

PLEASE USE BLACK OR BLUE INK TO COMPLETE THIS SURVEY; DO NOT USE PENCIL. ONCE YOU HAVE FINISHED, PLEASE RETURN THE QUESTIONNAIRE IN THE PREPAID BUSINESS REPLY ENVELOPE PROVIDED.

Correct Marks:

1. Which of the following statements comes closest to expressing your overall view of the health care system in this country? *Select one.*

- <sub>1</sub> On the whole the health care system works pretty well and only minor changes are necessary to make it work better.  
<sub>2</sub> There are some good things in our health system, but fundamental changes are needed to make it work better.  
<sub>3</sub> Our health care system has so much wrong with it that we need to completely rebuild it.

2. Please indicate how satisfied you are with the following aspects of your medical practice.

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED
Your ability to remain knowledgeable and current with the latest developments in medicine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
The freedom you have to make clinical decisions that meet your patients' needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
The time you have to spend per patient	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Your income from medical practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Overall experience with practicing medicine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

3. In general, do you think your ability to provide quality medical care to your patients has improved, has become worse or is it about the same as it was five years ago? *Select one.*

- <sub>1</sub> Improved                      <sub>2</sub> Worse                      <sub>3</sub> About the same

### QUALITY INITIATIVES & MEDICAL PRACTICE

4. In the past 2 years, have you participated in any of the following activities to improve the quality of care for your patients?

	YES	NO
Participated in collaborative quality improvement efforts with other practices, hospitals, government agencies, or professional associations	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Received training on quality improvement methods and tools (e.g. how to develop and use patient registries, how to reduce medication errors)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Conducted at least one clinical audit of care that your patients receive (i.e., medical record reviews)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

5. Does your practice set specific formal targets for clinical performance?

- <sub>1</sub> Yes                      <sub>2</sub> No

6. How often do you think your patients experience the following?

	OFTEN	SOMETIMES	RARELY	NEVER
Have difficulty paying for the medication they need	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Have difficulty paying for the out-of-pocket costs of care, other than prescriptions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Experience long waiting times to see specialists/consultants	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Experience long waiting times for diagnostic tests	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Experience long waiting times for elective surgical procedures or hospital care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Have difficulty getting appropriate home care when needed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

7. What proportion of your patients who request a same- or next-day appointment get one?

- <sub>1</sub> Almost all (> 80%)   <sub>2</sub> Most (60-80%)   <sub>3</sub> About half (~50%)   <sub>4</sub> Some (20-40%)   <sub>5</sub> Few (< 20%)   <sub>6</sub> None (0%)

8. Does your practice have office hours to see patients at the following times? *Select all that apply.*

- <sub>1</sub> Some early morning hours (before 8:30 am)                      <sub>3</sub> Some weekend hours  
<sub>2</sub> Some evening hours (after 6:00 pm)                                      <sub>4</sub> None of these

9. Do you or does your practice have an arrangement where patients can **be seen** by a doctor or nurse if needed when the practice is closed (not including the emergency room)?

- <sub>1</sub> Yes <sub>2</sub> No

10. Does your practice **routinely** use multi-disciplinary teams (doctors, nurses, nurse practitioners, and other clinicians) that are formally organized and meet regularly to discuss and make decisions about care of specific patients?

- <sub>1</sub> Yes <sub>2</sub> No, but have plans to implement <sub>3</sub> No, and no plans to implement

### CARING FOR PATIENTS AND DISEASE MANAGEMENT

11. How often do you see the following types of patients?

	OFTEN	SOMETIMES	RARELY	NEVER
Patients with multiple chronic diseases	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients with mental health problems, including depression	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients in need of palliative care, including for cancer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

12. How prepared is your practice to provide optimal care for the following types of patients?

	WELL- PREPARED	SOMEWHAT PREPARED	NOT PREPARED
Patients with multiple chronic diseases	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Patients with mental health problems, including depression	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Patients in need of palliative care, including for cancer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

13. How often do you use “evidence-based” treatment guidelines (issued by government, medical societies, or other groups) in the care of the following types of patients?

	OFTEN	SOMETIMES	RARELY	NEVER	NO GUIDELINES AVAILABLE
Patients with common conditions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Patients with complex or multiple chronic diseases	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

14. Do you give your patients with chronic diseases **written** instructions about how to manage their own care at home? (e.g., instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home)

- <sub>1</sub> Yes, routinely <sub>2</sub> Yes, occasionally <sub>3</sub> No

15. Does your practice use any clinicians other than doctors (e.g. nurses, nurse practitioners, physician assistants) to:

	YES, ROUTINELY	YES, OCCASIONALLY	NO
Help manage patients with multiple chronic diseases (e.g., to call patients to check on medications or symptoms or help coordinate care.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Provide primary care services to your patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

16. Would you support expanding the roles of non-physicians in delivering care to your patients?

- <sub>1</sub> Yes, definitely <sub>2</sub> Yes, somewhat <sub>3</sub> No

### COORDINATION OF CARE & SAFETY

17. During the past 12 months, how often have your patients experienced the following?

	OFTEN	SOMETIMES	RARELY	NEVER
A patient's medical record(s) or other relevant clinical information were <b>NOT</b> available at the time of the patient's scheduled visit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Tests or procedures had to be repeated because findings were unavailable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
A patient experienced problems because care was not well coordinated across multiple sites or providers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

18. After your patient has been discharged from the hospital, on average, how long does it take before you receive a **full** discharge report from the hospital?

