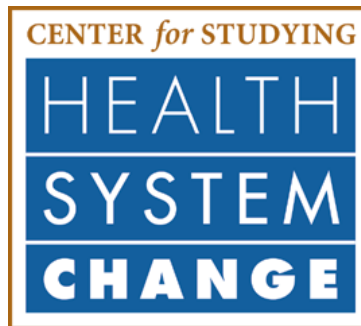


Community Tracking Study
Physician Survey Instrument
1998-99 (Round Two)



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ACKNOWLEDGEMENTS

The second round of the physician survey instrument is a slightly modified version of the instrument fielded in round one.

Many people contributed to the development of the initial survey instrument for the Physician Survey and were identified in the published version of the first round instrument (Center for Studying Health System Change Technical Publication 3). Staff from the Center involved in modifications to the survey in the second round include Paul Ginsburg, Peter Kemper, Joy Grossman, Peter Cunningham, and Marie Reed.

NEW FOR ROUND 2

New questions included in Round 2 but not in Round 1 include identification of group practices as single or multi-specialty, the race of the physician, and zip code of practice. One question in Round 1 was not included in Round 2: The percent of time spent in main practice.

A new feature in this version of the physician survey instrument is the inclusion of a brief variable name (in caps in the left hand column) for each variable. This may help researchers analyzing the data base to more easily identify the question(s) used in constructing variables on the public or restricted use files.

This is one of a series of technical documents which are part of the Community Tracking Study, conducted by the Center for Studying Health System Change. The Community Tracking Study is a longitudinal study of changes in health care delivery at the national and community level to determine the effects of these changes on people.

The Center welcomes your comments on this document. Write to us at 600 Maryland Avenue, SW, Suite 550, Washington, DC 20024-2512 or visit our web site at www.hschange.org.

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COMMUNITY TRACKING STUDY PHYSICIAN SURVEY

Recognizing that health care delivery is predominantly local, the Center for Studying Health System Change investigates changes in health care financing and delivery at the community level. The Center is also equipped to provide a national perspective on these changes and their effects on people. The Community Tracking Study focuses on changes in the health care system in 60 communities that are representative of the nation. Data are collected through surveys of households, physicians and employers in the 60 sites, and through site visits in 12 of the communities. The first round of data collection was conducted in 1996-97. The second round was fielded in 1998-99. The third round will be fielded in 2000-01. The Gallup Organization has fielded the physician survey in all three rounds.

The Round 2 Community Tracking Study Physician Survey is a nationally representative, telephone-administered survey of 12,280 U.S., non-federal, patient care physicians who spend at least 20 hours per week in direct patient care. The survey was fielded between August 1998 and November 1999. The sample for the survey includes a random sample of physicians in 60 randomly selected communities (approximately 11,200 interviews), plus a supplemental, national simple random sample (approximately 1,100 interviews). In the community-based sample, primary care physicians were over sampled to increase the precision of estimates for those physicians. Physicians in certain specialties (e.g., radiology, anesthesiology, pathology) were excluded from the survey because their practices typically are not well suited to the questions of interest for this survey. Master file data from both the American Medical Association and the American Osteopathic Association were used in drawing the sample. The survey design permits nationally representative estimates of physicians and selected subgroups of physicians, and site specific estimates for physicians and primary care physicians in 12 of the 60 communities.

The Physician Survey collects information on physician supply and specialty distribution; practice arrangements and physician ownership; physician time allocation; sources of practice revenue; level and determinants of physician compensation; provision of charity care; physicians' perception of their ability to deliver care and career satisfaction; effects of care management strategies; and, various aspects of their practice of medicine, including responses to standardized patient vignettes. More detail on topics covered can be found in the Overview, below.

Additional information about the design of the Community Tracking Study is available in two publications: Site Definition and Sample Design for the Community Tracking Study. C. Metcalf, P. Kemper, L. Kohn, J. Pickreign. Center for Studying Health System Change, Technical Publication No. 1, Washington, DC, October 1996; and The Design of the Community Tracking Study. P. Kemper, et al. *Inquiry* 33:195-206 (Summer 1996).

**OVERVIEW OF TOPICS COVERED
IN PHYSICIAN SURVEY**

PHYSICIAN SPECIALTY AND CERTIFICATION STATUS (Section A) 1

- Number of physicians
- Physician specialty
- Board certification/eligibility
- Current level of satisfaction with overall career in medicine

UTILIZATION OF TIME (Section B) 27

- Weeks worked in 1997
- Hours worked during last complete week of work
- Hours spent in direct patient care during last complete week of work

PRACTICE ARRANGEMENTS AND OWNERSHIP (Section C)..... 33

- Type of practice arrangement:
 - Solo practice
 - Two physician practice
 - Group practice of three or more physicians
 - Single or multi-specialty group
 - Staff or group model HMO
 - Other settings, institutional and non-institutional
- Number of physicians in group or clinic
- Ownership of practice:
 - Physician owns all or part of practice
 - Full owner
 - Part owner
 - Physician has no ownership interest in practice
- Physicians in practices purchased in last two years:
 - Total
 - Physician ownership status at time of purchase

PHYSICIANS' PRACTICE OF MEDICINE (Sections D, E, & F)

MEDICAL CARE MANAGEMENT (Section D) 43

Gatekeeping

Percentage of patients for whom physician is required by insurance plan or medical group to serve as gatekeeper

Medical care management strategies

Level of effect that specified strategies currently have on respondent's practice of medicine:

- (1) Respondent's use of computers to obtain/record clinical data such as medical records and lab results
- (2) Respondent's use of computers to obtain information about treatment alternatives or recommended guidelines
- (3) Use of formal, written practice guidelines
- (4) Results of practice profiles comparing respondent to other physicians
- (5) Feedback from patient satisfaction surveys
- (6) Reminders received from medical groups, insurance companies, or HMOs about specific preventive services that may be due for individual patients

Scope of care

Primary Care Physicians:

Extent of change over past two years in complexity or severity of patients' conditions for which respondent PCP provides care without referral to specialists

Extent of change over past two years in complexity or severity of patients' conditions at Time of referral to non-PCP respondent by PCPs

Level of complexity or severity of patients' conditions for which respondent PCP is expected to provide care without referral

Non-primary Care Physicians:

Level of complexity or severity of patients' conditions at time of referral to non-PCP respondent by PCPs

Extent of change over past two years in number of patients respondent PCP has referred to specialists

Extent of change over past two years in number of patients referred to non-PCP respondent by PCPs

VIGNETTES: Practice styles of primary care physicians (Section E)..... 49

Adult vignettes: diagnostic, treatment, referral
Pediatric vignettes: diagnostic, treatment, referral

PHYSICIAN-PATIENT INTERACTIONS (Section F) 60

Ability to provide care

Respondent physician's level of agreement with the following statements:

- (1) I have adequate time to spend with patients during their office visits
- (2) I have the freedom to make clinical decision that meet my patients' needs
- (3) It is possible to provide high quality care to all of my patients
- (4) The level of communication I have with other physicians about the patients I refer to them is sufficient to ensure the delivery of high quality care
- (5) It is possible to maintain the kind of continuing relationships with patients over time that promote the delivery of high quality care
- (6) I can make clinical decisions in the best interests of my patients without the possibility of reducing my income

Ability to obtain needed services for patients

How often respondent physician is able to obtain the following services for own patients when medically necessary:

- (1) Referrals to specialists of high quality
- (2) High quality ancillary services such as physical therapy, home health care, etc.
- (3) Non-emergency hospital admissions
- (4) Adequate number of inpatient days for own hospitalized patients
- (5) High quality diagnostic imaging services
- (6) High quality inpatient mental health care
- (7) High quality outpatient mental health services

Provision of charity care

Number of hours in last month physician provided care for reduced or no fee
Proportion of new patients insured by Medicaid accepted by practice
Proportion of new patients insured by Medicare accepted by practice
Proportion of new patients insured by commercial insurance accepted by practice

PRACTICE REVENUE (Section G) 64

- Percentage of practice revenue from Medicare
- Percentage of practice revenue from Medicaid
- Percentage of practice revenue from managed care
- Percentage of practice revenue from capitation
- Number of managed care contracts
- Percentage of practice revenue from largest managed care contract
- Predominant payment mechanism for largest contract

PHYSICIAN COMPENSATION and RACE (Section H) 78

- Physician salaried or not-salaried
- Physician eligible for a bonus
 - Proportion of income generated from bonus
- Factors used in determining physician compensation:
 - (1) Own productivity such as revenue generated
 - (2) Results of satisfaction surveys completed by physician's own patients
 - (3) Specific measures of quality of care, such as rates of preventive care services for physician's own patients
 - (4) Comparative physician practice profiles
 - (5) Risk-adjusted comparative physician practice profiles
- Physician net income
- Race of physician

**PHYSICIAN SURVEY ROUND 2
FINAL FIELD INSTRUMENT AUGUST 1998**

**Section A
Physician Specialty and Certification Status**

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

FEDEMP

- | | | |
|---|-----------|-----------------------|
| 1 | Yes | (Continue) |
| 2 | No | (Skip to #A2) |
| 8 | (DK) | (Thank and Terminate) |
| 9 | (Refused) | (Thank and Terminate) |

_____ (5/13)

(If code "1" in #A1,

INTERVIEWER READ:) In this survey, we will not be interviewing physicians who are Federal employees. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation.
- (Thank and Terminate)

A2. Are you currently a resident or fellow?

RESFEL

- | | | |
|---|-----------|-----------------------|
| 1 | Yes | (Continue) |
| 2 | No | (Skip to #A3) |
| 8 | (DK) | (Thank and Terminate) |
| 9 | (Refused) | (Thank and Terminate) |

_____ (5/14)

(If code "1" in #A2,

INTERVIEWER READ:) In this survey, we will not be interviewing physicians who are residents or fellows. So it appears that we do not need any further information from you at this

time, but we thank you for your cooperation.
- (Thank and Terminate)

A3. During a TYPICAL week, do you provide direct patient care for at least twenty hours a week? (If necessary, say:) Direct patient care includes seeing patients and performing surgery. (If necessary, say:) INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day.

FULLTIM

- | | | | |
|---|-----------|------------------------------|---------------|
| 1 | Yes | (Skip to "Note" before #A3a) | |
| 2 | No | (Continue) | |
| 8 | (DK) | (Thank and Terminate) | |
| 9 | (Refused) | (Thank and Terminate) | _____ (5/15) |

(If code "2" in #A3,

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

(If Re-interview, Continue; Otherwise, Skip to #A4)

A3a. Thinking back to April, 1996, at that time, were you a full-time employee of a federal agency?

FEDEMPV

- | | | |
|---|-----------|---------------|
| 1 | Yes | |
| 2 | No | |
| 8 | (DK) | |
| 9 | (Refused) | _____ (21/15) |

A3b. In April, 1996, were you a resident or fellow?

RESFELV

- | | | |
|---|-----------|---------------|
| 1 | Yes | |
| 2 | No | |
| 8 | (DK) | |
| 9 | (Refused) | _____ (21/16) |

A3c. In April, 1996, were you providing direct patient care for at least twenty hours a week?

FULLTMV

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (21/17)

A4. Do you currently provide patient care in one practice, or more than one practice? (If necessary, say:) We consider multiple sites or offices associated with the same organization to be only one practice. (INTERVIEWER NOTE #1: Examples are: a private MD with a downtown and suburban office is one practice; a regional organization with member doctors practicing in numerous satellite clinics or offices is one practice; and multiple sites with DIFFERENT organizations are different practices.) (INTERVIEWER NOTE #2: Do not count non-patient-care activity, such as teaching or administrative jobs, as practices.)

MULTPR

- 1 One (Skip to #A5)
- 2 More than one (Continue)
- 8 (DK) (Skip to #A5)
- 9 (Refused) (Skip to #A5) _____ (5/16)

A4a. (If code "2" in #A4, ask:) In how many different practices do you provide patient care? (Open ended and code actual number)

NUMPR

- DK (DK)
 - RF (Refused)
- _____ (5/17)(5/18)

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

LOCCHK

- 1 Yes (Skip to "Note" before #A5b)
- 2 No (Continue)

8 (DK) (Continue)
9 (Refused) (Continue) _____ (11/74)

A5a. (If code "2", "8" or "9" in #A5, ask:) In what county and state is the practice located. (Open ended)
(VERIFY SPELLING)

DK (DK)
RF (Refused)

COUNTY:

SCNTY

_____ (14/34 - 14/58)

STATE:

SSTATE

_____ (14/59) (14/60)

(If code "15 - Hawaii" or "02 - Alaska" in #A5a - "State", Continue with "Interviewer Read"; Otherwise, Skip to #A5b)

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

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

SZIP

99998 (DK)
99999 (Refused)

_____ (21/18 - 21/22)

(If Re-interview, Skip to #A7; Otherwise, Continue)

A6. In what year did you begin medical practice after completing your undergraduate and graduate medical training?
(INTERVIEWER NOTE: A residency or fellowship would be considered graduate medical training.) (Open ended and code all four digits of year) (NOTE TO SURVENT: Force interviewers

to enter FOUR DIGITS)

YRBGN

DK (DK)
RF (Refused)

(21/23 - 21/26)

(If no specialty listed in Master File, Skip to #A8;
Otherwise, Continue)

A7. We have your primary specialty listed as (from Master File).
Is this correct? (If necessary, say:) We define primary
specialty as that in which the most hours are spent weekly.

