

NAMCS Feasibility Study
Results of cognitive interviews conducted March – July, 2015

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Introduction

The National Ambulatory Medical Care Survey (NAMCS) in the Division of Health Care Statistics at the National Center for Health Statistics (NCHS) helps inform physicians, health care researchers, and policy makers about the changing characteristics of ambulatory care in this country. Currently, the NAMCS population includes only office-based physicians such as internists, OB/GYN, pediatricians, and psychiatrists. This report documents findings from a study conducted by the Collaborating Center for Questionnaire Design and Evaluation Research (CQDER) to explore the feasibility of expanding this population to non-office-based physicians, including radiologists, pathologists, anesthesiologists, and hospitalists (such as surgeons, emergency room and intensive care unit physicians).

There were three versions of the questionnaire, the Physician Survey, the Physician and Medical Organization Survey, and the Medical Organization Survey.¹ All three had a self-administered format. The first two questionnaires focused on practice characteristics and medical organization characteristics. Both were designed to be completed by a physician. The third questionnaire was to be completed by an administrative office assistant and focused exclusively on characteristics of the medical organization. This study primarily focused on evaluating the first two questionnaires. The goal was to understand how physicians answer the questions and whether non-office based physicians had different interpretations of the questions or experienced more difficulty completing the questionnaire than office-based physicians.

The next section briefly describes the qualitative methodology of cognitive interviewing, including the procedure for sampling cognitive interview respondents, the data collection method, and analysis plan. The third section of the report presents the findings.

1. Methodology

Sampling and Respondent Demographics

Twenty cognitive interviews were conducted by CQDER between March and July of 2015. Respondents were selected using a purposive sample. The aim of a purposive sample is to choose respondents who meet criteria relevant to the study; therefore, recruitment focused on

¹ All three questionnaires are located in Appendix 1.

obtaining a mix of physicians, including traditional NAMCS physicians that are office-based and non-office-based physicians that have not traditionally been part of the NAMCS population. Office-based, traditional NAMCS physicians in the study sample included internists, OB/GYNs, pediatricians, and psychiatrists. Non-office-based, non-traditional NAMCS physicians included radiologists, pathologists, and hospitalists. Anesthesiologists were recruited, but all declined to participate in the study. Additionally, practice administrators (when available) were asked if they were interested in participating in the study. Prior to participation, respondents were screened over the telephone in order to confirm that they met the criteria for inclusion.

Table 1 provides a breakdown of select respondent characteristics. The sample is split by age, with one half of the respondents under 50 years of age and the other half 50 years of age and over. The racial composition is roughly evenly distributed across White, Black, and Asian respondents, with slightly more being White, at 45 percent. (No respondents were Hispanic.) There were two more male respondents than female. Most of the respondents were physicians; only one was a practice administrator. Most practice administrators declined to participate.

Table 1: Respondent Characteristics (n = 20)

	<u>Total</u>	<u>Percent</u>
<u>Age</u>		
Under 50	10	50%
50 and Over	10	50%
<u>Race</u>		
Non-Hispanic White	9	45%
Non-Hispanic Black	5	25%
Asian	6	30%
<u>Gender</u>		
Male	11	55%
Female	9	45%
<u>Office Status</u>		
Office Based (traditional NAMCS)	9	45%
Non-Office Based (non-traditional)	10	50%
Practice Administrator	1	5%

Most interviews (all but one) were conducted off-site at respondents' workplaces. One interview was conducted at the NCHS lab. Prior to beginning the interview, respondents filled out paperwork agreeing to be audio-taped. The interviewer then explained the purpose of NCHS, described the study, and told respondents the manner in which the interview would be conducted. Interviews were 60 minutes and a \$100 token of appreciation was given to respondents at the conclusion of the interview. Because it was necessary to speak specifically with physicians, remuneration was higher than the standard rate of \$40.

Data Collection

Cognitive interviewing, as a qualitative methodology, offers the ability to understand the interpretive process respondents go through in order to complete the NAMCS form. It is a method that allows the researcher to collect detailed information on how the form is being completed from start to finish. This included an exploration of both larger concepts in the questionnaire and specific items related to those concepts. Respondents were prompted to discuss any problems they encountered in completing the form and how they resolved those problems. In a one-hour interview, there was not time to explore all sections and items on the form. Instead emphasis was placed on key concepts in the questionnaire and on sections or questions that produced difficulties for respondents.

Method of Analysis

Data analysis was conducted according to the grounded theory approach, which inductively generates explanations of how respondents completed the survey form. The goal was to produce explanations closely tied to the empirical data. The process of analysis was a constant comparison of data in several steps. The first step occurred within the interview as the interviewer attempted to understand how one respondent understood, processed and filled out the form. The second step in analysis occurred once the interview was over, and was a systematic comparison across all interviews. This level of comparative analysis revealed patterns in the way respondents completed the survey and in their understandings of core concepts. The final step in analysis was a comparison of interpretive patterns among groups of respondents. In this study, a comparison was made between office-based and non-office-based physicians in order to explore the extent to which the questionnaires functioned differently or were more difficult for different groups of physicians.

2. Results

Summary of Key Findings

Interpretations Vary By Specialty

The questionnaires contained several fundamental concepts that were present in different sections of the instrument and framed multiple questions. Four such concepts included clinical work, primary care, caring for a patient, and electronic health records. These concepts were understood differently by physicians in various specialties and often produced different types of responses as a result. These patterns are discussed next.

Clinical Work: Respondents had different notions of what constitutes clinical work. Definitions ranged from narrow to broad and, importantly, tended to vary by physician specialty.

Narrow definitions of clinical work: Narrow definitions included face-to-face encounters such as seeing patients during office hours. Four respondents used a narrow definition of clinical work and all four were traditional NAMCS physicians (i.e., office-based physicians), including two

internists, one pediatrician and one OB/GYN. One respondent said, “Seeing patients feels like clinical work.” And another said, “Clinical work, I would say, is seeing patients.” Two others were similarly thinking of their office hours during which they see patients. Non-clinical work was defined as the work they do after office hours, when they are not seeing patients. However, one person acknowledged that there is a “schism in the field” over the definition of what constitutes clinical work and, indeed, that schism was evident in this sample.

Broad definitions of clinical work: Most respondents in this sample had a broader definition of clinical work than simply face-to-face interaction. Office-based, traditional NAMCS physicians did think of face-to-face patient interaction, but some also included other tasks such as charting, follow-up phone calls and similar tasks. For example, one internist said, “I include seeing patients, evaluating, managing, treating, calling, discussing with the family...all those things.” Several others also expanded the definition beyond face-to-face encounters. One OB/GYN explained, “Clinical work is seeing a patient and dealing with anything related to patient care, such as follow-up labs, making dispositions. Even if it’s after hours and the patient’s not there, that’s still clinical. Anything that goes directly making an actionable decision that has to deal with the outcome of that interaction you had with a patient.” An ophthalmologist gave a similar response, “Everything I do, whether it be administrative...because it’s all part of patient care. Everything I do – read reports, diagnostics – it’s all still part of clinical care. If the patient is in front of me or not, it’s still part of their care.” The larger concept of patient care was incorporated into their idea of clinical work, however, this idea was even more prominent among non-traditional NAMCS physicians.

Physicians specializing in radiology or pathology were not especially focused on face-to-face encounters as the foundation for clinical work, largely because the nature of their work is different from internists, OB/GYNs, or pediatricians. Rather than emphasize the face-to-face aspect of clinical work, non-office-based physicians thought of the work they do that has an impact on the patient, regardless of whether or not the physician directly interacts with the patient. Patient care broadly, not direct patient interaction, was often defined as the foundation of clinical work. One hospitalist said clinical work is “Patient interaction, review of medical records, review of lab studies, review of X-rays. Anything relative to patient care.” When one radiologist was asked about clinical work he said, “That means doing the studies, doing the imaging interpretations. That was my clinical work. This would include CTs, MRIs, X-rays, ultrasound, mammograms, where I’m just looking and reading the images which involves looking through patients’ records to look at old studies and current study comparison. That I took into clinical work.” Another radiologist had a similar view, defining clinical work as, “Anything that’s involving patient care, whether directly or indirectly. Just because I’m not physically seeing them eye-to-eye doesn’t mean that I’m not involved with their whole path of clinical care.” Another put it more simply, “It means what I’m doing will make a difference to a patient.”

Some non-traditional NAMCS physicians acknowledged that different physicians define clinical work differently and this can make it difficult to know how to answer the questions. One radiologist said, “To separate out clinical and non-clinical work is a little difficult because this is a working practice. And whatever you’re doing is in result going to affect the patient. So it’s like clinical work too. It’s not directly, but if the protocol that I tell her [the office assistant] to

set up is not the right protocol, it's going to affect the patient. To me, everything that we are doing here is clinical.”

Respondents' personal views of what constitutes clinical care had ramifications for the way they answered the series of questions on clinical and non-clinical tasks. Even though the concept of clinical work is referred to for questions 7 and 8 (see the Physician Survey in Appendix 1), respondents did not necessarily agree with the division of tasks into clinical and non-clinical work. As a result, they sometimes found the distinction between question 7 and question 8 difficult to process. Instead of taking into account the concept of 'clinical work' when answering the questions, they simply focused on the topic or task asked about in each sub-item.

Primary Care: The questionnaires have a section on primary care, preceded by a filter question asking to what percent of patients the respondent provides primary care. If the answer is less than 10 percent, the respondent is asked to skip the section. However, like clinical work, respondents had varying definitions of primary care. This was especially problematic for the ER physician. His definition of primary care did not, in his mind, match the intent of the questionnaire. He said, “I thought primary care was internal medicine, pediatrics, OB/GYN...clarify what they mean by who is a primary care physician.” Yet he still chose to answer that he delivers primary care to 100% of the patients he sees. When explaining his rationale he said, “They're coming to the emergency department because I can provide something that no one else could at that time. Most of them *choose* to come to the ED.” However, when he read the follow-up questions regarding primary care, he said they were difficult to answer because they did not apply to him. An ophthalmologist also had difficulty. She said, “I consider a primary care physician your internal medicine doctor.” But then she adds, “It could even be a specialist, like your rheumatologist, if that's the only person you see.” To her, if a patient only sees one physician, that physician is de facto the patient's primary care doctor. So she answered that she delivers primary care, even though the primary care she delivers consists only of treating dry eyes and allergies. The way she read and answered the question was to answer according to how many of her patients for which she is the only doctor.

Caring For a Patient: Caring for a patient is defined differently for physicians in certain specialties, such as radiology and pathology, and this has an effect on the way they answer the questions. In other words, the unit of analysis was not always a person, per se. For example, when answering how many patients he cares for in a normal week, one radiologist wrote 500-600 but felt compelled to explain his answer because he was not sure he answered according to the question intent. “When we answer 500, 600 patients, it doesn't make sense as compared to a primary physician. Because I'm reading studies including X-rays and CT scans. We ARE caring for the patient. But, really, does that mean 'how many patients do you care for'?” This respondent wondered if the intent of the question was to capture interaction with an actual patient. Another respondent thought of seeing actual patients, but wasn't sure. As a result, he left question 12 blank which asked how many patient visits you had at the primary practice location. When asked what he was thinking, he said, “There's the question of which are the patients? If I'm in interventional radiology, I'd say 100%. If I'm in mammogram and we have 40 patients a day, I'll become directly involved with about 10. So there's a difference in primary care. I think of patients differently if they are just films. I never see them.” When asked why he chose to leave the question blank, it was because he ultimately did not know the question intent, despite

the instruction to include ‘patients you personally saw’. He said, “I wasn’t sure what was wanted. In my mind I probably would have put 10. In my mind that’s the right number. But I’m not sure if that’s what you were looking for.”

Other radiologists had interpretations that a slide IS a representation of the patient, and had no confusion about whether that was the intent of the question. One said, “So I substituted patients for images. It’s natural.” The two pathologists were also thinking of studies or slides and included that in their answers without hesitation.

Electronic Health Records (EHRs): Most respondents understood the concept of EHRs (although some referred to them as EMRs). However, some interpretations varied because experiences with electronic systems were not always straightforward, especially for radiologists. In other words, there are different ways in which information can be “electronic”, and this was cause for confusion and varying interpretations among radiologists. Some radiologists left these questions blank, some answered that they do NOT have EHRs and others answered that they DO have EHRs (even when thinking of electronic systems exclusive to radiology). For example, one radiologist left question 14 blank (which asks the extent to which they have implemented EHRs at the primary practice location). When asked why it was left blank, she said, “We don’t have EHRs as such, but all what I dictate – because it’s imaging – is going to the transcriptionist who puts it on a digital file. So it’s like an electronic file and we have records of that on the computer. It’s a little different from the EHRs.” She was not sure if she should include this in her answer, so she left it blank. Another radiologist explained her reality in a similar manner. “We do have an electronic system, but it’s not how they would have it at a primary care physician. All our records are electronic – there are no paper records. But the other physicians cannot access our records. Because they’re all from different physicians and they’re all together, it becomes a big HIPPA violation.” She answered they do not have EHRs. Another radiologist gave a similar rationale and decided that the electronic system in radiology was, indeed, different from EHRs. He said, “In mammography we have a separate system. It’s very important in the way we can track patients. But I look at it different from EMRs, which is a new animal.” He answered that they are ‘in the process of implementing EHRs’, even though the hospital in which he is located has full EHR capacity. Other radiologists also answered the questions specific to electronic systems used specifically for radiology, but they viewed their system as essentially the same as (not different from) EHRs. For example, one respondent said he was thinking of the Picture Archiving System that his radiology group uses and answered the EHR questions in the affirmative. He was not thinking about the general hospital EHR system, only the system specific to radiology.

Finally, a hospitalist explained the complicated nature of electronic records. He said, “They have them in the hospital but we do not have it in our ambulatory surgery center. Now, we have access electronically to the patient’s records, if they’ve had anything done in the hospital. I can look up their X-rays, their MRIs, their lab study. I can look up their in-patient record.” But he said the surgical center did not use EHRs in the same manner, so he did not include this in his answer. He said they had ‘no plans to acquire an EHR system’.

Medical Organization

The organization for which a physician worked made it either more or less difficult to answer questions about the medication organization. More complicated employment situations were likely to create confusion in terms of how to think of the medical organization. Respondents were either outwardly unsure of how to answer questions about their medical organization or they shifted in their mind the unit of analysis from question-to-question, depending on what aspect of the organization best fit a particular question. Moreover, this was more likely the case among non-traditional NAMCS physicians such as radiologists, pathologists, and hospitalists. This finding is discussed next.

A series of questions asked respondents about the characteristics of the medical organization that employs them. Respondents working in smaller or solo practices had little difficulty referencing their organization because these work environments were simply structured. Traditional NAMCS physicians such as internists, pediatricians and OB/GYNs who worked for large, not-for-profit healthcare organizations (e.g., Kaiser or MedStar) also had no difficulty understanding that the questions were asking about the organization for which they worked.

On the other hand, some respondents were not employed by an organization with a clear and straightforward structure. Some work environments were characterized as more complex, composed of multiple layers with multifaceted relationships among the different parts. For example, respondents who worked at one hospital were not sure if they should answer for that hospital alone or for the larger group of affiliated hospitals. It was also not uncommon for non-office-based physicians to be affiliated with a group of doctors (e.g., radiologists) who contract with a hospital. These types of organizational structure presented problems for respondents, and this included the practice administrator. She said, “My main thing with this [the survey] is, do I answer for the practice or the company?” There was a definition of ‘medical organization’ offered at the beginning of this series of questions, but respondents rarely read it and never used it. Another respondent (a radiologist) expressed the same confusion and said, “My main problem as I was going through [the survey questions] was identifying my organization. I had difficulty whether I should be answering for my group (which is a completely different answer) as compared to the organization I’m working for, which is the hospital.” Many respondents had similar issues. For example, one question asked how many physicians are in the respondent’s medical organization. One respondent left it blank and explained, “I couldn’t answer that because I didn’t know what it meant. Does it mean the ED [Emergency Department] at the hospital? Or who I work for, which is a much bigger organization?” Another respondent shared the difficulty in not knowing exactly how to think of his medical organization. He said, “That was hard for me. I could give you the number of employees in the hospital is a little under 2000. I can give you some idea of the doctors on our staff – it’s a little under 600.”

A common strategy for respondents in this situation was to shift what they were thinking about from question to question. For some questions asking about their medical organization, respondents would think about their group (such as the radiology group that contracts with a hospital or an ambulatory surgical center), and for other questions they would think about the larger entity (such as the hospital), depending on which seemed more appropriate to the question.

This pattern was especially true for radiologists, pathologists, and hospitalists (an internist, a wound care physician, and an ER physician), and also included the practice administrator.

General Findings

Consequences of Questionnaire Length:

The length of the questionnaires may create impediments to the collection of accurate data. The physician questionnaire is approximately 125 questions (eight pages long) and the physician and medical organization questionnaire is approximately 170 questions (12 pages long). The ways in which length affects the response process are discussed next.

Several respondents suggested that because of the length of the survey, they (or other physicians) would not be likely to complete the questionnaire. Six respondents mentioned this outright, without being asked. One respondent said, “It was all over...a lot of questions. There’s too many things being asked. That’s how I felt.” Another respondent said she would absolutely not complete the survey if no incentive were offered. She said, “Twenty minutes of my time is very valuable time. And I don’t have it to give to the government for free.” Other, however, felt that money was not an adequate incentive. As one interview began, the respondent said, “I will tell you, \$100 was not my incentive. Because time is really precious.” He did it more for altruistic reasons, a sentiment echoed by other physicians. Another respondent said, “The more specific you can be about the goals of the study, the greater chance it’s going to hit at the heart strings of something that’s important to the physician. Otherwise, most of the stuff either goes in the garbage or goes to staff.”