- <sub>1</sub> Less than 48 hours <sub>2</sub> 2 – 4 days <sub>3</sub> 5 – 14 days <sub>4</sub> 15 – 30 days <sub>5</sub> More than 30 days <sub>6</sub> Rarely receive a full report from the hospital

19. When you refer a patient to another doctor, for what percent of these patients do you get information back about the results of the referral? *Select one.*

- <sub>1</sub> Almost all (> 80%)   <sub>2</sub> Most (60-80%)   <sub>3</sub> About half (~50%)   <sub>4</sub> Some (20-40%)   <sub>5</sub> Few (< 20%)   <sub>6</sub> None (0%)

20. In the past 12 months, how often have the following happened to your patients?

	OFTEN	SOMETIMES	RARELY	NEVER
Patients received incorrect results for a diagnostic or lab test	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients did not have timely or appropriate follow-up of positive test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients received the wrong drug, wrong dose, or had preventable drug interactions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients acquired infections while in the hospital	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

21. Does your practice have a documented (written) process for follow-up and analysis of adverse events?

- <sub>1</sub> Yes, for all adverse events   <sub>2</sub> Yes, for adverse drug reactions only   <sub>3</sub> No

22. How would you rate the process your practice has for finding and preventing medical errors, or do you not have a process?

- <sub>1</sub> Very effective   <sub>2</sub> Somewhat effective   <sub>3</sub> Not very effective   <sub>4</sub> Not at all effective   <sub>5</sub> No process

**OFFICE SYSTEMS & INFORMATION TECHNOLOGY**

23. Do you currently use electronic patient medical records in your practice? *Select one.*

- <sub>1</sub> Yes   ANSWER QUESTION #24   <sub>2</sub> No, but plan to implement in the next year   <sub>3</sub> No, and no plans to implement in the next year } SKIP TO QUESTION #25

24. IF YES: Does your electronic medical record system allow you to...

	YES	NO
Share your patients' medical records electronically with clinicians outside your practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Access your patients' medical records when you are outside the office (e.g., at home or on call)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Provide patients with easy access to their medical records	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

25. Do you currently use any of the following technologies in your practice?

	YES, USED ROUTINELY	YES, USED OCCASIONALLY	NO
Electronic ordering of tests	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Electronic prescribing of medication	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Electronic access to your patients' test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Electronic access to patient hospital records (e.g., discharge summary)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

26. With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate the following information about patients in your practice?

	EASY	SOMEWHAT DIFFICULT	VERY DIFFICULT	CANNOT GENERATE
List of patients by diagnosis or health risk (e.g., diabetes or hypertension)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
List of patients who are due or overdue for tests or preventive care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
List of all medications taken by individual patients (including those that may be prescribed by other doctors)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

27. Are the following tasks routinely performed in your office practice?

	YES, USING A COMPUTERIZED SYSTEM	YES, USING A MANUAL SYSTEM	NO
Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or periodic cancer screening)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Doctor receives an alert or prompt about a potential problem with drug dose or drug interaction	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Doctor receives an alert or prompt to provide patients with test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**28. Do you routinely receive data on either of the following aspects of your patient care?**

	YES	NO
Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Surveys of patient satisfaction and experiences with care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**FOR EACH YES, ANSWER Q29**

**29. Do you use this data to develop quality improvement activities?**

	YES	NO
Patients' clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Surveys of patient satisfaction and experiences with care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**30. How often do you communicate with your patients by email regarding treatment?**

- <sub>1</sub> Often      <sub>2</sub> Sometimes      <sub>3</sub> Rarely      <sub>4</sub> Never

**INCENTIVES**

**31. Do you receive (or have the potential to receive) financial incentives based on any of the following?** (Financial incentives include bonuses, higher fees, risk-related payments, or reimbursements)

	YES	NO
High ratings for patient satisfaction	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Achieving certain clinical care targets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Participating in quality improvement activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Special payments for managing patients with chronic disease or complex needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Enhanced preventive care activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**PRACTICE PROFILE AND DEMOGRAPHIC DATA**

**32. How many full time equivalent (FTE) doctors, including yourself, are in your practice?** *Include all practice locations.*

# of doctors:

**33. How many FTE non-physician clinicians (nurses, therapists or other clinicians) are in your practice?** *Include all practice locations.*

# of non-physician clinician staff:

**34. How many FTE administrative staff are in your practice?** (Example: Receptionist, billing) *Include all practice locations.*

# of administrative staff:

**35. About how many patients do you see in a typical week of practice?** *Your best estimate will do.*

# of patients:

**36. Thinking about your regular medical practice, how many hours a week do you typically work?** *Your best estimate will do.*

# of hours:

**37. In a given week, what percentage of your work time do you spend on each of the following?**

Spend on face-to-face contacts with patients:	<input type="text"/>	%
Spend on patient-related clinical care, but not face-to-face:	<input type="text"/>	%
Spend on research/education/quality improvement:	<input type="text"/>	%
Spend on finances, billing, administration:	<input type="text"/>	%
Spend on other practice activities:	<input type="text"/>	%

(Total should add to 100%)

**38. What percentage of your patients is pediatric (under the age of 18)?**  %

**39. Where is your practice located?**

- <sub>1</sub> City      <sub>2</sub> Suburban      <sub>3</sub> Small town      <sub>4</sub> Rural

**40. How old are you?**

- <sub>1</sub> Under 35      <sub>2</sub> 35 – 49      <sub>3</sub> 50 – 64      <sub>4</sub> 65 or older

**41. Are you:**

- <sub>1</sub> Male      <sub>2</sub> Female

**That completes the survey. We have one additional question for United States doctors only.**

**42. Is your practice part of a larger integrated provider system (e.g., Kaiser, VA, etc.)?** <sub>1</sub> Yes      <sub>2</sub> No

**Thank you very much for participating in this study.  
Please return the completed survey by mail in the enclosed business reply envelope.**

**If you would like to receive a summary of findings, please provide your email address:**