Practice Patterns of Young Physicians, 1997: [75 Largest Metropolitan Statistical Areas in the United States]

Jack Hadley

ICPSR 2829
PRACTICE PATTERNS OF YOUNG PHYSICIANS, 1997: [75 LARGEST METROPOLITAN STATISTICAL AREAS IN THE UNITED STATES]

(ICPSR 2829)

Principal Investigator

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Georgetown University

First ICPSR Version
May 2000

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Ann Arbor, Michigan 48106
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DATA DISCLAIMER

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DATA COLLECTION DESCRIPTION

Jack Hadley

PRACTICE PATTERNS OF YOUNG PHYSICIANS, 1997: [75 LARGEST METROPOLITAN STATISTICAL AREAS IN THE UNITED STATES] (ICPSR 2829)

SUMMARY: This survey reinterviewed a subsample of physicians who responded to the survey PRACTICE PATTERNS OF YOUNG PHYSICIANS, 1991: [UNITED STATES] (ICPSR 6145). Respondents answered questions about their practice arrangements, such as the number of different medical practices that they worked in during the past month, the number of hours spent providing patient care, and the number of patients seen in the past week. They also described the characteristics of their main practice in terms of type of practice setting, practice ownership, number of physicians, percentage of revenues from patients covered by Medicaid and Medicare, share of Medicaid and Medicare revenues from managed care organizations, percentage of patients with no health insurance coverage, and percentage of Black and Hispanic patients. Other information covered whether the practice had a formal mechanism for reviewing clinical practice decisions; whether it had contracted to provide care through a Preferred Provider Organization (PPO), Health Maintenance Organization (HMO), or Independent Practice Arrangement (IPA); whether it was joined with one or more physician practices or was purchased by an insurance company in the past two years; percentage of revenues from PPO, HMO, and IPA arrangements; and whether there were personal financial incentives that favored reducing or expanding services to patients. Additionally, respondents were asked whether contracts or other communications received from insurance plans implied that continued participation in the plans depended upon costs associated with their clinical decisions, or implied that they should not tell patients about restrictions on coverage for medically accepted testing, treatment, or referral options. Other questions probed respondents' career satisfaction, ethical beliefs regarding the practice of medicine, and freedom to practice medicine as they saw fit. The survey also gathered information on determinants of physician compensation, medical specialty, income, marital status, spouse's occupation, and the number of children living with the respondent.

UNIVERSE: Allopaths who responded to the survey PRACTICE PATTERNS OF YOUNG PHYSICIANS, 1991: [UNITED STATES] (ICPSR 6145) were located in the 75 largest Metropolitan Statistical Areas/Primary Metropolitan Statistical Areas in 1991, and worked 20+ hours per week in patient care in 1991. These physicians were under age 52 and had completed 8-17 years of post-residency training at the time of the survey. The allopath sample of the survey PRACTICE PATTERNS
OFT Young Physicians, 1991: [United States] (ICPSR 6145) had three components: (1) a simple random sample of physicians born in 1952 or later who completed residency training in 1986-1989, (2) an oversample of minority physicians who met the same criteria as the first component, and (3) a simple random sample of physicians who participated in the survey Practice Patterns of Young Physicians, 1987 (ICPSR 9277).

Sampling: The entire universe was sampled with a 70.7-percent response rate.

Note: (1) The cases in this study can be linked to cases in Practice Patterns of Young Physicians, 1991: [United States] (ICPSR 6145) by matching on the common ID variable CSID. (2) The SAS transport file was created using the SAS CPORT procedure. (3) The data map is provided as an ASCII file and the codebook is provided as a Portable Document Format (PDF) file. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided through the ICPSR website on the Internet.

Restrictions: To preserve respondent privacy, certain identifying variables are restricted from general dissemination. Aggregations of this information for statistical purposes that preserve the anonymity of individual respondents can be obtained from ICPSR in accordance with existing servicing policies.

