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## RESEARCH REPORT

# Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy

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## Appendixes B-E

The RAND Corporation

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## Interview Guides

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This appendix contains the guides we used in conducting the interviews for this research:

- Interview Guide for Financial Leadership
- Interview Guide for Operations Leadership
- Interview Guide for Physicians
- Interview Guide for Practice Staff.

## RAND/AMA Interview Guide: Practice Financial Leadership Version

- Go through informed consent checklist.
- Turn on recorder.
- Please state your name and the title of your position at [name of practice].

### Introductory questions

1. Can you tell us a little about your role/position and how long you've been here?
2. Can you give us an overview of your training and background, before joining this practice? *Potential Probes: Where did you work most recently? In what capacity?*
3. What attracted you to this practice and what are the key differences with other practices where you've worked?  
*Potential Probes: How were you recruited? Why did you choose this practice? How do you like practicing/working here, relative to your previous setting?*

### Book of business

4. What are the major components of your overall "book of business?" Have there been any major changes to this business mix in your practice in the past 2 years?  
*Potential Probe: How much of your overall business consists of office visits, procedures, interpreting images or other tests? How are lines of service divided? Do physicians specialize in one type of service or does everybody have a similar mix?*
5. In general, what percentage of Medicare payment rates do you get from your commercial payers? How about Medicaid?

### Market factors

6. Tell us about the history of this practice and health care in this geographic area?  
*Potential Probe: Who are the major providers? Who are the major payers? How have relationships between providers evolved over time? How about relationships between providers and payers?*
7. How does this practice fit within the larger local market?  
*Potential probe: Is this model of care common locally? Which other models of care influenced its design? How organized are the local practices? Are the majority in large, centrally managed delivery systems? Largely solo practitioners?*
8. What are the major problems to be solved in the local health care system?  
*Potential Probe: What are the major opportunities for this practice? How does national health care reform play into these areas of opportunity? How about state or local changes in regulation or policy?*

## Practice Leadership

9. Can you give me an overview of how this practice is organized?  
*Potential Probe: What are the strengths and weaknesses? How long has it been this way? If change was recent, what was the impetus for change? [If unclear] Over what timeframe has this change or period of stability occurred?*
10. How is the practice governed? How are decisions made about clinical operations, policies and strategic directions for the practice as a whole? For individual clinics (if applicable)?  
*Potential Probe: Do you have a leadership role in any specific aspects of practice operations? What mechanisms are there for quality, safety, or performance improvement?*

## Organizational goals

11. Thinking about the practice as a whole, how would you describe the organizational mission?  
*Potential Probe: How was this decided? What other goals (or aims) is the practice trying to fulfill?*
12. How does this practice attempt to fulfill the mission (i.e., by what means)?  
*Potential Probe: How are these strategies supposed to work? What are their major parts? How are they supposed to work together?*

## Organizational change

13. Where does the practice go to seek help with changing or upgrading its operations—in terms of getting advice or consulting or financial resources to support transformation?  
*Potential Probe: Where have you gone in the past? i.e. professional society, IPA/PHO, payers, government and government contractors, other organizations or businesses? (e.g., venture capital)? How much capital is required to do the upgrades?*
14. [if not clear] Has this practice worked with consultants on practice improvement efforts?  
*Potential Probe: What was that experience like? How helpful were they? Who was it? How expensive were they to the practice? Would you use them or others like them again? Why or why not?*
15. What have been the most important changes at this practice in the past three years?  
*Potential Probe: Why did the practice make these changes? ? Who championed them? Was there any concern or dissent? What challenges arose? What facilitated these changes?*
16. [if changes were made] What have been the outcomes of these changes?  
*Potential Probe: Has this recent change (or current change) turned out the way you expected or hoped? Why or why not? Was there a “turning point” for the practice — a point at which most of the staff/physicians/leadership realized they wouldn’t want to go back to the way it was before the organizational change?*
17. [if changes were made] We have a question about improvement project \_\_\_\_ that you mentioned earlier. When deciding to do this project, how did you think about the tradeoffs in terms of the costs and benefits to the practice? What were the alternatives to doing this project?  
*Probe: What about the financial costs, specifically? Did your expectations about cost end up being accurate? Can you give us a ballpark figure on these costs?*

18. What have been the outcomes of these changes?

*Potential Probe: Has this recent change (or current change) turned out the way you expected or hoped? Why or why not? Was there a “turning point” for the practice – a point at which most of the staff/physicians/leadership realized they wouldn’t want to go back to the way it was before the organizational change?*

## **Organizational Culture**

19. How do you think the physicians here would describe their professional satisfaction?

*Potential Probe: Would they report generally being satisfied with their careers? With their current position in this practice? Are there aspects of the practice you think they would report greater or lesser satisfaction with?*

## **Human capital**

20. How are physicians compensated? How are other providers/staff compensated?

*Potential Probe: How were these compensation models designed? What motivated their development?*

21. [if not already clear] Is the practice interested in/ready for/already utilizing nontraditional payment structures? Can you give examples/details of how this will work/has worked?

*Potential Probe: This question refers to strategies such as bundled payments, value-based payment, etc. How will these nontraditional payment structures affect how the practice is compensated? How individual physicians are compensated?*

22. How are individual physicians assessed on their performance? What kind of individual performance feedback do physicians receive?

*Potential Probe: Where is the emphasis placed, in terms of individual performance expectations? Why? How often do the physicians receive individual feedback? Why were these kinds of feedback chosen? How about feedback or performance expectations for other staff? How is this data delivered (i.e. posted, emailed)? Are the data blinded? Compared internally / with existing benchmarks?*

23. [if not already clear] How do you think about “productivity” for an physician in this practice? How is productivity measured?

*Potential Probe: Why is productivity measured this way? Has this changed? [if Yes] Why did it change? How has the change gone? [if No] Are there any plans to change or experiment with new ways of measuring physician productivity?*

24. [if not already clear] How engaged are physicians in practice-level finances?

*Potential Probe: To what extent are the physicians aware of practice-level financial incentives? Reimbursement structures?*

## **Financial sustainability**

25. What is the financial model supporting this practice? Can you describe the “business case” for this model of care as you see it?

*Potential Probe: What near and long-term benchmarks do you use to determine whether the practice is on the right course, financially speaking?*



26. How has the practice been impacted by changes in the ways in which healthcare is paid for?  
*Potential Probe: Has the practice been impacted by Value-Based Payment Modifiers? Overall payment Cuts, Recovery Audit Contractors. What percentage of Medicare rates do you get from the other payers in your market? Has this changed recently?*

## **Legal and regulatory considerations**

27. What kinds of legal concerns have impacted the way this practice has developed?  
*Potential Probe: Which have been the most important legal concerns [antitrust, Stark anti-kickback, professional liability, other]? How have you dealt with these considerations? How have they impacted the practice? How have they impacted provider satisfaction? If you could change one legal constraint to improve life in this practice, what would it be?*
28. What kinds of regulations and mandates have impacted this practice recently?  
*Potential Probe: Which have been the most important regulations or mandates [Meaningful Use, legislated changes in payments, ICD-9 to ICD-10 transitions, The Affordable Care Act]? How have you dealt with these regulations/mandates? How have they impacted the practice? How have they impacted provider satisfaction? If you could change one regulation or mandate to improve life in this practice, what would it be?*

## **The Future**

29. Over the next year or so, what are the most important items on the agenda for this practice? What are the major goals?  
*Potential Probe: How did those get chosen? What key things have to happen in order to improve maintain or even improve professional satisfaction? Ensure financial sustainability? What are the barriers/facilitators? How do you plan to overcome them? Are new tools or investments needed?*
30. What have been the major challenges for you in this practice? How have you handled them?  
*Potential Probe (if necessary): How have you handled the challenges? i.e.: system or leadership support (political, administrative)? Difficulty of making changes? Insufficient resources? Discomfort of clinicians or other staff with the model? Reactions of patients? etc.*
31. What do you think will be the most important challenges for this practice over the next year? What do you anticipate over the next 5 years?

## **Other**

32. Have there been any surprises since you joined this practice? What kinds of surprises?
33. What changes or improvements would you make to this practice?  
*Potential Probe: Why? What would be the effects of these changes?*
34. Is there anything we haven't discussed that would be important to understanding professional satisfaction at [name of practice]?

**End.**

## RAND/AMA Interview Guide: Practice Operations Leadership Version

- Go through informed consent checklist.
- Turn on recorder.
- Please state your name and the title of your position at [name of practice].

### Introductory questions

1. Can you tell us a little about your role/position and how long you've been here?
2. Can you give us an overview of your training and background, before joining this practice?  
*Potential Probes: Where did you work most recently? In what capacity?*
3. What attracted you to this practice and what are the key differences with other practices where you've worked?  
*Potential Probes: How were you recruited? Why did you choose this practice? How do you like practicing/working here, relative to your previous setting?*

### Market factors

4. Tell us about the history of this practice and health care in this geographic area?  
*Potential Probe: Who are the major providers? Who are the major payers? How have relationships between providers evolved over time? How about relationships between providers and payers?*
5. How does this practice fit within the larger local market?  
*Potential probe: Is this model of care common locally? Which other models of care influenced its design? How organized are the local practices? Are the majority in large, centrally managed delivery systems? Largely solo practitioners?*
6. What are the major problems to be solved in the local health care system?  
*Potential Probe: What are the major opportunities for this practice? How does national health care reform play into these areas of opportunity? How about state or local changes in regulation or policy?*

### Practice Leadership

7. Can you give me an overview of how this practice is organized?  
*Potential Probe: What are the strengths and weaknesses? How long has it been this way? If change was recent, what was the impetus for change? [If unclear] Over what timeframe has this change or period of stability occurred?*
8. How is the practice governed? How are decisions made about clinical operations, policies and strategic directions for the practice as a whole? For individual clinics (if applicable)?  
*Potential Probe: Do you have a leadership role in any specific aspects of practice operations? What mechanisms are there for quality, safety, or performance improvement?*

## Organizational goals

9. Thinking about the practice as a whole, how would you describe the organizational mission?

*Potential Probe: How was this decided? What other goals (or aims) is the practice trying to fulfill?*

10. How does this practice attempt to fulfill the mission (i.e., by what means)?

*Potential Probe: How are these strategies supposed to work? What are their major parts?*

## Organizational change

11. Where does the practice go for help with changing or upgrading its operations—in terms of getting advice or consulting?

