



2009 Colorado Rural Physician Workforce Survey

*Codebook and Variable Frequencies
Report – Research File*

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INTRODUCTION

The Colorado Health Institute (CHI) serves as an independent, nonpartisan source of health information and policy analysis. With funding from The Colorado Trust, CHI is building a comprehensive health professions database for the purpose of informing health workforce policy in Colorado.

A series of profession-specific workforce databases is being constructed to complement existing health professions workforce data. From these data, CHI is developing a set of indicators that will document changes in health care workforce supply and demand as well as practice patterns that exist in Colorado communities over time. A database download function has been developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

2009 COLORADO RURAL PHYSICIAN WORKFORCE SURVEY

Methods

The survey was administered in four waves by mail beginning on May 22, 2009. The first wave was a postcard alerting the 1,362 rural physicians that a survey was coming. On May 29, 2009, the second mailing, which included a cover letter with Commonly Asked Questions, a questionnaire, a self-addressed stamped envelope and a \$2 token, went out to the actively licensed physicians living in a rural Colorado area according to the Rural/Urban Commuting Area (RUCA) codes¹. The survey forms were mailed to the contact address in each licensee's file at the Colorado Department of Regulatory Agencies (DORA). This address may have been the physician's home or practice location.

On June 8, 2009, a postcard was mailed either reminding the physicians to fill out the survey or thanking them if they already sent it back. The fourth mailing, sent on June 22, 2009, consisted of a cover letter, a second questionnaire and a self-addressed stamped envelope [See Appendix C for cover letters and postcards].

Response rate

CHI received survey responses from 523 physicians during the first mailing of questionnaires which ended on June 25, 2009. The second questionnaire mailing yielded an additional 188 completed surveys. In total, CHI received survey responses from 711 or 56 percent of those who were mailed a survey form. The following table shows the final survey disposition of surveys by response category.

Final Disposition	Number
Surveys mailed to Colorado rural physician population	1,362
Non-rural	26
Out of state	17
Actual population with accurate ZIP Codes	1,319
Unable to forward	30
Non-responses	17
Eligible sample	1,272
Returned completed questionnaires (2 nd wave)	523
Returned completed questionnaires (4 th wave)	188
Total returned completed questionnaires	711
Response rate	55.9%

Data from the questionnaires returned to CHI were entered into an electronic database (N=711). CHI randomly selected 30 forms for data entry reliability analysis. Data entry was 99+ percent accurate across all

¹ Rural-urban commuting area (RUCA) codes are a sub-county measure of urban/rural status based on 2000 Census data and 2004 ZIP Codes; they are more specific than county-based definitions of rural and therefore more accurately classify intra-county rural and urban areas. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

survey variables entered. Data verification and cleaning were conducted with a series of quality checks to ensure data completeness and adherence to formatting protocols [See Appendix A for Data Cleaning Business Rules].

Weighting up to the population

This survey was conducted to yield information about physicians holding an active license and practicing in rural Colorado as of May 2009. A survey form was mailed to all licensed Colorado physicians with a contact address in rural Colorado (N=1,362). The data file includes variable counts for valid respondents only (N=711).

Gender and age were used to calculate the survey weight variable, which adjusts for non-response bias. The weight variable must be applied to all descriptive and inferential statistics calculated from the rural physician survey data in order to correctly apportion the sample population to the overall rural physician population in Colorado. [See Appendix B for weighting procedures].

RESEARCH DATA FILE

This codebook specifies the variables contained in the 2009 CHI Colorado Rural Physician Survey research file. The file contains 711 records, one for each respondent, and includes a weight variable. The research file contains 178 variables. [See the list of variables on p.13-17].

The research file contains confidential and sensitive data and is available for researchers for analysis and aggregate statistical reporting. Because responder confidentiality was assured by CHI, data analysis should not be conducted with the purpose of identifying individual survey respondents, either directly or by inference. Users of the research file must sign a Workforce Research File Data Sharing Agreement, a non-disclosure affidavit, and have a copy of approval or exemption from an Institutional Review Board (IRB). Students are required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that he/she is acting as the faculty sponsor/advisor for the project, and that he/she has reviewed and approved the data sharing agreement.

All users of the data must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2009 Rural Physician Survey, Colorado Health Institute."

In addition, CHI requests that interested individuals and organizations using the database share their analysis and findings with CHI by contacting Christine Demont-Heinrich at 720.382.7093, or by e-mail at demont-heinrichc@coloradohealthinstitute.org.

Technical information

The research file is released as SAS, comma-delimited, Excel and SPSS files. In addition, a response summary by strata is provided in Appendix B.

Codebook structure

The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description, the file(s) where it can be found and any appropriate technical notes. The last 11 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents or to provide more specificity in geographic location of practice, e.g., primary city or county of practice.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 711, that is, the number of survey respondents. The weighted sum is 1,319, the number of actively licensed physicians living or practicing in rural Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 1,319].

Four different values are used to indicate the type of missing value. A -6 indicates an invalid answer such as marking more than one item when only one was supposed to be marked or a value that is not possible (e.g.,

working more than 168 hours per week). A value of -7 indicates that a respondent answered a question when they weren't supposed to (as part of a skip pattern). A value of -8 indicates a blank value that is supposed to be blank (respondent successfully followed instructions regarding a skip pattern). Finally, a value of -9 indicates a blank value when information should have been provided. A value of -6 is usually retained if it is within a skip pattern so that it takes precedence over a -7.

For more information, contact:

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2009 RURAL PHYSICIAN SURVEY

Survey # _____

To complete form online...Open your Internet browser and type: <http://www.coloradohealthinstitute.org/MD2009.html>→
 Complete the questionnaire online→ Click “submit” button when you are finished so your name will be taken off the mailing list.

The Colorado Health Institute is conducting this survey on behalf of the Rural Health Track of the University of Colorado Denver School of Medicine Rural Track, the Colorado Medical Society, the Colorado Rural Health Center, COPIC Companies, Colorado Area Health Education Centers and the HRSA Denver Region 8 Office. This survey is voluntary. Your answers are confidential. Please complete the form online or return the completed questionnaire in the envelope provided. Thank you for your assistance in this important survey about rural physicians. If you have any questions, please contact Michael Boyson, MHA, at 303.831.4200 x 207 or by e-mail at boysonm@coloradohealthinstitute.org.

YOUR OPINION

1. How important do you think the following policy options would be to improving access to health care in Colorado? [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF YOU BELIEVE IT DOES NOT APPLY.]

	Very Important			Not Important		
	1	2	3	4	5	N/A
Increase Medicaid reimbursement						
Cover more uninsured by expanding Medicaid eligibility for adults and children						
Establish a single-payer system for all Colorado residents						
Waive liability insurance for physicians who volunteer in “safety net” clinics serving the uninsured or Medicaid patients						
Provide loan forgiveness for primary care physicians practicing in an underserved area						

ABOUT YOU

- 2. Which of the following best describes your current professional status?** [MARK ONE BOX ONLY]
- Full-time physician actively seeing patients or having patient care consultations (30 hours or more per week working in clinical medicine)
 - Part-time physician actively seeing patients or having patient care consultations (fewer than 30 hours per week working in clinical medicine)
 - Volunteer physician seeing patients but not billing for services
 - Active in medicine-related activities (e.g., teaching, public health, administration, research, etc.) but not seeing patients → STOP HERE AND RETURN YOUR QUESTIONNAIRE
 - Retired, not seeing patients → STOP HERE AND RETURN YOUR QUESTIONNAIRE
 - Practicing in another state → STOP HERE AND RETURN YOUR QUESTIONNAIRE
 - Working outside of medicine → STOP HERE AND RETURN YOUR QUESTIONNAIRE
 - Other (please specify) _____

- 3. Which medical degree have you completed?**
- DO
 - MD

4. What is your primary specialty? [MARK ONE BOX]

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgery: General |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Surgery: Orthopedic |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Surgery: Plastic/Cosmetic |
| <input type="checkbox"/> General Pediatrics | <input type="checkbox"/> Physical/Rehabilitation Medicine | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Other |
- (specify)_____

5. How many continuing medical education (CME) hours did you earn in 2008?

___ ___ hours

6. Thinking about your personal and professional life as a rural physician, how satisfied are you with the following aspects of living and working in rural Colorado? [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF IT DOES NOT APPLY.]

	Very Satisfied					Not at all Satisfied
	1	2	3	4	5	N/A
The balance between personal and professional responsibilities						N/A
The number of hours worked per week						N/A
The malpractice environment in rural Colorado						N/A
The community in which you have chosen to live and practice						N/A
Your ability to provide quality care						N/A
Your ability to obtain referrals for your patients						N/A
The administrative tasks associated with managing a practice						N/A
The overhead (costs) of maintaining a rural practice						N/A
Your net income as a physician						N/A
The balance between clinical and administrative hours worked						N/A

7. What is your gender?

- Male
 Female

8. In what year were you born? 19___ ___

9. Which of the following best describes the area in which you grew up? [MARK ONE BOX]

- Rural
 Suburban
 Urban

10. What is your race/ethnicity? [PLEASE MARK ONE BOX THAT MOST CLOSELY REPRESENTS YOUR ETHNIC/RACIAL BACKGROUND]

- Mixed Heritage
- African American
- White Hispanic
- Non-White Hispanic
- White
- Native American
- Asian/Pacific Islander
- Alaskan Native

11. Which of the following factors were important in your choice to practice rural medicine? [MARK ONE BOX FOR EACH FACTOR]

Very Important	Somewhat Important	Not Important	Factor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grew up in a rural area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost of living
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreational/leisure activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity to serve a particular population
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recruited by colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to find job for spouse/partner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earnings potential
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recruitment incentives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity for professional independence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work environment/work hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bought practice/became partner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse/partner came from rural area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rural location of internship, fellowship or residency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Served in the National Services Corp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was granted a J-1 Visa Waiver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good place to raise children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to retire in rural Colorado
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

PRACTICE CHARACTERISTICS

12. What is the ZIP Code of your medical practice location? _____ ZIP Code

13. How long have you practiced at your current location? [MONTHS = 0 TO 11, YEAR=1 OR MORE]
 _____ months and _____ years

14. What incentives, if any, were offered to recruit you to your current practice location? [MARK YES OR NO FOR EACH INCENTIVE]

		Incentive
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loan repayment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Income guarantee
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Production-based salary
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signing bonus
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Benefit package including retirement
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Partnership or shareholder opportunity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flex schedule
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limited on-call expectation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular locum tenens support
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Finding spouse/partner employment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paying for site visit
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relocation benefits (e.g. moving expenses, mortgage payment assistance)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (specify) _____

15. What is your employment status at your current practice? [MARK ONE BOX]

- | | |
|--|---|
| <input type="checkbox"/> Full owner (or sole proprietor) | <input type="checkbox"/> Independent contractor |
| <input type="checkbox"/> Part owner (or shareholder) | <input type="checkbox"/> Locum tenens |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Other (specify) _____ |

16. Which of the following best describes your current practice location? [MARK ONE BOX]

- | | |
|--|--|
| <input type="checkbox"/> Community health clinic | <input type="checkbox"/> Military/VA health system or clinic |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> Nursing facility/home health agency |
| <input type="checkbox"/> Hospital emergency department | <input type="checkbox"/> Private clinic or office |
| <input type="checkbox"/> Hospital outpatient/satellite clinic | <input type="checkbox"/> Public Health Agency |
| <input type="checkbox"/> Hospital specialty care (hospitalist/radiology/pathology) | <input type="checkbox"/> Rural Health Clinic (RHC) |
| <input type="checkbox"/> Indian Health Services (IHS) Clinic | |
| <input type="checkbox"/> Other (specify) _____ | |