Extent of Collection: 1 data file + machine-readable documentation (text and PDF)

Extent of Processing: CONCHK.PR/ MDATA.PR/ REFORM.DATA/ REFORM.DOC/ SCAN/ UNDOCCHK.PR

Data Format: Logical Record Length and SAS transport (CPORT) file

File Structure: rectangular
Cases: 1,549
Variables: 149
Record Length: 259
Records Per Case: 1

Related Publication:

Funding Agency: The Robert Wood Johnson Foundation
ICPSR Processing Note

1. Variable SPEC is the physician's primary specialty and SPE2 the secondary specialty as of 1996. These variables were added from the AMA masterfile. The coding schemes for SPEC and SPE2 are shown in Attachment B.

2. Code 98 for variables A2C1 and A2C2 represents "no other specialities."

3. STRATA is an internal variable used by Mathematica to allocate sample physicians to "replicates" of physicians released to the interviewers. STRATA is coded as follows:

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<td>Nonmover</td>
</tr>
<tr>
<td>2</td>
<td>Within MSA mover</td>
</tr>
<tr>
<td>3</td>
<td>Across MSA mover</td>
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<tr>
<td>4</td>
<td>Indeterminate (status resolved by interview)</td>
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</table>

4. Except for variable CSID, all of the variables described in the codebook section "Documentation for YPS-3 Sample" were not supplied to ICPSR by the principal investigator.

5. The SAS numeric missing values code (.) is represented as a blank in the LRECL data file.

6. For reasons of confidentiality, ICPSR has recoded to 9 all nonmissing cases of variable A1B (New Zip Code).

7. For reasons of confidentiality, ICPSR has recoded variables A2C (New Specialty #1), A2C1 (New Specialty #2), A2C2 (New Specialty #3), SPEC (Primary Speciality), and SPE2 (Secondary Speciality) as explained in the next codebook section, "Recoding of Medical Specialty Variables by ICPSR."
1. Variable SPEC has been recoded to ten categories as follows:

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General/Family Practice</td>
</tr>
</tbody>
</table>

Original codes:

- FP - Family Practice
- GP - General Practice

2. General Internal Medicine

Original code:

- IM - Internal Medicine

3. Specialty with No Reported Subspecialties

Original codes:

- A - Allergy
- AI - Allergy and Immunology
- AM - Aerospace Medicine
- CHN - Child Neurology
- D - Dermatology
- EM - Emergency Medicine
- N - Neurology
- NM - Nuclear Medicine
- OM - Occupational Medicine
- PH - Public Health/General Preventive Medicine
- PM - Physical Medicine and Rehabilitation

4. Medical Subspecialty

Original codes:

- ADL - Adolescent Medicine
- CD - Cardiovascular Diseases
- CCM - Critical Care Medicine
- CCP - Pediatric Critical Care Medicine
- DIA - Diabetes
- END - Endocrinology, Diabetes and Metabolism
- GE - Gastroenterology
- HEM - Hematology (Internal Medicine)
- ICE - Cardiac Electrophysiology
- ID - Infectious Diseases
- IMG - Geriatric Medicine (Internal Medicine)
- NEP - Nephrology
- NPM - Neonatal-Perinatal Medicine
- NTR - Nutrition
- ON - Medical Oncology
- PCC - Pulmonary Critical Care Medicine
- FDA - Pediatric Allergy
PDE - Pediatric Endocrinology
PEM - Pediatric Emergency Medicine
PG - Pediatric Gastroenterology
PN - Pediatric Nephrology
PDC - Pediatric Cardiology
PDP - Pediatric Pulmonology
PHO - Pediatric Hematology/Oncology
PUD - Pulmonary Diseases
RHU - Rheumatology

5 General Surgery, Surgical Specialty/Subspecialty

Original codes:

GS - General Surgery
AS - Abdominal Surgery
CDS - Cardiovascular Surgery
CRS - Colon and Rectal Surgery
FPS - Facial Plastic Surgery
HNS - Head and Neck Surgery
HSO - Hand Surgery (Orthopedic Surgery)
HSP - Surgery of the Hand (Plastic Surgery)
HSS - Surgery of the Hand (Surgery)
NS - Neurological Surgery
OP - Pediatric Orthopedics
OTO - Otolaryngology
OPH - Ophthalmology
ORS - Orthopedic Surgery
OSM - Sports Medicine (Orthopedic Surgery)
PDS - Pediatric Surgery
PO - Pediatric Ophthalmology
PS - Plastic Surgery
TRS - Traumatic Surgery
TS - Thoracic Surgery
U - Urology
VS - General Vascular Surgery

6 Pediatrics

Original code:

PD - Pediatrics

7 Obstetrics/Gynecology

Original codes:

GYN - Gynecology
MFM - Maternal and Fetal Medicine
OBG - Obstetrics and Gynecology
OBS - Obstetrics
GO - Gynecological Oncology
REN - Reproductive Endocrinology

8 Psychiatry
Original codes:

P   - Psychiatry
CHP - Child and Adolescent Psychiatry
PYA - Psychoanalysis

9   Anesthesiology

Original codes:

AN  - Anesthesiology

10  Radiology, Pathology, Other Specialty

Original codes:

DR  - Diagnostic Radiology
PDR - Pediatric Radiology
R   - Radiology
RNR - Neuroradiology
RO  - Radiation Oncology

ATP - Anatomic Pathology
BBK - Bloodbanking/Transfusion Medicine
CLP - Clinical Pathology
DMP - Dermatopathology
FOP - Forensic Pathology
PTH - Anatomical/Clinical Pathology

OS  - Other Specialty
FMD - Pain Medicine
PA  - Clinical Pharmacology
US  - Unspecified Specialty

2. Variable SPE2 has been recoded to seven categories as follows:

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<td>General/Family Practice, Pediatrics</td>
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<tr>
<td></td>
<td>Original codes:</td>
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<tr>
<td></td>
<td>FP   - Family Practice</td>
</tr>
<tr>
<td></td>
<td>GP   - General Practice</td>
</tr>
<tr>
<td></td>
<td>PD   - Pediatrics</td>
</tr>
<tr>
<td>2</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>Original code:</td>
</tr>
<tr>
<td></td>
<td>IM   - Internal Medicine</td>
</tr>
<tr>
<td>3</td>
<td>Specialty with No Reported Subspecialties</td>
</tr>
</tbody>
</table>
Original codes:

A   - Allergy
AI  - Allergy and Immunology
AM  - Aerospace Medicine
CHN - Child Neurology
EM  - Emergency Medicine
GPM - General Preventive Medicine
IG  - Immunology
NM  - Nuclear Medicine
N   - Neurology
OM  - Occupational Medicine
PH  - Public Health/General Preventive Medicine
PM  - Physical Medicine and Rehabilitation

4 Medical Subspecialty, Psychiatry

Original codes:

ADL - Adolescent Medicine
CD  - Cardiovascular Diseases
CCM - Critical Care Medicine
CN  - Clinical Neurophysiology
DIA - Diabetes
END - Endocrinology, Diabetes and Metabolism
ETX - Medical Toxicology (Emergency Medicine)
GE  - Gastroenterology
FPG - Geriatric Medicine (Family Practice)
FSM - Sports Medicine (Family Practice)
HEM - Hematology (Internal Medicine)
ICE - Cardiac Electrophysiology
ID  - Infectious Diseases
IMG - Geriatric Medicine (Internal Medicine)
ISM - Sports Medicine (Internal Medicine)
NEP - Nephrology
NFM - Neonatal-Perinatal Medicine
NTR - Nutrition
ON  - Medical Oncology
PDA - Pediatric Allergy
PCC - Pulmonary Critical Care Medicine
PDC - Pediatric Cardiology
PDE - Pediatric Endocrinology
PDP - Pediatric Pulmonology
PEM - Pediatric Emergency Medicine
PN  - Pediatric Nephrology
PHO - Pediatric Hematology/Oncology
PSM - Sports Medicine (Pediatrics)
PUD - Pulmonary Diseases
RHU - Rheumatology

