2023 – 2024 AMA Physician Practice Information (PPI) Survey

March 9, 2023

Introduction

Mathematica is conducting a survey of physician practices for the American Medical Association (AMA). Your participation is voluntary but critical to our effort to **support accurate resource-based physician payment**. The information you and other practices provide will be aggregated and provided to the Centers for Medicare & Medicaid Services (CMS) in early 2025 to utilize in the Medicare Economic Index (MEI) and to develop national estimates of practice expense per hour of patient care provided for the Resource-Based Relative Value Scale (RBRVS).

This survey will take [X] minutes to complete and will collect [three/four] broad categories of information for the fiscal year ending in 2022:

- GENERAL INFORMATION about your practice (for example, practice location, specialties at this practice, and practice ownership),
- THE NUMBER of physicians, qualified health care professionals, and other staff in your practice,
- [THE WEEKLY HOURS physicians and qualified health care professionals spent PROVIDING DIRECT PATIENT CARE, if you are able to provide this information], and
- THE ANNUAL PRACTICE EXPENSES and REVENUE that the practice incurred related to patient care services paid for via PRACTICE PHYSICIAN PAYMENT systems.

If your physician practice includes more than one specialty, this survey will ask you to ALLOCATE the above information to the specialty level.

Your practice will need to access a variety of data to complete this survey, such as:

- Your 2022 federal tax forms
- 2022 payroll information including salary and benefits
- Your accounting/financial reporting software

This survey should be completed by the person at your physician practice who is best able to answer questions about finances and expenses for the physician practice in 2022 at the specialty level. This will likely be the [Chief Financial Officer (CFO) or VP of Finance for the practice. /practice manager or owner.] [You will receive $100 for completing this survey].

[INCLUDE SENTENCE FOR ALL BUT SMALL PHYSICIAN OWNED PRACTICES: In addition to the information collected in this survey, we will also ask for the average number of direct patient care hours per week provided by physicians in your practice. To collect this information, we hope to ask for input directly from the physicians in your practice with a separate survey that will take no more than five minutes.]

The information you provide will be kept private. It will be used and reported to CMS to inform payment policies and to medical specialty societies for advocacy purposes only in the aggregate and not on an

individual practice or physician level. After this data collection effort is complete, participating practices will receive a report that compares, on a specialty specific basis, their own data with national averages.

If you are not able to answer questions about finances and expenses for this physician practice in 2022 at the specialty level, there will be a place in a few screens to indicate this and, if possible, enter the correct person's name and contact information. If you have any questions about this survey, please contact Mathematica by email at [EMAIL ADDRESS] or by telephone [PHONE NUMBER].

---NEXT WEB SCREEN---

Important

- We understand your physician practice may have multiple locations/practice sites. Please respond about the physician practice as a whole (including all locations/practice sites) and be as accurate as possible. If you are not able to respond to questions about the practice as a whole, please let us know by emailing us at [EMAIL ADDRESS] or calling [PHONE NUMBER].
- The survey has been optimized to run on a desktop or laptop computer, and is best viewed in the latest versions of Chrome, Safari, Firefox, or Microsoft Edge.

Instructions

- To preview the survey: [Click Here].
- Answer all questions to the best of your ability.
- Click on the "Back" button at the bottom of the screen to go back to a previous question.
- Use the "Save and Next" button to proceed to the next question. Your answers are saved each time you click the "Save and Next" button.
- You do not have to complete the survey all at once. Be sure to click the "Save and Next" button to save your answers before exiting the survey. You will resume at the next unanswered question when you return to the survey.
- After about 30 minutes of idle time, the survey may time out, but your answers will be saved. If that happens, you will be redirected to the home page prior to resuming the survey where you left off.
- If you have any questions while taking the survey, please click on "FAQ" at the bottom of the screen at any time. If the FAQ document does not answer your question, you may email the Help Desk by clicking on "Contact us" at the bottom of the screen.
- Once you have completed the survey, you will have the opportunity to review and/or print your answers before submitting the survey.

---NEXT WEB SCREEN---

SCREENER

Before you start the survey, we would like to confirm that we have reached the correct person at the practice, and that our contact information for this practice is up to date.

SQ1. Are you best able to answer questions about the finances and expenses for this physician practice ([PRACTICE NAME]) in 2022?
This survey should be completed by the person at this practice who is best able to answer questions about finances and expenses for the practice in 2022 at the specialty level. This person should have access to the practice's 2022 federal tax forms, 2022 payroll information, and the practice's accounting/financial reporting software.

◯ Yes ➞ GO TO SQ4
◯ No ➞ GO TO SQ2

---NEXT WEB SCREEN---

[IF SQ1 = NO]
SQ2. Please provide the name, job title, and email address of the person at the practice who is best able to answer questions about finances and expenses for the practice in 2022.
First name:
Last name:
Job title:
Email address:

◯ I am unable to provide this information ➞ GO TO SQ3

---NEXT WEB SCREEN---

[IF NEW INFORMATION IS PROVIDED AT SQ2]
SQ2a. Thank you. We will reach out to this person about the survey.

If you would like to forward the information you received about the survey to the correct person at your practice, that would be appreciated.

If you have questions, please email [EMAIL ADDRESS] or call [PHONE NUMBER].

To exit the survey, simply close this browser tab/window. Thank you again for your time.

---NEXT WEB SCREEN---

[IF UNABLE TO PROVIDE NAME AT SQ2]
SQ3. Please tell us why you are unable to provide this information.

◯ I am not affiliated with this practice [*code as wrong respondent – need to locate*]
◯ This practice was not seeing patients or closed in 2022 [*code as ineligible*]
◯ I am currently affiliated with this practice, but do not know the right person at this practice to contact regarding these data from 2022 [*code as wrong respondent – need to locate*]
◯ I am affiliated with this practice, but am not comfortable sharing this information [*code as initial refusal from unknown – need to locate*]
◯ Other (specify) _____ [*code as Other – need to review and categorize*]

---NEXT WEB SCREEN---

[DISPLAY AFTER SQ3]
SQ3a. Thank you for letting us know, we will update our information accordingly.
   If you have questions, please email [EMAIL ADDRESS] or call [PHONE NUMBER].
   To exit the survey, simply close this browser tab/window. Thank you again for your time.

---NEXT WEB SCREEN---

[IF RESPONSE TO SQ1 = YES]
SQ4. Please confirm your name, job title, and email address so we may contact you if we have any questions.
   [FILL FIELDS BELOW WITH INFORMATION FROM SAMPLE MANAGEMENT SYSTEM]
   First name:
   Last name:
   Job title:
   Email address:
   Phone number:

   ❍ Information is correct   ➔ [GO TO SQ5]
   ❍ Information is not correct ➔ [GO TO SQ4a]

---NEXT WEB SCREEN---

[IF INFORMATION AT SQ4 IS NOT CORRECT]
SQ4a. Please update any fields below to correct your name, job title, and email address.
   First name:
   Last name:
   Job title:
   Email address:
   Phone number:
---NEXT WEB SCREEN---

SQ5. Please review the contact information below for the physician practice with the following Federal Taxpayer Identification Number (TIN)/Employer Identification Number (EIN): [TIN]. Is all of the information below correct?

