

APPENDIX B

**2008 HSC HEALTH TRACKING PHYSICIAN SURVEY
IRB APPROVAL, FINAL SURVEY INSTRUMENT, COVER LETTERS, FACT
SHEETS, AND AHRQ LETTERS OF SUPPORT**

FINAL

March 2007

Note: The following documents refer to the survey as the Community Tracking Study Physician Survey rather than the HSC Health Tracking Physician Survey. Decisions regarding the name change were made after these materials were published and used.

Attachment A

IRB Approval Dated November 1, 2007



TO: Caroline McLeod
Project Director, Westat

November 1, 2007

FROM: Thomas W. McKenna
Chairman, Institutional Review Board

SUBJECT: IRB Review and Approval
Community Tracking Survey, Survey of Physicians
Contract 6008-07-09
Project 8455
FWA 5551

As Chairman of the Westat IRB, I have reviewed the questionnaire submitted for the following: **Community Tracking Survey, Survey of Physicians**, Contract 6008-07-09, Project 8455. Westat's IRB reviews all studies involving human subjects research. This study is funded by Robert Wood Johnson Foundation and Westat's client is HSC a private organization which has contracted to Westat and other organizations to help with various parts of this research.

This review pertains only to the request for approval of the physician survey work performed by Westat. That is collection of the physician survey data by CATI interview and hard copy mail survey. Westat is not responsible for the data processing or analysis of physician survey data.

The regulations permit expedited review of certain activities involving minimal risk 45 CFR 46, part 110(b) (1). We understand this survey data collection will be carried out in accordance with established Westat confidentiality and data security procedures. I am therefore approving the data collection for this survey

You are required to submit the survey for an annual review on or before October 30, 2008. In the interim you are responsible for notifying the Office of Research Administration as soon as possible if there are any injuries to subjects, problems with the study, or changes in the study that relates to risk for human subjects.

cc: Institutional Review Board
Jeanne Rosenthal

Attachment B

IRB Approval Dated November 27, 2007



TO: Caroline McLeod
Project Director

November 27, 2007

FROM: Thomas W. McKenna
Chairman, Institutional Review Board

SUBJECT: IRB Review and Approval to Proceed with Activities
Community Tracking Survey
Contract 6008-07-09
Project 8455
FWA

On November 1, 2007, Westat's IRB issued an approval letter for the work performed by Westat. At that time it was understood that analysis of data and release of the database to a public use website would be done by Westat's client, Centers for Studying Health Systems Change (HSC).

HSC has asked Westat's IRB to serve as the IRB for their work also. That work includes using the data from the surveys to prepare reports that will be published in nationally recognized journals and they will prepare public use files of the data. Two versions of the data sets will be available: public use and restricted use versions. The public use and restricted use files both exclude respondent identifiers, but the files differ in the amount of information they contain, as well as the ease with which they can be obtained and used. The public use version in previous rounds contained no geographic identifiers and had greater variable masking and suppression, but is easily accessible in that they can be downloaded directly from the Inter-university Consortium for Political and Social Research (ICPSR) Web site. The purpose of excluding information from the public use files is to protect the confidentiality of survey participants, since individuals with an unusual configuration of responses on multiple variables might otherwise be identified. The restricted use version contains more information, including county in which the practice is located, but in order to obtain and use the restricted use files, researchers must apply or access to the data and agree to the strict terms and conditions contained in the data use agreement. The restricted use file is not available to private or corporate entities that are not legitimate noncommercial researchers.

The Westat IRB agrees to serve as the IRB for HSC with regard to this project. We have noted HSC's indication that a complete checklist on Disclosure Potential of Proposed Data Releases will be used as a tool to assist the projects designated Disclosure Review Board for review of individual disclosure-limited data products. The Westat IRB asks that HSC forward a completed copy of the "checklist" to the Westat IRB before release of the database outside HSC. Westat's IRB also asks that HSC indicate the name(s) of individuals serving as the HSC Disclosure Review Board for this project. While it is understood that Westat's IRB is not the project Disclosure Review Board, we want to expressly note that we have the right to review compliance with the completed checklist and/or for HSC Disclosure Review Board's approval of the disclosure protection reflecting the completed checklist. We further note that HSC agrees that by submitting the database to ICPSR, HSC will comply with all the human subjects standards of that institution.

I am approving the HSC work on this study under the conditions given above. You are required to submit the study for an annual review on or before November 27, 2008. In the interim, you are responsible for notifying the Office of Research Administration as soon as possible if there are any injuries to the subjects, problems with the study, or changes to the study design that relate to human subjects.

cc: Institutional Review Board
Miriam Aiken
Jeanne Rosenthal

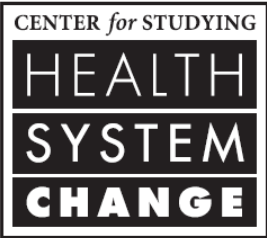
Attachment C
Survey Instrument



**COMMUNITY
TRACKING
STUDY**

**SURVEY
OF
PHYSICIANS**

CONDUCTED BY



Robert Wood Johnson Foundation

About this survey

The Community Tracking Study (CTS) Survey of Physicians is sponsored by The Robert Wood Johnson Foundation (RWJF). The Center for Studying Health System Change (HSC), an independent, nonpartisan research organization, is conducting the study on behalf of RWJF.

This survey asks about your practice and your views about the challenges facing physicians today. The questionnaire takes about 20 to 30 minutes to complete. Information you provide will contribute to analyses on topics of importance to physicians and policy makers. The enclosed fact sheet includes a sample of articles published from previous rounds of this survey, on topics such as whether physicians are accepting Medicare patients, whether pay-for-performance programs could work, and the consequences of physicians' career dissatisfaction.

Your participation is voluntary and greatly appreciated. However, not responding could seriously affect the accuracy of final results, and your point of view may not be adequately represented in the survey findings.

Your identifying information will remain confidential and will not be redistributed. Your answers will be aggregated with those of thousands of other physicians and only used for statistical analyses. Access to all data is tightly restricted. Survey data are made available to researchers only under strict data confidentiality procedures consistent with Federal guidelines. Researchers may request data through the Inter-university Consortium for Political and Social Research, which maintains an archive of survey data for research and instruction. Some HSC analyses may involve linking your survey data to your practice's claims data (such as Medicare claims or other insurer claims) obtained in accordance with the Health Insurance Portability and Accountability Act of 1996 and other strict Federal privacy regulations. In accordance with procedures established during prior rounds of the CTS Physician's Survey, you, your practice, and your patients will NEVER be identifiable from publicly released reports or analyses.

If you have any questions about the study, the lost postage-paid return envelope or the honoraria, please direct your call to the Westat survey staff toll free at 1-888-219-8861.