P   - Psychiatry

PYA - Psychoanalysis

PYG - Geriatric Psychiatry

5 General Surgery, Surgical Specialty/Subspecialty,
Obstetrics/Gynecology

Original codes:

GS - General Surgery
AS - Abdominal Surgery
CDS - Cardiovascular Surgery
FPS - Facial Plastic Surgery
HNS - Head and Neck Surgery
HSO - Hand Surgery (Orthopedic Surgery)
HSP - Surgery of the Hand (Plastic Surgery)
NS - Neurological Surgery
OPH - Ophthalmology
ORS - Orthopedic Surgery
OSM - Sports Medicine (Orthopedic Surgery)
OTO - Otolaryngology
PDS - Pediatric Surgery
PO - Pediatric Ophthalmology
PS - Plastic Surgery
TRS - Traumatic Surgery
TS - Thoracic Surgery
U - Urology
VS - General Vascular Surgery

GYN - Gynecology
MFM - Maternal and Fetal Medicine
OBG - Obstetrics and Gynecology
OBS - Obstetrics
REN - Reproductive Endocrinology

Radiology, Anesthesiology, Pathology, Other Specialty

Original codes:

DR - Diagnostic Radiology
NR - Nuclear Radiology
PDR - Pediatric Radiology
R - Radiology

RO - Radiation Oncology
VIR - Vascular and Interventional Radiology

AN - Anesthesiology
APM - Pain Management (Anesthesiology)
CCA - Critical Care (Anesthesiology)

ATP - Anatomic Pathology
BBK - Bloodbanking/Transfusion Medicine
CLP - Clinical Pathology
DMP - Dermatopathology
HMP - Hematology (Pathology)
NP - Neuropathology
PCP - Cytopathology
PTH - Anatomical/Clinical Pathology
<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>2</td>
<td>Specialty with No Reported Subspecialties, Medical Subspecialty, General Surgery, Surgical Specialty/Subspecialty, Obstetrics/Gynecology, Radiology, Psychiatry, Anesthesiology, Pathology, Other Specialty</td>
</tr>
</tbody>
</table>

Original codes:

<table>
<thead>
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<th>Code</th>
<th>Code Description</th>
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</thead>
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<td>Family Practice</td>
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<tr>
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<td>General Practice</td>
</tr>
<tr>
<td>im</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>pd</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>ai</td>
<td>Allergy and Immunology</td>
</tr>
<tr>
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<td>Dermatology</td>
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<td>Emergency Medicine</td>
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<td>Neurology</td>
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<td>Occupational Medicine</td>
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<td>Physical Medicine and Rehabilitation</td>
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<td>ors</td>
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</tr>
<tr>
<td>oto</td>
<td>Otolaryngology</td>
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</tbody>
</table>

7 Unspecified Specialty

Original code:

US - Unspecified Specialty

3. Variable A2C has been recoded to three categories as follows:
4. Variable A2C1 has been recoded to four categories as follows:

<table>
<thead>
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<th>Code Description</th>
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<tbody>
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<td>General/Family Practice, General Internal Medicine, Pediatrics</td>
</tr>
<tr>
<td>2</td>
<td>Specialty with No Reported Subspecialties, Medical Subspecialty, General Surgery, Surgical Specialty/Subspecialty, Radiology, Psychiatry, Other Specialty</td>
</tr>
</tbody>
</table>

Original codes:

- fp - Family Practice
- im - Internal Medicine
- pd - Pediatrics
- d - Dermatology
- em - Emergency Medicine
- n - Neurology
- nm - Nuclear Medicine
- om - Occupational Medicine
- cd - Cardiovascular Diseases
- ge - Gastroenterology
- ger - Geriatrics
- id - Infectious Diseases
nep - Nephrology
on - Oncology
gs - General Surgery
ns - Neurological Surgery
r - Radiology
p - Psychiatry
os - Other Specialty