17. What is the staffing model of your current practice? [MARK ONE BOX]

- | | |
|---|--|
| <input type="checkbox"/> Solo practice | <input type="checkbox"/> Solo practice with non-physician provider(s) |
| <input type="checkbox"/> Partnership (2 physicians) | <input type="checkbox"/> Partnership (2 physicians) with non-physician provider(s) |
| <input type="checkbox"/> Group practice (3+ physicians) | <input type="checkbox"/> Group practice (3+ physicians) with non-physician provider(s) |

18. In 2008, approximately how many patient visits occurred at your current medical practice?

[PLEASE ENTER YOUR BEST ESTIMATE, THIS SHOULD INCLUDE OFFICE-BASED AND OTHER PATIENT ENCOUNTERS]

_____ patient visits N/A

19. In a typical week, how much professional time do you spend at your current medical practice?

(INCLUDE DIRECT PATIENT CARE, TEACHING, ADMINISTRATION AND OTHER PROFESSIONAL ACTIVITIES)

Average number of total professional hours _____ hours per week

Average number of hours spent in direct patient care _____ hours per week

20. In a typical month, how many calendar days are you normally on call? [MARK 0 IF NONE]
 ___ ___ days

21. Do you face any of the following obstacles in securing specialist visits for your patients? [MARK YES OR NO FOR EACH OBSTACLE]

		Obstacle		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Insufficient reimbursement
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Patient compliance
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Malpractice
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Insurance benefit restrictions
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Inadequate supply of specialists

22. What type of specialist is the most difficult to refer patients to in your community?
 (specify) _____

23. Which of the following describes the current level of patient access to your medical practice?
 [MARK YES OR NO FOR EACH OPTION]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is open to all new patients
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice accepts only family members of current patient
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice accepts a limited number of patients on a sliding-fee scale
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice accepts a limited number of charity care patients
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to Medicaid adults
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to Medicaid children
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to CHP+ children and pregnant women
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to Medicare patients
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to some private insurers
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Practice is closed to all new patients

24. Select the one statement that best describes your opinion of the number of patient visits in your medical practice. [MARK ONE BOX]

- I am satisfied with the number of patient visits in my practice
- I have too many patient visits in my practice
- I have too few patient visits in my practice
- N/A

25. If you do **NOT** accept Medicaid reimbursement, please rate the level of importance of the following factors in your decision not to accept Medicaid, otherwise skip to the next question.
 [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF IT DOES NOT APPLY.]

	Very Important				Not Important	
	1	2	3	4	5	N/A
Reimbursement rates are too low						
Fear of audits						
Paperwork is too difficult/time consuming						
Too many "no-shows"						
Other (specify) _____						

26. Estimate the approximate dollar amount of charity care you, individually, provided in 2008 in your medical practice. (Charity care can be visits that are uncompensated, free medical services provided in alternative setting or non-monetary payments. Do not include bad debt) [MARK ONE BOX.]

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> \$5,001 to \$10,000 | <input type="checkbox"/> \$35,001 to \$50,000 |
| <input type="checkbox"/> \$2,500 or less | <input type="checkbox"/> \$10,001 to \$25,000 | <input type="checkbox"/> More than \$50,000 |
| <input type="checkbox"/> \$2,501 to \$5,000 | <input type="checkbox"/> \$25,001 to \$35,000 | <input type="checkbox"/> Do not know |
| | | <input type="checkbox"/> N/A |

27. Please estimate the current payer mix in your medical practice. [PERCENTS SHOULD ADD UP TO 100%]

- _____ % Commercial insurance
 - _____ % Medicare
 - _____ % Medicaid
 - _____ % CHP+
 - _____ % TriCare/CHAMPUS/VA
 - _____ % Worker's Compensation
 - _____ % Self-pay and sliding fee schedule
 - _____ % Other (specify) _____
- 100% TOTAL PATIENTS

28. What category most closely approximates your total personal income before taxes in **2008** generated from your medical practice? [MARK ONE BOX]

- \$75,000 or less
- \$75,001 to \$100,000
- \$100,001 to \$125,000
- \$125,001 to \$150,000
- \$150,001 to \$175,000
- \$175,001 to \$200,000
- \$200,001 to \$250,000
- More than \$250,000

THIS SET OF QUESTIONS IS ABOUT YOUR MEDICAL SCHOOL AND RESIDENCY EXPERIENCE

29. When you started medical school, how interested were you in the following? [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF IT DOES NOT APPLY.]

	Very Interested			Not Interested		
Choosing a primary care specialty (family medicine, internal medicine or pediatrics)	1	2	3	4	5	N/A
A rural medical practice	1	2	3	4	5	N/A
A medical practice in an underserved area	1	2	3	4	5	N/A
A medical practice for an underserved population	1	2	3	4	5	N/A
Living in a rural community	1	2	3	4	5	N/A

30. How many months during medical school did you spend training in rural area? [MARK 0 FOR NONE] _____ month(s)

31. In what year did you graduate from medical school? [YYYY] _____

32. In what state did you graduate from medical school? [ENTER TWO-LETTER STATE CODE OR "XX" FOR INTERNATIONAL MEDICAL GRADUATE] _____ State abbreviation

33. Please rate the adequacy of the **CLASSROOM** instruction you received during medical school in preparing you to provide primary care to special populations. [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF IT DOES NOT APPLY.]

	Most Adequate			Inadequate		
Maternity care including prenatal, delivery and postnatal care	1	2	3	4	5	N/A
Orthopedics and sports medicine, including basic fracture care	1	2	3	4	5	N/A
Surgery including pre- and post-operative care and procedural skills including ultrasound and endoscopy	1	2	3	4	5	N/A
Trauma and other emergency care (including training in ACLS, ATLS, NRP, PALS and ALSO)	1	2	3	4	5	N/A
Critical care	1	2	3	4	5	N/A
Occupational health and safety including injuries resulting from recreation, agriculture, mining or forestry-related accidents	1	2	3	4	5	N/A
Behavioral health (treating mental illness and substance abuse)	1	2	3	4	5	N/A

Working with patients who have physical and cognitive impairments	1	2	3	4	5	N/A
Telemedicine and the use of health information technology such as electronic medical records and practice management systems	1	2	3	4	5	N/A
Working in practice teams with physician assistants, nurse midwives and other advanced practice nurses such as nurse practitioners	1	2	3	4	5	N/A
Geriatric care	1	2	3	4	5	N/A

34. Please rate the adequacy of your RESIDENCY experiences in preparing you to provide primary care to special populations. [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR. CIRCLE N/A IF IT DOES NOT APPLY.]

	Most Adequate			Inadequate		
Maternity care including prenatal, delivery and postnatal care	1	2	3	4	5	N/A
Orthopedics and sports medicine, including basic fracture care	1	2	3	4	5	N/A
Surgery including pre- and post-operative care and procedural skills including ultrasound and endoscopy	1	2	3	4	5	N/A
Trauma and other emergency care (including training in ACLS, ATLS, NRP, PALS and ALSO)	1	2	3	4	5	N/A
Critical care	1	2	3	4	5	N/A
Occupational health and safety including injuries resulting from recreation, agriculture, mining or forestry-related accidents	1	2	3	4	5	N/A
Behavioral health (treating mental illness and substance abuse)	1	2	3	4	5	N/A
Working with patients who have physical and cognitive impairments	1	2	3	4	5	N/A
Telemedicine and the use of health information technology such as electronic medical records and practice management systems	1	2	3	4	5	N/A
Working in practice teams with physician assistants, nurse midwives and other advanced practice nurses such as nurse practitioners	1	2	3	4	5	N/A
Geriatric care	1	2	3	4	5	N/A

35. How prepared were you to practice rural medicine after your residency? [ON A SCALE OF 1-5, CIRCLE APPROPRIATE NUMBER. CIRCLE N/A IF IT DOES NOT APPLY.]

Fully Prepared

Not Prepared

1

2

3

4

5

N/A

ABOUT MEDICAL CARE ACCESS IN YOUR COMMUNITY

36. Are you planning to leave your current primary medical practice in the next 12 months?

Yes No → Skip to Question 38

37. If YES, how important are the following factors in your decision to leave your current primary medical practice in the next 12 months? [MARK ONE BOX FOR EACH FACTOR]

Very Important	Somewhat Important	Not Important	Factor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relocation to a different practice location in Colorado
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relocation to a different practice location out of state
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient patient load to continue to run my practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional isolation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural isolation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spousal dissatisfaction (e.g., education, work, general)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of acceptance by community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practice management too burdensome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over-worked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too many Medicaid patients to make practice sustainable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family responsibilities interfere with my ability to practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor health does not permit me to continue my practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

38. If proposed physician Medicare cuts are implemented in 2009, which of the following actions, if any, will you take? [MARK YES OR NO FOR EACH ACTION]

Yes	No	N/A	Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept new Medicare patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impose limitations on the number of new Medicare patients accepted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Close practice to new Medicare patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undecided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My practice does not see Medicare patients

39. What is the greatest professional challenge you anticipate facing in the next 12 months?

Please complete the form online or return the questionnaire in the enclosed self-addressed, stamped envelope. Your responses will help to inform Colorado policymakers about the practice of rural medicine in our state. If you have any questions, please contact Michael Boyson, MHA, at 303.831.4200 x 207 or by e-mail at boysonm@coloradohealthinstitute.org.

THANK YOU!

LIST OF VARIABLES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	INCR_MD_CD_REIB	Increase Medicaid reimbursement
1	COVEXP_MD_CD_ELG	Expand Medicaid eligibility for adults and children
1	SING_PYR_CO	Establish a single-payer system for all Colorado Residents
1	WV_LIAB_VOL	Waive liability insurance for those that volunteer w/ safety net clinics
1	LOAN_FORGIVE	Provide loan forgiveness for primary care physicians practicing in an underserved area
2	PROF_STAT	Current Professional Status
2	OTHER_PROF_STAT_DESC	Current Professional Status, other description
3	DEGREE	Medical degree completed
4	SPECIALTY	Primary specialty
4	SPEC_OTH_DESC	Primary specialty, other description
5	CNT_MEDED_HRS	How many CME hours did you earn in 2008?
6	SATISLF_PERSVSWORK	Satisfaction: With balance between personal and professional responsibilities
6	SATISLF_NUMHRS	Satisfaction: The number of hours
6	SATISF_MALPRAC	Satisfaction: Malpractice environment in Colorado
6	SATISF_COMM	Satisfaction: Community live in and practice in
6	SATISF_QUALCARE	Satisfaction: Ability to provide quality care
6	SATISF_REFERRALS	Satisfaction: Ability to obtain referrals for your patients
6	SATISF_ADMIN	Satisfaction: Administrative tasks associated with managing a practice
6	SATISF_OVRHD	Satisfaction: Overhead costs of maintaining a rural practice
6	SATISF_INCOME	Satisfaction: Net income as a physician
6	SATISF_CLINVSADMIN	Satisfaction: Balance between clinical and administrative hours worked
7	GENDER	Gender
8	BIRTH_YR	Birth year
9	GREWUP_LOCATION	Location where grew up
10	RACE	Race
11	FAC_PAC_GREWUPRUR	Chose rural medicine: Grew up in a rural area
11	FAC_PAC_COSTLV	Chose rural medicine: Cost of living
11	FAC_PAC_RECR	Chose rural medicine: Recreational/leisure activities
11	FAC_PAC_SRVPOP	Chose rural medicine: Opportunity to serve a particular population
11	FAC_PAC_RECRCOL	Chose rural medicine: Recruited by colleagues
11	FAC_PAC_JOBSPOUSE	Chose rural medicine: Able to find job for spouse/partner
11	FAC_PAC_EARNPOT	Chose rural medicine: Earnings potential
11	FAC_PAC_RCRTINC	Chose rural medicine: Recruitment incentives
11	FAC_PAC_INDEP	Chose rural medicine: Opportunity for professional independence