We understand your physician practice may have multiple locations/practice sites, and these may each have a slightly different name. The name below should be the name of your physician practice. The address can be any address where mail for the *physician practice* is delivered and will reach the [Chief Financial Officer (CFO) or VP of Finance / practice manager or owner].
   [FILL ALL FIELDS BELOW WITH INFORMATION FROM SAMPLE LOAD FILE]
   Practice Name:
   Street Address 1:
   Street Address 2:
   City:
   State:
   ZIP Code:
   Practice Telephone Number:
   ❍ Yes, all is correct

○ No, some of this information is not correct ⟶ GO TO SQ5a

SQ5a. Please provide any necessary updates to the contact information for this practice.

> [FILL EDITABLE TEXT BOXES BELOW WITH INFORMATION FROM SAMPLE LOAD FILE]
> Practice Name:
> Street Address:
> Street Address 2:
> City:
> State:
> ZIP Code:
> Practice Telephone Number:

SQ6. The questions in this survey ask about finances and expenses for the physician practice in 2022 <u>at the specialty level</u> for 65 Medicare defined specialties. Please see the linked mapping document to view how the over 250 physician specialties/subspecialties were grouped into the 65 Medicare defined specialties.

The number next to each specialty is the corresponding Medicare code.

In 2022, did [PRACTICE NAME] have physicians from more than one of these 65 Medicare defined specialties?

Addiction Medicine - 79
Adult Congenital Heart Disease - D8
Advanced Heart Failure and Transplant Cardiology - C7
Allergy/Immunology - 03
Anesthesiology - 05
Cardiac Electrophysiology - 21
Cardiac Surgery - 78
Cardiology - 06
Colorectal Surgery - 28
Critical Care (Intensivist) - 81
Dermatology - 07
Diagnostic Radiology - 30
Emergency Medicine - 93
Endocrinology - 46
Family Medicine - 08
Gastroenterology - 10
General Practice - 01
General Surgery - 02
Geriatric Medicine - 38

Geriatric Psychiatry - 27

Gynecological/Oncology - 98

Hand Surgery - 40

Hematology - 82

Hematology/Oncology - 83

Hematopoietic Cell Transplantation and Cellular Therapy - C9

Hospice and Palliative Care - 17

Hospitalist - C6

Infectious Disease - 44

Internal Medicine - 11

Interventional Cardiology - C3

Interventional Pain Management - 09

Interventional Radiology - 94

Maxillofacial Surgery - 85

Medical Genetics and Genomics - D3

Medical Oncology - 90

Medical Toxicology - C8

Micrographic Dermatologic Surgery - D7

Nephrology - 39

Neurology - 13

Neuropsychiatry - 86

Neurosurgery - 14

Nuclear Medicine - 36

Obstetrics/Gynecology - 16

Ophthalmology - 18

Orthopedic Surgery - 20

Osteopathic Manipulative Medicine - 12

Otolaryngology - 04

Pain Management - 72

Pathology - 22

Pediatric Medicine - 37

Peripheral Vascular Disease - 76

Physical Medicine and Rehabilitation - 25

Plastic and Reconstructive Surgery - 24

Preventive Medicine - 84

Psychiatry - 26

Pulmonary Disease - 29

Radiation Oncology - 92

Rheumatology - 66

Sleep Medicine - C0

Sports Medicine - 23

Surgical Oncology - 91
Thoracic Surgery - 33
Undersea and Hyperbaric Medicine - D4
Urology - 34
Vascular Surgery – 77

❍ Yes
❍ No ➝ GO TO END OF SCREENER MESSAGE

---NEXT WEB SCREEN---

[IF SQ6 = YES]
SQ7. Is your physician practice able to allocate 2022 practice expenses and staffing to the Medicare defined specialties in your physician practice?

❍ Yes, we can allocate this information by specialty to <u>all</u> of the specialties in this practice

❍ Yes, we can allocate this information by specialty to <u>some</u> of the specialties in this practice

❍ No, we cannot allocate this information by specialty to any of the specialties in this practice.
  ⌙➝ GO TO SQ7a

---NEXT WEB SCREEN---

[IF SQ7 = NO]
SQ7a. Thank you for this information. We are only collecting data from physician practices that are able to allocate 2022 revenue, expenses, and staffing at the specialty level. This is to ensure we have the data we need to be able to calculate accurate practice expense per hour of patient care data for each specialty.

If you have questions, please email [EMAIL ADDRESS] or call [PHONE NUMBER].
To exit the survey, simply close this browser tab/window. Thank you again for your time.

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END OF SCREENER MESSAGE
Thank you for confirming this information. Prior to beginning the survey online, it may be useful to print a preview of the survey questions to determine what information you will need to collect from expense report systems and tax forms. Click [here] to view and print the survey questions.

You do not have to complete the survey all at once. Be sure to click the "Save and Next" button to save your answers before exiting the survey. You will resume at the next unanswered question when you return to the survey.

If you have any questions while taking the survey, please click on "FAQ" at the bottom of the screen at any time. If the FAQ document does not answer your question, you may email the Help Desk by clicking on "Contact us" at the bottom of the screen.

Once you have completed the survey, you will have the opportunity to review and/or print your answers before submitting the survey.

When you are ready to begin the survey, please click the "Save and Next" button at the bottom of the screen.

SECTION 1: GENERAL PRACTICE INFORMATION

We understand your physician practice may have multiple locations/practice sites. Please respond about the physician practice as a whole (including all locations/practice sites).

Q1. Which of these best describes the ownership structure of this physician practice at the end of 2022?

    This practice was…
- ❍ wholly owned by one or more physicians in the practice
- ❍ wholly owned by a hospital/hospital system
- ❍ jointly owned between physicians and a hospital/hospital system
- ❍ wholly owned by a Health Maintenance Organization (HMO), Managed Care Organization (MCO), or health plan
- ❍ wholly owned by a not-for-profit foundation
- ❍ wholly owned by a private equity firm or other similar type of organization
- ❍ jointly owned between physicians and a health plan, private equity firm, or other similar type of organization

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[FOR COMPLEX OWNERSHIP PRACTICES ONLY (PRACTICE IS NOT WHOLLY OWNED BY ONE OR MORE PHYSICIANS IN THE PRACTICE, AS REPORTED IN Q9)]
Q2. Is this physician practice part of a vertically integrated health system?