98 No Other Specialties

Original codes:

98 - No Other Specialties

blank - Inapplicable

Original codes:

blank - Inapplicable

5. Variable A2C2 has been recoded to four categories as follows:

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</thead>
<tbody>
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</tr>
<tr>
<td></td>
<td>Original codes:</td>
</tr>
<tr>
<td></td>
<td>fp - Family Practice</td>
</tr>
<tr>
<td></td>
<td>im - Internal Medicine</td>
</tr>
</tbody>
</table>

<p>| 2    | Specialty with No Reported Subspecialties, Medical Subspecialty, General Surgery, Radiology, Anesthesiology, Pathology |
|      | Original codes: |
|      | d - Dermatology |
|      | em - Emergency Medicine |
|      | n - Neurology |
|      | ger - Geriatrics |
|      | ntr - Nutrition |
|      | gs - General Surgery |
|      | r - Radiology |
|      | an - Anesthesiology |
|      | pth - Pathology |</p>
<table>
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</tbody>
</table>
The SAS System

12:10 Wednesday, September 29, 1999

CONTENTS PROCEDURE

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Engine: V612  Indexes: 0
Created: 12:10 Wed, Sep 29, 99
Last Modified: 12:10 Wed, Sep 29, 99
Protection: Compressed: NO
Data Set Type: Sorted: NO
Label:

-----Engine/Host Dependent Information-----

Data Set Page Size: 65536
Number of Data Set Pages: 28
File Format: 607
First Data Page: 1
Max Obs per Page: 56
Obs in First Data Page: 40
File Name: /sastemp/SAS_worka000020C4/t.ssd01
Inode Number: 40003
Access Permission: rw-r--r--
Owner Name: qwang
File Size (bytes): 1843200

-----Alphabetic List of Variables and Attributes-----

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<td>14</td>
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<td>A8 Num</td>
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<td>A9 Num</td>
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<td>Percent-Providing Primary Care Services</td>
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<td>A17 Num</td>
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<td>A23 Num</td>
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<td>Hours Spent in All Practices</td>
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<td>A24 Num</td>
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<td>Hours Spent Patient Care All Practices</td>
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<td>A26 Num</td>
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<td>Percent of Revenues--Medicaid</td>
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<td>Percent of Patients--Poor</td>
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<td>A32</td>
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<td>Percent of Patients--African-American</td>
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<td>A33</td>
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<td>Percent of Patients--Hispanic</td>
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<tr>
<td>64</td>
<td>A34</td>
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<td>479</td>
<td>General Rule--Sufficient Time</td>
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<td>A35</td>
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<td>487</td>
<td>General Rule--Hospitalize Patients</td>
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<td>A36</td>
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<td>495</td>
<td>General Rule--Length of Hospital Stay</td>
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<td>General Rule--Refer to Specialist</td>
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<td>General Rule--New Treatments</td>
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<td>General Rule--Expensive Procedures</td>
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<td>Reviewing Practice Decisions Y/N</td>
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<td>A44</td>
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<td>Review Performed by Physicians Y/N</td>
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<td>A45</td>
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<td>Competitive Situation</td>
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<td>A46</td>
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<td>Percent of Patients Act as Case Manager</td>
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<td>A51</td>
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<td>Contract with IPA Y/N</td>
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<td>Percent of Revenues--PPO</td>
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<td>88</td>
<td>A55</td>
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<td>671</td>
<td>Percent of Revenues--IPA</td>
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<td>Financial Incentives</td>
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<td>Affect on Services</td>
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<td>A58</td>
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<td>Communications Imply Y/N</td>
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<td>92</td>
<td>A59</td>
<td>8</td>
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<td>Risk of Exclusion</td>
</tr>
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<td>A60</td>
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<td>Contractual Obligations Y/N</td>
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<td>A65</td>
<td>8</td>
<td>783</td>
<td>Incentives--Ethically Acceptable</td>
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<td>A66</td>
<td>8</td>
<td>791</td>
<td>Guidelines--Possible Efficacy</td>
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<td>A67</td>
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<td>Guidelines--Enforced</td>
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<td>105</td>
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<td>Efforts by Payers</td>
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<td>Compliance by Physicians</td>
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<td>Efforts by Payers</td>
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<td># of Weeks Missed--Illness, Vacation</td>
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<td># of Weeks Missed--Conferences</td>
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<td>Salaried Y/N</td>
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<td>118</td>
<td>A81</td>
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<td>Draw Against Expected Earnings Y/N</td>
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<td>Length</td>
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<td>Label</td>
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<td>A82</td>
<td>Num</td>
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<td>919</td>
<td>Bonus or Incentive Y/N</td>
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<tr>
<td>A83</td>
<td>Num</td>
<td>8</td>
<td>927</td>
<td>Percent Earned Bonus or Incentive</td>
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**CONTENTS PROCEDURE**

