

NATIONAL SURVEY OF PHYSICIANS ON PRACTICE EXPERIENCE

1. Overall, how satisfied are you with your current medical practice? (Select One)

- 1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied

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2. Some physicians have engaged in efforts to REDESIGN office or hospital systems and procedures to better manage patients' clinical care. Examples include developing systems to ensure that all abnormal tests are followed-up on or that all patients receive beta-blockers following heart attacks. In the past two years, have you been involved in any such efforts?

- 1 Yes (ANSWER Q3 & Q4) 2 No (SKIP TO Q5)

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Answer only if you have engaged in REDESIGN efforts

3. Was this effort to redesign systems and procedures at the hospital or in your medical practice outside of the hospital? (Select One)

- 1 Hospital 2 Your practice 3 Both

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4. Please tell us the specific area and goal of your most recent effort and how the goal was to be achieved. (WRITE IN)

115-124

5. Some physician practices have joined COLLABORATIVE EFFORTS to try different approaches to improving specific aspects of care. For example, a collaborative effort might involve multiple practices, hospitals, health plans, public agencies, or community groups working together to try to improve outcomes for diabetic or asthmatic patients. In the past two years, have you been involved in a local, regional, or national collaborative effort to improve quality of care for patients? (Select All That Apply)

- 1 Yes, a LOCAL collaboration 2 Yes, a REGIONAL collaboration 3 Yes, a NATIONAL collaboration 4 No, have not been involved in a collaboration

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6. Generally, how effective do you think these types of collaborations are in improving quality of care for patients?

- 1 Not at all effective 2 Not very effective 3 Somewhat effective 4 Very effective

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7. At your hospital, or the hospital to which the majority of your patients are admitted, how would you rate the effectiveness of systems to prevent and reduce medical errors (e.g., dispensing incorrect medications or medication doses, surgical mistakes, and human error in interpreting results of diagnostic tests)? (Select One)

- 1 Not at all effective 2 Not very effective 3 Somewhat effective 4 Very effective

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8. Compared to 2 years ago, are your patients less likely, equally likely, or more likely as they were before to ask about your clinical experience with the management of certain conditions or procedures?

- 1 Less likely 2 Equally likely 3 More likely

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REFERRALS AND COORDINATION OF CARE

The next three questions focus on referrals to other physicians or medical services (including for consultation, procedure, care, or a medical test). This includes referrals for your patients, family, friends, or colleagues.

9. “Quality of Care” data refers to **OBJECTIVE, QUANTIFIABLE** information about patient care, such as percent of patients who receive recommended treatment or tests and patient clinical outcomes. When you make referrals, how often do you have any data indicating the physician’s “Quality of Care”?

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always 129

10. For making referrals, do you think that the following information is less, equally, or more important as data indicating the physician’s “Quality of Care”?

	Less Important Than “Quality of Care” <u>Data</u> (1)	Equally Important As “Quality of Care” <u>Data</u> (2)	More Important Than “Quality of Care” <u>Data</u> (3)	
a) The physician’s reputation among your peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130
b) The physician’s technical qualifications (training, education, board certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131
c) Your and your patients’ experience with the physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132
d) What patients have told you about a physician’s bedside manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133

11. After you refer a patient to another physician, how often do you receive *timely* information back about the results of the referral? (Select One)

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always 134

12. Do you think patients should have easy access to their own medical records? ₁ Yes, definitely ₂ Yes, probably ₃ No 135

13. How often are you able to provide a same day appointment to a patient who requests one? (Select One)

- ₁ Never ₂ Rarely ₃ Sometimes ₄ Often ₅ Always 136

14. Following are statements about physicians and non-physicians (e.g., nurse practitioners, pharmacists, social workers) working together as teams. Based on your experience working in teams in your office practice, indicate whether you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Neither Agree Nor Disagree (3)	Agree (4)	Strongly Agree (5)	
a) The involvement of multiple team members increases the likelihood of medical errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137
b) The give and take among team members results in better decisions regarding patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138
c) The team process makes care more cumbersome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139

15. In the past 12 months, how often have you directly observed the following?

	<u>Never</u> (1)	<u>Rarely</u> (2)	<u>Sometimes</u> (3)	<u>Often</u> (4)	
a) A patient had difficulty affording out-of-pocket costs for medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140
b) A patient's medical record(s), test results, or other relevant clinical information were not available at the time of the patient's scheduled visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	141
c) Tests or procedures had to be repeated because findings were unavailable or inadequate for interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	142
d) A patient received the wrong drug, wrong dose, or had preventable drug-drug interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	143
e) A patient had a positive test result that was not followed-up appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	144
f) A patient's care was compromised because he/she received conflicting information from different doctors or other health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	145
g) A patient experienced a problem following discharge from a hospital because his/her physician did not receive needed information from the hospital in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	146

INFORMATION TECHNOLOGY AND DECISION SUPPORT

16. Do you currently use each of the following technology tools in your practice? If not used, please indicate if you plan to use it within the next year.