Please return your completed questionnaire in the enclosed postage-paid envelope. If another envelope is used, please send to:

**Center for Studying Health System Change
c/o WESTAT
1650 Research Boulevard
Room RB3280
Rockville, MD 20850-3195**



INSTRUCTIONS

Your answers are important to us. Following the instructions below will allow your answers to be correctly recorded

- Please put an “X” to mark your answer like this .
Fill in **only one answer** unless the instructions are to “Mark all that apply.”
- Use a blue or black ball-point pen. Please do not use a pencil, your answers will not be recorded.
- If you make a mistake and fill in the wrong box, please draw a line through the incorrect choice, like this . Then, fill in the correct box.
- If you write an incorrect answer, please draw a line through the incorrect answer and write the correct answer next to it.
- When filling in numbers, print each number clearly. Please avoid touching the sides of the boxes; fill in the boxes like this:

3	5	9
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 %

SURVEY ELIGIBILITY

A. Are you currently a resident or fellow?

1 Yes → Do not continue. Please return the questionnaire in the enclosed envelope and we will remove your name from our list.

0 No → **GO TO B**

B. 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?

1 Yes → Do not continue. Please return the questionnaire in the enclosed envelope and we will remove your name from our list.

0 No → **GO TO C**

C. Do you currently provide direct patient care for at least 20 hours a week? Include all practices if you work in more than one practice.

Direct patient care includes seeing patients, performing surgery, and time spent on patient record-keeping, patient-related office work and travel time connected with seeing patients. It does not include 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.

1 Yes → **GO TO Q1**

0 No → Do not continue. Please return the questionnaire in the enclosed envelope and we will remove your name from our list.



SATISFACTION WITH MEDICINE

1. Thinking very generally about your satisfaction with your overall career in medicine, would you say that you are currently . . .

- 0 1 Very satisfied
0 1 Somewhat satisfied
0 1 Neither satisfied nor dissatisfied
0 1 Somewhat dissatisfied
0 1 Very dissatisfied

PRACTICE CHARACTERISTICS

2. In what year did you begin medical practice after completing your undergraduate and graduate medical training?

A residency or fellowship is considered graduate medical training.

				Year
--	--	--	--	------

3. We define your primary specialty as the one in which you spend the most hours.

What is your primary specialty?

MARK (X) ONE ANSWER

- | | |
|--|--|
| 0 <input type="checkbox"/> 1 Cardiovascular Diseases | 0 <input type="checkbox"/> 1 Obstetrics and gynecology |
| 0 <input type="checkbox"/> 1 Dermatology | 0 <input type="checkbox"/> 1 Oncology |
| 0 <input type="checkbox"/> 1 Emergency Medicine | 0 <input type="checkbox"/> 1 Ophthalmology |
| 0 <input type="checkbox"/> 1 Family Practice | 0 <input type="checkbox"/> 1 Orthopedic Surgery |
| 0 <input type="checkbox"/> 1 General Practice | 0 <input type="checkbox"/> 1 Otolaryngology |
| 0 <input type="checkbox"/> 1 General Pediatrics | 0 <input type="checkbox"/> 1 Psychiatry |
| 0 <input type="checkbox"/> 1 Gastroenterology | 0 <input type="checkbox"/> 1 Pulmonology |
| 0 <input type="checkbox"/> 1 General Surgery | 0 <input type="checkbox"/> 1 Urology |
| 0 <input type="checkbox"/> 1 General Internal Medicine | 0 <input type="checkbox"/> 1 Other Specialty |
| 0 <input type="checkbox"/> 1 Neurology | |

(Please describe your specialty below)

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4. Are you board-certified in your primary specialty?

- 1 Yes
0 No

5. Please check the box that best describes where you work. If you work in more than one practice, check the one where you work the most hours.

MARK (X) ONE ANSWER

1 A solo practice → **GO TO Q6**

1 A two physician practice → **GO TO Q6**

1 A group practice with three or more physicians → **GO TO Q6**

1 A group or staff model HMO → **GO TO Q6**

1 A community health center → **GO TO Q6**

1 A *hospital* run by state, county, or city government → **GO TO Q5a**

1 A *hospital* run by a private for-profit or non-profit organization → **GO TO Q5a**

1 A *medical school* or *university* (private or government) → **GO TO Q5a**

1 Some other setting (Please describe)

5a. If you work in a hospital, medical school, or university, in which of the following settings do you spend most of your time seeing patients?

1 Office practice owned by the hospital, medical school, or university

1 On hospital staff

1 In the emergency room

1 In a hospital or medical school clinic

1 Somewhere else (Describe)

6. This question is about your main practice, that is, the business or organization that compensates you. In your main practice, are you a full owner, a part owner (e.g., with one or more other physicians), an employee with no ownership, or an independent contractor?

1 Full owner → **GO TO Q7**

1 Part owner → **GO TO Q6A**

1 Employee (Not an owner) → **GO TO Q6a**

1 Independent contractor → **GO TO Q8**



6a. If you are a part owner or employee, do any of the following have an ownership interest in your main practice? Check all that apply:

- 0 1 Other physician(s) in the practice
- 0 1 Another physician practice
- 0 1 A hospital or hospital group
- 0 1 Insurance company, health plan or HMO
- 0 1 Medical school or university
- 0 1 Other (specify)

7. Including yourself, how many physicians are in your main practice?

PLEASE INCLUDE ALL LOCATIONS OF THE PRACTICE.

- 1 100 or fewer physicians → How many?
- 2 More than 100 physicians

8. On balance, do the overall personal financial incentives in your practice favor reducing services to individual patients, favor expanding services to individual patients, or favor neither?

MARK (X) ONE ANSWER

- 1 Reducing services to individual patients
- 2 Expanding services to individual patients
- 3 Favor neither

9. Thinking about your practice specifically, how would you describe the competitive situation your practice faces?

By competition among physicians, we mean the pressure to undertake activities to attract and retain patients.

MARK (X) ONE ANSWER

- 1 Very competitive
- 2 Somewhat competitive
- 3 Not at all competitive

HOURS WORKED AND PATIENT VISITS

10. Approximately how many weeks did you practice medicine in 2006?

Exclude time missed due to vacation, illness, family leave, military service, professional conferences, and other absences.

Weeks practicing medicine in 2006

11. During your LAST COMPLETE WEEK OF WORK, approximately how many hours did you spend in all medically-related activities?

Please record all time spent in direct patient care in (a) and in other medically-related activities (e.g., administrative tasks and professional activities) in (b). Record the sum of (a) and (b) in total hours (c).

Direct patient care includes seeing patients, performing surgery, and time spent on patient record-keeping, patient-related office work and travel time.

Your best estimate is fine.

- a. Hours in direct patient care
- b. Hours in administrative tasks and professional activities
- c. Total hours in medically-related activities

12. During your LAST COMPLETE WEEK OF WORK, how many patient visits did you personally have in each of the following settings? Please count as one visit each time you saw a patient.

Your best estimate is fine.