Physicians who do decide to complete the questionnaire are likely to rush through it and not read carefully. This was the case for almost all respondents in the study. Interviewers noted the time it took for respondents to complete the survey. It took respondents a mean average time of 17 minutes to complete the physician survey, with the shortest time being 15 minutes and longest was 25 minutes (the mode was 15 minutes). As expected, it took longer for respondents to complete the physician and medical organization survey, with an average of 23 minutes. The shortest time for completion was 15 minutes and longest was 30 minutes (the mode was 25 minutes). Note that respondents were stopped at 30 minutes in order to allow time for follow-up probing. The following are examples of mistakes that were made as a result of respondents not reading carefully.

- a. *Missed pages, questions, instructions, or definitions:* Several respondents missed entire pages while completing the survey. One respondent noticed this during probing and said, “Oh, I skipped this! One of the hazards of paper surveys.” Another missed the last page and admitted, “I didn’t see that last page.” Other respondents missed individual questions at random. There was no particular pattern to which questions were missed. Several respondents missed the skip instruction after question 20, asking what percent of their patients they deliver primary care to. One person commented, “I didn’t even read that!” and another said, “I didn’t look at it.” If they provide primary care to less than 10% of their patients, they are asked to skip to the next section. However, missing the skip,

some went on to answer questions about primary care that did not apply to their practice. When this was pointed out to one respondent he said, “That’s why all this was garbage. I think what would help is to see a big stop sign here, ‘please read before moving on’.” Another example is a respondent who missed the instruction in question 12 asking him to include only visits where he personally saw the patient and to mark n/a if he does not see patients. He answered the question based on the number of slides he interprets (he was a radiologist).

- b. *Misread questions:* Another outcome of respondents not reading carefully was a misunderstanding of questions. During probing, respondents would discover that they read the question wrong. For the question on capitated/non-capitated insurance, one respondents said, “I said capitated, but now that I think about it, it’s probably non-capitated. I didn’t pay attention to that.” Another respondent did not correctly read question 20 asking the percent of patients to which he provides primary care. He wrote 700 on the survey, thinking that it was asking for the number of patients, not the percent. Another respondent, on question 27a, looked at ‘contracting with insurance plans’ and thought it said, ‘contacting insurance plans’. For question 24, asking about common specialties in the medical organization, one respondent wrote in n/a. When asked why, he looked at it again and said, “Oh. It says my medical organization. I was thinking of me.” Similarly, another respondent misread question 12 asking for the number of patient visits in a normal week. This pathologist missed the instruction to include visits ‘where you personally saw the patient’. In that same question, another respondent missed the same instruction. During probing he said, “For me right?” Initially he answered the question based on how many patients his ER team saw in a normal week, not how many he saw personally.
- c. *Misunderstood questions:* Some respondents read the question wording correctly, but did not take enough time to ingest its meaning. Often during probing, respondents would realize they “misread” a question initially. For example, question 35 asked whether the respondent is a primary caregiver to anyone. One respondent began to give the rationale for his answer (of yes) and then paused as he realized he misunderstood the question. He answered ‘yes’ because, “I have a wife. My wife and I pull together and make decisions.” Then he looked at the question again and said, “Oh...maybe I just misunderstood the question. Yeah, I don’t provide care for them, if that’s what that’s asking. I was thinking, ‘who am I responsible to for making medical decisions [with the family].’ He also admitted he did not understand question 7a right away. This question asks about the percent of time spent on a variety of clinical activities. He said, “I didn’t understand it right away and then I began to look at it.” He had to look at all of the activities to understand what was being asked, largely because his definition of ‘clinical work’ did not correspond to all the activities being asked about. This was common for other questions that asked respondents to construct a percent distribution. Most respondents did not take the time necessary to arrive at a valid distribution (or even one that added to 100 percent) because they were trying to rush through the survey. Respondents missed aspects of other questions as well.

One respondent realized during probing that he answered question 11 incorrectly (about describing his primary practice location). He said, “I answered for both [locations], probably because I didn’t read the ‘primary practice location’ [instruction].” Question 6 asking how many patients a physician cares for in a normal week is another example. One respondent did not read the week timeframe and answered in terms of a normal day.

Difficulties with Specific Questions:

Questions with percent distributions: As noted above, questions requiring respondents to arrive at a percent distribution presented difficulties for respondents. Several respondents had difficulty coming up with percentages that added to 100. Part of the problem was being able to think in terms of percentages (vs hours). For example, about question 7a (asking what percent of your clinical work hours is spent on each of the following activities) one respondent noted, “It’s really hard, as a physician, to quantify that. It’s almost easier for me to say how many hours a week do you do this. Because I can tell you that I work 40 hours a week seeing patients. I can then figure out that I’m really working 10 hours a day, so I must be spending two hours a day on this.” Another person felt the same way and said, “I think it’s more accurate if you do it by hours. Then you think about this as an estimate...it [hours] will be more accurate than percentage because I will be forced to start thinking about it [if I have to give hours]”. Another person also thought of his time in terms of hours and made the argument that doing the math to come up with the percentage is too difficult. He said, “I think the part about the percentages is very difficult. I think it could be ‘in a 40-hours week, how many hours would you spend...’. My work week involves two clinics, so that’s eight hours of direct patient care. What is that percent? Might be easier to use hours.”

To make matters more difficult, question 46b (on only the physician and medical organization survey) presented respondents with a list they did not perceive as mutually exclusive. The question asks what percent of patients with at least one chronic condition receive the following services (such as reminders during a visit, reminders for follow-up care, non-physician staff interaction and nurses coordinating care). In most cases, patients receive several of these services, making a percent distribution impossible. As a result, most respondents did not understand that the question was asking for a percent distribution and answers did not add to 100.

Questions asking about a ‘normal week’: It was difficult for some respondents to think of a normal week in answering questions three through eight (which all used this reference period). Some respondents put a range, some averaged out their answers, and others answered based on their official office schedule (which was more predictable compared to the number of hours they actually worked on any given week).

Regardless of strategy, it took some cognitive effort to address the questions asking about a normal week. One hospitalist immediately made note of his lack of a normal schedule. His strategy was to put a range. He said, “With this company you tell them ‘this is the number of hours I want to work on average.’ I don’t work five days a week. I work sometimes three days a

week, sometimes six days a week. It varies so much. And this is specific to emergency medicine. We don't have a set schedule. Ever.”

Another hospitalist also noted his lack of a ‘normal week’, but his strategy was to provide an average. He said, “I had to extrapolate this because the hospitalist model across the country is variable. So a lot of the hospitalists will work, for example, a week clinically and will be off for a week – or on for two weeks and off for two weeks. So I tried to interpret this by averaging it, or just talking about the weeks I was working clinically.” Another office physician did have more of a normal schedule, but it was bi-weekly, not weekly. She answered twenty hours, which was an average of the two weeks. She said, “My schedule is bi-weekly. So it's every other week...I work every other Thursday, I work Wednesday and Friday every week. On every other Monday I do surgery. If I do surgery, I may come in on Tuesday to do my post-op, so I may do some hours there, but it just may be an hour. So it kind of varies by the week, and it's kind of a bi-weekly set. Twenty was kind of the average between the two weeks.” A radiologist who had no ‘normal week’ also took an average, but he did so over the course of an entire year.

Finally, some respondents who did not have a ‘normal week’ decided to provide their official work schedule as an answer. One internist answered 50 hours and said, “It's never a normal week. It all depends on how many patients are coming, how many walk-ins there are, phone calls, who we're treating, what medical problems there are...so I'm sure it's more than 50 hours. I put 50 hours, but it's always more than 50 hours.” When asked how she arrived at 50, she said that 50 hours reflected her office schedule, not necessarily the number of hours she works altogether. A portion of her work, for example, she completes at home. Another respondent also made the distinction between her official office schedule and the actual work she puts in (which can vary from week to week). Her answer of 27 hours represented only the time she spends in the office, not the work she completes at home.

Questions asking about primary practice location: It was not always easy for respondents to answer questions about their primary practice location. Those who worked out of different offices sometimes had a difficult time deciding which to think about. One strategy was to combine offices when answering the questions. For example, one respondent (a psychiatrist) works one day a week at a hospital and the other four days split equally between her private practices in two different towns. When answering the questions about primary practice location, she answered for her private practice (not the hospital location), but combined the offices in each town into an average.

Another strategy was to switch back-and-forth, thinking about one location in one question and another location in the next question, depending on which was most relevant. One radiologist described the dilemma well. When asked if he had only one practice location he said, “Yes. I drive into that garage and I work in this building [a hospital]. But in a sense I work in two locations. I work in mammography – so that's a separate location – the other is the main radiology department where I work in a room with a nurse, techs, and I do procedures. So it's two very different types of practices and it just depends on what week it is. So looking at it another way, it's two locations, so I wasn't sure how to answer that.” As a result, when answering questions he shifted the department he was thinking about (radiology vs.

mammography). To this respondent, 'location' can mean the physical building (of the entire hospital) or the different departments (which occupy different sections or wings of the hospital).

