Appendix

APPENDIX A: METHODOLOGICAL NOTES

Sample

Our survey sampling frame came from the Oregon Medical Association (OMA) and was made up of a list of all physicians licensed in Oregon (16,345 physicians total). We limited the sampling frame to only physicians who 1) have a medical or osteopathic license, 2) had a practice address in Oregon, and 3) had a mailing address of Oregon or an adjoining state. After these modifications, the sampling frame consisted of 10,847 physicians. The OMA reviewed this list and removed deceased physicians to create a final sampling frame of 10,818 physicians.

The remaining 10,818 physicians were coded into high-risk and non high-risk specialty groups based on their "board certification" specialties as reported by the OMA. Those flagged as high-risk included the specialties of: Emergency Medicine, General Surgery, Obstetrics/Gynecology, Radiology, Orthopedic Surgery, and Neurological Surgery. A simple random sample of 1,200 was drawn from the 8,293 physicians in the not high-risk group and an additional simple random sample of 1,200 was drawn from the 2,525 physicians from the high-risk specialty group.

We also identified physicians with a practice address of a VA hospital/center/clinic and any OHSU address, including affiliated clinics. Physicians with these practice addresses were flagged as our tort coverage group, which consisted of 1,305 of 10,818 physicians, 1050 of which were not in our initial sample. We drew an additional simple random sample of 200 from this subpopulation, bringing our total stratified sample to 2,600 physicians practicing in Oregon.

Weights were computed based on a study participants' probability of inclusion within their respective subsample. For the samples drawn from not-high risk and high-risk specialties these probabilities were 1200/8293 and 1200/2525 respectively. For the additional tort coverage group subsample the probabilities of inclusion were the probability of not being drawn in the initial sample, 7093/8293 and 1325/2525 above respectively, multiplied by the probability of being drawn in the second sample which was 200/1050. The weights were computed by taking the inverse of the final probability of inclusion in the sample (1/{probability of inclusion in sample}) and scaled to sum to the population size or sample size depending on the estimates required.

Survey Fielding and Outreach Protocol

Pre-Survey Communications: Before we began our survey mailings, we sent a blue postcard to alert our sample that they should expect a blue envelope in the mail containing our survey and compensation for their time. The postcard, along with all of our other outreach materials, was designed for our two different survey groups and contained slightly different language depending on which survey group the participant was in. Additionally, we included a brief project overview in the OMA monthly electronic newsletter that was circulated December 1st to encourage participation in the survey and again, alert participants to watch for a blue envelope in the mail.

Mail and Online Survey: The survey fielding and outreach portion of the study was carried out in a 5-week period. We mailed two waves of paper surveys to our sample. The first mailing contained twenty dollars compensation and was mailed the first week of December 2011. The final reminder survey was mailed to all non-respondents the third week of December and did not contain an incentive. At the same time that paper surveys were mailed, all respondents with email addresses in the OMA database were contacted by the OMA with a message to encourage participation and a link

to take the survey online. A final email with the online survey link was sent the first week in January 2012 to encourage any last responses.

Tracking and Outreach: Our tracking and outreach team is responsible for finding participants with bad contact info and for recruiting non-responders. Mail that was returned was sent to tracking to find an updated address. Beginning one week after the first survey mailing, our outreach team members contacted non-responders via phone, email, and fax. When appropriate, they sent online survey links through email and offered to complete the survey over the phone with the physician. They also spoke to clinic managers and physicians' assistants to clarify the project and answer and questions. The outreach team was directed to only seek work and professional contact information for physicians.

APPENDIX B: SURVEY FORMS

The Oregon
Medical Liability Survey

This survey has been commissioned by the *Oregon Health Authority* (OHA) to help policy makers understand how **concerns about medical liability** may impact physicians' clinical decision-making and job satisfaction. Results will be used to inform decisions about health reform in 2012, so your response is critically important.

The survey only takes a few minutes to complete, and results are completely confidential. We understand that your time is valuable. Enclosed, please find **$20** as **compensation for your time**. We will also provide a summary of the survey's findings to each physician who completes the survey.

