

HOURS OF PATIENT CARE SURVEY

March 8, 2023

Thank you for completing this survey which will take less than 5 minutes. The survey will ask about the total hours of patient care you provided in 2022 at [PRACTICE NAME]. 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.

[PRACTICE NAME] has agreed to participate in a survey that gathers detailed data on 2022 practice expenses. The information you and your colleagues provide on hours and weeks worked 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, this aggregate information will be provided to the Centers for Medicare & Medicaid Services in support of accurate resource-based physician payment.

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 your practice.

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

---NEXT WEB SCREEN---

Important

- We understand your practice may have multiple physical locations/practice sites. Please respond about the physician practice as a whole (including all physical locations/practice sites), and be as accurate as possible. Please do not include time spent at other sites and facilities not affiliated with this practice.

Instructions

- To preview the survey: [Click Here](#).
- Answer all questions to the best of your ability.
- You may skip any questions you prefer not to answer.
- Click on “Back” at the bottom of the screen to go back to a previous question.
- [INSTRUCTIONS IF PRACTICE FIELDS THE SURVEY TO THEIR PHYSICIANS]:
- Use the “Next” button to proceed to the next question.
- Please be prepared to complete this survey in one sitting. Your data will not be saved if you stop before submitting the survey.
- After about 30 minutes of idle time, the survey may time out. If this happens, your answers will not be saved and you will need to start the survey again from the beginning.
- [INSTRUCTIONS IF WE (MATHEMATICA) FIELD THE SURVEY TO PHYSICIANS]:

- 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 to prior questions will be saved. If that happens, you will be redirected to the home page prior to resuming the survey where you left off.
- [ALL] If you have questions while completing this survey, please email [EMAIL ADDRESS] or call [PHONE NUMBER].

---NEXT WEB SCREEN---

1. Are you currently an owner or employee of, or do you contract with, [PRACTICE NAME]?

Yes → GO TO Q2

No [Exit survey after message at Q1a]



---NEXT WEB SCREEN---

1a. Thank you for your time. We are only collecting data from physicians who are currently an owner or employee of, or contracting with, [PRACTICE NAME].

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---

2. Did you start working at [PRACTICE NAME] in 2022 or before 2022?

In 2022 [Exit survey after message at Q2a]

Before 2022 → GO TO Q3



---NEXT WEB SCREEN---

2a. Thank you for your time. We are only collecting data from physicians who started working at [PRACTICE NAME] prior to 2022. This is to ensure the hours information is for the full year in order to calculate accurate expense per hour of patient care data.

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---

3. Please select your Medicare defined specialty from the list below. In total there are over 250 physician specialties/subspecialties; if needed please see the linked mapping document to understand how this larger list of physician specialties/subspecialties has been grouped into the 65 Medicare defined specialties used in this survey.

[LIST OF SPECIALTIES BELOW]

---NEXT WEB SCREEN---

4. How many weeks did you work at [PRACTICE NAME] in 2022? Please do not include days or weeks when you were on vacation, at a conference, out due to illness, or when your practice was closed. Please do not include days or weeks when you provided care in another practice or facility.

Range 0 to 52

Allow for DK

Allow for refused

DISPLAY FOLLOWING MESSAGE AT TOP OF SCREEN WITH Q4 IF 0 IS SELECTED AT Q4: You indicated that you worked for 0 weeks at [PRACTICE NAME] in 2022. Please confirm that is correct before proceeding.

[IF 0 WEEKS WORKED IN 2022, SKIP TO Q6]

---NEXT WEB SCREEN---

5. On average during those weeks, how many hours per week did you spend providing direct patient care at [PRACTICE NAME]?

IF SPECIALTY = ANESTHESIOLOGY, DISPLAY TEXT BELOW

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.

IF SPECIALTY = PATHOLOGY, DISPLAY TEXT BELOW

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.

IF SPECIALTY = DIAGNOSTIC RADIOLOGY, DISPLAY TEXT BELOW

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.

FOR ALL OTHER SPECIALTIES, DISPLAY TEXT BELOW

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.

Range 0 to 168

Allow for DK

Allow for refused

DISPLAY FOLLOWING MESSAGE AT TOP OF SCREEN WITH Q5 IF 0 IS SELECTED AT Q5: You indicated that, on average, you spent 0 hours per week providing direct patient care at [PRACTICE NAME] in 2022.

Please confirm that is correct before proceeding.

---NEXT WEB SCREEN---

[DISPLAY IF RESPONDENT PROVIDED 0 HOURS OF DIRECT PATIENT CARE IN 2022]

5a. What type of work did you do at [PRACTICE NAME] in 2022?

Select all that apply.

- Administrative work
- Teaching
- Research
- None, was on leave
- Other (specify)

---NEXT WEB SCREEN---

6. 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.

---NEXT WEB SCREEN---

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].