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NAMCS: Physician and Medical Organization Survey

The Physician Survey is an expansion of the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about physician work environments across many settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

1. We have your specialty as

Is that correct? 1 Yes 2 No → What is your specialty? _____

2. Do you do any clinical work (e.g., seeing patients, interpreting lab or imaging results)?

1 Yes (**Continue to Q3**) 2 No. I do not do any clinical work. (**Go to Q57**)

The next set of questions asks about a normal week of work. We define "normal week" as a week with a normal caseload, with no holidays, vacations, or conferences. If your work varies, provide a normal week by averaging this work.

3. In a NORMAL WEEK, at how many locations do you do clinical work? _____ LOCATIONS

The next questions are about your work at all locations where you do clinical work.

4. In a NORMAL WEEK, about how many hours do you work? _____ Total hours (all locations)

5. Approximately how many days in a NORMAL WEEK do you work? _____ day(s) per week

**6. During a NORMAL WEEK of work, approximately how many patients do you care for?
_____ NUMBER OF PATIENTS (all locations)**

7. During a NORMAL WEEK of work (at all locations), about how many total hours do you spend doing clinical work?

_____ **Total clinical work hours (If you answered 3 hours or fewer Go to Q57)**

7a. During a NORMAL WEEK of work, what percent of your total clinical work hours is spent on each of the following activities? Exclude time not providing patient care. Enter "0" for activities you do not spend time on during a normal week.

Percent

a. Providing in-person evaluation and patient/case management services _____%

b. Performing procedures (e.g., diagnostic procedures, anesthesia, surgery) _____%

c. Providing in-person treatment for patients (e.g., radiation therapy, chemotherapy) _____%

d. Interpreting patient diagnostic tests (e.g., imaging studies, biopsies) for the medical record _____%

e. Communicate with patients or caregivers by email or telephone _____%

f. Communicate with providers about patient management and care coordination _____%

g. Patient-related clinical administrative tasks (e.g., patient-related office work, billing, or obtaining prior authorizations) _____%

h. Other (specify: _____) _____%

TOTAL 100%

8. During a **NORMAL WEEK** (at all locations), approximately how many **total hours** do you spend doing **non-clinical work** (e.g., administration, teaching, research)?

_____ Total non-clinical work hours

8a. During a **NORMAL WEEK** of work (all locations), what percent of your **total non-clinical work hours** is spent on each of the following activities? Enter "0" for activities you do not spend time on during a normal week.

Percent

a. Administrative tasks (e.g., practice or hospital management) not directly related to clinical care	_____ %
b. Teaching activities	_____ %
c. Research activities	_____ %
d. Professional activities (e.g., conferences, continuing education)	_____ %
e. Other (specify: _____)	_____ %
f. Other (specify: _____)	_____ %
	100%

9. During a **TYPICAL MONTH**, approximately how many hours do you spend on-call, if any?

_____ HOURS 1 Not on-call during a typical month

10. In a typical year, about how many weeks are you **NOT** engaged in clinical activities because of such events as conferences, vacations, illness, etc.?

_____ weeks

The next questions are about the **primary practice location**, which is the location you spend the most time engaged in clinical work. Your primary practice location may differ from the medical organization that employs you.

11. Which of the following settings describes your **primary practice location**? **CHECK ONE ONLY**

- 1 Office or clinic physically located within a larger medical facility or campus
- 2 Office or clinic located in the community (not in a larger medical facility or campus)
- 3 Other outpatient facility (ambulatory or surgical center)
- 4 Hospital setting (inpatient ward, emergency department, surgical suite, radiological facility)
- 5 Long-term or post-acute care setting
- 6 Other setting (Please describe): _____

12. During your last **normal** week, approximately how many patient visits did you have at the **primary practice location**? Note: Include visits where you personally saw the patient. MARK Not Applicable, if you do not see patients.