If you have questions, please contact the study's lead investigator at 1-877-215-0686 or *bill.wright@providence.org.*

PART 1: YOUR SATISFACTION PRACTICING MEDICINE

These first questions help us understand how happy you are in your medical career.

1. Thinking very generally, how satisfied are you with your career in medicine?
   - ❑ Very satisfied
   - ❑ Satisfied
   - ❑ Neither satisfied nor dissatisfied
   - ❑ Somewhat dissatisfied
   - ❑ Very dissatisfied

2. How satisfied are with each of the following specific aspects of your medical career?

	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
A. Your overall income.....	❑	❑	❑	❑	❑
B. Your relationships with patients.....	❑	❑	❑	❑	❑
C. Your relationships with co-workers.....	❑	❑	❑	❑	❑
D. The balance between work and personal life...	❑	❑	❑	❑	❑
E. The amount of time you have with patients.....	❑	❑	❑	❑	❑
F. Your ability to provide patients with the best possible care.....	❑	❑	❑	❑	❑

3. In the last year, has your satisfaction with your medical career increased, stayed about the same, or declined?
   - ❑ It's increased in the past year
   - ❑ It's stayed about the same
   - ❑ It's declined in the past year

PART 2. MEDICAL LIABILITY & CLINICAL DECISION MAKING

These next questions help us understand the pressures of making clinical decisions in the face of potential patient complaints or the risk of malpractice lawsuits. Remember, your results are completely confidential.

4. In a typical month, about how often do patients ask you for unnecessary or cost-ineffective tests or treatments?

- ❑ Never
- ❑ Seldom (once or twice a month)
- ❑ Occasionally (about once a week)
- ❑ Often (several times a week)
- ❑ Very often (several times a day)

5. Thinking of the past year, how often have concerns about **MEDICAL LIABILITY** caused you to....

	Never	Rarely	Sometimes	Often
A. Order more tests than you otherwise would based on your judgment of what is medically needed?.....	❑	❑	❑	❑
B. Prescribe more medications than you otherwise would based on your judgment of what is medically needed?....	❑	❑	❑	❑
C. Refer to specialists more often than you would based on your judgment of what is medically needed?.....	❑	❑	❑	❑
D. Use invasive procedures, such as biopsies, to confirm a diagnosis more often than was medically needed?.....	❑	❑	❑	❑
E. Avoid personally conducting certain procedures or interventions?.....	❑	❑	❑	❑
F. Avoid caring for high risk patients?.....	❑	❑	❑	❑

6. The next set of questions help us understand how often concerns about **MEDICAL LIABILITY** cause you to order more tests or care than you otherwise would based solely on medical need.

- First, tell us about how many of each you ordered in your last FULL MONTH of work (your best guess is fine). Just put zero for anything you don't order at all.
- Second, give your best estimate as to how many of the ones you ordered were NOT medically necessary, according to your clinical judgment. **IN YOUR MOST RECENT FULL MONTH OF WORK...**

	About how many of each did you order?	Of those, about how many were NOT medically necessary?
A. X-Rays		
B. CT Scans.....		
C. MRI studies.....		
D. Ultrasound studies.....		
E. Laboratory tests (e.g, CBC or chem profile).....		
F. Specialist referrals or consultations.....		
G. Hospital admissions.....		
H. Biopsies or similar invasive procedures..... to confirm a diagnosis		

7. In general, when you make clinical decisions in your practice, how important are each of the following things?

	Very Important	Somewhat Important	Not too Important	Not at all Important
A. The likely out of pocket cost for the patient?.....	❑	❑	❑	❑
B. The overall cost effectiveness of the treatment or test?...	❑	❑	❑	❑
C. How strongly the patient asks for a test or treatment?.....	❑	❑	❑	❑
D. The threat of a possible malpractice suit?.....	❑	❑	❑	❑

8. Have you ever been named in a malpractice suit?
   - ❑ Yes, in the past 3 years
   - ❑ Yes, but not in the past 3 years
   - ❑ No, never

9. How much confidence do you have that your current liability insurance will cover all situations for which you might need coverage?
   ❑ A great deal ❑ Some ❑ Not much ❑ None at all