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
11	FAC_PAC_WKENV	Chose rural medicine: Work environment/work hours per week
11	FAC_PAC_BOUGHT	Chose rural medicine: Bought practice/became partner
11	FAC_PAC_SP_RUR	Chose rural medicine: Spouse/partner came from rural area
11	FAC_PAC_LOCINT	Chose rural medicine: Rural location of internship, fellowship or residency
11	FAC_PAC_SVNATCORE	Chose rural medicine: Served in the National Services Corp
11	FAC_PAC_JIVISA	Chose rural medicine: Granted a J-I Visa Waiver
11	FAC_PAC_RAISECHL	Chose rural medicine: Good place to raise children
11	FAC_PAC_RET_RURCO	Chose rural medicine: Want to retire in rural Colorado
11	FAC_PAC_OTH	Chose rural medicine: Other
11	FAC_PAC_OTH_DESC	Chose rural medicine: Other description
12	PRIMARY_ZIP	ZIP Code of medical practice location
13	PRAC_MO	Number of months practiced at current location
13	PRAC_YR	Number of years practiced at current location
14	INCOFF_LOANREPAY	Incentives: Loan repayment
14	INCOFF_INCGUAR	Incentives: Income guarantee
14	INCOFF_PRB_SAL	Incentives: Production-based salary
14	INCOFF_SIGNBON	Incentives: Signing bonus
14	INCOFF_BENRET	Incentives: Benefit package including retirement
14	INCOFF_PART_SHAR	Incentives: Partnership or shareholder opportunity
14	INCOFF_FLEX	Incentives: Flex schedule
14	INCOFF_LIMONCALL	Incentives: Limited on-call expectation
14	INCOFF_LOCTEN	Incentives: Regular locum tenens support
14	INCOFF_SPOUSE	Incentives: Finding spouse/partner employment
14	INCOFF_PAYST	Incentives: Paying for site visit
14	INCOFF_RELOC	Incentives: Relocation benefits (e.g. moving expenses, mortgage payment assistance)
14	INCOFF_OTH	Incentives: Other
14	INCOFF_OTH_DESC	Incentives: Other description
15	EMPLSTAT	Employment status
15	EMPLSTAT_OTH_DESC	Employment status other description
16	PRACLOC	Current practice location
16	PRACLOC_OTH_DESC	Current practice location, description
17	STAFFMODEL	Staffing model of current practice
18	VISITS_2008	Patient visits occurred at current medical practice for 2008
18	VISITS_NA	Number of patient visits non applicable
19	HOURS_PROFWRK_WK	Average number of total professional hours
19	HOURS_DIRCARE_WK	Average number of hours spent in direct patient care

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
20	MO_DAYSONCALL	Number of days normally on call
21	OBS_SPEC_REIMB	Specialist obstacles: Insufficient reimbursement
21	OBS_SPEC_PATCOMPL	Specialist obstacles: Patient compliance
21	OBS_SPEC_MALPRAC	Specialist obstacles: Malpractice
21	OBS_SPEC_INSBENREST	Specialist obstacles: Insurance benefit restrictions
21	OBS_SPEC_SUPSPEC	Specialist obstacles: Inadequate supply of specialists
22	MOSTDIF_SPEC	Most difficult specialty to refer patients to in community
23	PTACCESS_ALLNEW	Patient access to medical practice: Open to all new patients
23	PTACCESS_FAMONLY	Patient access to medical practice: Accepts only family members of current practice
23	PTACCESS_SFS	Patient access to medical practice: Accepts a limited number of pts on SFS
23	PTACCESS_CHARCR	Patient access to medical practice: Accepts limited number of charity care patients
23	PTACCESS_CLOSEADMDCD	Patient access to medical practice: Closed to Medicaid adults
23	PTACCESS_CLOSECHLMDCD	Patient access to medical practice: Closed to Medicaid children
23	PTACCESS_CLOSECHP	Patient access to medical practice: Closed to CHP+ children and pregnant women
23	PTACCESS_CLOSE_MDCR	Patient access to medical practice: Closed to Medicare patients
23	PTACCESS_CLOSE_PRIV	Patient access to medical practice: Closed to some private insurers
23	PTACCESS_CLOSE_ALLNEW	Patient access to medical practice: Closed to all new patients
24	SATISF_NUMPTS	Quantity satisfaction of patient visits
25	MDCDRSN_REIB	Do not accept Medicaid reason: Reimbursement rates are too low
25	MDCDRSN_AUDITS	Do not accept Medicaid reason: Fear of audits
25	MDCDRSN_DOCTIME	Do not accept Medicaid reason: Paperwork is too difficult/time consuming
25	MDCDRSN_NOSHOW	Do not accept Medicaid reason: Too many "no-shows"
25	MDCDRSN_OTHER	Do not accept Medicaid reason: Other (specify)
25	MDCDRSN_OTHER_DESC	Do not accept Medicaid reason: Other description
26	CHARCARE	Charity care provided in 2008, dollar amount
27	PAYMIX_COMMINS	Current payer mix: Commercial insurance
27	PAYMIX_MDCR	Current payer mix: Medicare
27	PAYMIX_MDCD	Current payer mix: Medicaid
27	PAYMIX_CHP	Current payer mix: CHP+
27	PAYMIX_TRI	Current payer mix: TriCare/CHAMPUS/VA
27	PAYMIX_WORKCOMP	Current payer mix: Worker's Compensation
27	PAYMIX_SP_SFS	Current payer mix: Self-pay and sliding fee schedule
27	PAYMIX_OTHER	Current payer mix: Other
27	PAYMIX_OTHER_DESC	Current payer mix: Other description
28	INCOME	Total personal income before taxes
29	STRTMS_PRIMSPEC	Medical school interests (beginning): Choosing a primary care specialty

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	STRTMS_RURPRAC	Medical school interests (beginning): A rural medical practice
29	STRTMS_UNDRSVAREA	Medical school interests (beginning): A medical practice in an underserved area
29	STRTMS_UNDRSVPOP	Medical school interests (beginning): A medical practice in an underserved population
29	STRTMS_LIVRURCOM	Medical school interests (beginning): Living in a rural community
30	MDSCHL_MOTRAIN	Months in medical school spent on training in rural area
31	GRAD_YEAR	Graduation year from medical school
32	GRAD_STATE	Graduation state from medical school
33	CLASS_MATCARE	Classroom instruction adequacy: Maternity care
33	CLASS_ORTHO_SP	Classroom instruction adequacy: Orthopedics
33	CLASS_PREPOSTOP	Classroom instruction adequacy: Surgery
33	CLASS_TRAUMA	Classroom instruction adequacy: Trauma and other emergency care
33	CLASS_CRITCARE	Classroom instruction adequacy: Critical care
33	CLASS_OCCHLTH	Classroom instruction adequacy: Occupational Health
33	CLASS_BEHV	Classroom instruction adequacy: Behavioral health
33	CLASS_PHYCOG_IMP	Classroom instruction adequacy: Physical/cognitive impaired patients
33	CLASS_TELE_ELEC	Classroom instruction adequacy: Telemedicine
33	CLASS_PRACTEAMS	Classroom instruction adequacy: Working in practice teams
33	CLASS_GERIA_CR	Classroom instruction adequacy: Geriatric care
34	RESID_MATCARE	Residency experience adequacy: Maternity care
34	RESID_ORTHO	Residency experience adequacy: Orthopedics
34	RESID_PREPOSTOP	Residency experience adequacy: Surgery
34	RESID_TRAUMA	Residency experience adequacy: Trauma
34	RESID_CRITCARE	Residency experience adequacy: Critical care
34	RESID_OCCHLTH	Residency experience adequacy: Occupational Health
34	RESID_BEHV	Residency experience adequacy: Behavioral health
34	RESID_PHYCOG_IMP	Residency experience adequacy: Physical/cognitive impaired patients
34	RESID_TELE_ELEC	Residency experience adequacy: Telemedicine
34	RESID_PRACTEAMS	Residency experience adequacy: Working in practice teams
34	RESID_GERIA_CR	Residency experience adequacy: Geriatric care
35	PREPARE_RES_RURMDCN	Prepared to practice rural medicine after your residency?
36	LEAVE_I2MO	Planning to leave your current primary medical practice in next 12 months?
37	RSNLV_RETIRE	Reasons for leaving: Retirement
37	RSNLV_RELOCATE	Reasons for leaving: Relocation to a different practice location in Colorado
37	RSNLV_OUTOFST	Reasons for leaving: Relocation to a different practice location out of state
37	RSNLV_INSPTLD	Reasons for leaving: Insufficient patient load to continue to run my practice
37	RSNLV_PRFISO	Reasons for leaving: Professional isolation

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
37	RSNLV_CULTISO	Reasons for leaving: Cultural isolation
37	RSNLV_SPOUSDIS	Reasons for leaving: Spousal dissatisfaction
37	RSNLV_LCKACC	Reasons for leaving: Lack of acceptance by community
37	RSNLV_MGMT	Reasons for leaving: Practice management too burdensome
37	RSNLV_OVRWK	Reasons for leaving: Over-worked
37	RSNLV_MDCDPT	Reasons for leaving: Too many Medicaid patients to make practice sustainable
37	RSNLV_FAMRES	Reasons for leaving: Family responsibilities interfere with my ability to practice
37	RSNLV_POORHLTH	Reasons for leaving: Poor health does not permit me to continue my practice
37	RSNLV_OTHER	Reasons for leaving: Other
37	RSNLV_OTHER_DESC	Reasons for leaving: Other description
38	CUTS_ACCPT_MDCD	Medicare cuts: Accept new Medicare patients
38	CUTS_LIMIT_MDCD	Medicare cuts: Impose limitations on the number of new Medicare patients
38	CUTS_CLOSE_MDCD	Medicare cuts: Close practice to new Medicare patients
38	CUTS_UNDEC_MDCD	Medicare cuts: Undecided
38	CUTS_MDCR_SERVE	Medicare cuts: Practice does not serve Medicare patients
39	CHALLENGE_12MO	Greatest professional challenge in next 12 months
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City obtained from ZIP Code
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State from ZIP Code
CREATED VARIABLE	PRIMARY_COUNTY_FROM_ZIP	County from ZIP Code
CREATED VARIABLE	PRIMARY_FIPS_FROM_ZIP	FIPS code from ZIP Code
CREATED VARIABLE	PRIMARY_RUCA2_FROM_ZIP	RUCA code from ZIP Code
CREATED VARIABLE	RUCA_CLASS_FROM_ZIP	Rural levels based on RUCA codes from ZIP Code
CREATED VARIABLE	PRIMARY_URBAN_FROM_ZIP	Rural-Urban from ZIP Code
CREATED VARIABLE	AGE	Age
CREATED VARIABLE	GRAD_NUMYRS	Number of years since graduation
CREATED VARIABLE	GRAD_AGE	Age upon graduation
CREATED VARIABLE	PRAC_MO_TOT	Total number of months practicing at current location

CODEBOOK AND FREQUENCIES

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 1 INCR_MDCD_REIB Increase Medicaid reimbursement

TYPE **LENGTH** **FORMAT**
 Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	33	60
1	Very Important, level 1	422	781
2	Important, level 2	138	257
3	Indifferent, level 3	73	138
4	Not important, level 4	27	50
5	Not Important, level 5	12	23
6	N/A	6	11
TOTAL		711	1320

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 1 COVEXP_MDCD_ELG Expand Medicaid eligibility for adults and children

TYPE **LENGTH** **FORMAT**
 Numeric 8 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	38	68
-6	Invalid Answer/Out of Range	1	1
1	Very Important, level 1	226	418
2	Important, level 2	177	329
3	Indifferent, level 3	162	306
4	Not important, level 4	59	108
5	Not Important, level 5	42	79
6	N/A	6	10
TOTAL		711	1319