_____ patient visits

- 0 Not applicable

13. Overall, how would you rate the quality of teamwork among the clinicians at your primary practice location that provide care for your patients?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 N/A -No other clinicians in my primary practice

14. What is the degree of electronic health record acquisition or implementation at the primary practice location?

- 1 We have implemented an EHR system
- 2 We are in the process of implementing an EHR
- 3 We plan to acquire an EHR system in the next 12 months
- 4 We plan to acquire an EHR system in the next 13-to 24 months
- 5 We have no plans to acquire an EHR system

<p>15. Do you share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 Unknown</p> <p><input type="checkbox"/>4 Not applicable, I do not have an EHR system</p>	<p>16. Does your EHR at your primary practice location have the capability to electronically send health information to another provider whose EHR system is different from your own?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 Unknown</p> <p><input type="checkbox"/>4 Not applicable, I do not have an EHR system</p>
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17. Does the primary practice location have the computerized capabilities listed below? CHECK NO MORE THAN ONE BOX PER ROW. If you do not perform task mark Not Applicable.	Yes	Yes, but turned off	No	Unknown	Not Applicable
a. Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 6

18. Do you think the following are major problems, minor problems, or not problems affecting your ability to provide high quality care?	Not a Problem	Minor Problem	Major Problem	Not applicable
a. Not enough time to spend with patients during visits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
b. Too many clinical reminders from my electronic health record	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
c. Lack of timely information about patients I see who have been cared for by other physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
e. Lack of access to research evidence to guide my clinical decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
f. Not enough resources (e.g., time, staff, decision aides) to provide patients with balanced information about treatment options.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
g. Not enough resources (e.g., time, staff, decision aids) to incorporate patient preferences into the medical plan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
h. Difficulty obtaining specialized diagnostic tests, treatments, or specialist referrals for my patients in a timely manner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
i. Patient difficulty paying for needed care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0

1. How many of the following types of staff are associated with the primary practice location? If none, mark box provided. Include yourself in the applicable physician category.	Number of staff at the primary practice
Specialist physicians	_____ <input type="checkbox"/> None
Primary care physicians	_____ <input type="checkbox"/> None
Physician assistants	_____ <input type="checkbox"/> None
Advanced practice nurses	_____ <input type="checkbox"/> None
Registered nurses	_____ <input type="checkbox"/> None
Licensed practical nurse/medical assistant	_____ <input type="checkbox"/> None
Other licensed health professionals	_____ <input type="checkbox"/> None
Number of administrative staff	_____ <input type="checkbox"/> None

19. Of all of your patients, what percentage do you provide primary care?

_____ % of patients

*If you provide primary care for 10% or more of your patients, continue to Q20a
 If you provide primary care for less than 10% of your patients, skip to Q21.*

20a. How often can the patients you provide primary care to....	Always	Often	Sometimes	Rarely	Never	Uncertain
i. ...see you each time they visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20b. How often is the primary practice location....	Always	Often	Sometimes	Rarely	Never	Uncertain <input type="checkbox"/> 6
i. ...open for patient visits after normal business hours, such as evenings, nights or weekends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6
ii. ...able to see sick patients that same day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
iii. ...able to provide timely advice to patients either over the phone or by email as needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20c. Can patients get the following services on-site at your primary practice location?	Yes	No	Unknown			
a. Nutrition counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5			
b. Immunizations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5			
c. Family planning or birth control services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5			
d. Counseling for behavior or mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5			
e. Treatment of a minor laceration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5			

20d. If a patient for whom you provide primary care presents with <u>new onset low back pain</u> , how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20e. If a patient for whom you provide primary care presents with <u>amenorrhea</u>, how likely is it that you	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely

will do each of the following?				
Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20f. If a patient for whom you provide primary care presents with <u>depression symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20g. If a patient for whom you provide primary care presents with <u>diabetes symptoms</u>, how likely is it that you will do each of the following?	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Conduct needed history and physical exam for initial assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order and interpret the necessary diagnostic tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiate treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Refer the patient to a different health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20j. To what extent do you agree or disagree with the following statements about primary care provided at your <i>primary practice location</i>?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain	Very Unlikely
a. The primary care team is responsible for coordinating all patient care across multiple settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
b. The primary care team routinely identifies patients with a hospital admission or emergency department visit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
c. The primary care team routinely obtains patient discharge summaries across all care settings, including transfers from one care setting to another (as in hospital).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
d. The primary care team contacts patients soon after hospital discharge to coordinate follow-up care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
e. The primary care team routinely reconciles medications with patients after care transitions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
f. The primary care team provides consultants or specialists the clinical reason for the referral.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
g. The primary care team routinely tracks the status of referrals when appropriate.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
h. The primary care team routinely follows up with specialists to obtain reports..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4
i. The primary care team routinely asks patients about self-referrals to request reports from those clinicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4

20k. Has your primary practice location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association of Health Care Practice?

