

**2005 Telephone Interview
Protocol
NHSC Chiropractors**

Draft

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Scope of Services

I would like to start by discussing the types of services you provide at the clinic.

1. What types of services do you provide on a routine basis (at least once a week)?
[Check off services mentioned by respondent and probe for the services not mentioned. Make sure to emphasize these are only services they provide at least once a week.]

Provide on Routine Basis

- a. Do you provide therapeutic treatments?

| | |
|--|-----|
| Manipulation adjustments | ___ |
| Application of surface neurostimulator | ___ |
| Mechanical traction | ___ |
| Gait training | ___ |
| Massage | ___ |
| Acupuncture | ___ |
| Acupressure | ___ |
| Other | ___ |

- b. Do you conduct evaluations and assessments?

| | |
|--|-----|
| Assessment of the necessity for care | ___ |
| Complete or focused physician examination | ___ |
| Complete or focused personal/family health history | ___ |
| Focused examination for management of acute or chronic condition | ___ |
| Documenting final medical assessment | ___ |
| Triaging | ___ |
| Other | ___ |

c. Do you conduct or order diagnostic procedures?

- Muscle testing _____
- Range of motion measurement _____
- Needle electromyography _____
- Nerve conduction _____
- X-ray (order, review, and interpret) _____
- MRI (order, review, and interpret) _____
- Laboratory tests (order, review, and interpret) _____
- Ergonomics and workplace safety _____

- Other _____

d. Do you provide counseling and education services?

- Diet and nutrition _____
- Stress management _____
- Health insurance/plan rules and guidelines _____
- Helping patients make choices _____
- Compliance counseling _____
- Disease education _____
- Fitness and exercise _____

- Other _____

e. Do you manage acute and chronic illnesses?

Injuries/trauma

Minor trauma _____

Sprains/strains _____

Musculoskeletal

Tendinitis _____

Back and neck pain/strain _____

Disc herniation _____

Osteoarthritis _____

Scoliosis _____

Repetitive stress injury _____

Cardiovascular

Chest pain _____

Gastrointestinal

Constipation _____

Neurologic

Headache _____

Paresthesia (numbness and tingling in an extremity) _____

Pain _____

Trauma _____

Behavioral

Anxiety _____

Other _____

f. Do you provide targeted services for special populations?

Functional/support assessment for the frail elderly _____

Other _____

g. Do you provide any other types of services on a routine basis? **[If yes, please describe]**

2. Is your provision of care limited by scope of practice restrictions?

[If yes] How?

3. Are there any types of services that you wish you could provide, but do not?

[If yes] What are they?

[If yes] What prevents you from providing these services?

4. During a typical week, how many hours per week do you work at this clinic?

5. How many patients do you see during an “average” day?

6. Please describe your typical patient in terms of demographic characteristics and health conditions.

7. What proportion of your practice is devoted to the treatment of neck and back pain?

8. When treating neck and back pain, how many visits are included in one episode of treatment?

9. Do you represent chiropractic care on any type of planning committee?

[If yes] Please tell me about this committee.

Contributions to the Site

10. Has your presence at the clinic resulted in the addition of new services?

[If yes] What are those new services?

11. Has your presence at the clinic resulted in the expansion of preexisting services to clinic users?

[If yes] Which services did you expand?

12. Have you implemented any quality of care initiatives since you started working at this clinic?

[If yes] Please describe.

13. Have you introduced any type of primary care program for clinic patients or the community?

[If yes] Please describe.

Process of Care

Next, I would like to talk about how you are integrated into the process of care at this clinic.

14. Do you ever co-manage patients with other clinical staff?

[If yes] What types of patients do you co-manage?

[If yes] What proportion of your patients do you co-manage?

15. What proportion of your patients come from each of the following sources?

- Referrals from clinic staff
- Referrals from other clinics within the same network of clinics
- Referrals from providers outside of your clinic’s network
- Self referrals

16. How frequently do you refer your patients?

To other physicians at this site _____

To other physicians at other clinics _____

To other pain specialist _____

17. **[If the chiropractor refers patients to other physicians]** What types of patients do you typically refer?

18. Do you ever participate in an interdisciplinary care team?

[If yes] What is the purpose or goal of the team?

What other types of providers are included in the team **[probe for physicians]**?

How frequently does the team meet?

Recruitment

I would now like to discuss what motivated you to work in a medically needy area.

19. How did you learn about the NHSC?

20. Why did you decide to apply for a NHSC loan repayment award?

21. Were you already working at the clinic at the time you applied for the NHSC loan repayment award?

[If yes] When did you start working at this clinic?

22. Did you have experience serving medically underserved populations prior to your NHSC obligation?

[If yes, probe for when this experience occurred]

School

Internship

Residency rotation

Preceptorship

23. Why did you decide to work at this clinic?

[If chiropractor does not mention the role of the loan repayment award] What role did the NHSC loan repayment award play in your decision to accept the position at this clinic?

24. Would you have [worked/continued to work] at this clinic if you had not received the loan repayment award from the NHSC?

Retention

Next, I would like to discuss your future plans.

25. Do you plan to continue to work at this clinic after your NHSC obligation ends?

[If yes] How long do you plan to continue working at this clinic?

[If no] Do you expect to continue working in a medically needy area?

26. Do you think clinics in underserved areas have a hard time retaining chiropractors?

[If yes] What factors make it difficult?

[If yes] What kinds of strategies do you think clinics in underserved areas should use to retain chiropractors?

27. Do you think your presence has helped this clinic retain other clinical staff, such as:

Physicians

Physician assistants/nurse practitioners

Mental health providers

Other

[If yes to any of the disciplines] Why?

Chiropractor Satisfaction

Now, I'd like to discuss your satisfaction with your work environment and the NHSC.

28. Using any number from 0 to 10 where 0 is the worst working environment possible and 10 is the best work environment possible, what number would you use to rate the working environment at this clinic? **[Probe for reasons behind the rating.]**

29. How satisfied are you with your NHSC experience?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

30. Is your experience with the NHSC loan repayment program what you expected?

[If no] How does your experience differ from your expectations?

31. Would you recommend the NHSC loan repayment program to other chiropractors?

[If yes] Why?

Background Information

To conclude, I need to get a little bit of information about you.

32. What is your age?

33. Are you male or female?

34. Are you of Hispanic or Latino origin or descent?

35. What is your race? **[Mark all that apply]**

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

36. Where did you grow up?

Town (or City) name: _____

County name: _____

State name (or Foreign country): _____

Is this a(n):

Rural area

Small town

Inner-city area

Suburban area

37. What type of education/training have you completed?