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# Variable Type Len Pos Label
--------------------------------------------------------------------
121 A84  Num  8  935    Fixed Capitation or Fee-for-service Y/N
122 A85  Num  8  943    # of Plans Affiliated
123 A86  Num  8  951    Major Plan Y/N
124 A87  Num  8  .959   Entire Practice Capitated
125 A88  Num  8  967    Withhold Provision Y/N
126 A89  Num  8  975    Percent of Withhold
127 A90  Num  8  983    # of Plans Payment in Form of Capitation
128 A91  Num  8  991    # of Plans Payment Fee-for-service
129 A92  Num  8  999    Net Income, 1996
130 A93  Num  8  1007   Range of Income, 1996
131 A94  Num  8  1015   Contributions Made Y/N
132 A95  Num  8  1023   Amount Contributed
133 A96  Num  8  1031   Amount Included in Income Y/N
134 A97  Num  8  1039   Percent Derived from Medical Practice
137 A98  Num  8  1063   Marital Status
138 A99  Num  8  1071   Spouse employed Y/N
139 A100 Num  8  1079   Spouse a Physician Y/N
140 A101 Num  8  1087   Spouse's Occupation
141 A102 Num  8  1095   Children Y/N
142 A103 Num  8  1103   # of Children in Living in Household
143 A104 Num  8  1111   # of Children Under 6
144 A105 Num  8  1119   Happy with Career
42 A111 Num  8  303    Owner or Part Owner
30 A10A Num  8  207    Nature of Work Setting--Staff-model HMO
31 A10B Num  8  215    Nature of Work Setting--Office Based
32 A10C Num  8  223    Nature of Work Setting--Hospital
33 A10D Num  8  231    Nature of Work Setting--Hospital Clinic
34 A10E Num  8  239    Nature of Work Setting--Freestanding
35 A10F Num  8  247    Nature of Work Setting--Other
36 A11A Num  8  255    Owns Practice--Medical School
37 A11B Num  8  263    Owns Practice--State or Local Government
38 A11C Num  8  271    Owns Practice--Federal Government
39 A11U Num  8  279    Owns Practice--Physicians
40 A11E Num  8  287    Owns Practice--Other Corporation
41 A11F Num  8  295    Owns Practice--Other
147 A11G Num  8  1143   Hospital--Ownership Unspecified
6 A1A  Num  8  30      Same Practice Y/N
5 A1AB Num  8  22      Main Practice Y/N
8 A1B  Num  8  46      New Zip Code
9 A1CM Num  8  54      Month Left Practice
10 A1CY Num  8  62      Year Left Practice
11 A1D Num  8  70      Practice Still Open Y/N
135 A1D2 Num  8  1047  1991 Practice Still Open Y/N
12 A1E Num  8  78      Began Immediately Y/N
13 A1FM Num  8  86      Month Began
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<td>Num</td>
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<td>8</td>
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<td>Specialty the Same Y/N</td>
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<td>80</td>
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<td>607</td>
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<td>623</td>
<td>Adverse Affects--Depletes Withhold</td>
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<td>83</td>
<td>Num</td>
<td>8</td>
<td>631</td>
<td>Adverse Affects--Refer Outside</td>
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<td>95</td>
<td>Num</td>
<td>8</td>
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<td>Received Communications in 1995 Y/N</td>
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<td>Num</td>
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<td>743</td>
<td>Received Communications in 1995 Y/N</td>
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<td>Limit Disclosure--Patients Y/N</td>
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<td>Limit Disclosure--Competing Providers</td>
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<td>Last Week Typical</td>
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<td>1127</td>
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<td>0</td>
<td>Case ID#</td>
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<td>149</td>
<td>Num</td>
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<td>1159</td>
<td>Final Weight--Main Survey</td>
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<td>146</td>
<td>Num</td>
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<td>1135</td>
<td>New MSA*</td>
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<td>3</td>
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<td>3</td>
<td>11</td>
<td>Secondary Specialty</td>
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<td>3</td>
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<td>148</td>
<td>Num</td>
<td>8</td>
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<td>Strata</td>
</tr>
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</table>