*Potential Probe: Where have you gone in the past? i.e. professional society, IPA/PHO, payers, government and government contractors, other organizations or businesses?*

12. [if not clear] Has this practice worked with consultants on practice improvement efforts?

*Potential Probe: What was that experience like? How helpful were they? Who was it? How expensive were they to the practice? Would you use them or others like them again? Why or why not?*

13. What have been the most important changes at this practice in the past three years?

*Potential Probe: Why did the practice make these changes? Who championed them? Was there any concern or dissent? What challenges arose? What facilitated these changes?*

14. [if changes were made] What have been the outcomes of these changes?

*Potential Probe: Has this recent change (or current change) turned out the way you expected or hoped? Why or why not? Was there a “turning point” for the practice — a point at which most of the staff/physicians/leadership realized they wouldn’t want to go back to the way it was before?*

15. [if changes were made] We have a question about improvement project \_\_\_\_ that you mentioned earlier. When deciding to do this project, how did you think about the tradeoffs in terms of the costs and benefits to the practice? What were the alternatives to doing this project?

*Probe: What about the financial costs, specifically? Did your expectations about cost end up being accurate? Can you give us a ballpark figure on these costs?*

## Call

16. Tell me about the call structure here.

*Potential Probe: How is call allocated among the physicians? Do you utilize other types of providers for call (i.e. residents, fellows, other physicians who do not normally practice in your organization)? Are any of your physicians providing on-call coverage for multiple practices simultaneously? How is on-call coverage funded (i.e. hospital/medical group/state subsidies, no additional funding provided)? How are physicians compensated for taking call (i.e. daily/weekly/monthly stipend; hourly compensation; per-procedure compensation)? Is weekend/holiday call treated different (either in its structure, processes or compensation)? Do physicians have back-up support when they are on call?*

## Organizational Culture

17. How would you describe the culture of this practice? In other words, what are relationships like between the people who work here?

*Potential Probe: How do the [insert interviewee role: staff, physician, practice leader, etc.] interact with each other?*

*With the staff? With the doctors? With practice leaders? If something needs to be changed, how does that process happen? How does the practice provide feedback? Are there clear, but maybe unstated rules about how to behave? What are these rules? Where do they come from?*

18. How does this practice maintain or improve professional satisfaction?

*Potential Probe: How well do you think it works? How could the practice do better?*

19. How do you think the physicians here would describe their professional satisfaction?

*Potential Probe: Are there aspects of the practice they would report greater or lesser satisfaction?*

## Human capital

20. How do you think about recruiting new people to work here? Ask for staff, physicians, etc.

*Potential Probe: How are new individuals recruited? What qualities or background are you looking for? Can you tell us about a situation where a new hire did not work out? How did you know?*

21. What types of training do new hires (physicians, other providers, staff) receive, if any?

*Potential Probe: Why were these trainings selected? How is it delivered? How do people respond?*

22. What kind of investments does the practice make in its physicians and staff?

*Potential Probe: Is there support for individual skills development (both clinical and non-clinical skills: i.e. specific training on procedures, or attendance at leadership academies)? Paid time and support for CME? Support for maintenance of certification, licensing, etc.?*

23. How are physicians compensated? How are other providers/staff compensated?

*Potential Probe: How were these compensation models designed? What motivated their development?*

24. [if not already clear] Is the practice interested in/ready for/already utilizing nontraditional payment structures? Can you give examples/details of how this will work/has worked?

*Potential Probe: This question refers to strategies such as bundled payments, value-based payment, etc. How will these nontraditional payment structures affect how the practice is compensated? How individual physicians are compensated?*

25. How are individual physicians assessed on their performance? What kind of individual performance feedback do physicians receive?

*Potential Probe: Where is the emphasis placed, in terms of individual performance expectations? Why? How often do the physicians receive individual feedback? Why were these kinds of feedback chosen? How about feedback or performance expectations for other staff? How is this data delivered (i.e. posted, emailed)? Are the data blinded? Compared internally/with existing benchmarks?*

26. [if not already clear] How do you think about “productivity” for a physician in this practice? How is productivity measured?

*Potential Probe: Why is productivity measured this way? Has this changed? [if Yes] Why did it change? How has the change gone? [if No] Are there any plans to change or experiment with new ways of measuring physician productivity?*

27. [if not already clear] How engaged are physicians in practice-level finances?

*Potential Probe: To what extent are the physicians aware of practice-level financial incentives? Reimbursement structures?*

## **The Future**

28. Over the next year or so, what are the most important items on the agenda for this practice? What are the major goals?

*Potential Probe: How did those get chosen? What key things have to happen in order to improve, maintain or even improve professional satisfaction? Ensure financial sustainability? What are the barriers/facilitators? How do you plan to overcome them? Are new tools or investments needed?*

29. What have been the major challenges for you in this practice? How have you handled them?

*Potential Probe (if necessary): How have you handled the challenges? i.e.: system or leadership support (political, administrative)? Difficulty of making changes? Insufficient resources? Discomfort of clinicians or other staff with the model? Reactions of patients? etc.*

30. What do you think will be the most important challenges for this practice over the next year? What do you anticipate over the next 5 years?

## **Other**

31. Have there been any surprises since you joined this practice? What kinds of surprises?

32. What changes or improvements would you make to this practice?

*Potential Probe: Why? What would be the effects of these changes?*

33. Is there anything we haven't discussed that would be important to understanding professional satisfaction at [name of practice]?

**End.**

## RAND/AMA Interview Guide: Physician Version

- Go through informed consent checklist.
- Turn on recorder.
- Please state your name and the title of your position at [name of practice].

### Introductory questions

1. Can you tell us a little about your role/position and how long you've been here?
2. Can you give us an overview of your training and background, before joining this practice? *Potential Probes: Where did you work most recently, and in what capacity?*
3. Why did you choose this practice? What are some differences with other practices where you've worked? *Potential Probes: How were you recruited? How do you like practicing/working here, relative to your previous setting??*

### Practice Leadership

4. Can you give me an overview of how this practice is organized?  
*Potential Probe: Who are the leaders of this organization and how did that come to be? What are the strengths and weaknesses? How long has it been this way? If change was recent, what was the impetus for change? [If unclear] Over what timeframe has this change or period of stability occurred?*
5. How is the practice governed? How are decisions made about clinical operations, policies and strategic directions for the practice as a whole? For individual clinics (if applicable)?  
*Potential Probe: Do you have a leadership role in any specific aspects of practice operations? What mechanisms are there for quality, safety, or performance improvement?*

### Organizational goals

6. Thinking about the practice as a whole, how would you describe the organizational mission?  
*Potential Probe: How was that decided? What other goals (or aims) is the practice trying to fulfill?*
7. How does this practice attempt to fulfill the mission (i.e., by what means)?  
*Potential Probe: How are these strategies supposed to work? What are their major parts?*

## Organizational change

8. In general, how involved are physicians in efforts to change or improve the practice? How involved do you get in these kinds of efforts?
9. [optional] Where does your practice go for help with changing or upgrading its operations?  
*Potential Probe: Where have you gone in the past? i.e. professional societies, IPA/PHO, payers, government and government contractors, other organizations or businesses?*
10. [if not clear] Has the practice worked with consultants on practice improvement efforts?  
*Potential Probe: What was that experience like? How helpful were they? Who was it? How expensive were they? Would you use them or others like them again? Why or why not?*
11. What have been the most important changes at this practice in the past three years?  
*Potential Probe: Why did the practice make these changes? Who championed them? Was there any concern or dissent? What challenges arose? What facilitated these changes?*
12. [if changes were made] What have been the outcomes of these changes?  
*Potential Probe: Has this recent change (or current change) turned out the way you expected or hoped? Why or why not? Was there a “turning point” for the practice – a point at which most of the staff/physicians/leadership realized they wouldn’t want to go back to the way it was before?*

## Working Environment

13. Can you describe a typical day in clinic? What kinds of activities do you do?  
*Potential Probe: How many patients do you see in the office? Communicate with via email? Talk with on the phone? Interact with in other ways? How do you decide whether to see patients vs. email or interact with them in other ways?*
14. Can you describe “your team” in this practice? By “your team,” we mean the doctors and other staff you work with most commonly, on a typical day in the clinic.  
*Potential Probe: How stable is the team—is it the same every day, or are there frequent switches and substitutions? How are tasks divided among team members?*
15. Can you give us an assessment of the physical environment here? Does the layout seem to improve your ability to deliver care, make things more difficult, or have no big effects?  
*Potential Probe: Are there any facility changes (or physical changes in the practice) you would suggest?*
16. [If practice has an EHR] How does your practice use an electronic medical record? Electronic prescribing? Other health information technology? Can you tell us how this impacts your ability to do your work?  
*Potential Probe: How long has the practice used this? What was the impetus to make the change? Are there any changes/improvements you would suggest? How have EHR “Meaningful Use” incentives impacted your work and your satisfaction?*

17. Tell me about the call structure here.

*Potential Probe: How often are you on call? Do weekend and night calls differ from weekday call? How is Holiday call handled? How are you compensated for taking call? Do you have support when you are on call (e.g. back up). How does that work in practice?*

## Organizational Culture

18. How would you describe the culture of this practice? What are relationships like between the people who work here?

*Potential Probe: How do the [insert interviewee role: staff, physician, practice leader, etc.] interact with each other? With the staff? With the doctors? With practice leaders? If something needs to be changed, how does that process happen? How does the practice provide feedback? Are there clear, but maybe unstated rules about how to behave? What are these rules? Where do they come from?*

19. How is your individual performance evaluated? What kind of feedback do you receive?

*Potential Probe: What do you think of this evaluation system? How does it compare to other places you've worked? Is there anything that you would improve about it? Do you evaluate others (staff, nurses, physicians, etc.) in the practice? How often do you receive feedback? What kind of feedback do you receive? Other than RVUs, how is/how should your "productivity" be measured?*

20. How does this practice maintain or improve professional satisfaction here?

*Potential Probe: How well do you think it works? How could the practice do better?*

21. In general, how do you think physicians in this organization would describe their professional satisfaction?

*Potential Probe: Are there aspects of the practice they would report greater or lesser satisfaction with?*

22. [If not already clear] How much support from the practice have you/do you think you would have if you were involved in a malpractice claim?