**QUESTION
NUMBER**
1

VARIABLE NAME
SING_PYR_CO

DESCRIPTION
Establish a single-payer system for all Colorado Residents

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	64
-6	Invalid Answer/Out of Range	1	2
1	Very Important, level 1	208	380
2	Important, level 2	84	151
3	Indifferent, level 3	135	258
4	Not important, level 4	79	154
5	Not Important, level 5	144	266
6	N/A	25	46
TOTAL		711	1321

**QUESTION
NUMBER**
1

VARIABLE NAME
WV_LIAB_VOL

DESCRIPTION
Waive liability insurance for those that volunteer w/ safety net clinics

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	43
1	Very Important, level 1	312	565
2	Important, level 2	160	305
3	Indifferent, level 3	126	240
4	Not important, level 4	46	86
5	Not Important, level 5	29	55
6	N/A	14	26
TOTAL		711	1320

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	LOAN_FORGIVE	Provide loan forgiveness for primary care physicians practicing in an underserved area
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
1	Very Important, level 1	290	536
2	Important, level 2	218	408
3	Indifferent, level 3	104	191
4	Not important, level 4	38	72
5	Not Important, level 5	24	46
6	N/A	11	19
TOTAL		711	1318

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
2	PROF_STAT	Current Professional Status
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	6
-6	Invalid Answer/Out of Range	9	15
1	Full-time, actively seeing patients	426	840
2	Part-time, actively seeing patients	120	210
3	Volunteer physician (not billing)	8	12
4	Active in medicine, not seeing patients	23	39
5	Retired, not seeing patients	80	124
6	Practicing in another state	17	30
7	Working outside of medicine	4	7
8	Other	21	35
TOTAL		711	1318

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
2	OTHER_PROF_STAT_DESC	Current Professional Status, other description

TYPE	LENGTH	FORMAT
Character	500	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	688	1280
	non-missing	23	39
TOTAL		711	1319

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
3	DEGREE	Medical degree completed

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	30
-8	Not Applicable	101	164
-7	Skip Pattern Violation	32	52
0	MD	502	958
1	DO	59	114
TOTAL		711	1318

**QUESTION
NUMBER**
4

VARIABLE NAME
SPECIALTY

DESCRIPTION
Primary specialty

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	12
-8	Not Applicable	122	199
-7	Skip Pattern Violation	11	17
-6	Invalid Answer/Out of Range	3	6
1	Anesthesia	31	63
2	Dermatology	6	9
3	Emergency Medicine	56	110
4	Family Medicine	195	379
5	Gastroenterology	4	8
6	General Pediatrics	22	40
7	Gynecology	5	8
8	Internal Medicine	48	91
9	Obstetrics and Gynecology	26	49
10	Ophthalmology	8	15
11	Otolaryngology	2	4
12	Pathology	8	14
13	Physical/Rehabilitation Medicine	4	8
14	Psychiatry	21	40
15	Pulmonary Disease	2	4
16	Radiology	11	21
17	Surgery: General	27	53
18	Surgery: Orthopedic	37	72
19	Surgery: Plastic/Cosmetic	6	10
20	Urology	9	18
21	Other	40	71
TOTAL		711	1321

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISLF_PERSVSWORK

DESCRIPTION
Satisfaction: With balance between personal and professional responsibilities

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	28
-8	Not Applicable	126	205
-7	Skip Pattern Violation	7	11
1	Very Satisfied, level 1	147	274
2	Satisfied, level 2	188	370
3	Indifferent, level 3	119	226
4	Not Satisfied, level 4	73	139
5	Not at all Satisfied, level 5	31	61
6	N/A	4	6
TOTAL		711	1320

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISLF_NUMHRS

DESCRIPTION
Satisfaction: The number of hours

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	29
-8	Not Applicable	126	205
-7	Skip Pattern Violation	7	11
1	Very Satisfied, level 1	127	233
2	Satisfied, level 2	173	341
3	Indifferent, level 3	137	262
4	Not Satisfied, level 4	89	171
5	Not at all Satisfied, level 5	32	62
6	N/A	3	4
TOTAL		711	1318

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_MALPRAC

DESCRIPTION
Satisfaction: Malpractice environment in Colorado

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	30
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Satisfied, level 1	95	181
2	Satisfied, level 2	181	350
3	Indifferent, level 3	179	344
4	Not Satisfied, level 4	65	123
5	Not at all Satisfied, level 5	31	57
6	N/A	10	16
TOTAL		711	1317

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_COMM

DESCRIPTION
Satisfaction: Community live in and practice in

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	22
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
-6	Invalid Answer/Out of Range	2	4
1	Very Satisfied, level 1	312	592
2	Satisfied, level 2	160	310
3	Indifferent, level 3	67	131
4	Not Satisfied, level 4	12	24
5	Not at all Satisfied, level 5	7	13
6	N/A	5	7
TOTAL		711	1319

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_QUALCARE

DESCRIPTION
Satisfaction: Ability to provide quality care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	20
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
-6	Invalid Answer/Out of Range	1	2
1	Very Satisfied, level 1	245	466
2	Satisfied, level 2	223	433
3	Indifferent, level 3	67	126
4	Not Satisfied, level 4	18	32
5	Not at all Satisfied, level 5	10	20
6	N/A	2	3
TOTAL		711	1318

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_REFERRALS

DESCRIPTION
Satisfaction: Ability to obtain referrals for your patients

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	22
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
-6	Invalid Answer/Out of Range	1	1
1	Very Satisfied, level 1	119	226
2	Satisfied, level 2	190	369
3	Indifferent, level 3	134	257
4	Not Satisfied, level 4	85	161
5	Not at all Satisfied, level 5	22	40
6	N/A	14	26
TOTAL		711	1318

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_INCOME

DESCRIPTION
Satisfaction: Net income as a physician

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	23
-8	Not Applicable	126	205
-7	Skip Pattern Violation	7	11
-6	Invalid Answer/Out of Range	1	1
1	Very Satisfied, level 1	49	93
2	Satisfied, level 2	154	298
3	Indifferent, level 3	200	383
4	Not Satisfied, level 4	103	196
5	Not at all Satisfied, level 5	53	99
6	N/A	5	9
TOTAL		711	1318

**QUESTION
NUMBER**
6

VARIABLE NAME
SATISF_CLINVSADMIN

DESCRIPTION
Satisfaction: Balance between clinical and administrative hours worked

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	28
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Satisfied, level 1	38	71
2	Satisfied, level 2	140	278
3	Indifferent, level 3	181	343
4	Not Satisfied, level 4	116	223
5	Not at all Satisfied, level 5	56	106
6	N/A	31	53
TOTAL		711	1318

QUESTION NUMBER 7 **VARIABLE NAME** GENDER **DESCRIPTION** Gender

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	16
-8	Not Applicable	123	201
-7	Skip Pattern Violation	10	16
0	Female	177	320
1	Male	392	767
TOTAL		711	1320

QUESTION NUMBER 8 **VARIABLE NAME** BIRTH_YR **DESCRIPTION** Birth year

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	33
-8	Not Applicable	124	203
-7	Skip Pattern Violation	9	14
>0	>0	560	1069
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_GREWUPRUR

DESCRIPTION
Chose rural medicine: Grew up in a rural area

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	31
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	102	197
2	Somewhat Important	124	237
3	Not Important	334	637
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_COSTLV

DESCRIPTION
Chose rural medicine: Cost of living

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	37
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	38	74
2	Somewhat Important	216	414
3	Not Important	303	577
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_RECR

DESCRIPTION
Chose rural medicine: Recreational/leisure activities

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	23
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	394	759
2	Somewhat Important	133	253
3	Not Important	37	68
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_SRVPOP

DESCRIPTION
Chose rural medicine: Opportunity to serve a particular population

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	34
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	147	285
2	Somewhat Important	237	451
3	Not Important	174	333
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_RECRCOL

DESCRIPTION
Chose rural medicine: Recruited by colleagues

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	38
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	98	188
2	Somewhat Important	129	252
3	Not Important	329	624
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_JOBSPOUSE

DESCRIPTION
Chose rural medicine: Able to find job for spouse/partner

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	36
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	90	173
2	Somewhat Important	133	260
3	Not Important	334	634
TOTAL		711	1319

QUESTION NUMBER 11 **VARIABLE NAME** FAC_PRAC_EARNPOT **DESCRIPTION** Chose rural medicine: Earnings potential

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	28
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	71	144
2	Somewhat Important	285	545
3	Not Important	205	385
TOTAL		711	1318

QUESTION NUMBER 11 **VARIABLE NAME** FAC_PRAC_RCRTINC **DESCRIPTION** Chose rural medicine: Recruitment incentives

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	38
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	44	85
2	Somewhat Important	105	209
3	Not Important	407	771
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_INDEP

DESCRIPTION
Chose rural medicine: Opportunity for professional independence

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	36
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
-6	Invalid Answer/Out of Range	1	2
1	Very Important	241	465
2	Somewhat Important	209	398
3	Not Important	107	202
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_WKENV

DESCRIPTION
Chose rural medicine: Work environment/work hours per week

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	18	31
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
-6	Invalid Answer/Out of Range	2	4
1	Very Important	219	417
2	Somewhat Important	272	527
3	Not Important	67	123
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_BOUGHT

DESCRIPTION
Chose rural medicine: Bought practice/became partner

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	63
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	72	142
2	Somewhat Important	101	194
3	Not Important	370	703
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_SP_RUR

DESCRIPTION
Chose rural medicine: Spouse/partner came from rural area

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	34	64
2	Somewhat Important	79	151
3	Not Important	439	841
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PAC_LOCINT

DESCRIPTION
Chose rural medicine: Rural location of internship, fellowship or residency

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	52
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	24	45
2	Somewhat Important	48	96
3	Not Important	477	910
TOTAL		711	1319

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PAC_SVNATCORE

DESCRIPTION
Chose rural medicine: Served in the National Services Corp

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	43	77
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	27	53
2	Somewhat Important	24	46
3	Not Important	484	926
TOTAL		711	1318

QUESTION NUMBER 11 **VARIABLE NAME** FAC_PRAC_J1VISA **DESCRIPTION** Chose rural medicine: Granted a J-1 Visa Waiver

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	54	99
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	5	10
2	Somewhat Important	4	8
3	Not Important	515	986
TOTAL		711	1319

QUESTION NUMBER 11 **VARIABLE NAME** FAC_PRAC_RAISECHL **DESCRIPTION** Chose rural medicine: Good place to raise children

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	35
-8	Not Applicable	128	208
-7	Skip Pattern Violation	5	8
1	Very Important	304	591
2	Somewhat Important	121	233
3	Not Important	133	243
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_RET_RURCO

DESCRIPTION
Chose rural medicine: Want to retire in rural Colorado

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	39
-8	Not Applicable	127	207
-7	Skip Pattern Violation	6	9
1	Very Important	229	429
2	Somewhat Important	156	302
3	Not Important	171	332
TOTAL		711	1318

**QUESTION
NUMBER**
11

VARIABLE NAME
FAC_PRAC_OTH

DESCRIPTION
Chose rural medicine: Other

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	512	974
-8	Not Applicable	133	216
1	Very Important	44	86
2	Somewhat Important	4	9
3	Not Important	18	34
TOTAL		711	1319

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 11 FAC_PRAC_OTH_DESC Chose rural medicine: Other description

TYPE **LENGTH** **FORMAT**
 Character 500 Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	521	992
-8	Not Applicable	133	216
	non-missing	57	111
TOTAL		711	1319

QUESTION NUMBER **VARIABLE NAME** **DESCRIPTION**
 12 PRIMARY_ZIP ZIP Code of medical practice location

TYPE **LENGTH** **FORMAT**
 Character 10 Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	34
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	6
	non-missing	558	1069
TOTAL		711	1319