10. How much of a financial burden are your professional liability insurance premiums?
   ❑ A great deal ❑ Some ❑ Not much ❑ None at all

11. How do you currently get your primary layer professional liability insurance?
   - ❑ Through a hospital you are employed by
   - ❑ Through a hospital you are affiliated with
   - ❑ Directly from an insurance carrier, as part of your practice/group
   - ❑ Directly from an insurance carrier, individually

12. From which insurance carrier do you currently get your primary layer professional liability insurance?
   - ❑ NPMIC (Northwest Physicians Mutual Insurance Company)
   - ❑ CNA (Continental Casualty Company) through the OMA Risk Purchasing Group
   - ❑ The Doctors' Company
   - ❑ Physicians Insurance
   - ❑ Someone else (tell us:_____)

12. How likely is it that each of the following reforms would reduce the impact of medical liability concerns on your clinical decision making?

	Very Likely	Somewhat Likely	Not too Likely	Not at all Likely
A. A safe harbor rule with medical guidelines as the standard of care.....	❑	❑	❑	❑
B. Caps on medical liability across all types of patients.....	❑	❑	❑	❑
C. Caps on medical liability for subsets of patients.....	❑	❑	❑	❑
D. Changes in how joint and several liability is handled.....	❑	❑	❑	❑
E. Binding or non-binding medical panels.....	❑	❑	❑	❑
F. An administrative compensation system.....	❑	❑	❑	❑

G. Other ideas (please tell us): _____

14. How likely is it that a safe harbor rule with clinical guidelines as a standard of care would…

	Very Likely	Somewhat Likely	Not too Likely	Not at all Likely
A. Increase your adherence to clinical guidelines?……	❑	❑	❑	❑
B. Result in improved patient safety due to better guideline adherence?……	❑	❑	❑	❑
C. Be an effective approach to medical liability reform?.....	❑	❑	❑	❑

PART 3. ABOUT YOU & YOUR PRACTICE

These questions help us understand more about who you are and the type of environment you practice in.

15. About how many years have you been practicing medicine?
    - ❑ Less than 2 years
    - ❑ 2 to 5 years
    - ❑ 6 to 10 years
    - ❑ 11 to 20 years
    - ❑ More than 20 years

16. About how many hours per week are you involved in direct patient care activities?
    - ❑ None
    - ❑ 1-20 hours
    - ❑ 21-40 hours
    - ❑ More than 40 hours

17. Which of the following best describes your **primary practice setting** (where you see most of your patients)?
    - ❑ A physician owned solo practice
    - ❑ A physician owned group practice
    - ❑ A staff-model HMO (HMO employee)
    - ❑ A public clinic
    - ❑ Hospital-based (a hospital employee)
    - ❑ A hospital-owned outpatient clinic
    - ❑ A nursing facility
    - ❑ Other (tell us: _____)

18. What is your employment status at your primary practice?
    - ❑ Full owner
    - ❑ Part owner
    - ❑ Employee
    - ❑ Independent Contractor
    - ❑ Volunteer
    - ❑ Other (tell us: _____)

19. About how many physicians are in your primary practice?
    - ❑ Solo practice
    - ❑ Partnership (2 physicians)
    - ❑ 3-10 physicians
    - ❑ 11-50 physicians
    - ❑ More than 50 physicians

20. In a typical week, about how many patients do **YOU** see at your primary practice?
    - ❑ 1 to 50 patients
    - ❑ 50 to 100 patients
    - ❑ 100 to 200 patients
    - ❑ More than 200 patients
    - ❑ Does not apply

21. About what percent of the patients you see have the following types of insurance? *Your best guess is fine.*

%	+	%	+	%	+	%	+	%	=100%
Commercial Insurance		Medicaid Insurance		Medicare Insurance		Other Insurance		No Insurance	

That's all the questions we have!

Thank you for participating in this survey. Please place it in the postage-paid envelope and drop it in the mail. We will send a summary of results from this survey to you in early 2012.