- Visits in the office and out-patient clinics
- Visits on hospital rounds
- Visits in nursing homes and patients' homes

13. During a TYPICAL WORK DAY, how much time do you spend on each of the following activities?

MARK (X) ONE ANSWER FOR EACH ITEM

	None	Less than a half hour	1/2 to 1 hour	1-2 hours	More than 2 hours
a. E-mail communications with patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone conversations with patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. E-mail communications with physicians and other clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone conversations with physicians and other clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3	4



**14. Is your practice reimbursed by any health insurance plans for these activities?
MARK (X) ONE ANSWER FOR EACH ITEM**

	Reimbursed 1	Not Reimbursed 2	Unsure if Reimbursed 3
a. E-mail communications with patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone conversations with patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. E-mail communications with physicians and other clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Telephone conversations with physicians and other clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. During the LAST MONTH, how many hours, if any, did you spend providing charity care?
By charity care, we mean that you charged either no fee or a reduced fee because of the financial need of the patient.**

Charity care does not include time spent providing services for which you expected, but did not receive payment, bad debts, time spent providing services under a discounted fee for service contract, or seeing Medicare or Medicaid patients.

Your best estimate is fine.

Hours spent providing charity care
 None → **IF NONE, GO TO Q16**

15a. Where do you typically provide charity care?

MARK (X) ONE ANSWER

- 0 1 In your main practice
- 0 1 On-call or at a hospital emergency department
- 0 1 In another practice or clinic
- 0 1 Somewhere else



PATIENT CHARACTERISTICS

16. About what percentage of your patients belong to the following groups?

Your best estimate is fine. If you treat few or no patients in a group, check the box instead of recording a percentage.

Record Percentage

- | | | | |
|-------------------------------------|---|---|--|
| a. African-American or Black | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % | <input type="checkbox"/> 1 Few or None |
| b. Hispanic or Latino | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % | <input type="checkbox"/> 1 Few or None |
| c. Asian or Pacific Islander | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % | <input type="checkbox"/> 1 Few or None |
| d. Native American or Alaska Native | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % | <input type="checkbox"/> 1 Few or None |
| e. Has a chronic medical condition | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % | <input type="checkbox"/> 1 Few or None |

17. About what percentage of your patients do you have a hard time speaking with or understanding because you speak different languages?

Your best estimate is fine.

Record Percentage %

18. Does your practice provide interpreter services for any non-English languages?

MARK (X) ONE ANSWER

- 1 Yes → [ANSWER Q18a](#)
- 0 No → [SKIP TO Q19](#)
- 2 Do not have non-English speaking patients → [SKIP TO Q19](#)

18a. For which languages does your practice provide interpreter services?

MARK (X) ALL THAT APPLY

- 0 1 Spanish
- 0 1 Portuguese
- 0 1 Chinese
- 0 1 Other
- 0 1 Other

19. Have you ever attended any professional meetings, workshops, or Continuing Medical Education activities that discuss improving the health of minority patients (such as cultural competence training)?

- 1 Yes 0 No



INFORMATION TECHNOLOGY IN MEDICINE

- 20.** The next question is about the use of computers and other forms of information technology, such as hand-held computers, in diagnosing or treating your patients. For each of the following activities, please check whether or not computers or other forms of information technology are used in YOUR PRACTICE.

For each activity where information technology is used, indicate whether YOU PERSONALLY use the technology routinely, occasionally, or not at all.

ACTIVITY	Is Information Technology Available in YOUR PRACTICE for Activity?		IF YES, How often do YOU PERSONALLY use the technology?		
	NO 0	YES 1	Routinely 1	Occasionally 2	Not at all 3
CLINICAL PRACTICE:					
a. Obtain information about treatment alternatives or recommended guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Obtain up-to-date decision support for diagnostic and treatment recommendations based on data about your patients and practice guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generate reminders <i>for clinicians</i> about preventive services	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Generate reminders <i>for clinicians</i> about other needed patient follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Generate reminders <i>to patients</i> about preventive services	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicate about clinical issues with patients by e-mail	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT INFORMATION:					
a. Access patient notes, medication lists, or problem lists	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Order laboratory, radiology, or other diagnostic tests	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. View results of laboratory, radiology, or other diagnostic tests	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Exchange clinical data and images <i>with other physicians</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exchange clinical data and images <i>with hospitals and laboratories</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Access information on patients' preferred language	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCRIPTION DRUGS:					
a. Obtain information on potential patient drug interactions with other drugs, allergies, and/or patient conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Obtain information on formularies	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Write prescriptions	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transmit prescriptions to pharmacy	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 21. An electronic medical record (EMR) is a computer-based patient medical record. Does your main practice use electronic medical records?**

MARK (X) ONE ANSWER

- 1 Yes, all electronic
2 Yes, part electronic and part paper
0 No, all paper
8 Don't know

- 22. Does your main practice receive any financial incentives from health plans and other organizations that are tied to the types of information technology systems (e.g., electronic health records or electronic prescribing systems) it adopts?**

MARK (X) ONE ANSWER

- 1 Yes
0 No
8 Don't know

HOSPITAL CARE

- 23. Medical errors include events such as dispensing incorrect medication doses, surgical mistakes, or errors in interpreting results of diagnostic tests. Does the hospital where most of your patients are treated have a system for reporting medical errors, in which the person reporting the error remains anonymous?**

MARK (X) ONE ANSWER

- 1 Yes
0 No
3 I do not admit patients
8 Don't know

- 24. Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. What percentage of your patients who were hospitalized last year had a hospitalist involved in their inpatient care?**

IF YOU DID NOT ADMIT ANY PATIENTS TO A HOSPITAL IN THE LAST YEAR OR YOU ARE A PRACTICING HOSPITALIST, CHECK THE APPROPRIATE BOX FOR THAT RESPONSE.

Record Percentage %

- 1 I did not admit patients to a hospital in the last year
1 I am a practicing hospitalist



- 25. Intensivists are physicians who are board certified to care for critically ill patients in settings such as medical intensive care units. Does the hospital where you admit the greatest number of your patients have intensive care units that are always covered by intensivists?**

IF YOU DID NOT ADMIT ANY PATIENTS TO A HOSPITAL IN THE LAST YEAR OR YOU ARE A PRACTICING INTENSIVIST, CHECK THE APPROPRIATE BOX FOR THAT RESPONSE.

- 1 Yes
 0 No
 2 I did not admit patients to a hospital in the last year
 3 I am a practicing intensivist

QUALITY AND COORDINATION OF PATIENT CARE

- 26. How large an effect does your use of *formal, written* practice guidelines, such as those generated by physician organizations, insurance companies, HMOs, or government agencies, have on your practice of medicine?**

If you are unaware of formal, written guidelines that apply to your practice, check the last box.

MARK (X) ONE ANSWER

- 01 Very large
 02 Large
 08 Moderate
 04 Small
 05 Very small
 06 No effect
 07 Unaware of guidelines that apply

- 27. Please indicate your level of agreement or disagreement with the following statements.**

MARK (X) ONE ANSWER FOR EACH ITEM

	Agree Strongly 1	Agree Somewhat 2	Disagree Somewhat 3	Disagree Strongly 4	Neither Agree nor Disagree 5
a. I have adequate time to spend with my patients during their office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is possible to provide high quality care to all of my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 28.** Please indicate whether or not you receive the following types of reports for your own patients or for the practice as a whole. These reports could be generated by your main practice or by other organizations, such as insurance companies or hospitals.

