

## **APPENDIX C**

### **Survey Instruments**



## Survey of Clinical Time for Selected Radiology Services

Thank you for taking the time to fill out this questionnaire. We are interested in gathering information from radiologists like yourself to better understand the clinical time that goes into providing health care services to your patients. The survey questions cover six different services that radiologists routinely provide. Please consider ALL of your patients in your responses, regardless of their age, health status, or type of insurance.

Filling out this survey is voluntary. Your answers to these questions will be kept confidential. Results of this survey will be reported only in the aggregate; you or your practice will not be identified in any way. If you have any questions, please call the Study Manager, Lourdes Suárez, at **1-877-754-6104**.

We are interested in obtaining feedback from physicians with a primary area of practice in

### **Radiology**

- Radiology** is your primary area of practice → *Please mark the box and continue to the next page.*
- Radiology** is *not* your primary area of practice → *Please mark the box and return this questionnaire in the enclosed envelope. We appreciate your time.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-NEW**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **FILL IN CONTACT INFO HERE**  
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Section A

### Estimates of service time

In this section, we ask about the time it takes you to provide six specific services. These services are identified on the following pages by the CPT code and the service description from the 2013 CPT manual. For each service, please provide your best estimate of the time you usually spend providing the service.

#### Please read the following information to guide you in estimating your service time:

1. Please do not include the following in your intra-service time estimate:
  - Time related to *any* activities that are billed separately, such as:
    - any E/M service provided in conjunction with the main service being asked about in the survey,
    - post-operative pain management procedures,
    - invasive monitoring procedures,
    - critical care services.
  - Visits that are typically part of a global billing period, such as a post-operative visit, should be included in your post-service time estimate.
  - Time spent by Residents providing a service with you or time spent by you in teaching Residents while providing a service. Estimate your time as if Residents were not present.
  - Time spent by technicians, technologists, and other clinical staff.
2. In this survey, we refer to physician assistants (PAs), nurse practitioners (NPs), and surgical assistants who work with you in providing the study services.
  - Please do not include the time contributed by these practitioners, such as the time it takes a surgical assistant to “open and close” a patient at surgery, in your own time estimates. We will be asking you to estimate the time of these practitioners separately.
3. We are interested in understanding each component of time separately, **defined below as pre-service, intra-service, and post-service:**
  - **Pre-service:** For nonsurgical services, such as evaluation and management (E/M) services or nonsurgical procedures, pre-service work includes preparing to see the patient, reviewing records, and communicating with other professionals.
  - **Intra-service:** For nonsurgical services, such as E/M services or nonsurgical procedures, the intra-service work includes the work provided while the physician is with the patient and/or family, or “face-to-face” time.
  - **Post-service:** For nonsurgical services such as E/M services or nonsurgical procedures, the post-service work includes arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals, which may include written and telephone reports, as well as calls to the patient.

**70450: CT—Head or Brain**

Computed tomography, head or brain; without contrast material.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (70450), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**74177: CT—Abdominal and Pelvis**

Computed tomography, abdomen and pelvis; with contrast material(s).

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (74177), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i>	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**G0202: Screening Mammography—Digital**

Screening mammography, producing direct digital image, bilateral, all views.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (G0202), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**76705: Ultrasound—Abdomen**

Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up).

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (76705), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**71020: Chest X-Ray**

Radiological Examination, Chest, 2 Views, Frontal and Lateral.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**

No → **Skip to next service**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (71010), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> Should sum to 100%	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**70553: MRI—Brain**

Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**

No → **Skip to the next page, Section B**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (70553), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> Should sum to 100%	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section B

This section includes questions about your practice.

Please think about the office location where you spend the most direct patient care hours. If you split your time equally, select the practice you have been with the longest.

**B1.** Which of the following best describes the office location where you spend the most direct patient care hours?

- Solo practice → *Skip to B4*
- Single specialty group
- Multispecialty group
- Medical school faculty practice
- Hospital

**B2.** How many full time equivalent (FTE) physicians are associated with this practice location?

Please answer thinking about the location where you spend the most of your direct patient care hours.

- 2 – 5 physicians
- 6 – 10 physicians
- 11 – 30 physicians
- 31 – 100 physicians
- More than 100 physicians

**B3.** How many of these FTE physicians practice primarily Radiology, regardless of subspecialty? Please estimate to the best of your ability.

Physicians

**B4.** How many FTE nurse practitioners, physician assistants, and assistants-at-surgery practice in the same specialty or department as you, at your primary location? Please estimate to the best of your ability.