*Potential Probe: Would the practice support you emotionally/legally/financially if you were to fight a malpractice claim? Or are you expected to settle with the claimant in the interest of expediency?*

23. What kind of investments does the practice make in its physicians and staff?

*Potential Probe: Is there support for individual skills development (both clinical and non-clinical skills: i.e. specific training on procedures, or attendance at leadership academies)? Paid time and support for CME? Support for maintenance of certification, licensing, etc.?*

24. [if not already clear] How engaged are physicians in practice-level finances?

*Potential Probe: To what extent are the physicians aware of practice-level financial incentives? Reimbursement structures?*

25. During a typical day, what kinds of interactions do you have with other community providers (specialists if practice is primary care; hospital if outpatient, etc.)?

*Potential Probe: What kinds of information do you exchange with them? How do you communicate? How receptive are they to hearing from you? Do you hear back from them in a timely fashion?*



26. How is physician compensation structured in this practice?

*Probe: How satisfied are physicians with their compensation? How stable and secure is their compensation? Have there been any recent changes to the overall amount of compensation? How about their overall financial picture, like where they feel like they are on track for financial security at retirement? How satisfied are you with your compensation package? Do you have any concerns or worries about your compensation in the near or more distant future?*

## **The Future**

27. Over the next year or so, what are the most important items on the agenda for this practice? What are the major goals?

*Potential Probe: Why choose these particular goals for the next year?*

28. What have been the major challenges for you in this practice?

*Potential Probe (if necessary): How have you handled the challenges? i.e.: system or leadership support (political, administrative)? Difficulty of making changes? Insufficient resources? Discomfort of clinicians or other staff with the model? Reactions of patients? etc.*

29. [if not already clear] What have been the most important practice changes or pressures facing physicians over the past few years? What will be the most important challenges facing physicians over the next year? The next 5 years?

*Potential Probe: [If not clear] What effects do you think these problems have on physician morale? On professional satisfaction? On patient experience? On other aspects of health care?*

## **Other**

30. Have there been any surprises since you joined this practice? What kinds of surprises?

31. What changes or improvements would you make to this practice?

*Potential Probe: Why? What would be the effects of these changes?*

32. Is there anything we haven't discussed that would be important to understanding professional satisfaction at [name of practice]?

**End.**

## RAND/AMA Interview Guide: Staff Version

- Go through informed consent checklist.
- Turn on recorder.
- Please state your name and the title of your position at [name of practice].

### Introductory questions

1. Can you tell us a little about your role/position and how long you've been here?
2. Can you give us an overview of your training and background, before joining this practice? *Potential Probes: Where did you work most recently? In what capacity?*
3. What attracted you to this practice and what are the key differences with other practices where you've worked?  
*Potential Probes: How were you recruited? Why did you choose this practice? How do you like practicing/working here, relative to your previous setting?*

### Working Environment

4. Can you describe a typical day in clinic? What kinds of activities do you do?  
*Potential Probe: Walk us through a typical day.*
5. Can you describe “your team” in this practice? By “your team,” we mean the doctors and other staff you work with most commonly, on a typical day in the clinic.  
*Potential Probe: Which doctors do you work with? Which other staff members? How stable is the team—is it the same every day, or are there frequent changes? How are tasks divided?*
6. Can you give us an assessment of the physical environment here? Does the layout seem to improve your ability to deliver care, make things more difficult, or have no big effects?  
*Potential Probe: Are there any facility changes (or physical changes in the practice) you would suggest?*
7. [If practice has an EHR] How does your practice use an electronic medical record? Electronic prescribing? Other health information technology? Can you tell us how this impacts your ability to do your work?  
*Potential Probe: How long has the practice used this? What was the impetus to make the change? Are there any changes/improvements you would suggest?*

### Organizational Culture

8. How is your individual performance evaluated? What kind of feedback do you receive?  
*Potential Probe: What do you think of this evaluation system? How does it compare to other places you've worked? Is there anything you would change? Do you evaluate others (staff, nurses, physicians, etc.) in the practice? How often do you receive feedback?*
9. How would you describe the culture of this practice? What are relationships like between the people who work here?  
*Potential Probe: How do the [insert interviewee role: staff, physician, practice leader, etc.] interact with each other? With the staff? With the doctors? With practice leaders? If something needs to be changed, how does that process happen? Are there clear, but maybe unstated rules about how to behave? What are these rules?*

10. How does this practice maintain or improve professional satisfaction here?  
*Potential Probe: How well do you think it works? How could the practice do better?*
11. How do you think the other [insert respondent's position] in this organization would describe their professional satisfaction?  
*Potential Probe: Are there aspects of the practice they would report greater or lesser satisfaction with?*
12. How about the physicians...how satisfied to they seem with their professional lives?
13. What kind of investments does the practice make in its staff?  
*Potential Probe: Is there support for individual skills development (both clinical and non-clinical skills: i.e. specific training on procedures, or attendance at leadership academies)? Paid time and support for CME? Support for maintenance of certification, licensing, etc.?*
14. How are [insert respondent position] compensated?  
*Potential Probe: How were these compensation models designed? What motivated their development?*
15. During a typical day, what kinds of interactions do you have with other community providers (specialists if practice is primary care; hospital if outpatient, etc.)?  
*Potential Probe: What kinds of information do you exchange with them? How do you communicate? How receptive are they to hearing from you? Do you hear back from them in a timely fashion?*

## **The Future**

16. Over the next year or so, what are the most important items on the agenda for this practice? What are the major goals?  
*Potential Probe: Why choose these particular goals for the next year?*
17. What have been the major challenges for you in this practice?  
*Potential Probe (if necessary): How have you handled the challenges? i.e.: system or leadership support (political, administrative)? Difficulty of making changes? Insufficient resources? Discomfort of clinicians or other staff with the model? Reactions of patients? etc.*
18. What do you think will be the most important challenges for this practice over the next year? What do you anticipate over the next 5 years?

## **Other**

19. Have there been any surprises since you joined this practice? What kinds of surprises?
20. What changes or improvements would you make to this practice?  
*Potential Probe: Why? What would be the effects of these changes?*
21. Is there anything we haven't discussed that would be important to understanding professional satisfaction at [name of practice]?

**End.**

## Practice Structural Questionnaire

---

This appendix contains the questionnaire we created to address practice-specific issues.

This questionnaire focuses on your practice: **[name of practice]**

In your responses, please report on the current state of the practice. Please feel free to gather information from others in your practice for relevant parts of this questionnaire.

## Practice Size

1. In how many distinct sites does your practice provide care? *Please consider each facility (e.g., defined by building or street address) a different site.*

- a. Number of ambulatory sites providing primary care \_\_\_\_\_ sites
- b. Number of ambulatory sites providing specialty care \_\_\_\_\_ sites
- c. Number of ambulatory surgery centers \_\_\_\_\_ centers
- d. Number of other ambulatory sites (specify): \_\_\_\_\_ sites

**Total number of ambulatory sites** \_\_\_\_\_ sites

- e. Number of hospitals \_\_\_\_\_ hospitals
- f. Number of rehabilitation and long-term care facilities \_\_\_\_\_ facilities
- g. Number of other facilities (specify): \_\_\_\_\_ facilities

2. The items below ask about the patient volume of your practice, including all sites. *Please give your best estimate for each item.*

- a. In the past year, how many distinct patients received ambulatory primary care from your practice? *Please count each patient only once, no matter how much care he or she received.* \_\_\_\_\_ patients

- b. In the past year, how many ambulatory primary care visits did your practice provide? \_\_\_\_\_ visits

- c. In the past year, how many distinct patients received ambulatory specialty care from your practice? *Please count each patient only once, no matter how much care he or she received.* \_\_\_\_\_ patients

- d. In the past year, how many ambulatory specialty care visits did your practice provide? \_\_\_\_\_ visits

- e. In the past year, how many surgical procedures did your practice provide? \_\_\_\_\_ surgical procedures

- f. In the past year, for how many hospital admissions did your practice provide care? *Please count hospital admissions for which the attending of record was a physician in your practice.* \_\_\_\_\_ hospital admissions

## Patient Population

3. Including all sites, approximately what percentage of the patients who receive care from your practice has each of the following characteristics? *Please give your best estimate for each item.*

### Age

a. 17 years or younger \_\_\_\_\_ %

b. 18-24 years \_\_\_\_\_ %

c. 25-44 years \_\_\_\_\_ %

d. 45-64 years \_\_\_\_\_ %

e. 65-74 years \_\_\_\_\_ %

f. 75 years or greater \_\_\_\_\_ %

### Gender

g. Female \_\_\_\_\_ %

### Race and Ethnicity

h. White, non-Hispanic \_\_\_\_\_ %

i. Black, non-Hispanic \_\_\_\_\_ %

j. Asian / Pacific Islander \_\_\_\_\_ %

k. Native American / Alaskan Native \_\_\_\_\_ %

l. Hispanic \_\_\_\_\_ %

### Morbidity

m. Two or more chronic conditions \_\_\_\_\_ %

n. Disabled \_\_\_\_\_ %

o. Abusing alcohol or drugs \_\_\_\_\_ %

### Socioeconomic status

p. Homeless \_\_\_\_\_ %

q. Unemployed, not retired \_\_\_\_\_ %

r. Low income (<200% Federal Poverty Level, approximately) \_\_\_\_\_ %

### Educational attainment

s. Less than high school \_\_\_\_\_ %

t. High school graduate \_\_\_\_\_ %

u. Some college \_\_\_\_\_ %

v. College graduate (4-year) \_\_\_\_\_ %

w. Advanced degree \_\_\_\_\_ %

### Primary Language

x. English \_\_\_\_\_ %

y. Other language, some English fluency \_\_\_\_\_ %

z. Other language, no English fluency \_\_\_\_\_ %

## Practice Staffing

4. Including all sites, how many full time equivalents (FTEs) does your practice have in each of the following categories? *Please consider each staff member working 35 or more hours per week “full time.”*

