## **Community Tracking Study**

# Physician Survey Instrument 2004-05 (Round Four)



Providing Insights that Contribute to Better Health Policy

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

**Technical Publication No.** 



June 2006

#### **COMMUNITY TRACKING STUDY (CTS)**

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

#### CTS PHYSICIAN SURVEY

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

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

#### ADDITIONAL INFORMATION

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

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

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

## CRT

### HARD COPY REQUIRED

FINANCE, RWJ59687 F687 ROUND #4

# FIELD FINAL - MAY 26, 2004 (Columns are ABSOLUTE) (Revisions 7/13, 9/2)

		THE GALLUP ORGANIZA	TION
PROJECT R	REGISTRATION #140157		
THE CENTE	ER FOR STUDYING	X APPROVED BY CLI	ENT
HEALTH SY	STEM CHANGE (RWJ)		
City Cent	ter: Washington, D.C.		
Physician	ns Study - Round #4	X APPROVED BY PRO	JECT MANAGER
_	cComb/Richter		
Brenda Sc	onksen, Specwriter		
July, 200	<del>-</del>	7,000	
			_
I.D.#:			(1-6)
**AREA CC	DDE AND TELEPHONE NUMBE	ER:	
			(649 – 658)
**INTERVI	TEM .T.TWE:		
			(716 - 721)
		<del></del>	(716 - 721)
(NOTE:	All interviews are	recorded. The record	ina
(110121		condent answers the pho-	
		read after the "Conting	
		after the Introduction a	
	before the first que	estion) This call will	be
	recorded for quality		
	1 (Continue)		
	2 (Refused) - <b>(T</b> )	hank and Terminate)	(984)
**SPECIAL	TTY: (Code from fone	file) (SURVENT NOTE: Sho	w on Introduction
screen)			
SPCLTY			
			(55 – 57)

#### \*\*STATE: (Code from fone file) 0.1 Alabama - SC 30 Montana - W 02 Alaska - W 31 Nebraska - NC 04 Arizona - W 32 Nevada - W 05 Arkansas - SC 33 New Hampshire - NE 06 California - W 34 New Jersey - NE Colorado - W 35 New Mexico - W 08 09 Connecticut - NE 36 New York - NE 10 Delaware - SC 37 North Carolina - SC 11 Washington D.C. - SC 38 North Dakota - NC 12 Florida - SC 39 Ohio - NC 40 Oklahoma - SC 13 Georgia - SC 15 Hawaii - W 41 Oregon - W 16 Idaho - W 42 Pennsylvania - NE Rhode Island - NE 17 Illinois - NC 44 18 Indiana - NC 45 South Carolina - SC 19 Iowa - NC 46 South Dakota - NC Kansas - NC 20 47 Tennessee - SC 21 Kentucky - SC 48 Texas - SC Louisiana - SC 49 22 Utah - W 23 Maine - NE 50 Vermont - NE 24 Maryland - SC 51 Virginia - SC 25 53 Massachusetts - NE Washington - W West Virginia - SC 26 Michigan - NC 54 27 55 Wisconsin - NC Minnesota - NC 28 Mississippi - SC 56 Wyoming - W 29 Missouri - NC (58) (59)\*\*COUNTY: (Code from fone file)

(60 –

62)

## SECTION A

# INTRODUCTION AND SCREENING; LOCATION; BOARD CERTIFICATION; SATISFACTION

S1. DOCTOR TYPE: (Code from fone file)  DOCTYP	
1 MD 2 DO	(63)
S1b. REPLICATE NUMBER: (Code from fone : REPLICAT	file)
[SET BY JOHN SELIX]	
S1c. PANEL: (Code from fone file) PANEL	
<ul><li>1 New</li><li>2 Re-interview</li><li>3 Non-respondent</li></ul>	(64)
(There are no questions S1d-S1f)	
S2. DOCTOR NAME: (Code from fone file)	
	(65 - 105)
S3. PRIMARY SPECIALTY: (Code from fone	file)
	(55 - 57)
S4. SITE NUMBER: (Code from fone file)	
	(148 - 150)
S5. SITE TYPE: (Code from fone file)  STYPE	
<pre>1 High intensity 2 Low intensity/National</pre>	(150)
S6. ZIP CODE: (Code from fone file)	
<u>ZIP</u> 	(151 - 155)

#### (SURVENT NOTE: Display Doctor's name at top of screen)

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

#### INTRODUCTION #1

HELLO1

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

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

- 0 Gatekeeper soft refusal
- 1 Respondent available (Skip to A1)
- 2 Gatekeeper not available (Set time to call back)
- 3 No longer works/Lives here (Skip to S8)
- 4 Never heard of respondent (Skip to S7)
- 5 Gatekeeper hard refusal
- 6 Answering service/Can't ever reach physician at this number - (Skip to S11)
- 7 Physician not available (Set time to call back)
- 8 Physician soft refusal
- 9 Physician hard refusal

\_\_\_\_(1052)

#### INTRODUCTION #2

#### HELLO2

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

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

- O Gatekeeper soft refusal
- 1 Respondent available (Skip to A1)
- 2 Gatekeeper not available (Set time to call back)
- 3 No longer works/Lives here (Skip to S8)
- 4 Never heard of respondent (Continue)
- 5 Gatekeeper hard refusal
- 6 Answering service/Can't ever
   reach physician at this number (Skip to S11)
- 7 Physician not available (Set time to call back)
- 8 Physician soft refusal
- 9 Physician hard refusal

\_\_\_\_(1052)

S7. (If code 4 in Introduction, ask:) I would like to verify that I have reached (phone number from fone file). VPHONE Yes - (Thank and Terminate; Skip to S11) 2 No - (READ:) I am sorry to have bothered you. - (Reset to Introduction) 3 (DK) (Thank and Terminate; Skip to Directory Assistant) 4 (Refused) (Thank and Terminate; Skip to Directory Assistant) \_\_\_\_(2418) S8. (If code 3 in Introduction, ask:) Dr. (response in S2) is a very important part of a medical study for the Robert Wood Johnson Foundation. Do you have the address or telephone number where I can reach (him/her)? DIFFADR 1 Yes - (Skip to S10) 2 No/Unknown (Continue) 3 (DK) (Continue) 4 (Continue) (Refused) (Retired) - (Thank and Terminate) (2419) 5 S9. (If code 2, 3, or 4 in S8, ask:) Do you happen to know if the doctor is still in this area, or is (he/she) in another city? WHERE 1 Same area - (Thank and Terminate; Skip to S11) Different city - (Continue)

\_\_\_\_(2420)

(DK) (Thank and Terminate; Skip to S11) (Refused) (Thank and Terminate; Skip to S11)

2

3

<u>one</u>	
WORK PHONE NUMBER:	
	(2421 - 2430)
<u>HON</u>	
HOME PHONE NUMBER:	
	(2441 - 2450)
<u>DR</u>	
STREET ADDRESS:	
	(2892 - 2931)
<u>TY</u>	
CITY:	
	(2591 - 2620)
ATE	
STATE:	
	(2431) (2432)
<u>P</u>	
ZIP CODE:	
	(2433 - 2437)

S10. (If code 2 in S9 OR code 1 in S8:) ENTER PHONE NUMBER AND ADDRESS OR AS MUCH OF IT AS POSSIBLE.

Call in SIO, Thank and Terminate;

Call new number and Reset to Introduction;

If BLANK in WORK PHONE NUMBER and

HOME PHONE NUMBER in SIO, Continue)

S11. (FDIRECTA) (If code 1, 3, or 4 in S7, OR code 6 in
Introduction, OR code 1, 3, or 4 in S9, OR BLANK in
WORK PHONE NUMBER and HOME PHONE NUMBER in S10:)
(Call directory assistance for most recent city or
area code. Ask for directory assistance using full
<pre>name from fone file.)</pre>
(Original phone number from fone file)
(Original city from fone file) or (CITY from S10)
(Name from fone file)
DIRPHONE
1 New number - (Enter on next screen)
<pre>2 No number/Match - (Thank and Terminate;</pre>
Save Case ID)(894)
(All in S11, call new number,
and Reset to Introduction)
CLOCK:

Al. 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)
- 3 Retired (Thank and Terminate, and Set to "Failed Screener")
- 4 Out of country (Thank and Terminate, and Set to "Failed Screener")
- 5 Institutionalized (Thank and Terminate, and Set to "Failed Screener")
- 8 (DK) (Thank and Terminate)
- 9 (Refused) (Thank and Terminate)

(1053)

\_\_\_\_(1054)

#### (If code 1 in A1,

- 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)

#### (If code 1 in A2,

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? (INTERVIEWER NOTE:) (If necessary, say:) Direct patient care includes seeing patients and performing surgery. (If necessary, say:) INCLUDE time spent on patient record-keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day.

#### FULLTIM

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

\_\_\_\_(1055)

#### (If code 2 in A3,

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

[Deleted Note]

(Questions A3a-A4a deleted)

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

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

#### LOCCHK

1 Yes - (Skip to Note before A5b)

	2 No	Continue)	
	8 (DK)	Continue)	
	9 (Refused)	Continue)	(2634)
45a.		in A5 OR If BLANK in **COUNTY	
		nty and state is the praction	ce
	located. (Open ended	(VERIFY SPELLING)	
	DK (DK)		
CATE	RF (Refused)		
CNT	<u>Y</u>		
	COUNTY:		
	COUNTY		
			(2834 - 2858)
SSTA	TE		(2031 2030)
	_		
	STATE:		
			(2859) (2860)
		in A5a - State, Continue;	
	Otherwi	se, Skip to A5b)	
י ביות	D.) We are not into	wileving physicians in very sto	<b>-</b>
REA		rviewing physicians in your sta	
		o it appears that we do not nee formation from you, but we thar	
	you for your		
	Terminate)	cooperation: - (Inaix a	iiu
	rerminace,		
45b	What is the zip cod	le of your practice? (Open ende	-d
13.0.	and code all five di		
		<u> </u>	
SZIP			
SZIP			
SZIP	99998 (DK)		
SZIP	99998 (DK) 99999 (Refu	sed)	
SZIP	` '	sed)	
<u>SZIP</u>	` '	sed)	
<u>SZIP</u>	` '	sed)	(1618 - 1622)
<u>SZIP</u>	` '	sed)	(1618 - 1622)

(If code 2 in S1c, Skip to A7; Otherwise, Continue) A6. In what year did you begin medical practice after completing your undergraduate and graduate medical training? (INTERVIEWER NOTE: A residency or fellowship would be considered graduate medical training.) (Open ended and code all four digits of year) (SURVENT NOTE: Force interviewers to enter FOUR DIGITS)

#### YRBGN

DK (DK) RF (Refused)

\_\_\_\_\_(1623 - 1626)

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

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

#### SPCCOR

- 1 Yes (Autocode response in S3 into A8)
- 2 No (Continue)
- 8 (DK) (Thank and Terminate)
- 9 (Refused) (Thank and Terminate) \_\_\_\_(1065)

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

#### NWSPEC

(If	code 1 in S1 [MD-AMA LIST])	
301	Abdominal Radiology	(AR)
202	AIDS/HIV Specialist	` ,
001	Allergy	(A)
133	Adolescent Medicine Pediatrics	(ADL)
127	Addiction Medicine	(ADM)
132	Addiction Psychiatry	(ADP)
002	Allergy & Immunology	(AI)
003	Allergy & Immunology/	
	Diagnostic Laboratory Immunology	(ALI)
005	Aerospace Medicine	(AM)
085	Adolescent Medicine (Internal Medicine	e)(AMI)
006	Anesthesiology	(AN)
007	Pain Management	(APM)
026	Abdominal Surgery	(AS)
103	Anatomic Pathology	(ATP)
104	Bloodbanking/Transfusion Medicine	(BBK)
190	Cardiovascular Surgery	(CDS)
800	Critical Care Medicine (Anesthesiology	(CCA)
050	Clinical Cytogenetics	(CCG)
191	Craniofacial Surgery	(CFS)
128	Critical Care Medicine (Internal	
	Medicine)	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Disease	(CD)
051	Clinical Genetics	(CG)
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
049	Clinical Biochemical Genetics	(CCG)
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	(CN)
011	Colon & Rectal Surgery	(CRS)
401	Cosmetic Surgery	(CS)
124	Cardiothoracic Surgery	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory	
	Dermatological Immunology	(DDL)
035	Diabetes	(DIA)