**QUESTION
NUMBER**
13

VARIABLE NAME
PRAC_MO

DESCRIPTION
Number of months practiced at current location

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	14	24
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
0	0	282	538
1	1	17	33
2	2	21	40
3	3	18	35
4	4	12	23
5	5	9	17
6	6	55	105
7	7	10	20
8	8	24	45
9	9	34	66
10	10	49	95
11	11	33	63
TOTAL		711	1321

QUESTION NUMBER 13 **VARIABLE NAME** PRAC_YR **DESCRIPTION** Number of years practiced at current location

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	41	76
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	4
-6	Invalid Answer/Out of Range	1	2
0	0	16	29
>0	>0	520	996
TOTAL		711	1319

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_LOANREPAY **DESCRIPTION** Incentives: Loan repayment

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	28	49
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	482	917
1	Yes	68	136
TOTAL		711	1319

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_INCGUAR **DESCRIPTION** Incentives: Income guarantee

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	42
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	278	524
1	Yes	275	535
TOTAL		711	1320

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_PRB_SAL **DESCRIPTION** Incentives: Production-based salary

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	41
-8	Not Applicable	131	213
-7	Skip Pattern Violation	2	3
0	No	393	749
1	Yes	161	312
TOTAL		711	1318

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_SIGNBON

DESCRIPTION
Incentives: Signing bonus

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	45
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	469	892
1	Yes	83	166
TOTAL		711	1320

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_BENRET

DESCRIPTION
Incentives: Benefit package including retirement

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	401	761
1	Yes	151	297
TOTAL		711	1321

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_PART_SHAR

DESCRIPTION
Incentives: Partnership or shareholder opportunity

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	43
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	391	746
1	Yes	162	314
TOTAL		711	1320

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_FLEX

DESCRIPTION
Incentives: Flex schedule

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	48
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	378	727
1	Yes	173	327
TOTAL		711	1319

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_LIMONCALL

DESCRIPTION
Incentives: Limited on-call expectation

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	48
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	423	817
1	Yes	128	238
TOTAL		711	1320

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_LOCTEN

DESCRIPTION
Incentives: Regular locum tenens support

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	48
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	515	985
1	Yes	36	70
TOTAL		711	1320

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_SPOUSE **DESCRIPTION** Incentives: Finding spouse/partner employment

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	492	941
1	Yes	60	116
TOTAL		711	1320

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_PAYST **DESCRIPTION** Incentives: Paying for site visit

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	44
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	422	804
1	Yes	130	253
TOTAL		711	1320

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_RELOC

DESCRIPTION
Incentives: Relocation benefits (e.g. moving expenses, mortgage payment assistance)

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	25	43
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	362	684
1	Yes	191	376
TOTAL		711	1320

**QUESTION
NUMBER**
14

VARIABLE NAME
INCOFF_OTH

DESCRIPTION
Incentives: Other

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	416	792
-8	Not Applicable	131	213
-7	Skip Pattern Violation	2	3
0	No	124	237
1	Yes	38	74
TOTAL		711	1319

QUESTION NUMBER 14 **VARIABLE NAME** INCOFF_OTH_DESC **DESCRIPTION** Incentives: Other description

TYPE Character **LENGTH** 200 **FORMAT** Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	416	792
-8	Not Applicable	255	450
-7	Skip Pattern Violation	2	3
	non-missing	38	74
TOTAL		711	1319

QUESTION NUMBER 15 **VARIABLE NAME** EMPLSTAT **DESCRIPTION** Employment status

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	16
-8	Not Applicable	128	208
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	7	13
1	Full owner	140	269
2	Part owner	126	250
3	Employee	188	364
4	Independent contractor	79	144
5	Locum tenens	15	23
6	Other	14	25
TOTAL		711	1319

QUESTION NUMBER 15 **VARIABLE NAME** EMPLSTAT_OTH_DESC **DESCRIPTION** Employment status other description

TYPE Character **LENGTH** 100 **FORMAT** Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	30
-8	Not Applicable	679	1263
-7	Skip Pattern Violation	2	3
	non-missing	13	23
TOTAL		711	1319

QUESTION NUMBER 16 **VARIABLE NAME** PRACLOC **DESCRIPTION** Current practice location

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	19
-8	Not Applicable	128	208
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	17	33
1	Community health clinic	39	73
2	Federally Qualified Health Center	11	21
3	Hospital emergency department	53	105
4	Hospital outpatient/satellite clinic	55	104
5	Hospital specialty care (hospitalist/radiology/pathology)	56	107
6	Indian health services clinic	1	2
7	Military/VA health system or clinic	1	2
8	Nursing facility/home health agency	3	6
9	Private clinic or office	262	499
11	Rural Health Clinic	25	50
12	Other	46	85
TOTAL		711	1319

QUESTION NUMBER 16 **VARIABLE NAME** PRACLOC_OTH_DESC **DESCRIPTION** Current practice location, description

TYPE Character **LENGTH** 200 **FORMAT** Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	161	268
-8	Not Applicable	506	969
	non-missing	44	82
TOTAL		711	1319

QUESTION NUMBER 17 **VARIABLE NAME** STAFFMODEL **DESCRIPTION** Staffing model of current practice

TYPE Numeric **LENGTH** 8 **FORMAT** Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	27	45
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Solo practice	135	254
2	Solo practice with non-physician provider(s)	42	78
3	Partnership (2 physicians)	41	77
4	Partnership (2 physicians) with non-physician provider	20	40
5	Group practice (3+ physicians)	177	347
6	Group practice (3+ physicians) with non-physician provider	135	259
TOTAL		711	1319

**QUESTION
NUMBER**
18

VARIABLE NAME
VISITS_2008

DESCRIPTION
Patient visits occurred at current medical practice for 2008

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	157	289
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	1	2
0	0	1	2
>0	>0	419	809
TOTAL		711	1318

**QUESTION
NUMBER**
18

VARIABLE NAME
VISITS_NA

DESCRIPTION
Number of patient visits non applicable

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	104	195
-8	Not Applicable	131	213
-7	Skip Pattern Violation	2	3
0	No	420	811
1	Yes	54	97
TOTAL		711	1319

**QUESTION
NUMBER**
19

VARIABLE NAME
HOURS_PROF_CR_WK

DESCRIPTION
Average number of total professional hours

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	37
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	36	69
>0	>0	520	997
TOTAL		711	1319

**QUESTION
NUMBER**
19

VARIABLE NAME
HOURS_DIRCARE_WK

DESCRIPTION
Average number of hours spent in direct patient care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	62
-8	Not Applicable	131	213
-7	Skip Pattern Violation	2	3
-6	Invalid Answer/Out of Range	36	69
>0	>0	507	972
TOTAL		711	1319

**QUESTION
NUMBER**
20

VARIABLE NAME
MO_DAYSONCALL

DESCRIPTION
Number of days normally on call

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	42
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	8	16
0	0	129	238
>0	>0	417	806
TOTAL		711	1318

**QUESTION
NUMBER**
21

VARIABLE NAME
OBS_SPEC_REIMB

DESCRIPTION
Specialist obstacles: Insufficient reimbursement

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	83
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	244	462
1	Yes	290	559
TOTAL		711	1320

**QUESTION
NUMBER**
21

VARIABLE NAME
OBS_SPEC_PATCOMPL

DESCRIPTION
Specialist obstacles: Patient compliance

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	41	76
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	265	501
1	Yes	271	524
TOTAL		711	1319

**QUESTION
NUMBER**
21

VARIABLE NAME
OBS_SPEC_MALPRAC

DESCRIPTION
Specialist obstacles: Malpractice

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	56	106
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
0	No	444	844
1	Yes	78	153
TOTAL		711	1320

**QUESTION
NUMBER**
21

VARIABLE NAME
OBS_SPEC_INSBENREST

DESCRIPTION
Specialist obstacles: Insurance benefit restrictions

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	82
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	198	378
1	Yes	335	641
TOTAL		711	1319

**QUESTION
NUMBER**
21

VARIABLE NAME
OBS_SPEC_SUPSPEC

DESCRIPTION
Specialist obstacles: Inadequate supply of specialists

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	41	76
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	203	385
1	Yes	334	642
TOTAL		711	1319

**QUESTION
NUMBER**
22

VARIABLE NAME
MOSTDIF_SPEC

DESCRIPTION
Most difficult specialty to refer patients to in community

TYPE
Character

LENGTH
300

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	115	213
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
	non-missing	463	890
TOTAL		711	1320

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_ALLNEW

DESCRIPTION
Patient access to medical practice: Open to all new patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	32	55
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	111	214
1	Yes	435	834
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_FAMONLY

DESCRIPTION
Patient access to medical practice: Accepts only family members of current practice

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	81	147
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	446	856
1	Yes	51	100
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_SFS

DESCRIPTION
Patient access to medical practice: Accepts a limited number of pts on SFS

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	83	150
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	387	744
1	Yes	108	209
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CHARCR

DESCRIPTION
Patient access to medical practice: Accepts limited number of charity care patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	87	159
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	325	630
1	Yes	166	314
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSEADMDCD

DESCRIPTION
Patient access to medical practice: Closed to Medicaid adults

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	79	143
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	379	730
1	Yes	119	228
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSECHLMDCD

DESCRIPTION
Patient access to medical practice: Closed to Medicaid children

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	91	166
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	383	739
1	Yes	103	196
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSECHP

DESCRIPTION
Patient access to medical practice: Closed to CHP+ children and pregnant women

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	93	171
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	396	766
1	Yes	89	166
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSE_MDCR

DESCRIPTION
Patient access to medical practice: Closed to Medicare patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	81	146
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	441	851
1	Yes	56	105
TOTAL		711	1318

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSE_PRIV

DESCRIPTION
Patient access to medical practice: Closed to some private insurers

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	79	144
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
0	No	419	807
1	Yes	80	152
TOTAL		711	1319

**QUESTION
NUMBER**
23

VARIABLE NAME
PTACCESS_CLOSE_ALLNEW

DESCRIPTION
Patient access to medical practice: Closed to all new patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	82	148
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	1	2
0	No	485	934
1	Yes	10	18
TOTAL		711	1318

**QUESTION
NUMBER**
24

VARIABLE NAME
SATISF_NUMPTS

DESCRIPTION
Quantity satisfaction of patient visits

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	22
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	2	4
1	I am satisfied with the number of patient visits in my practice	371	712
2	I have too many patient visits in my practice	60	116
3	I have too few patient visits in my practice	104	200
4	N/A	28	50
TOTAL		711	1321

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_REIB

DESCRIPTION
Do not accept Medicaid reason: Reimbursement rates are too low

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	399	760
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
-6	Very Important, level 1	121	232
2	Important, level 2	10	19
3	Indifferent, level 3	2	3
5	Not Important, level 5	1	2
6	N/A	45	87
TOTAL		711	1320

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_AUDITS

DESCRIPTION
Do not accept Medicaid reason: Fear of audits

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	404	769
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
1	Very Important, level 1	24	47
2	Important, level 2	16	30
3	Indifferent, level 3	28	54
4	Not important, level 4	18	37
5	Not Important, level 5	38	71
6	N/A	50	95
TOTAL		711	1320

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_DOCTIME

DESCRIPTION
Do not accept Medicaid reason: Paperwork is too difficult/time consuming

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	404	769
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
1	Very Important, level 1	63	122
2	Important, level 2	27	51
3	Indifferent, level 3	22	41
4	Not important, level 4	8	17
5	Not Important, level 5	6	12
6	N/A	48	91
TOTAL		711	1320

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_NOSHOW

DESCRIPTION
Do not accept Medicaid reason: Too many "no-shows"

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	406	773
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	2
1	Very Important, level 1	31	61
2	Important, level 2	29	54
3	Indifferent, level 3	30	58
4	Not important, level 4	8	16
5	Not Important, level 5	17	31
6	N/A	57	109
TOTAL		711	1319