*How many...*

a. Primary care physicians \_\_\_\_\_ FTEs

b. Specialist physicians \_\_\_\_\_ FTEs

c. Nurse practitioners \_\_\_\_\_ FTEs

d. Physician assistants \_\_\_\_\_ FTEs

e. Registered nurses \_\_\_\_\_ FTEs

f. Nurse care managers \_\_\_\_\_ FTEs

g. Licensed vocational nurses (LVNs or LPNs) \_\_\_\_\_ FTEs

h. Medical assistants \_\_\_\_\_ FTEs

i. Clerks or receptionists \_\_\_\_\_ FTEs

j. Health educators \_\_\_\_\_ FTEs

k. Pharmacists \_\_\_\_\_ FTEs

l. Social workers \_\_\_\_\_ FTEs

m. Community health workers \_\_\_\_\_ FTEs

n. Nutritionists or dieticians \_\_\_\_\_ FTEs

o. Other(s) (specify): \_\_\_\_\_ FTEs

5. Including all sites, how many “full time” and “part time” physicians work in your practice? *Please consider each physician working 35 or more hours per week “full time.”*

*How many...*

a. Primary care physicians working **full time** \_\_\_\_\_ physicians

b. Specialist physicians working **full time** \_\_\_\_\_ physicians

c. Primary care physicians working **part time** \_\_\_\_\_ physicians

d. Specialist physicians working **part time** \_\_\_\_\_ physicians

## Patient Access

6. Including all of your practice's ambulatory sites, what percentage of physicians are taking new patients of the following types? What is the average wait for a new patient appointment?

	<i>Percentage of <u>PCPs</u> taking new patients:</i>	<i>Average wait for a new patient appointment with a <u>PCP</u>:</i>
a. Traditional Medicare patients	_____ %	_____ weeks
b. Medicare Advantage patients	_____ %	_____ weeks
c. Medicaid patients	_____ %	_____ weeks
d. Privately insured patients	_____ %	_____ weeks
e. Self-pay patients	_____ %	_____ weeks

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	<i>Percentage of <u>specialists</u> taking new patients:</i>	<i>Average wait for a new patient appointment with a <u>specialist</u>:</i>
f. Traditional Medicare patients	_____ %	_____ weeks
g. Medicare Advantage patients	_____ %	_____ weeks
h. Medicaid patients	_____ %	_____ weeks
i. Privately insured patients	_____ %	_____ weeks
j. Self-pay patients	_____ %	_____ weeks

7. Please indicate the best response for your practice, including all sites.

### *Extended hours*

- a. Does your practice regularly provide ambulatory care on Saturdays or Sundays? ☐<sub>1</sub> No ☐<sub>2</sub> Yes
- b. How many nights per week does your practice provide ambulatory care after 6:00 PM? \_\_\_\_\_ nights

### *Scheduling*

- c. Does your practice have open-access scheduling for ambulatory care (*i.e.*, guaranteed same-day or next-day routine appointments with clinicians)? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

### *Languages*

- d. Does your practice have on-site language interpreters in its ambulatory sites? ☐<sub>1</sub> No ☐<sub>2</sub> Yes
- e. Do one or more physicians in your practice speak a language other than English while delivering ambulatory patient care? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

### *Hospital coverage*

- f. For patients of your practice, what percentage of non-obstetrical **medical** admissions is managed by hospitalists? \_\_\_\_\_ % or ☐<sub>2</sub> Not applicable
- g. For patients of your practice, what percentage of non-obstetrical **surgical** admissions is managed by hospitalists? \_\_\_\_\_ % or ☐<sub>2</sub> Not applicable



## Other Practice Characteristics

### 8. Is your practice currently participating in the following?

#### *Pilots and demonstrations*

- |  |  |  |   |
|--|--|--|---|
| a. Accountable Care Organization (ACO)   | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| b. Patient-Centered Medical Home (PCMH) or Advanced Primary<br>Care Practice (APCP) demonstrations | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| c. Other types of pilots or demonstrations (specify):<br>_____                                     | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| d. Quality improvement collaboratives (specify):<br>_____  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |

#### *New payment models*

- |  |  |  |   |
|--|--|--|---|
| e. Shared savings  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| f. Episode-based payment                                   | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| g. Membership, retainer, or subscription fees for patients | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| h. Other types of new payment models (specify):<br>_____   | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |

#### *Teaching*

- |   |  |  |   |
|---|--|--|---|
| i. In a typical month, do medical students rotate through your<br>practice?                                   | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| j. In a typical month, do medical residents or clinical fellows<br>provide care to patients in your practice? | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |
| k. In a typical month, are other types of trainees present in your<br>practice? (specify) _____               | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes, part<br>of practice | <input type="checkbox"/> <sub>3</sub> Yes, all of<br>practice |

9. During a typical day in your practice, how often do clinicians use a computer to look up information about the patients they are seeing?

Never ☐<sub>1</sub> Rarely ☐<sub>2</sub> Sometimes ☐<sub>3</sub> Usually ☐<sub>4</sub> Always ☐<sub>5</sub>

14b. **On the computer**, are the following elements present?

Electronic:

		No / Don't know	Yes
i.	patient medication lists	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
ii.	patient problem lists	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
iii.	laboratory results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
iv.	abnormal laboratory result alerts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
v.	radiology reports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
vi.	radiology images	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
vii.	office visit notes from clinicians at the practice site	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
viii.	consultation notes from outside clinicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
ix.	hospital discharge summaries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
x.	emergency department discharge summaries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xi.	electronic medication prescribing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xii.	medication interaction or contraindication alerts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xiii.	patient-specific formulary information while writing prescriptions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xiv.	prescriptions sent electronically to pharmacies	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xv.	electronic laboratory test ordering	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xvi.	electronic radiology test ordering	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xvii.	alerts if ordered tests are not performed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xviii.	electronic referrals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xix.	alerts if no note from a referral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
xx.	secure electronic messages to and from patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Go to next page

## Practice Finances and Contracting

**10.** Over the past year, approximately what percentages of **total medical revenue** to your practice came from the following sources? *Please give your best estimate for each item.*

### *Types of payer*

- a. Commercial health plans \_\_\_\_\_ % of total medical revenue
- b. Traditional Medicare \_\_\_\_\_ % of total medical revenue
- c. Medicare Advantage \_\_\_\_\_ % of total medical revenue
- d. Medicaid \_\_\_\_\_ % of total medical revenue
- e. Patient self-pay \_\_\_\_\_ % of total medical revenue
- f. Other (specify): \_\_\_\_\_ % of total medical revenue

TOTAL = 100 %

### *Types of payment received*

- g. Fee-for-service payments \_\_\_\_\_ % of total medical revenue
- h. Capitation payments (*not paid by patients directly*) \_\_\_\_\_ % of total medical revenue
- i. Episode-based payments \_\_\_\_\_ % of total medical revenue
- j. Membership, retainer, or subscription fees paid by patients directly \_\_\_\_\_ % of total medical revenue
- k. Payments based on quality of care \_\_\_\_\_ % of total medical revenue
- l. Payments based on patient experience or satisfaction scores \_\_\_\_\_ % of total medical revenue
- m. Payments based on utilization or efficiency of care (*including shared savings payments*) \_\_\_\_\_ % of total medical revenue
- n. "Meaningful Use" payments for using electronic health records \_\_\_\_\_ % of total medical revenue
- o. Other types of payment (specify): \_\_\_\_\_ % of total medical revenue

TOTAL = 100 %

*Types of revenue at risk: please include potential bonuses, penalties, and withholds regardless of whether awards or penalties occurred*

- p. How much of total medical revenue was at risk based on quality of care? \_\_\_\_\_ % of total medical revenue
- q. How much of total medical revenue was at risk based on patient experience or satisfaction? \_\_\_\_\_ % of total medical revenue
- r. How much of total medical revenue was at risk based on utilization or efficiency of care? \_\_\_\_\_ % of total medical revenue
- s. How much of total medical revenue was at risk based on other criteria? \_\_\_\_\_ % of total medical revenue (specify): \_\_\_\_\_

**11. In your practice, what shares of physician compensation are calculated according to the following methods?**

**Primary care physicians, on average**

- |  |                             |
|--|-----------------------------|
| a. Base salary   | _____ % of PCP compensation |
| b. Productivity (e.g., per visit, per RVU)                                 | _____ % of PCP compensation |
| c. Capitation  | _____ % of PCP compensation |
| d. Incentives based on quality of care                                     | _____ % of PCP compensation |
| e. Incentives based on patient experience                                  | _____ % of PCP compensation |
| f. Incentives based on utilization or efficiency of care                   | _____ % of PCP compensation |
| g. Profit sharing (based on financial performance of the overall practice) | _____ % of PCP compensation |
| h. Other (specify): _____  | _____ % of PCP compensation |

TOTAL = 100 %

---

**Specialists, on average**

- |  |                                    |
|--|------------------------------------|
| i. Base salary   | _____ % of specialist compensation |
| j. Productivity (e.g., per visit, per RVU)                                 | _____ % of specialist compensation |
| k. Capitation  | _____ % of specialist compensation |
| l. Incentives based on quality of care                                     | _____ % of specialist compensation |
| m. Incentives based on patient experience                                  | _____ % of specialist compensation |
| n. Incentives based on utilization or efficiency of care                   | _____ % of specialist compensation |
| o. Profit sharing (based on financial performance of the overall practice) | _____ % of specialist compensation |
| p. Other (specify): _____  | _____ % of specialist compensation |