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

A8.	(Con	tinued:)	
110.	137		(MPD)
		Public Health & General	,
		Preventive Medicine	(MPH)
	056	Neurology	(N)
	310		(MN)
	311		(/
	0	and Rehabilitation	(NPR)
	058	Critical Care Medicine (Neurosurgery)	(NCC)
	404	Neurodevelopmental Disability	(NDN)
	045	Nephrology	(NEP)
	057	Nuclear Medicine	(NM)
	109	Neuropathology	(NP)
	087	Neonatal/Perinatal Medicine	(NPM)
	117	Nuclear Radiology	(NR)
	305	Neurology/Diagnostic Radiology/	(1111)
	303	Neuroradiology	(NRN)
	059	Neurological Surgery	(NS)
	060	Pediatric Neurosurgery	(NSP)
	046	Nutrition	(NTR)
	405	Neuropsychiatry	(NUP)
	071	Adult Reconstructive Orthopedics	(OAR)
	064	Obstetrics & Gynecology	(OBG)
	065	Obstetrics	(OBS)
	066	OB Critical Care Medicine	(OCC)
	134	Foot & Ankle Orthopedics	(OFA)
	068	Occupational Medicine	(OM)
	406	Oral and Maxillofacial Surgery	(OMF)
	072	Musculoskeletal Oncology	(OMO)
	047	Medical Oncology	(ON)
	073	Pediatric Orthopedics	(OP)
	069	Ophthalmology	(OPH)
	074	Orthopedic Surgery	(ORS)
	028		(OS)
	075	Sports Medicine (Orthopedic Surgery)	(OSM)
	076	Orthopedic Surgery of the Spine	(OSS)
	079	Otology	(TO)
	197	Otology/Neurotology	(NO)
	080	Otolaryngology	(OTO)
	077	Orthopedic Trauma	(OTR)
	082	Psychiatry	(P)
	312	Psychiatry/Family Practice	(FPP)
	313	Internal Medicine/Psychiatry	(MP)
	130	Clinical Pharmacology	(PA)
	147	Pulmonary Critical Care Medicine	(PCC)
	110	Chemical Pathology	(PCH)
	111	Cytopathology	(PCP)
	088	Pediatrics	(PD)
	089	Pediatric Allergy	(PDA)
	306	Pediatric Anesthesiology (Pediatrics)	(PAN)
	098	Pediatric Cardiology	(PDC)

A8.	(Con	tinued:)	
110.		Pediatric Cardiothoracic Surgery	(PCS)
		Pediatric Emergency Medicine	(EMP)
		Pediatric Endocrinology	(PDE)
		Pediatric Infectious Diseases	(PDI)
		Pediatric Otolaryngology	(PDO)
		Pediatric Pulmonology	(PDP)
	192	Pediatrics/Psychiatry/Child &	,
		Adolescent Ps	(CPP)
	118	Pediatric Radiology	(PDR)
	032	Pediatric Surgery	(PDS)
	139	Medical Toxicology (Pediatrics)	(PDT)
	144	Pediatric Emergency Medicine	(PE)
	017	Pediatric Emergency Medicine	
		(Pediatrics)	(PEM)
	135	Forensic Psychiatry	(PFP)
	092	Pediatric Gastroenterology	(PG)
	093	Pediatric Hematology/Oncology	(PHO)
	112	Immunopathology	(PIP)
	094	Clinical & Laboratory Immunology	
		(Pediatrics)	(PLI)
	143	Palliative Medicine	(PLM)
	100	Physical Medicine & Rehab	(PM)
	314	Internal Medicine/Physical Medicine	
		& Rehabilitation	(MPM)
	200	Physical Medicine & Rehabilitation	
		(Pediatrics)	(PMP)
	142	Pain Medicine	(PMD)
	407	Sports Medicine (Physical	
		Medicine and Rehabilitation)	(PMM)
		Pediatric Nephrology	(PN)
	146	Pediatric Opthalmology	(PO)
	113	Pediatric Pathology	(PP)
	096	Pediatric Rheumatology	(PPR)
	102	Plastic Surgery/Cosmetic Surgery	(PS)
	199	Pharmaceutical Medicine	(PHM)
	307	Public Health	(PH)
	408	Plastic Surgery within the Head and Ne	
	097	Sports Medicine (Pediatrics)	(PSM)
	114	Anatomic/Clinical Pathology	(PTH)
	141	Medical Toxicology (Preventive	( DELT. )
	116	Medicine)	(PTX)
	116	Pulmonary Diseases	(PUD)
	196	Internal Medicine/Preventive Medicine	(IPM)
	083	Psychoanalysis	(PYA)
	084	Geriatric Psychiatry	(PYG)
	119 067	Radiology  Paprodugtive Endogripology	(R)
	048	Reproductive Endocrinology Rheumatology	(REN)
	115	Radioisotopic Pathology	(RHU)
	120		(RIP)
	<b>⊥</b> ∠ ∪	Neuroradiology	(RNR)

```
(Continued:)
A8.
    123 Radiation Oncology
                                                (RO)
    121 Radiological Physics
                                                (RP)
    409 Pediatric Rehabilitation
                                                (RPM)
    150 Spinal Cord Injury
                                                (SCI)
    149 Sleep Medicine
                                                (SM)
    151 Surgical Oncology
                                                (SO)
    148 Selective Pathology
                                                (SP)
    033 Trauma Surgery
                                                (TRS)
    152 Transplant Surgery
                                                (TTS)
    125 Urology
                                                (U)
    025 Undersea Medicine
                                                (UM)
    126 Pediatric Urology
                                                (UP)
    131 Unspecified
                                                (US)
    122 Vascular & Interventional Radiology
                                                (VIR)
    165 Vascular Medicine
                                                (WV)
    034 Vascular Surgery
                                                (VS)
    210 Developmental & Behavioral Pediatrics (DBP)
    159 Proctology
                                                (PRO)
    124 Thoracic Surgery
                                                (TS)
    997 Other (list) - (USE VERY
                                         SPARINGLY;
                                                     Thank
                                                            and
    Terminate)
                            (Thank and Terminate)
    998
        (DK)
    999 (Refused)
                            (Thank and Terminate)
                                                          (1066 - 1068)
     (If code 2 in S1 [DO-AOA LIST])
     301 Abdominal Radiology
                                                ΑR
    202 AIDS/HIV Specialist
    002 Allergy and Immunology
                                                ΑI
    003 Allergy-Diagnostic Lab Immunology
                                                ALI
    004 Immunology
                                                ΙG
    005 Preventive Medicine-Aerospace Medicine AM
    006 Anesthesiology
                                                ΑN
    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
```

CDS

CFS

CHP

190 Cardiovascular Surgery

191 Craniofacial Surgery

010 Pediatric Psychiatry

Δ8	(Cont	cinued:)	
110.	010		PDP
	011	± ±	CRS
	012	Dermatology	D
	015	Emergency Medicine	EM
	014	Diagnostic Radiology	DR
	308	Internal Medicine/Emergency Medicine	MEM
	015	Emergency Medicine	EMS
	015	Emergency Medicine	FEM
	015	Emergency Medicine	IEM
	302	Epidemiology	EP
	016	Sports Medicine (Emergency Medicine)	ESM
	017	Pediatric Emergency Medicine	PEM
	303	Flex Residents	FLX
	018	Forensic Pathology	FOP
	019	Family Practice	FP
	019	Family Practice	UFP
	020	Geriatrics-General or Family Practice	GFP
	020	Geriatrics-General or Family Practice	GGP
	021	Sports Medicine-Family or	
		General Practice	SFP
	021	Sports Medicine-Family or	
		General Practice	SGP
	022	Gastroenterology	GE
	023	General Practice	GP
	024	Preventive Medicine	PVM
	025	Undersea Medicine	UM
	026	Abdominal Surgery	AS
	027	Critical Care-Surgery or Trauma	CCS
	027	Critical Care-Surgery or Trauma	CCT
	028	Other Specialty	OS
	029	Surgery-General	S
	030	Head & Neck Surgery	HNS
	031	Hand Surgery	HS
	031	Hand Surgery	HSS
	201	Hospitalists	
	032	Pediatric Surgery	PDS
	033	Traumatic Surgery	TRS
	034	Vascular Surgery-General or Peripheral	
	034	Vascular Surgery-General or Peripheral	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
	194	Interventional Cardiology	IC
	195	Internal Medicine/Family Practice	IFP
	042	Internal Medicine	ΙP

<b>Z</b> 8	(Cont	cinued:)	
AU.	043		GER
	309	Geriatrics-Internal Medicine	GIM
	044	Sports Medicine (Physical Medicine &	0
		Rehabilitation)	PMM
	044	Sports Medicine	ISM
	044	Sports Medicine	PMS
	044	Sports Medicine	RMS
	044	Sports Medicine	SM
	045	Nephrology	NEP
	046	Nutrition	NTR
	047	Oncology	ON
	048	Rheumatology	RHU
	050	Clinical Cytogenetics	CCG
	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
	310	Internal Medicine/Neurology	MN
	311	Neurology/Physical Medicine & Rehab	NPR
	056	Neurology	NMD
	056	Neurology	NP
	056	Neurology	NPN
	305	Neurology/Diagnostic Radiology/	
		Neuroradiology	NRN
	057	Nuclear Medicine	NI
	057	Nuclear Medicine	NM
	057	Nuclear Medicine	NV
	058	Critical Care-Neuro Surgery	NCC
	059	Neurological Surgery	NS
	061	Gynecological Oncology	GO
	062	Gynecology	GS
	062	Gynecology	GYN
	063	Maternal & Fetal Medicine	MFM
	304	Maxillofacial Radiology	MXR
	064	Obstetrics & Gynecology	OBG
	064	Obstetrics & Gynecology	OGS
	065	Obstetrics	OBS
	066	Critical Care-Obstetrics & Gynecology	OCC
	067	Reproductive Endocrinology	RE
	068	Occupational Medicine	OCM
	068	Occupational Medicine	OM
	069	Ophthalmology	COR
	069	Ophthalmology	OAS
	069	Ophthalmology	OCR
	069	Ophthalmology	OGL
	069	Ophthalmology	OPH
	069	Ophthalmology	VRS

A8.	(Con	tinued:)	
	070	Hand Surgery-Orthopedic Surg	HSO
	071	Adult Reconstructive Orthopedics	OAR
	072	Musculoskeletal Oncology	OMO
	073	Pediatric Orthopedics	OP
	074	Orthopedic Surgery	AJI
	074	Orthopedic Surgery	OR
	074	Orthopedic Surgery	ORS
	075	Sports Medicine-Orthopedic Surgery	OSM
	076	Orthopedic Surgery-Spine	OSS
	078	Facial Plastic Surgery	OPL
	080	Otolaryngology or Rhinology	OTL
	080	Otolaryngology or Rhinology	OTR
	080	Otolaryngology or Rhinology	RHI
	197	Otology/Neurotology	NO
	081	Pediatric Otolaryngology	PDO
	082	Psychiatry	P P
	312	Psychiatry/Family Practice	FPP
	313	Psychiatry/Internal Medicine	MP
	083	Psychoanalysis	PYA
	084	Geriatric Psychiatry	PYG
	085	Adolescent Medicine-Family or	PIG
	005	General Practice	מים ע
	٥٥٢		AFP
	085	Adolescent Medicine-Family or	7 CD
	0.0.6	General Practice	AGP
	086	Pediatric Intensive Care	PIC
	087	Neonatology	NE
	088	Pediatrics	PD
	089	Pediatric Allergy & Immunology	PAI
	306	Pediatric Anesthesiology (Pediatrics)	PAN
	091	Pediatric Pulmology Medicine	PDX
	198	Pediatric Cardiothoracic Surgery	PCS
	092	Pediatric Gastroenterology	PG
		Pediatric Hematology-Oncology	PHO
	094	Pediatric Diag Lab Immunology	PLI
	095	Pediatric Nephrology	PNP
	192	Pediatrics/Psychiatry/Child &	
		Adolescent Ps	CPP
	096	Pediatric Rheumatology	PPR
	097	Sports Medicine - Pediatrics	PSM
	098	Pediatric Cardiology	PDC
	099	Preventive Medicine, Epidemiology	
		or Public Health	EPI
	099	Preventive Medicine, Epidemiology	
		or Public Health	OE
	099	Preventive Medicine, Epidemiology	
		or Public Health	PH
	099	Preventive Medicine, Epidemiology	
		on Dublic Hoolth	DIID