- 1 Yes
- 2 No, but we are preparing to apply within 12 months
- 3 No and no plans to apply to apply within 12 months
- 4 Uncertain

The next questions are about the characteristics of the medical organization that employs you. By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations.

20. Including yourself, how many physicians are in your medical organization? Include all practice locations.

- 1 100 or fewer physicians → [] [] [] physicians are in my organization
- 2 More than 100 physicians

21. How would you rate this medical organization's performance in each of the following areas over the past 12 months?	Excellent	Very Good	Good	Fair	Poor	Uncertain
Financial performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

22. Which of the following best describes this medical organization? CHECK ONE ONLY.

- 1 Independent physician practice
- 2 Group or staff model HMO
- 3 Network of physicians owned by a hospital, hospital system or medical school
- 4 Hospital or medical school staff
- 5 Other (please specify) _____

23. What are the three most common physician specialties represented in your medical organization?

1. _____
2. _____
3. _____

24. Who owns the medical organization? CHECK ALL THAT APPLY.

- 1 Physicians in the practice
- 2 Another physician group
- 3 Insurance company, health plan, or HMO
- 4 Community health center
- 5 Medical school or university/academic health center
- 6 Other public or private hospital, health system, or foundation owned by a hospital
- 7 Other (please specify) _____

25. Are you a full- or part- owner, an employee, or an independent contractor within your medical organization?

- 1 Full or part owner
- 2 Employee
- 3 Contractor

26. Who is most involved with decisions for each of the following activities?	Physicians at my location	Administrators at my location	Administrators off-site within my organization	Administrators outside of my medical organization	Not applicable
a. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Purchasing medical equipment used at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Hiring new physicians at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Hiring support staff at your primary practice location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

27. To better understand medical organizations, we are conducting a complementary data collection effort. We are interested in learning about other aspects of your medical organization, such as network affiliations, payment structures, and relationships with other health care organizations. **Please provide contact information for your organization's primary practice administrator or person you think is best qualified to answer these questions. The contact information you provide will be strictly protected under Federal data privacy rules.**

Name _____	County <u>SA</u> City _____
Title _____	State _____ Zip Code _____
Organization Name _____	Telephone (_____) _____
Mailing address _____	E-mail _____ @ _____

The next questions are about you. All information collected will be aggregated with responses from other physicians. Consistent with Federal laws, identities of respondents will never be able to be determined

<p>28. In general, how satisfied or dissatisfied are you with your career in medicine?</p> <p><input type="checkbox"/>1 Very dissatisfied</p> <p><input type="checkbox"/>2 Somewhat dissatisfied</p> <p><input type="checkbox"/>3 Neither satisfied nor dissatisfied</p> <p><input type="checkbox"/>4 Somewhat satisfied</p> <p><input type="checkbox"/>5 Very satisfied</p> <p>29. What is your race? (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/>1 White</p> <p><input type="checkbox"/>2 Black</p> <p><input type="checkbox"/>3 Asian</p> <p><input type="checkbox"/>4 American Indian, Alaska Native, or Pacific Islander</p> <p><input type="checkbox"/>5 Other (Please specify) _____</p> <p>30. What is your ethnicity?</p> <p><input type="checkbox"/>1 Hispanic or Latino</p> <p><input type="checkbox"/>2 Not Hispanic or Latino</p>	<p>31. In what clinical area(s) are you board certified?</p> <p>_____</p> <p>_____</p> <p>32. Regardless of board certification, what is your main specialty or subspecialty (that is the area considered to be your primary clinical focus)?</p> <p>_____</p> <p>_____</p> <p>33. In what year did you begin working in this specialty area? (please do not include years in residencies or fellowships)</p> <p>_____ YEAR</p> <p>34. In your personal life, are you the primary caregiver for anyone in your family including children or adults (e.g., spouse, partner, parent, or relative)?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p>
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35. Please estimate your personal total pre-tax income from the practice of medicine in 2013. This information will be strictly protected under Federal data privacy rules and only used in aggregate from across groups of many physicians. Please feel free to round to the nearest \$20,000.