SPCCOR

1 Yes (Autocode response to primary
specialty code into #A8)
2 No (Continue)
8 (DK) (Thank and Terminate)
9 (Refused) (Thank and Terminate)

_____(5/25)

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

NWSPEC

(If MD [MD-AMA LIST])

001 Allergy (A)
133 Adolescent Medicine (ADL)
127 Addiction Medicine (ADM)
132 Addiction Psychiatry (ADP)
002 Allergy & Immunology (AI)
003 Allergy & Immunology/
Diagnostic Laboratory Immunology (ALI)
005 Aerospace Medicine (AM)
085 Adolescent Medicine (AMI)
006 Anesthesiology (AN)
007 Pain Management (APM)
026 Abdominal Surgery (AS)
103 Anatomic Pathology (ATP)

104	Bloodbanking/Transfusion Medicine	(BBK)
049	Clinical Biochemical Genetics	(CBG)
008	Critical Care Medicine (Anesthesiology)	(CCA)
050	Clinical Cytogenetics	(CCG)
128	Critical Care Medicine	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Diseases (Cardiology)	(CD)
051	Clinical Genetics	(CG)
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	(CN)
011	Colon & Rectal Surgery	(CRS)
124	Cardiothoracic Surgery (Thoracic Surgery)	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory Dermatological Immunology	(DDL)
035	Diabetes	(DIA)
106	Dermatopathology	(DMP)
014	Diagnostic Radiology	(DR)
015	Emergency Medicine	(EM)
036	Endocrinology & Metabolism	(END)
016	Sports Medicine	(ESM)
140	Medical Toxicology (Emergency Medicine)	(ETX)
018	Forensic Pathology	(FOP)
019	Family Practice	(FP)
020	Geriatric Medicine	(FPG)
078	Facial Plastic Surgery	(FPS)
021	Sports Medicine	(FSM)
022	Gastroenterology	(GE)
061	Gynecological Oncology	(GO)
023	General Practice	(GP)
024	General Preventive Medicine	(GPM)
029	General Surgery	(GS)
062	Gynecology	(GYN)
037	Hematology	(HEM)
038	Hepatology	(HEP)
107	Hematology Pathology	(HMP)
030	Head & Neck Surgery	(HNS)
136	Hematology/Oncology	(HO)
070	Hand Surgery	(HSO)
101	Hand Surgery	(HSP)
031	Hand Surgery	(HSS)
039	Cardiac Electrophysiology	(ICE)

040	Infectious Diseases	(ID)
004	Immunology	(IG)
041	Clinical & Laboratory Immunology	(ILI)
042	Internal Medicine	(IM)
043	Geriatric Medicine	(IMG)
044	Sports Medicine	(ISM)
129	Legal Medicine	(LM)
138	Medical Management	(MDM)
063	Maternal & Fetal Medicine	(MFM)
053	Medical Genetics	(MG)
108	Medical Microbiology	(MM)
137	Internal Medicine/Pediatrics	(MPD)
099	Public Health & General Preventive Medicine	(MPH)
056	Neurology	(N)
058	Critical Care Medicine (Neurosurgery)	(NCC)
045	Nephrology	(NEP)
057	Nuclear Medicine	(NM)
109	Neuropathology	(NP)
087	Neonatal/Perinatal Medicine (Neonatology/Perinatology)	(NPM)
117	Nuclear Radiology	(NR)
059	Neurological Surgery	(NS)
060	Pediatric Neurosurgery	(NSP)
046	Nutrition	(NTR)
071	Adult Reconstructive Orthopedics	(OAR)
064	Obstetrics & Gynecology	(OBG)
065	Obstetrics	(OBS)
066	OB Critical Care Medicine	(OCC)
134	Foot & Ankle Orthopedics	(OFA)
068	Occupational Medicine	(OM)
072	Musculoskeletal Oncology	(OMO)
047	Medical Oncology	(ON)
073	Pediatric Orthopedics	(OP)
069	Ophthalmology	(OPH)
074	Orthopedic Surgery	(ORS)
028	Other Specialty	(OS)
075	Sports Medicine (Orthopedic Surgery)	(OSM)
076	Orthopedic Surgery of the Spine	(OSS)
079	Otology	(OT)
080	Otolaryngology	(OTO)
077	Orthopedic Trauma	(OTR)
082	Psychiatry	(P)
130	Clinical Pharmacology	(PA)
147	Pulmonary Critical Care Medicine	(PCC)
110	Chemical Pathology	(PCH)
111	Cytopathology	(PCP)
088	Pediatrics	(PD)
089	Pediatric Allergy	(PDA)

098	Pediatric Cardiology	(PDC)
090	Pediatric Endocrinology	(PDE)
145	Pediatric Infectious Diseases	(PDI)
081	Pediatric Otolaryngology	(PDO)
091	Pediatric Pulmonology	(PDP)
118	Pediatric Radiology	(PDR)
032	Pediatric Surgery	(PDS)
139	Medical Toxicology (Pediatrics)	(PDT)
144	Pediatric Emergency Medicine	(PE)
017	Pediatric Emergency Medicine	(PEM)
135	Forensic Psychiatry	(PFP)
092	Pediatric Gastroenterology	(PG)
093	Pediatric Hematology/Oncology	(PHO)
112	Immunopathology	(PIP)
094	Clinical & Laboratory Immunology	(PLI)
143	Palliative Medicine	(PLM)
100	Physical Medicine & Rehabilitation	(PM)
142	Pain Medicine	(PMD)
095	Pediatric Nephrology	(PN)
146	Pediatric Ophthalmology	(PO)
113	Pediatric Pathology	(PP)
096	Pediatric Rheumatology	(PPR)
102	Plastic Surgery	(PS)
097	Sports Medicine (Pediatrics)	(PSM)
114	Anatomic/Clinical Pathology	(PTH)
141	Medical Toxicology (Preventive Medicine)	(PTX)
116	Pulmonary Diseases	(PUD)
083	Psychoanalysis	(PYA)
084	Geriatric Psychiatry	(PYG)
119	Radiology	(R)
067	Reproductive Endocrinology	(REN)
048	Rheumatology	(RHU)
115	Radioisotopic Pathology	(RIP)
120	Neuroradiology	(RNR)
123	Radiation Oncology	(RO)
121	Radiological Physics	(RP)
150	Spinal Cord Injury	(SCI)
149	Sleep Medicine	(SM)
151	Surgical Oncology	(SO)
148	Selective Pathology	(SP)
033	Trauma Surgery	(TRS)
152	Transplant Surgery	(TTS)
125	Urology	(U)
025	Undersea Medicine	(UM)
126	Pediatric Urology	(UP)
131	Unspecified	(US)
122	Vascular & Interventional Radiology	(VIR)
165	Vascular Medicine	(VM)

034 Vascular Surgery (VS)

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

998 (DK) (Thank and Terminate)

999 (Refused) (Thank and Terminate)

(5/26 - 5/28)

A8. (Continued:)

(If DO [DO-AOA LIST])

002	Allergy and Immunology	AI
003	Allergy-Diagnostic Lab Immunology	ALI
004	Immunology	IG
005	Preventive Medicine-Aerospace Medicine	AM
006	Anesthesiology	AN
006	Anesthesiology	CAN
006	Anesthesiology	IRA
006	Anesthesiology	OBA
006	Anesthesiology	PAN
007	Pain Management	APM
007	Pain Management	PMR
008	Critical Care-Anesthesiology	CCA
009	Cardiovascular Diseases-Cardiology	C
009	Cardiovascular Diseases-Cardiology	CVD
009	Cardiovascular Diseases-Cardiology	IC
010	Pediatric Psychiatry	CHP
010	Pediatric Psychiatry	PDP
011	Colon & Rectal Surgery	CRS
012	Dermatology	D
014	Diagnostic Radiology	DR
015	Emergency Medicine	EM
015	Emergency Medicine	EMS
015	Emergency Medicine	FEM
015	Emergency Medicine	IEM
016	Sports Medicine (Emergency Medicine)	ESM
017	Pediatric Emergency Medicine	PEM
018	Forensic Pathology	FOP
019	Family Practice	FP
019	Family Practice	UFP
020	Geriatrics-General or Family Practice	GFP
020	Geriatrics-General or Family Practice	GGP
021	Sports Medicine-Family or General Practice	SFP
021	Sports Medicine-Family or General Practice	SGP

022	Gastroenterology	GE
023	General Practice	GP
024	Preventive Medicine	PVM
025	Undersea Medicine	UM
026	Abdominal Surgery	AS
027	Critical Care-Surgery or Trauma	CCS
027	Critical Care-Surgery or Trauma	CCT
028	Other Specialty	OS
029	Surgery-General	S
030	Head & Neck Surgery	HNS
031	Hand Surgery	HS
031	Hand Surgery	HSS
032	Pediatric Surgery	PDS
033	Traumatic Surgery	TRS
034	Vascular Surgery-General or Peripheral	GVS
034	Vascular Surgery-General or Peripheral	PVS
036	Endocrinology	END
037	Hematology	HEM
039	Cardiac Electrophysiology	ICE
040	Infectious Diseases	ID
041	Diag Lab Immunology-Int Med	ILI
042	Internal Medicine	IM
042	Internal Medicine	IP
043	Geriatrics-Internal Medicine	GER
043	Geriatrics-Internal Medicine	GIM
044	Sports Medicine	ISM
044	Sports Medicine	PMS
044	Sports Medicine	RMS
044	Sports Medicine	SM
045	Nephrology	NEP
046	Nutrition	NTR
047	Oncology	ON
048	Rheumatology	RHU
050	Clinical Cytogenetics	CCG
051	Clinical Genetics	CG
053	Medical Genetics	IMG
054	Pediatric or Child Neurology	CHN
054	Pediatric or Child Neurology	PDN
055	Clinical Neurophysiology	CN
056	Neurology	N
056	Neurology	NMD
056	Neurology	NP
056	Neurology	NPN
057	Nuclear Medicine	NI
057	Nuclear Medicine	NM
057	Nuclear Medicine	NV
058	Critical Care-Neuro Surgery	NCC
059	Neurological Surgery	NS
061	Gynecological Oncology	GO

062	Gynecology	GS
062	Gynecology	GYN
063	Maternal & Fetal Medicine	MFM
064	Obstetrics & Gynecology	OBG
064	Obstetrics & Gynecology	OGS
065	Obstetrics	OBS
066	Critical Care-Obstetrics & Gynecology	OCC
067	Reproductive Endocrinology	RE
068	Occupational Medicine	OCM
068	Occupational Medicine	OM
069	Ophthalmology	COR
069	Ophthalmology	OAS
069	Ophthalmology	OCR
069	Ophthalmology	OGL
069	Ophthalmology	OPH
069	Ophthalmology	VRS
070	Hand Surgery-Orthopedic Surg	HSO
071	Adult Reconstructive Orthopedics	OAR
072	Musculoskeletal Oncology	OMO
073	Pediatric Orthopedics	OP
074	Orthopedic Surgery	AJI
074	Orthopedic Surgery	OR
074	Orthopedic Surgery	ORS
075	Sports Medicine-Orthopedic Surgery	OSM
076	Orthopedic Surgery-Spine	OSS
078	Facial Plastic Surgery	OPL
080	Otolaryngology or Rhinology	OTL
080	Otolaryngology or Rhinology	OTR
080	Otolaryngology or Rhinology	RHI
081	Pediatric Otolaryngology	PDO
082	Psychiatry	P
083	Psychoanalysis	PYA
084	Geriatric Psychiatry	PYG
085	Adolescent Medicine-Family or General Practice	AFP
085	Adolescent Medicine-Family or General Practice	AGP
086	Pediatric Intensive Care	PIC
087	Neonatology	NE
088	Pediatrics	PD
089	Pediatric Allergy & Immunology	PAI
091	Pediatric Pulmology Medicine	PDX
092	Pediatric Gastroenterology	PG
093	Pediatric Hematology-Oncology	PHO
094	Pediatric Diag Lab Immunology	PLI
095	Pediatric Nephrology	PNP
096	Pediatric Rheumatology	PPR
097	Sports Medicine - Pediatrics	PSM
098	Pediatric Cardiology	PDC

099	Preventive Medicine, Epidemiology or Public Health	EPI
099	Preventive Medicine, Epidemiology or Public Health	OE
099	Preventive Medicine, Epidemiology or Public Health	PH
099	Preventive Medicine, Epidemiology or Public Health	PHP
100	Physical Medicine & Rehabilitation	IAR
100	Physical Medicine & Rehabilitation	PDR
100	Physical Medicine & Rehabilitation	PM
100	Physical Medicine & Rehabilitation	RM
101	Hand Surgery-Plastic Surg	HSP
102	Plastic Surgery	OOP
102	Plastic Surgery	PLR
103	Anatomic Pathology	AP
104	Blood Banking-Transfusion Medicine	BBT
104	Blood Banking-Transfusion Medicine	LBM
105	Clinical Pathology	CLP
106	Dermatopathology	DPT
107	Hematology-Pathology	HEP
108	Medicine Microbiology	MMB
109	Neuropathology	NPT
110	Chemical Pathology	CP
111	Cytopathology	CY
112	Immunopathology	IPT
113	Pediatric Pathology	PP
114	Anatomic/Clinical Pathology	APL
114	Anatomic/Clinical Pathology	PTH
115	Radioisotopic Pathology	RIP
116	Pulmonary Diseases	PUD
116	Pulmonary Diseases	PUL
117	Nuclear Radiology	NR
118	Pediatric Radiology	PRD
119	Radiology	DUS
119	Radiology	R
119	Radiology	RI
119	Radiology	RT
119	Radiology	RTD
120	Neuroradiology	NRA
121	Radiological Physics	RP
122	Angiography & Intervent'l Radiology	ANG
122	Angiography & Intervent'l Radiology	SCL
123	Radiation Oncology	RO
123	Radiation Oncology	TR
124	Cardiovascular or Thoracic Cardiovascular Surgery	CVS
124	Cardiovascular or Thoracic Cardiovascular Surgery	TS