MARK (X) ONE ANSWER FOR OWN PATIENTS AND MARK (X) ONE ANSWER FOR THE ENTIRE PRACTICE

TYPE OF REPORT	OWN PATIENTS		ENTIRE PRACTICE	
	Yes 1	No 0	Yes 1	No 0
a. Quality of preventive care delivered to eligible patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality of care delivered to patients with specific chronic conditions (such as asthma, diabetes, depression, or congestive heart failure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demographic information on patients' race, ethnicity, or preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality of care delivered to patients of different races or ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patient lists or registries (e.g., lists of patients with specific clinical conditions, medications, or laboratory results)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 29.** Do you *personally* participate in quality reporting programs sponsored by organizations outside of your practice (e.g., Bridges to Excellence, or the Centers for Medicare & Medicaid Services)?

1 Yes

0 No

- 30.** Do physicians in your main practice *routinely* treat patients with the following chronic conditions?

MARK (X) ONE ANSWER FOR EACH ITEM

CHRONIC CONDITION	Yes 1	No 0
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
c. Depression	<input type="checkbox"/>	<input type="checkbox"/>
d. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "YES" TO ONE OR MORE CHRONIC CONDITIONS (Q30a-d), GO TO Q31

IF YOU ANSWERED "NO" TO ALL FOUR CHRONIC CONDITIONS (Q30a-d), SKIP TO Q32



31. Does your main practice provide the following services to patients with asthma, diabetes, depression, or congestive heart failure?

MARK (X) FOR EACH SERVICE PROVIDED FOR PATIENTS WITH THE CONDITIONS ROUTINELY TREATED BY YOUR MAIN PRACTICE

TYPES OF PATIENT SERVICES	Asthma	Diabetes	Depression	Congestive Heart Failure
a. Written materials that explain guidelines for recommended care in English	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1
b. Written materials that explain guidelines for recommended care in languages other than English	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1
c. Nurse care managers to monitor and coordinate the care of patients with that condition	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1
d. Non-physician staff to educate patients in managing that condition	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1
e. Group visits in which patients with that condition meet with staff who provide routine medical care or address educational or personal concerns	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1	0 <input type="checkbox"/> 1

32. Disease management programs are intended to reduce costs and improve quality of life for patients with chronic diseases by integrating delivery of care and involving the patient in self-care. Are any of your patients in disease management programs sponsored by health plans or employers?

1 Yes → **GO TO Q32a**

0 No → **SKIP TO Q33**

32a. Please indicate your level of agreement or disagreement with the following statements about disease management programs sponsored by *health plans or employers*.

MARK (X) ONE ANSWER FOR EACH ITEM

	Agree Strongly 1	Agree Somewhat 2	Neither Agree nor Disagree 3	Disagree Somewhat 4	Disagree Strongly 5
1. Disease management programs improve the overall quality of care for my patients with chronic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Disease management programs improve my ability to provide high quality care to my patients with chronic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



33. This question concerns your experiences coordinating patient care with other physicians.

- If you are a primary care physician (general and family practitioners, and internists and pediatricians who provide general care), answer items (a-d).
- If you are a specialist, answer items (a) and (e-g).
- If you provide both primary care and specialist care, answer all items.
- Check “not applicable” if you rarely or never coordinate patient care.

MARK (X) ONE ANSWER FOR EACH ITEM

	Always or Most of the Time 1	Sometimes 2	Seldom or Never 3	Not Applicable 4
<i>ALL PHYSICIANS</i>				
a. How often do you know about all the visits that your patients make to other physicians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PRIMARY CARE PHYSICIANS ONLY</i>				
b. When you refer a patient to a specialist, how often do you send the specialist notification of the patient’s history and reason for the consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you receive useful information about your referred patients from specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. After your patient has seen a specialist, how often do you talk with the patient or family members about the results of the visit(s) with the specialist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SPECIALISTS ONLY</i>				
e. When you see a patient referred to you by a primary care physician (PCP), how often do you receive notification about the patient’s medical history and reason for consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. For the patients that were referred to you by a PCP, how often do you send the PCP notification of the results of your consultation and advice to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often are new patients you see self-referred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. During the last 12 months, were you *unable* to obtain the following services for your patients when you thought they were medically necessary?

If the service does not apply to your practice, please check “Not Applicable.”

MARK (X) ONE ANSWER FOR EACH ITEM

SERVICE	Yes 1	No 0	Not Applicable 2
a. Referrals to high quality specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-emergency hospital admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High quality outpatient mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Interpreter services for non-English speaking patients when they received care in your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



35. What percentage of your patients have prescription coverage that includes the use of a formulary?

Your best estimate is fine.

Record Percentage %
 None

36. Please indicate how often you consider *insured* patients' out-of-pocket costs in making the following decisions.

MARK (X) ONE ANSWER FOR EACH ITEM

	Always 1	Usually 2	Sometimes 3	Rarely 4	Never 5
a. If a generic option is available, how often do you prescribe a generic over a brand name drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If there is uncertainty about diagnosis, how often do you consider an insured patient's out-of-pocket costs in deciding the types of tests to recommend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If there is a choice between outpatient and inpatient care, how often do you consider an insured patient's out-of-pocket costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. The table below lists problems that may limit physicians' ability to provide high quality care. For each one, indicate whether you think it is a major problem, minor problem, or not a problem affecting *your* ability to provide high quality care.

MARK (X) ONE ANSWER FOR EACH ITEM

PROBLEMS THAT MAY LIMIT A PHYSICIAN'S ABILITY TO PROVIDE HIGH QUALITY CARE:	Major Problem 1	Minor Problem 2	Not a Problem 3
a. Inadequate time with patients during office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patients' inability to pay for needed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rejections of care decisions by insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of qualified specialists in your area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not getting timely reports from other physicians and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Difficulties communicating with patients due to language or cultural barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Patient non-compliance with treatment recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Medical errors in hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any other problems that you feel limit your ability to provide high quality care (Describe below for up to three problems)			
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PRACTICE ACCEPTANCE OF NEW PATIENTS

38. Is your practice accepting all, most, some, or no new patients who are insured through **MEDICARE**, including Medicare managed care patients?

MARK (X) ONE ANSWER

- 1 All new Medicare and Medicare Managed Care patients → **GO TO Q39**
- 2 Most new Medicare and Medicare Managed Care patients → **GO TO Q39**
- 3 Some new Medicare and Medicare Managed Care patients → **ANSWER Q38a**
- 4 No new Medicare and Medicare Managed Care patients → **ANSWER Q38a**

38a. If your practice accepts *some or no* new **MEDICARE** patients, please indicate the importance of each of the following reasons for your practice's decision.