\$ _____, _____, _____

36. Estimate what percentage of your total compensation is based on the following ways that physicians are paid. <i>Your percentage of total compensation should sum to 100%.</i>	
Guaranteed or "base" salary (not directly tied to your productivity or clinical performance)	_____ %
Your own individual productivity (e.g., cash collection, billings, relative value units, visits)	_____ %
Your own management of health care resources for your patients as compared to other physicians	_____ %
Performance on measures of your patients' satisfaction with the care you provide(e.g., results of patient satisfaction surveys)	_____ %
Performance on measures of the quality of care you provide to your patients (e.g., measures of adherence to guidelines, complication rates, quality review by peers)	_____ %

Some share of your medical organization's net revenue	_____ %
Other (Please specify) _____	_____ %

Total 100%

The Medical Organizations survey (Q39-56) is an expansion of the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about medical organizations where all physicians work across many settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

37. Which of the following best describes this medical organization? By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations. CHECK ONE ONLY

- 1 Independent solo or two physician practice
- 2 Independent group practice – three or more physicians
- 3 Group or staff model HMO
- 4 Network of physicians owned by a hospital, hospital system or medical school
- 5 Hospital or medical school staff
- 6 Other (please specify) _____

38. Overall, how many locations does this medical organization have to do clinical work?

_____ Number of locations.

39. Approximately how many physicians work for this medical organization, across all of its locations?

_____ Number of physicians

40. What are the three most common physician specialties represented in your medical organization?

- 1. _____
- 2. _____
- 3. _____

41. Who owns the medical organization? CHECK ALL THAT APPLY

- 1 Physicians in the practice
- 2 Another physician group
- 3 Insurance company, health plan, or HMO
- 4 Community health center
- 5 Medical school or university/academic health center
- 6 Other public or private hospital, health system, or foundation owned by a hospital
- 7 Other (please specify) _____

42. How would you rate this medical organization's performance in each of the following areas over the past 12 months?

	Excellent	Very Good	Good	Fair	Poor	Uncertain
Financial Performance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

43. Who is most involved with decisions for each of the following activities? CHECK ONE ONLY	Physicians at their location	Administrators at each clinical location	Administrators off-site within my organization	Administrators outside of my medical organization	Not applicable
a. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Purchasing medical equipment used at your reporting location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Hiring new physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Hiring support staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

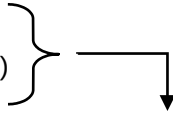
44. Who primarily provides the following services for clinical locations in the medical organization? CHECK ONE ONLY	Each clinical-location	The medical organization	Network affiliation (e.g., PHO, IPA)	Independent Vendor (e.g., management service company)	N/A
a. Billing services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Clinical health information system implementation and support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Shared clinical support services such as nurse care managers or patient educators	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Quality improvement program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Malpractice insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next two questions are about types of insurance accepted by the medical organization.

6. About what percent of physician patient care revenue comes from each type of insurance in your medical organization?		7. Is the medical organization accepting new patients for each type of insurance?		
Types of insurance	Percent	Yes	No	Unknown
1. Private insurance capitated	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Private insurance non-capitated	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicare	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Medicaid/SCHIP	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Workers compensation	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Self pay	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. No charge	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other: specify _____	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	100%			

45. Does the medical organization receive any additional compensation beyond routine visit fees for offering *Patient-Centered Medical Home (PCMH)* type services or participate in a certified PCMH arrangement?

- 1 Yes (Skip to 49)
- 2 No (Go to 48a)
- 3 Uncertain (Go to 48a)



48a. Are there plans to participate in a PCMH arrangement in the next 12 months?