PHP

or Public Health

A8.	(Con	tinued:)	
Ao.	199	Pharmaceutical Medicine	PHM
	100	Physical Medicine & Rehabilitation	PM
	100	Physical Medicine & Rehabilitation	IAR
	100	Physical Medicine & Rehabilitation	PDR
	314	Internal Medicine/Physical Medicine &	FDK
	214	Rehabilitation	MPM
	100	Physical Medicine & Rehabilitation	RM
	200	Physical Medicine & Rehabilitation	KM
	200	(Pediatrics)	PMP
	101	Hand Surgery-Plastic Surg	HSP
	102	Plastic Surgery	OOP
	102	Plastic Surgery	PLR
	103	Anatomic Pathology	AP
	104	Blood Banking-Transfusion Medicine	BBT
	104	Blood Banking-Transfusion Medicine	LBM
	105	Clinical Pathology	CLP
	106	Dermatopathology	DPT
	107	Hematology-Pathology	HEP
	108	Medicine Microbiology	MMB
	109	Neuropathology	NPT
	110	Chemical Pathology	CP
	111	Cytopathology	CY
	112	Immunopathology	IPT
	113	Pediatric Pathology	PP
	114	Anatomic/Clinical Pathology	APL
	114	Anatomic/Clinical Pathology	PTH
	115	Radioisotopic Pathology	RIP
	307	Public Health	PH
	196	Internal Medicine/Preventive Medicine	IPM
	116	Pulmonary Diseases	PUD
	116	Pulmonary Diseases	PUL
	117	Nuclear Radiology	NR
		Pediatric Radiology	PRD
		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
	$\frac{123}{124}$	Cardiovascular or Thoracic	T L
	12 <del>1</del>	Cardiovascular of inoracic	CVS
	124	Cardiovascular surgery Cardiovascular or Thoracic	CVD
	12 <del>1</del>	Cardiovascular of inoracic	TS
		cardiovascurar surgery	10

A8.	(Con	tinued:)			
	125		U		
		Urology	URS		
	126	<del></del>	UP		
	127		ADD		
		Critical Care-Medicine	CCM		
		Legal Medicine	LM		
	130	_	PA		
	131				
	133		ADL		
	134		OFA		
	135	<u> </u>	FPS		
	136		HEO		
	137	51	IPD		
	139		TX		
	142		PYM		
	145	<del>-</del>	PID		
	146		PO		
	147		PUC		
	153		DMS		
	154	9 1 9 1	HT		
	155	_	OM1		
	156	_	OMM		
	157		OMS		
	158	Osteo Manipulative Medicine	OMT		
	159	Proctology	PRO		
	160	Internship	IN		
	161	<del>-</del>	RET		
	162		TY		
	209		NC		
	210	<u> </u>	DBP		
	159	Proctology	PRO		
	124	Thoracic Surgery	TS		
	410	<u> </u>	CN		
	411		НО		
	413	31	NTR		
	414		PCC		
	415	<del>-</del>	PDI		
	416		PN		
	417		SCI		
	997			Thank	and
		inate)			
	998	(DK) (Thank and Terminate)			
	999	(Refused) (Thank and Terminate)			
	,,,	(IIIIIII and ICIMIIIace)			

(1066 - 1068)

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

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

(If code 201 in A8, Skip to A17;

If code 042, 088, 137, or 195 in A8, Continue;

If code 001-002, 004, 009, 012, 015-016,

020-022, 024, 035-041, 043-048, 055-056, 085,

116, 128, 136, 142, 143, 147, 149, 194, 196, 199, 308,

310, 313, 314, or 414 in A8, Skip to A9a;

If code 017, 049-054, 063, 086-087,

089-094, 095-098, 133, 144-145, 192, 193,

200, 210, 409, 415, or 416 in A8, Skip to A9b;

Otherwise, Skip to A15)

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

#### **GENSUB**

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

\_\_\_\_(1069)

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

#### SIPNPED

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

\_\_\_\_(2720)

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

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

#### SIPPED

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

\_\_\_\_(1357)

#### (All in A9b, Skip to A15)

Al0. (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	code 1 in S1 [MD-AMA LIST])	
301	Abdominal Radiology	(AR)
202	AIDS/HIV Specialist	
001	Allergy	(A)
133	Adolescent Medicine Pediatrics	(ADL)
127	Addiction Medicine	(ADM)
132	Addiction Psychiatry	(ADP)
002	Allergy & Immunology	(AI)
003	Allergy & Immunology/	
	Diagnostic Laboratory Immunology	(ALI)
005	Aerospace Medicine	(AM)
085	Adolescent Medicine (Internal Medicine	e)(AMI)
006	Anesthesiology	(AN)
007	Pain Management	(APM)
026	Abdominal Surgery	(AS)
103	Anatomic Pathology	(ATP)
104	Bloodbanking/Transfusion Medicine	(BBK)
190	Cardiovascular Surgery	(CDS)
800	Critical Care Medicine (Anesthesiology	7)(CCA)
050	Clinical Cytogenetics	(CCG)
191	Craniofacial Surgery	(CFS)
128	Critical Care Medicine (Internal	
	Medicine)	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Disease	(CD)
051	Clinical Genetics	(CG)
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
049	Clinical Biochemical Genetics	(CCG)
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	(CN)
011	Colon & Rectal Surgery	(CRS)
401	Cosmetic Surgery	(CS)
124	Cardiothoracic Surgery	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory	,
	Dermatological Immunology	(DDL)
035	Diabetes	(DIA)

A10.	(Con	tinued:)	
	106	Dermatopathology	(DMP)
	014	Diagnostic Radiology	(DR)
	015	Emergency Medicine	(EM)
	308	Internal Medicine/Emergency Medicine	(MEM)
	036	Endocrinology, Diabetes & Metabolism	(END)
	302	Epidemiology	(EP)
	016	Sports Medicine (Emergency Medicine)	(ESM)
	402	Endovascular Surgical Neuroradiology	(ESN)
	140	Medical Toxicology (Emergency	(1011)
		Medicine)	(ETX)
	303	Flex Residents	(FLX)
	403	Family Medicine	(FM)
	018	Forensic Pathology	(FOP)
	019	Family Practice	(FP)
	020	Geriatric Medicine (Family Practice)	(FPG)
	078	Facial Plastic Surgery	(FPS)
	021	Sports Medicine (Family Practice)	(FSM)
	022	Gastroenterology	(GE)
	061	Gynecological Oncology	(GO)
	023	General Practice	(GP)
	024	General Preventive Medicine	(GPM)
	029	General Surgery	(GS)
	062	Gynecology	(GYN)
	037	Hematology	(HEM)
	038	Hepatology	(HEP)
	107	Hematology Pathology	(HMP)
	030	Head & Neck Surgery	(HNS)
	136	Hematology/Oncology	(HO)
	070	Hand Surgery Orthopedics	(HSO)
	101	Hand Surgery Plastic	(HSP)
	031	Hand Surgery	(HSS)
	201	Hospitalists	(HOS)
		Clinical Cardiac Electrophysiology	(ICE)
	040	Infectious Diseases	(ID)
	004	Immunology	(IG)
	041	Clinical & Laboratory Immunology (IM)	
	042	Internal Medicine	(IM)
	194	Interventional Cardiology	(IC)
	043	Geriatric Medicine (IM)	(IMG)
	044	Sports Medicine	(ISM)
	309	Sports Medicine (Physical Medicine	( 1011)
	307	and Rehabilitation) (IM)	(PMM)
	129	Legal Medicine	(LM)
	138	Medical Management	(MDM)
	063	Maternal & Fetal Medicine	(MFM)
	304	Maxillofacial Radiology	(MFM)
	053	Medical Genetics	(MG)
	108	Medical Microbiology	(MM)
	195	Internal Medicine/Family Practice	(IFP)
	エフラ	incornar rearcancy ramitry fractice	( )

<b>A</b> 10	(Con	tinued:)	
1110.	137		(MPD)
		Public Health & General	( /
	022	Preventive Medicine	(MPH)
	056	Neurology	(N)
	310	Internal Medicine/Neurology	(MN)
	311	Neurology/Physical Medicine	(1114)
	3 ± ±	and Rehabilitation	(NPR)
	058	Critical Care Medicine (Neurosurgery)	(NCC)
	404	Neurodevelopmental Disability	(NDN)
	045	Nephrology	(NEP)
	057	Nuclear Medicine	(NM)
	109	Neuropathology	(NP)
	087	Neonatal/Perinatal Medicine	(NPM)
	117	Nuclear Radiology	(NR)
	305	Neurology/Diagnostic Radiology/	, ,
		Neuroradiology	(NRN)
	059	Neurological Surgery	(NS)
	060	Pediatric Neurosurgery	(NSP)
	046	Nutrition	(NTR)
	405	Neuropsychiatry	(NUP)
	071	Adult Reconstructive Orthopedics	(OAR)
	064	Obstetrics & Gynecology	(OBG)
	065	Obstetrics	(OBS)
	066	OB Critical Care Medicine	(OCC)
	134	Foot & Ankle Orthopedics	(OFA)
	068	Occupational Medicine	( MO)
	406	Oral and Maxillofacial Surgery	(OMF)
	072	Musculoskeletal Oncology	(OMO)
	047	Medical Oncology	(ON)
	073	Pediatric Orthopedics	(OP)
	069	Ophthalmology	(OPH)
	074	Orthopedic Surgery	(ORS)
	028	Other Specialty	(OS)
	075	Sports Medicine (Orthopedic Surgery)	(OSM)
	076	Orthopedic Surgery of the Spine	(OSS)
	079	Otology	(OT)
	197	Otology/Neurotology	(NO)
	080	Otolaryngology	(OTO)
	077	Orthopedic Trauma	(OTR)
	082	Psychiatry	(P)
	312	Psychiatry/Family Practice	(FPP)
	313	Internal Medicine/Psychiatry	(MP)
	130	Clinical Pharmacology	(PA)
	147	Pulmonary Critical Care Medicine	(PCC)
	110	Chemical Pathology	(PCH)
	111	Cytopathology	(PCP)
	880	Pediatrics	(PD)
	089	Pediatric Allergy	(PDA)
	306	Pediatric Anesthesiology (Pediatrics)	(PAN)
	098	Pediatric Cardiology	(PDC)

