

# 2016 Medical Organization Survey Questionnaire

## 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.

PLEASE MARK ONLY ONE RESPONSE TO EACH QUESTION.

1. Is this a multi-specialty group practice?
  - Yes
  - No
  - I don't know
  - I'd rather not answer this question
2. Does this medical practice have more than one location?
  - Yes
  - No
  - I don't know
  - I'd rather not answer this question
3. Is this practice owned by the physicians in the practice?
  - Yes (Go to question 4)
  - No (Go to question 3a)
  - I don't know
  - I'd rather not answer this question
- 3a. Which of the following best describes this practice?
  - A practice owned by an academic medical center
  - A physician network owned by a hospital
  - A non-profit or government clinic
  - A practice owned by physicians in a different practice
  - An HMO
  - A healthcare corporation owned practice
  - Other, please specify
  - I don't know
  - I'd rather not answer this question
4. Approximately how many physicians work either part or full time at this practice?  
NUMBER:
  - I can't estimate the number
  - I'd rather not answer this question
5. How many of those are primary care physicians?  
NUMBER:
  - I can't estimate the number
  - I'd rather not answer this question

6. Approximately how many nurse practitioners and physician assistants work at this practice?  
NUMBER:
- I can't estimate the number
  - I'd rather not answer this question
7. Does this practice have the ability to x-ray both chests and extremities (e.g., arm, leg, hand, foot) in the office?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
8. Does this practice routinely set time aside for same-day appointments?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
9. Does this practice routinely send patients reminders for preventive care or follow-up care?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
10. Does this practice regularly give reports to physicians on the clinical quality of care they individually provide?
- Yes
  - No
  - I'm not familiar with this term
  - I don't know if the practice engages in this
  - I'd rather not answer this question
11. Does this practice use case managers whose primary job is to coordinate patient care?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
12. When one of your patients is discharged from the Hospital, does someone from this practice usually contact the patient within 48 hours?
- Yes
  - No
  - Practice does not know when patients are discharged from Hospital
  - I don't know
  - I'd rather not answer this question
13. Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.
- Yes (Go to question 14)
  - No (Go to question 16)
  - I don't know (Go to question 16)
  - I'd rather not answer this question (Go to question 16)
14. Does the electronic records system routinely provide reminders for either guideline-based interventions or screening tests?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
15. Is the electronic records system routinely used for exchanging secure messages with patients?
- Yes
  - No

- I don't know
  - I'd rather not answer this question
16. What percentage of this practice's patients are covered by Medicaid?
- None
  - Some, but less than 10 percent
  - 10-50 percent
  - Greater than 50 percent
  - I can't estimate the number
  - I'd rather not answer this question
17. Does this practice have any capitated contracts (per person, per month) with managed care plans?
- Yes
  - No
  - I am not familiar with this term
  - I don't know if the practice has these
  - I'd rather not answer this question
18. Does this practice participate in an Accountable Care Organization (ACO) arrangement with either Medicare or private insurers?
- Yes
  - No
  - I'm not familiar with this term
  - I don't know if the practice has these
  - I'd rather not answer this question
19. Is this practice certified as a patient-centered medical home?
- Yes
  - No
  - I'm not familiar with this term
  - I don't know
  - I'd rather not answer this question
20. Are physicians in this practice paid a base salary?
- Yes
  - No
  - I don't know
  - I'd rather not answer this question
21. Which of the following best describes your role in this practice?
- Office Manager
  - Medical Assistant
  - Receptionist
  - Office Staff
  - Practice Administrator
  - Billing
  - Nurse
  - Physician
  - Medical Director
  - Other, please specify
  - I'd rather not answer this question

**If this practice sees patients at multiple locations (answered yes to question 2)**

22. You reported this practice sees patients at multiple locations. Please think back on your responses, were most of your responses...
- Inclusive of the practice as a whole, across the multiple locations
  - Only about the location where you work
  - I don't know

- I'd rather not answer this question

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.