

National Survey of Physicians Affiliated with Critical Access Hospitals

*In the following questions, the abbreviation **CAH** refers to the hospital listed on the label above.*

<p>1. How would you characterize your current business relationship with the CAH? (Please check one.)</p>	<p>1 <input type="checkbox"/> Employed as a staff physician. 2 <input type="checkbox"/> Member of independent practice and see inpatients at the CAH. 3 <input type="checkbox"/> Member of independent practice and familiar with CAH, but do <u>not</u> see inpatients at the CAH. GO TO Q12 4 <input type="checkbox"/> Not familiar with the CAH. GO TO END</p>
<p>2. During the past <u>month</u>, approximately how many patients did you admit as inpatients to the CAH?</p>	<p>_____ # of patients admitted to CAH</p>
<p>3. During the past year, have you received any information from the CAH administration regarding medical conditions that should no longer be treated at the CAH?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO TO Q5</p>
<p>4. How has this information affected your practice of medicine? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved your practice of medicine 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Compromised your practice of medicine</p>
<p>5. During the past year, have you received any information from the CAH administration that encourages either reductions or increases in the length of inpatient stays?</p>	<p>1 <input type="checkbox"/> Yes, reductions in length of stay 2 <input type="checkbox"/> Yes, increases in length of stay 3 <input type="checkbox"/> No, did not receive information GO TO Q7</p>
<p>6. How has this information affected your practice of medicine? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved your practice of medicine 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Compromised your practice of medicine</p>
<p>7. How would you characterize your business relationship with this hospital before its conversion to a Critical Access Hospital? (Please check one.)</p>	<p>1 <input type="checkbox"/> Employed as a staff physician 2 <input type="checkbox"/> Member of independent practice and saw inpatients at this hospital 3 <input type="checkbox"/> Member of independent practice and familiar with the hospital, but did <u>not</u> see inpatients there GO TO Q12 4 <input type="checkbox"/> Not familiar with the hospital GO TO Q12</p>
<p>8. How has the conversion affected the number of <u>inpatients</u> that you treat at the CAH? (Please check one.)</p>	<p>1 <input type="checkbox"/> The number has increased 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> The number has decreased 4 <input type="checkbox"/> I don't treat inpatients at the CAH 8 <input type="checkbox"/> Don't know</p>
<p>9. Overall, how have <u>inpatient</u> outcomes been affected by the conversion? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved outcomes 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Worsened outcomes 8 <input type="checkbox"/> Don't know</p>

<p>10. Overall, how have the outcomes of <u>patients using the ER</u> at the CAH been affected by the conversion? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved outcomes 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Worsened outcomes 8 <input type="checkbox"/> Don't know</p>
<p>11. How has conversion affected the number of patients that you treat on an <u>outpatient</u> basis, either at the CAH or in your office? (Please check one.)</p>	<p>1 <input type="checkbox"/> The number has increased 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> The number has decreased 8 <input type="checkbox"/> Don't know</p>
<p>12. How has conversion to CAH status affected the community's perception of the overall quality of care at the CAH? (Please check one.)</p>	<p>1 <input type="checkbox"/> Community perceives higher quality of care 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Community perceives lower quality of care</p>
<p>13. How has conversion affected the attractiveness of your community as a place for <u>you</u> to practice medicine? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved attractiveness of community 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Decreased attractiveness of community</p>
<p>14. How has conversion affected the community's ability to attract additional practicing physicians? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved ability to attract physicians 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Decreased ability to attract physicians 8 <input type="checkbox"/> Don't know</p>
<p>15. How has conversion affected the community's ability to attract other health professionals? (Please check one.)</p>	<p>1 <input type="checkbox"/> Improved ability to attract health professionals 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Decreased ability to attract health professionals 8 <input type="checkbox"/> Don't know</p>
<p>16. How has conversion affected the stability of the health care infrastructure in the local area? (Please check one.)</p>	<p>1 <input type="checkbox"/> Increased stability 2 <input type="checkbox"/> No change 3 <input type="checkbox"/> Decreased stability 8 <input type="checkbox"/> Don't know</p>
<p>17. Using the scale to the right, overall how would you characterize your level of support for the decision to convert to a CAH? (Please check one.)</p>	<p>Strongly Oppose Neutral Strongly Support 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p>18. In what year did you graduate from medical school?</p>	<p>_____</p> <p>(Year)</p>
<p>19. What is your primary medical specialty?</p>	<p>_____</p> <p>(Specialty)</p>

20. In what month and year did you begin practicing in the community served by this CAH?	<p style="text-align: center;">_____ / _____ (Mo) (Yr)</p>
21. How many total hours did you work as a physician during your last full week of work? Include all work time at <i>all</i> practices and in <i>all</i> medical facilities in <i>all</i> communities you serve.	<p style="text-align: center;">_____ (Hours)</p>
22. How many hours did you work as a physician <u>in this community</u> during your last full week of work? (Include hours in your practice and at the CAH and at other facilities <i>in the community served by this CAH only.</i>)	<p style="text-align: center;">_____ (Hours)</p>

Many policymakers are interested in reforming the health care system. Several options for reform are listed below. Please indicate your degree of support for or opposition to each, using the 5-point scale on which 1 = Strongly oppose, 3 = Neutral, and 5 = Strongly support.

23a. Establish federal control over pharmaceutical prices (Please check one.)	<p style="text-align: center;">Strongly Oppose Neutral Strongly Support</p> <p style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
23b. Establish financial incentives that favor capitated delivery systems such as HMOs over fee-for-service delivery (Please check one.)	<p style="text-align: center;">Strongly Oppose Neutral Strongly Support</p> <p style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
23c. Further development of practice guidelines (Please check one.)	<p style="text-align: center;">Strongly Oppose Neutral Strongly Support</p> <p style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
23d. Increase financial support for training of primary care physicians (Please check one.)	<p style="text-align: center;">Strongly Oppose Neutral Strongly Support</p> <p style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
23e. Decrease financial support for training of specialists (Please check one.)	<p style="text-align: center;">Strongly Oppose Neutral Strongly Support</p> <p style="text-align: center;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>

As a general rule, would you say that in your practice, you have the freedom to:

24a. Spend as much time as you would like with your patients?	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
24b. Hospitalize patients who, in your opinion, require it?	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

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As a general rule, would you say that in your practice, you have the freedom to:

24c. Keep patients in the hospital for the length of time you think is appropriate?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24d. Care for patients even when they are unable to pay the charges?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24e. Order tests and procedures as you see fit?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24f. Care for patients who require considerable time and resources?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

25. Overall, how satisfied are you with your present career in medicine?	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 8 <input type="checkbox"/> Don't know
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The best thing about the Critical Access Hospital concept is: _____

The worst thing about the CAH concept is: _____

Please feel free to make any comments below on the CAH concept, how it has affected your practice and your community, and how the program might be changed and improved.

Thank you for your time and effort.

If you are interested in hearing about the results of this survey, please print your name and mailing address in the space provided.

Please return the questionnaire in the enclosed envelope to CODA, Inc., 1100 Wayne Ave., Suite 750, Silver Spring, MD 20910.

NAME AND ADDRESS:

