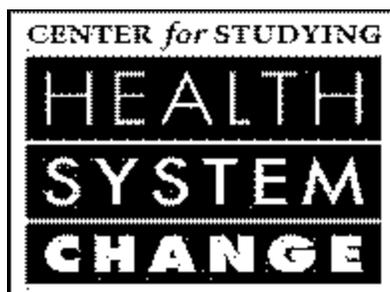# Community Tracking Study

Impact Of Shifting The CTS Physician Survey From A CATI To A Mail Survey

Appendix

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Technical Publication No.

71

September 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).

AUTHOR

Richard Strouse, Independent Consultant

ACKNOWLEDGEMENTS

APPENDIX A

SURVEY INSTRUMENTS AND COVER LETTERS

CRT

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

THE GALLUP ORGANIZATION

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

I.D.#:   __(1-6)

**AREA CODE AND TELEPHONE NUMBER:

                                                    _____ _____
_____   (649 - 658)

**INTERVIEW TIME:

                                                    _____ _____
_____   (716 - 721)

**(NOTE: All interviews are recorded. The recording begins when
             the respondent answers the phone. This statement is read
             after the "Continue" response is entered after the
             Introduction and before the first question)** This call will
             be recorded for quality assurance.

             1   (Continue)
             2   (Refused) - **(Thank and Terminate)**
             (984)

SPECIALTY: (Code from fone file) (SURVENT NOTE: Show on Introduction screen)

SPCLTY

                                                    _____ _____
_____   (55 - 57)

STATE: (Code from fone file)

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

_____ _____
(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 file)**
REPLICAT

     [SET BY JOHN SELIX]

S1c.   PANEL: **(Code from fone file)**
PANEL

     1   New
     2   Re-interview
     3   Non-respondent   ____(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

     1   High intensity
     2   Low intensity/National
             ____(150)

S6.   ZIP CODE: **(Code from fone file)**
ZIP

     _____   (151 - 155)

S6a.   PRESEND CHECK EXPERIMENT: **(Code from fone file)**

PRECHK

      1   Yes

      2   No   _____(156)

(Question Sa deleted)

(Question Si deleted)   HOLD __(1101   -
                                   1102)

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

INTRODUCTION #1
HELLO1

Hello, Dr. **(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.

0   Gatekeeper soft refusal

1   Respondent available - **(Skip to A1)**

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

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

4   Never heard of respondent - **(Continue)**

5   Gatekeeper hard refusal

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

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

8   Physician soft refusal

9   Physician hard refusal   _____(1052)

S7.   **(If code 4 in Introduction, ask:)** I would like to verify that I have
       reached **(phone number from fone file)**.
VPHONE

       1   Yes - **(Thank and Terminate; Skip to S11)**

       2   No - **(READ:)** I am sorry to
               have bothered you. - **(Reset to Introduction)**

       3   (DK)   **(Thank and Terminate;**
                                      Skip to Directory Assistant)

       4   (Refused)   **(Thank and Terminate;**
                                      Skip to Directory Assistant) _____(2418)

S8.   **(If code 3 in Introduction, ask:)** Dr. **(response in S2)** is a very
       important part of a medical study for the Robert Wood Johnson
       Foundation. Do you have the address or telephone number where I
       can reach (him/her)?
DIFFADR

       1   Yes - **(Skip to S10)**

       2   No/Unknown   **(Continue)**
       3   (DK)   **(Continue)**
       4   (Refused)   **(Continue)**

       5   (Retired) - **(Thank and Terminate)**   _____(2419)

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)**

       2   Different city - **(Continue)**

       3   (DK)   **(Thank and Terminate; Skip to S11)**
       4   (Refused)   **(Thank and Terminate; Skip to S11)**   _____(2420)

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

NWPHONE

WORK PHONE NUMBER:

_____

_____ _____
(2421 - 2430)

NWHPHON

HOME PHONE NUMBER:

_____

_____ _____
(2441 - 2450)

NWADDR

STREET ADDRESS:

_____

_____ _____
(2892 - 2931)

NWCITY

CITY:

_____

_____ _____
(2591 - 2620)

NWSTATE

STATE:

_____

_____ _____
(2431) (2432)

NWZIP

ZIP CODE:

_____

_____ _____
(2433 - 2437)

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

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

(Original phone number from fone file)

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

(Name from fone file)

DIRPHONE

   1   New number - **(Enter on next screen)**

   2   No number/Match - **(Thank and Terminate; Save Case ID)**   _____(894)

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

CLOCK:

_____   _____ _____
                                                   (-   )

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

FEDEMP

1   Yes - **(Continue)**

2   No - **(Skip to A2)**

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)

(If code 1 in A1,
READ:)   In this survey, we will not be interviewing physicians who are Federal employees. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - **(Thank and Terminate)**

A2.   Are you currently a resident or fellow?
RESFEL

1   Yes - **(Continue)**

2   No - **(Skip to A3)**

8   (DK)   **(Thank and Terminate)**
9   (Refused)   **(Thank and Terminate)**   _____(1054)

(If code 1 in A2,
READ:)   In this survey, we will not be interviewing physicians who are residents or fellows. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. -**(Thank and Terminate)**

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

FULLTIM

    1   Yes - **(Skip to Note before A5)**

    2   No - **(Continue)**

    8   (DK)   **(Thank and Terminate)**
    9   (Refused)   **(Thank and Terminate)**   _____(1055)

(If code 2 in A3,
READ:)   In this survey, we will not be interviewing physicians who typically provide patient care for less than 20 hours a week. So it appears that we do not need any further information from you at this time, but we thank you for your cooperation. - **(Thank and Terminate)**

[Deleted Note]

(Questions A3a-A4a deleted)

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

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

LOCCHK

    1   Yes - **(Skip to Note before A5b)**

    2   No   **(Continue)**
    8   (DK)   **(Continue)**
    9   (Refused)   **(Continue)**   _____(2634)

A5a.   **(If code 2, 8, or 9 in A5 OR If BLANK in **COUNTY, ask:)** In

what county and state is the practice located. (Open ended) **(VERIFY SPELLING)**

    DK   (DK)
    RF   (Refused)

SCNTY

COUNTY:

_____   _____ _____
    (2834 - 2858)

SSTATE

STATE:

_____   _____ _____
    (2859) (2860)

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

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

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

SZIP

    99998   (DK)
    99999   (Refused)

_____   _____ _____
    (1618 - 1622)

**(If code 2 in 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 **(response in S3)**. Is this correct? **(If necessary, say:)** We define primary specialty as that in which the most hours are spent weekly.

SPCCOR

      1   Yes - **(Autocode response 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)	(AMI)
006	Anesthesiology	(AN)
007	Pain Management	(APM)
026	Abdominal Surgery	(AS)
103	Anatomic Pathology	(ATP)
104	Bloodbanking/Transfusion Medicine	(BBK)
190	Cardiovascular Surgery	(CDS)
008	Critical Care Medicine (Anesthesiology)	(CCA)
050	Clinical Cytogenetics	(CCG)
191	Craniofacial Surgery	(CFS)
128	Critical Care Medicine (Internal Medicine)	(CCM)
086	Critical Care Pediatrics	(CCP)
027	Critical Care Surgery	(CCS)
009	Cardiovascular Disease	(CD)
051	Clinical Genetics	(CG)
054	Child Neurology	(CHN)
010	Child & Adolescent Psychiatry	(CHP)
049	Clinical Biochemical Genetics	(CCG)
105	Clinical Pathology	(CLP)
052	Clinical Molecular Genetics	(CMG)
055	Clinical Neurophysiology	(CN)
011	Colon & Rectal Surgery	(CRS)
401	Cosmetic Surgery	(CS)
124	Cardiothoracic Surgery	(CTS)
012	Dermatology	(D)
164	Dermatologic Surgery	(DS)
013	Clinical & Laboratory Dermatological Immunology	(DDL)
035	Diabetes	(DIA)

A8.   (Continued:)

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

A8. (Continued:)

137	Internal Medicine/Pediatrics	(MPD)
099	Public Health & General Preventive Medicine	(MPH)
056	Neurology	(N)
310	Internal Medicine/Neurology	(MN)
311	Neurology/Physical Medicine and Rehabilitation	(NPR)
058	Critical Care Medicine (Neurosurgery)	(NCC)
404	Neurodevelopmental Disability	(NDN)
045	Nephrology	(NEP)
057	Nuclear Medicine	(NM)
109	Neuropathology	(NP)
087	Neonatal/Perinatal Medicine	(NPM)
117	Nuclear Radiology	(NR)
305	Neurology/Diagnostic Radiology/ Neuroradiology	(NRN)
059	Neurological Surgery	(NS)
060	Pediatric Neurosurgery	(NSP)
046	Nutrition	(NTR)
405	Neuropsychiatry	(NUP)
071	Adult Reconstructive Orthopedics	(OAR)
064	Obstetrics & Gynecology	(OBG)
065	Obstetrics	(OBS)
066	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	Other Specialty	(OS)
075	Sports Medicine (Orthopedic Surgery)	(OSM)
076	Orthopedic Surgery of the Spine	(OSS)
079	Otology	(OT)
197	Otology/Neurotology	(NO)
080	Otolaryngology	(OTO)
077	Orthopedic Trauma	(OTR)
082	Psychiatry	(P)
312	Psychiatry/Family Practice	(FPP)
313	Internal Medicine/Psychiatry	(MP)
130	Clinical Pharmacology	(PA)
147	Pulmonary Critical Care Medicine	(PCC)
110	Chemical Pathology	(PCH)
111	Cytopathology	(PCP)
088	Pediatrics	(PD)
089	Pediatric Allergy	(PDA)

| 306 | Pediatric Anesthesiology (Pediatrics) | (PAN) |
| 098 | Pediatric Cardiology | (PDC) |

A8.   (Continued:)

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

A8. (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	(VM)
034	Vascular Surgery	(VS)
210	Developmental & Behavioral Pediatrics	(DBP)
159	Proctology	(PRO)
124	Thoracic Surgery	(TS)
997	Other (list) - **(USE VERY SPARINGLY; Thank and Terminate)**	
998	(DK)	**(Thank and Terminate)**
999	(Refused)	**(Thank and Terminate)**

_____ _____

_____   (1066 - 1068)

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

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

A8.	(Continued:)

010	Pediatric Psychiatry	PDP
011	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	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	GVS
034	Vascular Surgery-General or Peripheral	PVS
036	Endocrinology	END
037	Hematology	HEM
039	Cardiac Electrophysiology	ICE
040	Infectious Diseases	ID
041	Diag Lab Immunology-Int Med	ILI
042	Internal Medicine	IM
194	Interventional Cardiology	IC
195	Internal Medicine/Family Practice	IFP
042	Internal Medicine	IP

A8. (Continued:)

043	Geriatrics-Internal Medicine	GER
309	Geriatrics-Internal Medicine	GIM
044	Sports Medicine (Physical Medicine & 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

A8.   (Continued:)

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
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
093	Pediatric Hematology-Oncology	PHO
094	Pediatric Diag Lab Immunology	PLI
095	Pediatric Nephrology	PNP
192	Pediatrics/Psychiatry/Child &	Adolescent Ps
096	Pediatric Rheumatology	PPR
097	Sports Medicine - Pediatrics	PSM
098	Pediatric Cardiology	PDC
099	Preventive Medicine, Epidemiology or Public Health	EPI
099	Preventive Medicine, Epidemiology or Public Health	OE
099	Preventive Medicine, Epidemiology or Public Health	PH
099	Preventive Medicine, Epidemiology or Public Health	PHP

A8. (Continued:)

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	AP
104	Blood Banking-Transfusion Medicine BBT	
104	Blood Banking-Transfusion Medicine LBM	
105	Clinical Pathology	CLP
106	Dermatopathology	DPT
107	Hematology-Pathology	HEP
108	Medicine Microbiology	MMB
109	Neuropathology	NPT
110	Chemical Pathology	CP
111	Cytopathology	CY
112	Immunopathology	IPT
113	Pediatric Pathology	PP
114	Anatomic/Clinical Pathology	APL
114	Anatomic/Clinical Pathology	PTH
115	Radioisotopic Pathology	RIP
307	Public Health	PH
196	Internal Medicine/Preventive Medicine	IPM
116	Pulmonary Diseases	PUD
116	Pulmonary Diseases	PUL
117	Nuclear Radiology	NR
118	Pediatric Radiology	PRD
119	Radiology	DUS
119	Radiology	R
119	Radiology	RI
119	Radiology	RT
119	Radiology	RTD
120	Neuroradiology	NRA
121	Radiological Physics	RP
122	Angiography & Intervent'l Radiology	ANG
122	Angiography & Intervent'l Radiology	SCL
123	Radiation Oncology	RO
123	Radiation Oncology	TR
124	Cardiovascular or Thoracic Cardiovascular Surgery	CVS
124	Cardiovascular or Thoracic Cardiovascular Surgery	TS

A8.   (Continued:)

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

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(1066 - 1068)

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(If code 003, 005-007, 013-014, 018, 025, 028,

(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)**

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

GENSUB

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

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

SIPNPED

    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)

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

SUBSPC

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

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

A10. (Continued:)

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

A10.   (Continued:)

137	Internal Medicine/Pediatrics	(MPD)
099	Public Health & General Preventive Medicine	(MPH)
056	Neurology	(N)
310	Internal Medicine/Neurology	(MN)
311	Neurology/Physical Medicine and Rehabilitation	(NPR)
058	Critical Care Medicine (Neurosurgery)	(NCC)
404	Neurodevelopmental Disability	(NDN)
045	Nephrology	(NEP)
057	Nuclear Medicine	(NM)
109	Neuropathology	(NP)
087	Neonatal/Perinatal Medicine	(NPM)
117	Nuclear Radiology	(NR)
305	Neurology/Diagnostic Radiology/ Neuroradiology	(NRN)
059	Neurological Surgery	(NS)
060	Pediatric Neurosurgery	(NSP)
046	Nutrition	(NTR)
405	Neuropsychiatry	(NUP)
071	Adult Reconstructive Orthopedics	(OAR)
064	Obstetrics & Gynecology	(OBG)
065	Obstetrics	(OBS)
066	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	Other Specialty	(OS)
075	Sports Medicine (Orthopedic Surgery)	(OSM)
076	Orthopedic Surgery of the Spine	(OSS)
079	Otology	(OT)
197	Otology/Neurotology	(NO)
080	Otolaryngology	(OTO)
077	Orthopedic Trauma	(OTR)
082	Psychiatry	(P)
312	Psychiatry/Family Practice	(FPP)
313	Internal Medicine/Psychiatry	(MP)
130	Clinical Pharmacology	(PA)
147	Pulmonary Critical Care Medicine	(PCC)
110	Chemical Pathology	(PCH)
111	Cytopathology	(PCP)
088	Pediatrics	(PD)
089	Pediatric Allergy	(PDA)

306   Pediatric Anesthesiology (Pediatrics)   (PAN)
098   Pediatric Cardiology   (PDC)

A10.   (Continued:)

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

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	(VM)
034	Vascular Surgery	(VS)
210	Developmental & Behavioral Pediatrics	(DBP)
159	Proctology	(PRO)
124	Thoracic Surgery	(TS)
997	Other (list) - **(USE VERY SPARINGLY; Thank and Terminate)**	
998	(DK)	**(Thank and Terminate)**
999	(Refused)	**(Thank and Terminate)**

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(1070 - 1072)

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

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

A10.   (Continued:)

010	Pediatric Psychiatry	CHP
010	Pediatric Psychiatry	PDP
011	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	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	GVS
034	Vascular Surgery-General or Peripheral	PVS
036	Endocrinology	END
037	Hematology	HEM
039	Cardiac Electrophysiology	ICE
040	Infectious Diseases	ID
041	Diag Lab Immunology-Int Med	ILI
042	Internal Medicine	IM
194	Interventional Cardiology	IC
195	Internal Medicine/Family Practice	IFP

A10. (Continued:)

042	Internal Medicine	IP
043	Geriatrics-Internal Medicine	GER
309	Geriatrics-Internal Medicine	GIM
044	Sports Medicine (Physical Medicine & 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 Neurolo gy	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.   (Continued:)

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
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
093	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

A10. (Continued:)

099	Preventive Medicine, Epidemiology or Public Health	EPI
099	Preventive Medicine, Epidemiology or Public Health	OE
099	Preventive Medicine, Epidemiology or Public Health	PH
099	Preventive Medicine, Epidemiology or Public Health	PHP
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	AP
104	Blood Banking-Transfusion Medicine	BBT
104	Blood Banking-Transfusion Medicine	LBM
105	Clinical Pathology	CLP
106	Dermatopathology	DPT
107	Hematology-Pathology	HEP
108	Medicine Microbiology	MMB
109	Neuropathology	NPT
110	Chemical Pathology	CP
111	Cytopathology	CY
112	Immunopathology	IPT
113	Pediatric Pathology	PP
114	Anatomic/Clinical Pathology	APL
114	Anatomic/Clinical Pathology	PTH
115	Radioisotopic Pathology	RIP
307	Public Health	PH
196	Internal Medicine/Preventive Medicine	IPM
116	Pulmonary Diseases	PUD
116	Pulmonary Diseases	PUL
117	Nuclear Radiology	NR
118	Pediatric Radiology	PRD
119	Radiology	DUS
119	Radiology	R
119	Radiology	RI
119	Radiology	RT
119	Radiology	RTD
120	Neuroradiology	NRA

A10. (Continued:)

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

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

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

_____   _____ _____
                                             (1070 - 1072)

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

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

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

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

    1   Yes
    2   No
    8   (DK)
    9   (Refused)   _____(1358)

(Question A12 deleted)   HOLD   __(1630)

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

    1   Yes
    2   No
    8   (DK)
    9   (Refused)   _____(1631)

**(If code 2, 8, or 9 in A11 AND A13, Skip to A17;
Otherwise, Skip to A19)**

(Question A14 deleted)   HOLD   __(1633)

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

    1   Yes
    2   No
    8   (DK)
    9   (Refused)   _____(1634)

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

(Question A16 deleted)   HOLD   __(1636)

A17.   Are you board certified in any specialty?
BDCTAY

    1   Yes
    2   No
    8   (DK)
    9   (Refused)   _____(1078)

(Question A18 deleted)   HOLD   __(1079)

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

    5   Very satisfied
    4   Somewhat satisfied
    3   Somewhat dissatisfied
    2   Very dissatisfied, OR
    1   Neither satisfied nor dissatisfied
    8   (DK)
    9   (Refused)   _____(1080)

CLOCK: _____ ____
                                                             (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)

                                                                                    _____ _____
    _____   (1083 - 1085)

[Deleted Note]

B3.   **(If code 001-168 in B2, ask:)** Of these **(response in B2)** hours, how many did you spend in direct patient care activities? Direct care of patients includes face-to-face contact with patients, as well as patient record keeping and office work, travel time connected with seeing patients, and communication with other physicians, hospitals, pharmacies, and other places on a patient's behalf. **(INTERVIEWER NOTE:)** **(If necessary, say:)** INCLUDE time spent on patient record keeping, patient-related office work, and travel time connected with seeing patients. EXCLUDE time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day. **(If appropriate, say:)** INCLUDE ALL PRACTICES, not just the main practice. (Open ended **and code actual number)**

(If code DK or RF in B2, ask:) About how many hours did you spend in direct patient care activities? **(If 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)**

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

     3   (Neither are correct) - **(Continue)**

     4   (Both are correct)   **(Skip to Note after B5)**
     8   (DK)   **(Skip to Note after B5)**
     9   (Refused)   **(Skip to Note after B5)**   _____(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, thinking of your last complete week of work, how many patient visits did you personally have in each of the following settings? Please count as one visit each time you saw a patient. How about **(read and rotate A-D)**? (Open ended **and code actual number) (INTERVIEWER NOTE: The categories in this question are mutually exclusive. If a respondent works in an outpatient clinic but is asked the "in the office" item first and gives a number, code the number given for "in the office" into the "outpatient clinic" item and recode the response to "office" to 0) (SURVENT NOTE: Allow interviewers to verify responses over 400 in any category. In this instance, interviewer say:)** That's **(response in A-D, as appropriate)**, right? **(If respondent wants to change their response, allow interviewer to enter the new number in place of the old number.)**

000   None
997   997+
998   (DK)
999   (Refused)

OFFICEV

A.   In the office

_____   _____ _____
                                                (3401 - 3403)

OUTPTV

B.   In outpatient clinics

_____   _____ _____
                                                (3404 - 3406)

NURSHMV

C.   In nursing homes and other extended care facilities

_____   _____ _____
                                                (3407 - 3409)

HOSPV

D.   On hospital rounds

_____   _____ _____
                                                (3410 - 3412)

(Deleted CLOCK)   HOLD __ (3413 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 main practice
     2   On-call at a hospital emergency department
     3   In another practice or clinic
     4   Or somewhere else
     8   (DK)
     9   (Refused)   _____(3417)

(Questions B7-B11 deleted)   HOLD   _(3207-3212)
                                       HOLD __(3256-   3258)

                                       HOLD __(3418-   3421)

                                       HOLD __(3215-3216)

CASE MIX

(Deleted CLOCK)   HOLD   __(3422-3425)

B12.   About what percentage of your patients has a chronic medical condition? **(Probe:)** Your best estimate is fine. (Open ended **and code actual percent)**

CHRNPT

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

_____   _____ _____
                                                              (3426 - 3428)

[Deleted Note]

(Question B13 deleted)   HOLD   __(3429-3431)

B14.   About what percentage of your patients are **(read and rotate A-C)**? **(Probe:)** Your best estimate is fine. (Open ended **and code actual percent)**

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

BLCKPT

       A.   African-American or Black

_____   _____ _____
                                                              (3432 - 3434)

HISPPT

       B.   Hispanic or Latino

_____   _____ _____
                                                              (3435 - 3437)

ASIAPT

       C.   Asian or Pacific Islander

                                                               _____ _____
                                                              (3438 – 3440)

_____

B15.   About what percentage of your patients do you have a hard time speaking with or understanding because you speak different languages? **(Probe:)** Your best estimate is fine. (Open ended **and code actual percent**)

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

_____ _____
_____   (3441 - 3443)

CLOCK:

_____ _____
_____   (2184 - 2187)

SECTION C
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

01	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 multi-specialty practice?

OWNNSPC

     1   Single-specialty - **(Skip to C7)**

     2   Multi-specialty - **(Continue)**

     8   (DK)   **(Skip to C7)**
     9   (Refused)   **(Skip to C7)**   _____(1637)

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

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

OWNPCP

     1   Yes
     2   No
     8   (DK)
     9   (Refused)   _____(1638)

(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

01   OR, something else (do NOT list here) - **(Skip to C3b)**

02-
05   HOLD

06   A practice owned by one physician (solo practice) - **(Skip to C7)**

07   A two physician-owned practice - **(Skip to C7)**

08   A group practice of three or more physicians (see) AMA definition on card) - **(Continue)**

09   A group model HMO **(Skip to C7)**
10   A staff model HMO   **(Skip to C7)**

12   A medical school or university   **(Skip to C6b)**
13   A non-government hospital or group of hospitals **(Skip to C6b)**

14   City, county or state government - **(Skip to C3a)**

16   A free-standing clinic - **(Continue)**

98   (DK)   **(Skip to C3b)**
99   (Refused)   **(Skip to C3b)**

_____ _____
(1107) (1108)

_____

C3aa.   **(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)**   _____(1640)

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

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

EMPPCP

      1   Yes
      2   No
      8   (DK)
      9   (Refused)   _____(1641)

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

OTHSET

    1   Hospital
    2   Clinic
    3   Other (do NOT list)

    8   (DK)
    9   (Refused)   _____(1198)

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

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

EMPTYP

    01   OR, something else (do NOT list here)

    02-
    10   HOLD

    11   Other HMO, insurance company, or health plan
    15   An integrated health or delivery system
    17   A physician practice management company
            or other for-profit investment company
    18   Community health center
    19   Management Services Organization (MSO)
    20   Physician-Hospital Organization (PHO)
    21   Locum tenens
    22   Foundation
    25   Independent contractor
    26   Industry clinic

    98   (DK)
    99   (Refused)

                                                      _____ _____

_____   (1199) (1200)

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

C3c. What type of organization do you work for? (Open ended and code,

if possible; otherwise, ENTER VERBATIM RESPONSE)
EMPTYP2

01   Other (list)

02-
05   HOLD

06   A practice owned by one physician (solo practice)
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)

_____ _____
_____   (1643) (1644)

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

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

EM2NSPC

      1   Single-specialty - **(Skip to C7)**

      2   Multi-specialty - **(Continue)**

      8   (DK)   **(Skip to C7)**
      9   (Refused)   **(Skip to C7)**   _____(1097)

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

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

EM2PCP

      1   Yes
      2   No
      8   (DK)
      9   (Refused)   _____(1098)

(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

    06   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 part-time 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   Reducing services to individual patients   **(Continue)**
2   Expanding services to individual patients   **(Continue)**

3   Favor neither - **(Skip to CZ)**

8   (DK)   **(Skip to CZ)**
9   (Refused)   **(Skip to CZ)**   _____(3271)

CY.   **(If code 1 or 2 in CX, ask:)** Have these incentives [**(if code 1 in CX, say:)** reduced/**(if code 2 in CX, say:)** expanded] services a little, a moderate amount, or a lot?

EFINCNT

    1   A little
    2   A moderate amount
    3   A lot

    4   (None)
    8   (DK)
    9   (Refused)   ____(3272)

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

COMPETE

    3   Very competitive
    2   Somewhat competitive
    1   Not at all competitive

    8   (DK)
    9   (Refused)   ____(3273)

CLOCK:

                                                  _____ _____
_____   (2192 - 2195)

SECTION D
MEDICAL CARE MANAGEMENT; INFORMATION TECHNOLOGY; CARE MANAGEMENT; HOSPITAL SAFETY; SCOPE OF CARE

INFORMATION TECHNOLOGY

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

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

    A.   To obtain information about treatment alternatives or recommended guidelines   _____(3227)
IT_FORM

    B.   To obtain information on formularies   _____(3228)
ITRMNDR

    C.   To generate reminders for you about preventive services
ITNOTES

    D.   To access patient notes, medication lists, or problem lists
ITPRESC

    E.   To write prescriptions
            _____(3231)
ITCLIN

    F.   For clinical data and image exchanges WITH OTHER PHYSICIANS   _____(3232)
ITHOSP

    F1.   For clinical data and image exchanges WITH HOSPITALS AND LABORATORIES
                    _____(3444)

D1.   (Continued:)

ITCOMM

G.   To communicate about clinical issues with patients by e-mail

ITDRUG

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

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

(Question D2 deleted)

(There are no questions D2a and D2b)

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

EPRESC

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

_____ _____
(3445 - 3447)

[Deleted Note]

(Questions D2ab-D2ad deleted)   HOLD__3448-
3450)

CARE MANAGEMENT

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

FORMLRY

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

_____ _____
(3237 - 3239)

[Deleted Read]

(Question D4 deleted)

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

EFGUIDE

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

_____(1157)

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

AWRGUID

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

_____(1158)

(D4-B, D4-B1, D4-C, D4-C1, and D5 deleted)   HOLD   _(3242-3250)

(There is no question D6)   HOLD _(3251-3255)

HOSPITAL SAFETY

[Deleted CLOCK]   HOLD __(3280-3283)

(If code 019-020, 023, 043, 085, 133, 195, or 403 in A10/A8, OR
If code 1, 8, or 9 in A9, OR

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 of patients that you refer to specialists **(read 5-1)**?

SPECUSE

<blockquote>

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

8   (DK)
9   (Refused)   _____(1171)

</blockquote>

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

<blockquote>

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)

</blockquote>

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

PGATE25

<blockquote>

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)

</blockquote>

D10b. **(If code 2 in D10a, ask:)** Would you say for **(read 1-2)**?
PGATE50

      1   Less than 50 percent of your patients
      2   50 percent or more of your patients

      8   (DK)
      9   (Refused)   ____(1176)

(All in D10b, Skip to CLOCK before F1)

D10c. **(If code 1 in D10a, ask:)** Would you say for **(read 1-2)**?
PGATE10

      1   Less than 10 percent of your patients
      2   10 percent or more of your patients

      8   (DK)
      9   (Refused)   ____(1177)

[Deleted Note]

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

5	Agree strongly
4	Agree somewhat
3	Neither agree nor disagree
2	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

F1.   (Continued:)

<u>**NEGINCN**</u>

      E.   I can make clinical decisions in the best interests of my
            patients without the possibility of reducing my income

      (Items F and G deleted)   HOLD   _____(1312-
                                                         1313)

<u>**PATREL**</u>

      H.   It is possible to maintain the kind of continuing relationships
            with patients over time that promote the delivery of high
            quality care   _____(1314)

(There are no questions F2-F7)

ABILITY TO OBTAIN SERVICES

(Question F8 and F8a deleted)

      [Deleted CLOCK]   HOLD __(3462-
                                                  3465)

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

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

<u>**NOTREFS**</u>

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

      (Item B deleted)   HOLD   __(3458)

<u>**NOTHOSP**</u>

      C.   Non-emergency hospital admissions   _____(3459)

<u>**NOTIMAG**</u>

      D.   High quality diagnostic imaging services   _____(3460)

NOTOUTP

E. **(If code 010, 019, 020, 023, 043, 062, 064-065, 082-085, 127, 132, 133, 210, 312, 313, 192, 195, 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)

F8c.   Now, I am going to read some reasons why you might be unable to obtain various services. For each one, tell me whether it is a very important, moderately important, not very important, or not at all important reason for your being unable to obtain **(read A-C, as appropriate)**. How about **(read and rotate a-c)**?

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

A.   **(If code 1 in F8b-A, ask:)** [**(If code 019, 020, 023, 043, 085, 133, 195, or 403 in A10/A8, OR code 1, 8, or 9 in A9, or if code 042, 088, or 137 in A10, OR code 2 or 3 in A9a, OR code 2 or 3 in A9b, ask:)** Referrals to specialists of high quality/**(Otherwise, ask:)** Referrals to other specialists of high quality]

REFPRVR

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

REFHPR

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

REFINSR

c.   Patients lack health insurance or have inadequate insurance coverage   _____(3472)

B.   **(If code 1 in F8b-C, ask:)** Non-emergency hospital admissions

HSPPRVR

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

HSPHPR

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

HSPINSR

c.   Patients lack health insurance or have inadequate insurance coverage   _____(3475)

F8c. (Continued:)

    C. **(If code 1 in F8b-E, ask:)** High quality outpatient mental health services, when you think it is medically necessary

MHPROVR

        a. There aren't enough qualified service providers or facilities in my area   _____(3476)

MHHPR

        b. Health plan networks and administrative barriers limit patient access   _____(3477)

MHINSR

        c. Patients lack health insurance or have inadequate insurance coverage   _____(3478)

COST SHARING

[Deleted CLOCK]   HOLD __(3479-3482)

F8d. The next questions concern the impact of insured patients' out-of-pocket costs for co-payments and deductibles. **(Read and rotate A-C)**

    5   Always
    4   Usually
    3   Sometimes
    2   Rarely
    1   Never
    8   (DK)
    9   (Refused)

GENERIC

    A. If a generic option is available, how often do you prescribe a generic over a brand name drug? **(Read 5-1)**

DIAGCST

    B. If there is uncertainty about a diagnosis, how often do you consider an insured patient's out-of pocket costs in deciding the types of tests to recommend? **(Read 5-1)**   _____(3484)

IOPTCST

    C. If there is a choice between outpatient and inpatient care, how often do you consider an insured patient's out-of-pocket costs? **(Read 5-1)**

[Deleted CLOCK]   HOLD __(3486-3489)

NEW PATIENTS

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

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

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

    (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

    (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 F10 deleted)   HOLD   __(3270)

[Deleted CLOCK]   HOLD   __(3491-
                                                                  3494)

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

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

       4   Very important
       3   Moderately important
       2   Not very important
       1   Not at all important

       8   (DK)
       9   (Refused)

MRBILL

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

MRAUDIT

       B.   Concern about a Medicare audit   _____(3497)

MRREIMB

       C.   Inadequate reimbursement   _____(3498)

MRNUFPT

       D.   Practice already has enough patients   _____(3499)

MRPTBUR

       E.   Medicare patients have high clinical burden   _____(3500)

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

F12. Next, I am going to read some reasons why physician practices may be limiting or not accepting new [(**{If code 06 in **STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA in A5a-STATE}, read:**) MediCal/(**{If code 04 in **STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND AZ in A5a-STATE}, read:**) AHCCCS ("Access")/(**Otherwise, read:**) Medicaid] patients. Again, tell me whether each one is a very important, moderately important, not very important, or not at all important reason why your practice is [(**If code 1 in F9-B, read:**) not accepting/(**If code 2 in F9-B, read:**) limiting] new [(**{If code 06 in **STATE AND code 1 in A5} OR {If code 2, 8, 9, or BLANK in A5 AND code CA 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. How about (**read and rotate A-E**)?

4   Very important
3   Moderately important
2   Not very important
1   Not at all important

8   (DK)
9   (Refused)

MDBILL
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
E.   [(**{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:

_____ _____
_____   (2216 - 2219)

SECTION G

PRACTICE REVENUE

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

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

PMCR_A

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

    _____   _____ _____
                                                  (1325 - 1327)

PMCD_A

    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:)** 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 Medicaid or any other public insurance, including Medicaid managed care]

    _____   _____ _____
                                                (1328 - 1330)

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

G1a. I have recorded that the combined practice revenue from Medicare and [(**{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)

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

NMC_A

00   None - **(Skip to G7)**
01-
19   **(Skip to G8)**
20-
97   **(Skip to G6b)**
98   98+ contracts   **(Skip to G6b)**
DK   (DK)   **(Continue)**
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)**
3   More than 10 (11+)   **(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

> 1   Contracts - **(Skip to G8)**
> 2   Patients - **(Continue)**
> 8   (DK)   **(Skip to G8)**
> 9   (Refused)   **(Skip to G8)**   _____(1340)

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

NMC_B

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

                                                       _____ _____
_____   (1341)(1342)

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

PMC_A

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

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

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   **(Continue)**
        001   1% or less   **(Continue)**
        002-
        100   **(Continue)**
        DK   (DK)   **(Skip   to   CLOCK   before
        Section H)**
        RF   (Refused)   **(Skip to CLOCK before Section
        H)**

                                                        _____ _____
        _____   (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:)** So, all of the practice's managed care revenue is paid on a capitated, or prepaid basis, is this correct?

ALLCAP

     1   Yes - **(Skip to CLOCK before Section H)**
     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)**
     3   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, 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)**

G8f.   (Continued:)
        (If code 01 in G6c or G6, ask:) What percentage of the patient care revenue received by the practice in which you work comes from this managed care contract? Please include ALL revenue from this contract including, but not limited to, any payments made on a capitated or prepaid basis. **(Probe:)** Your best estimate will be fine. **(If necessary, say:)** Managed care contracts include, but are not limited to those with HMOs, PPOs, IPAs, and point-of-service plans. **(If necessary, say:)** Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan. Direct contracts with employers that use these mechanisms are also considered managed care. (Open ended **and code actual percent)**

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

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:

_____   _____ _____
                                              (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)**
     8   (DK)   **(Continue)**
     9   (Refused)   **(Continue)**   _____(2510)

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

     1   Yes - **(Skip to H4)**

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

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

SALADJ

    1   Fixed amount
    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.   _____(2514)

SSAT_A

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

SQUAL_A

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

SPROF_A

D.   Results of practice profiling comparing your pattern of using medical resources to treat patients with that of other physicians **(INTERVIEWER NOTE: A practice profile is a report that is usually computer generated, which compares you to other physicians on things like referrals to specialists, hospitalizations, and other measures of cost effectiveness.)**   _____(2517)

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)**   _____(3516)

**(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.   _____(2519)

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

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)

H7.   (Continued:)

SPERF_B

    E.   The overall financial performance of the practice **(INTERVIEWER NOTE: This item refers to the costs and revenues generated by all of the physicians in the practice)**   _____(3517)

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

[Deleted CLOCK]   HOLD __(1645-1648)

H7a.   For each of the factors you mentioned, tell me whether it is very important, moderately important, not very important, or not at all important in determining your compensation? How about **(read and rotate A-E, as appropriate)**?

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

IMPPROD

    A.   **(If code 1 in H5-A or H7-A, ask:)** Your own productivity

IMPPSAT

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

IMPQUAL

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

IMPPROF

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

IMPRPRF

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

(There are no questions H8-H12)

[Deleted 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

        0000000-
        9999999   **(Skip to H18)**
        DK   (DK)   **(Continue)**
        RF   (Refused)   **(Continue)**

                                                          _____ _____
        _____   (2527 - 2533)

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

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

INCCAT

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

                                                          _____ _____
        _____   (2534) (2535)

                        [Deleted Note]

(Questions H16 and H17 deleted)   HOLD   __(3543-
                                                            3548)

H18.   Do you consider yourself to be of Hispanic origin, such as Mexican,

Puerto Rican, Cuban, or other Spanish background? **(Probe Refusals with:)** I understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.

HISP

1   Yes
2   No
8   (DK)
9   (Refused)   ____(1659)

H19.   What race do you consider yourself to be? **(If respondent hesitates, read 06-09) (Probe Refusals with:)** I understand this question may be sensitive. We are trying to understand how physicians from different ethnic and cultural backgrounds perceive some of the changes that are affecting the delivery of medical care.] (Open ended and code) **(INTERVIEWER NOTE: If respondent specifies a mixed race or a race not pre-coded, code as 01 - Other)**

RACE

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

                                       _____ _____
_____   (1660) (1661)

[Deleted CLOCK]   HOLD __(2637-
                                         2640)

H20. Finally, I am going to list several problems that may limit physicians' ability to provide high quality care. For each one, tell me whether it is a MAJOR PROBLEM, MINOR PROBLEM, OR NOT A PROBLEM affecting your ability to provide high quality care. How about (**read and rotate A-H, as appropriate**)?

     3   Major problem
     2   Minor problem
     1   Not a problem
     8   (DK)
     9   (Refused)

QNOTIME
     A.   Inadequate time with patients during office visit_____(3549)

QPRBPAY
     B.   Patients' inability to pay for needed care   _____(3550)

QINSREJ
     C.   Rejections of care decisions by insurance companies

QNOSPEC
     D.   Lack of qualified specialists in your area   _____(3552)

QNOREPT
     E.   Not getting timely reports from other physicians and facilities

QLANG
     F.   Difficulties communicating with patients due to language or cultural barriers   _____(3554)

     (Item G deleted)   HOLD   __(3555)

QERRHSP
     H.   Medical errors in hospitals   _____(3556)

CLOCK:

_____   _____ _____
                                            (2233 - 2236)

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

I0.   **(If code 1 in S6a, ask:)** Our records indicate that you have already received your $25 honorarium check. Did you receive the check?

CHECK

     1   Yes
     2   No
     8   (DK)
     9   (Refused)   _____(3275)

SECTION I
ENDING

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

                                                                    *

1   First name is incorrect
            _____(2554)
2   Last name is incorrect
3   Address is incorrect
4   City is incorrect
5   State is incorrect
6   Zip code is incorrect
7   All information correct

FIRST NAME: **(Display from fone file)**

_____   ____ ____
                                                              (1801 - 1816)

LAST NAME: **(Display from fone file)**

_____   ____ ____
                                                              (1781 - 1800)

CSTREET
      ADDRESS #1: **(Display from fone file)**

_____   ____ ____
                                                              (1841 - 1880)

CSTRET2

      ADDRESS #2: **(Display from fone file)**

_____   ____ ____
                                                              (3013 - 3037)

CCITY

      CITY: **(Display from fone file)**

_____   ____ ____
                                                              (2682 - 2694)

CSTATE

I1.   (Continued:)

        STATE: **(Display from fone file)**

                                                                          _____ _____
        _____   (2707) (2708)
CZIP

        ZIP CODE: **(Display from fone file)**

                                                                          _____ _____
        _____   (2709 - 2713)

                            [Deleted Note]

(Question I1a deleted)   HOLD   __(2554)

                                            HOLD __(1781-
                                                      1816)

                    (All in I1a, Skip to I4)

(There are no questions #I1a-#I2)

I3.   Is the address of the practice we have been talking about during this
        interview **(read 1-2)**?
ADROKAY

        1   **(Address from fone file)** - **(Skip to Note before #I5)**

        2   **(If code 3-6 in #I1, say:) (Address in #I1)** - **(Skip to Note
                before #I5)**

        3   No/Neither - **(Continue)**

        8   (DK)   **(Skip to Note before #I5)**
        9   (Refused)   **(Skip to Note before #I5)**   _____(1356)

I4.   Will you please give me the address of the practice we have been
        talking about during this interview? (Open ended)

PSTRET1

        STREET ADDRESS #1:

        _____   _____ _____
                                                                (2732 - 2761)

PSTRET2

        STREET ADDRESS #2:

        _____   _____ _____
                                                                (3088 - 3118)

PCITY

        CITY:

        _____   _____ _____
                                                                (2762 - 2791)

PSTATE

        STATE:

        _____   _____ _____
                                                          (2787) (2788)

PZIP

        ZIP:

        _____   _____ _____
                                                                (2789 - 2793)

**(If code 08, 09, or 10 in
C2, C3, or C3c, Continue;
If code 1 or 2 in C3a, Continue;
Otherwise, Skip to J4)**

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

PNAME

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

_____ _____
(2812 - 2816)

_____
[Deleted Note]

(Question I5a-I5b deleted)

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

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

PRACCHG

1 Yes, same practice - **(Skip to J4)**

2 No, changed practice - **(Continue)**

8 (DK) **(Skip to J4)**
9 (Refused) **(Skip to J4)** _____(1666)

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

MTH_CHG

        MONTH:

        01   January
        02   February
        03   March
        04   April
        05   May
        06   June
        07   July
        08   August
        09   September
        10   October
        11   November
        12   December

        13   (DK)
        14   (Refused)

                                                                        _____ _____
_____   (1667) (1668)

YR_CHG

        YEAR:**(SURVENT NOTE: Block all years expect those listed**
              below)

        2002
        2003
        2004
        2005

        9998   (DK)
        9999   (Refused)

                                                                        _____ _____
_____   (1669 - 1672)

(There are no questions #I8-#I9)

CLOCK:

                                                                        _____ _____
_____   (2229 - 2232)

SECTION J

SWEEP-UP

(There are no questions J1-J3)

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

COMMENT

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

                            _____ _____

_____   (2555 - 2558)

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

 1 Yes
 2 No

 A. Center's Web site address so they can access it themselves

 B. To be placed on the Center's mailing list _____(2821)

 (There is no Item C)   HOLD __(2822)

J6. INTERVIEWER COMMENTS:

                            _____ _____

_____   (3118 - 3119)

CLOCK:

                            _____ _____

_____   (-)

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 is accomplishing this.

DESCRIPTIVE 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)**

_____ _____
_____   (-   )

8.   CITIZENSHIP AND VISA: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

9.   LICENSURE DATE: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

10. NATIONAL BOARD COMPLETION DATE: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

11. MAJOR PROFESSIONAL ACTIVITY: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

12. PRIMARY SPECIALTY: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

13. SECONDARY SPECIALTY: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

14. PRESENT EMPLOYMENT: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

15. AMERICAN SPECIALTY BOARD CERTIFICATION: **(Code from fone file)**

_____   _____ _____
                                                        (-   )

16. CURRENT   AND   FORMER   MEDICAL   TRAINING -
     (INSTITUTION, SPECIALTY, TRAINING DATES): **(Code from fone file)**

_____   _____ _____
                                                        (-   )

17. CURRENT AND FORMER GOVERNMENT SERVICE: **(Code from fone file)**

_____   _____ _____
                                                (-   )

18. ECFMG CERTIFICATE: **(Code from fone file)**

_____   _____ _____
                                                (-   )

19. TYPE OF PRACTICE: **(Code from fone file)**

_____   _____ _____
                                                (-   )

20. TELEPHONE NUMBER: **(Code from fone file)**

_____   _____ _____
                                                (-   )

21. FAX NUMBER: **(Code from fone file)**

_____   _____ _____
                                                (-   )

INTERVIEWER I.D. #:   _____(571-574)
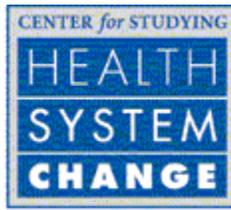
COMMUNITY TRACKING STUDY

SURVEY OF PHYSICIANS

CONDUCTED BY THE CENTER FOR STUDYING HEALTH SYSTEM CHANGE
AND MATHEMATICA POLICY RESEARCH, INC.

FUNDED BY
THE ROBERT WOOD JOHNSON FOUNDATION

ABOUT THIS SURVEY

This survey asks for your views about the changing health care system and how these changes are affecting physicians and their patients. The answers you provide will contribute to analyses on a growing body of topics of importance of physicians and policy makers. The enclosed fact sheet includes a list of a sample of articles published from previous rounds of this survey.

The questionnaire only takes about 15 to 20 minutes to complete. Your answers will be kept confidential and the information you provide will be used only for statistical purposes.

If you have any questions, please call Kelly Hunt at The Robert Wood Johnson Foundation at 1-800-719-9419.

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

SURVEY ELIGIBILITY

A. **Are you currently a resident or fellow?**

1 ☐ Yes ➡️ DO NOT CONTINUE. PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE AND WE WILL REMOVE YOUR NAME FROM OUR LIST.

0 ☐ No ➡️ **GO TO B**

B. **Are you currently a full-time employee of a federal agency, such as the U.S. Public Health Service, Veterans Administration, or a military service?**

1 ☐ Yes ➡️ DO NOT CONTINUE. PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE AND WE WILL REMOVE YOUR NAME FROM OUR LIST.

0 ☐ No ➡️ **GO TO C**

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

Direct patient care includes seeing patients, performing surgery, and time spent on patient record-keeping, patient-related office work and travel time connected with seeing patients. It does *not include* time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day.

1 ☐ Yes ➡️ **GO TO Q1**

0 ☐ No ➡️ DO NOT CONTINUE. PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE AND WE WILL REMOVE YOUR NAME FROM OUR LIST.

SATISFACTION WITH MEDICINE

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

1 ☐ Very satisfied

2 ☐ Some what satisfied

3 ☐ Neither satisfied nor dissatisfied

4 ☐ Somewhat dissatisfied

5 ☐ Very dissatisfied

PRACTICE CHARACTERISTICS

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

A residency or fellowship is considered graduate medical training.

|___|___|___|___| Year

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

What is your primary specialty?

MARK (X) ONE ANSWER

1 ☐ Family practice

2 ☐ General practice

3 ☐ Internal medicine

5 ☐ General pediatrics

6 ☐ General surgery

7 ☐ Obstetrics and gynecology

8 ☐ Psychiatry

9 ☐ Other specialty *(Please describe your specialty below)*

_____

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

1 ☐ Yes

0 ☐ No

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

MARK (X) ONE ANSWER

1 ☐ A solo practice (a practice owned by one physician)

2 ☐ A partnership of two physicians (a practice owned by two physicians)

3 ☐ A group practice owned by three or more physicians

4 ☐ A group or staff model HMO

5 ☐ A hospital

6 ☐ A community health center

7 ☐ A medical school or university

8 ☐ Some other setting *(Please describe)*

_____

6. Are you a full owner, a part owner, or not an owner of your main practice?

CHECK THE BOX "NOT AN OWNER" IF YOU ARE AN EMPLOYEE OR INDEPENDENT CONTRACTOR

1 ☐ Full owner

2 ☐ Part owner

3 ☐ Not an owner

7. How many physicians, including yourself, are in your main practice?

PLEASE INCLUDE ALL LOCATIONS OF THE PRACTICE.

☐ 50 or fewer physicians   How many? _____

☐ More than 50 physicians

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

MARK (X) ONE ANSWER

1 ☐ Reducing services to individual patients

2 ☐ Expanding services to individual patients

3 ☐ Favor neither

9. Please list the county, state, and zip code of the practice location at which you spend the greatest amount of time in direct patient care.

_____

County

_____

State

____

Zip Code

HOURS WORKED

10. 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 direct patient care and in other medically related activities (e.g., administrative tasks and professional activities).

Direct patient care includes seeing patients, performing surgery, and time spent on patient record-keeping, patient-related office work and travel time connected with seeing patients. It does *not include* time spent in training, teaching, or research, any hours on-call when not actually working, and travel between home and work at the beginning and end of the work day.

____   Hours in direct patient care

____   Hours in administrative tasks and professional activities

____   Total hours in medically-related activities

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

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

Your best estimate is fine.

____ Hours spent providing charity care

☐   None ➔ **IF NONE, GO TO Q12**

A. Where do you typically provide charity care?

MARK (X) ONE ANSWER

1 ☐   In your main practice

2 ☐ On-call or at a hospital emergency department

3 ☐ In another practice or clinic

4 ☐ Somewhere else

PATIENT CHARACTERISTICS

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

Record Percentage

a. African American or Black	|___|___|___| %
b. Hispanic or Latino	|___|___|___| %
c. Asian or Pacific Islander	|___|___|___| %
d. Uninsured	|___|___|___| %
e. Covered by Medicaid	|___|___|___| %
f. Has a chronic medical condition	|___|___|___| %

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

Record Percentage   \|___\|___\|___\|%

INFORMATION TECHNOLOGY IN MEDICINE

14. For each of the following ac tivities, please check whether or not computers or other forms of information technology are used in YOUR PRACTICE.

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

ACTIVITY	Is Information Technology Used in YOUR PRACTICE for Activity?		IF YES, How often do YOU PERSONALLY use the technology?		
	No	Yes	Routinely	Occasionally	Not at all
CLINICAL PRACTICE:					
a. Obtain information about treatment alternatives or recommend guidelines	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
b. Obtain real-time decision support for diagnostic and treatment recommendations based on data about your patients and practice guidelines	0 ☐	1 ☐	1 ☐	2 ☐	3 ☐
c. Generate reminders *for you* about preventive services	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
d. Generate reminders *for you or designated clinical staff* about other needed patient follow-up	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
e. Generate reminders *to patients* about preventive services	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
PATIENT INFORMATION:					
a. Access patient notes, medication lists, or problem lists...	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
b. Exchange clinical data and images *with other physicians*	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
c. Exchange clinical data and images *with hospitals and laboratories*	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
COMMUNICATION:					
a. Communicate about clinical issues *with patients* by e-mail	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
b. E-mail *other doctors* to consult or communicate about your patients..	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
PRESCRIPTION DRUGS					
a. Obtain information on potential patient drug interactions with other drugs, allergies, and/or patient conditions..	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
b. Obtain information on formularies	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
c. Access patient information (e.g., current medications, drug allergies) to assist in writing prescriptions...	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
d. Write prescriptions...	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐
e. Transmit prescriptions to pharmacy	0 ☐	1 ☐ →	1 ☐	2 ☐	3 ☐

15. About what percentage of the prescriptions that you order are written electronically?

Record Percentage
|___|___|___| %

0 ☐ None

16. An Electronic Medical Record (EMR) replaces the paper medical record as the primary source of information about a patient's care and maintains all the patient's medical and clinical information. Is an EMR available in your practice?

☐ Yes

0 ☐ No   **IF NO, GO TO Q17**

  A. IF YES: How often do you personally use the EMR?

1 ☐ Routinely

2 ☐ Occasionally

3 ☐ Not at all

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

1 ☐ Yes

0 ☐ No

2 ☐ I do not admit patients

MEDICAL ERRORS

18. Medical errors include events such as dispensing 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?

1 ☐ Yes

0 ☐ No

2 ☐ I do not admit patients

HOSPITALISTS

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

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

Record Percentage
|___|___|___| %

☐ Did not admit patients to hospital in last year or am a practicing hospitalist

PATIENT CARE

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

MARK (X) ONE ANSWER FOR EACH ITEM

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Neither Agree nor Disagree
a. I have adequate time to spend with my patients during their office visits	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. I have the freedom to make clinical decisions that meet my patients needs.............................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. It is possible to provide high quality care to all of my patients	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

PATIENTS' OUT-OF-POCKET COSTS

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

MARK (X) ONE ANSWER FOR EACH ITEM

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

ABILITY TO OBTAIN NEEDED CARE FOR PATIENTS

22. **During the last 12 months, were you unable to obtain referrals to high quality specialists when you thought they were medically necessary?**

1 ☐ Yes

2 ☐ No ➡ **GO TO Q23**

3 ☐ Does not apply to my practice ➡ **GO TO Q23**

Please rate the importance of each of the following reasons why you were not able to obtain high quality specialists.

Reasons why you were not able to obtain high quality specialists:	Very Important	Moderately Important	Not Very Important	Not at all Important
a. There aren't enough qualified service providers or facilities in my area	1 ☐	2 ☐	3 ☐	4 ☐
b. Health plan networks and administrative barriers limit patient access	1 ☐	2 ☐	3 ☐	4 ☐
c. Patients lack health insurance or have inadequate insurance coverage.......................	1 ☐	2 ☐	3 ☐	4 ☐

23. **During the last 12 months, were you unable to obtain non-emergency hospital admissions when you thought they were medically necessary?**

1 ☐ Yes

2 ☐ No ➡ **GO TO Q24, NEXT PAGE**

3 ☐ Does not apply to my practice ➡ **GO TO Q24, NEXT PAGE**

Please rate the importance of each of the following reasons why you were not able to obtain non-emergency hospital admissions.

Reasons why you were not able to obtain non-emergency hospital admissions:	Very Important	Moderately Important	Not Very Important	Not at all Important
a. There aren't enough qualified service providers or facilities in my area	1 ☐	2 ☐	3 ☐	4 ☐
b. Health plan networks and administrative barriers limit patient access	1 ☐	2 ☐	3 ☐	4 ☐
c. Patients lack health insurance or have inadequate insurance coverage.......................	1 ☐	2 ☐	3 ☐	4 ☐

24.   During the last 12 months, were you unable to obtain high quality outpatient mental health services when you thought they were medically necessary?

1 ☐   Yes

2 ☐ No ➔ **GO TO Q25**

3 ☐ Does not apply to my practice ➔ **GO TO Q25**

Please rate the importance of each of the following reasons why you were not able to obtain high quality outpatient mental health services.

Reasons why you were not able to obtain high quality outpatient mental health services:	Very Important	Moderately Important	Not Very Important	Not at all Important
a. There aren't enough qualified service providers or facilities in my area	1 ☐	2 ☐	3 ☐	4 ☐
b. Health plan networks and administrative barriers limit patient access	1 ☐	2 ☐	3 ☐	4 ☐
c. Patients lack health insurance or have inadequate insurance coverage.......................	1 ☐	2 ☐	3 ☐	4 ☐

PRACTICE ACCEPTANCE OF NEW PATIENTS

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

MARK (X) ONE ANSWER

4 ☐   All new Medicare and Medicare Managed Care patients ➔ **GO TO Q26, NEXT PAGE**

3 ☐ Most new Medicare and Medicare Managed Care patients ➔ **GO TO Q26, NEXT PAGE**

2 ☐ Some new Medicare and Medicare Managed Care patients

1 ☐ No new Medicare and Medicare Managed Care patients

Please indicate the importance of each of the following reasons in your practice's decision not to accept or to limit new MEDICARE patients.

Reasons why practice limits or is not accepting new MEDICARE patients:	Very Important	Moderately Important	Not Very Important	Not at all Important
a. Billing requirements, including paperwork, and filing of claims...	1 ☐	2 ☐	3 ☐	4 ☐
b. Concern about a Medicare audit......................	1 ☐	2 ☐	3 ☐	4 ☐
c. Inadequate reimbursement...............................	1 ☐	2 ☐	3 ☐	4 ☐
d. Practice already has enough patients..............	1 ☐	2 ☐	3 ☐	4 ☐
e. Medicare patients have high clinical burden...	1 ☐	2 ☐	3 ☐	4 ☐

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

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

MARK (X) ONE ANSWER

4 ☐   All new Medicaid and Medicaid Managed Care patients ➔ **GO TO Q27**

3 ☐ Most new Medicaid and Medicaid Managed Care patients ➔**GO TO Q27**

2 ☐ Some new Medicaid and Medicaid Managed Care patients

1 ☐ No new Medicaid and Medicaid Managed Care patients

Please indicate the importance of each of the following reasons in your practice's decision to not accept or limit new MEDICAID patients.

Reasons why practice limits or is not accepting new MEDICAID patients:	Very Important	Moderately Important	Not Very Important	Not at all Important
a. Billing requirements, including paperwork, and filing of claims...	1 ☐	2 ☐	3 ☐	4 ☐
b. Delayed reimbursement.....................................	1 ☐	2 ☐	3 ☐	4 ☐
c. Inadequate reimbursement...............................	1 ☐	2 ☐	3 ☐	4 ☐
d. Practice already has enough patients..............	1 ☐	2 ☐	3 ☐	4 ☐
e. Medicaid patients have high clinical burden...	1 ☐	2 ☐	3 ☐	4 ☐

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

MARK (X) ONE ANSWER

4 ☐   All new privately insured patients

3 ☐ Most new privately insured patients

2 ☐ Some new privately insured patients

1 ☐ No new privately insured patients

28.   Is your practice accepting all, most, some, or no new UNINSURED patients who are unable to pay your fees?

MARK (X) ONE ANSWER

4 ☐   All new uninsured patients

3 ☐ Most new uninsured patients

2 ☐ Some new uninsured patients

1 ☐ No new uninsured patients

QUALITY OF CARE

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

Problems that may limit a physician's ability to provide high quality care:	Major Problem	Minor Problem	Not a Problem
a. Inadequate time with patients during office visits	1 ☐	2 ☐	3 ☐
b. Patients' inability to pay for needed care..	1 ☐	2 ☐	3 ☐
c. Rejections of care decisions by insurance companies	1 ☐	2 ☐	3 ☐
d. Lack of qualified specialists in your area..	1 ☐	2 ☐	3 ☐
e. Not getting timely reports from other physicians and facilities	1 ☐	2 ☐	3 ☐
f. Difficulties communicating with patients due to language or cultural barriers	1 ☐	2 ☐	3 ☐
g. Medical errors in hospitals..	1 ☐	2 ☐	3 ☐
h. Any other problem that you feel limits your ability to provide high quality care _____ _____ _____	1 ☐	2 ☐	3 ☐

SOURCES OF PRACTICE REVENUE FROM PATIENT CARE

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

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

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

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

31. **Under CAPITATION, a fixed amount is paid per patient per month regardless of the services provided. Thinking about the patient care revenue from all sources received by the practice in which you work, what percentage is paid on a capitated or other prepaid basis?**

Your best estimate is fine.

Record Percentage of patient care revenue that is CAPITATED |___|___|___| %

COMPENSATION

32. Are you a salaried physician?

₁ ☐ Yes

₀ ☐ No

The next questions concern factors that are sometimes taken into account by medical practices in determining the compensation (salary, pay rate, bonuses, etc.) paid to physicians in the practice.

33. Does your main practice explicitly consider factors that reflect your own productivity in determining your compensation?

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, the size of your enrollee panel, etc.

₁ ☐ Yes

₀ ☐ No ➜ **IF NO, GO TO Q34**

A. How important is your own productivity in determining your compensation?

MARK (X) ONE ANSWER

₁ ☐ Very important

₂ ☐ Moderately important

₃ ☐ Not very important

₄ ☐ Not at all important

34. Does your practice explicitly consider results of satisfaction surveys completed by your own patients in determining your compensation?

₁ ☐ Yes

₀ ☐ No ➜ **IF NO, GO TO Q35**

A. How important are the results of satisfaction surveys completed by your own patients in determining your compensation?

MARK (X) ONE ANSWER

₁ ☐ Very important

₂ ☐ Moderately important

₃ ☐ Not very important

₄ ☐ Not at all important

35. Does your practice explicitly consider specific measures of quality of care, such as rates of preventive care services for your patients, in determining your compensation?

₁ ☐ Yes

₀ ☐ No ➜ **IF NO, GO TO Q36**

A. How important are these quality of care measures in determining your compensation?

MARK (X) ONE ANSWER

₁ ☐ Very important

₂ ☐ Moderately important

₃ ☐ Not very important

₄ ☐ Not at all important

36. Does your practice explicitly consider results of practice profiling (that is, comparing your pattern of using medical resources with that of other physicians) in determining your compensation?

₁ ☐ Yes

₀ ☐ No ➜ **IF NO, GO TO Q37, NEXT PAGE**

A. How important are results of practice profiling in determining your compensation?

MARK (X) ONE ANSWER

₁ ☐ Very important

₂ ☐ Moderately important

₃ ☐ Not very important

₄ ☐ Not at all important

37. Does your practice explicitly consider the overall financial performance of the practice in determining your compensation?

1 ☐ Yes

0 ☐ No → **IF NO, GO TO Q38**

A. How important is overall practice performance in determining your compensation?

MARK (X) ONE ANSWER

1 ☐ Very important

2 ☐ Moderately important

3 ☐ Not very important

4 ☐ Not at all important

38. During 2004, what was your own net income from the practice of medicine to the nearest $1,000, after expenses but before taxes?

Please include earnings (salaries, fees, bonuses, retainers, etc.) from *all* practices, not just your main practice, as well as contributions to retirement plans made for you by your practice(s).

Exclude investment income, defined as income from investments in medically related enterprises independent of your medical practice(s), such as medical labs or imaging centers.

Your best estimate is fine.

$_____,000.00 → **GO TO Q39**

☐ Cannot estimate to nearest $1,000

A. If you can't estimate the amount to the nearest $1,000, would you say that your net income was . . .

1 ☐ Less than $100,000

2 ☐ $100,001 to $150,000

3 ☐ $150,001 to $200,000

4 ☐ $200,001 to $250,000

5 ☐ $250,001 to $300,000

6 ☐ More than $300,000

ETHNIC BACKGROUND

39. Do you consider yourself to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

MARK (X) ONE ANSWER

1 ☐ Yes, Hispanic

0 ☐ No, not Hispanic

40. What race do you consider yourself to be?

MARK (X) FOR ALL ANSWERS THAT APPLY

1 ☐ White

2 ☐ Black or African-American

3 ☐ Asian or Pacific Islander

4 ☐ Native American or Alaska Native

5 ☐ Other: _____

Thank you for completing the survey. Please return your questionnaire in the enclosed postage-paid envelope.

CATI ADVANCE LETTERS

DATE

Dear Colleague:

A few years ago, you participated in the Community Tracking Study Physician Survey, a project sponsored by The Robert Wood Johnson Foundation and conducted by The Gallup Organization for the Center for Studying Health System Change (HSC). The survey focuses on changes in the health care system and the practice of medicine and how these changes are affecting patients and physicians. As a practicing physician, you experience the effects of these changes on a daily basis. That is why your perceptions and experiences are such a critical component of HSC's research program.

Using data from the physician surveys and other sources, researchers provide sound analysis on a growing body of topics of importance to physicians, other providers, and policy makers. To give you a sense of the range of issues addressed by HSC, I have enclosed some material that includes a brief description of HSC and a list of recent articles that may be of interest to you. You can view these and other studies by visiting the HSC web site at www.hschange.org.

Since the main objective of the Community Tracking Study is to understand changes in the health care system, we conduct follow-up interviews with physicians who participated in previous rounds.

A professional interviewer from Gallup will be contacting you shortly to ask you to participate in the fourth round of the survey, and I hope that you will agree to do so. The telephone interview takes only about 20 minutes and will be conducted at a time convenient for you. If you would like to contact Gallup directly to set up an appointment, please call Donna Stetler at 1-800-274-5447.

Several physician organizations have supported the survey and urged members to participate:

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

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

Although we cannot compensate you for your time, we offer an honorarium of $25 as a token of our appreciation. I hope we can count on your participation again. If you have any questions about the study, you may call Kelly Hunt at The Robert Wood Johnson Foundation at 1-800-719-9419.

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

Sincerely,

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

RLM:pb
Attachment (1)

DATE

Dear Colleague:

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

Using data from the physician surveys and other sources, researchers provide sound analysis on a growing body of topics of importance to physicians, other providers, and policy makers. To give you a sense of the range of issues addressed by HSC, I have enclosed some material that includes a brief description of HSC and a list of recent articles that may be of interest to you. You can view these and other studies by visiting the HSC web site at www.hschange.org.

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A professional interviewer from Gallup will be contacting you shortly to ask you to participate in the third round of the survey and I hope you will agree to do so. The telephone interview takes about 20 minutes and will be conducted at a time convenient for you. If you would like to contact Gallup directly to set up an appointment, please call Donna Stetler at 1-800-274-5447.

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

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Sincerely,

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

RLM:pb
Attachments (2)

MAIL SURVEY RECRUITMENT LETTERS

DATE

Dear Colleague:

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

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

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Please complete and return the questionnaire in the enclosed postage-paid envelope as soon as possible. It should take 15 minutes or less to complete. Although we cannot compensate you for your time, we have enclosed an honorarium of $20 as a token of our appreciation. Your responses will be kept confidential and the information you provide will be used for statistical purposes only.

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

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Sincerely,

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

MAIL SURVEY POST CARD REMINDER

THANK YOU – REMINDER

Dear Colleague,

Recently, you were mailed the Community Tracking Study Survey of Physicians, a study conducted by the Center for Studying Health System Change and funded by The Robert Wood Johnson Foundation (RWJF).

Your participation will help ensure that we have a representative sample of physicians' view and experiences. Please complete the questionnaire and send it to the address be as soon as possible.

Mathematica Policy Research, Inc.
P. O. Box 2393
Princeton, NJ 08543-2393

If you have misplaced your copy of the questionnaire, please call Randy Smith toll free at 88 633-8349 to request another copy and your honorarium. If you have already maile your questionnaire, thank you for your time and help.

Risa Lavizzo-Mourey, M.D., M.B.A., President and CEO, RWJF

MAIL SURVEY LETTER WITH SECOND QUESTIONNAIRE

October, 2005

Dear Colleague:

The questionnaire for the Community Tracking Study's Physician Survey was recently sent to you. This survey, sponsored by The Robert Wood Johnson Foundation (RWJF), focuses on changes in the health care system and the practice of medicine, and how these changes are affecting patients and physicians such as you. The survey is conducted by the Center for Studying Health System Change (HSC), an independent, non-partisan research organization, funded primarily by RWJF.

The response to the survey has been very good; however, to ensure that we have a representative sample of physician views and experiences, we would like to receive your input. We have enclosed another copy of the questionnaire and extended the due date for completion to October 31, 2005.

To give you a sense of the range of issues addressed by HSC's surveys, I have enclosed a fact sheet that includes a brief description of HSC and a list of recent articles that may be of interest to you. You can view these and other studies by visiting the HSC Web site: www.hschange.org.

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In appreciation for participating in this important effort, our initial mailing included an honorarium of $20. If the check was misplaced, never received, or your name was misspelled, please call Randy Smith toll free at 888-633-8349 to request a new check.

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

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

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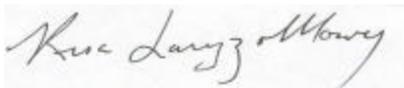
Risa Lavizzo-Mourey, M.D., M.B.A.

Appendix B.

Supplemental Tables of Results

TABLE A. Unadjusted Weighted Estimates

| Variable | Label and location in the mail survey | CHI SQ p-value | Unadjusted differences | | | | | |
			Mail mean	CATI mean	Unadj. Low	Unadj. Mean	Unadj. High	p-value
CAREER SATISFACTION AND OWNERSHIP								
RCARSAT	Q1-Satisfaction with overall career in medicine	0.0074						
RCARSAT3	Q1(R):Dissatisfied in career		0.1472	0.1439	-0.0458	0.0033	0.0525	0.8939
RCARSAT2	Q1(R):Very satisfied in career		0.3413	0.4268	-0.1455	-0.0855	-0.0256	0.0052
XOWNPR	Q6-ownership	0.3495						
XOWNPR2	Q6(R):Non-owner vs. owner		0.4207	0.4562	-0.0995	-0.0355	0.0285	0.2773
FINANCIAL INCENTIVES								
XINCENT	Q8-Financial incentives	0.0935						
XINCENT3	Q8(R):Reducing services		0.1407	0.1229	-0.0226	0.0178	0.0582	0.3885
XINCENT2	Q8(R):Expanding services		0.2886	0.2369	-0.0053	0.0516	0.1085	0.0753
UTILIZATON OF TIME AND PATIENT MIX								
XHRSPAT	Q10_1:Hours direct patient care		42.6192	45.5941	-5.1898	-2.9749	-0.7599	0.0085
XHRSMED	Q10_3:Hours all medical activity		48.5495	53.2135	-7.3158	-4.6640	-2.0121	0.0006
XHRFREE	Q11:Hours charity care		5.8762	7.2492	-2.9379	-1.3730	0.1920	0.0855
XHRFREE2	Q11 Zero hours charity care		0.4133	0.3228	0.0273	0.0905	0.1538	0.0050
XLOCFREE2	Q11_a:Location charity care main practice		0.7447	0.7099	-0.0397	0.0347	0.1091	0.3601
XBLCKPT	Q12_a: % Black		15.4122	18.6900	-5.7340	-3.2777	-0.8215	0.0089
XHISPPT	Q12_b: % Hispanic		12.7220	14.7882	-4.5176	-2.0661	0.3854	0.0985
XASIAPT	Q12_c: % Asian		5.5773	5.6837	-2.4429	-0.1064	2.2302	0.9289
CHRNPT	Q12_d: % Chronic		49.9418	56.9414	-11.2454	-6.9995	-2.7537	0.0012
LANGPT	Q13: % Language problem		5.0416	5.1021	-1.3818	-0.0605	1.2608	0.9284
INFORMATION TECHNOLOGY, CARE MANAGEMENT								
IT_TRT	Q14a_cp:IT-Treatment options	0.0605	0.7044	0.6483	-0.0022	0.0561	0.1145	0.0595
ITRMNDR	Q14c_cp:IT-Reminders	0.2029	0.2562	0.2929	-0.0931	-0.0367	0.0197	0.2021
ITNOTES	Q14a_pi:IT-Patient Notes	0.0909	0.5597	0.5040	-0.0087	0.0558	0.1202	0.0900
ITCLIN	Q14b_pi:IT-Exchange Data Other Phys.	0.3900	0.5293	0.5009	-0.0362	0.0284	0.0930	0.3887
ITHOSP	Q14c_pi:IT-Exchange Data Hosp. & Labs	0.0533	0.6008	0.6639	-0.1271	-0.0631	0.0009	0.0533
ITCOMM	Q14a_c:IT-Communicate with Patients	0.0368	0.3045	0.2417	0.0039	0.0627	0.1216	0.0366
ITDRUG	Q14a_pd:IT-Drug Interactions	0.2668	0.6319	0.5965	-0.0269	0.0354	0.0977	0.2656
IT_FORM	Q14b_pd:IT-Rx Formularies	0.7507	0.4419	0.4525	-0.0757	-0.0106	0.0546	0.7507
ITPRESC	Q14d_pd:IT-Write Prescriptions	0.0014	0.3206	0.2193	0.0400	0.1013	0.1626	0.0012
EPRESC	Q15:% Electronic Prescriptions		14.5334	13.0795	-2.7702	1.4539	5.6780	0.4998
EPRESC2	Q15(R):No electronic Prescriptions	0.2862	0.7706	0.8139	-0.0978	-0.0433	0.0112	0.1194
CPOEHSP	Q17:Computerized Test Ordering	0.5577	0.7460	0.7647	-0.0813	-0.0187	0.0439	0.5579
ERRREPT	Q18:Medical Error Reporting	0.2107	0.7702	0.8122	-0.1076	-0.0421	0.0235	0.2085
XHSPLST	Q19:% Pts using Hospitalists		27.0482	29.9613	-8.5262	-2.9131	2.7000	0.3089

Variable	Label and location in the mail survey	CHI SQ p-value	Mail mean	CATI mean	Unadj. Low	Unadj. Mean	Unadj. High	p-value
					Unadjusted differences			
PERCEPTIONS OF QUALITY								
RADQTIME	Q20a-Adequency of time with patient	0.7113						
RADQTIME3	Q20_a(R):Disagree-Adequate Time		0.2784	0.2883	-0.0664	-0.0098	0.0467	0.7328
RADQTIME2	Q20_a(R):Strongly Agree-Adequate Time		0.3085	0.2994	-0.0523	0.0091	0.0705	0.7721
RCLNFREE	Q20b-freedom for clinical decision	0.0000						
RCLNFREE3	Q20_b(R):Disagree-Clinical Decisions		0.1435	0.1073	-0.0066	0.0362	0.0790	0.0977
RCLNFREE2	Q20_b(R):Strongly Agree-Clinical Decisions		0.4664	0.5572	-0.1565	-0.0909	-0.0252	0.0067
RHIGHCAR	Q20c-Possible to provide high quality care	0.0000						
RHIGHCAR3	Q20_c(R):Disagree-Quality Care		0.1984	0.1736	-0.0288	0.0248	0.0784	0.3640
RHIGHCAR2	Q20_c(R):Strongly Agree-Quality Care		0.4056	0.4505	-0.1087	-0.0448	0.0190	0.1685
COST SHARING								
GENERIC	Q21a-Prescribe generic over a brand name drug	0.6973						
GENERIC2	Q21_a(R):Rx Generic Usually or Always		0.8171	0.7817	-0.0139	0.0354	0.0848	0.1594
DIAGCST	Q21b-Consider OOP costs in deciding type of tests	0.0005						
DIAGCST2	Q21_b(R):OOP Cost-Usually or Always		0.5255	0.4017	0.0597	0.1239	0.1881	0.0002
IOPTCST	Q21c-consider OOP costs for outpt or inpat care	0.1355						
IOPTCST2	Q21_c(R):OOP Cost-InP. vs OutP Usually or Always		0.5680	0.5119	-0.0092	0.0561	0.1215	0.0923
ABILITY TO OBTAIN SERVICES								
OBREFSR	Q22:Unable to Obtain Referrals	0.0271	0.4153	0.3390	0.0093	0.0764	0.1434	0.0257
REFPRVR	Q22a-not enough quality service provider in the area	0.0906						
REFPRVRVM	Q22_a(R): lack of quality providers important		0.5873	0.4733	-0.0027	0.1140	0.2306	0.0555
REFHPR	Q22b-adm barriers limit patient access	0.0067						
REFHPRVM	Q22_b(R):Adm. Barrier important		0.8412	0.8077	-0.0354	0.0335	0.1024	0.3402
REFINSR	Q22c-inadequate insurnace coverage	0.0142						
REFINSRVM	Q22_c(R):Lack of coverage important		0.8402	0.8324	-0.0726	0.0079	0.0883	0.8481
OBHOSPR	Q23:Unable to obtain non-emergency hospital admissions	0.0024	0.1292	0.2002	-0.1165	-0.0710	-0.0255	0.0022
HSPPRVR	Q23a-not enough quality service provider in the area	0.1198						
HSPPRVRVM	Q23_a(R): lack of quality providers important		0.4965	0.3713	-0.0719	0.1252	0.3223	0.2131
HSPHPR	Q23b-adm barriers limit patient access	0.0027						
HSPHPRVM	Q23_b(R): Adm. Barrier important		0.7674	0.7536	-0.1435	0.0138	0.1711	0.8637
HSPINSR	Q23c-inadequate insurance coverage	0.0000						
HSPINSRVM	Q23_c(R):Inadequate insurance coverage important		0.7761	0.6980	-0.0652	0.0780	0.2213	0.2854
OBOUTPTR	Q24:Unable to Obtain Mental Health	0.6573	0.6119	0.6325	-0.1114	-0.0206	0.0703	0.6574

TABLE A. Unadjusted Weighted Estimates (cont.)

Variable	Label and location in the mail survey	CHI SQ p-value	Mail mean	CATI mean	Unadjusted differences			
					Unadj. Low	Unadj. Mean	Unadj. High	p-value
MHPROVR	Q24a-not enough quality service provider in the area	0.6412						
MHPROVRVM	Q24_a(R):Lack of quality providers Important		0.7327	0.7980	-0.1911	-0.0654	0.0603	0.3079
MHHPR	Q24b-adm barriers limit patient access	0.0036						
MHHPRVM	Q24_b(R):Adm. Barrier Important		0.8922	0.7991	0.0249	0.0931	0.1613	0.0075
MHINSR	Q24c-inadequate insurance coverage	0.0001						
MHINSRVM	Q24_c(R):Inadequate insurance coverage important		0.9262	0.8416	0.0279	0.0847	0.1415	0.0035
PRACTICE ACCEPTANCE OF NEW PATIENTS								
XNWMCARE2	Q25-accept new Medicare patients set ped to .A	0.0362						
XNWMCARE1	Q25:Accept Some or No Medicare Patients		0.2422	0.1647	0.0192	0.0775	0.1359	0.0092
XNWMCARE2	Q25:Accept All Medicare Patients		0.6066	0.7054	-0.1657	-0.0989	-0.0320	0.0038
MRBILL	Q25a-Medicare billing requirements	0.3548						
MRBILL1	Q25_a(R):Medicare billing requirements important		0.6173	0.6083	-0.1428	0.0090	0.1608	0.9076
MRAUDIT	Q25b-concern about a Medicare adult	0.6754						
MRAUDIT1	Q25_b(R): Concern about Medicare audit important		0.3710	0.3040	-0.0906	0.0670	0.2245	0.4048
MRREIMB	Q25c-Medicare inadequate reimbursement	0.4878						
MRREIMB1	Q25_c(R):Medicare inadequate reimbursement Important		0.7612	0.7294	-0.1056	0.0318	0.1692	0.6498
MRNUFPT	Q25d-Practice already has enough patients	0.2679						
MRNUFPT1	Q25_d(R):Practice already has enough patients Important		0.6065	0.5833	-0.1294	0.0232	0.1757	0.7658
MRPTBUR	Q25e-Medicare patients have high clinical burden	0.9812						
MRPTBUR1	Q25_e(R):High Clinical Burden Important		0.4674	0.4379	-0.1285	0.0296	0.1876	0.7138
XNWMCAID	Q26-Accept new Medicaid patients	0.0019						
XNWMCAID1	Q26(R):Accept No or Some Medicaid Patients		0.4402	0.3851	-0.0110	0.0551	0.1212	0.1020
XNWMCAID2	Q26(R):Accept All Medicaid Patients		0.4284	0.5227	-0.1605	-0.0943	-0.0281	0.0053
MDBILL	Q26a-Medicaid billing requirements	0.1054						
MDBILL1	Q26_a(R):Medicaid billing requirements Important		0.7658	0.7059	-0.0217	0.0600	0.1416	0.1498
MDDELAY	Q26b-Medicaid delayed reimbursement	0.0026						
MDDELAY1	Q26_b(R):Medicaid delayed reimbursement Important		0.8036	0.6591	0.0657	0.1445	0.2234	0.0003
MDREIMB	Q26c-Medicaid inadequate reimbursement	0.0000						
MDREIMB1	Q26_c(R):Medicaid inadequate reimbursement important		0.9321	0.8642	0.0180	0.0679	0.1179	0.0077
MDREIMB2	Q26_c(R):Medicaid inadequate reimbursement very important		0.8278	0.6874	0.0655	0.1404	0.2153	0.0002

TABLE A. Unadjusted Weighted Estimates (cont.)

Variable	Label and location in the mail survey	CHI SQ p-value	Mail mean	CATI mean	Unadjusted differences			p-value
					Unadj. Low	Unadj. Mean	Unadj. High	
MDNUFPT	Q26d-Medicaid- practice already has enough patients	0.3402						
MDNUFPT1	Q26_d(R):Important practice already has enough patients		0.5348	0.4798	-0.0501	0.0549	0.1600	0.3054
MDPTBUR	Q26e-Medicaid patients have high clinical burden	0.0877						
MDPTBUR1	Q26_e(R):Important New Medicaid Pts-Clinical Burden		0.4987	0.5296	-0.1366	-0.0309	0.0748	0.5661
XNWPRIV	Q27-Accept new privately insured patients	0.0001						
XNWPRIV1	Q27(R):Accepting No or Some Private Insurance Pts		0.1702	0.1355	-0.0204	0.0347	0.0898	0.2165
XNWPRIV2	Q27(R):Accepting All Private Insurance Pts		0.5664	0.7162	-0.2153	-0.1498	-0.0843	0.0000
XNWNPAY	Q28 Accepting new uninsured patients	0.0208						
XNWNPAY1	Q28(R):Accepting No or Some Uninsured Pts		0.5641	0.4652	0.0341	0.0990	0.1638	0.0028
XNWNPAY2	Q28(R):Accepting All Uninsured Pts		0.3507	0.4462	-0.1587	-0.0955	-0.0322	0.0031

FACTORS AFFECTING QUALITY OF CARE

Variable	Label and location in the mail survey	CHI SQ p-value	Mail mean	CATI mean	Unadj. Low	Unadj. Mean	Unadj. High	p-value
QNOTIME	Q29a-inadequate time with patients during office visits	0.0016						
QPRBPAY	Q29b-patient inability to pay for needed care	0.0024						
QINSREJ	Q29c-rejections of care decisions by insurance	0.0002						
QNOSPEC	Q29d-lack of qualified specialists in your area	0.0973						
QNOREPT	Q29e-not getting timely reports from other phys	0.0007						
QLANG	Q29f-diff communicating with patients due to language	0.0000						
QERRHSP	Q29g-medical errors in hospitals	0.0000						
QNOTIME3	Q29_a(R):Major Problem-Quality Care-Inadequate Time		0.2726	0.1666	0.0487	0.1060	0.1634	0.0003
QPRBPAY3	Q29_b(R):Major Problem-Quality Care-Inability to Pay		0.3189	0.2308	0.0297	0.0880	0.1463	0.0031
QINSREJ3	Q29_c(R):Major Problem-Quality Care-Rejection by Insurance		0.3742	0.2476	0.0655	0.1267	0.1878	0.0000
QNOSPEC3	Q29_d(R):Major Problem-Quality Care-Lack of Specialists		0.1401	0.1083	-0.0156	0.0318	0.0791	0.1889
QNOREPT3	Q29_e(R):Problem-Quality Care-Reports from MDs		0.6159	0.7341	-0.1811	-0.1182	-0.0554	0.0002
QLANG3	Q29_f(R):Problem-Quality Care-Language Barrier		0.4185	0.5496	-0.1943	-0.1311	-0.0678	0.0001
QERRHSP3	Q29_g(R):Problem-Quality Care-Medical Errors		0.3660	0.5849	-0.2798	-0.2189	-0.1580	0.0000

TABLE A. Unadjusted Weighted Estimates (cont.)