Nurse practitioners, physician assistants, and assistants-at-surgery

**B5. Approximately how many years have you been working in this setting?**

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 Years

**B6. Which of the following best describes the electronic health records (EHR) adoption status at your primary practice location?**

- We do not have an EHR system.
- We are not actively using an EHR system but we have one installed.
- We are actively using an EHR system that was installed within the past 18 months.
- We are actively using an EHR system that was installed more than 18 months ago.

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## Section C

**This section includes questions about you and your work style.**

**C1. What is your age?**

- Less than 35 years of age
- 35 to 44 years of age
- 45 to 54 years of age
- 55 or older

**C2. Approximately how many years have you been practicing in the specialty indicated on the cover page of this questionnaire?**

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 Years



**C3. During a typical week, approximately how many total hours do you spend in all medically related activities?** Medically related activities are defined as time spent on administrative tasks, professional activities, and direct patient care but not time spent on call while not treating patients.

- Less than 20 hours
- 20 to 39 hours
- 40 to 59 hours
- 60 hours or more

**C4. Approximately what percentage of this time is spent on direct patient care?** Direct patient care includes activities such as seeing patients, performing surgery or procedures, telephone and email communications with patients and their families, and time spent on patient record-keeping, patient-related office work, interpreting tests and imaging, and travel time associated with direct patient care.

% of time spent on direct patient care

**C5. Which of the following describes your basic compensation?**

- Fixed salary
- Shift, hourly, or other time-based payment
- Share of practice billings or workload (e.g. fee-for-service)
- Other method, please describe: \_\_\_\_\_

**C6. Are you eligible to earn income through any type of bonus or incentive plan?** Mark yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

- Yes
- No

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**Thank you for completing this questionnaire.**

Please check to see that all questions are answered.

Please mail these forms to us at the address below. A postage-paid envelope is provided.

Survey of Clinical Time, c/o Lourdes Suárez, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-754-6104

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## Survey of Clinical Time for Selected Orthopedic Services

Thank you for taking the time to fill out this questionnaire. We are interested in gathering information from orthopedists like yourself to better understand the clinical time that goes into providing health care services to your patients. The survey questions cover six different services that orthopedists routinely provide. Please consider ALL of your patients in your responses, regardless of their age, health status, or type of insurance.

Filling out this survey is voluntary. Your answers to these questions will be kept confidential. Results of this survey will be reported only in the aggregate; you or your practice will not be identified in any way. If you have any questions, please call the Study Manager, Lourdes Suárez, at **1-877-754-6104**.

We are interested in obtaining feedback from physicians with a primary area of practice in

### Orthopedics

**Orthopedics** is your primary area of practice → *Please mark the box and continue to the next page.*

**Orthopedics** is *not* your primary area of practice → *Please mark the box and return this questionnaire in the enclosed envelope. We appreciate your time.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-NEW**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **FILL IN CONTACT INFO HERE**  
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Section A

### Estimates of service time

In this section, we ask about the time it takes you to provide six specific services. These services are identified on the following pages by the CPT code and the service description from the 2013 CPT manual. For each service, please provide your best estimate of the time you usually spend providing the service.

#### Please read the following information to guide you in estimating your service time:

1. Please do not include the following in your intra-service time estimate:
  - Time related to *any* activities that are billed separately, such as:
    - any E/M service provided in conjunction with the main service being asked about in the survey,
    - post-operative pain management procedures,
    - invasive monitoring procedures,
    - critical care services.
  - Visits that are typically part of a global billing period, such as a post-operative visit, should be included in your post-service time estimate.
  - Time spent by Residents providing a service with you or time spent by you in teaching Residents while providing a service. Estimate your time as if Residents were not present.
  - Time spent by technicians, technologists, and other clinical staff.
2. In this survey, we refer to physician assistants (PAs), nurse practitioners (NPs), and surgical assistants who work with you in providing the study services.
  - Please do not include the time contributed by these practitioners, such as the time it takes a surgical assistant to “open and close” a patient at surgery, in your own time estimates. We will be asking you to estimate the time of these practitioners separately.
3. We are interested in understanding each component of time separately, **defined below as pre-service, intra-service, and post-service:**
  - **Pre-service:** For surgical services, the pre-service period includes all usual physician services provided from the day before surgery until the operative procedure begins. For nonsurgical services, such as evaluation and management (E/M) services or nonsurgical procedures, pre-service work includes preparing to see the patient, reviewing records, and communicating with other professionals.
  - **Intra-service:** For surgical services, the intra-service or intraoperative period includes all “skin-to-skin” (start of the skin incision until the incision is closed) physician work that is a necessary part of the procedure. For nonsurgical services, such as E/M services or nonsurgical procedures, the intra-service work includes the work provided while the physician is with the patient and/or family, or “face-to-face” time.
  - **Post-service:** For surgical services with a global period of zero days, the post-service period includes all post-operative care following skin closure, on the day of surgery. For surgical services with global periods of 10 or 90 days, the post-service work includes the same work as a surgical service with a global period of zero days, and, in addition, includes post-operative hospital and office visits within the assigned global period of 10 or 90 days. For nonsurgical services such as E/M services or nonsurgical procedures, the post-service work includes arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals, which may include written and telephone reports, as well as calls to the patient.