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_OTHER

DESCRIPTION
Do not accept Medicaid reason: Other (specify)

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	526	1001
-8	Not Applicable	132	215
1	Skip Pattern Violation	1	2
2	Very Important, level 1	11	21
5	Important, level 2	1	2
6	Not Important, level 5	1	2
	N/A	39	76
TOTAL		711	1319

**QUESTION
NUMBER**
25

VARIABLE NAME
MDCDRSN_OTHER_DESC

DESCRIPTION
Do not accept Medicaid reason: Other description

TYPE
Character

LENGTH
300

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	510	969
-8	Not Applicable	172	293
	non-missing	29	58
TOTAL		711	1320

**QUESTION
NUMBER**
26

VARIABLE NAME
CHARCARE

DESCRIPTION
Charity care provided in 2008, dollar amount

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	56
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	4	7
1	None	27	50
2	\$2,500 or less	54	97
3	\$2,501 to \$5,000	46	86
4	\$5,001 to \$10,000	51	99
5	\$10,001 to \$25,000	51	101
6	\$25,001 to \$35,000	38	75
7	\$35,001 to \$50,000	38	74
8	More than \$50,000	88	174
9	Do not know	119	226
10	N/A	32	59
TOTAL		711	1321

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_COMMINS

DESCRIPTION
Current payer mix: Commercial insurance

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	22	39
>0	>0	353	681
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_MDCR

DESCRIPTION
Current payer mix: Medicare

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	56	102
>0	>0	319	618
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_MDCCD

DESCRIPTION
Current payer mix: Medicaid

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	71	132
>0	>0	304	588
TOTAL		711	1319

QUESTION NUMBER 27 **VARIABLE NAME** PAYMIX_CHP **DESCRIPTION** Current payer mix: CHP+

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	195	372
>0	>0	180	348
TOTAL		711	1319

QUESTION NUMBER 27 **VARIABLE NAME** PAYMIX_TRI **DESCRIPTION** Current payer mix: TriCare/CHAMPUS/VA

TYPE Numeric **LENGTH** 8 **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	205	391
>0	>0	170	329
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_WORKCOMP

DESCRIPTION
Current payer mix: Worker's Compensation

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	166	312
>0	>0	209	408
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_SP_SFS

DESCRIPTION
Current payer mix: Self-pay and sliding fee schedule

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	37	69
>0	>0	338	651
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_OTHER

DESCRIPTION
Current payer mix: Other

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	221
-8	Not Applicable	133	216
-6	Invalid Answer/Out of Range	86	162
0	0	337	646
>0	>0	38	74
TOTAL		711	1319

**QUESTION
NUMBER**
27

VARIABLE NAME
PAYMIX_OTHER_DESC

DESCRIPTION
Current payer mix: Other description

TYPE
Character

LENGTH
100

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	540	1030
-8	Not Applicable	132	215
-7	Skip Pattern Violation	1	1
	non-missing	38	73
TOTAL		711	1319

**QUESTION
NUMBER**
28

VARIABLE NAME
INCOME

DESCRIPTION
Total personal income before taxes

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	64
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	\$75,000 or less	75	131
2	\$75,001 to \$100,000	39	68
3	\$100,001 to \$125,000	62	118
4	\$125,001 to \$150,000	84	161
5	\$150,001 to \$175,000	63	124
6	\$175,001 to \$200,000	61	119
7	\$200,001 to \$250,000	71	142
8	More than \$250,000	87	174
TOTAL		711	1320

**QUESTION
NUMBER**
29

VARIABLE NAME
STRTMS_PRIMSPEC

DESCRIPTION
Medical school interests (beginning): Choosing a primary care specialty

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	27
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Very interested, level 1	237	452
2	Interested, level 2	71	137
3	Indifferent, level 3	75	146
4	Not interested, level 4	33	64
5	Not interested, level 5	141	268
6	N/A	5	9
TOTAL		711	1320

**QUESTION
NUMBER**
29

VARIABLE NAME
STRTMS_RURPRAC

DESCRIPTION
Medical school interests (beginning): A rural medical practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	25
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Very interested, level 1	152	291
2	Interested, level 2	89	174
3	Indifferent, level 3	136	264
4	Not interested, level 4	68	132
5	Not interested, level 5	108	198
6	N/A	10	18
TOTAL		711	1319

**QUESTION
NUMBER**
29

VARIABLE NAME
STRTMS_UNDRSVAREA

DESCRIPTION
Medical school interests (beginning): A medical practice in an underserved area

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	24
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Very interested, level 1	89	170
2	Interested, level 2	85	163
3	Indifferent, level 3	158	307
4	Not interested, level 4	113	219
5	Not interested, level 5	109	202
6	N/A	10	18
TOTAL		711	1320

**QUESTION
NUMBER**
29

VARIABLE NAME
STRTMS_UNDRSVPOP

DESCRIPTION
Medical school interests (beginning): A medical practice in an underserved population

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	28
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Very interested, level 1	85	161
2	Interested, level 2	82	158
3	Indifferent, level 3	163	319
4	Not interested, level 4	113	219
5	Not interested, level 5	109	201
6	N/A	10	18
TOTAL		711	1321

**QUESTION
NUMBER**
29

VARIABLE NAME
STRTMS_LIVRURCOM

DESCRIPTION
Medical school interests (beginning): Living in a rural community

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	27
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Very interested, level 1	151	288
2	Interested, level 2	111	218
3	Indifferent, level 3	138	270
4	Not interested, level 4	75	140
5	Not interested, level 5	79	144
6	N/A	8	15
TOTAL		711	1319

**QUESTION
NUMBER**
30

VARIABLE NAME
MDSCHL_MOTRAIN

DESCRIPTION
Months in medical school spent on training in rural area

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	28
-8	Not Applicable	129	210
-6	Skip Pattern Violation	4	7
0	0	226	420
>0	>0	336	655
TOTAL		711	1320

**QUESTION
NUMBER**
31

VARIABLE NAME
GRAD_YEAR

DESCRIPTION
Graduation year from medical school

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	23
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
>0	>0	564	1078
TOTAL		711	1320

**QUESTION
NUMBER**
32

VARIABLE NAME
GRAD_STATE

DESCRIPTION
Graduation state from medical school

TYPE
Character

LENGTH
2

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	22
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	3	6
	Non-Colorado	460	876
CO	Colorado	102	198
TOTAL		711	1319

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_MATCARE

DESCRIPTION
Classroom instruction adequacy: Maternity care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	19	34
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	2	4
1	Most adequate, level 1	113	211
2	Adequate, level 2	158	302
3	Indifferent, level 3	137	265
4	Inadequate, level 4	67	133
5	Inadequate, level 5	41	77
6	N/A	41	77
TOTAL		711	1320

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_ORTHO_SP

DESCRIPTION
Classroom instruction adequacy:
Orthopedics

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	36
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	52	101
2	Adequate, level 2	116	222
3	Indifferent, level 3	181	355
4	Inadequate, level 4	119	227
5	Inadequate, level 5	58	104
6	N/A	32	58
TOTAL		711	1320

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_PREPOSTOP

DESCRIPTION
Classroom instruction adequacy: Surgery

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	23	42
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	71	136
2	Adequate, level 2	129	250
3	Indifferent, level 3	171	327
4	Inadequate, level 4	108	209
5	Inadequate, level 5	39	70
6	N/A	36	66
TOTAL		711	1319

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_TRAUMA

DESCRIPTION
Classroom instruction adequacy: Trauma and other emergency care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	23	42
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	89	172
2	Adequate, level 2	124	243
3	Indifferent, level 3	169	327
4	Inadequate, level 4	91	171
5	Inadequate, level 5	43	80
6	N/A	38	67
TOTAL		711	1321

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_CRITCARE

DESCRIPTION
Classroom instruction adequacy: Critical care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	38	71
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	2	3
1	Most adequate, level 1	82	160
2	Adequate, level 2	140	271
3	Indifferent, level 3	147	283
4	Inadequate, level 4	99	188
5	Inadequate, level 5	44	82
6	N/A	26	45
TOTAL		711	1320

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_OCCHLTH

DESCRIPTION
Classroom instruction adequacy: Occupational Health

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	36
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	22	43
2	Adequate, level 2	46	89
3	Indifferent, level 3	124	242
4	Inadequate, level 4	192	370
5	Inadequate, level 5	133	249
6	N/A	41	74
TOTAL		711	1320

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_BEHV

DESCRIPTION
Classroom instruction adequacy: Behavioral health

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	38
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	35	69
2	Adequate, level 2	118	229
3	Indifferent, level 3	201	385
4	Inadequate, level 4	132	252
5	Inadequate, level 5	45	82
6	N/A	26	47
TOTAL		711	1319

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_PHYCOG_IMP

DESCRIPTION
Classroom instruction adequacy: Physical/cognitive impaired patients

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	23	42
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	24	47
2	Adequate, level 2	67	130
3	Indifferent, level 3	168	327
4	Inadequate, level 4	180	342
5	Inadequate, level 5	91	169
6	N/A	24	43
TOTAL		711	1319

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_TELE_ELEC

DESCRIPTION
Classroom instruction adequacy: Telemedicine

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	22	40
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	5	9
1	Most adequate, level 1	15	28
2	Adequate, level 2	22	44
3	Indifferent, level 3	46	92
4	Inadequate, level 4	110	221
5	Inadequate, level 5	209	397
6	N/A	149	271
TOTAL		711	1319

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_PRACTEAMS

DESCRIPTION
Classroom instruction adequacy: Working in practice teams

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	45
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	33	63
2	Adequate, level 2	61	120
3	Indifferent, level 3	98	197
4	Inadequate, level 4	136	265
5	Inadequate, level 5	135	254
6	N/A	90	160
TOTAL		711	1321

**QUESTION
NUMBER**
33

VARIABLE NAME
CLASS_GERIA_CR

DESCRIPTION
Classroom instruction adequacy: Geriatric care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	43
-8	Not Applicable	130	211
-7	Skip Pattern Violation	3	5
1	Most adequate, level 1	37	72
2	Adequate, level 2	104	201
3	Indifferent, level 3	204	400
4	Inadequate, level 4	120	227
5	Inadequate, level 5	53	97
6	N/A	36	64
TOTAL		711	1320

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_MATCARE

DESCRIPTION
Residency experience adequacy: Maternity care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	181	348
2	Adequate, level 2	106	206
3	Indifferent, level 3	50	100
4	Inadequate, level 4	17	33
5	Inadequate, level 5	29	54
6	N/A	169	316
TOTAL		711	1320

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_ORTHO

DESCRIPTION
Residency experience adequacy: Orthopedics

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	28	51
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	138	272
2	Adequate, level 2	144	282
3	Indifferent, level 3	92	175
4	Inadequate, level 4	31	60
5	Inadequate, level 5	30	54
6	N/A	115	209
TOTAL		711	1320

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_PREPOSTOP

DESCRIPTION
Residency experience adequacy: Surgery

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	44
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	167	322
2	Adequate, level 2	135	263
3	Indifferent, level 3	102	198
4	Inadequate, level 4	35	67
5	Inadequate, level 5	16	29
6	N/A	98	179
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_TRAUMA

DESCRIPTION
Residency experience adequacy: Trauma

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	202	397
2	Adequate, level 2	150	292
3	Indifferent, level 3	89	170
4	Inadequate, level 4	22	40
5	Inadequate, level 5	15	27
6	N/A	73	128
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_CRITCARE

DESCRIPTION
Residency experience adequacy: Critical care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	60
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	2	3
1	Most adequate, level 1	202	394
2	Adequate, level 2	161	311
3	Indifferent, level 3	87	167
4	Inadequate, level 4	25	47
5	Inadequate, level 5	7	12
6	N/A	61	109
TOTAL		711	1320

