Display	from fone file)	(2707) (2708) (2709 - 2713)
[1	Deleted Note]	
(Question I1a deleted)	HOLD	(2554)
	HOLD	(1781- 1816)
<u>(All in</u> (There are no questions	n Ila, Skip to I4) #Ila-#I2)	
	the practice we have beer interview <u>(read 1-2)</u> ?	n talking
1 <u>(Address from</u> #I5)	fone file) - (Skip to M	Note before
2 <u>(If code 3-6</u> (Skip to Note	in #I1, say:) (Address i before #I5)	<u>n #I1)</u> -
3 No/Neither -	(Continue)	
8 (DK) 9 (Refused)	(Skip to Note before #I5) (Skip to Note before #I5)	

I4. <u>PSTR</u>	we have been talking about during this intervi- (Open ended)	
	STREET ADDRESS #1:	
PSTR	ET2	(2732 - 2761)
	STREET ADDRESS #2:	
PCIT	Υ <u>Υ</u>	(3088 - 3118)
	<u>CITY</u> :	
PSTA	. <u>TE</u>	(2762 - 2791)
	STATE:	
PZIP	,	(2787) (2788)
	<u>ZIP</u> :	
		(2789 - 2793)

(If code 08, 09, or 10 in C2, C3, or C3c, Continue; If code 1 or 2 in C3a, Continue; Otherwise, Skip to J4) I5. What is the name of the practice we have been talking about during this interview? Include the names of government clinics as eligible responses to this question. (If necessary, say:) This information will help us to better understand the nature of physician organizations in your region. (Open ended)

# PNAME

00001	Other (list)
00002	HOLD
00003	HOLD
00004	No/Yes mind giving
00005	HOLD
99998	(DK)
99999	(Refused)

(2812 - 2816)

# [Deleted Note]

## (Question I5a-I5b deleted)

# (If code 2 in S1c, Continue; Otherwise, Skip to J4)

I6. Are you with the same medical practice that you were with in January, 2002, or have you changed practices since then? (If respondent asks, say:) We will consider you as being in the same practice if your practice changed addresses, clinics, offices, or partners, BUT kept the same parent organization. OR, if your old practice changed ownership; for example, if the practice was sold to an outside organization, but you stayed on under the new ownership. A new practice would be one where you terminated your relationship and joined a different one. (If respondent has multiple practices and changed one but NOT all of them, say:) We are interested in whether you are with the same main medical practice that you were with in January, 2002. By main practice, we mean the practice where you spend most of your time.

## PRACCHG

1	Yes, same practice	- (Skip to J4)
2	No, changed practic	ce - (Continue)
8 9	(DK) (Refused)	(Skip to J4) (Skip to J4) 98

I7. (If code 2 in I6, ask:) In what month and year did you change medical practice? (Open ended and code month and year)

MTH\_CHG

MONTH:

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 13 (DK)
- 14 (Refused)

(1667) (1668)

# YR\_CHG

YEAR: (SURVENT NOTE: Block all years expect those listed below) 2002 2003 2004 2005 9998 (DK) 9999 (Refused)

(1669 - 1672)

#### (There are no questions #18-#19)

CLOCK:

(2229 - 2232)

# SECTION J SWEEP-UP

# (There are no questions J1-J3)

J4. This concludes the survey unless you have any brief comment you would like to add. (Open ended)

# COMMENT

0001 Other (list) 0002-0003 HOLD 0004 No/Nothing 9998 (DK) 9999 (Refused)

(2555 - 2558)

J5. INTERVIEWER CODE ONLY: (INTERVIEWER NOTE: Do NOT offer to send study report to respondent. Encourage use of Center's Website, www.hschange.org, and encourage them to put their name on the Center's mailing list by using the Website. Respondents can receive electronic notices of the Center's research, including results of the physician survey when they become available, by signing up on the Center's Web site, www.hschange.org.) Did respondent ask any of the following?

- 1 Yes
- 2 No
- A. Center's Web site address so they can access it themselves \_\_\_\_(2820)
- B. To be placed on the Center's mailing list \_\_\_\_(2821)
  - (There is no Item C)
- J6. INTERVIEWER COMMENTS:

(3118 - 3119)

HOLD (2822)

CLOCK:

( – )

# (VALIDATE PHONE NUMBER AND THANK RESPONDENT BY SAYING:) Again, this is \_\_\_\_\_, with The Gallup

Organization of \_\_\_\_\_. I would like to thank you for your time. Our mission is to "help people be heard" and your opinions are important to Gallup in accomplishing this.

DESCRIPTIVE NAMES ONLY: NEED ACTUAL FONE FILE NAMES AND NUMBER OF COLUMNS!

1. MEDICAL EDUCATION: (Code from fone file)

	(		)
PHYSICIAN NAME: (Code from fone file)			
	(		)
GENDER: (Code from fone file)		(	294)
PREFERRED PROFESSIONAL MAILING ADDRESS: <u>(Code from</u> fone file)			
	(		)
GEOGRAPHIC CODES (STATE, COUNTY, ZIP, MSA, CENSUS REGION OR DIVISION): <u>(Code from fone file)</u>			
	(		)
BIRTH DATE: (Code from fone file)			
	(182		189)
BIRTH PLACE: (Code from fone file)			
	(		)

8.	CITIZENSHIP AND VISA: (Code from fone file)			
		(		)
9.	LICENSURE DATE: (Code from fone file)			
		(	_	)
10.	NATIONAL BOARD COMPLETION DATE: <u>(Code from fone</u> <u>file)</u>			
		(	_	)
11.	MAJOR PROFESSIONAL ACTIVITY: (Code from fone file)			
		(	_	)
12.	PRIMARY SPECIALTY: (Code from fone file)			
		(	_	)
13.	SECONDARY SPECIALTY: (Code from fone file)			
		(	_	)
14.	PRESENT EMPLOYMENT: (Code from fone file)			
		(	_	)
15.	AMERICAN SPECIALTY BOARD CERTIFICATION: (Code from fone file)			
		(		)
16.	CURRENT AND FORMER MEDICAL TRAINING - (INSTITUTION, SPECIALTY, TRAINING DATES): (Code from fone file)			
		(		)

17.	CURR <u>fone</u>	ENT AND 1 file)	FORMER	GOVERNI	MENT	SERVIC	E: <u>(</u>	lode	from			
								-		(		)
18.	ECFM	G CERTIFIC	CATE:	(Code f:	rom fo	one fil	<u>Le)</u>					. <u> </u>
19.	 TYPE	OF PRACTI		(Code fro	om foi	ne file	<u>e)</u>	-		(	_	)
20.	 TFT.F	PHONE NUME		(Code fr		ne file		-		(		)
20.	1 11 11 11	FIIONE NOM					<u>= )</u>					. <u> </u>
21.	FAX	NUMBER: (	(Code d	from fond	e filo	<u>e)</u>		-		(		)
								-		(		)
				INT	ERVIE	WER I.I	D. #:				(57 57	
				REVISION	15							
6/14,	/04	Added:		viewer 1 15a, 15b		to Il	, Not	e be	efore			
		Revised:	Note	after I4	Ł							
7/2/0	04	Revised:	Wordi	ng in D2	2aa							
7/13,	/04	Deleted:		before after II								
		Revised:	Note	after I4	Ł							
9/2/0	04	Added:	Inter	viewer N	Note t	о В2						
jlw\2	2004\	RWJ\RWJ pł	hysici	an R4 04	07							