Variable	Label and location in the mail survey	CHI SQ p-value	Mail mean	CATI mean	Unadjusted differences			p-value
					Unadj. Low	Unadj. Mean	Unadj. High	
PRACTICE REVENUE								
XPMCARE	Q30_1:% Revenue from Medicare		29.7336	32.3568	-5.5646	-2.6232	0.3181	0.0804
XPMCAID	Q30_2:% Revenue from Medicaid		17.3666	16.4480	-2.6417	0.9186	4.4789	0.6130
XPCAPREV	Q31: % Revenue Capitated		8.5727	12.8734	-6.8879	-4.3006	-1.7134	0.0011
COMPENSATION AND INCOME								
SALPAID	Q32:Salaried Physician	0.0016	0.5382	0.6587	-0.1949	-0.1205	-0.0461	0.0015
SPROD	Q33:Practice Considers Own Productivity	0.3070	0.6660	0.7044	-0.1115	-0.0384	0.0348	0.3042
IMPPROD	(Q33A-own productivity affects comp)	0.3434						
IMPPROD2	Q33_a(R):Productivity Important		0.9337	0.9513	-0.0546	-0.0176	0.0194	0.3511
SSAT	Q34:Practice Considers Satisfaction Surveys	0.0036	0.1642	0.2459	-0.1362	-0.0817	-0.0272	0.0033
IMPPSAT	(Q34A-patients satisfaction affects comp)	0.2317						
IMPPSAT2	Q34_a(R):Satisfaction Surveys Important		0.6924	0.7678	-0.2249	-0.0755	0.0740	0.3222
SQUAL	Q35:Practice Considers Measure of Quality of Care	0.0004	0.1138	0.2019	-0.1368	-0.0881	-0.0394	0.0004
IMPQUAL	(Q35A-qualtiy measures affects comp)	0.5590						
IMPQUAL2	Q35_a(R):Quality of Care Measures Important		0.7607	0.8413	-0.2182	-0.0806	0.0570	0.2510
SPROF	Q36:Practice Considers Practice Profiling	0.0001	0.0700	0.1388	-0.1020	-0.0688	-0.0356	0.0001
IMPPROF	(Q36A-profiling results affect comp)	0.5640						
IMPPROF2	Q36_a(R):Practice Profiling Important		0.7360	0.7471	-0.1793	-0.0110	0.1573	0.8979
SPERF	Q37:Practice Considers Overall Financial Performance	0.0036	0.5769	0.6895	-0.1870	-0.1126	-0.0381	0.0031
IMPRPRF	(Q37A-financial performance of practice affect comp)	0.0005						
IMPRPRF2	Q37_a(R):Practice Performance Important		0.9092	0.8949	-0.0352	0.0143	0.0638	0.5707
INC4CAT	Q38/Q38A-combined income categories	0.7393						
INC4CAT2	Income 150K or more		0.6126	0.5806	-0.0850	0.0320	0.1490	0.5919
INC4CAT3	Income 250K or more		0.2845	0.2852	-0.1118	-0.0007	0.1105	0.9905

TABLE B. Unweighted and Weighted OLS Mail Survey Regression Coefficients

Variable	Label and location in the mail survey	Unweighted OLS Mail Coefficient				Weighted OLS Mail Coefficient			
		OLS Low	OLS Beta	OLS High	p-value	OLS Low	OLS Beta	OLS High	p-value
CAREER SATISFACTION AND OWNERSHIP									
RCARSAT3	Q1(R):Dissatisfied in career	-0.0311	-0.0017	0.0278	0.9120	-0.0453	-0.0048	0.0357	0.8167
RCARSAT2	Q1(R):Very satisfied in career	-0.0915	-0.0539	-0.0163	0.0050	-0.1304	-0.0739	-0.0174	0.0104
XOWNPR2	Q6(R):Non-owner vs. owner	0.0087	0.0390	0.0692	0.0117	-0.0212	0.0225	0.0662	0.3126
FINANCIAL INCENTIVES									
XINCENT3	Q8(R):Reducing services	0.0139	0.0434	0.0728	0.0039	-0.0245	0.0143	0.0531	0.4702
XINCENT2	Q8(R):Expanding services	0.0083	0.0443	0.0803	0.0160	-0.0004	0.0520	0.1043	0.0519
UTILIZATION OF TIME AND PATIENT MIX									
XHRSPAT	Q10_1:Hours direct patient care	-4.7317	-3.5695	-2.4073	<0.0001	-5.7067	-3.7485	-1.7903	0.0002
XHRSMED	Q10_3:Hours all medical activity	-5.2677	-3.9561	-2.6446	<0.0001	-8.1643	-5.8295	-3.4947	<0.0001
XHRFREE	Q11:Hours charity care	-2.8860	-2.0246	-1.1632	<0.0001	-2.8710	-1.4870	-0.1030	0.0352
XHRFREE2	Q11 Zero hours charity care	0.0903	0.1290	0.1678	<0.0001	0.0572	0.1162	0.1752	0.0001
XLOCFREE2	Q11_a:Location charity care main practice	-0.0182	0.0274	0.0730	0.2384	-0.0482	0.0232	0.0947	0.5238
XBLCKPT	Q12_a: % Black	-4.7415	-3.3255	-1.9095	<0.0001	-5.4534	-3.3496	-1.2458	0.0018
XHISPPT	Q12_b: % Hispanic	-1.0934	0.4412	1.9759	0.5730	-2.8918	-0.8372	1.2175	0.4244
XASIAPT	Q12_c: % Asian	-1.3925	-0.7100	-0.0275	0.0415	-1.9473	-0.1153	1.7167	0.9018
CHRNPT	Q12_d: % Chronic	-8.8650	-6.6775	-4.4900	<0.0001	-11.0472	-7.6786	-4.3100	<0.0001
LANGPT	Q13: % Language problem	0.2323	0.9687	1.7050	0.0099	-0.9163	0.3345	1.5853	0.6001
INFORMATION TECHNOLOGY, CARE MANAGEMENT									
IT_TRT	Q14a_cp:IT-Treatment options	0.0152	0.0512	0.0873	0.0054	0.0091	0.0629	0.1167	0.0220
ITRMNDR	Q14c_cp:IT-Reminders	-0.0518	-0.0171	0.0176	0.3338	-0.0867	-0.0339	0.0190	0.2090
ITNOTES	Q14a_pi:IT-Patient Notes	-0.0023	0.0367	0.0756	0.0649	0.0200	0.0763	0.1327	0.0079
ITCLIN	Q14b_pi:IT-Exchange Data Other Phys.	-0.0454	-0.0066	0.0321	0.7375	-0.0258	0.0350	0.0959	0.2590
ITHOSP	Q14c_pi:IT-Exchange Data Hosp. & Labs	-0.1413	-0.1031	-0.0648	<0.0001	-0.1135	-0.0577	-0.0019	0.0426
ITCOMM	Q14a_c:IT-Communicate with Patients	0.0279	0.0636	0.0993	0.0005	0.0039	0.0605	0.1170	0.0361
ITDRUG	Q14a_pd:IT-Drug Interactions	-0.0074	0.0311	0.0695	0.1136	-0.0112	0.0486	0.1083	0.1112
IT_FORM	Q14b_pd:IT-Rx Formularies	-0.0446	-0.0056	0.0335	0.7802	-0.0563	0.0032	0.0628	0.9157
ITPRESC	Q14d_pd:IT-Write Prescriptions	0.0466	0.0823	0.1180	<0.0001	0.0527	0.1102	0.1676	0.0002
EPRESC	Q15:% Electronic Prescriptions	-1.6139	0.8195	3.2528	0.5091	-1.6820	2.1733	6.0286	0.2691
EPRESC2	Q15(R):No electronic Prescriptions	-0.0569	-0.0252	0.0064	0.1184	-0.1058	-0.0545	-0.0032	0.0372
CPOEHSP	Q17:Computerized Test Ordering	-0.0857	-0.0474	-0.0091	0.0152	-0.0791	-0.0208	0.0375	0.4842
ERRREPT	Q18:Medical Error Reporting	-0.0942	-0.0552	-0.0161	0.0056	-0.0860	-0.0313	0.0234	0.2620
XHSPLST	Q19:% Pts using Hospitalists	-6.1574	-2.8671	0.4231	0.0876	-6.5922	-1.1559	4.2803	0.6768
PERCEPTIONS OF QUALITY									
RADQTIME3	Q20_a(R):Disagree-Adequate Time	-0.0315	0.0034	0.0382	0.8499	-0.0639	-0.0142	0.0354	0.5737

TABLE B. Unweighted and Weighted OLS Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted OLS Mail Coefficient				Weighted OLS Mail Coefficient			
		OLS Low	OLS Beta	OLS High	p-value	OLS Low	OLS Beta	OLS High	p-value
RADQTIME2	Q20_a(R):Strongly Agree-Adequate Time	-0.0811	-0.0485	-0.0159	0.0035	-0.0435	0.0097	0.0629	0.7206
RCLNFREE3	Q20_b(R):Disagree-Clinical Decisions	0.0188	0.0468	0.0748	0.0011	-0.0150	0.0234	0.0618	0.2329
RCLNFREE2	Q20_b(R):Strongly Agree-Clinical Decisions	-0.1164	-0.0769	-0.0373	0.0001	-0.1461	-0.0834	-0.0207	0.0091
RHIGHCAR3	Q20_c(R):Disagree-Quality Care	-0.0125	0.0185	0.0495	0.2416	-0.0273	0.0184	0.0641	0.4295
RHIGHCAR2	Q20_c(R):Strongly Agree-Quality Care	-0.0864	-0.0479	-0.0094	0.0148	-0.1051	-0.0448	0.0155	0.1454
COST SHARING									
GENERIC2	Q21_a(R):Rx Generic Usually or Always	0.0029	0.0340	0.0652	0.0321	-0.0017	0.0451	0.0919	0.0587
DIAGCST2	Q21_b(R): OOP Cost-Usually or Always	0.0584	0.0970	0.1357	<0.0001	0.0564	0.1155	0.1745	0.0001
IOPTCST2	Q21_c(R): OOP Cost-InP. vs OutP Usually or Always	0.0390	0.0774	0.1157	0.0001	0.0002	0.0601	0.1200	0.0494
ABILITY TO OBTAIN SERVICES									
OBREFSR	Q22:Unable to Obtain Referrals	0.0008	0.0399	0.0790	0.0457	0.0026	0.0663	0.1300	0.0412
REFPRVRVM	Q22_a(R): lack of quality providers important	0.0379	0.1046	0.1714	0.0021	0.0013	0.1027	0.2042	0.0472
REFHPRVM	Q22_b(R):Adm. Barrier important	-0.0904	-0.0338	0.0227	0.2412	-0.0445	0.0239	0.0923	0.4935
REFINSRVM	Q22_c(R):Lack of coverage important	-0.0212	0.0272	0.0757	0.2705	-0.0265	0.0302	0.0868	0.2964
OBHOSPR	Q23:Unable to obtain non-emergency hospital admissions	-0.0881	-0.0579	-0.0276	0.0002	-0.1066	-0.0637	-0.0207	0.0037
HSPPRVRVM	Q23_a(R): lack of quality providers important	-0.0556	0.0571	0.1699	0.3207	-0.0025	0.1383	0.2792	0.0543
HSPHPRVM	Q23_b(R): Adm. Barrier important	-0.0637	0.0340	0.1317	0.4948	-0.0901	0.0369	0.1639	0.5686
HSPINSRVM	Q23_c(R):Inadequate insurance coverage important	-0.0122	0.0853	0.1827	0.0864	-0.0379	0.0807	0.1993	0.1822
OBOUTPTR	Q24:Unable to Obtain Mental Health	-0.1246	-0.0710	-0.0174	0.0094	-0.1257	-0.0463	0.0332	0.2534
MHPROVRVM	Q24_a(R):Lack of quality providers Important	-0.0145	0.0405	0.0956	0.1490	-0.1161	-0.0347	0.0467	0.4036
MHHPRVM	Q24_b(R):Adm. Barrier Important	-0.0006	0.0470	0.0946	0.0528	-0.0028	0.0604	0.1236	0.0609
MHINSRVM	Q24_c(R):Inadequate insurance coverage important	0.0025	0.0475	0.0926	0.0387	0.0253	0.0768	0.1282	0.0035
PRACTICE ACCEPTANCE OF NEW PATIENTS									
XNWMCARE1	Q25:Accept Some or No Medicare Patients	-0.0135	0.0159	0.0453	0.2892	0.0122	0.0624	0.1127	0.0149
XNWMCARE2	Q25:Accept All Medicare Patients	-0.1048	-0.0679	-0.0310	0.0003	-0.1313	-0.0744	-0.0176	0.0103

TABLE B. Unweighted and Weighted OLS Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted OLS Mail Coefficient				Weighted OLS Mail Coefficient			
		OLS Low	OLS Beta	OLS High	p-value	OLS Low	OLS Beta	OLS High	p-value
MRBILL1	Q25_a(R):Medicare billing requirements important	-0.0602	0.0366	0.1335	0.4583	-0.1254	-0.0127	0.0999	0.8248
MRAUDIT1	Q25_b(R): Concern about Medicare audit important	-0.1022	-0.0087	0.0847	0.8545	-0.0530	0.0677	0.1884	0.2717
MRREIMB1	Q25_c(R):Medicare inadequate reimbursement Important	-0.0623	0.0191	0.1006	0.6453	-0.0711	0.0212	0.1134	0.6529
MRNUFPT1	Q25_d(R):Practice already has enough patients Important	-0.0825	0.0195	0.1214	0.7080	-0.1861	-0.0676	0.0509	0.2637
MRPTBUR1	Q25_e(R):High Clinical Burden Important	-0.1009	0.0011	0.1031	0.9833	-0.0794	0.0256	0.1306	0.6325
XNWMCAID1	Q26(R):Accept No or Some Medicaid Patients	-0.0505	-0.0124	0.0256	0.5217	-0.0419	0.0101	0.0621	0.7040
XNWMCAID2	Q26(R):Accept All Medicaid Patients	-0.0753	-0.0365	0.0023	0.0652	-0.1091	-0.0543	0.0005	0.0521
MDBILL1	Q26_a(R):Medicaid billing requirements Important	-0.0295	0.0248	0.0790	0.3710	-0.0489	0.0226	0.0940	0.5358
MDDELAY1	Q26_b(R):Medicaid delayed reimbursement Important	0.0431	0.0980	0.1529	0.0005	0.0435	0.1153	0.1871	0.0017
MDREIMB1	Q26_c(R):Medicaid inadequate reimbursement important	-0.0079	0.0262	0.0603	0.1327	-0.0125	0.0336	0.0797	0.1529
MDREIMB2	Q26_c(R):Medicaid inadequate reimbursement very important	0.0283	0.0786	0.1289	0.0022	0.0227	0.0926	0.1624	0.0094
MDNUFPT1	Q26_d(R):Important practice already has enough patients	-0.0433	0.0218	0.0869	0.5114	-0.0640	0.0223	0.1086	0.6124
MDPTBUR1	Q26_e(R):Important New Medicaid Pts-Clinical Burden	-0.0744	-0.0102	0.0540	0.7550	-0.1548	-0.0708	0.0132	0.0986
XNWPRIV1	Q27(R):Accepting No or Some Private Insurance Pts	-0.0317	-0.0057	0.0202	0.6651	-0.0077	0.0406	0.0889	0.0995
XNWPRIV2	Q27(R):Accepting All Private Insurance Pts	-0.1656	-0.1275	-0.0893	<0.0001	-0.1998	-0.1412	-0.0825	<0.0001
XNWNPAY1	Q28(R):Accepting No or Some Uninsured Pts	-0.0055	0.0328	0.0711	0.0934	0.0102	0.0670	0.1238	0.0208
XNWNPAY2	Q28(R):Accepting All Uninsured Pts	-0.0957	-0.0587	-0.0218	0.0018	-0.1145	-0.0605	-0.0064	0.0283
FACTORS AFFECTING QUALITY OF CARE									
QNOTIME3	Q29_a(R):Major Problem-Quality Care-Inadequate Time	0.0787	0.1132	0.1477	<0.0001	0.0387	0.0887	0.1387	0.0005
QPRBPAY3	Q29_b(R):Major Problem-Quality Care-Inability to Pay	0.0776	0.1144	0.1511	<0.0001	0.0367	0.0921	0.1475	0.0011
QINSREJ3	Q29_c(R):Major Problem-Quality Care-Rejection by Insurance	0.1310	0.1690	0.2070	<0.0001	0.0533	0.1092	0.1651	0.0001
QNOSPEC3	Q29_d(R):Major Problem-Quality Care-Lack of Specialists	0.0162	0.0428	0.0694	0.0016	-0.0088	0.0337	0.0762	0.1206
QNOREPT3	Q29_e(R):Problem-Quality Care-Reports from MDs	-0.1382	-0.1007	-0.0631	<0.0001	-0.1785	-0.1195	-0.0605	0.0001