<b>A</b> 10	(Con	tinued:)	
1110.	•	Pediatric Cardiothoracic Surgery	(PCS)
		Pediatric Emergency Medicine	(EMP)
		Pediatric Endocrinology	(PDE)
		Pediatric Infectious Diseases	(PDI)
	081	Pediatric Otolaryngology	(PDO)
		Pediatric Pulmonology	(PDP)
	192	Pediatrics/Psychiatry/Child &	
		Adolescent Ps	(CPP)
	118	Pediatric Radiology	(PDR)
	032	Pediatric Surgery	(PDS)
	139	Medical Toxicology (Pediatrics)	(PDT)
	144	Pediatric Emergency Medicine	(PE)
	017	Pediatric Emergency Medicine	
		(Pediatrics)	(PEM)
	135	Forensic Psychiatry	(PFP)
	092	Pediatric Gastroenterology	(PG)
	093	Pediatric Hematology/Oncology	(PHO)
	112	Immunopathology	(PIP)
	094	Clinical & Laboratory Immunology	()
	1.40	(Pediatrics)	(PLI)
	143	Palliative Medicine	(PLM)
		Physical Medicine & Rehab	(PM)
	314	Internal Medicine/Physical Medicine	/ NATONA \
	200	& Rehabilitation Physical Medicine & Rehabilitation	(MPM)
	200	(Pediatrics)	(PMP)
	142	Pain Medicine	(PMP)
	407	Sports Medicine (Physical	(PMD)
	107	Medicine and Rehabilitation)	(PMM)
	095	Pediatric Nephrology	(PN)
	146	Pediatric Opthalmology	(PO)
	113	Pediatric Pathology	(PP)
	096	Pediatric Rheumatology	(PPR)
	102	Plastic Surgery/Cosmetic Surgery	(PS)
	199	Pharmaceutical Medicine	(PHM)
	307	Public Health	(PH)
	408	Plastic Surgery within the Head and Ne	ck(PSH)
	097	Sports Medicine (Pediatrics)	(PSM)
	114	Anatomic/Clinical Pathology	(PTH)
	141	Medical Toxicology (Preventive	
		Medicine)	(PTX)
	116	Pulmonary Diseases	(PUD)
	196	Internal Medicine/Preventive Medicine	(IPM)
	083	Psychoanalysis	(PYA)
	084	Geriatric Psychiatry	(PYG)
	119	Radiology	(R)
	067	Reproductive Endocrinology	(REN)
	048	Rheumatology	(RHU)
	115	Radioisotopic Pathology	(RIP)
	120	Neuroradiology	(RNR)