REASONS WHY PRACTICE ACCEPTS SOME OR NO NEW MEDICARE PATIENTS:	Very Important 1	Moderately Important 2	Not Very Important 3	Not at all Important 4
1. Billing requirements, including paperwork, and filing of claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Concern about a Medicare audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inadequate reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Practice already has enough patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medicare patients have high clinical burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Is your practice accepting all, most, some, or no new patients who are insured through **MEDICAID**, including Medicaid managed care patients?

Include patients insured through state *Medicaid* programs that have adopted program names unique to your state.

MARK (X) ONE ANSWER

- 1 All new Medicaid and Medicaid Managed Care patients → **GO TO Q40**
- 2 Most new Medicaid and Medicaid Managed Care patients → **GO TO Q40**
- 3 Some new Medicaid and Medicaid Managed Care patients → **ANSWER Q39a**
- 4 No new Medicaid and Medicaid Managed Care patients → **ANSWER Q39a**



39a. If your practice accepts some or no new **MEDICAID** patients, please indicate the importance of each of the following reasons for your practice's decision.

REASONS WHY PRACTICE ACCEPTS SOME OR NO NEW MEDICAID PATIENTS:	Very Important 1	Moderately Important 2	Not Very Important 3	Not at all Important 4
1. Billing requirements, including paperwork, and filing of claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Delayed reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inadequate reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Practice already has enough patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medicaid patients have high clinical burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Is your practice accepting all, most, some, or no new patients through **PRIVATE OR COMMERCIAL INSURANCE PLANS**, including managed care plans and HMOs with which the practice has contracts?

MARK (X) ONE ANSWER

- 1 All new privately insured patients
- 2 Most new privately insured patients
- 3 Some new privately insured patients
- 4 No new privately insured patients

SOURCES OF PRACTICE REVENUE

41. Approximately what percentage of the practice revenue from patient care comes from **MEDICARE** (including Medicare health plans) and what percentage comes from **MEDICAID** (including Medicaid managed care) and other public insurance for low income people?

Your best estimate is fine.

If you work in more than one practice, answer for your main practice. If you are unsure of the percentages, your best estimate is fine.

Record Percentage of practice's patient care revenue from **MEDICARE** %

Record Percentage of practice's patient care revenue from **MEDICAID** and other public insurance %



42. Under CAPITATION, a fixed amount is paid per patient per month regardless of the services provided. 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?

Your best estimate is fine.

Record Percentage of patient care revenue that is CAPITATED %

43. With how many health plans does your practice have managed care contracts?

Managed care contracts are contracts with health plans, such as HMOs, PPOs, IPAs, and Point-Of-Service plans that use financial incentives or specific controls to encourage utilization of specific providers associated with the plan.

Your best estimate is fine.

MARK (X) ONE ANSWER

- 0 None
- 1 1-4
- 2 5-9
- 3 10-19
- 4 20 or more

MEDICAL MALPRACTICE

44. Considering the full range of patients that you see, indicate your level of agreement with the following statements about medical malpractice.

	Strongly Disagree 1	Disagree 2	Not Sure 3	Agree 4	Strongly Agree 5
1. I am concerned that I will be involved in a malpractice case sometime in the next 10 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel pressured in my day-to-day practice by the threat of malpractice litigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I order some tests or consultations simply to avoid the appearance of malpractice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sometimes I ask for consultant opinions primarily to reduce my risk of being sued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relying on clinical judgment rather than on technology to make a diagnosis is becoming riskier because of the threat of malpractice suits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MEDICAL EQUIPMENT & HOSPITAL OWNERSHIP

45. Physicians are relying on more diverse business models now than in the past.

- A. Does your main practice own (fully or in part) or lease the types of medical equipment listed below? **(CHECK NO OR YES FOR EACH TYPE OF EQUIPMENT.)**
- B. **FOR EACH TYPE OF MEDICAL EQUIPMENT CHECKED YES:** is the medical equipment located in your main practice, in a separate business, or in both your main practice and a separate business? By separate business, we mean a subsidiary or separate legal entity from your main practice.

MEDICAL EQUIPMENT USED FOR:	A. OWN OR LEASE?		B. LOCATION OF EQUIPMENT		
	No 0	Yes 1	Main Practice 1	Separate Business 2	Both Practice and Separate Business 3
a. Laboratory testing, including routine blood work	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. X-rays	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other diagnostic imaging, such as CT or MRI scans	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-invasive testing besides EKGs (e.g., Echocardiograms, treadmill, nuclear testing, sleep testing)	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Invasive procedures, such as endoscopy or cardiac catheterization	<input type="checkbox"/>	<input checked="" type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Excluding any medical equipment owned or leased by your main practice, do you personally own (fully or in part) or lease the following types of medical equipment?

MARK (X) ONE ANSWER FOR EACH ITEM

MEDICAL EQUIPMENT USED FOR:	Yes 1	No 0	Unsure 2
a. Laboratory testing, including routine blood work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other diagnostic imaging, such as CT or MRI scans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-invasive testing besides EKGs (e.g., Echocardiograms, treadmill, nuclear testing, sleep testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Invasive procedures, such as endoscopy or cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



47. Does your main practice own (fully or in part) a hospital?

MARK (X) ONE ANSWER

- 3 Main practice is a hospital or is owned by a hospital
- 1 Yes
- 0 No
- 2 Unsure

48. Excluding any hospitals owned by your main practice, do you personally own (fully or in part) a hospital?

MARK (X) ONE ANSWER

- 1 Yes
- 0 No
- 2 Unsure

COMPENSATION

49. Which of the following methods best describes your basic compensation?

MARK (X) ONE ANSWER

- 1 Fixed salary
- 2 Salary adjusted for performance (e.g., own productivity, practice's financial performance, quality measures, practice profiling)
- 3 Shift, hourly, or other time-based payment
- 4 Share of practice billings or workload
- 5 Other Method (Describe)

50. Are you eligible to earn income through any type of bonus or incentive plan?

Check Yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

MARK (X) ONE ANSWER

- 1 Yes
- 0 No



- 51. Medical practices may take various factors into account in determining the compensation (salary, bonus, pay rate, etc.) paid to physicians in the practice. Please indicate whether each of the following factors is explicitly considered by the practice in determining your compensation.**

IF THE FACTOR IS CONSIDERED, how important is it in determining your compensation?