The Oregon
Cost Effective Care Survey

This survey has been commissioned by the *Oregon Health Authority* (OHA) to help policy makers understand how **concerns about cost effectiveness** may impact physicians' clinical decision-making and job satisfaction. Results will be used to inform decisions about health reform in 2012, so your response is critically important.

The survey only takes a few minutes to complete, and results are completely confidential. We understand that your time is valuable. Enclosed, please find **$20** as **compensation for your time**. We will also provide a summary of the survey's findings to each physician who completes the survey.

If you have questions, please contact the study's lead investigator at 1-877-215-0686 or *bill.wright@providence.org.*

PART 1: YOUR SATISFACTION PRACTICING MEDICINE

These first questions help us understand how happy you are in your medical career.

1. Thinking very generally, how satisfied are you with your career in medicine?
   - ❑ Very satisfied
   - ❑ Satisfied
   - ❑ Neither satisfied nor dissatisfied
   - ❑ Somewhat dissatisfied
   - ❑ Very dissatisfied

2. How satisfied are with each of the following specific aspects of your medical career?

	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
A. Your overall income.....	❑	❑	❑	❑	❑
B. Your relationships with patients.....	❑	❑	❑	❑	❑
C. Your relationships with co-workers.....	❑	❑	❑	❑	❑
D. The balance between work and personal life...	❑	❑	❑	❑	❑
E. The amount of time you have with patients.....	❑	❑	❑	❑	❑
F. Your ability to provide patients with the best possible care.....	❑	❑	❑	❑	❑

3. In the last year, has your satisfaction with your medical career increased, stayed about the same, or declined?
   - ❑ It's increased in the past year
   - ❑ It's stayed about the same
   - ❑ It's declined in the past year

PART 2. COST EFFECTIVE CLINICAL DECISION MAKING

These next questions help us understand clinical decision making in the face of potential patient requests, complaints, or other pressures. Remember, your results are completely confidential.

4. In a typical month, about how often do patients ask you for unnecessary or cost-ineffective tests or treatments?

- ❑ Never
- ❑ Seldom (once or twice a month)
- ❑ Occasionally (about once a week)
- ❑ Often (several times a week)
- ❑ Very often (several times a day)

5. Thinking of the past year, how often have patient requests or other pressures caused you to....

	Never	Rarely	Sometimes	Often
A. Order more tests than you otherwise would based on your judgment of what is medically needed?.....	❑	❑	❑	❑
B. Prescribe more medications than you otherwise would based on your judgment of what is medically needed?.....	❑	❑	❑	❑
C. Refer to specialists more often than you would based on your judgment of what is medically needed?.....	❑	❑	❑	❑
D. Use invasive procedures, such as biopsies, to confirm a diagnosis more often than was medically needed?.....	❑	❑	❑	❑

6. The next few questions help us understand how often patient requests or other pressures caused you to order more tests or care than you otherwise would based solely on medical need.
   - First, tell us about how many of each you ordered in your last FULL MONTH of work (your best guess is fine). Just put zero for anything you don't order at all.
   - Second, give your best estimate as to how many of the ones you ordered were NOT medically necessary, according to your clinical judgment.

   IN YOUR MOST RECENT FULL MONTH OF WORK....

	About how many of each did you order?	Of those, about how many were NOT medically necessary?
A. X-Rays		
B. CT Scans.....		
C. MRI studies.....		
D. Ultrasound studies.....		
E. Laboratory tests (e.g, CBC or chem profile).....		
F. Specialist referrals or consultations.....		
G. Hospital admissions.....		
H. Biopsies or similar invasive procedures..... to confirm a diagnosis		

7. In general, when you make clinical decisions in your practice, how important are each of the following things?

	Very Important	Somewhat Important	Not too Important	Not at all Important
A. The likely out of pocket cost for the patient?.....	❑	❑	❑	❑
B. The overall cost effectiveness of the treatment or test?...	❑	❑	❑	❑
C. How strongly the patient asks for a test or treatment?.....	❑	❑	❑	❑
D. The threat of a possible malpractice suit?.....	❑	❑	❑	❑

8. How much of a role do you believe individual physicians should play in helping control health care costs?

❑ A great deal ❑ Some ❑ Not much ❑ None at all

9. How likely is it that each of the following would help reduce unnecessary procedures?

	Very Likely	Somewhat Likely	Not too Likely	Not at all Likely
A. More patient education by health plan.....	❑	❑	❑	❑
B. Reductions in administrative burdens.....	❑	❑	❑	❑
C. Medical liability reforms.....	❑	❑	❑	❑

D. Other ideas (please tell us):_____

PART 3. ABOUT YOU & YOUR PRACTICE

These questions help us understand more about who you are and the type of environment you practice in.