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_OCCHLTH

DESCRIPTION
Residency experience adequacy: Occupational Health

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	44
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	42	83
2	Adequate, level 2	78	155
3	Indifferent, level 3	132	261
4	Inadequate, level 4	123	234
5	Inadequate, level 5	70	131
6	N/A	107	192
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_BEHV

DESCRIPTION
Residency experience adequacy: Behavioral health

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	45
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	68	130
2	Adequate, level 2	106	208
3	Indifferent, level 3	145	282
4	Inadequate, level 4	90	173
5	Inadequate, level 5	43	80
6	N/A	100	182
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_PHYCOG_IMP

DESCRIPTION
Residency experience adequacy: Physical/cognitive impaired patients

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	46
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	48	91
2	Adequate, level 2	104	204
3	Indifferent, level 3	167	330
4	Inadequate, level 4	106	202
5	Inadequate, level 5	52	96
6	N/A	75	133
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_TELE_ELEC

DESCRIPTION
Residency experience adequacy: Telemedicine

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	42
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	24	47
2	Adequate, level 2	58	117
3	Indifferent, level 3	80	160
4	Inadequate, level 4	97	190
5	Inadequate, level 5	134	256
6	N/A	160	287
TOTAL		711	1318

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_PRACTEAMS

DESCRIPTION
Residency experience adequacy: Working in practice teams

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	51
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	80	155
2	Adequate, level 2	108	216
3	Indifferent, level 3	121	237
4	Inadequate, level 4	90	173
5	Inadequate, level 5	57	105
6	N/A	93	165
TOTAL		711	1319

**QUESTION
NUMBER**
34

VARIABLE NAME
RESID_GERIA_CR

DESCRIPTION
Residency experience adequacy: Geriatric care

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	48
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
1	Most adequate, level 1	90	174
2	Adequate, level 2	161	317
3	Indifferent, level 3	122	238
4	Inadequate, level 4	61	117
5	Inadequate, level 5	37	65
6	N/A	80	143
TOTAL		711	1319

**QUESTION
NUMBER**
35

VARIABLE NAME
PREPARE_RES_RURMDCN

DESCRIPTION
Prepared to practice rural medicine after your residency?

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	44
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	1	1
1	Fully prepared, level 1	119	233
2	Prepared, level 2	214	416
3	Indifferent, level 3	128	242
4	Not prepared, level 4	49	93
5	Not prepared, level 5	22	39
6	N/A	20	34
TOTAL		711	1319

**QUESTION
NUMBER**
36

VARIABLE NAME
LEAVE_I2MO

DESCRIPTION
Planning to leave your current primary medical practice in next 12 months?

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	28	49
-8	Not Applicable	129	210
-7	Skip Pattern Violation	4	7
-6	Invalid Answer/Out of Range	2	4
0	No	468	903
1	Yes	80	147
TOTAL		711	1320

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_RETIRE

DESCRIPTION
Reasons for leaving: Retirement

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	57
-8	Not Applicable	594	1105
-7	Skip Pattern Violation	7	14
1	Very Important	28	47
2	Somewhat Important	12	20
3	Not Important	39	75
TOTAL		711	1318

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_RELOCATE

DESCRIPTION
Reasons for leaving: Relocation to a different practice location in Colorado

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	59
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	13	26
2	Somewhat Important	15	29
3	Not Important	49	86
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_OUTOFST

DESCRIPTION
Reasons for leaving: Relocation to a different practice location out of state

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	34	61
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	21	41
2	Somewhat Important	10	18
3	Not Important	45	80
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_INSPTLD

DESCRIPTION
Reasons for leaving: Insufficient patient load to continue to run my practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	58
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	9	17
2	Somewhat Important	9	17
3	Not Important	59	108
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_PRFISO

DESCRIPTION
Reasons for leaving: Professional isolation

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	34	61
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	5	9
-6	Invalid Answer/Out of Range	1	2
1	Very Important	21	40
2	Somewhat Important	10	19
3	Not Important	45	80
TOTAL		711	1318

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_CULTISO

DESCRIPTION
Reasons for leaving: Cultural isolation

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	34	61
-8	Not Applicable	596	1110
-7	Skip Pattern Violation	5	9
1	Very Important	18	34
2	Somewhat Important	13	23
3	Not Important	45	81
TOTAL		711	1318

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_SPOUSDIS

DESCRIPTION
Reasons for leaving: Spousal dissatisfaction

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	63
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	19	36
2	Somewhat Important	7	13
3	Not Important	49	88
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_LCKACC

DESCRIPTION
Reasons for leaving: Lack of acceptance by community

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	63
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	5	8
2	Somewhat Important	6	11
3	Not Important	64	118
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_MGMT

DESCRIPTION
Reasons for leaving: Practice management too burdensome

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	51
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	25	47
2	Somewhat Important	15	28
3	Not Important	41	75
TOTAL		711	1320

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_OVRWK

DESCRIPTION
Reasons for leaving: Over-worked

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	53
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
-6	Invalid Answer/Out of Range	1	2
1	Very Important	31	58
2	Somewhat Important	11	20
3	Not Important	37	67
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_MDCDPT

DESCRIPTION
Reasons for leaving: Too many Medicaid patients to make practice sustainable

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	55
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	11	21
2	Somewhat Important	10	19
3	Not Important	58	105
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_FAMRES

DESCRIPTION
Reasons for leaving: Family responsibilities interfere with my ability to practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	59
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	4	8
2	Somewhat Important	8	15
3	Not Important	65	118
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_POORHLTH

DESCRIPTION
Reasons for leaving: Poor health does not permit me to continue my practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	36	65
-8	Not Applicable	595	1107
-7	Skip Pattern Violation	6	12
1	Very Important	3	5
2	Somewhat Important	3	5
3	Not Important	68	125
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_OTHER

DESCRIPTION
Reasons for leaving: Other

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	73	131
-8	Not Applicable	598	1113
-7	Skip Pattern Violation	3	6
1	Very Important	26	51
3	Not Important	11	18
TOTAL		711	1319

**QUESTION
NUMBER**
37

VARIABLE NAME
RSNLV_OTHER_DESC

DESCRIPTION
Reasons for leaving: Other description

TYPE
Character

LENGTH
1000

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	79	141
-8	Not Applicable	598	1114
-7	Skip Pattern Violation	3	5
	non-missing	31	59
TOTAL		711	1319

**QUESTION
NUMBER**
38

VARIABLE NAME
CUTS_ACCPT_MDCCD

DESCRIPTION
Medicare cuts: Accept new Medicare patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	110	208
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	131	258
1	Yes	209	401
2	N/A	128	235
TOTAL		711	1319

**QUESTION
NUMBER**
38

VARIABLE NAME
CUTS_LIMIT_MDCD

DESCRIPTION
Medicare cuts: Impose limitations on the number of new Medicare patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	99	186
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	162	308
1	Yes	180	356
2	N/A	137	252
TOTAL		711	1319

**QUESTION
NUMBER**
38

VARIABLE NAME
CUTS_CLOSE_MDCD

DESCRIPTION
Medicare cuts: Close practice to new Medicare patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	105	198
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
0	No	229	440
1	Yes	113	223
2	N/A	131	242
TOTAL		711	1320

**QUESTION
NUMBER**
38

VARIABLE NAME
CUTS_UNDEC_MDCD

DESCRIPTION
Medicare cuts: Undecided

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	149	282
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	3	5
0	No	83	160
1	Yes	106	208
2	N/A	237	447
TOTAL		711	1319

**QUESTION
NUMBER**
38

VARIABLE NAME
CUTS_MDCR_SERVE

DESCRIPTION
Medicare cuts: Practice does not serve Medicare patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	176	338
-8	Not Applicable	130	212
-7	Skip Pattern Violation	3	5
-6	Invalid Answer/Out of Range	3	6
0	No	95	183
1	Yes	34	63
2	N/A	270	514
TOTAL		711	1321

**QUESTION
NUMBER**
39

VARIABLE NAME
CHALLENGE_I2MO

DESCRIPTION
Greatest professional challenge in next 12 months

TYPE
Character

LENGTH
500

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	124	237
-8	Not Applicable	130	211
-7	>Skip Violation<	3	6
	non-missing	454	866
TOTAL		711	1320

Created variables

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City obtained from ZIP Code

TYPE	LENGTH	FORMAT
Character	28	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
	non-missing	555	1064
TOTAL		711	1319

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State from ZIP Code

TYPE	LENGTH	FORMAT
Character	2	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
	non-missing	555	1064
TOTAL		711	1319

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
 PRIMARY_COUNTY_FROM_ZIP

DESCRIPTION
 County from ZIP Code

TYPE
 Character

LENGTH
 43

FORMAT
 Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
	non-missing	555	1064
TOTAL		711	1319

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
 PRIMARY_FIPS_FROM_ZIP

DESCRIPTION
 FIPS code from ZIP Code

TYPE
 Numeric

LENGTH
 8

FORMAT
 Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
>0	>0	555	1064
TOTAL		711	1319

**QUESTION
NUMBER**
CREATED
VARIABLE

VARIABLE NAME
PRIMARY_RUCA2_FROM_ZIP

DESCRIPTION
RUCA code from ZIP Code

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
>0	>0	555	1064
TOTAL		711	1319

**QUESTION
NUMBER**
CREATED
VARIABLE

VARIABLE NAME
RUCA_CLASS_FROM_ZIP

DESCRIPTION
Rural levels based on RUCA codes from ZIP Code

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
1	Isolated	83	163
2	Rural Small	247	468
3	Rural Large	225	433
TOTAL		711	1319

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
 PRIMARY_URBAN_FROM_ZIP

DESCRIPTION
 Rural-Urban from ZIP Code

TYPE
 Numeric

LENGTH
 8

FORMAT
 Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	255
0	Rural	555	1064
TOTAL		711	1319

QUESTION NUMBERS
CREATED VARIABLE

VARIABLE NAME
 AGE

DESCRIPTION
 Age

TYPE
 Numeric

LENGTH
 8

FORMAT
 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	151	250
>0	>0	560	1069
TOTAL		711	1319

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
 GRAD_NUMYRS

DESCRIPTION
 Number of years since graduation

TYPE
 Numeric

LENGTH
 8

FORMAT
 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	147	241
>0	>0	564	1078
TOTAL		711	1319

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
 GRAD_AGE

DESCRIPTION
 Age upon graduation

TYPE
 Numeric

LENGTH
 8

FORMAT
 Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	158	262
>0	>0	553	1057
TOTAL		711	1319

**QUESTION
NUMBER**
CREATED
VARIABLE

VARIABLE NAME
PRAC_MO_TOT

DESCRIPTION
Total number of months practicing at current location

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	175	295
>0	>0	536	1024
TOTAL		711	1319

APPENDIX A BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2009 Colorado Rural Physician Workforce Survey.

For more information, contact Glenn Goodrich at 720.382.7095 or goodrichg@ColoradoHealthInstitute.org.

General Rules:

1. Terminology- Unless otherwise stated, “-6” refers to an Invalid Answer/Out of Range; “-7” refers to the respondent answering a question that should have been skipped; “-8” means the question is missing due to a skip pattern; and “-9” means the respondent did not answer the question.
2. Case exclusions- If the medical practice location ZIP Code (Q12) was out of state (non-Colorado), the case was excluded. If the medical practice location ZIP Code was located in an urban area according to the RUCA codes, the case was also excluded.
3. Calculated variables- When the value was missing, regardless of the reason, all created variables were set to -9 (includes missing due to blank responses as well as invalid or inconsistent responses). This rule applied to such variables as age, graduation age and number of years since graduation.
4. Contradictory answers within an item- If more than one item was marked for items with strictly one option, the variable was coded as -6; if nothing was marked, the resulting variable was coded as -9. This rule applied to Q2, Q3, Q4, Q7, Q9, Q10, Q11, Q15, Q16, Q17, Q24, Q26, Q28, Q36, and Q37.
5. For items with a series of yes/no questions- if respondent marked both “yes” and “no” on any sub-portion, the particular portion where this occurred was recoded as -6. This rule applied to Q14, Q21 and Q23.