COMPENSATION FACTORS:	Is the factor explicitly considered in determining your compensation?		IF YES, how important is the factor in determining your compensation?			
	No 0	Yes 1	Very important 1	Moderately important 2	Not very important 3	Not at all important 4
a. Factors that reflect your own productivity.	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Results of satisfaction surveys completed by your own patients.	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Specific measures of quality of care, such as rates of preventive care services for your patients.	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of practice profiling, i.e., comparing your pattern of using medical resources with that of other physicians.	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The overall financial performance of the practice.	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 52. During 2006, did you personally receive any of the following from drug, device, or other medically-related companies? Include honoraria and payments from marketing and research firms working for medically-related companies.**

MARK (X) ONE ANSWER FOR EACH ITEM

	Yes 1	No 0
a. Food and/or beverages in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
b. Free drug samples?	<input type="checkbox"/>	<input type="checkbox"/>
c. Honoraria for speaking?	<input type="checkbox"/>	<input type="checkbox"/>
d. Honoraria for participating in surveys on prescribing practices?	<input type="checkbox"/>	<input type="checkbox"/>
e. Payment for consulting services?	<input type="checkbox"/>	<input type="checkbox"/>
f. Payment in excess of costs for enrolling patients in clinical trials?	<input type="checkbox"/>	<input type="checkbox"/>
g. Costs for travel for attending meetings?	<input type="checkbox"/>	<input type="checkbox"/>
h. Gifts that you received as a result of prescribing practices?	<input type="checkbox"/>	<input type="checkbox"/>
i. Complimentary tickets to cultural or sporting events?	<input type="checkbox"/>	<input type="checkbox"/>
j. Complimentary or subsidized admission to meetings or conferences for which CME credits are awarded?	<input type="checkbox"/>	<input type="checkbox"/>



- 53. Excluding any food, beverages, and drug samples you may have received in your workplace, please estimate the total value of all goods and services you received in 2006 from drug, device, or other medically-related companies? Include honoraria or payments from surveys on prescribing practices conducted by marketing or research firms for medically-related companies?**

Your best estimate is fine. **MARK (X) ONE ANSWER**

- | | |
|---|--|
| 0 <input type="checkbox"/> None | 3 <input type="checkbox"/> \$1,001 to \$5,000 |
| 1 <input type="checkbox"/> \$1 to \$ 500 | 4 <input type="checkbox"/> \$5,001 to \$10,000 |
| 2 <input type="checkbox"/> \$501 to \$1,000 | 5 <input type="checkbox"/> More than \$10,000 |

- 54. During 2006, what was your own net income from the practice of medicine, after expenses but before taxes?**

Please include earnings (salaries, fees, bonuses, retainers, etc.) from all practices, not just your main practice, as well as contributions to retirement plans made for you by your practice(s). Exclude investment income, defined as income from investments in medically-related enterprises independent of your medical practice(s), such as medical labs or imaging centers.

Your best estimate is fine. **MARK (X) ONE ANSWER**

- | | |
|--|--|
| 01 <input type="checkbox"/> Less than \$100,000 | 04 <input type="checkbox"/> \$200,001 to \$250,000 |
| 02 <input type="checkbox"/> \$100,001 to \$150,000 | 05 <input type="checkbox"/> \$250,001 to \$300,000 |
| 03 <input type="checkbox"/> \$150,001 to \$200,000 | 06 <input type="checkbox"/> More than \$300,000 |

- 55. What percent of your own net income from the practice of medicine is based on factors that reflect your own productivity?**

- | | |
|---|--|
| 0 <input type="checkbox"/> None | 3 <input type="checkbox"/> 26 to 50 percent |
| 1 <input type="checkbox"/> 1 to 10 percent | 4 <input type="checkbox"/> 51 to 75 percent |
| 2 <input type="checkbox"/> 11 to 25 percent | 5 <input type="checkbox"/> 76 to 100 percent |

PERSONAL BACKGROUND

- 56. Do you consider yourself to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish-speaking background? MARK (X) ONE ANSWER**

- | | |
|--|---|
| 1 <input type="checkbox"/> Yes, Hispanic | 0 <input type="checkbox"/> No, Not Hispanic |
|--|---|

- 57. What race do you consider yourself to be? MARK (X) FOR ALL ANSWERS THAT APPLY**

- | | |
|--|---|
| 0 <input type="checkbox"/> 1 White | 0 <input type="checkbox"/> 1 Native American or Alaska Native |
| 0 <input type="checkbox"/> 1 Black or African-American | 0 <input type="checkbox"/> 1 Other <input type="text"/> |
| 0 <input type="checkbox"/> 1 Asian or Pacific Islander | |



58. Is your main medical practice located at the address to which this questionnaire was mailed?

1 Yes → **SKIP TO Q60**

0 No → **GO TO Q59**

59. What are the name and address of your main medical practice?

Your information is confidential and individuals or practices will not be identified. Your practice information will help us categorize types of physician practices and will be helpful if we select your practice for a follow-up study in future years.

Name of Practice

Street Address

City **State** **Zip**

60. What is the name of the hospital where you admit the largest number of patients?

This information is confidential and will be used solely for analytic purposes, for example, to define hospital referral regions. The hospital will not be contacted.

1 I do not admit patients

Thank you for taking the time to complete the survey.

Please return your questionnaire in the enclosed postage-paid envelope.

We appreciate your feedback and feel free to use this space to comment on the survey or health issues you would like to see addressed in future surveys.

Comments:

1 2 3 4 5 6 7 8 0 Bat

Attachment D

Cover Letters: First Mailing

FIRST MAILING TO EXPERIMENT ARMS 2 AND 3

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

As a fellow physician concerned about changes in American health care, I would like to ask you to take a few minutes to participate in a very important nation-wide survey of physicians sponsored by The Robert Wood Johnson Foundation (RWJF). The Community Tracking Study's Physician Survey focuses on changes in the health care system and the practice of medicine, and how these changes are affecting patients and physicians such as you. This survey has been conducted periodically since 1996 by the Center for Studying Health System Change (HSC), an independent, non-partisan research organization, funded primarily by RWJF.

Using data from the physician surveys and other sources, researchers provide sound analysis on a growing body of topics of importance to physicians, other providers, and policy makers. Hundreds of studies using the survey have been published, including many in top medical journals such as NEJM and JAMA. To give you a sense of the range of issues addressed by HSC, I have enclosed a fact sheet that includes a brief description of HSC and a list of recent articles that may be of interest to you. You can view these and other studies by visiting the HSC Web site: www.hschange.org.

For your information, the following physician organizations support the survey and urge members to participate:

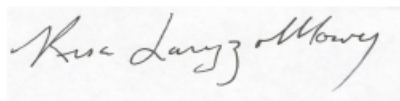
- | | |
|----------------------------------|---------------------------------------|
| American Medical Association | American Academy of Family Physicians |
| American Osteopathic Association | American Academy of Pediatrics |
| American College of Surgeons | American Psychiatric Association |
| American College of Physicians | |

Please complete and return the questionnaire in the enclosed postage-paid envelope as soon as possible. It should take 20 minutes or less to complete. Although we cannot compensate you for your time, we have enclosed an honorarium of \$75 as a token of our appreciation. Your responses will be used for statistical purposes only and may be linked to claims or other administrative data. The information you provide will be kept strictly confidential and your identity will never be disclosed.

I hope we can count on your participation. If you have any questions about the study, please call Brian Quinn at The Robert Wood Johnson Foundation at 1-800-719-9419.

