

The Commonwealth Fund's 2012 International Survey of Primary Care Doctors

The Commonwealth Fund, New York NY

This is a questionnaire designed to be completed by physicians in an ambulatory setting. The tool includes questions to assess the current state of electronic health records.

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2012 International Survey of Primary Care Doctors

Instructions for completing the survey:

- Please read each of the questions carefully. Using a blue or black pen, place an “X” in the box next to the appropriate response as indicated: If you are asked to provide a written response to a question, please record your response neatly in the space provided.
- Please answer every question except those that you are specifically instructed to skip. Be sure to follow the “GO TO” instructions carefully.

Please direct any questions or concerns that you may have about this survey to Harris Interactive at (800) 285-5659.

Thank you in advance for your cooperation!

*Please return your completed questionnaire
in the enclosed postage-paid envelope to:*

*Harris Interactive – J41083
c/o ADAPT Inc.
PO Box 5703
Hopkins, MN 55343-7022*

1. Which of the following statements comes closest to expressing your overall view of the health care system in your country? Please select one.

- ₁ On the whole the health care system works pretty well and only minor changes are necessary to make it work better.
- ₂ There are some good things in our health system, but fundamental changes are needed to make it work better.
- ₃ Our health care system has so much wrong with it that we need to completely rebuild it.

2. Overall, how satisfied are you with practicing medicine?

- ₁ Very satisfied
- ₂ Satisfied
- ₃ Somewhat dissatisfied
- ₄ Very dissatisfied

3. In general, do you think the quality of medical care your patients receive throughout the health care system has improved, has become worse, or is it about the same as it was three years ago?

- ₁ Improved
- ₂ Worse
- ₃ About the same

4. Thinking about all the medical care your patients receive – not just from you, but from all their providers, including specialists – what is your opinion about the amount of medical care they receive? Is it...?

- ₁ Much too little
- ₂ Too little
- ₃ Just about right
- ₄ Too much
- ₅ Much too much
- ₈ Don't know

ACCESS TO CARE AND CARING FOR PATIENTS

5. How often do you think your patients experience the following?

	Often	Sometimes	Rarely	Never
a. Have difficulty paying for medications or other out-of-pocket costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Have difficulty getting specialized diagnostic tests (e.g., CT imaging, mammogram, MRI)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Experience long waiting times to see a specialist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Experience long waiting times to receive treatment after diagnosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. What proportion of your patients who request a same- or next-day appointment can get one?

- ₁ Almost all (>80%)
- ₂ Most (60-80%)
- ₃ About half (~50%)
- ₄ Some (20-40%)
- ₅ Few (<20%)
- ₈ Don't know

7. Does your practice have an arrangement where patients can see a doctor or nurse if needed when the practice is closed (after-hours) without going to the hospital emergency room or department?

- ₁ Yes
- ₂ No

CARE MANAGEMENT

8. How many non-physician full-time-equivalent health care providers (nurses, therapists or other clinicians) are in your practice? □□□.□□

9. Do any of these other providers, and/or do you, help manage or provide care in any of the following ways?

	Do other providers...			Do you...	
	Yes	No	Not applicable	Yes	No
a. Make home visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Help manage and coordinate care after hospital discharge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Coordinate care with social services or other community providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Counsel patients on diet or exercise or medications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Contact patients between visits to monitor their condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

10. Does your practice use nurse case managers or navigators who monitor and provide care for patients with serious chronic conditions? (This could include community-based nurses.)

- ₁ Yes, employed by practice
- ₂ Yes, community-based nurse
- ₃ No

11. Do you give your patients with chronic conditions *written* instructions about how to manage their own care at home (e.g., instructions on what to do to control symptoms, prevent flare-ups, or monitor their condition at home)?

- ₁ Yes, routinely ₂ Yes, occasionally ₃ No

CARE COORDINATION

12. When your patient has been seen by a specialist, how often do you receive the following?

	Always	Often	Sometimes	Rarely	Never
a. A report back from the specialist with <i>all relevant</i> health information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Information about <i>changes</i> the specialist has made to the patient's medication or care plan	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Information that is timely and available when needed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

13. When your patients go to the emergency department or hospital, how often do you receive...?

	Always	Often	Sometimes	Rarely	Never
a. Notification your patient has been seen in the emergency department	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Notification your patient is being discharged from the hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

14. After your patient has been discharged from the hospital, on average, how long does it take before you receive the information you need to continue managing the patient, including recommended follow-up care?

- ₁ <24 hours ₂ 24-48 hours ₃ 2-4 days ₄ 5-14 days ₅ 15-30 days ₆ >30 days ₇ Rarely or never

15. If received: How do you usually receive this information?

- ₁ Fax ₂ Mail ₃ Email ₄ Remote access ₆ Other

OFFICE SYSTEMS AND INFORMATION TECHNOLOGY

16. Do you use electronic patient medical records in your practice (not including billing systems)? ₁ Yes ₂ No

17. Do you use any of the following technologies in your practice?

	Yes, routinely	Yes, occasionally	No	Don't know
a. Electronic ordering of laboratory tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
b. Electronic alerts or prompts about a potential problem with drug dose or drug interaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
c. Electronic referring to specialists	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
d. Electronic prescribing of medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈

18. If "yes" to 17d: Are you able to electronically transfer prescriptions to a pharmacy? ₁ Yes ₂ No

19. Can you electronically exchange the following with any doctors outside your practice? (Do not include fax.)

	Yes	No	Don't know
a. Patient clinical summaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
b. Laboratory and diagnostic tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈

20. With the patient medical records system you *currently* have, how easy would it be for you (or staff in your practice) to generate the following information about your patients? Is this process computerized?