Question number 35: Question 35 asked, "In your personal life, are you the primary caregiver for anyone in your family including children or adults (e.g., spouse, partner, parent, or relative)?" Many respondents did not understand the intent. Sometimes this was because they read the question too quickly (as described above) but sometimes it was because they imputed meaning to the question in relation to the topic of the survey itself, such as delivering care to a patient. One internist answered 'no' to the question, but was unsure about it. She said, "What is a 'primary caregiver'? Do you mean, do I have children at home? Or do you mean someone sick? I figured I'm not a caregiver to my spouse. He's independent. Caregiver...you think of someone who is physically, mentally, emotionally unable to do the tasks that they're supposed to do." Another respondent (a pathologist) had a similar sense of confusion. He thinks the answer would be 'no' but said, "I found it to be an ambiguous question. So are you saying, as a physician, am I the treating physician of anyone in my family, versus am I the primary caregiver, do I care for them?" Finally an OB/GYN also answered 'no' but wasn't sure how to interpret the question. She ultimately interpreted it as taking care of someone in her family who may have a medical issue, such as dementia. She said, "No, I am not the primary caregiver for anyone. My family is healthy, so, no."

Other respondents did not take the question to mean caring for an ill family member. One respondent (a psychiatrist) understood it to mean raising children, but was still unsure of the term 'primary'. She wrote in the margin, "If I'm alone vs. with a spouse?" In a similar vein, a pathologist answered 'yes' and said, "I interpret it as the same as the IRS form – whether you're the head of the household. You're the provider, primary provider, or you basically have the most income in the house."

Topics Not Covered By Questionnaire:

Respondents were asked if they thought the questionnaire missed any topics they felt were important to include. Many could not respond to this question and did not know what to add. One person said she could not give an answer because she did not know the intent of the survey or the purpose of the questionnaire (despite having filled it out and read all the questions). But a few respondents did have opinions about topics that should be covered.

Telemedicine:

Telemedicine is a growing phenomenon, particularly in fields such as radiology. Two of the respondents in this sample participated in what they called 'teleradiology' and found it difficult to fit this experience into some of the questions, especially those that ask respondents to think about their primary practice location. For one person it was more straightforward because she views the office as her primary practice location, given that she spends more hours there. She said, "My normal week is that I'm at two different locations. This is my primary location, where I'm here at 8:00 AM and I usually leave at 2:00 or 2:30. Then I go home and I read from home too – teleradiology. I read there for a few hours, depending. And that's how it usually is every day, Monday through Friday." Another radiologist had a similar work life, but expressed more

confusion on how to incorporate that into the questionnaire because he spent more time at home. He said, “I’m with a group, but I also do teleradiology. So that’s actually my primary practice location. Which is why it’s difficult [to answer some of these questions].” He identified question 11, asking which setting describes his primary practice location, as confusing. Initially he marked the third category (other outpatient facility) but during probing changed it the sixth category (other setting). When asked why he decided to change his answer he said, “I had to answer with my primary being teleradiology because I do a high percentage [at home].” However, he was not sure what the intent of the question was. He said, “Telemedicine is growing. There really is not any room for me to express that.” When asked which location he thought of when answering questions on his primary practice location, he said, “I was conflicted. Because some questions would be applicable to here [the hospital], some portions were applicable there [home].”

Concierge Medicine:

Some physicians participate concierge medicine, in which patients pay a fee in exchange for more immediate access to physicians and appointments. One internist in the sample participated in this type of model, and thought the questionnaire did not address it well. Upon completing the survey he said, “I just want to tell you one thing I found hard to deal with. We do concierge medicine and there’s really no...about 20% of primary care [doctors] are doing some form of – you can call it what you want – capitated medicine or retainer-based medicine. There’s nothing in this [questionnaire] that actually addresses that.” When asked which questions, specifically, fell short in this manner, he identified questions 41 and 48. Question 41 asks what percentage of patient care revenue comes from patients. He wasn’t sure how to answer and said, “The bulk of our fees come...we have a capitated fee, basically. And then I just charge sixty dollars for an office visit.” Question 48 asks what percentage of the organization’s patient care revenue comes from the following (fee-for-service, shared savings, bundling payments, etc.). He thought there should be an option for concierge medicine – “It doesn’t have that category in it.”

Time Management and Accountability:

A radiologist thought that the questionnaire should touch on the subject of time management. This was an important aspect of physician-life in his opinion. He said, “I think medicine has changed so much. I’m on both sides as a doctor and a patient. As a patient I don’t get time from my doctor. But then as a doctor I’m not able to give my time to a patient because there’s metrics, there’s lean management. I think medicine has become an assembly line practice. Everything’s being monitored by time. So it’s like this ‘big data’ now has gotten to micro manage your day. So if you’re out to get a cup of coffee, ‘What did you do the last 10 minutes? How come I don’t see you logged in?’ I mean, what kind of life is that?”

Residency Work Hours:

An OB/GYN in the sample felt that the questionnaire should address the issue of residency requirements. This is an important aspect of physician training that affects quality of care in his opinion. He said, “The residency work hours are a huge detriment to people in training. The amount and volume of experience they saw was less [than the respondent]. The criteria for

OB/GYN training is 200 deliveries. I think 135 C-sections and 135 hysterectomies. By the time I was done with the four years of residency, I had close to 800 vaginal deliveries and close to 600 C-sections. So it's a radically different type of individual coming out of training. When you have people that their exposure's been limited, when they're faced with a crisis, they can't move. So I'm not a big fan of work hour restrictions."

Appendix 1

NAMCS: Physician Survey
Approval expires 06/30/2015

OMB No.0920-0222:

NOTICE - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0222).

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NAMCS: Physician Survey

The Physician Survey is an expansion of the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about physician work environments across many settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

1. We have your specialty as

Is that correct?

1 Yes

2 No

→

What is your specialty?

2. Do you do any clinical work (e.g., seeing patients, interpreting lab or imaging results)?

1 Yes (Continue to Q3)

2 No. I do not do any clinical work. (**Skip to Q39**)

*The next set of questions asks about a **normal week** of work. We define "normal week" as a week with a normal caseload, with no holidays or vacations. If your work varies, provide a normal week by averaging this work.*

3. In a normal week, at how many locations do you do clinical work? _____
Locations

*The next questions are about your work at **all locations** where you do clinical work.*

4. In a normal week, about how many hours do you work? _____ Total
hours (all locations)

5. Approximately how many days in a normal week do you work? _____
Day(s) per week

6. During a normal week of work, approximately how many patients do you care for? _____ (all
locations)

7. During a normal week of work (at all locations), about how many total hours do you spend doing clinical work? _____
Total clinical work hours. If you answered 3 hours or fewer, **Skip to Q39**

The next set of questions asks about a **normal week** of work. We define “normal week” as a week with a normal caseload, with no holidays or vacations. If your work varies, provide a normal week by averaging this work.

7a During a normal week of work, what percent of your total clinical work hours is spent on each of the following activities? <i>Exclude time not providing patient care. Enter “0” for activities you do not spend time on during a normal week.</i>	Percent
a. Providing in-person evaluation <u>and</u> patient/case management services	_____ %
b. Performing procedures (e.g., diagnostic procedures, anesthesia, surgery)	_____ %
c. Providing in-person treatment for patients (e.g., radiation therapy, chemotherapy)	_____ %
d. Interpreting patient diagnostic tests (e.g., imaging studies, biopsies) for the medical record	_____ %
e. Communicating with patients or caregivers by email or telephone	_____ %
f. Communicating with providers about patient management <u>and</u> care coordination	_____ %
g. Doing patient-related clinical administrative tasks (e.g., patient-related office work, billing, or obtaining prior authorizations)	_____ %
h. Other. Specify: _____	_____ %
i. Other. Specify: _____	_____ %
TOTAL	100%

8. During a normal week (at all locations), approximately how many total hours do you spend doing non-clinical work (e.g., administration, teaching, research)? _____ Total non-clinical work hours

8a During a normal week of work (all locations), what percent of your total non-clinical work hours is spent on each of the following activities? <i>Enter “0” for activities you do not spend time on during a normal week.</i>	Percent
a. Administrative tasks (e.g., practice or hospital management) not directly related to clinical care	_____ %
b. Teaching activities	_____ %
c. Research activities	_____ %
d. Professional activities (e.g., conferences, continuing education)	_____ %
e. Other. Specify: _____	_____ %

8. During a normal week (at all locations), approximately how many <u>total hours</u> do you spend doing <u>non-clinical work</u> (e.g., administration, teaching, research)? _____ Total non-clinical work hours	
f. Other. Specify: _____	_____ %
TOTAL	100%

9. During a typical month, approximately how many hours do you spend on-call, if any?

_____ Hours Not on-call during a typical month

10. In a typical year, about how many weeks are you NOT engaged in clinical activities because of such events as conferences, vacations, illness, etc.?