125	Urology	U
125	Urology	URS
126	Pediatric Urology	UP
127	Addictive Diseases	ADD
128	Critical Care-Medicine	CCM
129	Legal Medicine	LM
130	Clinical Pharmacology	PA
131	Unknown Blank	
133	Adolescent Medicine	ADL
134	Orthopedic Foot & Ankle Surg	OFA
135	Forensic Psychiatry	FPS
136	Hematology & Oncology	HEO
137	Internal Med-Pediatrics	IPD
139	Toxicology	TX
142	Psychosomatic Medicine	PYM
145	Pediatric Infectious Diseases	PID
146	Pediatric Ophthalmology	PO
147	Pulmonary-Critical Care	PUC
153	MOHS Micrographic Surgery	DMS
154	Hair Transplant	HT
155	Osteo Manipulative Treat +1	OM1
156	Spec Prof in Osteo Manip Med	OMM
157	Sports Medicine - OMM	OMS
158	Osteo Manipulative Medicine	OMT
159	Proctology	PR
160	Internship	IN
161	Retired	RET
162	Transitional Year	TY
209	Nuclear Cardiology	NC
997	Other (list)- (USE VERY SPARINGLY; Thank and Terminate)	
998	(DK)	(Thank and Terminate)
999	(Refused)	(Thank and Terminate)

(5/26 - 5/28)

(If code "003", "005-007", "013-014", "018", "025", "028", "057", "099", "103-115", "117-123", "129-131", "135", "138-143", "148-149", "160-162" or "209" in #A8

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

(If code "042", "088" or "137" in #A8, Continue;
If code "001-002", "004", "009", "012", "015-016",
"020-022", "024", "035-041", "043-048", "055-056", "085",
"116", "128", "136" or "147" in #A8, Skip to #A9a;
If code "017", "049-054", "063", "086-087", "089-094",
"095-098", "133" or "144-145" in #A8, Skip to #A9b;
Otherwise, Skip to #A15)

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

GENSUB

- 1 General (Skip to #A15)
- 2 Subspecialty (including adolescent medicine or geriatrics) (Skip to #A10)
- 8 (DK) (Skip to #A15)
- 9 (Refused) (Skip to #A15) _____ (5/29)

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

SIPNPED

- 1 Subspecialty
- 2 General internal medicine (or general family practice)
- 3 General pediatrics
- 8 (DK)
- 9 (Refused) _____ (12/80)

(All in #A9a, Skip to #A15)

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

SIPPED

- 1 Subspecialty
- 2 General internal medicine (General Family Practice)
- 3 General pediatrics
- 8 (DK)
- 9 (Refused) _____ (8/77)

(All in #A9b, Skip to #A15)

A10. **(If code "2" in #A9, ask:)** And what is that subspecialty? **(If "More than one", say:)** We're interested in the one in which you spend the most hours weekly. (Open ended **and code from hard copy**) **(CHECK SPELLING)**

SUBSPC

(If MD [MD-AMA LIST])

- 001 Allergy (A)
- 133 Adolescent Medicine (ADL)
- 127 Addiction Medicine (ADM)
- 132 Addiction Psychiatry (ADP)
- 002 Allergy & Immunology (AI)
- 003 Allergy & Immunology/
Diagnostic Laboratory Immunology (ALI)
- 005 Aerospace Medicine (AM)
- 085 Adolescent Medicine (AMI)
- 006 Anesthesiology (AN)
- 007 Pain Management (APM)
- 026 Abdominal Surgery (AS)
- 103 Anatomic Pathology (ATP)
- 104 Bloodbanking/Transfusion Medicine (BBK)
- 049 Clinical Biochemical Genetics (CBG)
- 008 Critical Care Medicine (Anesthesiology) (CCA)
- 050 Clinical Cytogenetics (CCG)
- 128 Critical Care Medicine (CCM)
- 086 Critical Care Pediatrics (CCP)
- 027 Critical Care Surgery (CCS)
- 009 Cardiovascular Diseases (Cardiology) (CD)
- 051 Clinical Genetics (CG)
- 054 Child Neurology (CHN)
- 010 Child & Adolescent Psychiatry (CHP)
- 105 Clinical Pathology (CLP)
- 052 Clinical Molecular Genetics (CMG)
- 055 Clinical Neurophysiology (CN)
- 011 Colon & Rectal Surgery (CRS)
- 124 Cardiothoracic Surgery (Thoracic
Surgery) (CTS)
- 012 Dermatology (D)

013	Clinical & Laboratory Dermatological Immunology	(DDL)
035	Diabetes	(DIA)
106	Dermatopathology	(DMP)
014	Diagnostic Radiology	(DR)
015	Emergency Medicine	(EM)
036	Endocrinology & Metabolism	(END)
016	Sports Medicine	(ESM)
140	Medical Toxicology (Emergency Medicine)	(ETX)
018	Forensic Pathology	(FOP)
019	Family Practice	(FP)
020	Geriatric Medicine	(FPG)
078	Facial Plastic Surgery	(FPS)
021	Sports Medicine	(FSM)
022	Gastroenterology	(GE)
061	Gynecological Oncology	(GO)
023	General Practice	(GP)
024	General Preventive Medicine	(GPM)
029	General Surgery	(GS)
062	Gynecology	(GYN)
037	Hematology	(HEM)
038	Hepatology	(HEP)
107	Hematology Pathology	(HMP)
030	Head & Neck Surgery	(HNS)
136	Hematology/Oncology	(HO)
070	Hand Surgery	(HSO)
101	Hand Surgery	(HSP)
031	Hand Surgery	(HSS)
039	Cardiac Electrophysiology	(ICE)
040	Infectious Diseases	(ID)
004	Immunology	(IG)
041	Clinical & Laboratory Immunology	(ILI)
042	Internal Medicine	(IM)
043	Geriatric Medicine	(IMG)
044	Sports Medicine	(ISM)
129	Legal Medicine	(LM)
138	Medical Management	(MDM)
063	Maternal & Fetal Medicine	(MFM)
053	Medical Genetics	(MG)
108	Medical Microbiology	(MM)
137	Internal Medicine/Pediatrics	(MPD)
099	Public Health & General Preventive Medicine	(MPH)
056	Neurology	(N)
058	Critical Care Medicine (Neurosurgery)	(NCC)
045	Nephrology	(NEP)
057	Nuclear Medicine	(NM)
109	Neuropathology	(NP)

087	Neonatal/Perinatal Medicine (Neonatology/Perinatology)	(NPM)
117	Nuclear Radiology	(NR)
059	Neurological Surgery	(NS)
060	Pediatric Neurosurgery	(NSP)
046	Nutrition	(NTR)
071	Adult Reconstructive Orthopedics	(OAR)
064	Obstetrics & Gynecology	(OBG)
065	Obstetrics	(OBS)
066	OB Critical Care Medicine	(OCC)
134	Foot & Ankle Orthopedics	(OFA)
068	Occupational Medicine	(OM)
072	Musculoskeletal Oncology	(OMO)
047	Medical Oncology	(ON)
073	Pediatric Orthopedics	(OP)
069	Ophthalmology	(OPH)
074	Orthopedic Surgery	(ORS)
028	Other Specialty	(OS)
075	Sports Medicine (Orthopedic Surgery)	(OSM)
076	Orthopedic Surgery of the Spine	(OSS)
079	Otology	(OT)
080	Otolaryngology	(OTO)
077	Orthopedic Trauma	(OTR)
082	Psychiatry	(P)
130	Clinical Pharmacology	(PA)
147	Pulmonary Critical Care Medicine	(PCC)
110	Chemical Pathology	(PCH)
111	Cytopathology	(PCP)
088	Pediatrics	(PD)
089	Pediatric Allergy	(PDA)
098	Pediatric Cardiology	(PDC)
090	Pediatric Endocrinology	(PDE)
145	Pediatric Infectious Diseases	(PDI)
081	Pediatric Otolaryngology	(PDO)
091	Pediatric Pulmonology	(PDP)
118	Pediatric Radiology	(PDR)
032	Pediatric Surgery	(PDS)
139	Medical Toxicology (Pediatrics)	(PDT)
144	Pediatric Emergency Medicine	(PE)
017	Pediatric Emergency Medicine	(PEM)
135	Forensic Psychiatry	(PFP)
092	Pediatric Gastroenterology	(PG)
093	Pediatric Hematology/Oncology	(PHO)
112	Immunopathology	(PIP)
094	Clinical & Laboratory Immunology	(PLI)
143	Palliative Medicine	(PLM)
100	Physical Medicine & Rehabilitation	(PM)
142	Pain Medicine	(PMD)
095	Pediatric Nephrology	(PN)

146	Pediatric Ophthalmology	(PO)
113	Pediatric Pathology	(PP)
096	Pediatric Rheumatology	(PPR)
102	Plastic Surgery	(PS)
097	Sports Medicine (Pediatrics)	(PSM)
114	Anatomic/Clinical Pathology	(PTH)
141	Medical Toxicology (Preventive Medicine)	(PTX)
116	Pulmonary Diseases	(PUD)
083	Psychoanalysis	(PYA)
084	Geriatric Psychiatry	(PYG)
119	Radiology	(R)
067	Reproductive Endocrinology	(REN)
048	Rheumatology	(RHU)
115	Radioisotopic Pathology	(RIP)
120	Neuroradiology	(RNR)
123	Radiation Oncology	(RO)
121	Radiological Physics	(RP)
150	Spinal Cord Injury	(SCI)
149	Sleep Medicine	(SM)
151	Surgical Oncology	(SO)
148	Selective Pathology	(SP)
033	Trauma Surgery	(TRS)
152	Transplant Surgery	(TTS)
125	Urology	(U)
025	Undersea Medicine	(UM)
126	Pediatric Urology	(UP)
131	Unspecified	(US)
122	Vascular & Interventional Radiology	(VIR)
034	Vascular Surgery	(VS)
997	Other (list) (USE VERY SPARINGLY; Thank and Terminate)	
998	(DK) (Thank and Terminate)	
999	(Refused) (Thank and Terminate)	

(5/30 - 5/32)

A10. (Continued:)

(If DO [DO-AOA LIST])

002	Allergy and Immunology	AI
003	Allergy-Diagnostic Lab Immunology	ALI
004	Immunology	IG
005	Preventive Medicine-Aerospace Medicine	AM

006	Anesthesiology	AN
006	Anesthesiology	CAN
006	Anesthesiology	IRA
006	Anesthesiology	OBA
006	Anesthesiology	PAN
007	Pain Management	APM
007	Pain Management	PMR
008	Critical Care-Anesthesiology	CCA
009	Cardiovascular Diseases-Cardiology	C
009	Cardiovascular Diseases-Cardiology	CVD
009	Cardiovascular Diseases-Cardiology	IC
010	Pediatric Psychiatry	CHP
010	Pediatric Psychiatry	PDP
011	Colon & Rectal Surgery	CRS
012	Dermatology	D
014	Diagnostic Radiology	DR
015	Emergency Medicine	EM
015	Emergency Medicine	EMS
015	Emergency Medicine	FEM
015	Emergency Medicine	IEM
016	Sports Medicine (Emergency Medicine)	ESM
017	Pediatric Emergency Medicine	PEM
018	Forensic Pathology	FOP
019	Family Practice	FP
019	Family Practice	UFP
020	Geriatrics-General or Family Practice	GFP
020	Geriatrics-General or Family Practice	GGP
021	Sports Medicine-Family or General Practice	SFP
021	Sports Medicine-Family or General Practice	SGP
022	Gastroenterology	GE
023	General Practice	GP
024	Preventive Medicine	PVM
025	Undersea Medicine	UM
026	Abdominal Surgery	AS
027	Critical Care-Surgery or Trauma	CCS
027	Critical Care-Surgery or Trauma	CCT
028	Other Specialty	OS
029	Surgery-General	S
030	Head & Neck Surgery	HNS
031	Hand Surgery	HS
031	Hand Surgery	HSS
032	Pediatric Surgery	PDS
033	Traumatic Surgery	TRS
034	Vascular Surgery-General or Peripheral	GVS
034	Vascular Surgery-General or Peripheral	PVS
036	Endocrinology	END
037	Hematology	HEM
039	Cardiac Electrophysiology	ICE
040	Infectious Diseases	ID

041	Diag Lab Immunology-Int Med	ILI
042	Internal Medicine	IM
042	Internal Medicine	IP
043	Geriatrics-Internal Medicine	GER
043	Geriatrics-Internal Medicine	GIM
044	Sports Medicine	ISM
044	Sports Medicine	PMS
044	Sports Medicine	RMS
044	Sports Medicine	SM
045	Nephrology	NEP
046	Nutrition	NTR
047	Oncology	ON
048	Rheumatology	RHU
050	Clinical Cytogenetics	CCG
051	Clinical Genetics	CG
053	Medical Genetics	IMG
054	Pediatric or Child Neurology	CHN
054	Pediatric or Child Neurology	PDN
055	Clinical Neurophysiology	CN
056	Neurology	N
056	Neurology	NMD
056	Neurology	NP
056	Neurology	NPN
057	Nuclear Medicine	NI
057	Nuclear Medicine	NM
057	Nuclear Medicine	NV
058	Critical Care-Neuro Surgery	NCC
059	Neurological Surgery	NS
061	Gynecological Oncology	GO
062	Gynecology	GS
062	Gynecology	GYN
063	Maternal & Fetal Medicine	MFM
064	Obstetrics & Gynecology	OBG
064	Obstetrics & Gynecology	OGS
065	Obstetrics	OBS
066	Critical Care-Obstetrics & Gynecology	OCC
067	Reproductive Endocrinology	RE
068	Occupational Medicine	OCM
068	Occupational Medicine	OM
069	Ophthalmology	COR
069	Ophthalmology	OAS
069	Ophthalmology	OCR
069	Ophthalmology	OGL
069	Ophthalmology	OPH
069	Ophthalmology	VRS
070	Hand Surgery-Orthopedic Surg	HSO
071	Adult Reconstructive Orthopedics	OAR
072	Musculoskeletal Oncology	OMO
073	Pediatric Orthopedics	OP

