



Medical Expenditure Panel Survey

Reference #:

MEPS MPC Medical Organizations Survey (MOS)

The Medical Organizations Survey (MOS) is an expansion of the Medical Expenditure Panel Survey Medical Provider Component (MEPS MPC). This project was funded in part by a grant from the Robert Wood Johnson Foundation. The purpose of the survey is to collect information about how different medical practices are organized and what resources they have available for providing care. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. This survey will take 5 - 10 minutes to complete. If you have questions or comments about this survey, please call 866-800-9203. If you have any questions about your rights as a study participant, you can call RTI's Office of Research Protection at (919) 316-3358 in Durham, NC or 1-866-214-2043 (a toll-free number).

PLEASE FOLLOW SKIP INSTRUCTIONS AS LISTED. OTHERWISE, CONTINUE TO THE NEXT QUESTION.

1) Who owns this medical practice? (CIRCLE ONLY ONE RESPONSE)

- Physicians in the practice..... 1
- Another physician group..... 2
- Other, please specify..... 6

- I don't know..... -1
- I'd rather not answer this question..... -2

2) Is this a multi-specialty group practice? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

3) Does this medical practice have more than one location? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

4) Please indicate which of these best describes this practice. (CIRCLE ONLY ONE RESPONSE)

- An independent practice..... 1
- A physician network owned by a hospital..... 2
- A non-profit or government clinic..... 3
- A practice owned by an academic medical center..... 4
- An HMO..... 5
- Other, please specify..... 6

- I don't know..... -1
- I'd rather not answer this question..... -2

5) Approximately how many **physicians** work either part or full time at this practice?

NUMBER:

- I can't estimate the number..... -1
- I'd rather not answer this question..... -2

6) How many of those are primary care physicians?

NUMBER:

- I can't estimate the number..... -1
- I'd rather not answer this question..... -2

7) Approximately how many **nurse practitioners and physician assistants** work at this practice?

NUMBER:

- I can't estimate the number..... -1
- I'd rather not answer this question..... -2

8) Does this practice have the ability to x-ray both chests and extremities (e.g., arm, leg, hand, foot) in the office? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

9) What percentage of this practice's patients are covered by Medicaid? (CIRCLE ONLY ONE)

- Less than 10 percent..... 1
- 10-50 percent..... 2
- Greater than 50 percent..... 3
- I can't estimate the number..... -1
- I'd rather not answer this question..... -2

10) Does this practice have any capitated contracts (per person, per month) with managed care plans? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1 → SKIP TO 11
- No..... 2 → SKIP TO 11
- I don't know..... -1
- I'd rather not answer this question..... -2 → SKIP TO 11

Did you answer don't know because:

- I'm not familiar with this term..... 1
- I don't know if the practice engages in this..... 2

11) Does this practice participate in an Accountable Care Organization (ACO) arrangement with either Medicare or private insurers? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1 → SKIP TO 12
- No..... 2 → SKIP TO 12
- I don't know..... -1
- I'd rather not answer this question..... -2 → SKIP TO 12

Did you answer don't know because:

- I'm not familiar with this term..... 1
- I don't know if the practice engages in this..... 2

12) Are physicians in this practice paid a base salary? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

13) Does this practice routinely set time aside for same-day appointments? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

14) Is this practice certified as a patient-centered medical home? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

15) Does this practice routinely send patients reminders for preventive care or follow-up care? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

16) Does this practice regularly give reports to physicians on the clinical quality of care they individually provide? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1 → SKIP TO 17
- No..... 2 → SKIP TO 17
- I don't know..... -1
- I'd rather not answer this question..... -2 → SKIP TO 17

Did you answer don't know because:

- I'm not familiar with this term..... 1
- I don't know if the practice engages in this..... 2

17) Does this practice use case managers whose primary job is to coordinate patient care? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

18) When one of your patients is discharged from the hospital, does someone from this practice usually contact the patient within 48 hours? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- Practice does not know when patients are discharged from hospital.....3
- I don't know..... -1
- I'd rather not answer this question..... -2

19) Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems. (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2 → SKIP TO 22
- I don't know..... -1 → SKIP TO 22
- I'd rather not answer this question..... -2 → SKIP TO 22

20) Does the electronic records system routinely provide reminders for either guideline-based interventions or screening tests? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

21) Is the electronic records system routinely used for exchanging secure messages with patients? (CIRCLE ONLY ONE RESPONSE)

- Yes..... 1
- No..... 2
- I don't know..... -1
- I'd rather not answer this question..... -2

22) Which of the following best describes your role in this practice? (CIRCLE ONLY ONE RESPONSE)

- Billing..... 7
- Receptionist..... 8
- Practice Administrator..... 1
- Medical Director..... 2
- Physician..... 3
- Office Manager..... 4
- Other, please specify 6

NOTE: PLEASE ANSWER QUESTION 23 IF YOU ANSWERED YES TO QUESTION 3.

23) You reported this practice has multiple locations where services are provided to patients. Thinking back on your responses, were most of your responses ... (CIRCLE ONLY ONE RESPONSE)

- Inclusive of the practice as a whole, across the multiple locations 1
- Exclusive to the location where you work 2
- I don't know..... -1
- I'd rather not answer this question..... -2

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send survey to:

RTI International 1 North Commerce Center 5265 Capital Blvd. Raleigh, NC 27616

Or FAX to: Attn.: Martha Ryals (866) 309-4556

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NOTICE: Public reporting burden for this collection of information is estimated to average 5-10 minutes per response. The estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing the burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 5600 Fishers Lane, Rockville, MD 20857