_____ Weeks

*The next questions are about the **primary practice location**, which is the location where you spend the most time engaged in clinical work. Your primary practice location may differ from the medical organization that employs you.*

<p>11. Which of the following settings describes your primary practice location? CHECK ONE ONLY.</p> <p><input type="checkbox"/>1 Office or clinic physically located within a larger medical facility or campus</p> <p><input type="checkbox"/>2 Office or clinic located in the community (not in a larger medical facility or campus)</p> <p><input type="checkbox"/>3 Other outpatient facility (ambulatory or surgical center)</p> <p><input type="checkbox"/>4 Hospital setting (inpatient ward, emergency department, surgical suite, radiological facility)</p> <p><input type="checkbox"/>5 Long-term or post-acute care setting</p> <p><input type="checkbox"/>6 Other setting (Please describe):</p> <p>_____</p> <p>12. During your last normal week, approximately how many patient visits did you have at the primary practice location? Note: Include visits where you personally saw the patient. MARK Not Applicable, if you do not see patients.</p> <p>_____ Number of patient visits</p> <p><input type="checkbox"/>1 Not applicable</p> <p>13. Overall, how would you rate the quality of teamwork among the clinicians at your primary practice location that provide care for your patients?</p> <p><input type="checkbox"/>1 Excellent</p> <p><input type="checkbox"/>2 Very good</p> <p><input type="checkbox"/>3 Good</p> <p><input type="checkbox"/>4 Fair</p> <p><input type="checkbox"/>5 Poor</p> <p><input type="checkbox"/>6 N/A - No other clinicians in my primary practice</p>	<p>14. What is the degree of electronic health record (EHR) acquisition or implementation at the primary practice location?</p> <p><input type="checkbox"/>1 We have implemented an EHR system</p> <p><input type="checkbox"/>2 We are in the process of implementing an EHR system</p> <p><input type="checkbox"/>3 We plan to acquire an EHR system in the next 12 months</p> <p><input type="checkbox"/>4 We plan to acquire an EHR system in the next 13 to 24 months</p> <p><input type="checkbox"/>5 We have no plans to acquire an EHR system</p> <p>15. Do you share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 Unknown</p> <p><input type="checkbox"/>4 Not applicable. I do not have an EHR system</p> <p>16. Does your EHR at your primary practice location have the capability to electronically send health information to another provider whose EHR system is different from your own?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 Unknown</p> <p><input type="checkbox"/>4 Not applicable. I do not have an EHR system</p>
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17. Does the primary practice location have the computerized capabilities listed below? If you do not perform task for your job select Not Applicable . CHECK NO MORE THAN ONE BOX PER ROW.	Yes	Yes, but turned off	No	Unknown	Not Applicable
a. Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. Do you think the following are major problems, minor problems, or not problems affecting your ability to provide high quality care?	Not a Problem	Minor Problem	Major Problem	Not Applicable
a. Not enough time to spend with patients during visits.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Too many clinical reminders from my electronic health record.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Lack of timely information about patients I see who have been cared for by other physicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Lack of access to research evidence to guide my clinical decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Not enough resources (e.g., time, staff, decision aids) to provide patients with balanced information about treatment options.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Not enough resources (e.g., time, staff, decision aids) to incorporate patient preferences into the medical plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Difficulty obtaining specialized diagnostic tests, treatments, or specialist referrals for my patients in a timely manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Patient difficulty paying for needed care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

19. How many of the following types of staff (full and part time) are associated with the <u>primary practice location</u> ? If none, mark box provided. Include yourself in the applicable physician category.	Number of Staff at the Primary Practice Location
a. Specialist physicians	_____ <input type="checkbox"/> None
b. Primary care physicians	_____ <input type="checkbox"/> None
c. Physician assistants	_____ <input type="checkbox"/> None
d. Advanced practice nurses	_____ <input type="checkbox"/> None
e. Registered nurses	_____ <input type="checkbox"/> None
f. Licensed practical nurse/medical assistant	_____ <input type="checkbox"/> None

g. Other licensed health professionals	_____ <input type="checkbox"/> None
h. Administrative staff	_____ <input type="checkbox"/> None

20. Of all of your patients, what percentage do you provide primary care?

_____ Percent of patients

If you provide primary care for 10% or more of your patients, continue to Q20a.

If you provide primary care for less than 10% of your patients, Skip to Q21.

20a	How often can the patients you provide primary care to....	Always	Often	Sometimes	Rarely	Never	Uncertain
a.	...see you each time they visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b.	...reach you when they have a question?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c.	...communicate with you by email about clinical issues?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20b	How often is the primary practice location....	Always	Often	Sometimes	Rarely	Never	Uncertain
a.	...open for patient visits after normal business hours, such as weekday nights or weekends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b.	...able to see sick patients that same day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c.	...able to provide timely advice to patients either over the phone or by email as needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

20c	Can patients get the following services on-site at your primary practice location?	Yes	No	Unknown
a.	Nutrition counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b.	Immunizations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c.	Family planning or birth control services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d.	Counseling for behavior or mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e.	Treatment of a minor laceration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20d	If a patient for whom you provide primary care presents with <u>new onset low back pain</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
a.	Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20e	If a patient for whom you provide primary care presents with <u>amenorrhea</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
a.	Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20f	If a patient for whom you provide primary care presents with <u>depression symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat at Unlikely	Very Unlikely
a.	Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20g	If a patient for whom you provide primary care presents with <u>diabetes symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat at Unlikely	Very Unlikely
a.	Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20h	If a patient for whom you provide primary care presents with <u>sore throat symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat at Unlikely	Very Unlikely
a.	Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20f	If a patient for whom you provide primary care presents with <u>depression symptoms</u> , how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
	b. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	c. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	d. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20j.	To what extent do you agree or disagree with the following statements about primary care provided at your primary practice location?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain
	a. The primary care team is responsible for coordinating all patient care across multiple settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	b. The primary care team routinely identifies patients with a hospital admission or emergency department visit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	c. The primary care team routinely obtains patient discharge summaries across all care settings, including transfers from one care setting to another (as in hospital to sub-acute).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20i	At the primary practice location, how confident are you that you or your <u>primary care team</u> can...	Not at all Confident	Not too Confident	Somewhat Confident	Very Confident
	a. ...plan care for patients outside the clinic visit when appropriate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	b. ...identify patient subgroups with distinct needs (e.g., smoking, hypertension) to target care interventions and management?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20j.	To what extent do you agree or disagree with the following statements about primary care provided at your primary practice location?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain
	d. The primary care team contacts patients soon after hospital discharge to coordinate follow-up care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20j. To what extent do you agree or disagree with the following statements about primary care provided at your primary practice location?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain
e. The primary care team routinely reconciles medications with patients after care transitions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The primary care team provides consultants or specialists the clinical reason for the referral.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The primary care team routinely tracks the status of referrals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. The primary care team routinely follows up with specialists to obtain reports.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. The primary care team routinely asks patients about self-referrals to request reports from those clinicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20k. Has your primary practice location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association of Health Care Practice?

- 1 Yes
 2 No, but we are preparing to apply within the next 12 months
 3 No and no plans to apply within the next 12 months
 4 Uncertain

*The next questions are about the **characteristics of the medical organization that employs you.** By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations.*

21. Including yourself, how many total physicians (full and part time) are in your medical organization? Include all practice locations.

- 1 100 or fewer physicians → |||| Number of physicians
2 More than 100 physicians

22. How would you rate this medical organization's performance in each of the following areas over the past 12 months?	Excellent	Very Good	Good	Fair	Poor	Uncertain
a. Financial performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

<p>23. Which of the following best describes this medical organization? CHECK ONE ONLY.</p> <p><input type="checkbox"/>1 Independent physician practice</p> <p><input type="checkbox"/>2 Group or staff model HMO</p> <p><input type="checkbox"/>3 Network of physicians owned by a hospital, hospital system or medical school</p> <p><input type="checkbox"/>4 Hospital or medical school staff</p> <p><input type="checkbox"/>5 Other. Specify: _____</p>	<p>24. What are the three most common physician specialties represented in your medical organization?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
---	--

25. Who owns the medical organization? CHECK ALL THAT APPLY.

- | | |
|---|---|
| <p><input type="checkbox"/>1 Physicians in the practice</p> <p><input type="checkbox"/>2 Another physician group</p> <p><input type="checkbox"/>3 Insurance company, health plan, or HMO</p> <p><input type="checkbox"/>4 Community health center</p> | <p><input type="checkbox"/>5 Medical school or university/academic health center</p> <p><input type="checkbox"/>6 Other public or private hospital, health system, or foundation owned by a hospital</p> <p><input type="checkbox"/>7 Other. Specify: _____</p> |
|---|---|

26. Are you a full- or part-owner, an employee, or an independent contractor within your medical organization?

- 1 Full owner 2 Part owner 3 Employee 4 Contractor

27. Who is most involved with decisions for each of the following activities?	Physicians at my location	Administrators at my location	Administrators off-site within my organization	Administrators outside of my medical organization	Not Applicable
a. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Purchasing medical equipment used at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Hiring new physicians at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Hiring support staff at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

To better understand medical organizations, we are conducting a complementary data collection effort. We are interested in learning about other aspects of your medical organization, such as network affiliations, payment structures, and relationships with other health care organizations.

28. Please provide contact information for your organization's primary practice administrator or person you think is best qualified to answer these questions. The contact information you provide will be strictly protected under Federal data privacy rules.