	<u>Yes, Used Routinely</u> (1)	<u>Yes, Used Occasionally</u> (2)	<u>Not Used, PLAN to Use Within the Next Year</u> (3)	<u>Not Used, NO Plan to Use Within the Next Year</u> (4)	
a) Electronic billing of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	147
b) Electronic ordering of tests, procedures or drugs (this could be with Palm Pilots or computerized order entry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	148
c) Electronic patient medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	149
d) Electronic access to your patients' test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	150
e) E-mail with patients to communicate about care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	151
f) E-mail with other doctors to consult or communicate about your patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	152
g) Electronic or computer-based decision support tools that provide real-time treatment recommendations or diagnostic support based on data about your patients and practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	153

17. Are the following tasks currently performed in your office practice?

	<u>Yes, Using a Computerized System</u> (1)	<u>Yes, Using a Manual System</u> (2)	<u>No, Not Done PLAN to in Next Year</u> (3)	<u>No, Not Done NO Plan to in Next Year</u> (4)	
a) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	154
b) Physician receives an alert or prompt when special follow-up care is needed (e.g., about an INR check for patients who are on warfarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	155
c) Physician receives an alert or prompt about a potential problem with drug dose or drug interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156

18. 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 your patients?

	<u>Cannot Generate</u> (1)	<u>Very Difficult</u> (2)	<u>Somewhat Difficult</u> (3)	<u>Somewhat Easy</u> (4)	<u>Very Easy</u> (5)	
a) List of patients by certain age groups (e.g., all patients age 50 or older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157
b) List of patients by diagnosis or health risk (e.g., diabetes or hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	158
c) List of patients by laboratory results (e.g., patients whose hemoglobin levels indicate they are anemic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	159
d) List of patients by medications they currently take (e.g., patients who are on multiple medications or patients on warfarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160

19. How much of a barrier is each of the following to **greater use** of computer technology in your practice (e.g., electronic ordering of prescriptions, keeping computerized medical records)?

	<u>Not a Barrier</u>	<u>Minor Barrier</u>	<u>Major Barrier</u>	
	(1)	(2)	(3)	
a) You and/or other physicians/support staff in your practice lack training or knowledge on how to use computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	161
b) Start up costs are too high (investment into new equipment and training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	162
c) Privacy concerns (clinical information and medical records are not secure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	163
d) Lack of uniform standards within industry (e.g., having to use multiple systems used by different providers and plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	164
e) Lack of time to acquire, implement, and use such a system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	165
f) Maintenance costs are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	166
g) Lack of convincing evidence about the effectiveness of such technologies to improve care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	167

AVAILABILITY AND USE OF QUALITY OF CARE DATA

“Quality of Care” data refers to **OBJECTIVE, QUANTIFIABLE** information about patient care, such as percent of patients who receive recommended treatment or tests and patient clinical outcomes.

20. Do you receive any “Quality of Care” data about the care you provide?
1 Yes **IF YES, PROCEED TO Q21** 2 No **IF NO, SKIP TO Q25** 168

Answer only if you receive “Quality of Care” data

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21. Does the “Quality of Care” data you receive allow you to compare yourself to... (Select All That Apply)

1 Other physicians nationally
2 Other physicians in the same health plans
3 Other physicians in your specialty
4 Other physicians in your practice or local area
5 Some other comparison group: (WRITE IN) _____ 170-177
6 No comparisons with other physicians possible/Only get information about your own care

22. Do you receive “Quality of Care” data on any of the following aspects of your patient care?
 23. **IF YES**, how useful is this information?

	Q22: Receive Data?			Q23: Usefulness of Data?			
	Yes	No		Not Useful	Somewhat Useful		
	(1)	(2)		(3)	(4)	(5)	
a) Proportion of patients who receive recommended care (e.g., % of men age 50+ who receive prostate exams)	<input type="checkbox"/>	<input type="checkbox"/>	178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	212
b) Patients’ clinical outcomes (e.g., percent of diabetic patients with good glycemic control)	<input type="checkbox"/>	<input type="checkbox"/>	179	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	213
c) Patient surveys or experiences with care	<input type="checkbox"/>	<input type="checkbox"/>	180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	214

FOR EACH “YES”, ANSWER Q23

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24. From which of the following, if any, do you receive “Quality of Care” data about the care you provide to your patients? (Select All That Apply) 215

1 Federal Centers for Medicare and Medicaid Services (CMS, formerly HCFA)
2 Commercial insurance companies or health plans
3 Employer groups (e.g., Leapfrog, business coalitions)
4 Accreditation agencies, (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], NCQA, Boards of Registration)
5 Medical, professional, or specialty societies
6 Regulatory agencies (states, Board of Registration)
7 Internal sources only
8 Other: (WRITE IN) _____ 216-226

ALL RESPONDENTS ANSWER Q25

25. To improve high quality care in the U.S., which of the following do you think should have access to “Quality of Care” data about individual physicians?