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A10. (Continued:)
    123 Radiation Oncology
                                                (RO)
    121 Radiological Physics
                                                (RP)
    409 Pediatric Rehabilitation
                                                (RPM)
    150 Spinal Cord Injury
                                                (SCI)
    149 Sleep Medicine
                                                (SM)
    151 Surgical Oncology
                                                (SO)
    148 Selective Pathology
                                                (SP)
    033 Trauma Surgery
                                                (TRS)
    152 Transplant Surgery
                                                (TTS)
    125 Urology
                                                (U)
    025 Undersea Medicine
                                                (UM)
    126 Pediatric Urology
                                                (UP)
    131 Unspecified
                                                (US)
    122 Vascular & Interventional Radiology
                                                (VIR)
    165 Vascular Medicine
                                                (WW)
    034 Vascular Surgery
                                                (VS)
    210 Developmental & Behavioral Pediatrics (DBP)
    159 Proctology
                                                (PRO)
    124 Thoracic Surgery
                                                (TS)
    997 Other (list) - (USE VERY
                                         SPARINGLY;
                                                     Thank
                                                            and
    Terminate)
                            (Thank and Terminate)
    998
        (DK)
    999 (Refused)
                            (Thank and Terminate)
                                                           (1070 - 1072)
     (If code 2 in S1 [DO-AOA LIST])
     301 Abdominal Radiology
                                                ΑR
    202 AIDS/HIV Specialist
    002 Allergy and Immunology
                                                ΑI
    003 Allergy-Diagnostic Lab Immunology
                                                ATIT
    004 Immunology
                                                ΙG
    005 Preventive Medicine-Aerospace Medicine AM
    006 Anesthesiology
                                                ΑN
    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
```

CVD

CDS

CFS

IC

190 Cardiovascular Surgery

191 Craniofacial Surgery

009 Cardiovascular Diseases-Cardiology

009 Cardiovascular Diseases-Cardiology

A10.	(Cont	cinued:)	
		Pediatric Psychiatry	СНР
		Pediatric Psychiatry	PDP
		Colon & Rectal Surgery	CRS
	012	Dermatology	D
	015	Emergency Medicine	EM
	014	Diagnostic Radiology	DR
	308	Internal Medicine/Emergency Medicine	MEM
	015	Emergency Medicine	EMS
	015	Emergency Medicine	FEM
	015	Emergency Medicine	IEM
	302	Epidemiology	ΕP
	016	Sports Medicine (Emergency Medicine)	ESM
		Pediatric Emergency Medicine	PEM
		Flex Residents	FLX
		Forensic Pathology	FOP
	019	Family Practice	FP
	019	Family Practice	UFP
	020	Geriatrics-General or Family Practice	GFP
		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
		Preventive Medicine	PVM
	025	Undersea Medicine	UM
		Abdominal Surgery	AS
		Critical Care-Surgery or Trauma	CCS
		Critical Care-Surgery or Trauma	CCT
	028	Other Specialty	OS
	029	Surgery-General	S
	030	Head & Neck Surgery	HNS
		Hand Surgery	HS
		Hand Surgery	HSS
		Hospitalists	
		Pediatric Surgery	PDS
	033	Traumatic Surgery	TRS
	034	Vascular Surgery-General or Peripheral	
	034	Vascular Surgery-General or Peripheral	
	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
	194	Interventional Cardiology	IC
	195	Internal Medicine/Family Practice	IFP
		·	

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

A10.	(Con	tinued:)	
	069	Ophthalmology	COR
	069	Ophthalmology	OAS
	069	Ophthalmology	OCR
	069	Ophthalmology	OGL
	069	Ophthalmology	OPH
	069	Ophthalmology	VRS
	070	Hand Surgery-Orthopedic Surg	HSO
	071	Adult Reconstructive Orthopedics	OAR
	072	Musculoskeletal Oncology	OMO
	073	Pediatric Orthopedics	OP
	074	Orthopedic Surgery	AJI
	074	Orthopedic Surgery	OR
	074	Orthopedic Surgery	ORS
	075	Sports Medicine-Orthopedic Surgery	OSM
	076	Orthopedic Surgery-Spine	oss
	078	Facial Plastic Surgery	OPL
	080	Otolaryngology or Rhinology	OTL
	080	Otolaryngology or Rhinology	OTR
	080	Otolaryngology or Rhinology	RHI
	197	Otology/Neurotology	NO
	081	Pediatric Otolaryngology	PDO
	082	Psychiatry	P
	312	Psychiatry/Family Practice	FPP
	313	Psychiatry/Internal Medicine	MP
	083	Psychoanalysis	PYA
	084	Geriatric Psychiatry	PYG
	085	Adolescent Medicine-Family or	
		General Practice	AFP
	085	Adolescent Medicine-Family or	
		General Practice	AGP
	086	Pediatric Intensive Care	PIC
	087	Neonatology	NE
		Pediatrics	PD
		Pediatric Allergy & Immunology	PAI
	306	Pediatric Anesthesiology (Pediatrics)	PAN
	091	Pediatric Pulmology Medicine	PDX
	198	Pediatric Cardiothoracic Surgery	PCS
	092	Pediatric Gastroenterology	PG
	093	Pediatric Hematology-Oncology	PHO
	094	Pediatric Diag Lab Immunology	PLI
	095	Pediatric Nephrology	PNP
	192	Pediatrics/Psychiatry/Child &	Q F F
	000	Adolescent Ps	CPP
	096	Pediatric Rheumatology	PPR
	097	Sports Medicine - Pediatrics	PSM
	098	Pediatric Cardiology	PDC

A10.	(Con	tinued:)	
1110.		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
	199	Pharmaceutical Medicine	PHM
	100	Physical Medicine & Rehabilitation	PM
	100	Physical Medicine & Rehabilitation	IAR
	100	Physical Medicine & Rehabilitation	PDR
	314	Internal Medicine/Physical Medicine &	
		Rehabilitation	MPM
	100	Physical Medicine & Rehabilitation	RM
	200	Physical Medicine & Rehabilitation	
		(Pediatrics)	PMP
	101	Hand Surgery-Plastic Surg	HSP
	102	Plastic Surgery	OOP
	102	Plastic Surgery	PLR
	103	Anatomic Pathology	ΑP
	104	Blood Banking-Transfusion Medicine	BBT
	104	Blood Banking-Transfusion Medicine	LBM
	105	Clinical Pathology	CLP
	106	Dermatopathology	DPT
	107	Hematology-Pathology	HEP
	108	Medicine Microbiology	MMB
	109	Neuropathology	NPT
	110	Chemical Pathology	CP
	111	Cytopathology	CY
	112	Immunopathology	IPT
	113	Pediatric Pathology	PP
	114	Anatomic/Clinical Pathology	APL
	114	Anatomic/Clinical Pathology	PTH
	115	Radioisotopic Pathology	RIP
	307	Public Health	PH
	196	Internal Medicine/Preventive Medicine	IPM
	116	Pulmonary Diseases	PUD
	116	Pulmonary Diseases	PUL
	117	Nuclear Radiology	NR
	118	Pediatric Radiology	PRD
	119	Radiology	DUS
	119 119	Radiology	R pt
	119	Radiology Radiology	RI RT
	119	Radiology	RTD
	120	Neuroradiology	NRA
	1 Z U	MEGITOTAGI	MMM

A10.	(Con	tinued:)	
1110.	121		RP
		Angiography & Intervent'l Radiology	ANG
	122		SCL
		Radiation Oncology	RO
		Radiation Oncology	TR
		Cardiovascular or Thoracic	
		Cardiovascular Surgery	CVS
	124	Cardiovascular or Thoracic	010
		Cardiovascular Surgery	TS
	125	Urology	U
	125		URS
		Pediatric Urology	UP
		Addictive Diseases	ADD
		Critical Care-Medicine	CCM
		Legal Medicine	LM
		Clinical Pharmacology	PA
	131	Unknown Blank	
	133	Adolescent Medicine	ADL
	134		OFA
	135	Forensic Psychiatry	FPS
	136	Hematology & Oncology	HEO
	137		IPD
	139		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	Osteopathic Manipulative Medicine	OMM
	157	Sports Medicine - OMM	OMS
	158	Osteo Manipulative Medicine	OMT
		Proctology	PRO
	160	<del></del>	IN
	161	-	RET
	162		TY
	209	Nuclear Cardiology	NC
	210	Developmental & Behavioral Pediatrics	DBP
	159	Proctology	PRO
	124	<del></del>	TS
		Clinical Neurophysiology	CN
	411	Hematology/Oncology	НО
	413	Nutrition	NTR
	414	Pulmonary Critical Care Medicine	PCC
	415	<del>-</del>	PDI
		Pediatric Nephrology	PN
	417	Spinal Cord Injury Medicine	SCI
	<b>ユ</b> エ /	phinar cord inlark medicine	PCT

A10.	997	ntinued: Other minate)	•	-	(USE	VERY	SPARINGLY	; Than	k and	L
		(DK) (Refuse		-			-			
									(1070	- 1072)
	)5 <mark>7,</mark>	099, 10 160-162,	3-115, 1	17-12 1-307	2, 12 , or	9-131, 402 in	8, 025, 028 135, 138-1 A10, Conti	41,		
(REA	D:)	physic: special So, it informa	ians in lty is r appears ation fr for you	cernot ames that	tain nong t t we d ou at	specia hose b do not this t	only inter alties, an eeing inter need any : ime, but w - (Thar	d your viewed. further e thank		
		(If	code 20 Other	1 in <i>1</i> wise,			A17;			
A11.		you boa	rd-certi	fied	in <u>(r</u>	espons	e in A10)?			
	1 2 8 9	Yes No (DK) (Refuse	ed)							_(1358)
(Que	stio	n A12 de	leted)				HOLD			_(1630)
A13.		you boa	rd-certi	fied	in <u>(r</u>	espons	e in A8)?			
	1 2 8	Yes No (DK)								

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

\_\_\_\_(1631)

9 (Refused)

(Que	stion	A14 de	leted)				HOLD			-	_(1633)
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AIS.		ERVIEWE	board-cer <b>R NOTE:</b>		physi		_		<u>A8)</u> ? oard-		
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			cs", code								
BDCT	PSP										
	1	77									
	1 2	Yes No									
	8	(DK)									
	9	(Refuse	ed)								_(1634)
		( T. <del>f</del>	code 1 i	n 115	Ckin	+ o A	10.				
		(11	Otherw				<u> </u>				
						<del>- /</del>					
(Que	stion	A16 de	leted)				HOLD				_(1636)
A17.	Are	vou boa	rd certif	ied in	anv si	pecia	altv?				
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	<del></del>										
	1	Yes									
	2 8	No (DK)									
	9	(Refuse	ed)								(1078)
	_	(110 - 010	<i>,</i>								_(_0,0)
(Que	stion	A18 de	leted)				HOLD				_(1079)
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A19.			he remai: ind your								
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a		are CUR	RENTLY (r	ead 5-1	<u>1)</u> ?						
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	8	(DK)									
	9	(Refuse	ed)								_(1080)
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CLOC	!K:										
									•	(1545	1548)

#### SECTION B

#### UTILIZATION OF TIME; PRODUCTIVITY; INFORMATION BROUGHT BY PATIENTS; CASE MIX

#### TIME AND PRODUCTIVITY

B1. Approximately how many weeks did you practice medicine during 2003? Exclude time missed due to 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. (INTERVIEWER NOTE: Response refers to all practices, not just main practice) (Open ended and code actual number)

#### WKSWRK

53-

97 (BLOCK)

DK (DK)

RF (Refused)

\_\_\_\_\_\_(1081) (1082)

B2. 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. (INTERVIEWER NOTE:

If necessary, read:) Direct patient care includes time spent on patient record keeping, patient-related office work, and travel time connected with seeing patients. (Open ended and code actual number)

(INTERVIEWER NOTE: Response refers to all practices, not just main practice)

#### HRSMD\_A

169-

997 (BLOCK)

DK (DK)

RF (Refused)

[Deleted Note]

в3. (If code 001-168 in B2, ask:) Of these (response in B2) hours, how many did you spend in direct patient care activities? Direct care of patients includes face-to-face contact with patients, as well patient record keeping and office work, travel time connected with seeing patients, and communication with other physicians, hospitals, pharmacies, and other places on a patient's behalf. (INTERVIEWER NOTE:) (If necessary, say:) INCLUDE time spent on patient record keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. (If appropriate, say:) INCLUDE ALL PRACTICES, not just the main practice. (Open ended and code actual number)

(If code DK or RF in B2, ask:) About how many hours did you spend in direct patient care activities? (If necessary, say:) 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) (Skip to Note after B5)
RF (Refused) (Skip to Note after B5)

\_\_\_\_\_

(1086 - 1088)

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

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

#### ALLPAT

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

\_\_\_\_(1115)

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

#### MEDPAT

- 1 All medically related activities hours - (Continue)
- Direct patient care hours (Skip to B3d) 2
- 3 (Neither are correct) - (Continue)
- 4 (Both are correct) (Skip to Note after B5)
- (Skip to Note after B5) 8 (DK)
- (Refused) (Skip to Note after B5) 9

\_\_\_\_(1116)

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)

(1117 - 1119)

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

B3d. (If code 2 or 3 in B3b, ask:) Thinking of your last complete week of work, about how many hours did you spend in direct patient care activities? (If 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\_B