074	Orthopedic Surgery	AJI
074	Orthopedic Surgery	OR
074	Orthopedic Surgery	ORS
075	Sports Medicine-Orthopedic Surgery	OSM
076	Orthopedic Surgery-Spine	OSS
078	Facial Plastic Surgery	OPL
080	Otolaryngology or Rhinology	OTL
080	Otolaryngology or Rhinology	OTR
080	Otolaryngology or Rhinology	RHI
081	Pediatric Otolaryngology	PDO
082	Psychiatry	P
083	Psychoanalysis	PYA
084	Geriatric Psychiatry	PYG
085	Adolescent Medicine-Family or General Practice	AFP
085	Adolescent Medicine-Family or General Practice	AGP
086	Pediatric Intensive Care	PIC
087	Neonatology	NE
088	Pediatrics	PD
089	Pediatric Allergy & Immunology	PAI
091	Pediatric Pulmology Medicine	PDX
092	Pediatric Gastroenterology	PG
093	Pediatric Hematology-Oncology	PHO
094	Pediatric Diag Lab Immunology	PLI
095	Pediatric Nephrology	PNP
096	Pediatric Rheumatology	PPR
097	Sports Medicine - Pediatrics	PSM
098	Pediatric Cardiology	PDC
099	Preventive Medicine, Epidemiology or Public Health	EPI
099	Preventive Medicine, Epidemiology or Public Health	OE
099	Preventive Medicine, Epidemiology or Public Health	PH
099	Preventive Medicine, Epidemiology or Public Health	PHP
100	Physical Medicine & Rehabilitation	IAR
100	Physical Medicine & Rehabilitation	PDR
100	Physical Medicine & Rehabilitation	PM
100	Physical Medicine & Rehabilitation	RM
101	Hand Surgery-Plastic Surg	HSP
102	Plastic Surgery	OOP
102	Plastic Surgery	PLR
103	Anatomic Pathology	AP
104	Blood Banking-Transfusion Medicine	BBT
104	Blood Banking-Transfusion Medicine	LBM
105	Clinical Pathology	CLP
106	Dermatopathology	DPT

107	Hematology-Pathology	HEP
108	Medicine Microbiology	MMB
109	Neuropathology	NPT
110	Chemical Pathology	CP
111	Cytopathology	CY
112	Immunopathology	IPT
113	Pediatric Pathology	PP
114	Anatomic/Clinical Pathology	APL
114	Anatomic/Clinical Pathology	PTH
115	Radioisotopic Pathology	RIP
116	Pulmonary Diseases	PUD
116	Pulmonary Diseases	PUL
117	Nuclear Radiology	NR
118	Pediatric Radiology	PRD
119	Radiology	DUS
119	Radiology	R
119	Radiology	RI
119	Radiology	RT
119	Radiology	RTD
120	Neuroradiology	NRA
121	Radiological Physics	RP
122	Angiography & Intervent'l Radiology	ANG
122	Angiography & Intervent'l Radiology	SCL
123	Radiation Oncology	RO
123	Radiation Oncology	TR
124	Cardiovascular or Thoracic Cardiovascular Surgery	CVS
124	Cardiovascular or Thoracic Cardiovascular Surgery	TS
125	Urology	U
125	Urology	URS
126	Pediatric Urology	UP
127	Addictive Diseases	ADD
128	Critical Care-Medicine	CCM
129	Legal Medicine	LM
130	Clinical Pharmacology	PA
131	Unknown Blank	
133	Adolescent Medicine	ADL
134	Orthopedic Foot & Ankle Surg	OFA
135	Forensic Psychiatry	FPS
136	Hematology & Oncology	HEO
137	Internal Med-Pediatrics	IPD
139	Toxicology	TX
142	Psychosomatic Medicine	PYM
145	Pediatric Infectious Diseases	PID
146	Pediatric Ophthalmology	PO
147	Pulmonary-Critical Care	PUC
153	MOHS Micrographic Surgery	DMS
154	Hair Transplant	HT

155	Osteo Manipulative Treat +1	OM1
156	Spec Prof in Osteo Manip Med	OMM
157	Sports Medicine - OMM	OMS
158	Osteo Manipulative Medicine	OMT
159	Proctology	PR
160	Internship	IN
161	Retired	RET
162	Transitional Year	TY
209	Nuclear Cardiology	NC

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

998 (DK) (Thank and Terminate)

999 (Refused) (Thank and Terminate)

(5/30 - 5/32)

(If code "003", "005-007", "013-014", "018", "025", "028", "057", "099", "103-115", "117-123", "129-131", "135", "138-143", "148-149", "160-162" or "209" in #A8,

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

A11. Are you board-certified in (response in #A10)?

BDCTSB

1 Yes (Skip to #A13)

2 No (Continue)

8 (DK) (Skip to #A12)

9 (Refused) (Skip to #A12) _____ (8/78)

A11a. (If code "2" in #A11, ask:) Our survey data shows that you were board certified in (response in #A10), when we last interviewed you. Is that correct? (If necessary, say:) The previous interviews were conducted between August, 1996 and August, 1997.

BDCTSBC

1 Yes

2 No

8 (DK)

9 (Refused) _____ (21/29)

A12. (If code "2", "8" or "9" in #A11, ask:) Are you board-eligible in (response in #A10)?

BDELSB

1 Yes
2 No
8 (DK)
9 (Refused) _____ (21/30)

A13. Are you board-certified in (response in #A8)?

BDCTSP

1 Yes (Skip to #A19)
2 No (Continue)
8 (DK) (Skip to "Note" before #A14)
9 (Refused) (Skip to "Note" before #A14)
_____ (21/31)

(If code "2" in #A13 Continue; Otherwise, Skip to "Note" before #A14)

A13a. Our survey data shows that you were board certified in (response in #A8), when we last interviewed you. Is this correct? (If necessary, say:) The previous interviews were conducted between August, 1996 and August 1997.

BDCTSPC

1 Yes
2 No
8 (DK)
9 (Refused) _____ (21/32)

(If code "1" in #A12, Skip to #A19; Otherwise, Continue)

A14. Are you board-eligible in (response in A8)?

BDELSP

1 Yes
2 No
8 (DK)
9 (Refused) _____ (21/33)

(All in #A14, Skip to #A19)

A15. Are you board-certified in (response in #A8)? (INTERVIEWER NOTE: If physician says "Board-Certified in Internal Medicine" or "Board-certified in Pediatrics", code as "1")

BDCTPSP

- 1 Yes (Skip to #A19)
- 2 No (Continue)
- 8 (DK) (Skip to #A16)
- 9 (Refused) (Skip to #A16) _____ (21/34)

(If code "2" in A15, Continue; Otherwise, Skip to #A16)

A15a. Our survey data shows that you were board certified in (response in #A8), when we last interviewed you. Is this correct? (If necessary, say:) The previous interviews were conducted between August, 1996 and August, 1997.

BDCTPSC

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (21/35)

A16. Are you board-eligible in (response in #A8)? (INTERVIEWER NOTE: If physician says "Board-Certified in Internal Medicine" or "Board-certified in Pediatrics", code as "1")

BDELSPSP

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (21/36)

(If code "019", "023", "042", "088" or "137" in #A8, Skip to #A19; Otherwise, Continue)

A17. Are you board certified in any specialty?

BDCTAY

- 1 Yes (Skip to #A19)
- 2 No (Continue)
- 8 (DK) (Continue)
- 9 (Refused) (Continue) _____ (5/38)

(If code "1" in #A16, Skip to #A19;Otherwise, Continue)

A18. (If code "2" or "8-9" in #A17, ask:) Are you board eligible in any specialty?

BDELAY

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (5/39)

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

CARSAT

- 5 Very satisfied
- 4 Somewhat satisfied
- 3 Somewhat dissatisfied
- 2 Very dissatisfied, OR
- 1 Neither satisfied nor dissatisfied

- 8 (DK)
- 9 (Refused) _____ (5/40)

CLOCK:

_____ (28/16 - 28/19)

SECTION B
UTILIZATION OF TIME

B1. (If code "2" in #A4, AND code "03-97", "DK" or "RF" in #A4a, OR code "8" or "9" in #A4, ask:) Considering all of your practices, approximately how many weeks did you practice medicine during 1997? Exclude time missed due to vacation, illness and other absences. (If necessary, say:) Exclude family leave, military service, and professional conferences. If your office is closed for several weeks of the year, those weeks should NOT be counted as weeks worked. (Open ended and code actual number)

(If code "2" in #A4, AND code "02" in #A4a, ask:) Considering both of your practices, approximately how many weeks did you practice medicine during 1997? Exclude time missed due to vacation, illness and other absences. (If necessary, say:) Exclude family leave, military service, and professional conferences. If your office is closed for several weeks of the year, those weeks should NOT be counted as weeks worked. (Open ended and code actual number)

(If code "1" in #A4, ask:) Approximately how many weeks did you practice medicine during 1997? Exclude time missed due to vacation, illness and other absences. (If necessary, say:) Exclude family leave, military service, and professional conferences. If your office is closed for several weeks of the year, those weeks should NOT be counted as weeks worked. (Open ended and code actual number)

WKSWRK

53-
97 (BLOCK)

DK (DK)
RF (Refused)

(5/41)(5/42)

B2. (If code "2" in #A4, AND code "03-97", "DK" or "RF" in #A4a, OR code "8" or "9" in #A4, ask:) Considering all of your practices, during your last complete week of work, approximately how many hours did you spend in all medically related activities? Please include all time spent in administrative tasks, professional activities and direct patient care. Exclude time on call when not actually working.

(Open ended and code actual number)

(If code "2" in #A4, AND code "02" in #A4a, ask:)

Considering both of your practices, during your last complete week of work, approximately how many hours did you spend in all medically related activities? Please include all time spent in administrative tasks, professional activities and direct patient care. Exclude time on call when not actually working. (Open ended and code actual number)

(If code "1" in #A4, ask:) During your last complete week of work, approximately how many hours did you spend in all medically related activities? Please include all time spent in administrative tasks, professional activities and direct patient care. Exclude time on call when not actually working. (Open ended and code actual number)

HRSMD_A

169-
997 (BLOCK)

DK (DK)
RF (Refused)

(5/43 - 5/45)

B3. (If code "001-168" in #B2, ask:) Of these (response in #B2) hours, how many did you spend in direct patient care activities? (If necessary, say:) INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If appropriate, say:) INCLUDE ALL PRACTICES, not just the main practice. (Open ended and code actual number)

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

HRSPT_A

169-

997 (BLOCK)

DK (DK)

RF (Refused)

(5/46 - 5/48)

(If response in #B3 = response in #B2, Continue;
If response in #B3 > response in #B2, Skip to B4;
Otherwise, Skip to #B6)

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

ALLPAT

1 Yes - (Skip to #B6)

2 No - (Continue)

8 (DK) (Skip to #B6)

9 (Refused) (Skip to #B6) (5/75)

B3b. (If code "2" in #B3a, ask:) I have recorded that you spent (response in #B2) hours in all medically related activities and (response in #B3) hours in direct patient care. Which of these is incorrect?

MEDPAT

1 All medically related activities hours - (Continue)

2 Direct patient care hours - (Skip to #B3d)

3 (Neither are correct) - (Continue)

4 (Both are correct)

8 (DK) (Skip to #B6)

9 (Refused) (5/76)

B3c. (If code "1" or "3" in #B3b, ask:) Thinking of your last complete week of work, approximately how many hours did you spend in all medically related activities? Please include all time spent in administrative tasks, professional activities and direct patient care. Exclude time on call when not actually working. (Open ended and code actual number)

HRSMD_B

169-

997 (BLOCK)

DK (DK)

RF (Refused)

(5/77 - 5/79)

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

HRSPB_B

169-
997 (BLOCK)

DK (DK)
RF (Refused)

(6/74 - 6/76)

(All in #B3d, Skip to #B6)

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

HRSMC_C

169-
997 (BLOCK)

DK (DK)
RF (Refused)

(5/49 - 5/51)

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

HRSPT_C

169-

997 (BLOCK)

DK (DK)

RF (Refused)

(5/52 - 5/54)

B6. (If code "8" or "9" in #A4, OR code "03-97", "DK" or "RF" in #A4a, ask:) Again thinking of all your practices, during the LAST MONTH, how many hours, if any, did you spend providing CHARITY care? By this we mean, that because of the financial need of the patient you charged either no fee or a reduced fee. Please do not include time spent providing services for which you expected, but did not receive, payment. (Probe:) Your best estimate would be fine. (Open ended and code actual number)

(If code "02" in #A4a, ask:) Again thinking of both of your practices, during the LAST MONTH, how many hours, if any, did you spend providing CHARITY care? By this we mean, that because of the financial need of the patient you charged either no fee or a reduced fee. Please do not include time spent providing services for which you expected, but did not receive, payment. (Probe:) Your best estimate would be fine. (Open ended and code actual number)

(If code "1" in #A4, ask:) During the LAST MONTH, how many hours, if any, did you spend providing CHARITY care? By this we mean, that because of the financial need of the patient you charged either no fee or a reduced fee. Please do not include time spent providing services for which you expected, but did not receive, payment. (Probe:) Your best estimate

would be fine. (Open ended and code actual number)

(If necessary, say:) EXCLUDE bad debt and time spent providing services under a discounted fee for service contract or seeing Medicare and

(If code "06" in "STATE", say:) MediCAL patients.

(If code "04" in "STATE", say:) AHCCCS ("Access") patients.

(If code "01-03", "05" or "07-56" in "STATE", say:) Medicaid patients.

(If necessary, say:) By the LAST MONTH, we mean the last four weeks.

HRFREE

DK (DK)
RF (Refused)

_____ (10/64 - 10/66)

CLOCK:

_____ (28/24 - 28/27)

SECTION C
TYPE AND SIZE OF PRACTICE

CA. PRACTICE: (Code only)

ONEPR

- 1 (If code "1" in #A4:) Practice
- 2 (If code "2", "8" or "9" in #A4:) Main Practice _____ (5/63)

(INTERVIEWER READ:) Now, I would like to ask you a series of questions about the (response in #CA) in which you work.