	<i>Ease/Difficulty</i>				<i>Computerized?</i>	
	Easy	Somewhat difficult	Difficult	Cannot generate	Yes	No
a. List of patients by diagnosis (e.g., diabetes or cancer)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. List of patients by laboratory result (e.g., HbA1C>9.0)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. List of all medications taken by an individual patient (including those that may be prescribed by other doctors)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. List of all patients taking a particular medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. List of all laboratory results for an individual patient (including those ordered by other doctors)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Provide patients with clinical summaries for each visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

21. Are the following tasks *routinely* performed in your practice?

	Yes, using a computerized system	Yes, using a manual system	No
a. Patients are sent reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine or HbA1C for diabetic patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. All laboratory tests ordered are tracked until results reach clinicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. You receive an alert or prompt to provide patients with test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. You receive a reminder for guideline-based interventions and/or screening tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

22. Please indicate whether your practice offers patients the option to...

	Yes	No	Don't know
a. Request appointments or referrals online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
b. Email about a medical question or concern	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
c. Request refills for prescriptions online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
d. View test results on a secure website	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈

MEASURING PRACTICE IMPROVEMENT

23. Does the place where you practice *routinely* receive and review data on the following aspects of your patients' care?

	Yes	No
a. Clinical outcomes (e.g., percent of diabetics or asthmatics with good control)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Surveys of patient satisfaction and experiences with care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Patients' hospital admissions or emergency department use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. The frequency of ordering diagnostic tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

24. Are any areas of your own clinical performance reviewed against targets at least annually?

₁ Yes ₂ No

25. Do you receive information on how the clinical performance of your practice compares to other practices?

₁ Yes, routinely ₂ Yes, occasionally ₃ No ₈ Not sure

26. Do you have the potential to receive or do you receive extra financial support based on any of the following? (This includes special payments, higher fees, or reimbursements.)

	Yes	No
a. Managing patients with chronic disease or complex needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Providing enhanced preventive care activities, including patient counseling or group visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Adding <i>non</i> -physician clinicians to your practice team (e.g., nurse for chronic disease)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Having <i>non</i> -face-to-face interactions with patients (e.g., email or telephone contacts)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Making home visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

27. How much of a problem, if any, is the amount of time you or your staff spend...?

	Major problem	Minor problem	Not a problem	Not applicable
a. On administrative issues related to insurance or claiming payments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Getting patients needed medications or treatments because of coverage restrictions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

PRACTICE PROFILE AND DEMOGRAPHIC DATA

28. How many full time equivalent (FTE) doctors, including yourself, are in your practice? → If 2 or more, answer question 29.

29. Are you in a multispecialty practice? ₁ Yes ₂ No

30. Some practices have formal arrangements to share staff, services, and technical support with other practices or groups. Please indicate whether your practice shares the following resources with other practices or groups.

	Yes	No	Don't know
a. Clinical staff (e.g., nurses, care coordinators)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
b. After-hours service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
c. Technical support for clinical information systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈
d. Quality improvement consultants or support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈

31. Thinking about your medical practice, estimate how many hours a week you typically work. hours

32. In a typical week, about what percentage of time do you spend on face-to-face contacts with patients? %

33. Does your practice reserve any time during the day to offer same-day appointments (also called "open access")?
₁ Yes ₂ No

34. How many patients do you currently take care of in your practice? Your best estimate will do.

35. Where is your practice located? ₁ City ₂ Suburb ₃ Small town ₄ Rural

36. How old are you? ₁ Under 35 ₂ 35-44 ₃ 45-54 ₄ 55-64 ₅ 65 or older

37. Are you...? ₁ Male ₂ Female

38. Please indicate how satisfied you are with the following aspects of your medical practice.

	Very satisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
a. Your income from medical practice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Your income in comparison to the income from specialist doctors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. The time you have to spend per patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

39. What is the *primary setting of your practice site?* Please select one.

- ₁ A private solo or physician group practice
- ₂ Community clinic or community health center (serving low income areas)
- ₃ Ambulatory center or clinic affiliated with hospital
- ₄ On site at hospital, medical-center
- ₅ Walk-in care center – sometimes called retail clinic
- ₆ Other (*please specify*) _____

40. What best describes the way you are paid for seeing patients?

- ₁ Fee-for-service based
- ₂ Capitation or patient enrollment based
- ₃ Salary based
- ₆ Other

41. About what percentage of your patients are in each of the following categories? Total should add to about 100%.

- ₁ % Medicare
- ₂ % Medicaid or low income program for children or adults
- ₃ % Private or other insurance
- ₄ % Uninsured

42. Do you receive any special *per patient per month* fees for serving as a medical home? Please select all that apply.

- ₁ Yes, from private payers
- ₂ Yes, from public payers
- ₃ No

43. Has your practice been recognized as a Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance, the Joint Commission, URAC, Bridges to Excellence, or some other state or national group?

- ₁ Yes
- ₂ No, but we are in the process of applying
- ₃ No
- ₈ Don't know

44. Is your practice currently participating or preparing to participate in an Accountable Care Organization arrangement with Medicare or private insurers?

- ₁ Yes, currently participating
- ₂ Yes, preparing to participate
- ₃ No
- ₈ Don't know

45. Is your practice part of a larger integrated provider system (e.g., Kaiser, VA, etc.)?

- ₁ Yes
- ₂ No

46. Are you accepting new patients? ₁ Yes ₂ No

If you would like to receive a summary of findings, please provide your email address in the box below:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENCLOSED ENVELOPE
OR MAIL TO THE ADDRESS BELOW.

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PO Box 5703
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WAVE 1