A vertically integrated health system is an organization that includes at least one hospital and at least one group of physicians providing comprehensive care, and who are connected with each other and with the hospital through common ownership or joint management.

- ❍ Yes
- ❍ No

---NEXT WEB SCREEN---

Q3. Which of the following 65 specialties were part of [PRACTICE NAME] in 2022? These 65 specialties are considered Medicare defined specialties. Please see the linked mapping to understand how the over 250 physician specialties/subspecialties were grouped into the 65 categories.

The number next to each specialty is the corresponding Medicare code.

Click on the individual specialties listed below or click on the select all button at the bottom.
Select all that apply
[Select all / Deselect all]

1. ☐ Addiction Medicine – 79
2. ☐ Adult Congenital Heart Disease - D8
3. ☐ Advanced Heart Failure and Transplant Cardiology - C7
4. ☐ Allergy/Immunology – 03
5. ☐ Anesthesiology – 05
6. ☐ Cardiac Electrophysiology – 21
7. ☐ Cardiac Surgery – 78

9

8   ☐   Cardiology – 06

9   ☐   Colorectal Surgery – 28

10   ☐   Critical Care (Intensivist) – 81

11   ☐   Dermatology – 07

12   ☐   Diagnostic Radiology – 30

13   ☐   Emergency Medicine – 93

14   ☐   Endocrinology – 46

15   ☐   Family Medicine – 08

16   ☐   Gastroenterology – 10

17   ☐   General Practice – 01

18   ☐   General Surgery – 02

19   ☐   Geriatric Medicine – 38

20   ☐   Geriatric Psychiatry – 27

21   ☐   Gynecological/Oncology – 98

22   ☐   Hand Surgery – 40

23   ☐   Hematology - 82

24   ☐   Hematology/Oncology – 83

25   ☐   Hematopoietic Cell Transplantation and Cellular Therapy - C9

26   ☐   Hospice and Palliative Care – 17

27   ☐   Hospitalist - C6

28   ☐   Infectious Disease – 44

29   ☐   Internal Medicine – 11

30   ☐   Interventional Cardiology - C3

31   ☐   Interventional Pain Management – 09

32   ☐   Interventional Radiology – 94

33   ☐   Maxillofacial Surgery - 85

34   ☐   Medical Genetics and Genomics - D3

35   ☐   Medical Oncology – 90

36   ☐   Medical Toxicology - C8

37   ☐   Micrographic Dermatologic Surgery - D7

38   ☐   Nephrology – 39

39   ☐   Neurology – 13

40   ☐   Neuropsychiatry – 86

41   ☐   Neurosurgery – 14

42   ☐   Nuclear Medicine – 36

43. ☐ Obstetrics/Gynecology – 16

44. ☐ Ophthalmology – 18

45. ☐ Orthopedic Surgery – 20

46. ☐ Osteopathic Manipulative Medicine – 12

47. ☐ Otolaryngology – 04

48. ☐ Pain Management – 72

49. ☐ Pathology – 22

50. ☐ Pediatric Medicine – 37

51. ☐ Peripheral Vascular Disease – 76

52. ☐ Physical Medicine and Rehabilitation – 25

53. ☐ Plastic and Reconstructive Surgery – 24

54. ☐ Preventive Medicine – 84

55. ☐ Psychiatry – 26

56. ☐ Pulmonary Disease – 29

57. ☐ Radiation Oncology – 92

58. ☐ Rheumatology – 66

59. ☐ Sleep Medicine - C0

60. ☐ Sports Medicine – 23

61. ☐ Surgical Oncology – 91

62. ☐ Thoracic Surgery – 33

63. ☐ Undersea and Hyperbaric Medicine - D4

64. ☐ Urology – 34

65. ☐ Vascular Surgery – 77

---NEXT WEB SCREEN---

[IF MORE THAN ONE SPECIALTY SELECTED]
Q4. We aim to collect separate data for each of the [N] specialties you checked in the previous question. However, this may not be possible if you combine certain specialties when tracking expenses and staffing information. So that we can make answering this survey easiest for you, please indicate below whether you are able to provide staffing and expense information for each individual specialty or whether you combine expense and staffing information for certain specialties.
Practice expenses may include general overhead, medical supplies, drugs, medical equipment, professional liability insurance, information technology, and other expenses.

Staffing and expense	Staffing and/or expense

	data can be reported for this specialty <u>alone</u>	data can only be reported <u>in combination with another specialty</u>
a. [SPECIALTY A]	1 ◯	2 ◯
b. [SPECIALTY B]	1 ◯	2 ◯
c. [SPECIALTY C]	1 ◯	2 ◯

---NEXT WEB SCREEN---

Q5. Let's start with specialty [C]. Please indicate which of the other [N-1] specialties [C] is combined with when tracking staffing and expense information.

Select all that apply
1 ☐ [SPECIALTY A]
2 ☐ [SPECIALTY B]
3 ☐ [SPECIALTY D]

---NEXT WEB SCREEN---

Q6. Now let's move on to specialty [E]. Please indicate which of the other [N-2] specialties [E] is combined with when tracking staffing and expense information.
Select all that apply
1 ☐ [SPECIALTY A]
2 ☐ [SPECIALTY B]
3 ☐ [SPECIALTY C]

---NEXT WEB SCREEN---

Q7. Here are the specialties you indicated are combined when tracking expenses and staffing information. Please confirm this is correct before proceeding. If this is not correct, please click on the "Back" button to change your response to a prior question.

[DISPLAY TEXT BELOW IF ONE OR TWO SPECIALTIES ARE NOT PAIRED WITH ANOTHER. FILLS WILL DEPEND ON WHETHER IT IS ONE OR TWO SPECIALTIES THAT ARE NOT COMBINED.]
[Please note that [SPECIALTY X] [and SPECIALTY Y] [is/are] not currently combined with another, though you had indicated earlier that you combine [this specialty] [these specialties] with others when tracking expense and staffing information. Please confirm this is correct before proceeding. If this is not correct and you need to combine [this specialty/these specialties] with another, please click on the "Back" button to change your response to a prior question]

[DISPLAY TEXT BELOW IF MORE THAN TWO SPECIALTIES ARE NOT COMBINED WITH ANOTHER.]*[Please note that the following specialties are not currently combined with another, though you had indicated earlier that you combine these specialties with others when tracking expense and staffing information: [SPECIALTY V], [SPECIALTY W], [SPECIALTY X], [SPECIALTY Y], [SPECIALTY Z].*

Please confirm this is correct before proceeding. If this is not correct and you need to combine one or more of the specialties with another, please click on the "Back" button to change your response to a prior question]

[SPECIALTY A] and [SPECIALTY D]

[SPECIALTY B] and [SPECIALTY F]

[SPECIALTY C] and [SPECIALTY G] and [SPECIALTY H]

---NEXT WEB SCREEN---

Q8. How many physicians (MDs and DOs) worked at this physician practice at the end of 2022?