**29881: Surgical Arthroscopy—Knee**

Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.

Hospital-based:

Office or Outpatient:

**20610: Arthrocentesis—Major Joint or Bursa**

Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa).

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**27130: Arthroplasty—Hip**

Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?** Yes → *Complete remainder of table* No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.**Hospital-based: Office or Outpatient: **27447: Arthroplasty—Knee**

Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty).

**1. Do you provide the service frequently enough to feel comfortable estimating service time?** Yes → *Complete remainder of table* No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.**Hospital-based: Office or Outpatient:

**27245: Treatment Femoral Fracture—Intertrochanteric**

Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

- Yes → *Complete remainder of table*                       No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.

- Hospital-based:                       Office or Outpatient:

**99214: Office Visit—Established Patient, Level 4**

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

- Yes → *Complete remainder of table*                       No → *Skip to the next page, Section B*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (99214), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section B

This section includes questions about your practice.

Please think about the office location where you spend the most direct patient care hours.  
If you split your time equally, select the practice you have been with the longest.

**B1.** Which of the following best describes the office location where you spend the most direct patient care hours?

- Solo practice → *Skip to B4*
- Single specialty group
- Multispecialty group
- Medical school faculty practice
- Hospital

**B2.** How many full time equivalent (FTE) physicians are associated with this practice location?

Please answer thinking about the location where you spend the most of your direct patient care hours.

- 2 – 5 physicians
- 6 – 10 physicians
- 11 – 30 physicians
- 31 – 100 physicians
- More than 100 physicians

**B3.** How many of these FTE physicians practice primarily Orthopedics, regardless of subspecialty? Please estimate to the best of your ability.

Physicians

**B4.** How many FTE nurse practitioners, physician assistants, and assistants-at-surgery practice in the same specialty or department as you, at your primary location? Please estimate to the best of your ability.

Nurse practitioners, physician assistants, and assistants-at-surgery

**B5. Approximately how many years have you been working in this setting?**

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 Years

**B6. Which of the following best describes the electronic health records (EHR) adoption status at your primary practice location?**

- We do not have an EHR system.
- We are not actively using an EHR system but we have one installed.
- We are actively using an EHR system that was installed within the past 18 months.
- We are actively using an EHR system that was installed more than 18 months ago.

**B7. What percent of the practice's patients rely on the following sources for payment for the services they receive? Please estimate to the best of your ability.**

--	--	--

 % Medicare (including Medicare Advantage health plans)

--	--	--

 % Medicaid and other public sources

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## Section C

**This section includes questions about you and your work style.**

**C1. What is your age?**

- Less than 35 years of age
- 35 to 44 years of age
- 45 to 54 years of age
- 55 or older

**C2. Approximately how many years have you been practicing Orthopedics?**

--	--

 Years



**C3. During a typical week, approximately how many total hours do you spend in all medically related activities?** Medically related activities are defined as time spent on administrative tasks, professional activities, and direct patient care but not time spent on call while not treating patients.

- Less than 20 hours
- 20 to 39 hours
- 40 to 59 hours
- 60 hours or more

**C4. Approximately what percentage of this time is spent on direct patient care?** Direct patient care includes activities such as seeing patients, performing surgery or procedures, telephone and email communications with patients and their families, and time spent on patient record-keeping, patient-related office work, interpreting tests and imaging, and travel time associated with direct patient care.

% of time spent on direct patient care

**C5. Which of the following describes your basic compensation?**

- Fixed salary
- Shift, hourly, or other time-based payment
- Share of practice billings or workload (e.g. fee-for-service)
- Other method, please describe: \_\_\_\_\_

**C6. Are you eligible to earn income through any type of bonus or incentive plan?** Mark yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

- Yes
- No

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**Thank you for completing this questionnaire.**

Please check to see that all questions are answered.

Please mail these forms to us at the address below. A postage-paid envelope is provided.

Survey of Clinical Time, c/o Lourdes Suárez, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-754-6104

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## Survey of Clinical Time for Selected Ophthalmology Services

Thank you for taking the time to fill out this questionnaire. We are interested in gathering information from ophthalmologists like yourself to better understand the clinical time that goes into providing health care services to your patients. The survey questions cover six different services that ophthalmologists routinely provide. Please consider ALL of your patients in your responses, regardless of their age, health status, or type of insurance.