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

OWNPR

- 1 Full owner (Continue)
- 2 Part owner (Continue)
- 3 Not an owner (Skip to #C3)
- 8 (DK) (Skip to #C3)
- 9 (Refused) (Skip to #C3) _____ (5/64)

C2. (If code "1" or "2" in #C1, ask:) Which of the following best describes this practice? Is it (read 06-16, then 01)? (INTERVIEWER NOTE: A free-standing clinic includes non-hospital-based ambulatory care, surgical and emergency care centers)

TOPOWN

- 01 OR, something else (list) (Skip to #C4)
- 02-
- 05 HOLD
- 06 A practice owned by one physician (solo practice) (Skip to "Note" before #C3)
- 07 A two physician practice (Skip to #C4)
- 08 A group practice of three or more physicians (see AMA definition on card) (Continue)
- 09 A group model HMO (Skip to #C7)
- 10 A staff model HMO (Skip to #C7)
- 11-
- 15 HOLD

16 A free-standing clinic (Continue)

98 (DK) (Skip to #C4)

99 (Refused) (Skip to #C4)

(5/65)(5/66)

C2a. (If code "08" or "16" in #C2, ask:) Is the practice a single-specialty or multi-specialty practice?

OWNNSPC

1 Single-specialty (Skip to "Note" before #C3)

2 Multi-specialty (Continue)

8 (DK) (Skip to "Note" before #C3)

9 (Refused) (Skip to "Note" before #C3)

_____ (21/37)

(If code "019", "023", "042", "088" or "137" in #A10/#A8, OR if code "2" in #A9a, or code "3" in #A9a, or code "2" in #A9b, or code "3" in #A9b, Skip to #C2c; Otherwise, Continue)

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

OWNPCP

1 Yes

2 No

8 (DK)

9 (Refused)

_____ (21/38)

(All in #C2b, Skip to "Note" before #C3)

C2c. (If code "019", "023", "042", "088" or "137" in #A10/#A8, or if code "2" in #A9a, or code "3" in #A9a, or code "2" in #A9b, or code "3" in #A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics or general internal medicine?

OWNSPEC

1 Yes

2 No

8 (DK)

9 (Refused)

_____ (21/39)

(If code "1" in #C1, AND code "06" in #C2, skip to #C7;
Otherwise, skip to #C4)

- C3. (If code "3", "8" or "9" in #C1, ask:) Which of the following best describes your current employer or employment arrangement? Are you employed by (read 06-16, then 01)? (INTERVIEWER NOTE: Stop once response is given) (If necessary, say:) An EMPLOYER is the entity that pays you and should not be confused with where you work. For instance, your employer could be a group practice even if you work in a hospital.

TOPEMP

- | | | |
|-----|---|----------------|
| 01 | OR, something else (do NOT list here) | (Skip to #C3b) |
| 02- | | |
| 05 | HOLD | |
| 06 | A practice owned by one physician (solo practice) | (Skip to #C5) |
| 07 | A two physician-owned practice | (Skip to #C4) |
| 08 | A group practice of three or more physicians (see AMA definition on card) | (Continue) |
| 09 | A group model HMO | (Skip to #C7) |
| 10 | A staff model HMO | (Skip to #C7) |
| 12 | A medical school or university | (Skip to #C10) |
| 13 | A non-government hospital or group of hospitals | (Skip to #C10) |
| 14 | City, county or state government | (Skip to #C3a) |
| 16 | A free-standing clinic | (Continue) |
| 98 | (DK) | (Skip to #C3b) |
| 99 | (Refused) | (Skip to #C3b) |

(5/67) (5/68)

- C3aa. (If code "08 or "16" in #C3, ask:) Is the practice a single-specialty or multi-specialty practice?

EMPNSPC

- | | | |
|---|------------------|---------------|
| 1 | Single-specialty | (Skip to #C4) |
| 2 | Multi-specialty | (Continue) |
| 8 | (DK) | (Skip to #C4) |
| 9 | (Refused) | (Skip to #C4) |

_____ (21/40)

(If code "019", "023", "042", "088" or "137" in #A10/#A8, OR if code "2" in #A9a, or code "3" in #A9a, or code "2" in #A9b, or code "3" in #A9b, Skip to C3ac; Otherwise, Continue)

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

EMPPCP

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

_____ (21/41)

(All in #C3ab, Skip to #C4)

C3ac. (If code "019", "023", "042", "088" or "137" in #A10/#A8, or if code "2" in #A9a, or code "3" in #A9a, or code "2" in #A9b, or code "3" in #A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics or general internal medicine?

EMPSPEC

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

_____ (21/42)

(All in #C3ac, Skip to #C4)

C3a. (If code "14" in #C3, ask:) Is this a hospital, clinic or some other setting?

OTHSET

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

_____ (6/78)

(All in #C3a, Skip to #C10)

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

EMPTYYP

- | | | |
|-----|--|-----------------|
| 01 | OR, something else (do NOT list here) | (Continue) |
| 02- | | |
| 10 | HOLD | |
| 11 | Other HMO, insurance company or health plan | (Skip to #C10) |
| 15 | An integrated health or delivery system | (Skip to #C10) |
| 17 | A physician practice management company or other for-profit investment company | (Skip to #C10) |
| 18 | Community health center | (Skip to #C7) |
| 19 | Management Services Organization (MSO) | (Skip to #C10) |
| 20 | Physician-Hospital Organization (PHO) | (Skip to #C10) |
| 21 | Locum tenens | (Skip to #C10) |
| 22 | Foundation | (Skip to #C3ca) |
| 25 | Independent contractor | (Skip to #C10) |
| 26 | Industry clinic | (Skip to #C10) |
| 98 | (DK) | (Skip to #C4) |
| 99 | (Refused) | (Skip to #C4) |

(6/79)(6/80)

C3c. What type of organization do you work for? (Open ended and code, if possible; otherwise, ENTER VERBATIM RESPONSE)

EMPTYYP2

- | | | |
|-----|---|-----------------|
| 01 | Other (list) | (Skip to #C10) |
| 02- | | |
| 05 | HOLD | |
| 06 | A practice owned by one physician (solo practice) | (Skip to #C5) |
| 07 | A two physician-owned practice | (Skip to #C4) |
| 08 | A group practice of three or more physicians (see AMA definition on card) | (Skip to #C3ca) |
| 09 | A group model HMO | (Skip to #C7) |
| 10 | A staff model HMO | (Skip to #C7) |
| 12 | A medical school or | |

- university (Skip to #C10)
- 13 A non-government hospital or group of hospitals (Skip to #C10)
- 14 City, county or state government (Continue)
- 16 A free-standing clinic (Skip to #C3ca)
- 17 HOLD
- 18 Community health center (Skip to #C4)
- 19-
- 21 HOLD
- 22 Foundation (Skip to #C3ca)
- 25 Independent Contractor (Skip to #C10)
- 26 Industry Clinic (Skip to #C10)

- 98 (DK) (Skip to #C4)
- 99 (Refused) (Skip to #C4)

(21/43) (21/44)

C3ca. (If code "08" or "16" in #C3c, or code "22" in #C3b, ask:) Is the practice a single-specialty or multi-specialty practice?

EM2NSPC

- 1 Single-specialty (Skip to #C4)
- 2 Multi-specialty (Continue)
- 8 (DK) (Skip to #C4)
- 9 (Refused) (Skip to #C4)

(5/57)

(If code "019", "023", "042", "088" or "137" in #A10/#A8, OR if code "2" or "3" in #A9a, OR code "2" or "3" in #A9b, Skip to #C3cc; Otherwise, Continue)

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

EM2PCP

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

(5/58)

(All in #C3cb, Skip to #C4)

C3cc. (If code "019", "023", "042", "088" or "137" in #A10/#A8, OR code "2" or "3" in #A9a, OR code "2" or "3" in #A9b, ask:) Are any of the physicians in the practice in specialties other than general or family practice, general pediatrics or general internal medicine?

EM2SPEC

1 Yes
2 No
8 (DK)
9 (Refused) _____ (5/59)

C3d. (If code "14" in C3c, ask:) Is this a hospital, clinic, or some other setting?

EM2HOSP

1 Hospital
2 Clinic
3 Other (do NOT list)
8 (DK)
9 (Refused) _____ (21/62)

C4. Do one or more of the other physicians in the practice in which you work have an ownership interest?

OTHPAR

1 Yes
2 No
8 (DK)
9 (Refused) _____ (5/69)

(If code "22" in #C3b or #C3c, Skip to #C7; Otherwise, Continue)

C5. Do any of the following have an ownership interest in the practice in which you work? This ownership interest may include ownership of only the assets or accounts receivable. Does (read A-D) have an ownership interest in the practice? (If necessary, say:) Do not include leased equipment.

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

OTHGRP

- A. Another physician group _____ (6/12)
HSPPAR
- B. A hospital or group of hospitals _____ (6/13)
INSPAR
- C. An insurance company, health plan or HMO _____ (6/14)
ORGPAR
- D. Any other organization (**listed on next screen**) _____ (6/15)

(If code "1" in #C5-D, Continue; If code "2" to ALL in #C5 A-Skip to #C6a; Otherwise, Skip to #C7)

C6. **(If code "1" in #C5-D, ask:)** What kinds of organizations are these? (Open ended and code) **(ENTER ALL RESPONSES)**

ORG_1,..., ORG_16

- | | | | |
|----|---|---|------------------------|
| 01 | Other (list) | 1 | _____ (6/16) |
| 02 | (DK) | 2 | |
| 03 | (Refused) | 3 | |
| 04 | No others | 4 | |
| 05 | HOLD | 5 | |
| 06 | Integrated health or delivery system | 6 | |
| 07 | Physician practice management or
other for-profit investment company | 7 | |
| 08 | Management Services Organization (MSO) | 8 | |
| 09 | Physician-Hospital Organization (PHO) | 9 | |
| 10 | University/Medical school | 0 | |
| 11 | Medical Foundation or
Non-profit Foundation | 1 | _____ (6/17) |
| 12 | Other Non-profit or
community-based organization | 2 | |
| 13 | Other physicians in this practice | 3 | |
| 14 | Another physician group | 4 | |
| 15 | A hospital or group of hospitals | 5 | |
| 16 | An insurance company, health plan
or HMO | 6 | |
| | HOLD | 0 | _____ (6/18-
6/27) |

C6a. **(If code "3" in #C1, AND code "2" in #C4, AND code "2" to ALL in #C5 A-D, ask:)** Who owns the practice in which you work?
 (Open ended)

OWNVERB

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

(7/72) (7/73)

C7. How many physicians, including yourself, are in the practice? Please include all locations of the practice. **(Probe:)** Your best estimate would be fine. (Open ended and code actual number) **(INTERVIEWER NOTE: If asked, this includes both full- and part-time physicians)**

NPHYS

- 997 997+
- DK (DK)
- RF (Refused)

(6/28 - 6/30)

C8. How many physician assistants, nurse practitioners, nurse midwives, and clinical nurse specialists are employed by the practice including all locations? Include both full- and part-time employees in your answer. **(Probe:)** Please include only those who fit these categories. Your best estimate would be fine. (Open ended and code actual number) **(INTERVIEWER NOTE: Do NOT include office staff or nursing or other personnel who do not fit these categories; examples: LPNs or RNs who are not nurse practitioners or clinical nurse specialists should not be included)**

NASSIST

- 997 997+
- DK (DK)
- RF (Refused)

(6/31 - 6/33)

(If code "08" in #C2 or #C3 AND code "025-997" in #C7, Continue; Otherwise, Skip to #C10)

C9. Is your practice either a group model HMO or organized exclusively to provide services to a group model HMO?

GRPHMO

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (6/34)

C10. In the last two years, were you part of a practice that was purchased by another practice or organization? **(If necessary, say:)** We are only interested in purchases over the last two years that occurred while you were part of the practice.

ACQUIRD

- 1 Yes (Continue)
- 2 No (Skip to "Section D")
- 8 (DK) (Skip to "Section D")
- 9 (Refused) (Skip to "Section D") _____ (6/35)

C11. **(If code "1" in #C10, ask:)** At the time of the purchase, were you a full owner, a part owner, or not an owner of the practice that was purchased? **(INTERVIEWER NOTE: If multiple purchases, ask about the most recent)**

OWNPUR

- 1 Full owner
- 2 Part owner
- 3 Not an owner
- 8 (DK)
- 9 (Refused) _____ (6/36)

CLOCK:

(28/32 - 28/35)

SECTION D
MEDICAL CARE MANAGEMENT

MANAGEMENT STRATEGIES

(INTERVIEWER READ:) Now, I would like to ask you a series of questions about various medical care management techniques or strategies that are sometimes used to manage the care physicians provide to their patients. For each, I'll ask you how large an effect they have on your practice of medicine. The choices are: a very large effect, large, moderate, small, very small, or no effect at all. **(If code "2", "8" or "9" in #A4, say:)** As you answer, please think only about your main practice.

D1. At present, **(read and rotate A-F)?** Would you say that (it has/they have) a **(read 5-0)?** **(If physician says "Do not use/receive", say:)** Does this mean (it has/they have) no effect?

- 5 Very large
- 4 Large
- 3 Moderate
- 2 Small
- 1 Very small, OR
- 0 No effect at all

- 8 (DK)
- 9 (Refused)

EFDATA

A. How large an effect does your use of computers to obtain or record clinical data, such as medical records and lab results, have on your practice of medicine **(INTERVIEWER NOTE: This could include the physician's own computer system or that provided by a health insurance plan or HMO, hospital or other institution.)**

_____ (6/37)

EFTREAT

B. How large an effect does your use of computers to obtain information about treatment alternatives or recommended guidelines have on your practice of medicine **(INTERVIEWER**

NOTE: This could include the physician's own computer system or that provided by a health insurance plan or HMO, hospital or other institution.)

_____ (6/39)

EFRMNDR

- C. (If code "019-020", "023", "043", "062", "064-065", "085" or "133" in #A10/#A8, OR If code "1", "8" or "9" in #A9, or code "042", "088" or "137" in #A10, OR If code "2" or "3" in #A9a, OR If code "2" or "3" in #A9b, ask:) How large an effect do reminders that you receive from either a medical group, insurance company or HMO alerting you about specific preventive services that may be due for your individual patients have on your practice of medicine (INTERVIEWER NOTE: Includes reminders from either the medical practice, insurance companies, clinics or HMOs. Does NOT include general educational material about preventive services or other reminders that are not about specific services for specific patients.)