- 1 ○ 1-10
- 2 ○ 11-49
- 3 ○ 50 or more

---NEXT WEB SCREEN---

Q9. Where possible, this survey will also collect information on qualified health care professionals (QHPs) who can also independently bill for services using their National Provider Identifier (NPI) number. Please indicate below which types of QHPs were part of your physician practice in 2022?

The number next to each type of QHP is the corresponding Medicare code.

SELECT ALL THAT APPLY

1 ☐ Anesthesiologist assistant - 32

2 ☐ Audiologist - 64

3 ☐ Certified clinical nurse specialist - 89

4 ☐ Certified nurse midwife - 42

5 ☐ Certified registered nurse anesthetist - 43

6 ☐ Chiropractor - 35

7 ☐ Clinical psychologist/Psychologist - 68/62

8 ☐ Dentist/Oral Surgeon - C5/19

9 ☐ Licensed clinical social worker - 80

10 ☐ Nurse practitioner - 50

12 ☐ Occupational therapist - 67

13 ☐ Optometrist – 41

14 ☐ Physical therapist - 65

15 ☐ Physician assistant - 97

16 ☐ Podiatrist - 48

18 ☐ Registered dietitian/Nutrition professional - 71

19 ☐ Speech language pathologist - 15

[DISPLAY IF PRACTICE HAS QHPs]

Q10. Please indicate whether your physician practice can allocate practice expenses to each type of QHP that is part of the practice.

Practice expenses may include general overhead, medical supplies, drugs, medical equipment, professional liability insurance, information technology, and other expenses.

[QHPs WILL ONLY DISPLAY BELOW IF SELECTED IN PRIOR QUESTION]

	Practice expenses can be allocated to this QHP	Practice expenses cannot be allocated to this QHP
a. [QHP A]	1 ○	0 ○
b. [QHP B]	1 ○	0 ○
c. [QHP C]	1 ○	0 ○

SECTION 2: STAFFING, HOURS/WORK RVUs, AND COMPENSATION

This section of the survey gathers information on the number of physicians and other staff who work in your physician practice, [the average number of hours they work per week, the number of weeks they work per year], the annual physician and other qualified healthcare professional (QHP) work relative value units (RVUs) (if you track them), and annual compensation.

Please review the definitions for each of these variables by clicking [here]. Links to the definitions are also embedded in the following table.

Definitions of the individuals who work in a practice

Physicians: MDs and DOs

Qualified health care professionals (QHP):

QHPs may independently report services using their National Provider Identifier (NPI). Per Medicare payment rules, QHPs include the following professions:

32 Anesthesiologist assistant	50 Nurse practitioner
64 Audiologist	67 Occupational therapist
89 Certified clinical nurse specialist	41 Optometrist
42 Certified nurse midwife	65 Physical therapist
43 Certified registered nurse anesthetist	97 Physician assistant
35 Chiropractor	48 Podiatrist
68/62 Clinical psychologist/Psychologist	71 Registered dietitian
C5/19 Dentist/Oral Surgeon	15 Speech language pathologist
80 Licensed clinical social worker	

Clinical staff:

- Includes registered nurses (RNs), licensed practical nurses (LPNs), medical assistants, medical physicists, laboratory technologists, imaging technologists, and other clinical personnel not allowed to have an NPI number, nor report services under Medicare regulation.
- Work under the supervision of a physician or other qualified healthcare professional (QHP).
- DO NOT INCLUDE: clinical staff time and salary supported through other payment systems (e.g. hospital inpatient, hospital outpatient, ambulatory surgical centers, and clinical lab fee schedules).
- CMS list of clinical staff

Administrative/clerical staff:

- Are primarily involved in non-clinical administrative, managerial, secretarial, legal, information technology, or clerical activities.
- Include financial and other leadership staff, office managers, practice managers, transcriptionists, medical records personnel, receptionists, schedulers and billing staff, coding staff, information technology staff, scribes, and custodial personnel.
- DO NOT INCLUDE: administrative staff time and salary supported through other payment systems (e.g. hospital inpatient, hospital outpatient, ambulatory surgical centers, and clinical lab fee schedules).

Note: If clinical staff also conduct administrative work, please categorize them as clinical staff unless their administrative work accounts for more than half of their hours.

Note: Please include owner/partner physicians as well as those who are employed in the practice.

Note: If your physicians, QHPs, and other staff include contract workers/locum tenens (different than employees) please include them, along with their hours/work RVUs, and compensation, in the following tables.

Definitions of patient care hours

Diagnostic Radiology: Direct patient care includes:

- Reviewing and interpreting imaging studies
- Performing diagnostic and therapeutic procedures
- Supervising technologists
- Communicating with the patient, family members, payers, and other professionals through written, electronic, or verbal methods
- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, or travel time

Anesthesiology: Direct patient care includes:

- Personally anesthetizing patients (including pre-anesthesia evaluation and patient preparation, drug and equipment preparation, and monitoring patients post-surgery) or medically directing qualified anesthetists (e.g., CRNAs and anesthesiologist assistants)
- Managing patients in ICUs and performing hospital visits
- Performing pain management services (acute, chronic, and post-operative)
- Communicating with the patient, family members, payers, and other professionals through written, electronic, or verbal methods
- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, or travel time

<u>Pathology</u>: Direct patient care includes:

- Examining and interpreting surgical, cytology, and other pathology or clinical diagnostic laboratory specimens and providing pathology clinical consultations
- Performing written clinical diagnostic laboratory, molecular pathology, and blood bank/transfusion physician interpretations (-26 modifier Medicare billable services)
- Communicating with the patient, family members, payers, and other professionals about surgical, cytology, or other pathology findings or pathology clinical consultations on anatomic, clinical, and molecular pathology services
- Preparing for and performing diagnostic and therapeutic procedures (e.g., for FNA, apheresis, and bone marrow biopsy)
- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, travel time, or time spent performing autopsies, or supervising laboratory technicians and medical laboratory personnel

<u>[All other specialties:</u>] Direct patient care includes:

- Seeing patients (either in-person or via telehealth)
- Reviewing and interpreting imaging and/or tests
- Preparing for and performing surgery/procedures
- Communicating with the patient, family members, payers, and other professionals through written, electronic, or verbal methods
- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, or travel time

Definitions of patient care hours for QHPs:

<u>Certified registered nurse anesthetists and anesthesiologist assistants</u>: Direct patient care includes:

- Personally anesthetizing patients (including pre-anesthesia evaluation and patient preparation, drug and equipment preparation, and monitoring patients post-surgery)
- Managing patients in ICUs and performing hospital visits
- Performing pain management services (acute, chronic, and post-operative)
- Communicating with the patient, family members, payers, and other professionals through written, electronic, or verbal methods
- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, or travel time

<u>[All other QHPs:</u>] Direct patient care includes:

- Seeing patients (either in-person or via telehealth)
- Reviewing and interpreting imaging and/or tests
- Preparing for and performing surgery/procedures
- Communicating with the patient, family members, payers, and other professionals through written, electronic, or verbal methods

- Documenting in the medical record
- DO NOT INCLUDE: stand-by time, break time, administrative time, on-call time, or travel time

Definitions of Compensation

<u>Monetary compensation</u>:

- Include: all compensation from medical practice. Please include all compensation from salaries, retainers, bonuses, deferred compensation, and other forms of monetary compensation related to the **<u>provision of patient care</u>**.
- DO NOT INCLUDE: compensation from research, administrative or teaching activities
- DO NOT INCLUDE: investment income from medical-related enterprises independent from your medical practice
- DO NOT INCLUDE: the value of benefits (e.g., health insurance)

<u>Benefits</u>:

- Include: the dollar value of benefits (e.g., health insurance, dental insurance, life insurance, employer contributions to retirement plans, employer's share of FICA, payroll, and unemployment insurance taxes etc.) related to the **<u>provision of patient care</u>**.

Table A. Physicians and QHPs

A1. How many hours per week was your physician practice open to provide patient care in 2022? If your practice has sites that have different hours, then please provide the average hours per week across all sites.

| | | | NUMBER (RANGE IS 0-99)

A2. In 2022, what was the minimum number of hours per week a physician had to work to be considered "full time" in your physician practice?
| | | | NUMBER (RANGE IS 20-50)

SOFT CHECK IF NUMBER ENTERED IS < 20: "Please confirm that the minimum number of hours per week that a physician had to work to be considered "full time" in your practice in 2022 was [XX] hours"

[DISPLAY ONLY IF PRACTICE HAS QHPs]
A3. In 2022, what was the minimum number of hours per week a QHP had to work to be considered "full time" in your physician practice?

| | | | NUMBER (RANGE IS 20-50)

SOFT CHECK IF NUMBER ENTERED IS < 20: "Please confirm that the minimum number of hours per week that a QHP had to work to be considered "full time" in your practice in 2022 was [XX] hours"

A4. Did your physician practice track total annual work relative value units (RVUs) by specialty during 2022?
- ❍ Yes
- ❍ No

[DISPLAY A5 FOR SMALL, PHYSICIAN-OWNED PRACTICES ONLY]
A5. As mentioned, the annual expense data your practice provides will be combined with information on hours of direct patient care provided by physicians to develop estimates of practice expense per hour of patient care. Are you able to provide information on physicians' weekly hours of patient care?

Please see [here] for details on what direct patient care includes.

If this is not information that you are able to provide, you will not see these questions displayed in the survey. You will still see the other survey questions.

- ❍ Yes, I can provide information on physicians' weekly hours of direct patient care in 2022
- ❍ No, I cannot provide information on physicians' weekly hours of direct patient care in 2022

A6. In Part 1 of the table below, please enter the following for each of the specialties (or combinations of specialties) to which you can allocate expenses:

1. The average number of part-time and full-time physicians (columns 1a and 1b) at the physician practice during 2022

2. The percent of time that physicians at the practice billed in non-facility settings in 2022

> *For example, include non-facility place of service code 11 – Office, but do not include facility place of service codes such as 21 - Inpatient Hospital, 22 - Outpatient Hospital, 23 - Emergency Room-Hospital, or 24 - Ambulatory Surgical Center.*

[3. The number of weeks worked by the average physician in 2022

> *Please do not include days or weeks spent on vacation, at a conference, out due to illness, or when your practice was closed. Please do not include days or weeks when physicians provided care in another practice or facility.]*

[4. The total weekly hours of direct patient care provided by all physicians at this practice in an average week during 2022]

5. The total annual work RVUs provided by all physicians in aggregate in 2022

6. The total annual compensation for all physicians in aggregate (broken out by monetary compensation and benefits – columns 6a and 6b) in 2022

In Part 2 of the table below, please enter the following for each of the QHPs to which you can allocate expenses:

1. The average number of part-time and full-time QHPs (columns 1a and 1b) at the physician practice during 2022

2. The percent of time that QHPs billed in non-facility settings in 2022

> *For example, include non-facility place of service code 11 – Office, but do not include facility place of service codes such as 21 - Inpatient Hospital, 22 - Outpatient Hospital, 23 - Emergency Room-Hospital, or 24 - Ambulatory Surgical Center.*

3. The percent of time that QHPs billed independently (under their own NPI)

4. The number of weeks worked by the average QHP in 2022.

> *Please do not include days or weeks spent on vacation, at a conference, out due to illness, or when your practice was closed. Please do not include days or weeks when QHPs provided care in another practice or facility.*

5. The total weekly hours of direct patient care provided by all QHPs at this practice in an average week during 2022

6. The total annual work RVUs provided by all QHPs in aggregate in 2022

7. The total annual compensation for all QHPs in aggregate (broken out by monetary compensation and benefits – columns 7a and 7b) in 2022

Please do not leave any cells blank in the table below. If any of this is information is not applicable to your practice, please enter "NA" (for "not applicable") in that cell. If any of this is information that you prefer not to report, please enter "NR" (for "not reported") in that cell.

TABLE A. Physicians and QHPs: [WEEKLY hours,] ANNUAL <u>Work</u> RVUs, and ANNUAL Compensation, by specialty in 2022								
Part 1	**Average # of physicians at the physician practice during 2022**						**Total ANNUAL COMPENSATION for all physicians**	
Physician Specialty	**1a. part-time** *(less than [Y] hours per week)*	**1b. full-time** *(at least [Y] hours per week)*	**2. Percent of time that physicians billed in non-facility settings**	**3. Number of <u>weeks</u> worked by the average physician at the practice**	**4. Total <u>WEEKLY</u> hours of <u>direct</u> patient care provided by all physicians**	**5. Total <u>ANNUAL</u> <u>work</u> RVUs provided by all physicians**	**6a. Monetary compensation**	**6b. Benefits**
Cardiologists	0-9999	0-9999	0-100	0-52				
Family medicine physicians								
Internal medicine physicians								
TOTAL	auto - total	auto -total		auto - total		auto - total	auto - total	auto - total
Part 2	**Average # of QHPs at the practice during 2022**						**Total ANNUAL COMPENSATION for all QHPs**	
QHPs	**1a. part-time** *(less than [Y] hours per week)*	**1b. full-time** *(at least [Y] hours per week)*	**2. Percent of time that QHPs billed in non-facility settings**	**3. Percent of time that QHPs billed independently (under their own NPI)**	**4. Number of <u>weeks</u> worked by the average QHP at the practice**	**5. Total <u>WEEKLY</u> hours of <u>direct</u> patient care provided by all QHPs**	**6. Total <u>ANNUAL</u> work RVUs provided by all QHPs**	**7a. Monetary compensation** / **7b. Benefits**
Nurse Practitioners	0-9999	0-9999	0-100	0-100	0-52			
TOTAL	auto -total				auto - total		auto - total	auto - total / auto - total

SOFT CHECK IF NUMBER OF WEEKS WORKED BY AVERAGE PHYSICIAN FOR ANY SPECIALTY IS 0: You indicated that the average physician in [SPECIALTY] worked for 0 weeks at the practice in 2022. Please confirm this is correct before proceeding.