Filling out this survey is voluntary. Your answers to these questions will be kept confidential. Results of this survey will be reported only in the aggregate; you or your practice will not be identified in any way. If you have any questions, please call the Study Manager, Lourdes Suárez, at **1-877-754-6104**.

We are interested in obtaining feedback from physicians with a primary area of practice in

### Ophthalmology

- Ophthalmology is your primary area of practice → ***Please mark the box and continue to the next page.***
- Ophthalmology is ***not*** your primary area of practice → ***Please mark the box and return this questionnaire in the enclosed envelope. We appreciate your time.***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-NEW**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **FILL IN CONTACT INFO HERE**  
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Section A

### Estimates of service time

In this section, we ask about the time it takes you to provide six specific services. These services are identified on the following pages by the CPT code and the service description from the 2013 CPT manual. For each service, please provide your best estimate of the time you usually spend providing the service.

#### Please read the following information to guide you in estimating your service time:

1. Please do not include the following in your intra-service time estimate:
  - Time related to *any* activities that are billed separately, such as:
    - any E/M service provided in conjunction with the main service being asked about in the survey,
    - post-operative pain management procedures,
    - invasive monitoring procedures,
    - critical care services.
  - Visits that are typically part of a global billing period, such as a post-operative visit, should be included in your post-service time estimate.
  - Time spent by Residents providing a service with you or time spent by you in teaching Residents while providing a service. Estimate your time as if Residents were not present.
  - Time spent by technicians, technologists, and other clinical staff.
2. In this survey, we refer to physician assistants (PAs), nurse practitioners (NPs), and surgical assistants who work with you in providing the study services.
  - Please do not include the time contributed by these practitioners, such as the time it takes a surgical assistant to “open and close” a patient at surgery, in your own time estimates. We will be asking you to estimate the time of these practitioners separately.
3. We are interested in understanding each component of time separately, **defined below as pre-service, intra-service, and post-service:**
  - **Pre-service:** For surgical services, the pre-service period includes all usual physician services provided from the day before surgery until the operative procedure begins. For nonsurgical services, such as evaluation and management (E/M) services or nonsurgical procedures, pre-service work includes preparing to see the patient, reviewing records, and communicating with other professionals.
  - **Intra-service:** For surgical services, the intra-service or intraoperative period includes all physician work that is a necessary part of the procedure, from the start of the incision until the incision is closed. For nonsurgical services, such as E/M services or nonsurgical procedures, the intra-service work includes the work provided while the physician is with the patient and/or family, or “face-to-face” time.
  - **Post-service:** For surgical services with a global period of zero days, the post-service period includes all post-operative care following closure of the incision, on the day of surgery. For surgical services with global periods of 10 or 90 days, the post-service work includes the same work as a surgical service with a global period of zero days, and, in addition, includes post-operative hospital and office visits within the assigned global period of 10 or 90 days. For nonsurgical services such as E/M services or nonsurgical procedures, the post-service work includes arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals, which may include written and telephone reports, as well as calls to the patient.

**67228: Photocoagulation of Retina**

Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below; the time you, PAs, and NPs spend providing the service; and the time spent by a PA or NP working with you for each of the ways you provide.

2. Thinking about all of the times you provide this service (17000), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

5. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.

Hospital-based:

Office or Outpatient:

**92014: Eye Exam and Treatment**

Ophthalmological services: comprehensive medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (92014), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**92134: Retinal Scan**

Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (92134), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**66821: Discission of Cataract**

Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages).

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)			
Pre	Intra	Post	Pre	Intra	Post	No Assistant
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.**

Hospital-based:

Office or Outpatient:

**66984: Cataract Surgery**

Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification).

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)				
Pre	Intra	Post	Pre	Intra	Post	No Assistant	
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

4. Please indicate the number of visits you usually provide for patients requiring this service within the 90-day global billing period, in addition to the main service.

Hospital-based:

Office or Outpatient:

**92083: Visual Field Exam**

Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to the next page, Section B*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (92083), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i>  <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section B

This section includes questions about your practice.

Please think about the office location where you spend the most direct patient care hours.  
If you split your time equally, select the practice you have been with the longest.

**B1.** Which of the following best describes the office location where you spend the most direct patient care hours?

- Solo practice → *Skip to B4*
- Single specialty group
- Multispecialty group
- Medical school faculty practice
- Hospital

**B2.** How many full time equivalent (FTE) physicians are associated with this practice location?

Please answer thinking about the location where you spend the most of your direct patient care hours.