Thank you in advance for your time and cooperation. I know you are extremely busy and appreciate your willingness to help inform the public about the health care debate.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

FIRST MAILING TO EXPERIMENT GROUP A (part of Arm 1)

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

As a fellow physician concerned about changes in American health care, I would like to ask you to take a few minutes to participate in a very important nation-wide survey of physicians sponsored by The Robert Wood Johnson Foundation (RWJF). The Community Tracking Study's Physician Survey focuses on changes in the health care system and the practice of medicine, and how these changes are affecting patients and physicians such as you. This survey has been conducted periodically since 1996 by the Center for Studying Health System Change (HSC), an independent, non-partisan research organization, funded primarily by RWJF.

Using data from the physician surveys and other sources, researchers provide sound analysis on a growing body of topics of importance to physicians, other providers, and policy makers. Hundreds of studies using the survey have been published, including many in top medical journals such as NEJM and JAMA. To give you a sense of the range of issues addressed by HSC, I have enclosed a fact sheet that includes a brief description of HSC and a list of recent articles that may be of interest to you. You can view these and other studies by visiting the HSC Web site: www.hschange.org.

For your information, the following physician organizations support the survey and urge members to participate:

American Medical Association
American Osteopathic Association
American College of Surgeons
American College of Physicians

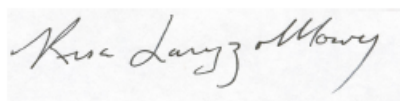
American Academy of Family Physicians
American Academy of Pediatrics
American Psychiatric Association

Please complete and return the questionnaire in the enclosed postage-paid envelope as soon as possible. It should take 20 minutes or less to complete. Although we cannot compensate you for your time, we have enclosed an honorarium of \$50 as a token of our appreciation. Your responses will be used for statistical purposes only and may be linked to claims or other administrative data. The information you provide will be kept strictly confidential and your identity will never be disclosed.

I hope we can count on your participation. If you have any questions about the study, please call Brian Quinn at The Robert Wood Johnson Foundation at 1-800-719-9419.

Thank you in advance for your time and cooperation. I know you are extremely busy and appreciate your willingness to help inform the public about the health care debate.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

FIRST MAILING TO ALL EXCEPT EXPERIMENT GROUP A AND ARMS 2 AND 3

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

As a fellow physician concerned about changes in American health care, I would like to ask you to take a few minutes to participate in a very important nation-wide survey of physicians. The Community Tracking Study (CTS) Physician Survey, sponsored by The Robert Wood Johnson Foundation (RWJF), focuses on changes in the health care system and the practice of medicine, and how these changes are affecting patients and physicians such as you.

Please consider taking part in this important study. Although we cannot compensate you for your time, we have enclosed a {\$50/\$75} honorarium as a token of our appreciation for your help.

Previous rounds of the survey have been used in hundreds of studies of topics of importance to physicians, other providers, and policy makers. These have been published in top medical and health care policy journals.

For your information, the Agency for Health Care Research and Quality (AHRQ), the leading federal agency supporting research to improve the quality and effectiveness of health as well as the following physician organizations have reviewed the study and urge physicians to participate in the survey:

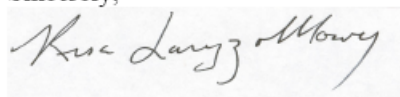
- | | |
|---|---------------------------------------|
| American Academy of Family Physicians | American College of Surgeons |
| American Academy of Pediatrics | American Osteopathic Association |
| American College of Emergency Physicians | American Society of Clinical Oncology |
| American College of Obstetricians and Gynecologists | Society of Hospital Medicine |
| American College of Physicians | |

The Center for Studying Health System Change (HSC), a nonpartisan research organization, is conducting the study on behalf of RWJF. HSC has contracted with Westat to conduct the survey. Please complete and return the questionnaire in the enclosed postage-paid envelope to Westat as soon as possible.

Your participation in this study is entirely voluntary and you may refuse to answer any question in the interview. The information you provide will be kept confidential, and all data will be used in the aggregate for research purposes only. I have enclosed a fact sheet that includes a brief description of HSC, examples of studies of interest to physicians conducted using data from previous rounds of the CTS Physician Survey and more information on how the data you provide may be used.

Thank you in advance for your time and cooperation. I know you are extremely busy and appreciate your willingness to share your views on critical health care issues.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

Attachment E

Cover Letter: Second Mailing

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

About two weeks ago, we sent you a nation-wide physician survey addressing changes in the health care system and the practice of medicine, and how these changes are affecting physicians and their patients. The survey is sponsored by The Robert Wood Johnson Foundation, the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans.

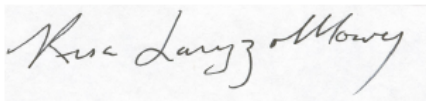
An honorarium check was enclosed in the original survey package in appreciation for your participation.

If you have already completed and returned the questionnaire, thank you for your response. If not, please return it in the enclosed postage-paid envelope as soon as possible. It should take approximately 20 to 30 minutes to complete. Your responses will be used for statistical purposes only, the information you provide will be kept confidential and your identity will never be disclosed.

If you have misplaced your questionnaire or honorarium check, or have any other questions, please call Westat at 1-888-925-5829.

I hope we can count on your participation. I know you are extremely busy and appreciate your willingness to share your views on critical health care issues. Thank you in advance for your time and cooperation. We look forward to your response.

Sincerely,

A handwritten signature in black ink on a light-colored background. The signature reads "Risa Lavizzo-Mourey" in a cursive script.

Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

Attachment F

Cover Letters: Third Mailing

**THIRD MAILING TO PHYSICIANS WHO DID NOT CASH CHECK
(other than Arm 1)**

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

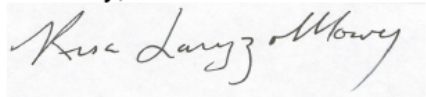
Some time ago, we sent you a questionnaire about your practice and the challenges facing physicians in today's rapidly changing health care environment. The Community Tracking Study's Physician Survey is the only ongoing research survey of physicians in the United States. Data from previous survey rounds have been a valuable research tool, reported in numerous articles in leading journals as well as in the popular press. Several of these articles are cited in the attached fact sheet.

Your input is extremely important to this study. Please fill out the enclosed questionnaire and return it to us as soon as is convenient.

We included a \$75 honorarium with the first questionnaire we sent you as a token of our appreciation. Since that check may have been misplaced, we have enclosed a replacement. Please destroy the original check if you still have it. If you have any questions, please contact the study staff at 1-888-925-5829.

Thank you again for your help with this important study.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

THIRD MAILING TO ARM 1 PHYSICIANS WHO DID NOT CASH CHECK

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

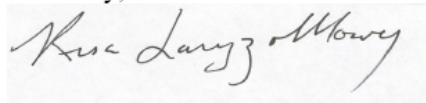
Some time ago, we sent you a questionnaire about your practice and the challenges facing physicians in today's rapidly changing health care environment. The Community Tracking Study's Physician Survey is the only ongoing research survey of physicians in the United States. Data from previous survey rounds have been a valuable research tool, reported in numerous articles in leading journals as well as in the popular press. Several of these articles are cited in the attached fact sheet.