SOFT CHECK IF NUMBER OF WEEKS WORKED BY AVERAGE PHYSICIAN FOR ANY SPECIALTY IS 52: You indicated that the average physician in [SPECIALTY] worked for 52 weeks at the practice in 2022. Please confirm this is correct before proceeding.

SOFT CHECK IF NUMBER OF WEEKS WORKED FOR ANY QHP TYPE IS 0: You indicated that the average [QHP TYPE] worked for 0 weeks at the practice in 2022. Please confirm this is correct before proceeding.

SOFT CHECK IF NUMBER OF WEEKS WORKED FOR ANY QHP TYPE IS 52: You indicated that the average [QHP TYPE] worked for 52 weeks at the practice in 2022. Please confirm this is correct before proceeding.

SOFT CHECK IF HOURS OF DIRECT PATIENT CARE IS POTENTIALLY LOWER THAN EXPECTED (SPECIALTY OR QHP TYPE HAS MORE THAN 1 PHYSICIAN/QHP, BUT THE TOTAL WEEKLY HOURS OF DIRECT PATIENT CARE PROVIDED IS LESS THAN (NUMBER OF FT PHYSICIANS X 20) PLUS (NUMBER OF PT PHYSICIANS X 10)): You indicated that the total weekly hours of direct patient care provided by the [TOTAL NUMBER] of [physicians in SPECIALTY A] / [QHP TYPE] is [X]. Please confirm that this reflects the total weekly hours of direct patient care provided by all [physicians in that specialty/of the [QHP TYPE]] in 2022.

SOFT CHECK IF HOURS OF DIRECT PATIENT CARE IS HIGHER THAN EXPECTED (RESPONSE FOR HOURS PER WEEK IN ANY ROW IS GREATER THAN NUMBER OF PHYSICIANS/QHPS X 40): You indicated that the total weekly hours of direct patient care provided by the [TOTAL NUMBER] [of physicians in SPECIALTY A] / [QHP TYPE] is [X]. Please confirm this is correct before proceeding.

SOFT CHECK IF AUTO-TOTAL OF PT PHYSICIANS AND AUTO-TOTAL OF FT PHYSICIANS IS GREATER THAN NUMBER OF PHYSICIANS AT PRACTICE (AS INDICATED IN QUESTION 8 IN SCREENER): You indicated that your practice has [X] total physicians ([Y] part-time and [Z] full-time) [IF MORE THAN ONE SPECIALTY LISTED IN TABLE: across all of these specialties]. Please confirm this is correct before proceeding.

A7. You indicated earlier that your physician practice cannot allocate expenses to certain QHPs. So that we can better understand where their expenses are captured, please distribute their hours of patient care to the specialties in the practice with whom they work. The first row of the table below displays the total weekly hours of direct patient care provided by the QHPs in an average week in 2022, that you reported in column 5 in the prior table. The bottom row of the table below will auto sum the hours as you enter them, and should match the total displayed in the top row when you have finished.

Please do not leave any cells blank in the table below. If any of this is information is not applicable to your practice, please enter "NA" (for "not applicable") in that cell. If any of this is information that you prefer not to report, please enter "NR" (for "not reported") in that cell.

[Total weekly hours of patient care]	[QHP A] [HOURS OF DIRECT PATIENT CARE FROM TABLE A]	[QHP B] [HOURS OF DIRECT PATIENT CARE FROM TABLE A]	[QHP C] [HOURS OF DIRECT PATIENT CARE FROM TABLE A]	[QHP D] [HOURS OF DIRECT PATIENT CARE FROM TABLE A]
a. [SPECIALTY A]	_____	_____	_____	_____
b. [SPECIALTY B]	_____	_____	_____	_____
c. [SPECIALTY C]	_____	_____	_____	_____
TOTAL	auto - total	auto - total	auto - total	auto - total

Tables B. Clinical and administrative/clerical staff in your practice.

The next set of questions is about the clinical and administrative/clerical staff in your physician practice.

Clinical staff:

- Includes registered nurses (RNs), licensed practical nurses (LPNs), medical assistants, medical physicists, laboratory technologists, imaging technologists, and other clinical personnel not allowed to have an NPI number, nor report services under Medicare regulation.
- Work under the supervision of a physician or other qualified healthcare professional (QHP).
- DO NOT INCLUDE: clinical staff time and salary supported through other payment systems (e.g. hospital inpatient, hospital outpatient, ambulatory surgical centers, and clinical lab fee schedules).
- CMS list of clinical staff

Administrative/clerical staff:

- Are primarily involved in non-clinical administrative, managerial, secretarial, legal, information technology, or clerical activities.
- Include financial and other leadership staff, office managers, practice managers, transcriptionists, medical records personnel, receptionists, schedulers and billing staff, coding staff, information technology staff, scribes, and custodial personnel.
- DO NOT INCLUDE: administrative staff time and salary supported through other payment systems (e.g. hospital inpatient, hospital outpatient, ambulatory surgical centers, and clinical lab fee schedules).

Note: If clinical staff also conduct administrative work, please categorize them as clinical staff unless their administrative work accounts for more than half of their hours.

Note: Please include owner/partner physicians as well as those who are employed in the practice.

Note: If your physicians, QHPs, and other staff include contract workers/locum tenens (different than employees) please include them, along with their hours/work RVUs, and compensation, in the following tables.

B1. Please allocate the clinical and administrative/clerical staff full-time equivalents (FTEs), as well as their aggregate compensation, to each of the physician specialties [and to the QHPs] in your practice as of the end of 2022. Please include contract workers as well as employed staff.

- For example, if your physician practice had 1 FTE clinical staff member whose time was split equally among 3 specialties in your practice in 2022, you should fill in 0.33 clinical staff in the rows for each of those 3 specialties.
- In contrast, if that FTE staff member supported only 1 specialty in 2022, you would fill in 1 clinical staff in the row for that specialty and 0 clinical staff in the rows for the other specialties.