	No, Definitely Not (1)	No, Probably Not (2)	Yes, Probably (3)	Yes, Definitely (4)	
a) The individual physician him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227
b) Other physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228
c) Medical leadership in the physician’s organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	229
d) Medical leadership in the health plan(s) from whom the physician accepts patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	230
e) Hospitals where physicians have admitting privileges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	231
f) Accrediting or licensing agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	232
g) A physician’s own patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	233
h) The general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	234

COMPENSATION

26. Which, if any, of the following are factors in determining your own compensation or income?

	<u>Not a Factor</u> (1)	<u>Minor Factor</u> (2)	<u>Major Factor</u> (3)	
a) Patient surveys and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	235
b) Measures of clinical care (i.e., “Quality of Care” data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	236
c) Quality bonus or incentive payments from insurance plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	237
d) Productivity or billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	238
e) Board re-certification status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	239

27. Do you receive reimbursements for the following types of care?

	Yes, From Health Plans or HMOs (1)	Yes, From Other Sources (2)	No (3)	
a) Email consultation with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240
b) Phone consultation with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	241
c) Group patient visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	242

28. With the current financial incentives in your practice, how often does providing the best quality of care for your patients mean less income for you? 1 Never 2 Rarely 3 Sometimes 4 Often

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29. How effective do you think each of the following would be in improving the quality of care you provide to your patients?

	<u>Not At All Effective</u> (1)	<u>Not Very Effective</u> (2)	<u>Somewhat Effective</u> (3)	<u>Very Effective</u> (4)	
a) More use of computer technology for patient medical records and prescribing drugs and medical tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	244
b) Better treatment guidelines or protocols for common conditions or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	245
c) Having more time to spend with your patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	246
d) Having better information on the best specialized physicians and centers to refer patients for specialized care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	247
e) Improved teamwork or communication among physicians or other medical care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	248
f) Better patient access to preventive care and health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	249

PRACTICE PROFILE AND DEMOGRAPHIC DATA

30. Which of the following best describes your practice? (Select One) 250
1 Solo practice 5 Hospital inpatient (hospital employee)
2 Single specialty group practice 6 Hospital-owned office-based practice (hospital employee)
3 Multi-specialty group practice 7 Community clinic or public clinic
4 A group or staff model HMO 8 Other
31. Which of the following best describes your medical practice? (Select One) 251
1 Most of my time with patients is for primary care, that is first contact care for a wide range of health problems
2 Most of my time with patients is for specialized care
3 My time is about equally divided between primary and specialty care
32. Are you a full owner, part owner, or not an owner of this practice? 1 Full owner 2 Part owner 3 Not an owner 252
33. Are you a salaried physician? 1 Yes 2 No 3 Not sure 253
34. How many physicians, including yourself, are in the practice? Include all locations of the practice. _____Physicians 254-257
35. Are any of the hospitals in which you practice or to which you have admitting privileges, a major teaching hospital or academic health center? 1 Yes 2 No 258
36. Approximately what percentage of your patients have the following sources of insurance coverage?
_____ % Medicare 259-261 _____ % Private Insurance, health plans, or HMO 265-267
_____ % Medicaid or other state sponsored insurance 262-264 _____ % Self-pay or uninsured 268-270
37. Are you accepting new patients? 1 Yes (ANSWER Q38 & Q39) 2 No (SKIP TO Q40) 271
38. Are you accepting new Medicare patients? 1 Yes 2 No 3 Don't see Medicare patients 272
39. Are you accepting new Medicaid patients? 1 Yes 2 No 3 Don't see Medicaid patients 273
40. Which of the following best describes your race or ethnic background? (Select One) 274
1 White 2 Black 3 Hispanic 4 Asian 5 Other _____ 275
Non-Hispanic Non-Hispanic (SPECIFY)
41. How many years have you been a practicing medical doctor?
1 Less than 1 year 2 1-2 years 3 3-5 years 4 6-10 years 5 11-15 years 6 16 or more years 276
42. How many hours a week are you involved in direct patient care activities, either in inpatient or outpatient settings? 277
1 None 2 1-20 hours 3 21-40 hours 4 More than 40 hours
43. Are you certified in your specialty? 1 Yes (ANSWER Q44) 2 No (SKIP TO Q45) 278
44. Have you re-certified in your specialty? If not, do you plan to re-certify in the next 2 years?
1 Yes, have re-certified 2 No, but PLAN to re-certify in next 2 years 3 No, and no plan to re-certify in next 2 years 279
45. Do you plan to retire or discontinue direct patient care in the next five years? 1 Yes 2 No 280

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

1 Yes, I would like to receive a summary of findings. Email: _____

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