Your input is extremely important to this study. Please fill out the enclosed questionnaire and return it to us as soon as is convenient.

We included a \$50 honorarium with the first questionnaire we sent you as a token of our appreciation. Because your participation is so important, we have enclosed a new check for \$75. Please destroy the original check if you still have it. If you have any questions, please contact the study staff at 1-888-925-5829.

Thank you again for your help with this important study.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

THIRD MAILING TO PHYSICIANS WHO CASHED CHECK BUT DID NOT RETURN A SURVEY

November 20, 2008

«Name»
«CompanyName»
«AddressLine1»
«AddressLine2»
«City», «State» «Zip»

Dear Dr. «LastName»:

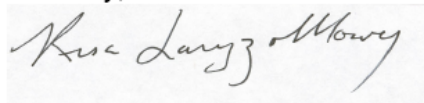
Some time ago, we sent you a questionnaire about your practice and the challenges facing physicians in today's rapidly changing health care environment. We included a {\$75/\$50} honorarium with the questionnaire as a token of our appreciation for completing the survey.

Our records indicate that the check has been cashed, but the questionnaire has not been returned.

Your input is extremely important to this study. Please fill out the enclosed questionnaire and return it to us as soon as is convenient. The Community Tracking Study's Physician Survey is the only ongoing research survey of physicians in the United States. Data from previous survey rounds have been a valuable research tool, reported in numerous articles in leading journals as well as in the popular press. Several of these articles are cited in the attached fact sheet.

If you have any questions, please contact the study staff at 1-888-925-5829. Thank you again for your help with this important study.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

«PID»

Attachment G

Fact Sheets

SENT IN 1ST MAILINGS TO
EXPERIMENT ARMS 2 AND
3



*Providing Insights that Contribute
to Better Health Policy*

About the Center for Studying Health System Change (HSC)

Founded in 1995, the Center is a nonpartisan research organization focused on the cost, quality, and accessibility of health care in the United States. HSC does not take positions on particular policies, but is a resource for decision makers on all sides of the issues because of its reliable data and objective analysis. Led by Dr. Paul Ginsburg, PhD, a nationally recognized economist and health policy expert, HSC's researchers have developed a research agenda to guide those crafting health care policy in government and private industry.

The Robert Wood Johnson Foundation, the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans is HSC's principal funder.

HSC's main research tool is the Community Tracking Study (CTS), which consists of national surveys of consumer households and physicians and in-depth case studies in local communities. The physician survey is conducted by Westat and the household survey by Mathematica Policy Research.

Recent Studies of Particular Interest to Physicians

- Care Patterns in Medicare and Their Implications for Pay for Performance, *New England Journal of Medicine*, March 2007
- Potentially Avoidable Hospitalizations for COPD and Pneumonia, *Medical Care*, June 2007
- Physicians' Experience Using Commercial E-Prescribing Systems, *Health Affairs*, April 2007
- Predictors of the Growing Influence of Clinical Practice Guidelines, *Journal of General Internal Medicine*, March 2007
- Leaving Medicine, the Consequences of Physician Dissatisfaction, *Medical Care*, March 2006
- Exodus of Male Physicians from Primary Care Drives Shift to Specialty Practice, *HSC Tracking Report No. 17*, June 2007
- Distorted Payment System Undermines Business Case for Health Quality and Efficiency Gains, *Issue Brief 112*, July 2007
- Hospital-Physician Relations: Cooperation or Separation? *Health Affairs*, December 2006
- Losing Ground: Physician Income, 1995-2003, *HSC Tracking Report No. 15*, June 2006

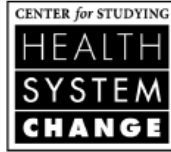
How the information you provide may be used

Your responses to survey questions will be combined with those of thousands of other physicians nationwide and used in aggregate statistical analyses only. In some studies, physician responses may be linked to administrative data. For example, in previous rounds responses were combined with Medicare claims data in studies that addressed the extra challenges faced by physicians who treat large numbers of minority patients (Bach, et al, NEJM, 2004) and to document the difficulties the Medicare program will have in attributing the care of patients to specific physicians for purposes of developing pay-for-performance programs (Pham, et al., NEJM, 2007).

Additional Information

- For additional information on HSC, including links to the studies cited above, please visit <http://www.hschange.org/>
- For additional information on The Robert Wood Johnson Foundation, please visit <http://www.rwjf.org/>
- If you have any questions about the study, please call Jenné Johns at 877-843-7953 ext. 5788

SENT IN 1ST MAILINGS TO
EXPERIMENT GROUPS A, G,
H1, I AND J1 AND SENT IN
2ND MAILINGS TO
EXPERIMENT ARMS 2 AND
3.



*Providing Insights that Contribute
to Better Health Policy*

Who We Are and What We Do

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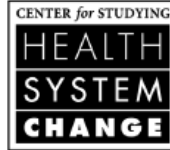
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Additional Information

- If you misplaced your questionnaire or honorarium check please contact Catherine Grundmayer at Westat at 1-888-219-8861.
- For additional information on HSC, including links to the studies cited above, please visit <http://www.hschange.org/>
- For additional information on The Robert Wood Johnson Foundation, please visit <http://www.rwjf.org/>
- If you have any questions about the study, please call Ms. Jenné Johns at the Robert Wood Johnson Foundation at 877-843-7953 ext. 5788

SENT IN ALL OTHER
MAILINGS.



*Providing Insights that Contribute
to Better Health Policy*

About the Center for Studying Health System Change (HSC)

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Additional Information

- If you misplaced your questionnaire or honorarium check please contact Westat at 1-888-219-8861.
- For additional information on HSC, including links to the studies cited above, please visit <http://www.hschange.org/>
- For additional information on The Robert Wood Johnson Foundation, please visit <http://www.rwjf.org/>

Attachment H
AHRQ Letter of Support



DEPARTMENT OF HEALTH & HUMAN SERVICES

Agency for Healthcare
Research and Quality

540 Gaither Road
Rockville MD 20850
www.ahrq.gov

Dear fellow physician,

As director of the Agency for Healthcare Research and Quality (AHRQ), the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans, I encourage you to participate in the Community Tracking Study (CTS) Physician Survey.

The CTS Physician Survey is the largest nationally representative and continuing national survey of clinically active physicians in the country. Although AHRQ does not fund the survey, we, along with the National Institutes on Health (NIH) and other Federal Agencies, regularly support studies that use CTS data to address important health services research questions regarding quality, access to physician care, physician payment, adoption of health information technology, and other timely topics.

The quality of survey data rests heavily on achieving a high participation rate among selected individuals. I urge you to take the time to complete this survey so that we can continue to conduct high quality research to improve the quality and efficiency of healthcare in this nation.

Sincerely,

Carolyn M. Clancy, MD
Director