Please do not leave any cells blank in the table below. If any of this is information is not applicable to your practice, please enter "NA" (for "not applicable") in that cell. If any of this is information that you prefer not to report, please enter "NR" (for "not reported") in that cell.

[NOTE: ONLY QHPS THAT THE PRACTICE CAN ALLOCATE TO WILL APPEAR HERE AND IN TABLES C AND D]

TABLE B Clinical and administrative/clerical staff in your physician practice at the end of 2022									
	Clinical staff			Administrative/clerical staff			Clinical + administrative Staff		
		Total aggregate ANNUAL COMPENSATION			Total aggregate ANNUAL COMPENSATION			Total aggregate ANNUAL COMPENSATION	
Specialty	# of staff FTE(s)	Monetary compensation	Benefits	# of staff FTE(s)	Payroll	Benefits	# of staff FTE(s)	Payroll	Benefits
Cardiologists							auto-total	auto-total	auto-total
Family medicine physicians							auto-total	auto-total	auto-total
Internal medicine physicians							auto-total	auto-total	auto-total
QHPs									
Nurse practitioners							auto-total	auto-total	auto-total
TOTAL in practice	auto-total	auto-total	auto-total	auto-total	auto-total	auto-total	auto-total	auto-total	auto-total

SECTION 3: PRACTICE EXPENSE. This section of the survey gathers data on practice expense that was **tax deductible in 2022**. These costs should include only those that relate to patient care services that are paid under physician payment systems. **For practices in a health system, please do not include expenses paid through other payment systems (e.g., hospital inpatient, hospital outpatient, ambulatory surgical centers, and clinical lab fee schedules).** Do not include practice expense related to the provision of cosmetic supplies or services. Do not include compensation – you have already included it in the prior section. Please refer to the following definitions as you complete the questions in this section. You may also open these definitions up in a separate document by clicking [here].

General office overhead:	Medical supplies:	Medical equipment:
• Rent, mortgage interest, and depreciation for medical buildings • Office maintenance • Property taxes • Utilities • Janitorial, laundry services • Security • Storage • Refrigeration unrelated to vaccines • Non-medical office equipment (e.g., waiting room furniture) • Non-medical office supplies (e.g., paper, pens)	• Supplies that are related to patient care and are not reusable on more than one patient (e.g., gloves, needles, bandages, catheters, software specific to a procedure/test) • Do NOT include medical supplies that are separately billable (e.g., diabetic testing supplies, contrast agent, orthotics, and casting supplies) • Do NOT include drugs or office supplies • CMS list of medical supplies [link] **Drugs:** • All drugs administered in the office • Do NOT include drugs that are separately billable (e.g., chemotherapy agents, vaccines).	• Equipment used in the diagnosis or treatment of patients (e.g., exam tables, patient scales, imaging equipment, Picture Archiving and Communication System (PACS) workstations) • Total amount paid for leased/rented medical equipment in 2022 • Depreciation on medical equipment that was tax deductible in 2022 • Maintenance contract expense for medical equipment in 2022 • Interest on medical equipment loans in 2022 • CMS list of medical equipment [link]
Information Technology: • Information technology • Hardware, software, servers, cloud services • Cybersecurity expense • Electronic health record system • Laboratory information system • Augmented/artificial/assisted intelligence technology • DO NOT INCLUDE Picture Archiving and Communication System (PACS) workstations (SEE MEDICAL EQUIPMENT)	**Professional liability insurance:** • If premium payments are shared between physicians and the practice, include both components • If the practice is self-insured, include the annual accrued self-insured expense • Tail coverage should be included • Mandatory surcharges to state-run Patient Compensation Funds	**Other Expenses:** • Contracted billing services • Legal fees • Marketing/advertising • Office management services • Credit card or banking fees • Professional car leasing, maintenance and depreciation • Maintenance of certification, licensure or accreditation • Continuing education and journals • Professional association memberships • Meals/entertainment • Charitable contributions • Any other expenses not listed above • Do not include any expenses that are paid under a different payment system.

[DISPLAY C1 FOR ALL PRACTICES EXCEPT THOSE THAT HAVE ONLY ONE PHYSICIAN SPECIALTY AND NO QHPS]

C1.   Please indicate the method your physician practice used to allocate the following expenses in 2022.

MARK ALL THAT APPLY PER ROW

	Revenue	FTE	Square footage	Other
a. General overhead	1 ☐	2 ☐	3 ☐	4 ☐
b. Medical supplies	1 ☐	2 ☐	3 ☐	4 ☐
c. Drugs	1 ☐	2 ☐	3 ☐	4 ☐
d. Medical equipment	1 ☐	2 ☐	3 ☐	4 ☐
e. Professional liability insurance	1 ☐	2 ☐	3 ☐	4 ☐
f. Information technology	1 ☐	2 ☐	3 ☐	4 ☐
g. Other expenses	1 ☐	2 ☐	3 ☐	4 ☐

[IF "OTHER" IS SELECTED FOR ANY TYPE OF EXPENSE ABOVE]

C2. Please specify what method your physician practice used to allocate these expenses in 2022.

Type of expense	Method for allocation
[FILL WITH SELECTED EXPENSE FROM PRIOR QUESTION]	[TEXT BOX]
[FILL WITH SELECTED EXPENSE FROM PRIOR QUESTION]	[TEXT BOX]

C3. In the table below, please enter the total dollar amount for each type of expense allocated to [[SPECIALTY NAME]/each of the specialties [and the QHPs] at your physician practice in 2022. Please allocate expenses based on whatever method your practices used in 2022 [(as you reported in question C1 [and question C2])]. *Note that compensation has already been filled in from your responses in Tables A and B.*

Please do not leave any cells blank in the table below. If any of this is information is not applicable to your practice, please enter "NA" (for "not applicable") in that cell. If any of this is information that you prefer not to report, please enter "NR" (for "not reported") in that cell.

Specialty	Physician compensation	Clinical and administrative/clerical staff compensation	General overhead	Medical supplies	Drugs	Medical equipment	Information technology	Professional liability insurance	Other Expenses	Total
TABLE C. ANNUAL expenses by Specialty [(and by QHP)] in 2022										
Cardiology	Cardiologist compensation from Table A	Total compensation for clinical and administrative/clerical staff who support cardiologists from Table B								auto – total
Family medicine	Family medicine physician compensation from Table A	Total compensation for clinical and administrative/clerical staff who support family medicine physicians from Table B								auto – total
Internal medicine	Internal medicine physician compensation from Table A	Total compensation for clinical and administrative/clerical staff who support internal medicine physicians from Table B								auto – total
Nurse Practitioners	Nurse practitioner compensation from Table A	Total compensation for clinical and administrative/clerical staff who support nurse practitioners from Table B								auto – total
Total	auto - total	auto - total	auto - total	auto - total	auto - total	auto - total	auto - total	auto – total	auto - total	

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SECTION 4: REVENUE AND BAD DEBT. This section of the survey gathers data on 2022 practice revenue and bad debt, again reported separately for each of the specialties [and for the QHPs] in your physician practice.

