



Medical Expenditure Panel Survey – Medical Organizations Survey

# MEPS MPC Medical Organizations Survey (MOS)

The Medical Organizations Survey (MOS) is an expansion of the Medical Expenditure Panel Survey Medical Provider Component (MEPS MPC). The purpose of the survey is to collect information about how different medical practices are organized and what resources they have available for providing care. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. This survey will take approximately 10 minutes to complete. If you have questions or comments about this survey, please call ###-###-####.

PLEASE FOLLOW SKIP INSTRUCTIONS AS LISTED. OTHERWISE, CONTINUE TO THE NEXT QUESTION.

1) Please indicate which of these best describes this practice. (CIRCLE ONLY ONE RESPONSE)

- An independent practice..... 1
- A physician network owned by a hospital..... 2 → SKIP TO 3
- A non-profit or government clinic..... 3 → SKIP TO 3
- A practice owned by an academic medical center..... 4 → SKIP TO 3
- An HMO..... 5 → SKIP TO 3
- Other, please specify.....6 → SKIP TO 3

- I don't know..... DK
- I'd rather not answer this question..... RF

2) Who owns this medical practice? (CIRCLE ONLY ONE RESPONSE)

- Physicians in the practice..... 1
- Another physician group..... 2
- Other, please specify.....3

- I don't know..... DK
- I'd rather not answer this question..... RF

3) Approximately how many **physicians** work either part or full time at this location?

NUMBER:

- I can't estimate the number..... DK
- I'd rather not answer this question..... RF

4) How many of those are primary care physicians?

NUMBER:

- If this number is equal to the number entered in Question 3 → SKIP TO 8
- I can't estimate the number..... DK
- I'd rather not answer this question..... RF

5) Is this a multi-specialty group practice? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

6) Approximately how many **nurse practitioners and physician assistants** work at this location?

NUMBER:

- I can't estimate the number..... DK
- I'd rather not answer this question..... RF

7) Does this practice have the ability to x-ray both chests and extremities (e.g., arm, leg, hand, foot) at this location? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

8) What percentage of this practice's patients are covered by Medicaid? (CIRCLE ONLY ONE)

- Less than 10 percent..... 1
- 10-50 percent..... 2
- Greater than 50 percent..... 3
- I can't estimate the number..... DK
- I'd rather not answer this question..... RF

9) Does this practice have any capitated contracts with managed care plans? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

10) Is this practice part of a medical organization that participates in an Accountable Care Organization (ACO) arrangement with either Medicare or private insurers? An Accountable Care Organization, also an ACO for short, is an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of insurance plan beneficiaries who are assigned to it. For ACO purposes, "assigned" means those beneficiaries for whom the professionals in the ACO provide the bulk of primary care services. (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

11) Which **best** describes how physicians in this practice are paid? (CIRCLE ONLY ONE RESPONSE)

- A base salary..... 1
- According to patient visits or charges..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

12) Does this practice routinely set time aside for same-day appointments? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

13) Is this practice certified as a patient-centered medical home? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

14) Does this practice or the medical organization associated with this practice routinely send patients reminders for preventive care or follow-up care? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

15) Does this practice or the medical organization associated with this practice regularly give reports to physicians on the clinical quality of care they individually provide? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

16) Does this practice use case managers whose primary job is to coordinate patient care? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

17) When a patient is discharged from the hospital, does someone from this practice or the medical organization associated with this practice usually contact the patient within 48 hours? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

18) Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems. (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2 → SKIP TO 21
- I don't know..... DK → SKIP TO 21
- I'd rather not answer this question..... RF → SKIP TO 21

19) Does the electronic records system routinely provide reminders for either guideline-based interventions or screening tests? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

20) Is the electronic records system routinely used for exchanging secure messages with patients? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... DK
- I'd rather not answer this question..... RF

21) Which of the following best describes your role in this practice? (CIRCLE ONLY ONE RESPONSE)

- Practice Administrator..... 1
- Medical Director..... 2
- Physician..... 3
- Office Manager..... 4
- Other, please specify .....5

**Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send survey to:**

**RTI International  
1 North Commerce Center**

**5265 Capital Blvd.  
Raleigh, NC 27616**