TABLE B. Unweighted and Weighted OLS Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted OLS Mail Coefficient				Weighted OLS Mail Coefficient			
		OLS Low	OLS Beta	OLS High	p-value	OLS Low	OLS Beta	OLS High	p-value
QLANG3	Q29_f(R):Problem-Quality Care-Language Barrier	-0.1222	-0.0829	-0.0437	<0.0001	-0.1852	-0.1254	-0.0656	<0.0001
QERRHSP3	Q29_g(R):Problem-Quality Care-Medical Errors	-0.2224	-0.1837	-0.1450	<0.0001	-0.2769	-0.2169	-0.1568	<0.0001
PRACTICE REVENUE									
XPMCARE	Q30_1:% Revenue from Medicare	-2.9740	-1.2625	0.4490	0.1482	-5.8812	-3.4622	-1.0432	0.0050
XPMCAID	Q30_2:% Revenue from Medicaid	-0.2504	1.1880	2.6264	0.1055	-0.0284	2.6608	5.3500	0.0525
XPCAPREV	Q31: % Revenue Capitated	-3.4216	-1.7330	-0.0444	0.0443	-5.7098	-3.4453	-1.1807	0.0029
COMPENSATION AND INCOME									
SALPAID	Q32:Salaried Physician	-0.1274	-0.0847	-0.0420	0.0001	-0.1361	-0.0760	-0.0158	0.0133
SPROD	Q33:Practice Considers Own Productivity	-0.0768	-0.0349	0.0070	0.1028	-0.1181	-0.0554	0.0074	0.0840
IMPPROD2	Q33_a(R):Productivity Important	-0.0441	-0.0185	0.0071	0.1561	-0.0927	-0.0489	-0.0051	0.0286
SSAT	Q34:Practice Considers Satisfaction Surveys	-0.1009	-0.0642	-0.0276	0.0006	-0.1325	-0.0826	-0.0326	0.0012
IMPPSAT2	Q34_a(R):Satisfaction Surveys Important	-0.0945	-0.0021	0.0904	0.9651	-0.1948	-0.0933	0.0082	0.0717
SQUAL	Q35:Practice Considers Measure of Quality of Care	-0.1069	-0.0752	-0.0434	<0.0001	-0.1255	-0.0826	-0.0397	0.0002
IMPQUAL2	Q35_a(R):Quality of Care Measures Important	-0.2023	-0.1040	-0.0057	0.0381	-0.1681	-0.0546	0.0588	0.3451
SPROF	Q36:Practice Considers Practice Profiling	-0.0660	-0.0361	-0.0063	0.0178	-0.0883	-0.0578	-0.0274	0.0002
IMPPROF2	Q36_a(R):Practice Profiling Important	-0.0714	0.0448	0.1609	0.4500	-0.1570	-0.0214	0.1143	0.7576
SPERF	Q37:Practice Considers Overall Financial Performance	-0.1420	-0.0972	-0.0524	<0.0001	-0.1797	-0.1107	-0.0417	0.0017
IMPRPRF2	Q37_a(R):Practice Performance Important	-0.0215	0.0111	0.0437	0.5041	-0.0691	-0.0151	0.0389	0.5837
INC4CAT2	Income 150K or more	-0.0630	0.0025	0.0681	0.9399	-0.0340	0.0564	0.1467	0.2214
INC4CAT3	Income 250K or more	-0.0905	-0.0285	0.0336	0.3688	-0.0898	0.0059	0.1016	0.9036
COMPENSATION-SALARY ADDED TO MODEL									
SPROD	Q33:Practice Considers Own Productivity	-0.0814	-0.0395	0.0025	0.0654	-0.1227	-0.0598	0.0031	0.0625
IMPPROD2	Q33_a(R):Productivity Important	-0.0617	-0.0331	-0.0044	0.0237	-0.1019	-0.0570	-0.0120	0.0130
SSAT	Q34:Practice Considers Satisfaction Surveys	-0.0972	-0.0605	-0.0239	0.0012	-0.1280	-0.0777	-0.0275	0.0024
IMPPSAT2	Q34_a(R):Satisfaction Surveys Important	-0.1226	-0.0226	0.0773	0.6572	-0.2030	-0.1015	-0.0001	0.0498
SQUAL	Q35:Practice Considers Measure of Quality of Care	-0.1047	-0.0727	-0.0407	<0.0001	-0.1235	-0.0815	-0.0394	0.0001

TABLE B. Unweighted and Weighted OLS Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted OLS Mail Coefficient				Weighted OLS Mail Coefficient			
		OLS Low	OLS Beta	OLS High	p-value	OLS Low	OLS Beta	OLS High	p-value
IMPQUAL2	Q35_a(R):Quality of Care Measures Important	-0.2412	-0.1254	-0.0095	0.0339	-0.1995	-0.0841	0.0313	0.1531
SPROF	Q36:Practice Considers Practice Profiling	-0.0635	-0.0336	-0.0038	0.0274	-0.0862	-0.0556	-0.0251	0.0004
IMPPROF2	Q36_a(R):Practice Profiling Important	-0.0919	0.0360	0.1638	0.5810	-0.1752	-0.0333	0.1085	0.6448
SPERF	Q37:Practice Considers Overall Financial Performance	-0.1361	-0.0913	-0.0464	0.0001	-0.1737	-0.1052	-0.0366	0.0026
IMPRPRF2	Q37_a(R):Practice Performance Influence Compensation Important	-0.0349	0.0032	0.0413	0.8710	-0.0793	-0.0215	0.0363	0.4662

TABLE C. Unweighted and Weighted Logit Mail Survey Regression Coefficients

Variable	Label and location in the mail survey	Unweighted logit mail coefficient				Weighted logit mail coefficient			
		OR low	OR Beta	OR High	p-value	OR low	OR Beta	OR High	p-value
CAREER SATISFACTION AND OWNERSHIP									
RCARSAT3	Q1(R):Dissatisfied in Career	0.7802	0.9868	1.2480	0.9115	0.6920	0.9713	1.3633	0.8662
RCARSAT2	Q1(R):Very Satisfied in Career	0.6706	0.7918	0.9349	0.0059	0.5561	0.7196	0.9310	0.0123
XOWNPR2	Q6(R):Non-owner/Owner	1.0490	1.3425	1.7182	0.0193	0.8327	1.2010	1.7323	0.3269
FINANCIAL INCENTIVES									
XINCENT3	Q8(R):Reducing Services	1.1508	1.4453	1.8153	0.0015	0.8026	1.1211	1.5660	0.5025
XINCENT2	Q8(R):Expanding Services	1.0467	1.2511	1.4953	0.0138	0.9923	1.3072	1.7222	0.0568
UTILIZATON OF TIME AND PATIENT MIX									
XHRFREE2	Q11(R): Zero Hours Charity Care	1.5458	1.8423	2.1958	<0.0001	1.3357	1.7484	2.2886	<0.0001
XLOCFREE2	Q11_a:Location Charity Care Main Practice	0.8970	1.1537	1.4838	0.2656	0.7699	1.1300	1.6583	0.5324
INFORMATION TECHNOLOGY AND CARE MANAGEMENT									
IT_TRT	Q14a_cp:IT-Treatment options	1.0671	1.2717	1.5154	0.0073	1.0408	1.3646	1.7892	0.0245
ITRMNDR	Q14c_cp:IT-Reminders	0.7570	0.9103	1.0947	0.3181	0.6243	0.8304	1.1046	0.2016
ITNOTES	Q14a_pi:IT-Patient Notes	0.9883	1.1771	1.4021	0.0676	1.0871	1.4108	1.8310	0.0097
ITCLIN	Q14b_pi:IT-Exchange Data Other Phys.	0.8127	0.9689	1.1553	0.7250	0.8896	1.1666	1.5299	0.2651
ITHOSP	Q14c_pi:IT-Exchange Data Hosp. & Labs	0.5171	0.6166	0.7352	<0.0001	0.5734	0.7476	0.9748	0.0317
ITCOMM	Q14a_c:IT-Communicate with Patients	1.1744	1.4095	1.6917	0.0002	1.0397	1.3812	1.8347	0.0258
ITDRUG	Q14a_pd:IT-Drug Interactions	0.9659	1.1441	1.3552	0.1191	0.9464	1.2359	1.6139	0.1198
IT_FORM	Q14b_pd:IT-Rx Formularies	0.8254	0.9764	1.1552	0.7809	0.7814	1.0119	1.3105	0.9283
ITPRESC	Q14d_pd:IT-Write Rx	1.3156	1.5846	1.9087	<0.0001	1.3707	1.8181	2.4115	<0.0001
EPRESC2	Q15(R):No electronic Rx	0.6907	0.8469	1.0383	0.1099	0.5156	0.7025	0.9572	0.0253
CPOEHSP	Q17:Computerized Test Ordering	0.6323	0.7717	0.9418	0.0108	0.6469	0.8948	1.2377	0.5018
ERRREPT	Q18:Medical Error Reporting	0.5782	0.7220	0.9016	0.0041	0.5960	0.8323	1.1624	0.2815
PERCEPTIONS OF QUALITY									
RADQTIME3	Q20_a(R):Disagree-Adequate Time	0.8480	1.0132	1.2106	0.8851	0.6975	0.9137	1.1968	0.5120
RADQTIME2	Q20_a(R):Strongly Agree-Adequate Time	0.6329	0.7628	0.9194	0.0045	0.7812	1.0410	1.3872	0.7836
RCLNFREE3	Q20_b(R):Disagree-Clinical Decisions	1.2103	1.5108	1.8858	0.0003	0.8910	1.2621	1.7878	0.1900
RCLNFREE2	Q20_b(R):Strongly Agree-Clinical Decisions	0.6146	0.7256	0.8567	0.0002	0.5406	0.7042	0.9173	0.0093
RHIGHCAR3	Q20_c(R):Disagree-Quality Care	0.9245	1.1325	1.3874	0.2293	0.8321	1.1323	1.5409	0.4290
RHIGHCAR2	Q20_c(R):Strongly Agree-Quality Care	0.6947	0.8179	0.9629	0.0158	0.6370	0.8259	1.0709	0.1490

TABLE C. Unweighted and Weighted Logit Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	OR low	OR Beta	OR High	p-value	OR low	OR Beta	OR High	p-value
		Unweighted logit mail coefficient				Weighted logit mail coefficient			
COST SHARING									
GENERIC2	Q21_a(R):Rx Generic Usually or Always	1.0070	1.2421	1.5320	0.0428	0.9675	1.3447	1.8691	0.0779
DIAGCST2	Q21_b(R):OOP Cost-Diagnostics Usually or Always	1.2771	1.5007	1.7636	<0.0001	1.2782	1.6417	2.1086	<0.0001
IOPTCST2	Q21_c(R):OOP Cost-InP. vs OutP Usually or Always	1.1736	1.3808	1.6247	0.0001	1.0002	1.2978	1.6840	0.0498
ABILITY TO OBTAIN SERVICES									
OBREFSR	Q22:Unable to Obtain Referrals	1.0063	1.1961	1.4217	0.0423	1.0188	1.3447	1.7747	0.0365
REFPRVRVM	Q22_a(R): lack of quality providers important	1.1687	1.5646	2.0945	0.0026	0.9985	1.5870	2.5223	0.0508
REFHPRVM	Q22_b(R):Adm. Barrier important	0.5738	0.8064	1.1333	0.2151	0.7238	1.1962	1.9767	0.4845
REFINSRVM	Q22_c(R):Lack of coverage important	0.8481	1.2325	1.7912	0.2729	0.8349	1.3612	2.2191	0.2162
OBHOSPR	Q23:Unable to obtain non-emergency hospital admissions	0.5133	0.6565	0.8396	0.0008	0.4284	0.6167	0.8876	0.0093
HSPPRVRVM	Q23_a(R): lack of quality providers important	0.7896	1.2929	2.1171	0.3071	0.9849	1.8507	3.4778	0.0558
HSPHPRVM	Q23_b(R): Adm. Barrier important	0.6566	1.1946	2.1733	0.5602	0.5698	1.2166	2.5976	0.6123
HSPINSRVM	Q23_c(R):Inadequate insurance coverage important	0.9050	1.5847	2.7749	0.1072	0.8078	1.6273	3.2781	0.1729
OBOUTPTR	Q24:Unable to Obtain Mental Health	0.5681	0.7225	0.9190	0.0081	0.5526	0.8012	1.1618	0.2423
MHPROVRVM	Q24_a(R):Lack of quality providers Important	0.8837	1.2997	1.9116	0.1829	0.4956	0.8137	1.3360	0.4150
MHHPRVM	Q24_b(R):Adm. Barrier Important	0.9630	1.4829	2.2836	0.0736	0.8918	1.6672	3.1170	0.1093
MHINSRVM	Q24_c(R):Inadequate insurance coverage important	0.9727	1.6125	2.6731	0.0639	1.1107	2.2670	4.6271	0.0246
PRACTICE ACCEPTANCE OF NEW PATIENTS									
XNWMCARE1	Q25:Accept Some or No Medicare Patients	0.8964	1.1162	1.3898	0.3259	1.0883	1.5334	2.1605	0.0145
XNWMCARE2	Q25:Accept All Medicare Patients	0.5916	0.7101	0.8524	0.0002	0.5117	0.6833	0.9124	0.0099
MRBILL1	Q25_a(R):Medicare billing requirements important	0.7479	1.1737	1.8419	0.4860	0.5248	0.9293	1.6457	0.8014
MRAUDIT1	Q25_b(R): Concern about Medicare audit important	0.6054	0.9731	1.5643	0.9104	0.7450	1.4035	2.6439	0.2940
MRREIMB1	Q25_c(R):Medicare inadequate reimbursement Important	0.6759	1.1266	1.8779	0.6474	0.6038	1.1512	2.1947	0.6688
MRNUFPT1	Q25_d(R):Practice already has enough patients Important	0.6846	1.0891	1.7326	0.7185	0.4154	0.7336	1.2956	0.2856
MRPTBUR1	Q25_e(R):High Clinical Burden Important	0.6465	1.0035	1.5578	0.9874	0.6722	1.1492	1.9647	0.6111

TABLE C. Unweighted and Weighted Logit Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted logit mail coefficient				Weighted logit mail coefficient			
		OR low	OR Beta	OR High	p-value	OR low	OR Beta	OR High	p-value
XNWMCAID1	Q26(R):Accept No or Some Medicaid Patients	0.7775	0.9382	1.1321	0.5058	0.8073	1.0549	1.3785	0.6953
XNWMCAID2	Q26(R):Accept All Medicaid Patients	0.6977	0.8403	1.0120	0.0666	0.5776	0.7590	0.9972	0.0477
MDBILL1	Q26_a(R):Medicaid billing requirements Important	0.8428	1.1390	1.5394	0.3969	0.7296	1.1022	1.6653	0.6437
MDDELAY1	Q26_b(R):Medicaid delayed reimbursement Important	1.2212	1.6716	2.2882	0.0013	1.2139	1.8905	2.9443	0.0049
MDREIMB1	Q26_c(R):Medicaid inadequate reimbursement important	0.8717	1.4009	2.2512	0.1636	0.7936	1.5564	3.0525	0.1979
MDREIMB2	Q26_c(R):Medicaid inadequate reimbursement very important	1.1439	1.5790	2.1795	0.0055	1.0977	1.7668	2.8437	0.0191
MDNUFPT1	Q26_d(R):Important practice already has enough patients	0.8358	1.0936	1.4308	0.5140	0.7616	1.1126	1.6253	0.5811
MDPTBUR1	Q26_e(R):Important New Medicaid Pts-Clinical Burden	0.7356	0.9583	1.2483	0.7519	0.5097	0.7381	1.0689	0.1079
XNWPRIV1	Q27(R):Accepting No or Some Private Insurance Pts	0.7257	0.9381	1.2127	0.6257	0.9559	1.4155	2.0962	0.0827
XNWPRIV2	Q27(R):Accepting All Private Insurance Pts	0.4531	0.5400	0.6436	<0.0001	0.3821	0.5016	0.6583	<0.0001
XNWNPAY1	Q28(R):Accepting No or Some Uninsured Pts	0.9749	1.1666	1.3961	0.0925	1.0529	1.3830	1.8165	0.0198
XNWNPAY2	Q28(R):Accepting All Uninsured Pts	0.6172	0.7447	0.8985	0.0021	0.5583	0.7382	0.9761	0.0332
FACTORS AFFECTING QUALITY OF CARE									
QNOTIME3	QNOTIME3	1.6548	1.9980	2.4124	<0.0001	1.3142	1.7771	2.4030	0.0002
QPRBPAY3	QPRBPAY3	1.5158	1.8071	2.1543	<0.0001	1.2421	1.6370	2.1575	0.0005
QINSREJ3	QINSREJ3	1.8883	2.2319	2.6380	<0.0001	1.3372	1.7381	2.2591	<0.0001
QNOSPEC3	QNOSPEC3	1.2154	1.5517	1.9810	0.0004	0.9520	1.4345	2.1615	0.0845
QNOREPT3	QNOREPT3	0.5238	0.6198	0.7335	<0.0001	0.4337	0.5648	0.7354	<0.0001
QLANG3	QLANG3	0.6018	0.7089	0.8352	<0.0001	0.4565	0.5895	0.7612	0.0001
QERRHSP3	QERRHSP3	0.3976	0.4687	0.5525	<0.0001	0.3099	0.4041	0.5268	<0.0001
COMPENSATION AND INCOME									
SALPAID	Q32:Salaried Physician	0.5313	0.6552	0.8080	0.0001	0.4938	0.6749	0.9223	0.0136
SPROD	Q33:Practice Considers Own Productivity	0.6831	0.8408	1.0350	0.1019	0.5581	0.7592	1.0327	0.0792
IMPPROD2	Q33_a(R):Productivity Important	0.4576	0.7161	1.1207	0.1439	0.2845	0.4817	0.8156	0.0066
SSAT	Q34:Practice Considers Satisfaction Surveys	0.5007	0.6556	0.8585	0.0022	0.3812	0.5659	0.8401	0.0048
IMPPSAT2	Q34_a(R):Satisfaction Surveys Important	0.5968	1.0020	1.6823	0.9939	0.3666	0.6292	1.0798	0.0927
SQUAL	Q35:Practice Considers Measure of Quality of Care	0.4003	0.5429	0.7363	0.0001	0.3120	0.4905	0.7711	0.0020

TABLE C. Unweighted and Weighted Logit Mail Survey Regression Coefficients (cont.)