169-

997 (BLOCK)

DK (DK)

RF (Refused)

\_\_\_\_\_\_(1194 - 1196)

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

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

#### HRSMD C

169-

997 (BLOCK)

DK (DK)

RF (Refused)

(1089 - 1091)

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

#### HRSPT\_C

169-

997 (BLOCK)

DK (DK)

RF (Refused)

(1092 - 1094)

(If code 019-020, 023, 043, 085, 133, 195, or 403

in A10 OR A8

OR If code 1, 8, or 9 in A9 OR

If code 042, 088, or 137 in A10 OR

If code 2 or 3 in A9a OR

If code 2 or 3 in A9b, Continue;

Otherwise, Skip to B6)

(Deleted CLOCK)

HOLD (3557-3560)

B5a.	Again	n, thi	nking c	f you	r last	complet	e week	of v	work,		
	_		_	_		you per					
	each	of th	e follo	owing	setting	s? Plea	ase cou	int as	one		
	visit	t each	time y	you sa	w a pa	tient.	How ab	out	(read		
	and r	rotate	<b>A-D)</b> ?	(Open	ended	and cod	e actu	al nu	mber)		
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						respond					
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	item	and	recode	the	respon	se to	"offic	e" t	0 0)		
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	000	None									
		997+									
		(DK)									
		(Refus	( bes								
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										/3/01	- 3403
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		facili		1101116	s and	Ocher	EXCEI	ided	Care		
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11005	<u> </u>										
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	D.	011 1108	spital :	LOUNAS							
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								<del></del>		(341U	- 3412)
	(Dolo	a+ad (1	COCK)					ח ז ט ח		,	(3413-
	( Dete	eted Cl	JOCK)					HOLD		(	
											3416)

B6. During the LAST MONTH, how many hours, if any, did you spend providing CHARITY care? By this we mean, that because of the financial need of the patient you charged either no fee or a reduced fee. Please do not include time spent providing services for which you expected, but did not receive, payment.

(Probe:) Your best estimate would be fine. (Open ended and code actual number)

(If necessary, say:) EXCLUDE bad debt and time spent providing services under a discounted fee for service contract or seeing Medicare and [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:)

MediCAL patients/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:)

AHCCCS ("Access")

patients/(Otherwise, read:) Medicaid patients]. (If necessary, read:)

By the LAST MONTH, we mean the last 4 weeks.

#### HRFREE

000 None

DK (DK)

RF (Refused)

\_\_\_\_\_ (2544 - 2546)

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

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

#### LOCFREE

1	In	your	maın	practice
---	----	------	------	----------

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

9 (Refused) \_\_\_\_(3417)

(Questions B7-B11 deleted)

HOLD

(32073212)

HOLD

(32563258)

			HOLD			(3418-3421)
			HOLD		(	3215-
CASE	MIX					3216)
(Del	eted	CLOCK)	HOLD		(	3422-
B12.	medi fine		f your patients has cobe:) Your best estode actual percent)			3425)
	101 102	None Less than 1% (DK) (Refused)				
				-	(3426	- 3428)
		[Delete	ed Note]			
(Que	stion	B13 deleted)	HOLD			(3429- 3431)
B14.	rota		f your patients are Your best estimate tual percent)			
BLCK	101 102 103	None Less than 1% (DK) (Refused)				
	Α.	African-American or	c Black			
HISP	PT			-	(3432	- 3434)
	В.	Hispanic or Latino				
ASIA	PT			-	(3435	- 3437)
	C.	Asian or Pacific Is	slander			
					(3438	- 3440)

B15.			_	_	e of yo	_		_			
			_	_	ith or			_	_		
	spea	ık di	iffer	ent l	anguage	s? (Pi	cobe:)	You	e best		
	esti	mate	is	fine.	(Open	ended	and	code	actual		
	perc	ent)									
LANG	PT										
	000	None									
	101	Less	than	1%							
	102	(DK)									
	103	(Refi	used)								
										(3441 -	3443)
CLOC	к:										
										/ 21 0 /	21071

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

#### (Question CA deleted)

- (READ:) Now, I would like to ask you a series of questions about the main practice in which you work.
- C1. Are you a full owner, a part owner, or not an owner of this practice? (INTERVIEWER NOTE: A shareholder of the practice in which they work should be coded as 2 Part owner)

#### OWNPR

1	Full	owner	(Continue)
2	Part	owner	(Continue)

3	Not an owner	(Skip to C3)
8	(DK)	(Skip to C3)
9	(Refused)	(Skip to C3)

\_\_\_\_(1104)

C2. (If code 1 or 2 in 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

- O1 OR, something else (list)
- 02-
- 05 HOLD
- 06 A practice owned by one physician (solo practice)
- 07 A two physician-owned practice
- 08 A group practice of three or more physicians (see AMA definition on card)
- 09 A group model HMO
- 10 A staff model HMO
- 11-
- 15 HOLD
- 16 A free-standing clinic
- 98 (DK)
- 99 (Refused)

\_\_\_\_\_\_ (1105) (1106)

### (If code 08 or 16 in C2, Continue; Otherwise, Skip to C7)

C2a. Is the practice a single-specialty or multispecialty practice?

#### OWNNSPC

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

(If code 019-020, 023, 043, 085, 133, 195, or 403 in AlO OR A8, OR If code 1, 8, or 9 in A9 OR If code 042, 088, or 137 in AlO OR

If code 2 or 3 in A9a OR

If code 2 or 3 in A9b, Skip to C2c;

Otherwise, Continue)

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

#### **OWNPCP**

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

(1638)

\_\_\_\_(1637)

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

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

#### OWNSPEC

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

\_\_\_\_(1639)

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

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

#### TOPEMP

- OR, something else (do NOT list here) (Skip to C3b)
- 02-
- 05 HOLD
- 06 A practice owned by one physician (solo practice) (Skip to C7)
- 07 A two physician-owned practice (Skip to C7)
- 08 A group practice of three or more physicians (see)
  AMA definition on card) (Continue)
- 09 A group model HMO (Skip to C7)
- 10 A staff model HMO (Skip to C7)
- 12 A medical school or university (Skip to C6b)
- 13 A non-government hospital or group of hospitals (Skip to C6b)
- 14 City, county or state government (Skip to C3a)
- 16 A free-standing clinic (Continue)
- 98 (DK) (Skip to C3b)
- 99 (Refused) (Skip to C3b)

 $\frac{-----}{(1107)} \frac{-----}{(1108)}$ 

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

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)

\_\_\_\_(1641)

\_\_\_\_(1640)

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

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

#### **EMPSPEC**

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

\_\_\_\_(1642)

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

C3a.		<pre>code 14 in C3, ask:)</pre> Is this a hospital, clinic,		
OTHS		some other setting?		
01115	<u> </u>			
	1	Hospital		
	2	Clinic		
	3	Other (do NOT list)		
	8	(DK)		
	9	(Refused)		_(1198)
		(If code 1 in C3a, Skip to CX; Otherwise, Skip to Note before C8a)		
C3b.	(If	code 01, 98, or 99 in C3, ask:) Are you employed		
	_	read 11-21, 22, 25, and 26, as appropriate, then		
	01)?			
EMPT				
	01	OR, something else (do NOT list here)		
	02-			
	10	HOLD		
	11	Other HMO, insurance company, or health plan		
	15	An integrated health or delivery system		
	17	A physician practice management company or other for-profit investment company		
	18	Community health center		
	19	Management Services Organization (MSO)		
	20	Physician-Hospital Organization (PHO)		
	21	Locum tenens		
	22	Foundation		
	25	Independent contractor		
	26	Industry clinic		
	98	(DK)		
	99	(Refused)		
		<del></del>	(1199)	(1200)

(If code 01 in C3b, Continue;
If code 18, 98, or 99 in C3b, Skip to C7;
If code 22 in C3b, Skip to C3ca;
Otherwise, Skip to Note before C8a)

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

#### EMPTYP2

- 01 Other (list)
- 02-
- 05 HOLD
- 06 A practice owned by one physician (solo practice)
- 07 A two physician-owned practice
- 08 A group practice of three or more physicians (see)
  AMA definition on card)
- 09 A group model HMO
- 10 A staff model HMO
- 12 A medical school or university
- 13 A non-government hospital or group of hospitals
- 14 City, county or state government
- 16 A free-standing clinic
- 17 HOLD
- 18 Community health center
- 19-
- 21 HOLD
- 22 Foundation
- 25 Independent Contractor
- 26 Industry Clinic
- 98 (DK)
- 99 (Refused)

(If code 01, 25, or 26 in C3c, Skip to Note before C8a;

If code 06, 07, 09, 10, 18, 98, or 99 in C3c, Skip to C7;

If code 08, 16, or 22 in C3c, Continue;

If code 12 or 13 in C3c, Skip to C6b;

Otherwise, Skip to C3d)

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

#### **EM2NSPC**

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

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

#### EM2PCP

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

\_\_\_\_(1098)

\_\_\_\_(1097)

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

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

#### EM2SPEC

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

\_\_\_\_(1099)

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

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)

\_\_\_\_(1662)

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

#### (Questions C4-C6a deleted)

[Deleted Note]

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

#### SETTING

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

(3217) (3218)

(If code 07 or 08 in C6b, Skip to CX;

If code 01, 02, 03, or 09 in C6b,

Skip to Note before C8a;

Otherwise, Continue)

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

#### **NPHYS**

997 997+ DK (DK)

RF (Refused)

\_\_\_\_\_

(1148 - 1150)

(Question C8 deleted)

HOLD

\_\_\_\_(1151-1153)

#### (If code 2 in S1c OR If response in A6 is less than 2002, DK, or RF, Continue; Otherwise, Skip to Note before C9)

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

#### NURSLEV

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

\_\_\_\_(1159)

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

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

\_\_\_\_(1160)

#### (If code 06 in C6b, Skip to CX; If code 08 in C2 or C3 AND code 025-997 in C7, Continue; Otherwise, Skip to CX)

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

#### **GRPHMO**

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

\_\_\_\_(1154)

#### (Questions C10-C12 deleted)

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

#### INCENT

1 2	_	ices to individual patients vices to individual patients	(Continue) (Continue)
3	Favor neither	- (Skip to CZ)	
8 9	(DK) (Refused)	(Skip to CZ) (Skip to CZ)	(3271)

CY.	(If code 1 or 2 in CX, ask:) Have these incentives	
	<pre>[(if code 1 in CX, say:) reduced/(if code 2 in CX, say:) expanded] services a little, a moderate</pre>	
	amount, or a lot?	
EFIN	•	
	1 A little	
	2 A moderate amount	
	3 A lot	
	4 (None)	
	8 (DK)	
	9 (Refused)	(3272)
CZ.	The next question deals with your perception of competition among physicians. By competition among physicians, we mean pressure to undertake various activities to attract and retain patients. Now, thinking about your practice specifically, how would you describe the competitive situation your practice faces? Would you say very competitive, somewhat competitive, or not at all competitive?	
	<pre>Very competitive Somewhat competitive</pre>	
	1 Not at all competitive	
	8 (DK)	
	9 (Refused)	(3273)
CLOC	K:	
		(2192 - 2195)

#### SECTION D

# MEDICAL CARE MANAGEMENT; INFORMATION TECHNOLOGY; CARE MANAGEMENT; HOSPITAL SAFETY; SCOPE OF CARE

#### INFORMATION TECHNOLOGY

D1. The other held pati form rota		
1 2 8 9 <u>IT_TRT</u>	Yes No (DK) (Refused)	
A. <u>IT_FORM</u>	To obtain information about treatment alternatives or recommended guidelines	
B. <u>ITRMNDR</u>	To obtain information on formularies	(3228)
C.	To generate reminders for you about preventive services	(3229)
D.	To access patient notes, medication lists, or problem lists	(3230)
E. <u>ITCLIN</u>	To write prescriptions	(3231)
F.	For clinical data and image exchanges <u>WITH OTHER</u> <u>PHYSICIANS</u>	(3232)
F1.	For clinical data and image exchanges <u>WITH</u>	(2444)

\_\_\_\_(3444)

HOSPITALS AND LABORATORIES

D1.	(Continued:)		
ITCO	<u>MM</u>		
ITDR	G. To communicate about clinical issues with patients by e-mail		_(3233)