10. About how many years have you been practicing medicine?
- ❑ Less than 2 years
- ❑ 2 to 5 years
- ❑ 6 to 10 years
- ❑ 11 to 20 years
- ❑ More than 20 years

11. About how many hours per week are you involved in direct patient care activities?
- ❑ None
- ❑ 1-20 hours
- ❑ 21-40 hours
- ❑ More than 40 hours

12. Which of the following best describes your **primary practice setting** (where you see most of your patients)?
- ❑ A physician owned solo practice
- ❑ A physician owned group practice
- ❑ A staff-model HMO (HMO employee)
- ❑ A public clinic
- ❑ Hospital-based (a hospital employee)
- ❑ A hospital-owned outpatient clinic
- ❑ A nursing facility
- ❑ Other (tell us: _____)

13. What is your employment status at your primary practice?
- ❑ Full owner
- ❑ Part owner
- ❑ Employee
- ❑ Independent Contractor
- ❑ Volunteer
- ❑ Other (tell us: _____)

14. What is the size of your primary practice?
    - ❑ Solo practice
    - ❑ Partnership (2 physicians)
    - ❑ 3-10 physicians
    - ❑ 11-50 physicians
    - ❑ More than 50 physicians

15. In a typical week, about how many patients do **YOU** see at your primary practice?
    - ❑ 1 to 50 patients
    - ❑ 50 to 100 patients
    - ❑ 100 to 200 patients
    - ❑ More than 200 patients
    - ❑ Does not apply

16. About what percent of the patients you see suffer from a chronic illness? *Your best guess is fine.*
    - ❑ 0-10%
    - ❑ 11-25%
    - ❑ 26-50%
    - ❑ More than 50%

17. About what percent of the patients you see have the following types of insurance? *Your best guess is fine.*

[ ] %	+	[ ] %	+	[ ] %	+	[ ] %	+	[ ] %	=100%
Commercial Insurance		Medicaid Insurance		Medicare Insurance		Other Insurance		No Insurance	

18. What specific policy reforms or changes do you think would help physicians deliver high quality, cost-effective patient care? _____
_____
_____
_____
_____
_____

That's all the questions we have!

Thank you for participating in this survey. Please place it in the postage-paid envelope and drop it in the mail. We will send a summary of results from this survey to you in early 2012.

APPENDIX C: DATA TABLES

Medical Liability Survey – Parts 1 and 2 – Physician Satisfaction and Clinical Decision-Making

Q1 and Q2	Very Satisfied	Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied	N
How satisfied are you with…						
--your career in medicine?	41%	45%	5%	7%	1%	824
--your overall income?	33%	50%	7%	9%	1%	825
--your relationships with patients?	58%	37%	3%	2%	0%	824
--your relationships with co-workers?	60%	34%	3%	2%	1%	826
--the balance between work and personal life?	21%	41%	10%	22%	7%	826
--the amount of time you have with patients?	23%	41%	11%	21%	4%	825
--your ability to provide patients with the best care possible?	29%	46%	10%	13%	2%	828

Q3	It's increased	It's stayed about the same	It's declined	N
In the last year, has your satisfaction with your medical career increased, stayed about the same, or declined?				
	12%	53%	35%	829

Q4	Never	Seldom	Occasionally	Often	Very Often	N
In a typical month, about how often do patients ask you for unnecessary or cost-ineffective tests or treatments?						
	7%	25%	33%	30%	6%	819