* 1 = nonmover  
2 = mover, same MSA  
3 = mover, out of 1991 MSA
Contents

File Creation
Exclusions
File layout and variable definitions
  - Variables from 1991 YPS-2 Survey
  - Physicians Name and Address, 1996
  - Location Variables, 1996
  - Practice Characteristics, 1996
  - Address, 1991
  - Location Variables, 1991
  - Movers and Stayers
  - Additional Information

Attachments:
  - MSA codes
  - Specialty codes
  - Citizenship codes

File Creation

The YPS-3 sample file was created by merging together several different data sets.

- The initial sample of MDs consisted of the respondents to the YPS-2 survey. The YPS-2 survey provided information on the zip code of the physicians of the physicians' main practice and the number of hours per week spend in 1991.
- The YPS-2 survey data were linked to the initial YPS-2 sample files from the 1991 Masterfile, which provided the addresses of the physicians in 1991.
- These data were then merged with the 1996 Masterfile data, which provided current address and characteristics of the physicians.
- The YPS-2 zip codes were "cross-walked" to county FIPS codes, using the UDS zip code inventory. FIPS codes were used to determine the MSA in which the physicians were located.
- Phone numbers and fax numbers came from the AMA's PPA data base. (The PPA is the AMA's physician census which is used to update the Masterfile).

Exclusions

There were 6,053 physicians included in the YPS-2 survey. Of these physicians, 5,388 were included in the sample file for the YPS-3 survey. For the 665 physicians dropped from the sample, the various reasons for their exclusion are as follows:

<table>
<thead>
<tr>
<th>Reason for Exclusion</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
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</thead>
<tbody>
<tr>
<td>Less than 20 hrs/week in patient care in 1991 (TPCHRS&lt;20)</td>
<td>568</td>
<td>85.4%</td>
<td>85.4</td>
</tr>
<tr>
<td>Dead</td>
<td>18</td>
<td>2.7</td>
<td>88.1</td>
</tr>
<tr>
<td>Unknown address</td>
<td>1</td>
<td>0.1</td>
<td>88.3</td>
</tr>
<tr>
<td>IMG, returned to native country</td>
<td>2</td>
<td>0.3</td>
<td>88.6</td>
</tr>
<tr>
<td>Inactive</td>
<td>63</td>
<td>9.5</td>
<td>98.0</td>
</tr>
<tr>
<td>Not in U.S.</td>
<td>13</td>
<td>2.0</td>
<td>100.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>665</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
I. Variables from 1991 YPS-2 Survey

001-008 Char CSID  
Physician ID  
ID variable from 1991 YPS-2 Survey.

009-011 Num TPCHRS  
Total patient care hours per week  
Number of patient hours per week worked in 1991. TPCHRS equals the sum of YPS-2 variables, Q88A and Q88A2—the patient care hours per week in the physician's first and second practice. (Physicians who, in 1991, spent fewer than 20 hours per week in patient care have been deleted from the sample.)