- 1 Yes
- 2 No
- 3 Uncertain

46. Does the medical organization participate in an *Accountable Care Organization (ACO)* arrangement with Medicare or private insurers?

An ACO is an entity typically composed of primary care physicians, specialist, and hospitals that is held financially accountable for the cost and quality of care delivered to a defined group of patients.

- 1 Yes (Skip to 50)
- 2 No (Go to 49a)
- 3 Uncertain (Go to 49a)

49a. Are there plans to participate in an Accountable Care Organization arrangement in the next 12 months?

- 1 Yes
- 2 No
- 3 Uncertain

47. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?

- 1 No (skip to 51)
- 2 Yes (Go to 50a)
- 3 Uncertain (Go to 50a)

50a. What percentage of your patients come to you through your IPA or PHO?

___ ___ ___ percent of patients
 Uncertain

48. Do physicians in your medical organization manage patients that have at least one chronic condition?

- 1 Yes → Continue to Q51a
- 2 No → SKIP to Q 52
- 3 Uncertain → SKIP to Q52

51a. Among patients cared for by the medical organization, what percent of patients with at least one chronic condition are managed by your physicians?

___ ___ ___ % of patients (Continue to 51b)

51b What percent of patients with at least one chronic condition receive the following services, and indicate who provides the service.	Percent of patients receiving service	Service provided by...			
		Your organization	IPA, PHO, or ACO	Health plan or other payer	Service not provided
a. Clinicians use guideline-based reminders during patient visit	___ ___ ___ % →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
b. Patients are sent reminders for preventive or follow-up care	___ ___ ___ % →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
c. Non-physician staff meets with patients to provide them with education or help manage their condition	___ ___ ___ % →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
d. Specially trained nurse care managers are used to coordinate care.	___ ___ ___ % →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0

8. Indicate whether this medical organization provides each of the following to its physicians. Do not include reports from other organizations that only cover a portion of the physicians' patient panels.	Yes	No	Uncertain
a. Reports on the clinical quality of care the physician individually provides to patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Reports on the physician's individual resource use when treating patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. A registry of patients with specific conditions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

49. Ar

9. What percentage of your organization's patient care revenue comes from the following?	Percent
a. Traditional fee-for-service. <i>Note: does not include performance adjustments, shared savings, etc.</i>	— — — —
b. Modified fee-for-service with adjustments for performance quality or cost measures. Includes quality bonuses, pay for performance	— — — —
c. Shared savings. Organization receives fee-for-service payments but has financial incentives to reduce <i>health care spending</i> for a <i>defined</i> patient population. Organization receives a percentage of any net savings resulting from care improvement efforts and may bear risk for higher costs.	— — — —
d. Bundling payments. Organization alone or in conjunction with others receives financial incentive for reducing total service use during episodes of care experienced by a specific patient population.	— — — —
e. Capitation payments. Set payment covers full or partial patient services.	— — — —
f. Other. (Please specify) _____	— — — —

e you either a full or part owner at the medical organization?

- Part owner
- Full owner
- Not an owner

50. Which of the following best describes your role in this medical organization? Select all that apply.

- Practice administrator
- Medical director
- Physician
- Office Manager
- Other (Please specify) _____

51. Would you have preferred to complete this questionnaire through a Website or would you have preferred to complete this questionnaire by paper?

- Strong paper preference
- Slight paper preference
- Slight website preference
- Strong website preference

52. Who completed this survey?

- The physician to whom it was addressed
- Office staff
- Other

53. Were you asked to skip ahead because you do not do clinical work more than 3 hours a week?

1 Yes (go to 58a)

2 No (Thank you- for your participation – please provide comments about the survey in the Comment box)

58a. What do you spend most of your work time doing? (Select all that apply)

1 Administrative tasks

2 Teaching activities

3 Research activities

4 Professional activities

5 I am retired

6 I practice medicine no more than 3 hours a week.

7 Other (*Please specify*) _____

2. Comment Box: **Were there any questions that you had problems answering or question you were unable to express your response fully?**

3.

4.

5.

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

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Boxes for Admin Use