Q5	Never	Rarely	Sometimes	Often	N
How often have concerns about medical liability caused you to…					
--order more tests than you would based on your judgment of what is medically needed?	11%	27%	44%	18%	819
--prescribe more medications than you otherwise would based on your judgment of what is medically needed?	29%	41%	24%	6%	814
--refer to specialists more often than you would based on your judgment of what is medically needed?	16%	34%	38%	12%	815
--use invasive procedures, such as biopsies, to confirm a diagnosis more often than was medically needed?	38%	41%	17%	4%	811
--avoid personally conducting certain procedures or interventions?	35%	31%	24%	10%	810
--avoid caring for high-risk patients?	50%	25%	18%	7%	811

Q7	Very Important	Somewhat Important	Not too Important	Not at all Important	N
When you make clinical decision in your practice, how important are each of the following…					
--the likely out-of-pocket cost for the patient?	35%	47%	12%	6%	817
--the overall cost effectiveness of the treatment or test?	52%	38%	7%	2%	819
--how strongly the patient asks for the test or treatment?	10%	55%	30%	5%	816
--the threat of a possible malpractice suit?	20%	38%	30%	11%	820

Q8	Yes, in the past 3 years	Yes, but not in the past 3 years	No, never	N
Have you ever been named in a malpractice suit?				
	9%	34%	57%	826

Q9	A great deal	Some	Not much	None at all	N
How much confidence do you have that your current liability insurance will cover all situations for which you might need coverage?					
	49%	43%	6%	3%	822

Q10	A great deal	Some	Not much	None at all	N
How much of a financial burden are your professional liability insurance premiums?					
	13%	40%	20%	27%	814

Q11	Hospital employed by	Hospital affiliated with	Insurance carrier as part of practice	Insurance carrier, individually	N
How do you currently get your primary layer of professional liability insurance?					
	36%	2%	44%	18%	814

Q12	NPMIC	CNA	The Doctor's Company	Physician's Insurance	Other	N
From which insurance carrier do you currently get your primary layer of professional liability insurance?						
	7%	30%	18%	5%	40%	714

Q13	Very Likely	Somewhat Likely	Not too Likely	Not at all Likely	N
How likely is it that each of the following reforms would reduce the impact of medical liability concerns on your clinical decision making?					
--a safe harbor rule with medical guidelines as the standard of care	28%	43%	21%	7%	792
--caps on medical liability across all types of patients	44%	32%	18%	7%	806
--caps on medical liability for subsets types of patients	27%	39%	25%	9%	798
--changes in how joint and several liability is handled	21%	41%	28%	10%	754
--binding or non-binding medical panels	18%	41%	32%	9%	756
--an administrative compensation system	17%	35%	37%	12%	712

Q14	Very likely	Somewhat likely	Not too likely	Not at all likely	N
How likely is it that a safe harbor rule with clinical guidelines as a standard of care would…					
--increase your adherence to clinical guidelines?	33%	49%	14%	4%	785
--result in improved patient safety due to better guideline adherence?	24%	45%	24%	6%	786
--be an effective approach to medical liability reform?	24%	47%	23%	5%	784

Medical Liability Survey – Part 3 - Provider and Practice Characteristics

Q15	
Years practicing medicine (n=823)	
Less than 2 years	2%
2 to 5 years	10%
6 to 10 years	15%
11 to 20 years	28%
More than 20 years	45%

Q16	
Hours per week involved in direct patient care activities (n=823)	
None	2%
1-20 hours	16%
21-40 hours	42%
More than 40 hours	40%

Q17	
Primary practice setting (n=820)	
Physician-owned solo practice	13%
Physician-owned group practice	35%
Staff-model HMO	7%
Public clinic	3%
Hospital-based	20%
Hospital-owned outpatient clinic	11%
Nursing facility	0%
Other	11%

Q18	
Employment status at primary practice (n=815)	
Full owner	26%
Part owner	17%
Employee	47%
Independent contractor	8%
Volunteer	1%
Other	2%

Q19	
Number of physicians are in primary practice (n=817)	
Solo practice	15%
Partnership (2 physicians)	5%
3-10 physicians	36%
11-50 physicians	24%
More than 50 physicians	20%

Q20	
Number of patients seen per week in primary practice (n=818)	
1 to 50 patients	41%
50 to 100 patients	43%
100 to 200 patients	9%
More than 200 patients	2%
Does not apply	5%

