



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

I. 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

Please turn form over →

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						
The number of hours worked per week						
The malpractice environment in rural Colorado						
The community in which you have chosen to live and practice						
Your ability to provide quality care						
Your ability to obtain referrals for your patients						
The administrative tasks associated with managing a practice						
The overhead (costs) of maintaining a rural practice						
Your net income as a physician						
The balance between clinical and administrative hours worked						

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-I 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	1	2	3	4	5	N/A
Fear of audits	1	2	3	4	5	N/A
Paperwork is too difficult/time consuming	1	2	3	4	5	N/A
Too many "no-shows"	1	2	3	4	5	N/A
Other (specify) _____	1	2	3	4	5	N/A

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]

- | | | |
|---|---|---|
| <input type="checkbox"/> \$75,000 or less | <input type="checkbox"/> \$125,001 to \$150,000 | <input type="checkbox"/> \$200,001 to \$250,000 |
| <input type="checkbox"/> \$75,001 to \$100,000 | <input type="checkbox"/> \$150,001 to \$175,000 | <input type="checkbox"/> More than \$250,000 |
| <input type="checkbox"/> \$100,001 to \$125,000 | <input type="checkbox"/> \$175,001 to \$200,000 | |

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		
	1	2	3	4	5	N/A
Choosing a primary care specialty (family medicine, internal medicine or pediatrics)						
A rural medical practice						
A medical practice in an underserved area						
A medical practice for an underserved population						
Living in a rural community						

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 Accept new Medicare patients
- Yes No N/A Impose limitations on the number of new Medicare patients accepted
- Yes No N/A Close practice to new Medicare patients
- Yes No N/A Undecided
- Yes No N/A 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!