37. Estimate what percentage of your total compensation is based on the following ways that physicians are paid. <i>Your percentage of total compensation should sum to 100%.</i>	Percent
a. Guaranteed or “base” salary (not directly tied to your productivity or clinical performance)	_____ %
b. Your own individual productivity (e.g., cash collection, billings, relative value units, visits)	_____ %
c. Your own management of health care resources for your patients as compared to other physicians	_____ %
d. Performance on measures of your patients’ satisfaction with the care you provide (e.g., results of patient satisfaction surveys)	_____ %
e. Performance on measures of the quality of care you provide to your patients (e.g., measures of adherence to guidelines, complication rates, quality review by peers)	_____ %
f. Some share of your medical organization’s net revenue	_____ %
g. Other. Specify: _____	_____ %

TOTAL 100%

Comment Box: Please describe any questions you had problems answering or were unable to fully express your response.

<p>38. Would you have preferred to complete this questionnaire through a Website or would you have preferred to complete this questionnaire by paper?</p> <p>1 <input type="checkbox"/> Strong paper preference</p> <p>2 <input type="checkbox"/> Slight paper preference</p> <p>3 <input type="checkbox"/> Slight website preference</p> <p>4 <input type="checkbox"/> Strong website preference</p> <p>39. Who completed this survey?</p> <p>1 <input type="checkbox"/> The physician to whom it was addressed</p> <p>2 <input type="checkbox"/> Office staff</p> <p>3 <input type="checkbox"/> Other</p>	<p>40. Were you asked to skip ahead because you do not do clinical work more than 3 hours a week?</p> <p>1 <input type="checkbox"/> Yes (Go to 40a)</p> <p>2 <input type="checkbox"/> No (Thank you for your participation. Please provide comments about the survey in the Comment Box.)</p> <p>40a What do you spend most of your work time doing? Select all that apply.</p> <p>1 <input type="checkbox"/> Administrative tasks</p> <p>2 <input type="checkbox"/> Teaching activities</p> <p>3 <input type="checkbox"/> Research activities</p> <p>4 <input type="checkbox"/> Professional activities</p> <p>5 <input type="checkbox"/> I am retired</p> <p>6 <input type="checkbox"/> I practice medicine no more than 3 hours a week.</p> <p>7 <input type="checkbox"/> Other. Specify: _____</p> <p>_____</p> <p>_____</p>
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Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

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Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

NAMCS: Medical Organizations Survey

The Medical Organizations Survey is an expansion of the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about medical organizations where all physicians work across many settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

<p>1. Which of the following best describes this medical organization? By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations. CHECK ONE ONLY.</p> <p><input type="checkbox"/>1 Independent solo- or two-physician practice</p> <p><input type="checkbox"/>2 Independent group practice – three or more physicians</p> <p><input type="checkbox"/>3 Group or staff model HMO</p> <p><input type="checkbox"/>4 Network of physicians owned by a hospital, hospital system or medical school</p> <p><input type="checkbox"/>5 Hospital or medical school staff</p> <p><input type="checkbox"/>6 Other. Specify: _____</p> <p>2. Overall, how many locations does this medical organization have to do clinical work?</p> <p>_____ Number of locations.</p> <p>3. Approximately how many total physicians (full and part time) work for this medical organization across all of its locations?</p> <p>_ _ _ _ Number of physicians</p>	<p>4. What are the three most common physician specialties represented in your medical organization?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>5. Who owns the medical organization? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/>1 Physicians in the practice</p> <p><input type="checkbox"/>2 Another physician group</p> <p><input type="checkbox"/>3 Insurance company, health plan, or HMO</p> <p><input type="checkbox"/>4 Community health center</p> <p><input type="checkbox"/>5 Medical school or university/academic health center</p> <p><input type="checkbox"/>6 Other public or private hospital, health system, or foundation owned by a hospital</p> <p><input type="checkbox"/>7 Other. Specify:</p> <p>_____</p> <p>_____</p>
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6. How would you rate this medical organization's performance in each of the following areas over the past 12 months?	Excellent	Very Good	Good	Fair	Poor	Uncertain
a. Financial performance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

7. Who is most involved with decisions for each of the following activities? CHECK ONE ONLY.	Physicians at their location	Administrators at each clinical location	Administrators within my organization	Administrators outside of my medical organization	Not Applicable
e. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Purchasing medical equipment used at your reporting location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Hiring new physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Hiring support staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. Who primarily provides the following services for clinical locations in the medical organization? CHECK ONE ONLY	Each Clinical Location	The Medical Organization	Network Affiliation (e.g., PHO, IPA)	Independent Vendor (e.g., management service company)	N/A
a. Billing services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Clinical health information system implementation and support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Shared clinical support services such as nurse care managers or patient educators	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Quality improvement program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Malpractice insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next two questions are about types of insurance accepted by the medical organization.

9. What percentage of overall physician patient care revenue comes from patients with each type of insurance?		10. Is the medical organization accepting new patients for each type of insurance?		
Types of insurance	Percent	Yes	No	Unknown
a. Private insurance capitated	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Private insurance non-capitated	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Medicare	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Medicaid/CHIP	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Workers compensation	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Self-pay	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. No charge	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Other. Specify: _____	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

TOTAL
100%

<p>11. Does the medical organization receive any additional compensation beyond routine visit fees for offering <i>Patient-Centered Medical Home (PCMH)</i> type services or participate in a certified PCMH arrangement?</p> <p>1 <input type="checkbox"/> Yes (Skip to 12)</p> <p>2 <input type="checkbox"/> No (Go to 11a)</p> <p>3 <input type="checkbox"/> Uncertain (Go to 11a)</p> <p style="text-align: right;">} ———— ↓</p> <p>11a Are there plans <u>to participate</u> in a PCMH arrangement in the next 12 months?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Uncertain</p> <p>12. Does the medical organization participate in an <i>Accountable Care Organization (ACO)</i> arrangement with Medicare or private insurers?</p> <p>An ACO is an entity typically composed of primary care physicians, specialist, and hospitals that is held financially accountable for the cost and quality of care delivered to a defined group of patients.</p> <p>1 <input type="checkbox"/> Yes (Skip to 13)</p> <p>2 <input type="checkbox"/> No (Go to 12a)</p> <p>3 <input type="checkbox"/> Uncertain (Go to 12a)</p>	<p>12a Are there plans <u>to participate</u> in an Accountable Care Organization arrangement in the next 12 months?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Uncertain</p> <p>13. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?</p> <p>1 <input type="checkbox"/> No (Skip to 14)</p> <p>2 <input type="checkbox"/> Yes (Go to 13a)</p> <p>3 <input type="checkbox"/> Uncertain (Go to 13a)</p> <p style="text-align: right;">} ———— ↓</p> <p>13a What percentage of your patients come to you through your IPA or PHO?</p> <p>_____ Percent of patients</p> <p>1 <input type="checkbox"/> Uncertain</p>
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14. Do physicians in your medical organization manage patients that have at least one chronic condition?

- 1 Yes ↓ Continue to Q14a 2 No (Skip to Q15) 3 Uncertain (Skip to Q15)

14a Among patients cared for by the medical organization, what percent of patients with at least one chronic condition are managed by your physicians?

_____ Percent of patients (Continue to Q14b)

14b What percent of patients <u>with at least one chronic condition</u> receive the following services, and indicate who provides the service.	Percent of patients receiving service	Service provided by...			
		Your organization	IPA, PHO, or ACO	Health plan or other payer	Service not provided
a. Clinicians use guideline-based reminders during patient visit.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Patients are sent reminders for preventive or follow-up care.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Non-physician staff meets with patients to provide them with education or help manage their condition.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Specially trained nurse care managers are used to coordinate care.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

TOTAL 100%

15. Indicate whether this medical organization provides each of the following to its physicians. Do not include reports from other organizations that only cover a portion of the physicians' patient panels.	Yes	No	Uncertain
a. Reports on the clinical quality of care the physician individually provides to patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Reports on the physician's individual resource use when treating patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A registry of patients with specific conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

16. What percentage of your organization's patient care revenue comes from the following?	Percent

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NAMCS: Physician and Medical Organization Survey

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1. We have your specialty as

Is that correct?

1 Yes

2 No

→

What is your specialty?

2. Do you do any clinical work (e.g., seeing patients, interpreting lab or imaging results)?

1 Yes (Continue to Q3)

2 No. I do not do any clinical work. (**Skip to Q51**)

*The next set of questions asks about a **normal week** of work. We define "normal week" as a week with a normal caseload, with no holidays or vacations. If your work varies, provide a normal week by averaging this work.*

3. In a normal week, at how many locations do you do clinical work? _____ Locations

*The next questions are about your work at **all locations** where you do clinical work.*

4. In a normal week, about how many hours do you work? _____ Total hours (all locations)

5. Approximately how many days in a normal week do you work? _____ Day(s) per week

6. During a normal week of work, approximately how many patients do you care for? _____ Number of patients (all locations)

7. During a normal week of work (at all locations), about how many total hours do you spend doing clinical work? _____ Total clinical work hours. If you answered 3 hours or fewer, **Skip to Q51**

7a During a normal week of work, what percent of your <u>total clinical work hours</u> is spent on each of the following activities? Exclude time not providing patient care. Enter "0" for activities you do not spend time on during a normal week.	Percent
j. Providing in-person evaluation <u>and</u> patient/case management services	_____ %
k. Performing procedures (e.g., diagnostic procedures, anesthesia, surgery)	_____ %
l. Providing in-person treatment for patients (e.g., radiation therapy, chemotherapy)	_____ %
m. Interpreting patient diagnostic tests (e.g., imaging studies, biopsies) for the medical record	_____ %

The next set of questions asks about a **normal week** of work. We define “normal week” as a week with a normal caseload, with no holidays or vacations. If your work varies, provide a normal week by averaging this work.