- 2 – 5 physicians
- 6 – 10 physicians
- 11 – 30 physicians
- 31 – 100 physicians
- More than 100 physicians

**B3.** How many of these FTE physicians practice primarily Ophthalmology, regardless of subspecialty?

Please estimate to the best of your ability.

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 Physicians

**B4.** How many FTE nurse practitioners, physician assistants, and assistants-at-surgery practice in the same specialty or department as you, at your primary location? Please estimate to the best of your ability.

--	--	--

 Nurse practitioners, physician assistants, and assistants-at-surgery

**B5. Approximately how many years have you been working in this setting?**

--	--

 Years

**B6. Which of the following best describes the electronic health records (EHR) adoption status at your primary practice location?**

- We do not have an EHR system.
- We are not actively using an EHR system but we have one installed.
- We are actively using an EHR system that was installed within the past 18 months.
- We are actively using an EHR system that was installed more than 18 months ago.

**B7. What percent of the practice's patients rely on the following sources for payment for the services they receive? Please estimate to the best of your ability.**

--	--	--

 % Medicare (including Medicare Advantage health plans)

--	--	--

 % Medicaid and other public sources

---

## Section C

**This section includes questions about you and your work style.**

**C1. What is your age?**

- Less than 35 years of age
- 35 to 44 years of age
- 45 to 54 years of age
- 55 or older

**C2. Approximately how many years have you been practicing Ophthalmology?**

--	--

 Years



**C3. During a typical week, approximately how many total hours do you spend in all medically related activities?** Medically related activities are defined as time spent on administrative tasks, professional activities, and direct patient care but not time spent on call while not treating patients.

- Less than 20 hours
- 20 to 39 hours
- 40 to 59 hours
- 60 hours or more

**C4. Approximately what percentage of this time is spent on direct patient care?** Direct patient care includes activities such as seeing patients, performing surgery or procedures, telephone and email communications with patients and their families, and time spent on patient record-keeping, patient-related office work, interpreting tests and imaging, and travel time associated with direct patient care.

% of time spent on direct patient care

**C5. Which of the following describes your basic compensation?**

- Fixed salary
- Shift, hourly, or other time-based payment
- Share of practice billings or workload (e.g. fee-for-service)
- Other method, please describe: \_\_\_\_\_

**C6. Are you eligible to earn income through any type of bonus or incentive plan?** Mark yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

- Yes
- No

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**Thank you for completing this questionnaire.**

Please check to see that all questions are answered.

Please mail these forms to us at the address below. A postage-paid envelope is provided.

Survey of Clinical Time, c/o Lourdes Suárez, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-754-6104

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## Survey of Clinical Time for Selected Family Medicine Services

Thank you for taking the time to fill out this questionnaire. We are interested in gathering information from family physicians like yourself to better understand the clinical time that goes into providing health care services to your patients. The survey questions cover six different services that family physicians routinely provide. Please consider ALL of your patients in your responses, regardless of their age, health status, or type of insurance.

Filling out this survey is voluntary. Your answers to these questions will be kept confidential. Results of this survey will be reported only in the aggregate; you or your practice will not be identified in any way. If you have any questions, please call the Study Manager, Lourdes Suárez, at **1-877-754-6104**.

We are interested in obtaining feedback from physicians with a primary area of practice in

### Family Medicine

- Family Medicine** is your primary area of practice → *Please mark the box and continue to the next page.*
- Family Medicine** is *not* your primary area of practice → *Please mark the box and return this questionnaire in the enclosed envelope. We appreciate your time.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-NEW**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **FILL IN CONTACT INFO HERE**  
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Section A

### Estimates of service time

In this section, we ask about the time it takes you to provide six specific services. These services are identified on the following pages by the CPT code and the service description from the 2013 CPT manual. For each service, please provide your best estimate of the time you usually spend providing the service.