TOTAL = 100 %

---

**12. Does your practice use the following eligibility requirements when selecting physicians?**

- |  |  |   |
|--|--|---|
| a. Physicians agree not to practice medicine outside the practice      | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes |
| b. Physicians must spend a minimum amount of time in clinical practice | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes |
| c. Physicians must sign a non-compete clause                           | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes |
-

**13. What is the legal organization of your practice?**

☐<sub>1</sub> Business Corporation

☐<sub>2</sub> Limited Liability Company

☐<sub>3</sub> Not-for-profit corporation/foundation

☐<sub>4</sub> Partnership

☐<sub>5</sub> Professional corporation/association

☐<sub>6</sub> Sole Proprietorship

☐<sub>7</sub> Other, please describe: \_\_\_\_\_

**14. For 2012, please estimate the following for your practice:**

a. **Gross medical charges** (including fee-for-service activity, capitation activity, and other medical activity) Amount: \$ \_\_\_\_\_

b. **Bad debts** (accounts assigned to collection agencies) Amount: \$ \_\_\_\_\_

c. **Total medical revenue** Amount: \$ \_\_\_\_\_

d. **Total nonmedical revenue** (e.g. investment and/or rental revenues) Amount: \$ \_\_\_\_\_

e. **Total revenue** Amount: \$ \_\_\_\_\_

f. **Support staffing costs** (include costs of administration, accounting, information technology, housekeeping, security, receptionists, transcription, clinical support staff, ancillary support staff) Amount: \$ \_\_\_\_\_

g. **General operating costs** (include costs of information technology, medical, surgical and drug supplies, building and occupancy, furniture and equipment, administrative supplies, professional liability premiums, legal and consulting fees, promotion and marketing, laboratory, radiology and imaging costs, management fees and other purchased services) Amount: \$ \_\_\_\_\_

h. **Provider Staffing Costs: nonphysicians** (include compensation and benefits) Amount: \$ \_\_\_\_\_

i. **Provider Staffing Costs: physicians** (include compensation and benefits) Amount: \$ \_\_\_\_\_

j. **Total nonmedical costs** (e.g. income taxes) Amount: \$ \_\_\_\_\_

k. **Financial support for operating costs** (e.g. from parent organization) Amount: \$ \_\_\_\_\_

l. **Total costs** Amount: \$ \_\_\_\_\_

m. **Net practice income or loss** Amount: \$ \_\_\_\_\_

**THANK YOU** for completing this questionnaire. Please return it using the postage-paid envelope or fax it to \_\_\_\_.

## Physician Experience Survey

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This appendix contains the survey we provided to all the physicians in this study.



54017

# RAND Survey of Physicians

These questions ask what it is like to work at your practice. As you answer, please think of your practice listed below:

If you have any questions about this survey, please do not hesitate to contact Ms. Kristin Van Busum (617-338-2059 x 8626, [vanbusum@rand.org](mailto:vanbusum@rand.org)) or Dr. Mark Friedberg (617-338-2059 x 8628, [mfriedbe@rand.org](mailto:mfriedbe@rand.org)).

## Practice Environment

1. Which best describes the atmosphere in your practice?	Calm		Busy, but reasonable		Hectic, chaotic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In your practice setting how much control do you have over the following?	None	Some	Moderate	Great
a. The hours you work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Details of your office or clinic schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Selecting physicians with whom you have referral relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The volume of "paperwork" you have to do (on paper or electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work interruptions (e.g., telephone calls, unscheduled patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Workplace issues (e.g., office space, facilities, supplies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The pace of your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The allotment of additional time for difficult-to-help patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. How much pressure do you feel to attract and retain patients? *Please mark one answer.*

☐ A lot of pressure    ☐ A moderate amount of pressure    ☐ Not much pressure    ☐ No pressure at all



**4. In the grid below, please estimate the AVERAGE time allocated to you and amount of time you feel would be needed to provide high quality care for your patients.**

<i>Visit type</i>	<i>Time <u>allocated</u></i>	<i>Time <u>needed</u></i>
a. Complete physical/consultation for a new patient	<input type="text"/> <input type="text"/> <input type="text"/> minutes	<input type="text"/> <input type="text"/> <input type="text"/> minutes
b. Routine follow-up for an established patient	<input type="text"/> <input type="text"/> <input type="text"/> minutes	<input type="text"/> <input type="text"/> <input type="text"/> minutes
c. Urgent care/acute visits	<input type="text"/> <input type="text"/> <input type="text"/> minutes	<input type="text"/> <input type="text"/> <input type="text"/> minutes

**5. To what degree do the following statements reflect the conditions in your practice?**

Not at all  $\leftarrow$   $\rightarrow$  To a great extent

a. There is broad involvement of clinicians in most financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Our clinician compensation formula is well aligned with our practice's goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our administrators obtain and provide us with information that helps us improve the cost effectiveness of our patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Our compensation plan rewards those who work hard for our practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Our clinician compensation formula is well understood by our clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Our administrative decision-making process can accurately be described as consensus building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The business office and administration are considered to be very important parts of our group practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There is rapid change in clinical practice among our physicians when studies indicate that we can improve quality/reduce costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have opportunities to participate in major strategic decisions (like partnering or merging with another practice or hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Do you receive the following types of reports for your own patients or the entire practice?**

	<i>For your own patients</i>		<i>For the entire practice</i>	
	Yes	No	Yes	No
a. Quality of preventive care delivered to eligible patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality of care delivered to patients with specific conditions or who have undergone specific procedures (i.e. asthma, diabetes, depression or congestive heart failure, percutaneous coronary interventions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demographic information on patients' race, ethnicity or preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient lists or registries (i.e. lists of patients with specific clinical conditions, medications, or laboratory results)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

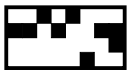




**7. Please indicate how much you agree or disagree with the following statements about your practice.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. People in our practice actively seek new ways to improve how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People at all levels of this practice openly talk about what is and isn't working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We regularly take time to consider ways to improve how we do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People are aware of how their actions affect others in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most people in this practice are willing to change how they do things in response to feedback from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. After trying something new, we take time to think about how it worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can rely on the other people in this practice to do their jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Difficult problems are solved through face-to-face discussions in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Practice leadership promotes an environment that is an enjoyable place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Leadership in this practice creates an environment where things can be accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Leadership strongly supports practice change efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The practice leadership makes sure that we have the time and space necessary to discuss changes to improve care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. When we experience a problem in the practice, we make a serious effort to figure out what's really going on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People in this practice have the information that they need to do their jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





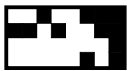
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8. Please indicate how much you agree or disagree with the following statements.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I receive useful information about the quality of care I deliver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I receive a new report about the quality of care, it just makes me feel helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This practice evaluates me in a way that is fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I frequently have ideas for improving quality in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When I suggest an idea for improving quality, this practice actually tries out the idea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Job and Career

9. Please indicate how much you agree or disagree with the following statements.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Overall, I am satisfied with my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My job is extremely stressful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were to choose over again, I would not become a physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I were to start my career over again, I would choose a different specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work rarely encroaches on my personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The amount of call I am required to take is not excessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am satisfied with the benefits (e.g., health insurance) I receive in my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am satisfied with the amount of vacation time I have in my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Leaders of my practice respect me as a professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Co-workers in my practice respect me as a professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Formularies or prescription limits restrict the quality of care I provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Outside reviewers <u>rarely</u> question my professional judgments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My patients respect me as a professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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**10. Using your own definition of "burnout," please indicate which statement best describes your situation at work.**

**Mark  
ONLY ONE  
box below**

I enjoy my work. I have no symptoms of burnout.

☐

Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.

☐

I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

☐

The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.

☐

I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

☐

**11. What is the likelihood that you will leave your current practice within TWO YEARS?**

None

Slight

Moderate

Likely

Definitely

☐☐☐☐☐

**12. What is the likelihood that you will end your career as a physician (by retiring or switching to another career) within TWO YEARS?**

None

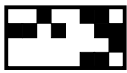
Slight

Moderate

Likely

Definitely

☐☐☐☐☐



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## The Amount and Types of Work You Do

13. During the past year, approximately how many weeks did you work (in any clinical or non-clinical job)? Please exclude family leave, vacation, illness and other absences from work.

weeks worked

14. During the weeks that you work, how many hours do you devote to the following work activities?

Activity

Average hours/week

- a. Patient care, including clinical practice, paperwork related to clinical practice, communication with other providers or clinical facilities about patients

- b. Teaching (excluding teaching that occurs during patient care)

- c. Research

- d. Management/administration

- e. Other, Specify:

- f. Time on call

- i. Time when you can be called to provide patient care, regardless of whether you actually are called.

*Example: Time spent "carrying a pager" for a physician group or practice.*

- ii. Providing patient care while on call.

*Example: Returning a page or being called into the hospital to see a patient.*

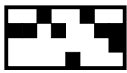
  


**15. On average, how much of your patient care time is devoted to the following activities?**

*Please mark one answer for each activity.*

	> 75%	50-74%	25-49%	10-24%	1-9%	Never
<b>Performing procedures</b>						
Providing procedures to patients who are under general anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing procedures to patients who are not under general anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administering anesthesia or sedation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Providing <u>non-procedural care</u> that is face-to-face with patients</b>						
Providing first-contact care (care for patients who have not yet seen another physician for their condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing care on referral from another physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing new patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing established patients you have known for less than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing established patients you have known for 5 years or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing patients before 8am or after 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing patients on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Providing care that is <u>not face-to-face</u> with patients</b>						
Interpreting tests (e.g., reading images, tracings, or pathology samples)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with patients and/or their families (e.g., by phone or email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with other providers (e.g., physicians, nurses, or other providers) about specific patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other activities</b>						
Documenting patient care in a medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing other paperwork (e.g., prior authorizations, insurance forms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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## Support for Your Work in Your Practice

16. In a typical clinical session at your practice, how many of the following types of staff support your work? Please separately indicate how many support only you and how many are shared with other physicians.