	H. To obtain information on potential patient drug interactions with other drugs, allergies, and/or patient conditions		_(3251)
	(If code 1 in D1-E, Continue; Otherwise, Skip to D3)		
(Que	stion D2 deleted)		
(The	re are no questions D2a and D2b)		
D2aa	order are written electronically? (Open ended and code actual percent)  SC  000 None		
	101 Less than 1% 102 (DK) 103 (Refused)		
		(3445	- 3447)
	[Deleted Note]		
CARE	(Questions D2ab-D2ad deleted) HOLD  MANAGEMENT		_(3448- 3450)
D3.	What percentage of your patients have prescription coverage that includes the use of a formulary? (INTERVIEWER NOTE: A formulary is a restriction on the types of prescription drugs insurance companies will cover) (Open ended and code actual percent)		
FORM			
	000 None 101 Less than 1% 102 (DK) 103 (Refused)		
		(3237	- 3239

#### (Question D4 deleted)

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

#### **EFGUIDE**

5 Very large 4 Large 3 Moderate 2 Small Very small, OR 1 0 No effect at all 8 (DK) 9 (Refused) (1157) D4-A1.(If code 0 in D4-A, ask:) Is that because you are not aware of guidelines that pertain to conditions you typically treat, or because you are aware of them, but they have no effect on conditions you treat? AWRGUID 1 Not aware Aware, no effect 8 (DK) \_\_\_\_(1158) 9 (Refused) (D4-B, D4-B1, D4-C, D4-C1, and D5 deleted) HOLD (3242-3250) (There is no question D6) HOLD (3251-3255) HOSPITAL SAFETY

HOLD

(3280-

3283)

[Deleted CLOCK]

#### (If code 019-020, 023, 043, 085, 133, 195, or 403 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, AND

If code 000, 998, or 999 in B5a-D, Skip to D7; Otherwise, Continue)

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

#### **CPOEHSP**

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

\_\_\_\_(3451)

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

#### ERRREPT

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

\_\_\_\_(3452)

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

#### **HSPLST**

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

\_\_\_\_\_

(3453 - 3455)

[Deleted CLOCK]

HOLD

\_\_\_\_(3284-3287)

(If code 019-020, 023, 043, 085, 133, 195, or 403

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, Continue;

Otherwise, Skip to CLOCK before F1)

#### PCP SCOPE OF CARE, GATEKEEPING

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

\_\_\_\_(1170)

D9. During the last two years, has the number patients that you refer to specialists (read 5-1)? **SPECUSE** 5 Increased a lot Increased a little 3 Stayed about the same 2 Decreased a little, OR 1 Decreased a lot 8 (DK) \_\_\_\_(1171) (Refused) 9 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 CLOCK before F1) 001 1% or less (Skip to CLOCK before F1) 002-100 (Skip to CLOCK before F1) DK (DK) (Continue) RF (Refused) (Continue) (1172 - 1174)(If code DK or RF in D10, ask:) Would you say you serve in this role for (read 1-2)?

#### PGATE25

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

D10b.	(If code 2 in D10a, ask:) Wou	ld you say f	or
(read	<u>1 1-2)</u> ?		
1 2	Less than 50 percent of your patients 50 percent or more of your patients		
8 9	(DK) (Refused)		(1176)
	(All in D10b, Skip to CLOCK before	ce F1)	
D10c. (reac	(If code 1 in D10a, ask:) Wou i 1-2)?	ld you say f	For
1 2	Less than 10 percent of your patient 10 percent or more of your patient		
8 9	(DK) (Refused)		(1177)
	[Deleted Note]		
(There ar	e no questions D11, D12, or D13)		
(Question	D14 deleted)	HOLD	(3456)
CLOCK:			
			(2200 - 2204)
(There is	no Section E)		

#### SECTION F

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

#### PERCEPTIONS OF QUALITY

F1.	Next I am goi	ng to	read y	ou sever	al stat	ements.	For
	each, I'd lik	e you t	o tell	me if y	you agre	e stror	ngly,
	agree somew	hat,	disagı	cee so	omewhat,	disa	agree
	strongly, or	if you	neithe	r agree	nor dis	agree.	[ <u>(If</u>
	necessary, sa	<b>iy:)</b> As	you	answer,	please	think	only
	about your	main	prac	tice.]	(Read	А-В,	as
	appropriate,	then	read	and	rotate	С-Н,	as
	appropriate)	Do you	(read	<b>5-1)</b> ? (:	If neces	sary, s	say:)
	We'd like you	to thi	ink acı	coss all	patien	ts that	you
	see in your p	ractice					

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

#### ATMOFF

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.

\_(1308)

#### ATMOTH

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)

#### CLNFREE

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

#### HIGHCAR

D. It is possible to provide high quality care to all of my patients \_\_\_\_\_(1310)

NEGINO	<u>N</u>		
E		l decisions in the best nts without the possibility	(1311)
(	Items F and G deleted)	HOLD	(1312-
PATREL			1313)
Н	continuing relationsh	maintain the kind of ips with patients over time very of high quality care	
(There	are no questions F2-F7)		
ABILIT	Y TO OBTAIN SERVICES		
(Quest	ion F8 and F8a deleted)		
[	Deleted CLOCK]	HOLD	(3462- 3465)
а У	ny of the following servi	, were you unable to obtain ices for your patients when ically necessary? How about ppropriate)?	
1 2 8 9	Yes No (DK) (Refused)		
NOTREF A	. [(If code 019, 020, 0 403 in A10/A8, OR code code 042, 088, or 137 A9a, OR code 2 or 3 specialists of high	023, 043, 085, 133, 195, or de 1, 8, or 9 in A9, or if in A10, OR code 2 or 3 in in A9b, ask:) Referrals to quality/(Otherwise, ask:)	(3457)
,	_	ecialists of high quality]	
NOTHOS		HOLD	(3458)
NOTIMA	. Non-emergency hospita <mark>G</mark>	l admissions	(3459)
D	. High quality diagnost	ic imaging services	(3460)
NOTOUT		<b>20, 023, 043, 062, 064-065,</b>	

F1. (Continued:)

<u>082-085, 127, 132, 133, 210, 312, 313, 192, 195, </u>	
or 403 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	(3461)
[Deleted CLOCK] HOLD	(3466-
	3469)

	be untell impoimpo (rea	nable me v rtant rtant	e to wheth , no rea <b>C, a</b>	ing to read some reasons why you might obtain various services. For each one, er it is a very important, moderately ot very important, or not at all son for your being unable to obtain as appropriate). How about (read and	
	4 3 2 1 8 9	Mode Not Not (DK)	ratel very	ortant y important important l important	
REFPE	A.	023, code 137 3 in qual	043, 1, 8 in A1 A9b, ity/ <u>(</u>	1 in F8b-A, ask:) [(If code 019, 020, 085, 133, 195, or 403 in A10/A8, OR 3, or 9 in A9, or if code 042, 088, or 0, OR code 2 or 3 in A9a, OR code 2 or ask:) Referrals to specialists of high Otherwise, ask:) Referrals to other sts of high quality]	
REFHE	PR.	a.		e aren't enough qualified service iders or facilities in my area	(3470)
REFIN	<u>ISR</u>	b.		th plan networks and administrative iers limit patient access	(3471)
			C.	Patients lack health insurance or have inadequate insurance coverage	(3472)
HSPPF	B. RVR			admissions	
нѕрні	? <u>R</u>		a.	There aren't enough qualified service providers or facilities in my area	(3473)
HSPIN	<mark>ISR</mark>		b.	Health plan networks and administrative barriers limit patient access(3474)	
			C.	Patients lack health insurance or have inadequate insurance coverage	(3475)

F8c. (Cont	•			
			, ask:) High quality	
	-		ch services, when you	
MHPROVR	CHIHK IC	is medically neo	cessary	
MIFROVE				
	a.	There aren't e	nough qualified service	
	<b>a.</b>		cilities in my area	(3476)
MHHPR		F10/10/012 01 10/	,	(01/0)
	b.	Health pla	n networks and	
		administrative	barriers limit patient	
		access	(3477)	
MHINSR				
	C.		ealth insurance or have	
		inadequate insu	rance coverage	(3478)
GOGE GUADT	NG			
COST SHARI	NG			
[Dele	ted CLOCI	к 1	HOLD	(3479-
[DCIC	cca choc	ic j	11011	3482)
F8d. The r	next que	stions concern	the impact of insured	3102)
	_		s for co-payments and	
<del>-</del>		(Read and rotate	<del>-</del> -	
	-			
5 2	Always			
4 t	Usually			
3 8	Sometimes	5		
	Rarely			
	Never			
	(DK)			
	(Refused)			
GENERIC	<del>-</del> -			
			available, how often do	
	you preso ( <b>Read 5-</b> 1		over a brand name drug?	(3483)
DIAGCST	(Read 5-1	<u>L )</u>		(3403)
	Tf thare	ig uncertaints	about a diagnosis, how	
			insured patient's out-	
		<del>-</del>	ling the types of tests	
		mend? ( <b>Read 5-1</b> )	ing one types of tests	(3484)
IOPTCST				,
	If there	e is a choice	between outpatient and	
			en do you consider an	
			-pocket costs? (Read 5-	
:	1)			(3485)
-				
[Dele	ted CLOCI	K ]	HOLD	(3486-
				3489)

NEW	PAT	IENT	S
-----	-----	------	---

F9.	Now,	I'd	like	to	ask	you	about	new	patient	s the
	pract	ice	in w	hich	you	work	might	be a	acceptir	ng. Is
	the p	ract	ice a	accep	ting	all,	most,	some	or no	(read
	A-G,	as a	appro	priat	: <b>e)</b> ?	(INTE	ERVIEWE	R NOT	E: Refe	ers to
	entir	e r	ract:	ice	not	jus	t to	phy	sician's	s own
	patie	nts.	Med:	icaid	and	l Med	icare	benef	Eiciarie	s who
	are	enro	lled	in	mana	aged	care	plan	s shou	ld be
	inclu	ded	in A	or B,	res	pecti	vely.)		<u> </u>	

- 4 All
- 3 Most
- 2 Some
- 1 No new patients/None
- 8 (DK)
- 9 (Refused)

#### NWMCARE

A. New patients who are insured through Medicare, including Medicare managed care patients \_\_\_

\_\_\_\_(1323)

# NWMCAID

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

\_\_\_\_(1322)

# (Item B1 deleted)

HOLD

(3490)

# NWPRIV

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

\_\_\_\_(1324)

(Item D deleted)

HOLD

(3269)

(There are no Items E or F)

# NWNPAY

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

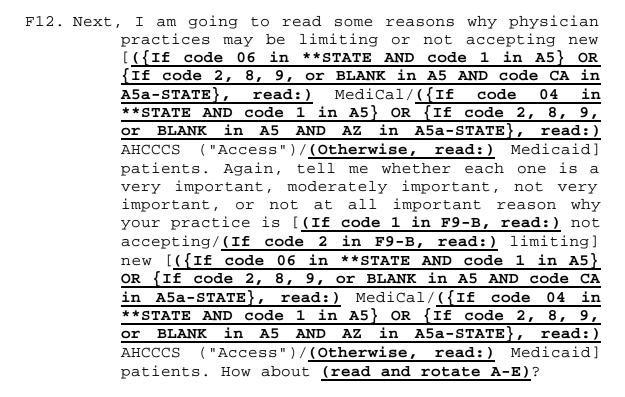
(Question	n F10 deleted)	HOLD	(3270)		
[Deleted	Deleted CLOCK] HOLD				
	(If code 1 or 2 in F9-A, Cont Otherwise, Skip to Note before				
prac Medi is a impo prac acce	m going to read some reasons tices may be limiting or not care patients. For each one, te very important, moderately important, or not at all important tice is [(If code 1 in F9 ting/(If code 2 in F9-A, read care patients. How about (read as	t accepting new ll me whether it ortant, not very reason why your p-A, read:) not limiting new			
4 3 2 1	Very important Moderately important Not very important Not at all important				
8 9 <u>MRBILL</u>	(DK) (Refused)				
A.  MRAUDIT	Billing requirements, including filing of claims	g paperwork, and	(3496)		
B. MRREIMB	Concern about a Medicare audit		(3497)		
C. MRNUFPT	Inadequate reimbursement		(3498)		
D. MRPTBUR	Practice already has enough pata	ients	(3499)		

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

Medicare patients have high clinical burden

\_\_\_\_(3500)

Ε.



- 4 Very important
- 3 Moderately important
- 2 Not very important
- 1 Not at all important
- 8 (DK)
- 9 (Refused)

#### MDBILL

A. Billing requirements, including paperwork, and filing of claims \_\_\_\_\_(3501)

#### MDDELAY

B. Delayed reimbursement \_\_\_\_(3502)

# MDREIMB

C. Inadequate reimbursement \_\_\_\_(3503)

#### MDNUFPT

D. Practice already has enough patients \_\_\_\_(3504)

# MDPTBUR

Ε.

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

#### CLOCK:

# <u>SECTION G</u> 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% or less

DK (DK)

RF (Refused)

# PMCR\_A

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

(1325 - 1327)

#### PMCD\_A

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

(1328 - 1330)

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

Gla. I have recorded that the combined practice revenue from Medicare and [({If code 06 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:) MediCAL/({If code 04 in \*\*STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE }, read:) AHCCCS ("Access")/(Otherwise, read:) Medicaid] is greater than 100 percent, can you help me resolve this? Approximately what percentage of the practice's revenue from patient care comes from (read A-B)? (INTERVIEWER NOTE: Revenue from patients covered by both Medicare and Medicaid should be counted in MEDICARE ONLY) (Open ended and code actual percent) (Probe:) Your best estimate will be fine. (If necessary, say:) We're asking about the patient care revenue of the practice in which you work, not just the revenue from the patients YOU see.

000 None

001 1% or less

DK (DK)

RF (Refused)

# PMCR\_B

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

\_\_\_\_\_

(1334 - 1336)

#### PMCD\_B

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

AHCCCS ("Access")/(Otherwise, read:) Medicaid]

(1337 - 1339)

(There is no question G2)

[Deleted Note]

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

# PCAP\_A

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

\_\_\_\_\_

(2438 - 2440)

(There are no questions G3a-G5)

[Deleted Note]

(Question G5a deleted)

HOLD

\_\_\_\_(3509-3514)

(Question G5b deleted)

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

# NMC\_A