Question-Specific Rules:

1. (Q2) If out of state was listed in the description, the other item as well as the description was removed and the item was re-coded to the 6th option (practicing in another state).
2. (Q2) If more than one item was marked, then the answer was coded to a -6. If options 4, 5, 6 or 7 were marked, then any subsequent questions answered were coded to -7. Subsequent questions not answered were coded to -8 as well. If “Other” was not checked but a description was given, the answer was reset to -9.
3. (Q4) If specialty has a description, but none of the boxes were checked, then the other box is coded in the data. If any (one) box is checked in Q4, but not the other box, then the description field has a code of -8.
4. (Q11) If the other item on Q11 has a description, but no indication of importance, the field with the importance indication is coded as -9. If the indication on the other item is present (Q11), but no description is available, then the description field has a code of -9.
5. (Q13) If the month portion was blank and the year portion was valid, the month portion was assumed to be 0 and coded as 0. If the number of months was larger than 11, then the number of months is divided by 12 and the integer portion is added to number of years and the remainder portion is the value for number of months.
6. (Q13 and Q31) If the graduation year plus number of years practicing is larger than 2010, then both items are coded as -6.
7. (Q14) If a description is provided by the respondent on Q14, but the indicator was not checked, the indicator is forced to have a value of yes. If the respondent did not provide a description and explicitly said no to the indicator portion of the question, then the description field was coded with a value of -8.
8. (Q15 and Q16) If the respondent marked one option from the first set as well as “Other,” the first response was used and the text description was blanked out and coded -6. A note was added in the internal_notes field of the file for documentation purposes. This applied to 5 cases for Q15 and 13 cases for Q16. Further, if one of the main options (but not other) was selected and the description field was blank (as it should be), then the description field was coded as -8.
9. (Q18) If number of visits is 217,500 or more then the item is coded as -6.

10. (Q19) If the total number of hours in direct patient care is larger than the total number of professional hours then both direct patient care hours and professional hours are coded as -6.
11. (Q20) If the respondent indicated more than 31 days on call, then the item is coded as -6.
12. (Q25) If N/A is indicated by the respondent, then the other description field is coded with a -8. The exception to this is if the respondent did place a description for this item where N/A was indicated on the question, in which case the description field was coded as a -7.
13. (Q27) If the sum of percentages did not add to 100, then all percentage values were set at -6. If the percentages added to 100 but some of the individual items were missing, the missing values were recoded to 0.
14. (Q32) If the state marked was not valid or XX for "foreign country" was listed, the value was set to -6. If the answer was blank, the value was set to -9.
15. (Q36 and Q37) If the respondent indicated no to Q36, then all of the Q37 items were coded as -8 if they were blank (as was supposed to be the case). If any portions of Q37 were filled out with a no response to Q36, then the filled out portions were coded as -7 on Q37.

**APPENDIX B
RESPONSE SUMMARY BY STRATA**

<u>STRATA</u>	<u>NUMBER RESPONDING</u>	<u>ELIGIBLE²</u>	<u>POPULATION</u>	<u>RESPONSE RATE</u>
Female, 34 years and younger	16	25	25	64.0%
Female, 35-44 years	68	122	131	55.7%
Female, 45-54 years	63	114	121	55.3%
Female, 55-64 years	44	65	66	67.7%
Female, 65 and older	7	10	11	70.0%
Male, 34 years and younger	8	18	18	44.4%
Male, 35-44 years	94	200	205	47.0%
Male, 45-54 years	112	231	241	48.5%
Male, 55-64 years	148	272	282	54.4%
Male, 65 and older	151	215	219	70.2%
TOTAL	711	1272	1319	55.9%

² Eligible sample includes the number of active licensed physicians with a contact address in rural Colorado minus non-rural, out of state, unable to forward and non-responses.

APPENDIX C POSTCARDS AND COVER LETTERS



Colorado Health Institute
1576 Sherman Street, Ste. 300
Denver, CO 80203-1728

Dear Physician Colleague,

Within a week you will receive in the mail a request to fill out a physician questionnaire for an important study being conducted by the Colorado Health Institute (CHI), in partnership with Colorado Rural Health Center, University of Colorado Denver School of Medicine Rural Tract, Colorado Area Health Education Centers, Colorado Medical Society, COPIC and HRSA Region 8 Office.

The purpose of the questionnaire is to better understand the practice of medicine in rural Colorado.

I am writing you in advance because we have found many people like to know ahead of time that they will be contacted. Thank you in advance for your time and consideration in helping make our survey effort successful.

Sincerely,

A handwritten signature in blue ink that reads 'Pamela P. Hanes'. The signature is fluid and cursive, with a long horizontal line extending to the right.

Pamela P. Hanes, PhD
President and CEO
Colorado Health Institute

May 29, 2009

Survey # XXXX

XXXXXX
XXXXXXXXXX
XXXXXXXXXX
XXXXXX, CO XXXXXX

Dear Dr. XXXXX:

We need your help. The Colorado Health Institute (CHI), in partnership with Colorado Rural Health Center, University of Colorado Denver School of Medicine Rural Tract, Area Health Education Centers, Colorado Medical Society, COPIC and HRSA Region 8, has developed the enclosed rural physician workforce survey to better understand the practice of medicine in rural Colorado.

Many Coloradans living in rural areas of the state have difficulty getting access to needed health care services because of an overall shortage of licensed medical providers. Colorado policymakers at both the state and local level will benefit greatly from the data being collecting in this survey. To provide policymakers with timely, policy relevant and reliable physician workforce data, your participation is critical.

The responses you provide are **confidential** and will only be reported in the aggregate. Once we receive your completed survey, your contact information will be destroyed.

CHI was created five years ago by three Colorado health foundations to serve as an independent and impartial source of reliable and objective health and health care data to inform sound policy decisionmaking. CHI has been working closely with the above named organizations to develop the enclosed survey questionnaire.

We value your participation in this effort. The survey should take approximately 20 minutes to complete. A high response rate will ensure the reliability of the findings and provide the most accurate picture of the practice of medicine in rural Colorado.

Commonly Asked Questions about the survey are included on the back of this letter. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Michael Boyson at 303.831.4200 x 207.

Enclosed is a small \$2 token of our appreciation for filling out the survey. Thank you for your participation.

Warm regards,



Pamela P. Hanes, PhD
President and CEO

You can also complete the survey form online at: <http://www.ColoradoHealthInstitute.org/MD2009.html>. Type the number shown at the top of your survey form (XXXX) → Complete the questionnaire and click the “submit” button when you finish.

COMMONLY ASKED QUESTIONS

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the rural physician survey findings with interested individuals and groups including:

- Legislators in the Colorado General Assembly
- Governor's Job Cabinet
- Colorado foundations such as The Colorado Trust, Caring for Colorado, Rose Community Foundation and The Colorado Health Foundation
- University of Colorado (CU) Denver School of Medicine Rural Track
- Colorado Rural Health Center
- Area Health Education Centers
- Colorado Medical Society
- COPIC Companies
- HRSA Region 8 Office
- Health researchers

Why is this survey important?

The CU Denver School of Medicine will use the information to improve its Rural Track Program for medical students. The Colorado Rural Health Center will identify successful strategies for attracting physicians to rural communities. The Colorado Area Health Education Centers will identify opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to rural medicine to inform their workforce deliberations.

How was I selected to be in the sample?

Using the home or work address contained in the Colorado Department of Regulatory Agency's physician licensure file, CHI matched ZIP Codes with the definition of rural developed by the U.S. Department of Agriculture (Rural Urban Commuting Areas/RUCAs). RUCA codes are a sub-county measure of rural status based on 2000 U.S. Census data and 2006 ZIP Codes. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

If I am retired or not practicing medicine, do I need to fill out the questionnaire?

Yes, but only the first two questions. Please answer these two questions by returning the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off the CHI mailing list for any further contact.

Who sees my answers?

CHI staff members working on the survey have signed a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research data file, CHI staff will ensure that survey responses are re-coded when necessary to protect the confidentiality of all survey respondents.

How much time does the questionnaire take?

There are 39 questions. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 20 minutes to complete.

What happens if I do not respond?

This is a voluntary survey. However, if you do not respond, the survey will be less representative of the population of Colorado physicians that practice in rural areas of the state.

Can I see a report from the survey?

If you would like a copy of the final report based on this survey, please contact Rebecca Crepin, CHI research assistant, at 303.831.4200 x 216 or crepinr@coloradohealthinstitute.org.



Colorado Health Institute
1576 Sherman Street, Ste. 300
Denver, CO 80203-1728

Dear Colleague,

Last week you received a letter inviting you to participate in a Rural Physician Workforce Survey. Your name was drawn from a list of currently licensed physicians living or working in rural Colorado based on the U.S. Department of Agriculture's definition of "rural."

If you have already completed the survey online or returned the form to us, please accept our sincere thanks. If not, we ask that you please do so at your earliest convenience. It is only through rural physicians like you completing the questionnaire that Colorado policymakers will fully understand the workforce issues that you and your colleagues face in providing health care in rural areas of the state.

If you did not receive a questionnaire, or if it was misplaced, please call Rebecca Crepin at 303.831.4200 x 216 and we will get another one in the mail to you today.

Warm regards,

A handwritten signature in blue ink that reads 'Pamela P. Hanes'. The signature is fluid and cursive, with a long horizontal line extending to the right.

Pamela P. Hanes, PhD
President and CEO

June 22, 2009

Survey # XXXX

XXXXX
XXXXXXX
XXXXXXX
XXXXX, CO XXXXXX

Dear Dr. XXXXX:

About three weeks ago the Colorado Health Institute mailed you a Rural Physician questionnaire that asked about your experience as a physician practicing in rural Colorado. To date, we have not received your completed questionnaire.

Physicians who have already returned their questionnaire reveal both good and bad experiences. We believe the results of this survey will be highly useful to state policymakers and others working to recruit physicians to rural Colorado.

The preliminary results from the rural physician survey show that rural physicians are already being impacted by the current economy and seeing an increase in the uninsured.

We are writing to you because your participation is so important to this effort. As we stated in the first letter, your responses to the questions will be confidential and only reported in the aggregate.

A few people have called to say that they are retired or not seeing patients. If that is the case with you, we ask you to simply complete the first two questions and then return the survey to CHI.

I have enclosed another copy of the questionnaire and hope that you will take 20 minutes or so to fill it out and return it today. If you have any questions, please contact Michael Boyson at 303.831.4200 x 207. Thank you very much for your participation in this important survey effort.

Sincerely,



Pamela P. Hanes, PhD
President and CEO

You may also complete the survey form on line at: <http://www.ColoradoHealthInstitute.org/MD2009.html>. Type the number shown at the top of your survey form (XXXX) → Complete the questionnaire and click the "submit" button when you finish.

FREQUENTLY ASKED QUESTIONS

How many people have responded?

So far, we have received 484 surveys: 462 paper forms and 22 filled out online representing a 37 percent response rate. We are aiming for a much higher response rate.

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the rural physician survey findings with interested individuals and groups including:

- Legislators in the Colorado General Assembly
- Governor's Job Cabinet
- Colorado foundations such as The Colorado Trust, Caring for Colorado, Rose Community Foundation and The Colorado Health Foundation
- University of Colorado (CU) Denver School of Medicine Rural Track
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What happens if I do not respond?

This is a voluntary survey. However, if you do not respond, the survey will be less representative of the population of Colorado physicians that practice in rural areas of the state.

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