Number supporting only you      Number shared with other physicians

a. Physician assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Nurse practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Registered nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Licensed vocational nurses (LVNs or LPNs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Medical assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Clerks or receptionists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Health educators	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Pharmacists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Social workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Nurse case managers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Nutritionists or dietitians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Other(s) <i>Specify:</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Please indicate how much you agree or disagree with the following statements.

Strongly  
Disagree

Disagree

Neither  
Agree nor  
Disagree

Agree

Strongly  
Agree

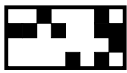
a. I have enough support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Generally speaking, I work with the same support staff during each clinical session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My support staff and I know each other very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Support staff are constantly leaving and joining this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have adequate equipment for office procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical supplies are available when I need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have adequate time to spend with my patients during their office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is possible to provide high quality care to all my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Coordinating With Other Providers

18. The following questions concern your experiences with care coordination	Always/most of the time	Sometimes	Seldom/ Never	Does Not Apply
<b><i>ALL Physicians</i></b>				
a. How often do you know about all the visits that your patients make to other physicians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Thinking about the hospital to which your patients are most commonly admitted, how often are you notified when your patients are admitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often are you notified when your patients have an Emergency Room visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>PRIMARY CARE Physicians only</i></b>				
d. When you refer a patient to a specialist, how often do you send the patient's history and the reason for the consultation to the specialist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you receive useful information about your patients from specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. After your patient has seen a specialist, how often do you talk with the patient or family members about the results of the visit to the specialist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. When clinically appropriate, how often is it easy to obtain a doctor-to-doctor ("curbside") consult from a specialist in lieu of referring the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>SPECIALIST Physicians only</i></b>				
h. When you see a patient referred to you by a primary care physician (PCP), how often do you receive the patient's medical history and reason for consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. For the patients that were referred to you by a PCP, how often do you send the PCP results of your consultation and advice to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. How often are new patients you see self-referred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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## Electronic Health Records

19. Please indicate how much you agree or disagree with the following statements.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. In our practice, we rely heavily on electronic information systems to provide cost effective care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I rely heavily on computer-based information when seeing a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In our practice, our electronic health record improves the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I am providing clinical care, our electronic health record slows me down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using an electronic health record <u>interferes</u> with patient-doctor communication during face-to-face clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using an electronic health record <u>enhances</u> patient-doctor communication that is not face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Our electronic health record requires me to perform tasks that other staff could perform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I receive an overwhelming number of electronic messages in this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Our electronic health record improves my job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Based on my experience to date, I prefer using paper medical records instead of electronic records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Compensation and Financial Factors in Your Practice

**20. Which of the following methods best describes your basic compensation?** *Please mark one answer.*

- ☐ Fixed salary
- ☐ Salary adjusted for performance (e.g., own productivity, practice's financial performance, quality measures, practice profiling)
- ☐ Shift, hourly, or other time-based payment
- ☐ Share of practice billings or workload
- ☐ Other method (describe)

**21. How important are the following factors in determining your compensation?**

Very Important      Moderately Important      Not very Important      Not at all Important      Not considered

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Factors reflecting your own productivity   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Results of satisfaction surveys completed by your patients   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Specific measures of quality of care such as rates of preventive care services for your patients                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Results of practice profiling i.e. comparing your pattern of using medical resources with that of other physicians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The overall financial performance of the practice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**22. On balance, do the overall personal financial incentives in your practice favor:** *Please mark one answer.*

- ☐ Reducing services to individual patients
- ☐ Expanding services to individual patients
- ☐ Neither

**23. What was your approximate total compensation from the practice in the past year?**

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**24. Please indicate how much you agree or disagree with the following statements.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My total compensation package is fair  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am not well compensated given my training and experience                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I am not well compensated compared to physicians in other specialties                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I am not well compensated compared to other physicians in my practice                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I regularly receive information about the practice's overall financial position                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I receive information about how my own clinical activities impact practice finances            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The methods used to calculate my financial impact on the practice are fair                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I am told that my clinical activities have a positive impact on practice finances              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I am told that on the balance, my clinical activities are a net financial loss to the practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Professional Liability Arrangements in Your Practice****25. Which of the following best describes your malpractice or professional liability coverage?***Please mark one answer.*

- ☐ I pay for it myself
- ☐ The practice pays for it
- ☐ Other (please describe)

**26. When there is a professional liability (malpractice) lawsuit against a doctor in this practice, can the doctor choose his or her legal representation?**

Yes, the doctor chooses	No, the practice chooses	Don't know
-------------------------	--------------------------	------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------



27. When there is a professional liability (malpractice) lawsuit against a doctor in this practice, which of the following most accurately describes the defense of the doctor?

Please mark  
ONLY ONE  
answer below

- The priority will be to defend the doctor, even if this might be more expensive for the practice ☐
- The defense will balance the needs of the doctor and the needs of the practice ☐
- The defense will seek to settle the suit quickly, even if this may result in a negative notation in the doctor's personal record (e.g., with licensing boards or the National Provider Data Bank) ☐
- Don't know ☐

28. Have you ever been the defendant in a professional liability (malpractice) lawsuit while working at this practice?

Yes ☐ No ☐

## About Your Patients

29. Please estimate the percentage of your patients in each of these categories:

- |                               |  |   |  |  |   |
|-------------------------------|--|---|--|--|---|
| a. Female                     | <input type="text"/> <input type="text"/> <input type="text"/> | % | e. Have complex or numerous medical problems       | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| b. Elderly (over 65)          | <input type="text"/> <input type="text"/> <input type="text"/> | % | f. Have complex or numerous psycho-social problems | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| c. Speak little or no English | <input type="text"/> <input type="text"/> <input type="text"/> | % | g. Are generally frustrating to deal with          | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| d. Suffer from chronic pain   | <input type="text"/> <input type="text"/> <input type="text"/> | % | h. Have alcohol or other substance abuse disorders | <input type="text"/> <input type="text"/> <input type="text"/> | % |

30. Please indicate how much you agree or disagree with the following statements.

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Many patients demand potentially unnecessary treatments           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Time pressures keep me from developing good patient relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I am overwhelmed by the needs of my patients                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





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## Questions Unrelated to Your Clinical Practice

*These questions will help us analyze your survey in combination with other physicians' surveys. Please be as honest and accurate as you can. Try not to let your response to one statement influence your responses to other statements. There are no right or wrong answers. Answer according to your own feelings, rather than how you think "most people" would answer.*

### 31. Please indicate how much you agree or disagree with the following statements about the world outside health care.

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Airport security screenings invade our privacy to an unnecessary degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. College tuitions are getting unreasonable these days                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The internet has improved our ability to communicate with each other    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Overall, the news media treats public figures fairly                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In uncertain times, I usually expect the best                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. It's easy for me to relax   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If something can go wrong for me, it will                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I'm always optimistic about my future                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I enjoy my friends a lot  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. It's important for me to keep busy                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I hardly ever expect things to go my way                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I don't get upset too easily  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. I rarely count on good things happening to me                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Overall, I expect more good things to happen to me than bad             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## About You

32. How long have you worked at the practice?

Less than 6  
months

6-12 months

1-2 years

More than  
2 years

☐
☐
☐
☐

33. In what year did you begin medical practice after completing your training? *If you did a residency or fellowship, please give your first year of practice after completing residency or fellowship.*





34. What is your job title?

35. Where did you graduate from medical school?

- ☐ A medical school located in the United States of America, Puerto Rico, or Canada
- ☐ A medical school located outside the United States of America, Puerto Rico, or Canada

36. What is your primary specialty? *Please indicate the specialty in which you spend the most hours*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Gastroenterology          | <input type="checkbox"/> Ophthalmology      |
| <input type="checkbox"/> Dermatology        | <input type="checkbox"/> General Surgery           | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Otolaryngology     |
| <input type="checkbox"/> Family Practice    | <input type="checkbox"/> Neurology                 | <input type="checkbox"/> Psychiatry         |
| <input type="checkbox"/> General Practice   | <input type="checkbox"/> Obstetrics and gynecology | <input type="checkbox"/> Pulmonology        |
| <input type="checkbox"/> General Pediatrics | <input type="checkbox"/> Oncology                  | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> Other Specialty    | <input type="text"/>                               |   |

37. Please indicate your gender

- ☐ Female
- ☐ Male





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**38. Please indicate your age****Mark  
one**

18-30 years

☐

31-40 years

☐

41-50 years

☐

51-60 years

☐

61-70 years

☐

71 years or more

☐**39. What is your ethnicity?****Hispanic/Latino****Not Hispanic/Latino**☐☐**40. What is your race?****Mark all  
that apply**

Black or African American

☐

American Indian or Alaska Native

☐

Native Hawaiian or Pacific Islander

☐

Asian

☐

White (European, Middle Eastern, other)

☐

Other:

☐**THANK YOU for completing this survey.****Please return the completed survey in the postage-paid envelope.****RAND Corporation****Attn: Survey Research Group****1776 Main Street****Santa Monica, CA 90401****Or by confidential fax to:****310-260-8163**

## Physician Experience Survey Scale Calculation

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This appendix explains how we scored the results of the physician experience survey.

RAND Survey of Physicians

[Respondent ID number]

These questions ask what it is like to work at your practice. As you answer, please think of your practice listed below:

[Practice name here]

If you have any questions about this survey, please do not hesitate to contact XXXXX.

Practice Environment

1. Which best describes the atmosphere in your practice?	Calm		Busy, but reasonable		Hectic, chaotic
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

Comment [MWF1]: Analytic variable: Chaos  
Scoring: dichotomized as <4 or ≥4.