	_____ %
n. Communicating with patients or caregivers by email or telephone	_____ %
o. Communicating with providers about patient management <u>and</u> care coordination	_____ %
p. Doing patient-related clinical administrative tasks (e.g., patient-related office work, billing, or obtaining prior authorizations)	_____ %
q. Other. Specify: _____	_____ %
r. Other. Specify: _____	_____ %
TOTAL	100%

8. During a normal week (at all locations), approximately how many **total hours** do you spend doing **non-clinical work** (e.g., administration, teaching, research)? _____ Total non-clinical work hours

8a During a normal week of work (all locations), what percent of your **total non-clinical work hours** is spent on each of the following activities? Enter “0” for activities you do not spend time on during a normal week.

	Percent
g. Administrative tasks (e.g., practice or hospital management) not directly related to clinical care	_____ %
h. Teaching activities	_____ %
i. Research activities	_____ %
j. Professional activities (e.g., conferences, continuing education)	_____ %
k. Other. Specify: _____	_____ %
l. Other. Specify: _____	_____ %
TOTAL	100%

9. During a typical month, approximately how many hours do you spend on-call, if any?

_____ Hours

Not on-call during a typical month

10. In a typical year, about how many weeks are you NOT engaged in clinical activities because of such events as conferences, vacations, illness, etc.?

_____ Weeks

The next questions are about the **primary practice location**, which is the location where you spend the most time engaged in clinical work. Your primary practice location may differ from the medical organization that employs you.

11. Which of the following settings describes your primary practice location? CHECK ONE ONLY.

- 1 Office or clinic physically located within a larger medical facility or campus
- 2 Office or clinic located in the community (not in a larger medical facility or campus)
- 3 Other outpatient facility (ambulatory or surgical center)
- 4 Hospital setting (inpatient ward, emergency department, surgical suite, radiological facility)
- 5 Long-term or post-acute care setting
- 6 Other setting (Please describe):

12. During your last normal week, approximately how many patient visits did you have at the primary practice location?

Note: Include visits where you personally saw the patient. MARK Not Applicable, if you do not see patients.

_____ Number of patient visits

- 1 Not applicable

13. Overall, how would you rate the quality of teamwork among the clinicians at your primary practice location that provide care for your patients?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 N/A - No other clinicians in my primary practice

14. What is the degree of electronic health record (EHR) acquisition or implementation at the primary practice location?

- 1 We have implemented an EHR system
- 2 We are in the process of implementing an EHR system
- 3 We plan to acquire an EHR system in the next 12 months
- 4 We plan to acquire an EHR system in the next 13 to 24 months
- 5 We have no plans to acquire an EHR system

15. Do you share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

- 1 Yes
- 2 No
- 3 Unknown
- 4 Not applicable. I do not have an EHR system

16. Does your EHR at your primary practice location have the capability to electronically send health information to another provider whose EHR system is different from your own?

- 1 Yes
- 2 No
- 3 Unknown
- 4 Not applicable. I do not have an EHR system

17. Does the primary practice location have the computerized capabilities listed below? If you do not perform task for your job select Not Applicable . CHECK NO MORE THAN ONE BOX PER ROW.	Yes	Yes, but turned off	No	Unknown	Not Applicable
f. Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. Do you think the following are major problems, minor problems, or not problems affecting your ability to provide high quality care?	Not a Problem	Minor Problem	Major Problem	Not Applicable
i. Not enough time to spend with patients during visits.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Too many clinical reminders from my electronic health record.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Lack of timely information about patients I see who have been cared for by other physicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Lack of access to research evidence to guide my clinical decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Not enough resources (e.g., time, staff, decision aids) to provide patients with balanced information about treatment options.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Not enough resources (e.g., time, staff, decision aids) to incorporate patient preferences into the medical plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Difficulty obtaining specialized diagnostic tests, treatments, or specialist referrals for my patients in a timely manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Patient difficulty paying for needed care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

19. How many of the following types of staff (full and part time) are associated with the primary practice location ? If none, mark box provided. Include yourself in the applicable physician category.	Number of Staff at the Primary Practice Location
i. Specialist physicians	_____ <input type="checkbox"/> None
j. Primary care physicians	_____ <input type="checkbox"/> None
k. Physician assistants	_____ <input type="checkbox"/> None
l. Advanced practice nurses	_____ <input type="checkbox"/> None
m. Registered nurses	_____ <input type="checkbox"/> None
n. Licensed practical nurse/medical assistant	_____ <input type="checkbox"/> None
o. Other licensed health professionals	_____ <input type="checkbox"/> None
p. Administrative staff	_____ <input type="checkbox"/> None

20. Of all of your patients, what percentage do you provide primary care?

_____ Percent of patients

***If you provide primary care for 10% or more of your patients, continue to Q20a.
If you provide primary care for less than 10% of your patients, Skip to Q21.***

20a How often can the patients you provide primary care to....	Always	Often	Sometimes	Rarely	Never	Uncertain
d. ...see you each time they visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. ...reach you when they have a question?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. ...communicate with you by email about clinical issues?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20b How often is the primary practice location....	Always	Often	Sometimes	Rarely	Never	Uncertain
d. ...open for patient visits after normal business hours, such as weekday nights or weekends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. ...able to see sick patients that same day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. ...able to provide timely advice to patients either over the phone or by email as needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

20c Can patients get the following services on-site at your primary practice location?	Yes	No	Unknown
f. Nutrition counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Immunizations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Family planning or birth control services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Counseling for behavior or mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Treatment of a minor laceration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20d If a patient for whom you provide primary care presents with <u>new onset low back pain</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
e. Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20e If a patient for whom you provide primary care presents with <u>amenorrhea</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
e. Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20f If a patient for whom you provide primary care presents with <u>depression symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
e. Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20d If a patient for whom you provide primary care presents with <u>new onset low back pain</u> , how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
20g If a patient for whom you provide primary care presents with <u>diabetes symptoms</u> , how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
e. Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20h If a patient for whom you provide primary care presents with <u>sore throat symptoms</u> , how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
e. Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The next questions are about the **primary care team**, which is a small team of you and other staff (e.g., nurse, medical assistant, nurse practitioner) within your primary practice location who work closely with you to provide primary care for patients.

20i At the primary practice location, how confident are you that you or your <u>primary care team</u> can...	Not at all Confident	Not too Confident	Somewhat Confident	Very Confident
c. ...plan care for patients outside the clinic visit when appropriate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. ...identify patient subgroups with distinct needs (e.g., smoking, hypertension) to target care interventions and management?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20j. To what extent do you agree or disagree with the following statements about primary care provided at your <i>primary practice location</i> ?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain
j. The primary care team is responsible for coordinating all patient care across multiple settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. The primary care team routinely identifies patients with a hospital admission or emergency department visit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. The primary care team routinely obtains patient discharge summaries across all care settings, including transfers from one care setting to another (as in hospital to sub-acute).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. The primary care team contacts patients soon after hospital discharge to coordinate follow-up care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. The primary care team routinely reconciles medications with patients after care transitions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The primary care team provides consultants or specialists the clinical reason for the referral.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. The primary care team routinely tracks the status of referrals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. The primary care team routinely follows up with specialists to obtain reports.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. The primary care team routinely asks patients about self-referrals to request reports from those clinicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20k. Has your primary practice location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association of Health Care Practice?

- 1 Yes
- 2 No, but we are preparing to apply within the next 12 months
- 3 No and no plans to apply within the next 12 months
- 4 Uncertain

*The next questions are about the **characteristics of the medical organization that employs you**. By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations.*

21. Including yourself, how many total physicians (full and part time) are in your medical organization? Include all practice locations.

- 1 100 or fewer physicians → |__|__|__| Number of physicians
- 2 More than 100 physicians

22. How would you rate this medical organization's performance in each of the following areas over the past 12 months?	Excellent	Very Good	Good	Fair	Poor	Uncertain
d. Financial performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

<p>23. Which of the following best describes this medical organization? CHECK ONE ONLY.</p> <p><input type="checkbox"/>1 Independent physician practice</p> <p><input type="checkbox"/>2 Group or staff model HMO</p> <p><input type="checkbox"/>3 Network of physicians owned by a hospital, hospital system or medical school</p> <p><input type="checkbox"/>4 Hospital or medical school staff</p> <p><input type="checkbox"/>5 Other. Specify: _____</p>	<p>25. Who owns the medical organization? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/>1 Physicians in the practice</p> <p><input type="checkbox"/>2 Another physician group</p> <p><input type="checkbox"/>3 Insurance company, health plan, or HMO</p> <p><input type="checkbox"/>4 Community health center</p> <p><input type="checkbox"/>5 Medical school or university/academic health center</p> <p><input type="checkbox"/>6 Other public or private hospital, health system, or foundation owned by a hospital</p> <p><input type="checkbox"/>7 Other. Specify: _____</p>
<p>24. What are the three most common physician specialties represented in your medical organization?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>26. Are you a full- or part- owner, an employee, or an independent contractor within your medical organization?</p> <p><input type="checkbox"/>1 Full owner</p> <p><input type="checkbox"/>2 Part owner</p> <p><input type="checkbox"/>3 Employee</p> <p><input type="checkbox"/>4 Contractor</p>

27. Who is most involved with decisions for each of the following activities?	Physicians at my location	Administrators at my location	Administrators off-site within my organization	Administrators outside of my medical organization	Not Applicable
i. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Purchasing medical equipment used at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Hiring new physicians at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Hiring support staff at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

To better understand medical organizations, we are conducting a complementary data collection effort. We are interested in learning about other aspects of your medical organization, such as network affiliations, payment structures, and relationships with other health care organizations.