Variable	Label and location in the mail survey	Unweighted logit mail coefficient				Weighted logit mail coefficient			
		OR low	OR Beta	OR High	p-value	OR low	OR Beta	OR High	p-value
IMPQUAL2	Q35_a(R):Quality of Care Measures Important	0.3110	0.5361	0.9243	0.0249	0.3528	0.7059	1.4124	0.3248
SPROF	Q36:Practice Considers Practice Profiling	0.4969	0.6945	0.9707	0.0328	0.3259	0.4944	0.7498	0.0009
IMPPROF2	Q36_a(R):Practice Profiling Important	0.6815	1.3069	2.5065	0.4203	0.3962	0.8589	1.8616	0.6998
SPERF	Q37:Practice Considers Overall Financial Performance	0.5171	0.6336	0.7762	<0.0001	0.4412	0.5991	0.8134	0.0010
IMPRPRF2	Q37_a(R):Practice Performance Important	0.7711	1.1316	1.6607	0.5275	0.4987	0.8679	1.5105	0.6162
INC4CAT2	Income 150K or more	0.6544	0.9804	1.4687	0.9234	0.8149	1.5081	2.7908	0.1907
INC4CAT3	Income 250K or more	0.5857	0.9035	1.3937	0.6462	0.5780	1.1204	2.1719	0.7363
COMPENSATION-SALARY ADDED TO MODEL									
SPROD	Q33:Practice Considers Own Productivity	0.6654	0.8200	1.0105	0.0626	0.5467	0.7439	1.0124	0.0599
IMPPROD2	Q33_a(R):Productivity Important	0.3670	0.5665	0.8743	0.0103	0.2496	0.4174	0.6979	0.0009
SSAT	Q34:Practice Considers Satisfaction Surveys	0.5111	0.6689	0.8754	0.0034	0.3930	0.5825	0.8635	0.0071
IMPPSAT2	Q34_a(R):Satisfaction Surveys Important	0.5256	0.8872	1.4974	0.6539	0.3491	0.5958	1.0168	0.0576
SQUAL	Q35:Practice Considers Measure of Quality of Care	0.4063	0.5518	0.7494	0.0001	0.3192	0.4977	0.7761	0.0021
IMPQUAL2	Q35_a(R):Quality of Care Measures Important	0.2723	0.4868	0.8704	0.0152	0.2959	0.5890	1.1726	0.1318
SPROF	Q36:Practice Considers Practice Profiling	0.5072	0.7092	0.9917	0.0446	0.3339	0.5076	0.7714	0.0015
IMPPROF2	Q36_a(R):Practice Profiling Important	0.6077	1.2346	2.5081	0.5600	0.3774	0.8499	1.9139	0.6946
SPERF	Q37:Practice Considers Overall Financial Performance	0.5292	0.6489	0.7957	<0.0001	0.4496	0.6101	0.8280	0.0015
IMPRPRF2	Q37_a(R):Practice Performance Influence Compensation Important	0.6975	1.0307	1.5231	0.8793	0.4683	0.8181	1.4293	0.4805

TABLE D. Item Nonresponse Rates for the CATI and Mail Surveys

Variable	Label and location in the mail survey	N CATI Nonresponse	CATI Universe	CATI Nonresponse Rate	N Mail Nonresponse	Mail Universe	Mail Nonresponse Rate	Difference (CATI-MAIL)
CAREER SATISFACTION AND DEMOGRAPHICS								
rcarsat	Q1:Career Satisfaction	14	6,628	0.21%	5	709	0.71%	-0.49%
yrbgn	Q2: Year began practice	0	6,628	0%	4	709	1%	-0.56%
specialty	Q3: Medical specialty (a)	0	6,628	0%	0	708	0%	0.00%
board	Q4: Board certification (a)	7	6,426	0%	2	709	0%	-0.17%
aprctype	Q5:Practice Type	0	6,628	0.00%	1	709	0.14%	-0.14%
xownpr	Q6:Owner/non-owner	4	6,628	0.06%	1	709	0.14%	-0.08%
nphys_cat	Q7(R):# Physicians	57	5,479	1.04%	36	709	5.08%	-4.04%
FINANCIAL INCENTIVES								
xincent	Q8:Financial incentives	291	6,628	4.39%	13	709	1.83%	2.56%
UTILIZATION OF TIME AND PATIENT MIX								
xhrspat	Q10_1:Hours Direct Patient Care	24	6,628	0.36%	11	709	1.55%	-1.19%
xhrsmed	Q10_3:Hours All Medical Activity	16	6,628	0.24%	69	709	9.73%	-9.49%
xhrfree	Q11:Hours Charity Care	579	6,628	8.74%	15	705	2.13%	6.61%
xlocfree	Q11a:Location of Charity Care	103	4,591	2.24%	13	408	3.19%	-0.94%
xblckpt	Q12_a: % Black	65	6,628	0.98%	16	709	2.26%	-1.28%
xhisppt	Q12_b: % Hispanic	70	6,628	1.06%	26	709	3.67%	-2.61%
xasiapt	Q12_c: % Asian	89	6,628	1.34%	54	709	7.62%	-6.27%
chrnpt	Q12_d: % Chronic	66	6,628	1.00%	26	708	3.67%	-2.68%
langpt	Q13: % Language problem	32	6,628	0.48%	11	709	1.55%	-1.07%
INFORMATION TECHNOLOGY AND CARE MANAGEMENT								
it_trt	Q14a_cp:IT-Treatment options	11	6,628	0.17%	3	709	0.42%	-0.26%
itrmndr	Q14c_cp:IT-Reminders	38	6,628	0.57%	5	708	0.71%	-0.13%
itnotes	Q14a_pi:IT-Patient Notes	10	6,628	0.15%	3	709	0.42%	-0.27%
itclin	Q14b_pi:IT-Exchange Data Other Phys.	17	6,628	0.26%	6	709	0.85%	-0.59%
ithosp	Q14c_pi:IT-Exchange Data Hosp. & Labs	14	6,628	0.21%	4	709	0.56%	-0.35%
itcomm	Q14a_c:IT-Communicate with Patients	10	6,628	0.15%	3	709	0.42%	-0.27%
itdrug	Q14a_pd:IT-Drug Interactions	17	6,628	0.26%	5	709	0.71%	-0.45%
it_form	Q14b_pd:IT-Rx Formularies	18	6,628	0.27%	14	709	1.97%	-1.70%
itpresc	Q14d_pd:IT-Write Prescriptions	4	6,628	0.06%	4	709	0.56%	-0.50%
epresc	Q15:% Prescriptions Electronic	9	6,628	0%	4	708	1%	-0.43%

TABLE D. Item Nonresponse Rates for the CATI and Mail Surveys (cont.)

Variable	Label and location in the mail survey	N CATI Nonresponse	CATI Universe	CATI Nonresponse Rate	N Mail Nonresponse	Mail Universe	Mail Nonresponse Rate	Difference (CATI-MAIL)
cpoehsp	Q17:Computerized Test Ordering	80	4,977	1.61%	28	616	4.55%	-2.94%
errrept	Q18:Medical Error Reporting	1,370	4,944	27.71%	36	574	6.27%	21.44%
xhsplst	Q19:% Pts using Hospitalist	156	5,951	2.55%	33	513	6.04%	-3.49%
PERCEPTIONS OF QUALITY								
radqtime	Q20_a: Adequate Time	32	6,628	0.48%	2	707	0.28%	0.20%
rclnfree	Q20_b: Clinical Decisions	11	6,628	0.17%	3	708	0.42%	-0.26%
rhighcar	Q20_c: Quality Care	10	6,628	0.15%	4	708	0.56%	-0.41%
COST SHARING								
generic	Q21_a: Rx Generic	84	6,628	1.27%	2	704	0.28%	0.98%
diagcst	Q21_b:OOP Cost-Diagnostics	174	6,628	2.63%	3	706	0.42%	2.20%
ioptcst	Q21_c:OOP Cost-InP. vs OutP	457	6,628	6.89%	7	702	1.00%	5.90%
ABILITY TO OBTAIN SERVICES								
obrefsr	Q22:Unable to Refer Pts	63	6,628	0.95%	4	678	0.59%	0.36%
refprvr	Q22_a:Unable Refer-No Qualified	18	2,296	0.78%	27	259	10.42%	-9.64%
refhpr	Q22_b:Unable Refer-Health Plan Barrier	17	2,296	0.74%	23	259	8.88%	-8.14%
refinsr	Q22_c:Unable Refer-Pts Lack Insurance	19	2,296	0.83%	23	259	8.88%	-8.05%
obhospr	Q23:Unable to Hospitalize Pts	396	6,628	5.97%	10	616	1.62%	4.35%
hspprvr	Q23_a:Unable Hosp:-No Qualified	19	1,308	1.45%	14	84	16.67%	-15.21%
hsphpr	Q23_b:Unable Hosp:-Plan Limits Referals	12	1,308	0.92%	13	84	15.48%	-14.56%
hspinsr	Q23_c:Unable Hosp:-Pts Lack Insurance.	10	1,308	0.76%	13	84	15.48%	-14.71%
oboutptr	Q24:Unable to Obtain Mental Health	124	4,033	3.07%	4	358	1.12%	1.96%
mhprovr	Q24_a:Unable MH-No Qualified	16	2,524	0.63%	7	204	3.43%	-2.80%
mhhpr	Q24_b:Unable MH-Adm. Barrier	20	2,524	0.79%	5	204	2.45%	-1.66%
mhinsr	Q24_c:Unable MH-Lack Insurance	13	2,524	0.52%	7	204	3.43%	-2.92%
PRACTICE ACCEPTANCE OF NEW PATIENTS								
xnwmcare2	Q25:Accept All Medicare Patients	261	6,281	4.16%	14	680	2.06%	2.10%

TABLE D. Item Nonresponse Rates for the CATI and Mail Surveys (cont.)

Variable	Label and location in the mail survey	N CATI Nonresponse	CATI Universe	CATI Nonresponse Rate	N Mail Nonresponse	Mail Universe	Mail Nonresponse Rate	Difference (CATI-MAIL)
mrbill	Q25_a:No New Medicare Pts-Billing	43	967	4.45%	6	112	5.36%	-0.91%
mraudit	Q25_b:No New Medicare Pts-Audit	50	967	5.17%	8	112	7.14%	-1.97%
mrreimb	Q25_c:No New Medicare Pts-Reimb	45	967	4.65%	8	112	7.14%	-2.49%
mrnufpt	Q25_d:No New Medicare Pts-Enough Pts	46	967	4.76%	4	112	3.57%	1.19%
mrptbur	Q25_e:No New Medicare Pts-Clinical Burden	48	967	4.96%	7	112	6.25%	-1.29%
xnwmcaid	Q26:Accept All Medicaid Patients	228	6,628	3.44%	10	703	1.42%	2.02%
mdbill	Q26_a:No New Medicaid Pts-Billing	126	2,657	4.74%	20	289	6.92%	-2.18%
mddelay	Q26_b:No New Medicaid Pts-Delay	153	2,657	5.76%	23	289	7.96%	-2.20%
mdreimb	Q26_c:No New Medicaid Pts-Inadequate	103	2,657	3.88%	16	289	5.54%	-1.66%
mdnufpt	Q26_d:No New Medicaid Pts-Enough	107	2,657	4.03%	27	289	9.34%	-5.32%
mdptbur	Q26_e:No New Medicaid Pts-Clincal Burden	114	2,657	4.29%	27	289	9.34%	-5.05%
xnwpriv	Q27:Accepting All Private Insurance Pts	195	6,628	2.94%	10	702	1.42%	1.52%
xnwnpay	Q28:Accepting All Uninsured Pts	311	6,628	4.69%	10	704	1.42%	3.27%
FACTORS AFFECTING QUALITY OF CARE								
qnotime	Q29_a:Quality Care-Inadequate Time	104	6,628	1.57%	5	708	0.71%	0.86%
qprbpay	Q29_b:Quality Care-Inability to Pay	68	6,628	1.03%	6	708	0.85%	0.18%
qinsrej	Q29_c:Quality Care-Rejection by Insurance	75	6,628	1.13%	6	708	0.85%	0.28%
qnospec	Q29_d:Quality Care-Lack of Specialists	22	6,628	0.33%	4	708	0.56%	-0.23%
qnorept	Q29_e:Quality Care-Reports from MDs	31	6,628	0.47%	7	709	0.99%	-0.52%
qlang	Q29_f:Quality Care-Language Barrier	15	6,628	0.23%	3	709	0.42%	-0.20%
qerrhsp	Q29_g:Quality Care-Medical Errors	142	6,628	2.14%	14	705	1.99%	0.16%

TABLE D. Item Nonresponse Rates for the CATI and Mail Surveys (cont.)

Variable	Label and location in the mail survey	N CATI Nonresponse	CATI Universe	CATI Nonresponse Rate	N Mail Nonresponse	Mail Universe	Mail Nonresponse Rate	Difference (CATI-MAIL)
PRACTICE REVENUE								
xpmcare	Q30_1:% Revenue from Medicare	1,128	6,628	17%	44	702	6%	10.75%
xpmcaid	Q30_2:% Revenue from Medicaid	1,005	6,628	15%	49	704	7%	8.20%
xpcaprev	Q31: % Revenue Capitated	1,110	6,628	17%	64	699	9%	7.59%
COMPENSATION AND INCOME								
salpaid	Q32:Salaried Physician	15	5,115	0.29%	3	530	0.57%	-0.27%
sprod	Q33:Practice Considers Own Productivity	69	5,115	1.35%	3	530	0.57%	0.78%
impprod	Q33_a:Productivity Influences Compensation	20	3,589	0.56%	6	452	1.33%	-0.77%
ssat	Q34:Practice Considers Satisfaction Surveys	85	5,115	1.66%	2	530	0.38%	1.28%
imppsat	Q34_a:Satisfaction Surveys Influence Compensation	13	1,317	0.99%	4	113	3.54%	-2.55%
squal	Q35:Practice Considers Measure of Quality of Care	81	5,115	1.58%	3	530	0.57%	1.02%
impqual	Q35_a:Quality of Care Measures Influence Compensation	9	1,088	0.83%	1	90	1.11%	-0.28%
sprof	Q36:Practice Considers Practice Profiling	106	5,115	2.07%	3	530	0.57%	1.51%
impprof	Q36_a:Practice Profiling Influence Compensation	12	695	1.73%	2	69	2.90%	-1.17%
sperf	Q37:Practice Considers Overall Financial Performance	85	5,115	1.66%	4	530	0.75%	0.91%
imprprf	Q37_a:Practice Performance Influence Compensation	30	3,464	0.87%	20	406	4.93%	-4.06%
inc4cat	Q38/Q38_a:Income Category	322	6,628	4.86%	87	709	12.27%	-7.41%
ETHNICITY								
racerec	Q39/Q40: Combined Race/Ethnicity	247	6,628	3.73%	16	709	2.26%	1.47%

(a) Specialty and board certification were obtained on the survey, but if missing, are available in the Masterfile.