2. In your practice setting how much control do you have over the following?	None	Some	Moderate	Great
a. The hours you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Details of your office or clinic schedule	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Selecting physicians with whom you have referral relationships	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. The volume of “paperwork” you have to do (on paper or electronic)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Work interruptions (e.g., telephone calls, unscheduled patients)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Workplace issues (e.g., office space, facilities, supplies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. The pace of your work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. The allotment of additional time for difficult-to-help patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Comment [MWF2]: Analytic variable: Work control  
Scoring: Average of all items in this scale

3. How much pressure do you feel to attract and retain patients? Please mark one answer
<input type="checkbox"/> <sub>1</sub> A lot of pressure <input type="checkbox"/> <sub>2</sub> A moderate amount <input type="checkbox"/> <sub>3</sub> Not much pressure <input type="checkbox"/> <sub>4</sub> No pressure at all of pressure



4. In the grid below, please estimate the AVERAGE time allocated to you and amount of time you feel would be needed to provide high quality care for your patients.

Visit type	Time <u>allocated</u>	Time <u>needed</u>
a. Complete physical/consultation for a new patient	_____minutes	_____minutes
b. Routine follow-up for an established patient	_____minutes	_____minutes
c. Urgent care/acute visits	_____minutes	_____minutes

**Comment [MWF3]:**

Analytic variable: Time pressure

Scoring: Score each item separately, categorizing each response as follows:

1. Time allocated > time needed
2. Time needed > time allocated > 50% of time needed
3. Time allocated < 50% of time needed.

Then calculate the % of responses in each category.

5. To what degree do the following statements reflect the conditions in your practice?

Not at all



To a great extent

a. There is broad involvement of clinicians in most financial decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Our clinician compensation formula is well aligned with our practice's goals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Our administrators obtain and provide us with information that helps us improve the cost effectiveness of our patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Our compensation plan rewards those who work hard for our practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Our clinician compensation formula is well understood by our clinicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Our administrative decision-making process can accurately be described as consensus building	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. The business office and administration are considered to be very important parts of our group practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. There is rapid change in clinical practice among our physicians when studies indicate that we can improve quality/reduce costs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. Clinicians like me have opportunities to participate in major strategic decisions (like partnering or merging with another practice or hospital)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Comment [MWF4]:**

Analytic variable: Values alignment with leaders

Scoring: Average of all items in this scale **except** 5i

6. Do you receive the following types of reports for your own patients or the entire practice?

	For your own patients		For the entire practice	
	Yes	No	Yes	No
a. Quality of preventive care delivered to eligible patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Quality of care delivered to patients with specific conditions or who have undergone specific procedures (i.e. asthma, diabetes, depression or congestive heart failure; percutaneous coronary interventions)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Demographic information on patients' race, ethnicity or preferred language	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Patient lists or registries (i.e. lists of patients with specific clinical conditions, medications, or laboratory results)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF5]:**

Analytic variable: Receipt of information on the quality of preventive care

Scoring: 1 if "yes" for own patients or practice; 0 otherwise

**Comment [MWF6]:**

Analytic variable: Receipt of information on the quality of care delivered to patients with specific conditions or who have undergone specific procedures

Scoring: 1 if "yes" for own patients or practice; 0 otherwise

7. Please indicate how much you agree or disagree with the following statements about your practice.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. People in our practice actively seek new ways to improve how we do things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. People at all levels of this practice openly talk about what is and isn't working	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. We regularly take time to consider ways to improve how we do things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. People are aware of how their actions affect others in this practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Most people in this practice are willing to change how they do things in response to feedback from others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. After trying something new, we take time to think about how it worked	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. This practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. I can rely on the other people in this practice to do their jobs well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Difficult problems are solved through face-to-face discussions in this practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. Practice leadership promotes an environment that is an enjoyable place to work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Leadership in this practice creates an environment where things can be accomplished	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. Leadership strongly supports practice change efforts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. The practice leadership makes sure that we have the time and space necessary to discuss changes to improve care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. When we experience a problem in the practice, we make a serious effort to figure out what's really going on	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. People in this practice have the information that they need to do their jobs well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF7]:** Analytic variable: Adaptive reserve

Scoring: 3 subdomains, mean score within each.

Subdomains

"Relationship infrastructure": items a-i.

"Facilitative leadership": items j-m.

"Sensemaking": items n and o.

8. Please indicate how much you agree or disagree with the following statements.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I receive useful information about the quality of care I deliver	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. When I receive a new report about the quality of care, it just makes me feel helpless	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. This practice evaluates me in a way that is fair	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. I frequently have ideas for improving quality in this practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. When I suggest an idea for improving quality, this practice actually tries out the idea	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF8]:** Analytic variable: quality feedback perceptions

Scoring: Average of a and b(reverse)

## Your Job and Career

9. Please indicate how much you agree or disagree with the following statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. Overall, I am satisfied with my current job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. My job is extremely stressful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. If I were to choose over again, I would not become a physician	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. If I were to start my career over again, I would choose a different specialty	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Work rarely encroaches on my personal life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. The amount of call I am required to take is not excessive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. I am satisfied with the benefits (e.g., health insurance) I receive in my current job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. I am satisfied with the amount of vacation time I have in my current job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Leaders of my practice respect me as a professional	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. Co-workers in my practice respect me as a professional	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Formularies or prescription limits restrict the quality of care I provide	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. Outside reviewers rarely question my professional judgments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. My patients respect me as a professional	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF9]:** Analytic variable: Overall professional satisfaction

Scoring: dichotomize at [4, 5] vs. [1,2,3]

**Comment [MWF10]:** Analytic variable: Stressed

Scoring: dichotomize at [4, 5] vs. [1,2,3]

10. Using your own definition of "burnout," please indicate which statement best describes your situation at work.	Check ONLY ONE box below
I enjoy my work. I have no symptoms of burnout.	<input type="checkbox"/> <sub>1</sub>
Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	<input type="checkbox"/> <sub>2</sub>
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	<input type="checkbox"/> <sub>3</sub>
The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.	<input type="checkbox"/> <sub>4</sub>
I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF11]:** Analytic variable: Burned out

Scoring: dichotomize at [3,4,5] vs. [1,2]

Note: This single item has high correlation with the full Maslach Burnout Inventory scales and can be used instead of the full inventory. (See Rohland et al. Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. Stress and Health 2004;20:75-79.)

11. What is the likelihood that you will leave your current practice within TWO YEARS?	None	Slight	Moderate	Likely	Definitely
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF12]:** Analytic variable: Intent to leave practice  
**Scoring:** dichotomize at [4, 5] vs. [1,2,3]

12. What is the likelihood that you will end your career as a physician (by retiring or switching to another career) within TWO YEARS?	None	Slight	Moderate	Likely	Definitely
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF13]:** Analytic variable: Intent to leave medicine altogether  
**Scoring:** dichotomize at [4, 5] vs. [1,2,3]

## The Amount and Types of Work You Do

13. During the past year, approximately how many weeks did you work (in any clinical or non-clinical job)? Please exclude family leave, vacation, illness and other absences from work.

\_\_\_\_\_ weeks worked

14. During the weeks that you work, how many hours do you devote to the following work activities?	
Activity	Average hours/week
a. Patient care, including clinical practice, paperwork related to clinical practice, communication with other providers or clinical facilities about patients	_____
b. Teaching (excluding teaching that occurs during patient care)	_____
c. Research	_____
d. Management/administration	_____
e. Other, Specify: _____	_____
f. Time on call	
i. Time when you can be called to provide patient care, regardless of whether you actually are called. <i>Example: Time spent "carrying a pager" for a physician group or practice.</i>	_____
ii. Providing patient care while on call. <i>Example: Returning a page or being called into the hospital to see a patient.</i>	_____

15. On average, how much of your patient care time is devoted to the following activities? Choose only one response for each activity

	> 75%	50-74%	25-49%	10-24%	1-9%	Never
<b>Performing procedures</b>						
Providing procedures to patients who are under general anesthesia	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Providing procedures to patients who are not under general anesthesia	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<hr/>						
<b><u>Administering anesthesia or sedation</u></b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<hr/>						
<b>Providing <u>non-procedural care</u> that is face-to-face with patients</b>						
Providing first-contact care (care for patients who have not yet seen another physician for their condition)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Providing care on referral from another physician	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Seeing new patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Seeing established patients you have known for less than 5 years	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Seeing established patients you have known for 5 years or more	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Seeing patients before 8am or after 5pm	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Seeing patients on weekends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<hr/>						
<b>Providing care that is <u>not face-to-face</u> with patients</b>						
Interpreting tests (e.g., reading images, tracings, or pathology samples)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Communicating with patients and/or their families (e.g., by phone or email)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Communicating with other providers (e.g., physicians, nurses, or other providers) about specific patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<hr/>						
<b>Other activities</b>						
Documenting patient care in a medical record	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Completing other paperwork (e.g., prior authorizations, insurance forms)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Other activities: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

Support for Your Work in Your Practice

16. In a typical clinical session at your practice, how many of the following types of staff support your work? Please separately indicate how many support only you and how many are shared with other physicians.