#### Please read the following information to guide you in estimating your service time:

1. Please do not include the following in your intra-service time estimate:
  - Time related to *any* activities that are billed separately, such as:
    - any E/M service provided in conjunction with the main service being asked about in the survey,
    - post-operative pain management procedures,
    - invasive monitoring procedures,
    - critical care services.
  - Visits that are typically part of a global billing period, such as a post-operative visit, should be included in your post-service time estimate.
  - Time spent by Residents providing a service with you or time spent by you in teaching Residents while providing a service. Estimate your time as if Residents were not present.
  - Time spent by technicians, technologists, and other clinical staff.
2. In this survey, we refer to physician assistants (PAs), nurse practitioners (NPs), and surgical assistants who work with you in providing the study services.
  - Please do not include the time contributed by these practitioners, such as the time it takes a surgical assistant to “open and close” a patient at surgery, in your own time estimates. We will be asking you to estimate the time of these practitioners separately.
3. We are interested in understanding each component of time separately, **defined below as pre-service, intra-service, and post-service:**
  - **Pre-service:** For surgical services, the pre-service period includes all usual physician services provided from the day before surgery until the operative procedure begins. For nonsurgical services, such as evaluation and management (E/M) services or nonsurgical procedures, pre-service work includes preparing to see the patient, reviewing records, and communicating with other professionals.
  - **Intra-service:** For surgical services, the intra-service or intraoperative period includes all “skin-to-skin” (start of the skin incision until the incision is closed) physician work that is a necessary part of the procedure. For nonsurgical services, such as E/M services or nonsurgical procedures, the intra-service work includes the work provided while the physician is with the patient and/or family, or “face-to-face” time.
  - **Post-service:** For surgical services with a global period of zero days, the post-service period includes all post-operative care following skin closure, on the day of surgery. For surgical services with global periods of 10 or 90 days, the post-service work includes the same work as a surgical service with a global period of zero days, and, in addition, includes post-operative hospital and office visits within the assigned global period of 10 or 90 days. For nonsurgical services such as E/M services or nonsurgical procedures, the post-service work includes arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals, which may include written and telephone reports, as well as calls to the patient.

**99214: Office Visit— Established Patient, Level 4**

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**       No → **Skip to next service**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (99214), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i>  <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA’s time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**17000: Destruction of Premalignant Lesion**

Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**       No → **Skip to next service**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (17000), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i>  <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA’s time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**5. Please indicate the number of visits you usually provide for patients requiring this service within the 10-day global billing period, in addition to the main service.**

Hospital-based:        Office or Outpatient:

**20610: Arthrocentesis—Major Joint or Bursa**

Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa).

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate the time you spend providing the service and the time spent by the combination of Assistants-at-Surgery, PAs, and NPs working with you. If you do not work with an assistant, mark the box for "No Assistant" in question 3.

2. Your time (in minutes per service)			3. Assistant's at Surgery, PAs, and NPs time (in minutes per service)			
Pre	Intra	Post	Pre	Intra	Post	No Assistant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**99204: Office Visit—New Patient, Level 4**

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (99204), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i>  <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**93010: Electrocardiogram Interpretation**

Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**

No → **Skip to next service**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (93010), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**99213: Office Visit— Established Patient, Level 3**

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → **Complete remainder of table**

No → **Skip to the next page, Section B**

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (99213), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section B

This section includes questions about your practice.

Please think about the office location where you spend the most direct patient care hours. If you split your time equally, select the practice you have been with the longest.

**B1.** Which of the following best describes the office location where you spend the most direct patient care hours?

- Solo practice → *Skip to B4*
- Single specialty group
- Multispecialty group
- Medical school faculty practice
- Hospital

**B2.** How many full time equivalent (FTE) physicians are associated with this practice location?

Please answer thinking about the location where you spend the most of your direct patient care hours.

- 2 – 5 physicians
- 6 – 10 physicians
- 11 – 30 physicians
- 31 – 100 physicians
- More than 100 physicians

**B3.** How many of these FTE physicians practice Family Medicine, regardless of subspecialty? Please estimate to the best of your ability.

Physicians

**B4.** How many FTE nurse practitioners, physician assistants, and assistants-at-surgery practice in the same specialty or department as you, at your primary location? Please estimate to the best of your ability.

Nurse practitioners, physician assistants, and assistants-at-surgery

**B5. Approximately how many years have you been working in this setting?**

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 Years

**B6. Which of the following best describes the electronic health records (EHR) adoption status at your primary practice location?**

- We do not have an EHR system.
- We are not actively using an EHR system but we have one installed.
- We are actively using an EHR system that was installed within the past 18 months.
- We are actively using an EHR system that was installed more than 18 months ago.

**B7. What percent of the practice's patients rely on the following sources for payment for the services they receive? Please estimate to the best of your ability.**

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 % Medicare (including Medicare Advantage health plans)

--	--	--

 % Medicaid and other public sources

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## Section C

**This section includes questions about you and your work style.**

**C1. What is your age?**

- Less than 35 years of age
- 35 to 44 years of age
- 45 to 54 years of age
- 55 or older

**C2. Approximately how many years have you been practicing Family Medicine?**

--	--

 Years



**C3. During a typical week, approximately how many total hours do you spend in all medically related activities?** Medically related activities are defined as time spent on administrative tasks, professional activities, and direct patient care but not time spent on call while not treating patients.

