


Thank you for taking the time to complete this survey. Your answers are very important and will be used to analyze the current state of unreimbursed care provided in the offices of primary care physicians. If you have any questions about your rights as a research subject, you are encouraged to contact Jacquelyn Admire, AAFP IRB Administrator, at (800)274-2237 ex. 3110 or irb@aafp.org.

For This Survey, unreimbursed care refers to free or reduced-cost care. This does not include scenarios when payment was expected and not received, care provided to Medicare or Medicaid recipients, payments from insurance companies that are below your billable rate, or care provided as a professional courtesy to the families of colleagues.



1) How many hours do you provide direct patient care during a typical week?

- <16  **GO TO page 14**
 - 16-25
 - 26-35
 - 36-45
 - >45
-

2) Approximately how many patients do you personally see during a typical week?

- <25
 - 25-50
 - 51-75
 - 76-100
 - 101-125
 - >125
-

3) In your current practice setting do you provide unreimbursed care to patients?

Yes → **GO TO question 4**

No



3a) In the past did you provide unreimbursed care to your patients?

Yes → **GO TO question 3c**

No



3b) What are the reasons you do not provide unreimbursed care?

Please check all that apply.

- There is no need in my community
- There is no tradition in my practice of providing unreimbursed care
- I do not have the financial ability to provide unreimbursed care
- I do not think that it is part of my responsibilities as a physician to provide unreimbursed care
- I am not able to take on unreimbursed care patients because I am fully booked with my other patients
- I am not in a position to decide which patients I see and which I do not see
- Other (Specify)

GO TO Question 3d

3c) What are the reasons you no longer provide unreimbursed care?

Please check all that apply.

- The practice has considered the matter and feels it no longer has the financial ability to provide unreimbursed care
- The practice has considered the matter and for reasons other than financial has decided not to provide unreimbursed care
- I have changed practices and my new practice has a policy discouraging unreimbursed care
- I have recently started a new practice and I am just getting established. I may provide unreimbursed care in the future
- There are new options for safety-net care in the community and I refer patients to them
- I felt like my patients took advantage of me in the past when I provided unreimbursed care
- Other (Specify)

3d) Which of the following would be needed in order for you to begin providing unreimbursed care?

Please check all that apply.

- A system to determine eligibility for unreimbursed care that reduces decision making burden
- Tax credits to allow me to defray some of the costs of providing unreimbursed care
- More support from the local health care system with referrals and hospitalizations
- Increased availability of state and Federal assistance for unreimbursed care
- Increased appreciation from the patients to whom I provide unreimbursed care
- More flexibility in determining the patients that I am able to see
- More time to get my medical practice established
- Increased need within my community
- More support from ancillary services (labs, radiology, pharmacy)
- None of the above
- Other (Specify)

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4) What kind of unreimbursed care do you currently provide?

	Never	Daily	Weekly	Monthly or less		
	0	1	2	3	4	5
Free service in the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discounted service in the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discounted or free service outside the office (i.e. home visit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4a) How often do you provide unreimbursed care to patients in each age group?

	Never	Daily	Weekly	Monthly or less		
	0	1	2	3	4	5
<19 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19-65 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
>65 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4b) How often do you provide the following services for your unreimbursed care patients?

	Never	Daily	Weekly	Monthly or less		
	0	1	2	3	4	5
Evaluation of acute problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic problem (routine follow-up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic problem (flare up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre/post surgery/injury follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-illness care (prevention, screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative office services (i.e. completion of forms, photocopying)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) In the past, have you provided unreimbursed care to patients with whom you have not established a relationship (i.e. new patients)?

- Yes
 - No
-

6) When a patient receives unreimbursed care from you, who determines their eligibility?

	Never	Sometimes	Always
	1	2	3
It is my individual decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a decision made by the administrative staff within my office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a decision made by the administrative staff within our institution but not in my office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a decision made by an outside agency that reports a patient's eligibility to our practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7) What does your practice or outside agency require to determine a patient's eligibility for unreimbursed care?

Please check all that apply.

- No written verification required
 - Previous year's tax returns
 - Recent W2 or paystub
 - Qualification for other Federal/State assistance
 - Document that another organization has previously verified eligibility (i.e. Hospital Social Services)
 - Do not know
 - Other (Specify)
-

10) How important are the following factors in determining your willingness to offer unreimbursed care?

	Not Important		Somewhat Important		Very Important
	1	2	3	4	5
Desire to provide continuity of care to patients who have lost their insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needs from new patients requesting appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility for follow-up care of patients I have seen in the ER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tradition in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tradition among my peers and colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requests from the friends and family of clinic staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The economic stability of my practice allows me to provide unreimbursed care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal or religious values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My involvement in a teaching program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My desire to help my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patient's appreciation of the unreimbursed care they receive from me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal satisfaction as a physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input style="width: 250px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11) How important are the following factors in limiting your ability to provide unreimbursed care?

	Not Important	Somewhat Important		Very Important	
	1	2	3	4	5
Availability of sufficient alternatives within the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical liability concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discomfort of regular patients with the presence of charity patients in my waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corporate policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Pressure to be productive with time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
**Declining profitability of practice or revenue per patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input style="width: 250px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*11a) Many physicians feel that pressure to be productive with their time limits the amount of unreimbursed care they can provide. What is the source of the pressure?

Please check all that apply.