Number supporting only you

Number shared with other physicians

a. Physician assistants	<div></div>	<div></div>
b. Nurse practitioners	<div></div>	<div></div>
c. Registered nurses	<div></div>	<div></div>
d. Licensed vocational nurses (LVNs or LPNs)	<div></div>	<div></div>
e. Medical assistants	<div></div>	<div></div>
f. Clerks or receptionists	<div></div>	<div></div>
g. Health educators	<div></div>	<div></div>
h. Pharmacists	<div></div>	<div></div>
i. Social workers	<div></div>	<div></div>
j. Nurse case managers	<div></div>	<div></div>
k. Nutritionists or dieticians	<div></div>	<div></div>
l. Other(s) (Specify: <div></div> )	<div></div>	<div></div>

17. Please indicate how much you agree or disagree with the following statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. I have enough support staff	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
b. Generally speaking, I work with the same support staff during each clinical session	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
c. My support staff and I know each other very well	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
d. Support staff are constantly leaving and joining this practice	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
e. I have adequate equipment for office procedures	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
f. Medical supplies are available when I need them	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
g. I have adequate time to spend with my patients during their office visits	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
h. It is possible to provide high quality care to all my patients	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Comment [MWF14]: Analytic variable: Consistency of support staff

Scoring: Average of b, c, and d (reverse)

## Coordinating With Other Providers

18. The following questions concern your experiences with care coordination	Always/most of the time	Sometimes	Seldom/Never	Does Not Apply
<b>ALL Physicians</b>				
a. How often do you know about all the visits that your patients make to other physicians?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Thinking about the hospital to which your patients are most commonly admitted, how often are you notified when your patients are admitted?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. How often are you notified when your patients have an Emergency Room visit?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>PRIMARY CARE Physicians only</b>				
d. When you refer a patient to a specialist, how often do you send the patient's history and the reason for the consultation to the specialist?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. How often do you receive useful information about your patients from specialists?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. After your patient has seen a specialist, how often do you talk with the patient or family members about the results of the visit to the specialist?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. When clinically appropriate, how often is it easy to obtain a doctor-to-doctor ("curbside") consult from a specialist in lieu of referring the patient?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>SPECIALIST Physicians only</b>				
h. When you see a patient referred to you by a primary care physician (PCP), how often do you receive the patient's medical history and reason for consultation?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. For the patients that were referred to you by a PCP, how often do you send the PCP results of your consultation and advice to the patient?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. How often are new patients you see self-referred?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Electronic Health Records

19. Please indicate how much you agree or disagree with the following statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. In our practice, we rely heavily on electronic information systems to provide cost effective care	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
b. I rely heavily on computer-based information when seeing a patient	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
c. In our practice, our electronic health record improves the quality of care	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
d. When I am providing clinical care, our electronic health record slows me down	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
e. Using an electronic health record interferes with patient-doctor communication during face-to-face clinical care	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
f. Using an electronic health record enhances patient-doctor communication that is not face-to-face	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
g. Our electronic health record requires me to perform tasks that other staff could perform	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
h. I receive an overwhelming number of electronic messages in this practice	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
i. Our electronic health record improves my job satisfaction	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
j. Based on my experience to date, I prefer using paper medical records instead of electronic records	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Compensation and Financial Factors in Your Practice

20. Which of the following methods best describes your basic compensation? Please choose one answer.

☐ Fixed salary

☐ Salary adjusted for performance (e.g., own productivity, practice’s financial performance, quality measures, practice profiling)

☐ Shift, hourly, or other time-based payment

☐ Share of practice billings or workload

☐ Other method (describe)\_\_\_\_\_



21. How important are the following factors in determining your compensation?	Very Important	Moderately Important	Not very important	Not at all important	Not considered
a. Factors reflecting your own productivity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Results of satisfaction surveys completed by your patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Specific measures of quality of care such as rates of preventive care services for your patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Results of practice profiling i.e. comparing your pattern of using medical resources with that of other physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. The overall financial performance of the practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**22. On balance, do the overall personal financial incentives in your practice favor:**

☐<sub>1</sub> Reducing services to individual patients    ☐<sub>2</sub> Expanding services to individual patients    ☐<sub>3</sub> Neither

**23. What was your approximate total compensation from the practice in the past year?**

\$ \_\_\_\_\_

24. Please indicate how much you agree or disagree with the following statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. My total compensation package is fair	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I am not well compensated given my training and experience	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. I am not well compensated compared to physicians in other specialties	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. I am not well compensated compared to other physicians in my practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. I regularly receive information about the practice's overall financial position	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. I receive information about how my own clinical activities impact practice finances	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. The methods used to calculate my financial impact on the practice are fair	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. I am told that my clinical activities have a positive impact on practice finances	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. I am told that on the balance, my clinical activities are a net financial loss to the practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Comment [MWF15]:**

Analytic variable: Satisfaction with individual compensation

Scoring: Average of b (reverse), c (reverse), and d (reverse)

**Comment [MWF16]:**

Analytic variable: Own clinical activities have a positive impact on practice finances

Scoring: Average of h and i (reverse)

**Comment [MWF17]:**

Analytic variable: Awareness of financial impact on practice

Scoring: Average of e and f

Professional Liability Arrangements in Your Practice

25. Which of the following best describes your malpractice or professional liability coverage?

☐\_1 I pay for it myself

☐\_2 The practice pays for it

☐\_3 Other (please describe) \_\_\_\_\_

26. When there is a professional liability (malpractice) lawsuit against a doctor in this practice, can the doctor <u>choose</u> his or her legal representation?	Yes, the doctor chooses	No, the practice chooses	Don't know
	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

27. When there is a professional liability (malpractice) lawsuit against a doctor in this practice, which of the following most accurately describes the <u>defense of the doctor</u> ?	Check ONLY ONE box below
The priority will be to defend the doctor, even if this might be more expensive for the practice	<input type="checkbox"/> _1
The defense will balance the needs of the doctor and the needs of the practice	<input type="checkbox"/> _2
The defense will seek to settle the suit quickly, even if this may result in a negative notation in the doctor's personal record (e.g., with licensing boards or the National Provider Data Bank)	<input type="checkbox"/> _3
Don't know	<input type="checkbox"/> _4

28. Have you ever been the defendant in a professional liability (malpractice) lawsuit while working at this practice?	Yes	No
	<input type="checkbox"/> _1	<input type="checkbox"/> _2

About Your Patients

29. Please estimate the percentage of your patients in each of these categories:

a. Female

\_\_\_\_\_%

b. Elderly (over 65)

\_\_\_\_\_%

c. Speak little or no English

\_\_\_\_\_%

d. Suffer from chronic pain

\_\_\_\_\_%

e. Have complex or numerous medical problems

\_\_\_\_\_%

f. Have complex or numerous psycho-social problems

\_\_\_\_\_%

g. Are generally frustrating to deal with

\_\_\_\_\_%

h. Have alcohol or other substance abuse disorders

\_\_\_\_\_%

30. Please indicate how much you agree or disagree with the following statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. Many patients demand potentially unnecessary treatments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Time pressures keep me from developing good patient relationships	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
c. I am overwhelmed by the needs of my patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## Questions Unrelated to Your Clinical Practice

These questions will help us analyze your survey in combination with other physicians' surveys. Please be as honest and accurate as you can. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

31. Please indicate how much you agree or disagree with the following statements about the world outside health care.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. Airport security screenings invade our privacy to an unnecessary degree	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. College tuitions are getting unreasonable these days	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
c. The internet has improved our ability to communicate with each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Overall, the news media treats public figures fairly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
e. In uncertain times, I usually expect the best	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. It's easy for me to relax	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
g. If something can go wrong for me, it will	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. I'm always optimistic about my future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
i. I enjoy my friends a lot	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. It's important for me to keep busy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
k. I hardly ever expect things to go my way	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. I don't get upset too easily	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
m. I rarely count on good things happening to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
n. Overall, I expect more good things to happen to me than bad	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>

### Comment [MWF18]:

Analytic variable: common experience optimism scale (new to this study; a response tendency measure)

Scoring: Average of 31a (reverse), 31b (reverse), 31c, 31d

### Comment [MWF19]:

Analytic variable: LOT-R (a response tendency measure)

Scoring: Average of 31e, 31g (reverse), 31h, 31k (reverse), 31m (reverse), 31n

Note: 31f, 31i, 31j, and 31l are "filler" items that do not enter the LOT-R score calculation

About You

32. How long have you worked at the practice?	Less than 6 months	6-12 months	1-2 years	More than 2 years
	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

33. In what year did you begin medical practice after completing your training? *If you did a residency or fellowship, please give your first year of practice after completing residency or fellowship.*

\_\_\_\_\_

34. What is your job title? \_\_\_\_\_

35. Where did you graduate from medical school?

<input type="checkbox"/> _1 A medical school located in the United States of America, Puerto Rico, or Canada	<input type="checkbox"/> _2 A medical school located <u>outside</u> the United States of America, Puerto Rico, or Canada
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36. What is your primary specialty? *Please indicate the specialty in which you spend the most hours*

<input type="checkbox"/> _1 Cardiovascular Diseases	<input type="checkbox"/> _7 Gastroenterology	<input type="checkbox"/> _13 Ophthalmology
<input type="checkbox"/> _2 Dermatology	<input type="checkbox"/> _8 General Surgery	<input type="checkbox"/> _14 Orthopedic Surgery
<input type="checkbox"/> _3 Emergency Medicine	<input type="checkbox"/> _9 General Internal Medicine	<input type="checkbox"/> _15 Otolaryngology
<input type="checkbox"/> _4 Family Practice	<input type="checkbox"/> _10 Neurology	<input type="checkbox"/> _16 Psychiatry
<input type="checkbox"/> _5 General Practice	<input type="checkbox"/> _11 Obstetrics and gynecology	<input type="checkbox"/> _17 Pulmonology
<input type="checkbox"/> _6 General Pediatrics	<input type="checkbox"/> _12 Oncology	<input type="checkbox"/> _18 Urology
<input type="checkbox"/> _19 Other Specialty _____		

37. Please indicate your gender	Female	Male
	<input type="checkbox"/> _1	<input type="checkbox"/> _2

38. Please indicate your age	Choose one
18-30 years	<input type="checkbox"/> _1
31-40 years	<input type="checkbox"/> _2
41-50 years	<input type="checkbox"/> _3
51-60 years	<input type="checkbox"/> _4
61-70 years	<input type="checkbox"/> _5
71 years or more	<input type="checkbox"/> _6

39. What is your ethnicity?	Hispanic/Latino	Not Hispanic/Latino
	<input type="checkbox"/> _1	<input type="checkbox"/> _2

40. What is your race?	Check all that apply
Black or African American	<input type="checkbox"/> _1
American Indian or Alaska Native	<input type="checkbox"/> _2
Native Hawaiian or Pacific Islander	<input type="checkbox"/> _3
Asian	<input type="checkbox"/> _4
White (European, Middle Eastern, other)	<input type="checkbox"/> _5
Other: _____	<input type="checkbox"/> _6

**THANK YOU for completing this survey.**  
**Please return it in the postage-paid envelope or fax it to XXX-XXX-XXXX.**