- Less than 20 hours
- 20 to 39 hours
- 40 to 59 hours
- 60 hours or more

**C4. Approximately what percentage of this time is spent on direct patient care?** Direct patient care includes activities such as seeing patients, performing surgery or procedures, telephone and email communications with patients and their families, and time spent on patient record-keeping, patient-related office work, interpreting tests and imaging, and travel time associated with direct patient care.

% of time spent on direct patient care

**C5. Which of the following describes your basic compensation?**

- Fixed salary
- Shift, hourly, or other time-based payment
- Share of practice billings or workload (e.g. fee-for-service)
- Other method, please describe: \_\_\_\_\_

**C6. Are you eligible to earn income through any type of bonus or incentive plan?** Mark yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

- Yes
- No

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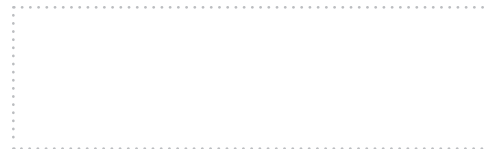
**Thank you for completing this questionnaire.**

Please check to see that all questions are answered.

Please mail these forms to us at the address below. A postage-paid envelope is provided.

Survey of Clinical Time, c/o Lourdes Suárez, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-754-6104

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## Survey of Clinical Time for Selected Cardiology Services

Thank you for taking the time to fill out this questionnaire. We are interested in gathering information from cardiologists like yourself to better understand the clinical time that goes into providing health care services to your patients. The survey questions cover six different services that cardiologists routinely provide. Please consider ALL of your patients in your responses, regardless of their age, health status, or type of insurance.

Filling out this survey is voluntary. Your answers to these questions will be kept confidential. Results of this survey will be reported only in the aggregate; you or your practice will not be identified in any way. If you have any questions, please call the Study Manager, Lourdes Suárez, at **1-877-754-6104**.

We are interested in obtaining feedback from physicians with a primary area of practice in

### Cardiology

- Cardiology** is your primary area of practice → *Please mark the box and continue to the next page.*
- Cardiology** is *not* your primary area of practice → *Please mark the box and return this questionnaire in the enclosed envelope. We appreciate your time.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-NEW**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **FILL IN CONTACT INFO HERE**  
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Section A

### Estimates of service time

In this section, we ask about the time it takes you to provide six specific services. These services are identified on the following pages by the CPT code and the service description from the 2013 CPT manual. For each service, please provide your best estimate of the time you usually spend providing the service.

#### Please read the following information to guide you in estimating your service time:

1. Please do not include the following in your intra-service time estimate:
  - Time related to *any* activities that are billed separately, such as:
    - any E/M service provided in conjunction with the main service being asked about in the survey,
    - post-operative pain management procedures,
    - invasive monitoring procedures,
    - critical care services.
  - Visits that are typically part of a global billing period, such as a post-operative visit, should be included in your post-service time estimate.
  - Time spent by Residents providing a service with you or time spent by you in teaching Residents while providing a service. Estimate your time as if Residents were not present.
  - Time spent by technicians, technologists, and other clinical staff.
2. In this survey, we refer to physician assistants (PAs), nurse practitioners (NPs), and surgical assistants who work with you in providing the study services.
  - Please do not include the time contributed by these practitioners, such as the time it takes a surgical assistant to “open and close” a patient at surgery, in your own time estimates. We will be asking you to estimate the time of these practitioners separately.
3. We are interested in understanding each component of time separately, **defined below as pre-service, intra-service, and post-service:**
  - **Pre-service:** For surgical services, the pre-service period includes all usual physician services provided from the day before surgery until the operative procedure begins. For nonsurgical services, such as evaluation and management (E/M) services or nonsurgical procedures, pre-service work includes preparing to see the patient, reviewing records, and communicating with other professionals.
  - **Intra-service:** For surgical services, the intra-service or intraoperative period includes all “skin-to-skin” (start of the skin incision until the incision is closed) physician work that is a necessary part of the procedure. For nonsurgical services, such as E/M services or nonsurgical procedures, the intra-service work includes the work provided while the physician is with the patient and/or family, or “face-to-face” time.
  - **Post-service:** For surgical services with a global period of zero days, the post-service period includes all post-operative care following skin closure, on the day of surgery. For surgical services with global periods of 10 or 90 days, the post-service work includes the same work as a surgical service with a global period of zero days, and, in addition, includes post-operative hospital and office visits within the assigned global period of 10 or 90 days. For nonsurgical services such as E/M services or nonsurgical procedures, the post-service work includes arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals, which may include written and telephone reports, as well as calls to the patient.