Cost-Effective Care Survey – Parts 1 and 2 – Physicians Satisfaction and Clinical Decision-Making

Q1 and Q2	Very satisfied	Satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	N
How satisfied are you with…						
--your career in medicine?	40%	46%	3%	7%	3%	348
--your overall income?	36%	46%	6%	11%	1%	353
--your relationships with patients?	64%	30%	3%	3%	1%	345
--your relationships with co-workers?	60%	31%	4%	4%	1%	348
--the balance between work and personal life?	23%	41%	10%	20%	6%	349
--the amount of time you have with patients?	24%	37%	13%	21%	5%	346
--your ability to provide patients with the best care possible?	31%	45%	10%	11%	3%	345

Q3	It's increased	It's stayed about the same	It's declined	N
In the last year, has your satisfaction with your medical career increased, stayed about the same, or declined?				
	14%	54%	32%	353

Q4	Never	Seldom	Occasionally	Often	Very often	N
In a typical month, about how often do patients ask you for unnecessary or cost-ineffective tests or treatments?						
	9%	30%	34%	23%	5%	348

Q5	Never	Rarely	Sometimes	Often	N
How often have patient requests or other pressures caused you to…					
--order more tests than you would based on your judgment of what is medically needed?	12%	38%	41%	9%	345
--prescribe more medications than you otherwise would based on your judgment of what is medically needed?	21%	43%	29%	7%	344
--refer to specialists more often than you would based on your judgment of what is medically needed?	21%	43%	30%	5%	346
--use invasive procedures, such as biopsies, to confirm a diagnosis more often than was medically needed?	44%	43%	11%	2%	346

Q7	Very important	Somewhat important	Not too important	Not at all important	N
When you make clinical decision in your practice, how important are each of the following…					
--the likely out-of-pocket cost for the patient?	37%	47%	11%	5%	346
--the overall cost effectiveness of the treatment or test?	54%	39%	6%	1%	349
--how strongly the patient asks for the test or treatment?	8%	45%	39%	8%	346
--the threat of a possible malpractice suit?	21%	41%	25%	12%	347

Q8	A great deal	Some	Not much	None at all	N
How much of a role do you believe individual physicians should play in helping control health care costs?					
	57%	39%	3%	1%	339

Q9	Very likely	Somewhat likely	Not too likely	Not at all likely	N
How likely is it that each of the following would help reduce unnecessary procedures?					
--more patients education by health plans?	24%	41%	28%	7%	348
--reductions in administrative burdens?	30%	37%	28%	5%	341
--medical liability reform?	62%	26%	11%	1%	346

Cost-Effective Care – Part 3 - Provider and Practice Characteristics

Q10	
Years practicing medicine (n=352)	
Less than 2 years	1%
2 to 5 years	10%
6 to 10 years	16%
11 to 20 years	24%
More than 20 years	49%

Q11	
Hours per week involved in direct patient care activities (n=352)	
None	4%
1-20 hours	15%
21-40 hours	40%
More than 40 hours	40%

Q12	
Primary practice setting (n=350)	
Physician-owned solo practice	17%
Physician-owned group practice	33%
Staff-model HMO	9%
Public clinic	4%
Hospital-based	17%
Hospital-owned outpatient clinic	9%
Nursing facility	1%
Other	9%

Q13	
Employment status at primary practice (n=348)	
Full owner	32%
Part owner	17%
Employee	44%
Independent contractor	5%
Volunteer	1%
Other	1%

Q14	
Number of physicians are in primary practice (n=346)	
Solo practice	19%
Partnership (2 physicians)	5%
3-10 physicians	32%
11-50 physicians	25%
More than 50 physicians	19%

Q15	
Number of patients seen per week in primary practice (n=348)	
1 to 50 patients	43%
50 to 100 patients	42%
100 to 200 patients	10%
More than 200 patients	0%
Does not apply	5%

Q16	
Percent of patients with chronic illness (n=341)	
0-10%	10%
11-25%	19%
26-50%	25%
More than 50%	46%