- This is not a concern for my practice
- The need for higher volume of paying patients to maintain profitability
- The need for higher volume of paying patients to keep practice profitability growing
- Specific incentives or demands from employer/manager
- Specific financial incentives from managed care organizations or other payers
- The high need of paying patients and lack of time to serve non-paying patients
- Other (Specify)

****11b)** Many physicians feel that a decline in the profitability of their practice limits the amount of unreimbursed care they are able to provide. What has been the cause of this decline?

Please check all that apply.

- This is not a concern for my practice
- Rising costs
- Declining payments
- Both rising costs and declining payments
- Other (Specify)

12) How often have you done the following in order to provide unreimbursed care to a patient?

	Never	Daily		Weekly		Monthly or less
	0	1	2	3	4	5
Down coded a visit for an unreimbursed care patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discarded the billing slip for an unreimbursed care patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluated an unreimbursed care patient before insurance coverage is verified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided more than usual information during a phone consult to an unreimbursed care patient in order to avoid an office visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used email to prevent unreimbursed care patients from having to incur office visit charges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrote a prescription for an insured patient that is meant for a family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Called a colleague (including specialists) on behalf of an unreimbursed care patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Called a lab/radiology service on behalf of an unreimbursed care patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave an unreimbursed care patient medical supplies from your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examined two family members but only billed for the insured person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personally provided an administrative service that would otherwise be charged to the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided unreimbursed care patients with sample medications from your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (Specify)

13) To what extent do your own personal financial gains derived from your practice affect the amount of unreimbursed care you are willing to provide?

Not at All

1

2

Somewhat

3

4

Greatly

5

14) How often do you have difficulty referring unreimbursed care patients out for specialist care?

Never

1

2

Sometimes

3

4

Always

5



If you selected "Never," Please GO TO Question 15

14a) Is this difficulty in referring to specialists related to?

Please check all that apply.

- A general lack of specialists in the region
- A lack of a mechanism for referring unreimbursed patients from the office
- General unwillingness of specialists to accept unreimbursed care patients
- Unwillingness of patients to see specialist
- Formal policies that restrict referral of patients
- Cost associated with specialist care
- None of the above
- Other (Specify)

15) How often do you have difficulty referring unreimbursed care patients out for lab services?

Never		Sometimes		Always
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

If you selected "Never," Please GO TO Question 16

15a) Is this difficulty in referring unreimbursed patients to labs related to?

Please check all that apply.

- A general lack of laboratory services in the region
- A lack of a mechanism for referring unreimbursed patients from the office
- General unwillingness of laboratories in your region to accept unreimbursed care patients
- The existence of formal policies that restrict the patient's ability to obtain laboratory services
- Cost associated with laboratory testing
- None of the above
- Other (Specify)

16) How often do you have difficulty referring unreimbursed care patients out for radiology or imaging services?

Never		Sometimes		Always
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

If you selected "Never" Please GO TO Question 17

16a) Is this difficulty in referring unreimbursed care patients out for radiology or imaging services related to?

Please check all that apply.

- A general lack of radiology services in your region
- A lack of a mechanism for referring unreimbursed patients from the office
- General unwillingness of radiology or imaging departments to accept unreimbursed care patients
- The existence of formal policies that restrict a patient's ability to obtain radiology services
- The cost associated with radiology service
- None of the above
- Other (Specify)

17) How often do you have difficulty accessing medications for unreimbursed care patients?

Never		Sometimes		Always
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

If you selected "Never" Please GO TO Page 14

17a) Is this difficulty in accessing medications related to?

Please check all that apply.

- A general lack of available pharmacies in your region
- A lack of a mechanism for referring unreimbursed patients from the office
- General unwillingness of pharmacies to accept unreimbursed care patients
- The existence of formal policies that restrict a patient's ability to obtain medications
- The cost associated with filling prescriptions
- Medication assistance program requirements are too onerous
- There are no local medication assistance programs accessible to my patients
- Local medication assistance program requirements are too onerous
- None of the above
- Other (Specify)

Please tell us a little about yourself

What is your gender?

- Male Female
-

What year were you born?

What year did you graduate from medical school?

Are you of Hispanic/Latino origin?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
-

What is your race?

Please check all that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Pacific Islander/Native Hawaiian
- White
- Other
-

Please tell us a little about your **group** practice

Does your practice have more than one location?

- Yes No
-

Including yourself, how many clinicians (MDs, NPs, PAs) are associated with your group? Please include full and part time clinicians.

- 1
 2-3
 4-7
 8-12
 >12
-

Is this a single- or multi- specialty practice?

- Single Specialty Practice
 Multi-Specialty Practice
 Other
-

Are you a full- or part-owner, employee, or an independent contractor?

- Owner
 Employee
 Contractor
 Other
-

Who owns the practice?

- Physician or physician group
 HMO
 Community health center
 Academic health center
 Non-academic hospital system
 Other health care corporation
 Other
-

Please tell us about the practice location where you see most of your ambulatory patients.

Including yourself, how many clinicians (MDs, NPs, PAs) provide direct patient care at the location where you see most of your patients? Please include full and part time clinicians.

- 1
 - 2-3
 - 4-7
 - 8-12
 - >12
-

How would you identify the geographic location where you provide the most direct patient care?

- Urban: Central City
 - Urban: Non-central City
 - Suburban
 - Rural
-

In what zip code is the location at which you provide the most direct patient care? (This information will be used to describe the individual characteristics of your practice location, not to identify you personally)



Thank you for taking the survey. The information will assist the Agency for Healthcare Research and Quality (AHRQ) and the American Academy of Family Physicians (AAFP) to understand the

factors affecting the current state of safety net care in the family practice environment.