- 28. Please provide contact information for your organization's primary practice administrator or person you think is best qualified to answer these questions. The contact information you provide will be strictly protected under Federal data privacy rules.**

Name _____	Address _____
Title _____	City _____ County _____
Organization Name _____	State _____ Zip Code _____ Counti USA
E-mail _____	Telephone (_____)

The next questions are about you. All information collected will be aggregated with responses from other physicians. Consistent with Federal laws, identities of respondents will never be able to be determined

<p>29. In general, how satisfied or dissatisfied are you with your career in medicine?</p> <p><input type="checkbox"/>1 Very dissatisfied</p> <p><input type="checkbox"/>2 Somewhat dissatisfied</p> <p><input type="checkbox"/>3 Neither satisfied nor dissatisfied</p> <p><input type="checkbox"/>4 Somewhat satisfied</p> <p><input type="checkbox"/>5 Very satisfied</p> <p>30. What is your race? (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/>1 White</p> <p><input type="checkbox"/>2 Black</p> <p><input type="checkbox"/>3 Asian</p> <p><input type="checkbox"/>4 American Indian, Alaska Native, or Pacific Islander</p> <p><input type="checkbox"/>5 Other. Specify: _____</p> <p>31. What is your ethnicity?</p> <p><input type="checkbox"/>1 Hispanic or Latino</p> <p><input type="checkbox"/>2 Not Hispanic or Latino</p>	<p>32. In what clinical area(s) are you board certified?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>33. Regardless of board certification, what is your main specialty or subspecialty (that is the area considered to be your primary clinical focus)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>34. In what year did you begin working in this specialty area? (Please do not include years in residencies or fellowships)</p> <p>_____ Year</p> <p>35. In your personal life, are you the primary caregiver for anyone in your family including children or adults (e.g., spouse, partner, parent, or relative)?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p>
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36. Please estimate your personal total pre-tax income from the practice of medicine in 2013. This information will be strictly protected under Federal data privacy rules and only used in aggregate from across groups of many physicians. Please feel free to round to the nearest \$20,000.

\$ _____, _____, _____

37. Estimate what percentage of your total compensation is based on the following ways that physicians are paid. Your percentage of total compensation should sum to 100%.	Percent
h. Guaranteed or “base” salary (not directly tied to your productivity or clinical performance)	_____ %
i. Your own individual productivity (e.g., cash collection, billings, relative value units, visits)	_____ %

37. Estimate what percentage of your total compensation is based on the following ways that physicians are paid. <i>Your percentage of total compensation should sum to 100%.</i>	Percent
j. Your own management of health care resources for your patients as compared to other physicians	_____ %
k. Performance on measures of your patients' satisfaction with the care you provide (e.g., results of patient satisfaction surveys)	_____ %
l. Performance on measures of the quality of care you provide to your patients (e.g., measures of adherence to guidelines, complication rates, quality review by peers)	_____ %
m. Some share of your medical organization's net revenue	_____ %
n. Other. Specify: _____	_____ %

The next set of questions collects more information about your medical organization across the many settings where physicians work.

38. Overall, how many locations does this medical organization have to do clinical work?
 _____ Number of locations
39. Approximately how many physicians (full and part time) work for this medical organization across all of its locations?
 _____ Number of physicians

40. Who primarily provides the following services for clinical locations in the medical organization? CHECK ONE ONLY	Each Clinical Location	The Medical Organization	Network Affiliation (e.g., PHO, IPA)	Independent Vendor (e.g., management service company)	N/A
f. Billing services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Clinical health information system implementation and support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Shared clinical support services such as nurse care managers or patient educators	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Quality improvement program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Malpractice insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next two questions are about types of insurance accepted by the medical organization.

41. What percentage of overall physician patient care revenue comes from patients for each type of insurance?		42. Is the medical organization accepting new patients for each type of insurance?		
Types of insurance	Percent	Yes	No	Unknown
i. Private insurance capitated	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Private insurance non-capitated	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Medicare	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Medicaid/CHIP	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Workers compensation	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Self-pay	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. No charge	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Other. Specify: _____	_____%	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

TOTAL
100%

43. Does the medical organization receive any additional compensation beyond routine visit fees for offering *Patient-Centered Medical Home (PCMH)* type services or participate in a certified PCMH arrangement?

1 Yes (Skip to 44)

2 No (Go to 43a)

3 Uncertain (Go to 43a)

43a Are there plans to participate in a PCMH arrangement in the next 12 months?

1 Yes

2 No

3 Uncertain

44. Does the medical organization participate in an *Accountable Care Organization (ACO)* arrangement with Medicare or private insurers?

An ACO is an entity typically composed of primary care physicians, specialist, and hospitals that is held financially accountable for the cost and quality of care delivered to a defined group of patients.

1 Yes (Skip to 45)

2 No (Go to 44a)

3 Uncertain (Go to 44a)

44a Are there plans to participate in an Accountable Care Organization arrangement in the next 12 months?

1 Yes

2 No

3 Uncertain

45. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?

1 No (Skip to 46)

2 Yes (Go to 45a)

3 Uncertain (Go to 45a)

45a What percentage of your patients come to you through your IPA or PHO?

_____ Percent of patients

1 Uncertain

46. Do physicians in your medical organization manage patients that have at least one chronic condition?

- 1 Yes ↓ Continue to Q46a 2 No (Skip to Q47) 3 Uncertain (Skip to Q47)

46a Among patients cared for by the medical organization, what percent of patients with at least one chronic condition are managed by your physicians?

_____ Percent of patients (Continue to Q46b)

46b What percent of patients <u>with at least one chronic condition</u> receive the following services, and indicate who provides the service.	Percent of patients receiving service	Service provided by...			
		Your organization	IPA, PHO, or ACO	Health plan or other payer	Service not provided
e. Clinicians use guideline-based reminders during patient visit.	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

f. Patients are sent reminders for preventive or follow-up care.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Non-physician staff meets with patients to provide them with education or help manage their condition.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Specially trained nurse care managers are used to coordinate care.	_____ %	→ <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

TOTAL 100%

47. Indicate whether this medical organization provides each of the following to its physicians. Do not include reports from other organizations that only cover a portion of the physicians' patient panels.	Yes	No	Uncertain
d. Reports on the clinical quality of care the physician individually provides to patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Reports on the physician's individual resource use when treating patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A registry of patients with specific conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

48. What percentage of your organization's patient care revenue comes from the following?	Percent
g. Traditional fee-for-service. Does not include performance adjustments, shared savings, etc.	_____ %
h. Modified fee-for-service with adjustments for performance quality or cost measures. Includes quality bonuses, pay for performance.	_____ %
i. Shared savings. Organization receives fee-for-service payments but has financial incentives to reduce <i>health care spending</i> for a <i>defined</i> patient population. Organization receives a percentage of any net savings resulting from care improvement efforts and may bear risk for higher costs.	_____ %
j. Bundling payments. Organization alone or in conjunction with others receives financial incentive for reducing total service use during episodes of care experienced by a specific patient population.	_____ %
k. Capitation payments. Set payment covers full or partial patient services.	_____ %
l. Other. (Specify): _____	_____ %

TOTAL 100%

49. Which of the following best describes your role in this medical organization? Select all that apply.

- 1 Practice administrator
- 2 Medical director
- 3 Physician
- 4 Office Manager
- 5 Other. Specify: _____

50. Would you have preferred to complete this questionnaire through a Website or would you have preferred to complete this questionnaire by paper?

- 1 Strong paper preference
- 2 Slight paper preference
- 3 Slight website preference
- 4 Strong website preference

51. Who completed this survey?

- 1 The physician to whom it was addressed
- 2 Office staff
- 3 Other

52. Were you asked to skip ahead because you do not do clinical work more than 3 hours a week?

- 1 Yes (Go to 52a)
- 2 No → Thank you for your participation. Please provide comments about the survey in the Comment Box.

52a What do you spend most of your work time doing? Select all that apply.

- 1 Administrative tasks
- 2 Teaching activities
- 3 Research activities
- 4 Professional activities
- 5 I am retired
- 6 I practice medicine no more than 3 hours a week.
- 7 Other. Specify: _____

Comment Box: Please describe any questions you had problems answering or were unable to fully express your response.

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

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Boxes for Admin Use

Boxes for Admin Use