**93458: Cardiac Catheterization**

Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (93458), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> Should sum to 100%	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**92928: Angioplasty**

Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch.

**1. Do you provide the service frequently enough to feel comfortable estimating service time?**

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

<b>2.</b> Thinking about all of the times you provide this service (92928), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> Should sum to 100%	<b>3.</b> Your time (in minutes per service)			<b>4.</b> NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**93306: Echocardiogram**

Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (93306), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**93010: Electrocardiogram Interpretation**

Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

Yes → *Complete remainder of table*

No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (93010), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**78452: Nuclear Stress Test**

Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

- Yes → *Complete remainder of table*       No → *Skip to next service*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (78452), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**99214: Office Visit—Established Patient, Level 4**

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.

1. Do you provide the service frequently enough to feel comfortable estimating service time?

- Yes → *Complete remainder of table*       No → *Skip to the next page, Section B*

Indicate how often you provide this service in each of the ways described below. Think about the time you, PAs, and NPs spend providing the service, as well as the time spent by a PA or NP working with you.

2. Thinking about all of the times you provide this service (99214), please estimate the % of time you provide it in each of the following ways. <i>An approximation is fine.</i> <i>Should sum to 100%</i>	3. Your time (in minutes per service)			4. NP/PA's time (in minutes per service)		
	Pre	Intra	Post	Pre	Intra	Post
a. Without a PA or NP <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	N/A	N/A	N/A
b. With a PA or NP providing assistance <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Supervising a PA or NP who provides substantial independent care <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section B

This section includes questions about your practice.

Please think about the office location where you spend the most direct patient care hours. If you split your time equally, select the practice you have been with the longest.

**B1.** Which of the following best describes the office location where you spend the most direct patient care hours?

- Solo practice → *Skip to B4*
- Single specialty group
- Multispecialty group
- Medical school faculty practice
- Hospital

**B2.** How many full time equivalent (FTE) physicians are associated with this practice location?

Please answer thinking about the location where you spend the most of your direct patient care hours.

- 2 – 5 physicians
- 6 – 10 physicians
- 11 – 30 physicians
- 31 – 100 physicians
- More than 100 physicians

**B3.** How many of these FTE physicians practice primarily Cardiology, regardless of subspecialty? Please estimate to the best of your ability.

Physicians

**B4.** How many FTE nurse practitioners, physician assistants, and assistants-at-surgery practice in the same specialty or department as you, at your primary location? Please estimate to the best of your ability.

Nurse practitioners, physician assistants, and assistants-at-surgery

**B5. Approximately how many years have you been working in this setting?**

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 Years

**B6. Which of the following best describes the electronic health records (EHR) adoption status at your primary practice location?**

- We do not have an EHR system.
- We are not actively using an EHR system but we have one installed.
- We are actively using an EHR system that was installed within the past 18 months.
- We are actively using an EHR system that was installed more than 18 months ago.

**B7. What percent of the practice's patients rely on the following sources for payment for the services they receive? Please estimate to the best of your ability.**

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 % Medicare (including Medicare Advantage health plans)

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 % Medicaid and other public sources

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## Section C

**This section includes questions about you and your work style.**

**C1. What is your age?**

- Less than 35 years of age
- 35 to 44 years of age
- 45 to 54 years of age
- 55 or older

**C2. Approximately how many years have you been practicing Cardiology?**

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 Years



**C3. During a typical week, approximately how many total hours do you spend in all medically related activities?** Medically related activities are defined as time spent on administrative tasks, professional activities, and direct patient care but not time spent on call while not treating patients.

- Less than 20 hours
- 20 to 39 hours
- 40 to 59 hours
- 60 hours or more

**C4. Approximately what percentage of this time is spent on direct patient care?** Direct patient care includes activities such as seeing patients, performing surgery or procedures, telephone and email communications with patients and their families, and time spent on patient record-keeping, patient-related office work, interpreting tests and imaging, and travel time associated with direct patient care.

% of time spent on direct patient care

**C5. Which of the following describes your basic compensation?**

- Fixed salary
- Shift, hourly, or other time-based payment
- Share of practice billings or workload (e.g. fee-for-service)
- Other method, please describe: \_\_\_\_\_

**C6. Are you eligible to earn income through any type of bonus or incentive plan?** Mark yes if you receive periodic adjustments, bonuses, returns on withholds, or any type of supplemental payments, either from your practice or from health plans.

- Yes
- No

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**Thank you for completing this questionnaire.**

Please check to see that all questions are answered.

Please mail these forms to us at the address below. A postage-paid envelope is provided.

Survey of Clinical Time, c/o Lourdes Suárez, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-754-6104

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