_____ (6/41)

EFGUIDE

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

_____ (6/43)

EFPROFL

- E. How large an effect do the results of practice profiles comparing your pattern of using medical resources to treat patients with that of other physicians have on your practice of medicine? (INTERVIEWER NOTE: We are not interested in informal feedback, but only specific, quantified information about the physician's practice patterns.) (If necessary, say:) A practice profile is a report that is usually computer generated which compares you to other physicians on things like referrals to specialists, hospitalizations, or other measures of cost-effectiveness.

_____ (6/45)

EF SURV

F. How large an effect does feedback from patient satisfaction surveys have on your practice of medicine

(There are no D2-D6)

(If code "019-020", "023", "043", "085" or "133" in #A10/#A8, If code "1", "8" or "9" in #A9, OR If code "042", "088" or "137" in #A10, OR If code "2" or "3" in #A9a, OR If code "2" or "3" in #A9b, Continue; Otherwise, Skip to "Interviewer Read" before #D11)

(INTERVIEWER READ:) Now, I would like to ask you a couple of questions about the range and complexity of conditions you treat without referral to specialists.

D7. During the last two years, has the complexity or severity of patients' conditions for which you provide care without referral to specialists (read 5-1)? (INTERVIEWER NOTE: If respondent says he/she has not been practicing medicine for two years, ask about time since he/she started.)

CMPPROV

- 5 Increased a lot
- 4 Increased a little
- 3 Stayed about the same
- 2 Decreased a little, OR
- 1 Decreased a lot

- 8 (DK)
- 9 (Refused) _____ (6/49)

D8. In general, would you say that the complexity or severity of patients' conditions for which you are currently expected to provide care without referral is (read 5-1)?

CMPEXPC

- 5 Much greater than it should be
- 4 Somewhat greater than it should be
- 3 About right
- 2 Somewhat less than it should be, OR
- 1 Much less than it should be

- 8 (DK)
- 9 (Refused) _____ (6/50)

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

SPECUSE

- 5 Increased a lot
- 4 Increased a little
- 3 Stayed about the same
- 2 Decreased a little, OR
- 1 Decreased a lot

- 8 (DK)
- 9 (Refused) _____ (6/51)

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

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

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

PCTGATE

- 000 None (Skip to "Section E")
- 001 1% or less (Skip to "Section E")
- 002-
100 (Skip to "Section E")

- DK (DK) (Continue)
- RF (Refused) (Continue)

_____ (6/52 - 6/54)

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

PGATE25

- 1 Less than 25 percent of your patients, OR (Skip to #D10c)
- 2 25 percent or more of your patients (Continue)

- 8 (DK) (Skip to "Section E")

9 (Refused) (Skip to "Section E") _____ (6/55)

D10b (If code "2" in #D10a, ask:) Would you say for (read 1-2)?

PGATE50

- 1 Less than 50 percent of your patients
OR
2 50 percent or more of your patients
- 8 (DK)
9 (Refused) _____ (6/56)

(All in #D10b, Skip to "Section E")

D10c (If code "1" in #D10a, ask:) Would you say for (read 1-2)?

PGATE10

- 1 Less than 10 percent of your patients
OR
2 10 percent or more of your patients
- 8 (DK)
9 (Refused) _____ (6/57)

(All in #D10c, "Skip to Section E")

(INTERVIEWER READ:) Now, I would like to ask you a couple of questions about the range and complexity of conditions you treat.

D11. During the last two years, has the complexity or severity of patients' conditions at the time of referral to you by primary care physicians (read 5-1)?

CMPCHG

- 5 Increased a lot
4 Increased a little
3 Stayed about the same
2 Decreased a little, OR
1 Decreased a lot
- 8 (DK)
9 (Refused) _____ (6/58)

D12. In general, would you say that the complexity or severity of patients' conditions at the time of referral to you by primary care physicians is (read 5-1)?

CMPPLVL

- 5 Much greater than it should be
 - 4 Somewhat greater than it should be
 - 3 About right
 - 2 Somewhat less than it should be, OR
 - 1 Much less than it should be
-
- 8 (DK)
 - 9 (Refused) _____ (6/59)

D13. During the last two years, has the number of patients referred to you by primary care physicians (read 5-1)?

CHGREF

- 5 Increased a lot
 - 4 Increased a little
 - 3 Stayed about the same
 - 2 Decreased a little, OR
 - 1 Decreased a lot
-
- 8 (DK)
 - 9 (Refused) _____ (6/60)

CLOCK:

_____ (28/40 - 28/43)

(NOTE: If MD, Select SAME "Vignettes" as in Round #1. The question numbers will be in the "Fone" file - Skip to "Interviewer Read") (If Vignettes NOT asked last time, Continue with "Note" before #EA)

**SECTION E
VIGNETTES**

(If "New", "Re-interview", or "Non-respondent", AND code "019", "023" or "137" in #A10/#A8, OR if code "2" or "3" in #A9a, OR code "2" or "3" in #A9b, Continue; Otherwise, Skip to "Note" after #EA)

EA. Does your (response in #CA) include providing care to (read 1-3)? (INTERVIEWER NOTE: This question refers only to the physician's OWN PATIENTS)

WHOCARE

- | | | |
|---|--------------------------|-----------------------|
| 1 | Adults only | (Continue) |
| 2 | Children only, OR | (Continue) |
| 3 | Both adults and children | (Continue) |
| 8 | (DK) | (Skip to "Section F") |
| 9 | (Refused) | (Skip to "Section F") |

_____ (6/61)

(NOTE: If code "42" in #A10, code as "1" in "Form"; If code "88" in #A10, code as "2" in "Form")

(If code "042" in #A8, AND code "1", "8" or "9" in #A9, OR code "1" in #EA, code as "1" in FORM"; If code "088" in #A8, AND code "1", "8" or "9" in #A9, OR code "2" in #EA, code as "2" in "FORM"; If code "3" in #EA, code as "3" in "FORM"; Otherwise, Skip to "Section F")

FORM:

- | | |
|---|--|
| 1 | FORM 1 (Rotate #E1, #E3, #E4, #E5, #E9 and #E10) |
| 2 | FORM 2 (Rotate #E11, #E16, #E17, #E18, #E20 and #E21) |
| 3 | FORM 3 (Randomly select and rotate) (Either #E5 or #E9 AND either #E1 or #E10 AND either #E3 or #E4 AND either #E17 or #E20 AND either #E11 or #E16 AND either #E18 or #E21) |

_____ (6/62)

(INTERVIEWER READ:) I am going to read a description of a patient and I'll ask about a possible test, treatment, or recommendation. We want you to think about patients with similar problems you've seen in your own practice during the

past twelve months. The key question I'll ask is for what percentage of the patients with that problem would you recommend the test, treatment, or evaluation? Reasons for not recommending the treatment may include feeling that no treatment, or that an alternative treatment, is a better option. Any percentage, from zero to 100 percent, is a valid response.

(If code "2" or "8-9" in #A4, say:) As you answer, please think only about your main practice.

(If code "2" in "FORM", Skip to #E11; Otherwise, Continue)

- E1. (If code "1" or "3" in "FORM", ask:) What about treating an elevated cholesterol with oral agents for a 50 year old man who has no other cardiac risk factors except elevated cholesterol? After six months on a low cholesterol diet, his total cholesterol is 240 and his LDL is 150. His HDL cholesterol is 50, giving a ratio of total cholesterol to HDL cholesterol of 4.8. For what percentage of such patients would you recommend oral agents at this point? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VCHOL

000	None	(Skip to "Next" item)
001	1% or less	(Skip to "Next" item)
002-		
100		(Skip to "Next" item)
DK	(DK)	(Continue)
RF	(Refused)	(Skip to "Next" item)

(6/63 - 6/65)

- E1a. (If code "DK" in #E1, ask:) Would you recommend oral agents (read 6-1)?

VCHOLF

6	Always
5	Almost always
4	Frequently
3	Sometimes

2 Rarely, OR
 1 Never

8 (DK)
 9 (Refused) _____ (6/66)

(There is no #E2)

E3. (If code "1" or "3" in "FORM", ask:) What about a urology referral for further evaluation of symptoms of benign prostatic hyperplasia in a 60 year old man. He is moderately symptomatic, has no evidence of renal compromise or cancer. The patient is somewhat bothered by these symptoms. For what percentage of such patients would you recommend a urology referral? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VHYPER

000 None (Skip to "Next" item)
 001 1% or less (Skip to "Next" item)
 002-
 100 (Skip to "Next" item)

DK (DK) (Continue)
 RF (Refused) (Skip to "Next" item)

_____ (7/12 - 7/14)

E3a. (If code "DK" in #E3, ask:) Would you recommend a urology referral (read 6-1)?

VHYPERF

6 Always
 5 Almost always
 4 Frequently
 3 Sometimes
 2 Rarely, OR
 1 Never

8 (DK)
 9 (Refused) _____ (7/15)

E4. (If code "1" or "3" in "FORM", ask:) What about a cardiology referral after a stress test for a 50 year old man with a one month history of exertional chest pain. On no medications, after 6 minutes of exercise, he developed 2 millimeters of ST depression in leads II, III, and F. For what percentage of such patients would you recommend a cardiology referral at this point? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VCHES

000	None	(Skip to "Next" item)
001	1% or less	(Skip to "Next" item)
002-		
100		(Skip to "Next" item)
DK	(DK)	(Continue)
RF	(Refused)	(Skip to "Next" item)

(7/16 - 7/18)

E4a. (If code "DK" in #E4, ask:) Would you recommend a cardiology referral (read 6-1)?

VCHESF

6	Always
5	Almost always
4	Frequently
3	Sometimes
2	Rarely, OR
1	Never
8	(DK)
9	(Refused)

(7/19)

E5. (If code "1" or "3" in "FORM", ask:) What about an MRI for a 35-year-old man who developed low back pain after shoveling snow three weeks ago. He presents to the office for an evaluation. On examination there is a new left foot drop. For what percentage of such patients would you recommend an MRI? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VBACK

000	None	(Skip to "Next" item)
001	1% or less	(Skip to "Next" item)
002-		

100 (Skip to "Next" item)

DK (DK) (Continue)

RF (Refused) (Skip to "Next" item)

(7/20 - 7/22)

E5a. (If code "DK" in #E5, ask:) Would you recommend an MRI (read 6-1)?

VBACKF

6 Always
5 Almost always
4 Frequently
3 Sometimes
2 Rarely, OR
1 Never

8 (DK)

9 (Refused)

(7/23)

(There are no #E6-#E8)

E9. (If code "1" or "3" in "FORM", ask:) What about PSA screening in an asymptomatic 60 year old white man who has no family history of prostate cancer and a normal digital rectal exam. For what percentage of such patients would you recommend a PSA (Prostate Specific Antigen) test? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

V60MAN

000 None (Skip to "Next" item)

001 1% or less (Skip to "Next" item)

002-

100 (Skip to "Next" item)

DK (DK) (Continue)

RF (Refused) (Skip to "Next" item)

(7/36 - 7/38)

E9a. (If code "DK" in #E9, ask:) Would you recommend a PSA test
(read 6-1)?

V60MANF

6	Always	
5	Almost always	
4	Frequently	
3	Sometimes	
2	Rarely, OR	
1	Never	
8	(DK)	
9	(Refused)	_____ (7/39)

E10. (If code "1" or "3" in "FORM", ask:) What about recommending an office visit for a 40 year old monogamous, married woman who calls to report a two day history of vaginal itching and thick white discharge. She has no abdominal pain or fever. For what percentage of such patients would you recommend an office visit to evaluate the vaginal discharge? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VVITCH

000	None	(Skip to "Next" item)
001	1% or less	(Skip to "Next" item)
002-		
100		(Skip to "Next" item)
DK	(DK)	(Continue)
RF	(Refused)	(Skip to "Next" item)

_____ (7/40 - 7/42)

E10a. (If code "DK" in #E10, ask:) Would you recommend an office visit (read 6-1)?

VVITCHF

6	Always	
5	Almost always	
4	Frequently	
3	Sometimes	
2	Rarely, OR	
1	Never	
8	(DK)	
9	(Refused)	_____ (7/43)

(If code "1" in "FORM", Skip to "Section F"; Otherwise, Continue)

E11. (If code "2" or "3" in "FORM", ask:) What about use of DDAVP for an otherwise healthy 10 year old boy who presents with long-term primary enuresis (en-your-ee-sis), repeatedly negative urinalysis and cultures, and who has failed fluid restriction and environmental interventions. For what percentage of such patients would you recommend DDAVP? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VENUR

000	None	(Skip to "Next" item)
001	1% or less	(Skip to "Next" item)
002-		
100		(Skip to "Next" item)
DK	(DK)	(Continue)
RF	(Refused)	(Skip to "Next" item)

(7/44 - 7/46)

E11a. (If code "DK" in #E11, ask:) Would you recommend DDAVP (read 6-1)?

VENURF

6	Always
5	Almost always
4	Frequently
3	Sometimes
2	Rarely, OR
1	Never
8	(DK)
9	(Refused)

(7/47)

(There are no #E12-#E15)

E16. (If code "2" or "3" in "FORM", ask:) What about an office visit for an otherwise healthy 10 year old boy whose parent calls to report a two day history of fever to 101 degrees, sore throat, nasal stuffiness, and no other signs or symptoms. For what percentage of such patients would you recommend an office visit in the next day or so? (Open ended and code actual percent) (Probe:) Your best estimate will be

fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VTHRT

000 None (Skip to "Next" item)
001 1% or less (Skip to "Next" item)
002-
100 (Skip to "Next" item)

DK (DK) (Continue)
RF (Refused) (Skip to "Next" item)

(7/64 - 7/66)

E16a. (If code "DK" in #E16, ask:) Would you recommend an office visit in the next day or so (read 6-1)?