As with practice expense, the revenue and bad debt you report should only stem from patient care services that are paid under physician payment systems and NOT those that relate to services paid under hospital or other facility payment systems.

Do not include practice revenue or bad debt related to the provision of cosmetic supplies or services.

Please refer to the following definitions as you fill out Table E. You may also open these definitions up in a separate document by clicking [here].

Net patient services revenue:	Bad debt:	Emergency Medical Treatment and Labor Act (EMTALA) of 1986:
• INCLUDE all revenue received from the provision of services to patients, including revenue received from all payers (patients, private insurers, Medicare, Medicaid, Workers Compensation, and other payers) and in all forms (fee-for-service, capitation, bundled payments, shared savings, pay-for-performance or other bonuses). This revenue should be net of negotiated discounts, contractual allowances, denials from payers, and write-downs for bad debt. • EXCLUDE non-patient care revenue such as grants, subsidies, and philanthropic contributions.	• Unpaid fees that were the responsibility of the patient that have been determined to not be collectible and were therefore written off. • Bad debt does not include the difference between the amount billed to an insurer and the contracted allowance.	• A federal requirement that hospitals and physicians screen and stabilize patients presenting at hospital emergency departments regardless of the patients' ability to pay.

D1. In the table below, please enter the 2022 net patient service revenue, bad debt, and percent of bad debt due to EMTALA for each of the specialties [and the QHPs] at your practice.

Please do not leave any cells blank in the table below. If any of this is information is not applicable to your practice, please enter "NA" (for "not applicable") in that cell. If any of this is information that you prefer not to report, please enter "NR" (for "not reported") in that cell.

TABLE D. ANNUAL revenue, bad debt, and percent of bad debt due to EMTALA by Specialty [(and by QHP)] in 2022			
Specialty	Net patient service revenue	Bad debt	% of bad debt due to EMTALA
Cardiology			[Range is 0-100]
Family medicine			[Range is 0-100]
Internal medicine			[Range is 0-100]
Nurse practitioners			[Range is 0-100]

[DISPLAY E1 FOR PRACTICES THAT EITHER WEREN'T GIVEN THE OPTION TO ENTER DIRECT PATIENT CARE HOURS BECAUSE THEY ARE NOT SMALL AND PHYSICIAN-OWNED, OR WERE GIVEN THE OPTION BUT WERE UNABLE TO ENTER THIS INFORMATION]

E1. In order to calculate estimates of practice expense per hour of patient care provided, we will need to collect data on the average weekly hours that physicians spent providing direct patient care. [We would like to collect this information directly from the physicians at the practice./We understand that this was not information you were able to provide in this survey.] Would you be willing to share a hyperlink to a brief (five minute) survey with the physicians in your practice? This survey will ask physicians how many hours of direct patient care they provide in a typical week and how many weeks they worked at your practice in 2022. You can click [here] to view a preview of this survey.

If you need to consult with others at your practice before making this decision or would like more information, please select "send an email with details" and we can send you an email with details about this survey that you can review and share with others at your practice.

❍ Yes

❍ No

❍ Send an email with details

[IF YES]

E2. Thank you. The link to share with the physicians in your practice is below, along with information about this survey that you can share with the physicians when you send this link. This will also be emailed to you at the email address you provided at the beginning of the survey.

[LINK TO SURVEY HERE]

HOURS OF PATIENT CARE SURVEY

This survey will ask about the total hours of patient care you provided in 2022 at [PRACTICE NAME], and it will take less than 5 minutes to complete. This survey is part of a larger study led by the American Medical Association to better advocate for accurate resource-based physician payment in the Medicare program and from other payers.

Our practice agreed to participate in a survey that gathers detailed data on 2022 practice expenses. The hours and weeks worked information that we provide will be combined with the practice expense data and similar information from other participating practices to develop national estimates of practice expense per hour of patient care provided. In early 2025, that information will be provided to the Centers for Medicare & Medicaid Services in support of accurate resource-based physician payment.

We are asking our physicians to participate. Your participation is voluntary but important. The information you provide will be kept private. It will be used and reported only in the aggregate and not on an individual level. Your responses will not be shared with the practice.

If you have questions while completing this survey, please email [EMAIL ADDRESS] or call [PHONE NUMBER].

[IF NO]

E3. We understand. We would still like to reach out to the physicians at your practice to collect this information. We have a list of physicians affiliated with your practice from data used to sample practices for this survey. The survey takes no more than 5 minutes to complete. If you have concerns about our contacting the physicians in your practice, please contact us by email at [EMAIL ADDRESS] or by phone at [PHONE NUMBER].

---NEXT WEB SCREEN---

[IF SEND AN EMAIL WITH DETAILS]

E4. Thank you, we will send you an email to the following email address. Click "Next" if this email address is correct. If this is not correct, please edit the email address before proceeding.

[EDITABLE TEXT BOX WITH EMAIL ADDRESS FROM SCREENER]

---NEXT WEB SCREEN---

E5. As we mentioned, we will send you $100 for completing this survey. Would you like us to send this payment?

This payment can be made out to you *or* your practice, whichever you prefer.

- ○ Yes
- ○ No [SKIP TO END]

Display this text as a soft check if response is "No": You have indicated that we should not send a thank-you check for your participation. Please confirm this is correct before continuing.

E6. Please confirm the name and address to make the check payable to and where to send it. If you prefer that the check be made out to your practice, please leave the check recipient first and last name fields blank.

[FILL BELOW WITH THE INFORMATION FROM EARLIER IN THE SCREENER OR FROM THE SAMPLE LOAD FILE, IF INFORMATION NOT UPDATED IN THE SCREENER. INFORMATION SHOULD BE IN EDITABLE TEXT BOXES]
Check recipient first name:
Check recipient last name:
Practice Name:
Street Address 1:
Street Address 2:
City:
State:
Zip Code:

---NEXT WEB SCREEN---

E7. Thank you for completing this survey. Please add any comments about this survey or other feedback for the AMA here. If you have feedback about a specific survey question, please include the question number in your comment.

[TEXT BOX]

---NEXT WEB SCREEN---

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You are about to submit your survey. If you would like to review your responses before submitting, please click the "Back" button at the bottom of the screen to return to a previous question.

When you are ready to submit your survey, please click "Next" below.

---NEXT WEB SCREEN---

Thank You! Your completed survey has been submitted.

To exit the survey, simply close this browser tab/window. Thank you again for your participation.

If you have any questions, please email [EMAIL ADDRESS] or call [PHONE NUMBER].