```
00
    None - (Skip to G7)
01 -
19
              (Skip to G8)
20-
97
              (Skip to G6b)
98
    98+ contracts
                        (Skip to G6b)
                   (Continue)
DK
    (DK)
RF
    (Refused)
                  (Continue)
                                                      (2458) (2459)
```

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

# **NMCCAT**

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

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

#### CONPATS

- 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)
0197 (Skip to G8)
DK (DK) (Skip to G8)
RF (Refused) (Skip to G8)

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. necessary, say:) Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization 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% or less

DK (DK)

RF (Refused)

(1343 - 1345)

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

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

# PMC\_F

000 None

101 Less than 1%

DK (DK)

RF (Refused)

(2548 - 2550)

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 <a href="mailto:and-code">and code actual percent</a>) (SURVENT: Show response in G3)

PCAP\_D

000 None

101 Less than 1%

DK (DK)

RF (Refused)

\_\_\_\_\_(2551 - 2553)

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

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

# G8. (Continued:)

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

# PMC B

000	None	(Conti		•		
001 002-	1% or less	(Conti	.nue	)		
100		(Conti	nue	)		
DK	( DK )	(Skip	to	CLOCK	before	Section
H) RF	(Refused)	(Skip	to	CLOCK	before	Section
H)	(,	, <u>.</u>		5= <b>0 01</b> 1		

(2462 - 2464)

(If response in G8 is less than response in G3, Continue;

If response in G3 + response
in G8=0, Skip to CLOCK before Section H;

If response in G8 > 000, Skip to G8d)

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

#### FIXPMC

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

OR

- 2 (Response in G3) percent received on a capitated
  or prepaid basis (Skip to G8c)
- 3 (Both) (Continue)
- 4 (Neither) (Skip to CLOCK before Section H)
- 8 (DK) (Skip to CLOCK before Section H)
- 9 (Refused) (Skip to CLOCK before Section H) \_\_\_\_(2465)

(If code 01-19 in G6, Skip to G8b;

If code 20-97 in G6,

AND code 1 in G6b, Skip to G8b;

If code 8, 9 or BLANK in G6a, AND

code DK, RF, or BLANK in G6c, Skip to G8d;

Otherwise, Continue)

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

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

(If code 01 in G6c or G6, ask:) So, what percentage of the practice's revenue from patient care would you say comes from this managed care contract? (Open ended and code actual percent)

### PMC\_C

000 None - (Skip to CLOCK before Section H)

001 1% or less

DK (DK)

RF (Refused)

\_\_\_\_\_\_

(2466 - 2468)

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

# PCAP\_B

000 None

001 1% or less

002-

100

DK (DK)

RF (Refused)

\_\_\_\_\_

(1352 - 1354)

G8d. (If "specific" response in G8b/G8 = "specific" response in G8c/G3, ask:)

managed care revenue is paid on a capitated, or prepaid basis, is this correct?

# ALLCAP

- 1 Yes (Skip to CLOCK before Section H)
- 2 No (Continue)
- 8 (DK) (Skip to CLOCK before Section H)
- 9 (Refused) (Skip to CLOCK before Section H) (1346)
- G8e. (If code 2 in G8d, ask:) I have recorded that (response in G8b/G8) percent of the practice revenue is from managed care and that (response in G8c/G3) percent of the practice revenue is paid on a capitated or prepaid basis. Which of these is incorrect?

#### FIXCAP

- 1 Revenue from managed care (Continue)
- 2 Revenue paid on capitated or prepaid basis - (Skip to G8g)
- Both are correct -(Skip to CLOCK before Section H)
- 4 Neither are correct (Continue)
- 8 (DK) (Skip to CLOCK before Section H)
- 9 (Refused) (Skip to CLOCK before Section H) \_\_\_\_(1347)

# 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, payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. 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 utilization of specific providers encourage associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended and code actual percent)

# G8f. (Continued:)

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

(If code DK or RF in G6c or code 8 or 9 in G6a, ask:) What percentage of the patient care revenue received by the practice in which you work comes from all of the practice's managed care contracts combined? Please include ALL revenue from these contracts including, but not limited to, any payments made on a capitated or prepaid basis. (Probe:) Your best estimate will be fine. (If necessary, say:) Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. (If necessary, say:) Managed

care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended <u>and code actual percent)</u>

# PMC\_D

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

(1161 - 1163)

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

# PCAP\_C

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

(1191 - 1193)

[Deleted Note]

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

 $\frac{-----}{(2224 - 2227)}$ 

# SECTION H PHYSICIAN COMPENSATION METHODS AND INCOME LEVEL

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

- (READ:) Now, I'm going to ask you a few questions about how your practice compensates you personally. (If necessary, say:) Please answer only about the main practice in which you work.
- H1. Are you a salaried physician? SALPAID
  - 1 Yes (Skip to H3)
  - 2 No (Continue)
  - (DK) (Continue) 8
  - 9 (Refused) (Continue)

(2510)

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

# SALTIME

- 1 Yes (Skip to H4)
- 2 No (Skip to H4)
- 8 (DK) (Skip to H4)
- (Refused) (Skip to H4)

(2511)

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

#### SALADJ

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

\_\_\_\_(2512)

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

# BONUS

- 1 Yes (Skip to Note before H5)
- 2 No (Continue)
- 8 (DK) (Continue)
- 9 (Refused) (Skip to Note before H5) \_\_\_\_(2513)
- H4a. (If code 2 or 8 in H4, ask:) Are you eligible to receive end-of-year adjustments, returns on withholds, or any type of supplemental payments, either from this practice or from health plans?

# SUPLPAY

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

\_\_\_\_(3515)

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

- H5. I am going to read you a short list of factors that are sometimes taken into account by medical practices when they determine the compensation paid to physicians in the practice. For each factor, please tell me whether or not it is EXPLICITLY considered: (INTERVIEWER NOTE: "Practice" refers to main practice)
  - [(If code 1 in H1, AND code 2 or 8-9 in H4 AND H4a, ask:) When your salary is determined, does the practice consider (read A-E)?
  - (If code 1 in H1 AND code 1 in H4 OR H4a, ask:) When either your base salary or bonus is determined, does the practice consider (read A-E)?
  - (If code 1 in H2, AND code 2, 8, or 9 in H4 AND H4a, ask:) When your pay rate is determined, does the practice consider (read A-E)?
  - (If code 1 in H2, AND code 1 in H4 OR H4a, ask:) When either your pay rate or bonus is determined, does the practice consider (read A-E)?
  - 1 Yes
  - 2 No
  - 8 (DK)
  - 9 (Refused)

#### SPROD\_A

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

# SSAT\_A

B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS

(2515)

#### SQUAL A

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

\_\_\_\_(2516)

# SPROF\_A

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

\_\_\_\_(2517)

H5. (Continued:)

# SPERF\_A

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

(If code 2, 8, or 9 to ALL in H5 A-E,

Skip to H15a;
Otherwise, Skip to Note before H7a)

(Question H6 deleted)

- H7. (If code 2, 8, or 9 in H2, or code 2, 8, or 9 in H3, 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 practice in which you work consider (read A-E)? (INTERVIEWER NOTE: "Practice" refers to main practice)
  - 1 Yes
  - 2 No
  - 8 (DK)
  - 9 (Refused)

#### SPROD B

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

# SSAT\_B

B. Results of satisfaction surveys COMPLETED BY YOUR OWN PATIENTS

(2520)

# SQUAL\_B

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

(2521)

# SPROF\_B

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

\_\_\_(2522)

# SPERF\_B

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

# 

[De	leted CLOCK] HOLD	(1645- 1648)
whe not det	each of the factors you mentioned, tell me ther it is very important, moderately important, very important, or not at all important in ermining your compensation? How about (read and ate A-E, as appropriate)?	
4 3 2 1 8	Very important Moderately important Not very important Not at all important (DK)	
9 <b>IMPPROD</b>	(Refused)	
А.	(If code 1 in H5-A or H7-A, ask:) Your own productivity	(3518)
B.	(If code 1 in H5-B or H7-B, ask:) Satisfaction surveys	(3519)
IMPQUAL	Sur veys	(331)
C.	(If code 1 in H5-C or H7-C, ask:) Quality of care measures	(3520)
D.	(If code 1 in H5-D or H7-D, ask:) Results of practice profiling	(3521)
IMPRPRF		
Ε.	(If code 1 in H5-E or H7-E, ask:) Overall practice performance	(3522)
(There a	re no questions H8-H12)	(3322)

[Deleted CLOCK]	HOLD	(1649- 1652)	
(Questions H13 and H14 deleted)	HOLD	(3523-	

3542)

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

# INCOME

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

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

### INCCAT

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

\_\_\_\_\_\_(2534) (2535)

(Que	stions H16 and H17 deleted)	HOLD		_(3543- 3548)
H18.	Do you consider yourself such as Mexican, Puerto Spanish background? (Prunderstand this question trying to understand how ethnic and cultural backgrothanges that are affecting care.	Rican, Cuban, or other obe Refusals with:)  may be sensitive. We are physicians from different ounds perceive some of the		
	1 Yes 2 No 8 (DK) 9 (Refused)			_(1659)
н19.	different ethnic and cult some of the changes that a	d 06-09) (Probe Refusals question may be sensitive. tand how physicians from ural backgrounds perceive are affecting the delivery ded and code) (INTERVIEWER ies a mixed race or a race		
RACE	01 Other (list) 02- 05 HOLD 06 White/Caucasian 07 African-American/Black 08 Native American (American Alaska Native 09 Asian or Pacific Islan 98 (DK) 99 (Refused)	can Indian)		
			(1660)	(1661)
	[Deleted CLOCK]	HOLD		(2637- 2640)

н20.	may qual MAJO affe	lly, I am going to list several problems that limit physicians' ability to provide high ity care. For each one, tell me whether it is a R PROBLEM, MINOR PROBLEM, OR NOT A PROBLEM cting your ability to provide high quality care. about (read and rotate A-H, as appropriate)?	
ONOT	9	Major problem Minor problem Not a problem (DK) (Refused)	
QNOT	A. visi	Inadequate time with patients during office ts(3549)	
QPRBI QINSI	В.	Patients' inability to pay for needed care	(3550)
	C.	Rejections of care decisions by insurance companies	(3551)
QNOS	D.	Lack of qualified specialists in your area	(3552)
	Ε.	Not getting timely reports from other physicians and facilities	(3553)
QLAN	<u>₹</u> F.	Difficulties communicating with patients due to language or cultural barriers	(3554)
OFDDI		m G deleted) HOLD	(3555)
QERRI		Medical errors in hospitals	(3556)
CLOCI	Κ:		
		·	(2233 - 2236)
(SUR	VENT	NOTE: If code 2 in S6a, Autocode 2 in I0)	
IO.	you Did	<pre>code 1 in S6a, ask:) Our records indicate that have already received your \$25 honorarium check. you receive the check?</pre>	
	1 2 8 9	Yes No (DK) (Refused)	(3275)

# SECTION I ENDING

[Deleted Note]

I1.	Let me verify that your name and address a information from fone file/S4)? (ENTER ALL	
	INCORRECT) (INTERVIEWER NOTE: Verify	PRACTICE
	ADDRESS)	
	1 First name is incorrect	* (2554)
	2 Last name is incorrect	(2554)
	3 Address is incorrect	
	4 City is incorrect	
	5 State is incorrect	
	6 Zip code is incorrect 7 All information correct	
	/ All information correct	
	FIRST NAME: (Display from fone file)	
		(1801 - 1816)
	LAST NAME: (Display from fone file)	
		(1701 1000)
CSTR		(1781 - 1800)
CDIN	ADDRESS #1: (Display from fone file)	
	(015-110)	
		(1841 - 1880)
CSTR	ET2	
	ADDDEGG HO. (Discussor Comm. Com. City)	
	ADDRESS #2: (Display from fone file)	
		(3013 - 3037)
CCIT	Y	(3023 3037)
	_	
	CITY: (Display from fone file)	
		/0500
CSTA	 ጥጽ	(2682 - 2694)
CDIA		

11.	(Continue	α• ,						
	STATE:	(Display	from fone	e file)				
CZIP							(2707)	(2708)
	ZIP CODE:	(Display	from fone	e file)				
							(2709	- 2713)
		[	Deleted N	ote]				
(Que	stion Ila	deleted)			HOLD			_(2554)
					HOLD			_(1781- 1816)
		(All i	n Ila, Sk	ip to I	4)			
(The	re are no	questions	#I1a-#I2	2)				
I3.	about dur	ddress of ing this			have been 1-2)?	talking		
	1 (Add #I5)	ress from	fone fi	.le) -	(Skip to No	te befo	re	
	2 (If (Ski	code 3-6 p to Note	in #I1, before #	say:) I5)	(Address in	<b>#I1)</b> -		
	3 No/N	either -	(Contin	ue)				
			<del>-</del>		efore #I5) efore #I5)			_(1356)

I4.	Will you please give me the address of the practice we have been talking about during this interview?		
PSTR	(Open ended) <pre>ET1</pre>		
	STREET ADDRESS #1:		
		(2732	 - 2761)
PSTR	ET2		
	STREET ADDRESS #2:		
<b>5</b> .65		(3088	- 3118)
PCIT	<u>Y</u>		
	<u>CITY</u> :		
		(2762	2701
PSTA	<u>TE</u>	(2702	- 2/91)
	STATE:		
		(2787)	(2788)
PZIP	•	(2707)	(2700)
	<u>ZIP</u> :		
		(2789	 - 2793)
	(If code 08, 09, or 10 in		
	<pre>C2, C3, or C3c, Continue; If code 1 or 2 in C3a, Continue;</pre>		
	Otherwise, Skip to J4)		

I5. What is the name of the practice we have been talking about during this interview? Include the names of government clinics as eligible responses to this question. (If necessary, say:) This information will help us to better understand the nature of physician organizations in your region. (Open ended)

# PNAME

	[Deleted Note]	
		(2812 - 2816)
99999	(Refused)	
	• • •	
99998	(DK)	
00005	HOLD	
00004	No/Yes mind giving	
00003	HOLD	
	-	
00002	HOLD	
00001	Other (list)	

(Question I5a-I5b deleted)

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

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

# PRACCHG

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

\_\_\_\_(1666)

I7.		code 2 in I6, ask:) In what month and year d	
		change medical practice? (Open ended and co	<u>de</u>
		th and year)	
MTH_	CHG		
	NONT	PH:	
	110111	<u></u>	
	01	January	
	02	February	
	03	March	
	04	April	
	05	May	
	06	June	
	07	July	
	8 0	August	
	09	September	
	10	October	
	11	November	
	12	December	
	13	(DK)	
	14	(Refused)	
		(	
			(1667) (1668)
YR_C	HG		
	YEAF		<u>se</u>
		<u>listed below)</u>	
	2002	2	
	2003	3	
	2004	4	
	2005	5	
	9998	8 (DK)	
	9999	9 (Refused)	
			(1669 - 1672)
/ mb a		no no guaghiana HTO HTO)	
( 1116	ere al	re no questions #18-#19)	
CLOC	'K:		
2100			
			(2229 - 2232)

# SECTION J SWEEP-UP

# (There are no questions J1-J3)

COMMENT	nt you would like to add. (Open ended)		
0001 0002-	Other (list)		
0002	HOLD		
0004	No/Nothing		
9998	(DK)		
9999	(Refused)		
		(2555	- 2558)
offer	VIEWER CODE ONLY: (INTERVIEWER NOTE: Do NOT to send study report to respondent. Encourage		
	of Center's Website, www.hschange.org, and		
	rage them to put their name on the Center's ng list by using the Website. Respondents can		
	ve electronic notices of the Center's research,		
	ding results of the physician survey when they		
becom	e available, by signing up on the Center's Web		
	www.hschange.org.) Did respondent ask any of		
the f	ollowing?		
1 ,	Wo a		
	Yes No		
2 1			
	Center's Web site address so they can access it themselves		_(2820)
В. 5	To be placed on the Center's mailing list		_(2821)
•	(There is no Item C)	HOLD_	(2822
J6. INTER	VIEWER COMMENTS:		
			 - 3119)
		(2110	- 3119)
CLOCK:			

- )

# (VALIDATE PHONE NUMBER AND THANK RESPONDENT BY SAYING:)

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

DESC	RIPTIVE NAMES ONLY: NEED ACTUAL FONE FILE NAMES AND NUMBER OF COLUMNS!		
1.	MEDICAL EDUCATION: (Code from fone file)		
		(	)
2.	PHYSICIAN NAME: (Code from fone file)		
		(	)
3.	GENDER: (Code from fone file)		(294)
4.	PREFERRED PROFESSIONAL MAILING ADDRESS: (Code from fone file)		
		(	)
5.	GEOGRAPHIC CODES (STATE, COUNTY, ZIP, MSA, CENSUS REGION OR DIVISION): (Code from fone file)		
		(	)
6.	BIRTH DATE: (Code from fone file)		
		(182	- 189)
7.	BIRTH PLACE: (Code from fone file)		
		(	)

CITIZENSHIP AND VISA: (Code from fone file)			
	(		
LICENSURE DATE: (Code from fone file)			
NATIONAL BOARD COMPLETION DATE: (Code from fone	(		)
file)			
MAJOR PROFESSIONAL ACTIVITY: (Code from fone file)	(	-	)
	(		)
PRIMARY SPECIALTY: (Code from fone file)			
SECONDARY SPECIALTY: (Code from fone file)	(	_	)
	(		)
PRESENT EMPLOYMENT: (Code from fone file)			
AMERICAN SPECIALTY BOARD CERTIFICATION: (Code from fone file)	(	-	)
	(		)
CURRENT AND FORMER MEDICAL TRAINING - (INSTITUTION, SPECIALTY, TRAINING DATES): (Code from fone file)			

17.		ENT AND :	FORMER	? G07	/ERNMENT	r ser	VICE:	(Code	from		
										(	 )
18.	ECFM	G CERTIFIC	CATE:	<u>(Coc</u>	de from	fone	file)				
19.	TYPE	OF PRACT	ICE:	(Code	e from 1	fone f	ile)			(	 )
20	 	PHONE NUM		(Code						(	 )
20.		PHONE NOME		( COU	s IIOm i	rone r	<u>.116)</u>			(	 )
21.	FAX	NUMBER: <u>(</u>	(Code	from	fone f	ile)					
										(	 )
					INTERV	IEWER	I.D. ‡	<b>‡</b> :			 71- 74)
				REVI	SIONS						
6/14/	/04	Added:	Inter I5a,			e to	I1, 1	Note l	efore		
		Revised:	Note	afte	r 14						
7/2/0	04	Revised:	Wordi	ing i	n D2aa						
7/13/	/04	Deleted:			ore Il, r Ila,						
		Revised:	Note	afte	r 14						
9/2/0	04	Added:	Inter	rview	er Note	to B	2				

 $\verb|jlw|2004|RWJ|RWJ| physician R4 0407|$