VTHRTF

6 Always
5 Almost always
4 Frequently
3 Sometimes
2 Rarely, OR
1 Never

8 (DK)
9 (Refused)

(7/67)

E17. (If code "2" or "3" in "FORM", ask:) What about a chest x-ray for a previously healthy 10 year old girl with a three day history of fever to 101.5, productive cough, tachypnea (tah-kip-knee-uh) and rales at the right base. She is taking fluids, is uncomfortable, but not in acute distress. For what percentage of such patients would you recommend a chest x-ray? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VCOUGH

000 None (Skip to "Next" item)
001 1% or less (Skip to "Next" item)
002-
100 (Skip to "Next" item)

DK (DK) (Continue)
RF (Refused) (Skip to "Next" item)

(7/68 - 7/70)

E17a. (If code "DK" in #E17, ask:) Would you recommend a chest x-ray (read 6-1)?

VCOUGHF

- 6 Always
- 5 Almost always
- 4 Frequently
- 3 Sometimes
- 2 Rarely, OR
- 1 Never

- 8 (DK)
- 9 (Refused) _____ (7/71)

E18. (If code "2" or "3" in "FORM", ask:) What about referral to an ENT specialist for PE tubes for an otherwise healthy 24 month old girl who presents with a history of six episodes of suppurative (SUPper-uh-tive) otitis media over the last year, treated with antibiotics with complete clearing. After her fifth episode she was placed on prophylactic antibiotics, but had a recurrence that again responded completely to antimicrobials. She is otherwise in good health and has normal hearing. For what percentage of such patients would you recommend referral to an ENT specialist for placement of PE tubes? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VSUPOT

- 000 None (Skip to "Next" item)
- 001 1% or less (Skip to "Next" item)
- 002-
- 100 (Skip to "Next" item)

- DK (DK) (Continue)
- RF (Refused) (Skip to "Next" item)

_____ (8/12 - 8/14)

E18a. (If code "DK" in #E18, ask:) Would you recommend referral to an ENT specialist for placement of PE tubes (read 6-1)?

VSUPOTF

- 6 Always
- 5 Almost always
- 4 Frequently

3 Sometimes
2 Rarely, OR
1 Never

8 (DK)
9 (Refused)

_____ (8/15)

(There is no #E19)

E20. (If code "2" or "3" in "FORM", ask:) What about a sepsis workup including at least a CBC, sterile urine, and blood cultures, for a well-appearing and otherwise normal, full-term six week old child with a fever of 101. In what percentage of such patients would you recommend a sepsis workup including at least a CBC, sterile urine, and blood cultures? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

V6FEVR

000 None (Skip to "Next" item)
001 1% or less (Skip to "Next" item)
002-
100 (Skip to "Next" item)

DK (DK) (Continue)
RF (Refused) (Skip to "Next" item)

_____ - _____
(8/20 - 8/22)

E20a. (If code "DK" in #E20, ask:) Would you recommend a sepsis workup (read 6-1)?

V6FEVRF

6 Always
5 Almost always
4 Frequently
3 Sometimes
2 Rarely, OR
1 Never

8 (DK)
9 (Refused)

_____ (8/23)

E21. (If code "2" or "3" in "FORM", ask:) What about referral to an allergist for a four year old with eczema and seasonal asthma whose asthma has been managed with intermittent oral

steroids and bronchodilators. The frequency of asthma attacks is increasing despite prophylactic use of inhaled steroids. For what percentage of such patients would you recommend referral to an allergist for evaluation? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) Consider all your patients with similar clinical descriptions.

VECZEM

- 000 None (Skip to "Next" item)
- 001 1% or less (Skip to "Next" item)
- 002-
- 100 (Skip to "Next" item)

- DK (DK) (Continue)
- RF (Refused) (Skip to "Next" item)

_____ (8/24 - 8/26)

E21a. (If code "DK" in #E21, ask:) Would you recommend referral to an allergist for evaluation (read 6-1)?

VECZEMF

- 6 Always
- 5 Almost always
- 4 Frequently
- 3 Sometimes
- 2 Rarely, OR
- 1 Never

- 8 (DK)
- 9 (Refused)

_____ (8/27)

CLOCK:

_____ (28/48 - 28/51)

SECTION F
PHYSICIAN-PATIENT INTERACTIONS

F1. Next I am going to read you several statements. For each, I'd like you to tell me if you agree strongly, agree somewhat, disagree somewhat, disagree strongly, or if you neither agree nor disagree. (If code "2" or "8-9" in #A4, say:) As you answer, please think only about your main practice. (Read and rotate A-E and H, then F and G) Do you (read 5-1)? (If necessary, say:) We'd like you to think across all patients that you see in your practice.

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

A. I have adequate time to spend with my patients during their office visits? (INTERVIEWER NOTE: Do not further differentiate the level of visit, that is, whether brief, intermediate, etc.) (If necessary, say:) We would like you to answer in general or on AVERAGE over all types of visits.
(8/28)

ATMOFF

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

ATMOTH

C. I have the freedom to make clinical decisions that meet my patients' needs _____ (8/29)

CLNFREE

D. It is possible to provide high quality care to all of my patients _____ (8/30)

HIGHCAR

E. I can make clinical decisions in the best interests of my patients without the possibility of reducing my income _____ (8/31)

F1. (Continued:)

NEGINCN

- F. (If code "019-020", "023", "043", "085" or "133" in #A10/#A8, OR if code "1", "8" or "9" in #A9, or if code "042", "088" or "137" in #A10, OR if code "2" or "3" in #A9a, OR If code "2" or "3" in #A9b, ask:) The level of communication I have with specialists about the patients I refer to them is sufficient to ensure the delivery of high quality care _____ (8/32)

USESPCS

- G. (If "Blank" in F1-F, ask:) The level of communication I have with primary care physicians about the patients they refer to me is sufficient to ensure the delivery of high quality care _____ (8/33)

COMPRM

- H. It is possible to maintain the kind of continuing relationships with patients over time that promote the delivery of high quality care _____ (8/34)

PATREL

(There are no F2-F7)

F8. Now, I'm going to ask you about obtaining certain services for patients in your (response in #CA) when you think they are medically necessary. How often are you able to obtain (read and rotate A, B and E, then read and rotate C and D, then read and rotate F and G, as appropriate) when you think (they are/it is) medically necessary? Would you say (read 6-1)? (If physician says it depends on which patients, say:) We'd like you to think across all the patients that you see in your (response in #CA) and tell us how often you are able to obtain these services when you think they are medically necessary.

- 6 Always
- 5 Almost always
- 4 Frequently
- 3 Sometimes
- 2 Rarely, OR
- 1 Never
- 7 (Does not apply)
- 8 (DK)
- 9 (Refused)

- A. (If code "019", "020", "023", "043", "085" or "133" in #A10/#A8, OR code "1", "8" or "9" in #A9, or if code "042", "088" or "137" in #A10, OR code "2" or "3" in #A9a, OR code "2" or "3" in #A9b, ask:) Referrals to specialists of high quality _____

OBREFS

(Otherwise, ask:) Referrals to other specialists of high quality _____ (8/35)

- B. High quality ancillary services, such as physical therapy, home health care, nutritional counseling, and so forth _____ (8/36)

OBANCL

- C. Non-emergency hospital admissions _____ (8/37)

OBHOSP

- D. Adequate number of inpatient days for your hospitalized patients _____ (8/38)

OBINPAT

- E. High quality Diagnostic Imaging Services _____ (8/39)

OBIMAG

- F. (If code "010", "019", "020", "023", "043", "062", "064-065", "082-085", "127", "132" or "133" in #A10/#A8, OR code "1", "8" or "9" in #A9, OR code "2" or "3" in #A9a, or code "042", "088" or "137" in #A10, OR code "2" or "3" in #A9b, ask:) High quality INPATIENT MENTAL health care _____ (8/40)

OBMENTL

- G. (If code "010", "019", "020", "023", "043", "062", "064-065", "082-085", "127", "132" or "133" in #A10/#A8, OR code "1", "8" or "9" in #A9, or code "2" or "3" in #A9a, or code "042", "088" or "137" in #A10, OR code "2" or "3" in #A9b, ask:) High quality OUTPATIENT MENTAL health services _____ (8/41)

OBOUTPT

- F9. Now, I'd like to ask you about new patients the practice in which you work might be accepting. Is the practice accepting all, most, some, or no new patients who are insured through (read A-C)? (INTERVIEWER NOTE: Refers to entire practice not just to physician's own patients. Medicaid and Medicare beneficiaries who are enrolled in managed care plans should be included in A or B, respectively.)

- 4 All
3 Most

- 2 Some
- 1 No new patients/None
- 8 (DK)
- 9 (Refused)

A. Medicare, including Medicare managed care patients _____ (8/42)

NWMCARE

B. (If code "06" in "STATE", ask:) MediCAL, including
 MediCAL managed care patients
(If code "04" in "STATE", ask:) AHCCCS ("Access")

(If code "01-03", "05" or "07-56" in "STATE", ask:)
 Medicaid, including Medicaid managed care patients
 _____ (8/43)

NWMCARD

C. Private or commercial insurance plans including managed
 care plans and HMOs with whom the practice has
 contracts (If necessary, say:) This includes both fee
 for service patients and patients enrolled in managed
 care plans with whom the practice has a contract. It
 excludes Medicaid or Medicare managed care
 _____ (8/44)

NWPRIV

CLOCK:

_____ (28/56 - 28/59)

SECTION G
PRACTICE REVENUE

G1. Now, I'm going to ask you some questions about the patient care revenue received by the (response in #CA) in which you work. Approximately what percentage of the PRACTICE REVENUE FROM PATIENT CARE would you say comes from (read A-B)? (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) We're asking about the patient care revenue of the practice in which you work, not just the revenue from the patients YOU see. (INTERVIEWER NOTE: "Other public insurance" includes Champus, Champva and Tricare)

- 000 None
- 001 1 percent or less
- DK (DK)
- RF (Refused)

A. Payments from all Medicare, including Medicare managed care

PMCR_A

(8/45 - 8/47)

B. (If code "06" in "STATE", ask:) Payments from Medical or any other public insurance, including Medical managed care

(If code "04" in "STATE", ask:) Payments from AHCCCS ("Access") or any other public insurance

(If code "01-03", "05" or "07-56" in "STATE", ask:) Payments from Medicaid or any other public insurance, including Medicaid managed care

PMCD_A

(8/48 - 8/50)

(There are no C and D)

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

G1a. I have recorded that the combined practice revenue from Medicare and Medicaid is greater than 100 percent, can you help me resolve this? Approximately what percentage of the

practice's revenue from patient care comes from (read A-B)?
(INTERVIEWER NOTE: Revenue from patients covered by both Medicare and Medicaid should be counted in MEDICARE ONLY)
(Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) We're asking about the patient care revenue of the practice in which you work, not just the revenue from the patients YOU see.

PMCR_B

000 None
001 1 percent or less
DK (DK)
RF (Refused)

A. Payments from all Medicare, including Medicare managed care

_____ (8/54 - 8/56)

B. (If code "06" in "STATE", ask:) Payments from MediCAL or any other public insurance, including Medical managed care

(If code "04" in "STATE", ask:) Payments from AHCCCS ("Access") or any other public insurance

(If code "01-03", "05" or "07-56" in "STATE", ask:) Payments from Medicaid or any other public insurance, including Medicaid managed care

PMCD_B

_____ (8/57 - 8/59)

(There is no #G2)

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

PCAP_A

000 None
001 1 percent or less
002-

100
DK (DK)
RF (Refused)

(9/38 - 9/40)

(There are no #G3a-#G5)

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

NMC_A

00 None (Skip to #G7)
01-
19 (Skip to #G8)
20-
97 (Skip to #G6b)

DK (DK) (Continue)
RF (Refused) (Continue)

(9/58)(9/59)

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

NMCCAT

0 (None) (Skip to #G7)
1 Less than 3 (1 or 2) (Skip to #G8)
2 3 to 10 (Skip to #G8)
3 More than 10 (11+) (Skip to #G8)
8 (DK) (Skip to #G8)
9 (Refused) (Skip to #G8)

(9/60)

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

CONPATS

1	Contracts	(Skip to #G8)	
2	Patients	(Continue)	
8	(DK)	(Skip to #G8)	
9	(Refused)	(Skip to #G8)	_____ (8/60)

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

NMC_B

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

_____ (8/61) (8/62)

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

PMC_A

000	None		
001	1 percent or less		
DK	(DK)		
RF	(Refused)		

_____ (8/63 - 8/65)

(If code "00" in #G6, and #G7 is LESS THAN response in #G3, Continue; If code "00" in #G6a or #G6c, And #G7 is LESS THAN response in #G3, Continue; Otherwise, Skip to "Section H")

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

PMC_F

000 None
101 Less than 1%
DK (DK)
RF (Refused)

(10/68 - 10/70)

G7b. Let me also ask you again, thinking about the patient care revenue from ALL sources received by the practice in which you work, what percentage is paid on a capitated or other prepaid basis? (Open ended **and code actual percent**) **(SURVENT: Show response in #G3)**

PCAP_D

000 None
101 Less than 1%
DK (DK)
RF (Refused)

(10/71 - 10/73)

(All in #G7b, Skip to "Section H")

G8. **(If code "02-97" in #G6c, or code "1-3" in #G6a, or code "02-97" in #G6, ask:)** What percentage of the patient care revenue received by the practice in which you work comes from these **(response in #G6c/#G6a/#G6)** managed care contracts combined? **(If code "001-100", "DK" or "RF in #G3, say:)** Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis. **(Probe:)** Your best estimate will be fine. **(If necessary, say:)** Managed care contracts include, but are not limited to

those with HMOs, PPOs, IPAs, and point-of-service plans. **(If necessary, say:)** Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended **and code actual percent**)

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

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

PMC_B

- 000 None (Continue)
- 001 1 percent or less (Continue)
- 002-
100 (Continue)
- DK (DK) (Skip to #G9)

RF (Refused)

(Skip to #G9)

(9/62 - 9/64)

(If response in #G8 is less than response in #G3, Continue;
If response in #G3 + response in #G8="0", skip to "Section
H"; If response in G8 > "000", Skip to #G8d)

G8a. (If response in #G8 is less than response in #G3, ask:) I have recorded that your revenue from all managed care contracts is less than the amount you received on a capitated or prepaid basis. We would like you to include all capitated payments in estimating managed care revenue. Would you like to change your answer of (read 1-2)?

FIXPMC

- 1 (Response in #G8) percent from all managed care contracts (Continue)
- OR
- 2 (Response in #G3) percent received on a capitated or prepaid basis (Skip to #G8c)
- 3 (Both) (Continue)
- 4 (Neither) (Skip to "Note" before #G9)
- 8 (DK) (Skip to "Note" before #G9)
- 9 (Refused) (Skip to "Note" before #G9)

(9/65)

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

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

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

(If code "01" in #G6c or #G6, ask:) So, what percentage of the practice's revenue from patient care would you say comes

from this managed care contract? (Open ended and code actual percent)

PMC_C

000 None (Skip to "Section H")
001 1 percent or less
DK (DK)
RF (Refused)

(9/66 - 9/68)

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

PCAP_B

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

(8/72 - 8/74)

G8d. (If "specific" response in #G8b/#G8 = "specific" response in #G8c/#G3, ask:) So, all of the practice's managed care revenue is paid on a capitated, or prepaid basis, is this correct?

ALLCAP

1 Yes (Skip to "Note" before #G9)
2 No (Continue)

8 (DK) (Skip to "Note" before #G9)
9 (Refused) (Skip to "Note" before #G9)

(8/66)

G8e. (If code "2" in #G8d, ask:) I have recorded that (response in #G8) percent of the practice revenue is from managed care and that (response in #G3) percent of the practice revenue is paid on a capitated or prepaid basis. Which of these is incorrect?

FIXCAP

- 1 Revenue from managed care (Continue)
- 2 Revenue paid on capitated or prepaid basis (Skip to #G8g)
- 3 Both are correct (Skip to "Note" before #G9)
- 4 Neither are correct (Continue)

- 8 (DK) (Skip to "Note" before #G9)
- 9 (Refused) (Skip to "Note" before #G9)

_____ (8/67)

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

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

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

utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

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

PMC_D

000	None	(Skip to "Section H")
001	1 percent or less	(Continue)
002-		
100		(Continue)
DK	(DK)	(Continue)
RF	(Refused)	(Continue)

(8/68 - 8/70)

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

PCAP_C

000	None
001	1 percent or less
002-	
100	

DK (DK)
RF (Refused)

(6/71 - 6/73)

(If code "01" in #G6c or #G6, Skip to "Note" before #G11;
Otherwise, Continue)

- G9. (If code "000-100" in #G8, ask:) Now, thinking of the ONE managed care contract that provides the largest amount of revenue for the practice in which you work, what percentage of the practice revenue would you say comes from this contract? (Probe:) Your best estimate will be fine. (Open ended and code actual percent)

(If code "DK" or "RF" in #G8, ask:) Would you be able to estimate, what percentage of the practice's revenue comes from the ONE contract that provides the largest amount of revenue in the practice in which you work? (Probe:) Your best estimate will be fine. (Open ended and code actual percent)

PBIG_A

000 None
001 1 percent or less
DK (DK)
RF (Refused)

(9/69 - 9/71)

(If code "8" or "9" in #G6a or "DK" or "RF" in #G6c, Skip to "Note" before #G11; Otherwise, Continue)

(If response in #G9 > response in #G8b, Continue; If response in #G9 = response in #G8b AND NOT code "01" in #G6, Skip to #G9c; If "Blank" in #G8b, Continue; If response in #G9 > response in #G8, Continue; If response in #G9 = response in #G8 AND NOT code "1" in #G6, Skip to #G9c Otherwise, Skip to "Note" before #G11)

- G9a. I have recorded that the percentage of revenue that comes from the largest managed care contract is greater than the total revenue from all managed care contracts. Can you help me resolve this? What percentage of the practice's revenue from patient care would you say comes from the (response in #G6c/#G6a/#G6) managed care contracts combined? (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care plans include, but are not limited to those with HMOs,

PPOs, IPAs, and point-of-service plans. Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

PMC_D2

000 None
001 1 percent or less
DK (DK)
RF (Refused)

(10/12 - 10/14)

G9b. Now thinking of the ONE managed care contract that provides the largest amount of revenue for the practice in which you work, what percentage of the practice revenue would you say comes from this contract? **(Probe:)** Your best estimate will be fine. (Open ended and code actual percent)

PBIG_B

000 None
001 1 percent or less
DK (DK)
RF (Refused)

(10/15 - 10/17)

(All in #G9b, Skip to "Note" before #G11)

G9c. I may have recorded something incorrectly. Earlier I recorded that the practice in which you work has more than one managed care contract. But, I have also recorded that the percentage of revenue that comes from the largest managed care contract is the same as the total revenue from all managed care contracts. Can you help me resolve this? How many managed care contracts does the practice in which you work have with health insurers or payers? **(If necessary, say:)** Managed care plans include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. **(INTERVIEWER NOTE: Can include Medicare managed care, Medicaid managed care, and other government**

managed care contracts but not traditional Medicare or Medicaid.) (Open ended and code actual number)

NMC_C

00 (Skip to "Section H")
01 One (Skip to "Note" before #G11)
02-
97 (Continue)

DK (DK) (Continue)
RF (Refused) (Continue)

(10/18) (10/19)

G9d. What percentage of the practice's revenue from patient care would you say comes from these (response in #G9c) managed care contracts combined? (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care plans include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

PMC_E

000 None
001 1 percent or less
DK (DK)
RF (Refused)

(10/20 - 10/22)

G9e. Now thinking of the ONE managed care contract that provides the largest amount of revenue for the practice in which you work, what percentage of the practice revenue would you say comes from this contract? (Probe:) Your best estimate will be fine. (Open ended and code actual percent)

PBIG_C

000 None
001 1 percent or less
DK (DK)
RF (Refused)

(There is no #G10)

(If code "1" in #G8d, Skip to "Section H";
If response in #G8g equals response in #G9d, Skip to "Section
H";
If response in #G8g equals response in #G9a and #G9c is
"Blank", Skip to "Section H";
If response in #G8g equals response in #G8c, and #G9d and
#G9a are "Blank", Skip to "Section H";
If response in ##G8g equals response in #G8 and #G9d, #G9a
and #G8f are "Blank", Skip to "Section H";
If #G8g and #G8c are "Blank", and response in #G3 equals
response in #G9d, Skip to "Section H";
If #G8g and #G8c are "Blank", and response in #G3 equals
response in #G9a, and #G90d is "Blank", Skip to "Section H";
If #G8g and #G8c are "Blank", and response in #G# equals
response in #G8c, and #G9d and #G9a are "Blank", Skip to
"Section H";
If #G8a and #G8c are "Blank", and response in #G3 equals
response in #G8 and #G9d, #G9c and #G9f, Skip to "Section
H";
If code "000" in #G8g/#G8c/#G3, Skip to "Section H";
Otherwise, Continue)

G11. Would you say that all, most, some, or none of the patient care revenue received from this managed care contract is paid on a capitated or prepaid basis?

CAPAMT

- 4 All
- 3 Most
- 2 Some
- 1 None

8 (DK)

9 (Refused)

(10/28)

(There is no #G12)

CLOCK:

SECTION H
PHYSICIAN COMPENSATION METHODS
AND INCOME LEVEL

(If code "1" in #C1, AND code "06" in #C2, Skip to #H9;
Otherwise, Continue)

(INTERVIEWER READ:) Now, I'm going to ask you a few questions about how the practice compensates you personally.

(If code "2" or "8-9" in #A4, say:) Again, please answer only about the main practice in which you work.

H1. Are you a salaried physician?

SALPAID

- | | | | |
|---|-----------|---------------|---------------|
| 1 | Yes | (Skip to #H3) | |
| 2 | No | (Continue) | |
| 8 | (DK) | (Continue) | |
| 9 | (Refused) | (Continue) | _____ (10/30) |

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

SALTIME

- | | | | |
|---|-----------|---------------|---------------|
| 1 | Yes | (Skip to #H4) | |
| 2 | No | (Skip to #H7) | |
| 8 | (DK) | (Skip to #H7) | |
| 9 | (Refused) | (Skip to #H7) | _____ (10/31) |

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

SALADJ

- 1 Fixed amount (Continue)
- 2 Adjusted up or down (Skip to #H7)
- 8 (DK) (Continue)
- 9 (Refused) (Continue) _____ (10/32)

H4. (If code "1" in #H2, OR code "1" or "8-9" in #H3, ask:) Are you also currently eligible to earn income through any type of bonus or incentive plan? (INTERVIEWER NOTE: Bonus can include any type of payment above the fixed, guaranteed salary.)

BONUS

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (10/33)

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

(If code "1" in #H1, AND code "2" or "8-9" in #H4, ask:) When your salary is determined, does the (response in #CA) consider (read A-D)?

(If code "1" in #H1 AND code "1" in #H4, ask:) When either your base salary or bonus is determined, does the (response in #CA) consider (read A-D)?

(If code "1" in #H2, AND code "2", "8" or "9" in #H4, ask:) When your pay rate is determined, does the (response in #CA) consider (read A-D)?

(If code "1" in #H2, AND code "1" in #H4, ask:) When either your pay rate or bonus is determined, does the (response in #CA) consider (read A-D)?

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

A. Factors that reflect your own productivity (If necessary, say:) Examples include the amount of revenue you generate for the practice, the number of relative value units you

produce, the number of patient visits you provide, or the size of your enrollee panel

_____ (10/34)

SPROD_A

- B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS _____ (10/35)

SSAT_A

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

_____ (10/36)

SQUAL_A

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

_____ (10/37)

SPROF_A

(If code "2", "8" or "9" in #H5-D, Skip to #H9; Otherwise, Continue)

- H6. (If code "1" in #H5-D, ask:) Are these profiles risk-adjusted to consider the health status of your patients or the severity of their illnesses? (INTERVIEWER NOTE: Other than by age and gender)

RADJ_A

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

_____ (10/38)

(All in #H6, Skip to #H9)

- H7. (If code "2", "8" or "9" in #H2, or code "2" in #H3, ask:) I am now going to read you a short list of factors that are sometimes taken into account by medical practices when they determine the compensation paid to physicians in the practice. For each factor, please tell me whether or not it is EXPLICITLY considered when your compensation is determined. Does the (response in #CA) in which you work consider (read A-D)?

- 1 Yes

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

A. Factors that reflect YOUR OWN productivity **(If necessary, say:)** Examples include the amount of revenue you generate for the practice, the number of relative value units you produce, the number of patient visits you provide, or the size of your enrollee panel _____ (10/39)

SPROD_B

B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS _____ (10/40)

SSAT_B

B. Specific measures of quality of care, such as rates of preventive care services for your patients _____ (10/41)

SQUAL_B

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

D. _____ (10/42)

SPROF_B

(If code "2", "8" or "9" in #H7-D, Skip to #H9; Otherwise, Continue)

H8. **(If code "1" in #H7-D, ask:)** Are these profiles risk-adjusted to consider the health status of your patients or the severity of their illnesses? **(INTERVIEWER NOTE: Other than by age and gender)**

RADJ_B

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused) _____ (10/67)

H9. Of your total income from your **(response in #CA)** during calendar year 1997, approximately what percent would you estimate was earned in the form of bonuses, returned withholds, or other incentive payments based on your performance? **(INTERVIEWER NOTE: Do not include income based on productivity, only specific incentives or returned**

withholds/ bonuses.) (Open ended and code actual percent)

PCTINCN

000	None	(Continue)
001	1% or less	(Skip to #H10)
002-		
100		(Skip to #H10)
DK	(DK)	(Skip to #H10)
RF	(Refused)	(Skip to #H10)

(10/43 - 10/45)

H9a. (If code "000" in #H9, ask:) Were you eligible to earn any bonuses or other performance-based payments in 1997? (INTERVIEWER NOTE: This question is asking about eligibility to earn bonuses in 1997. Earlier question (#H4) asked about whether the physician is eligible to earn a bonus at the time of the interview.)

EBONUS

1	Yes	
2	No	
8	(DK)	
9	(Refused)	(10/46)

H10. During 1997, what was your own net income from the practice of medicine to the nearest \$1,000, after expenses but before taxes? Please include contributions to retirement plans made for you by the practice and any bonuses as well as fees, salaries and retainers. Exclude investment income. (If code "2" in #A4, say:) Also, please include earnings from ALL practices, not just your main practice. (If necessary, say:) We define investment income as income from investments in medically related enterprises independent of a physician's medical practice(s), such as medical labs or imaging centers. (If "Refused", say:) This information is important to a complete understanding of community health care patterns and will be used only in aggregate form to ensure your confidentiality of the information. (Open ended and code actual number) (If response is > \$1 million, verify)

INCOME

0000000-
9999999 (Skip to #H11)

DK (DK) (Continue)

RF (Refused) (Continue)

(10/47 - 10/53)

H10a. (If code "DK" in #H10, ask:) Would you say that it was
(read 01-04)?

(If code "RF" in #H10, ask:) Would you be willing to
indicate if it was (read 01-04)?

INCCAT

01 Less than \$100,000
02 \$100,000 to less than \$150,000
03 \$150,000 to less than \$250,000
04 \$250,000 or more

98 (DK)
99 (Refused)

(10/54) (10/55)

H11. Do you consider yourself to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?
(Probe for refusals with:) I understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.

HISP

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

(21/29)

H12. What race do you consider yourself to be? [(If respondent hesitates, read 06-09)] [(Probe for refusals with:) I understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.] (Open ended and code) **(NOTE TO**

INTERVIEWER: If respondent specifies a mixed race or a race not pre-coded, code as "01 - Other"

RACE

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

- 98 (DK)
- 99 (Refused)

(21/60) (21/61)

CLOCK:

(28/73 - 28/76)