II. Physicians Name and Address, 1996

012-039 Char NAME_96  
Name, 1996  
Physician's name, as it is listed on the current (1996) AMA Masterfile.

040-065 Char ADDR_96A  
Address, line 0, 1996  
First part of the physician's address, as listed on the current AMA Masterfile. (Due to recent enhancements to the Masterfile, physicians now may have a three-line address rather than only two. The additional line, which I called "line 0", usually contains a suite number, a hospital department, or some other institutional address.) This field is blank for many physicians.

066-095 Char ADDR_96  
Address, line 1, 1996  
Next part of the physician's address, as listed on the current AMA Masterfile. This field usually consists of the physician's street address.

096-125 Char CITY_96  
City, State, Zip code, 1996  
Last part of the physician's address, consisting of the physician's city, state, and zip code.

126-135 Char PHONE_96  
Phone Number  
Physician's phone number—if available

136-145 Char FAX_96  
Fax Number  
Physician's fax number—if available

III. Location Variables, 1996

146-150 Num ZIP_MF96  
Zip code, 1996  
Zip code from the current (1996) Masterfile. (This will be identical to the zip code in CITY_96, described above.)
151-155 Num FIP_MF96 FIPS code, 1996
This is the FIPS code, based on 1996 Masterfile data for the physician's county. (These five-digit FIPS codes will match up with the current Area Resource File.)

156-159 Num MSA_MF96 MSA code, 1996
The physician's current (Primary) Metropolitan Statistical Area, based on county data from the Masterfile.

160-160 Num T75_MF96 Top 75 largest MSA's, 1996
In 1996, physician practiced in one of the 75 largest MSAs. (See attachment A.)

161-161 Num REG_MF96 Census region, 1996
Census region in which physician practices, according to current AMA Masterfile.
1 Northeast
2 Midwest
3 South
4 West

162-162 Num DIV_MF96 Census Division, 1996
Census division in which physician practices, according to current AMA Masterfile.
1 New England
2 Middle Atlantic
3 East North Central
4 West North Central
5 South Atlantic
6 East South Central
7 West South Central
8 Mountain
9 Pacific

IV. Practice Characteristics, 1996

163-165 Char MPA_96 Major professional activity, 1996
Physicians major professional activity, according to current AMA Masterfile. The major professional activity in that in which the physician spends the plurality of his/her time.

Patient Care
OFF Office based physician
HPP Hospital-based resident
HPR Hospital-based physician staff

Nonpatient Care
MTC Medical teaching
ADM Administration
RES Research
OTH Other activity
NCL Not classified
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOP_96</td>
<td>Type of practice, 1996&lt;br&gt;Physician's type of practice according to the current Masterfile. It is based on responses to: “What is your primary type of practice (the activity in which you spend the most hours per week)?”&lt;br&gt;12 Resident&lt;br&gt;20 Direct patient care&lt;br&gt;30 Administration&lt;br&gt;40 Medical teaching&lt;br&gt;50 Medical research&lt;br&gt;62 Other nonpatient care&lt;br&gt;100 Not classified</td>
</tr>
<tr>
<td>EMP_96</td>
<td>Present employment, 1996&lt;br&gt;Physician's present employment according to the current Masterfile. It is based on responses to: “Which of the following best describes your primary employment arrangement?”&lt;br&gt;11 Self-employed solo practice&lt;br&gt;13 Two-physician practice&lt;br&gt;14 Employee of two-physician practice&lt;br&gt;21 Other patient care&lt;br&gt;30 Group practice&lt;br&gt;35 HMO&lt;br&gt;40 Medical School&lt;br&gt;50 Non-government Hospital&lt;br&gt;63 City/County/State Government—Hospital&lt;br&gt;64 City/County/State Government—Other than hospital&lt;br&gt;80 US Government&lt;br&gt;81 US Government—Army&lt;br&gt;82 US Government—Navy&lt;br&gt;83 US Government—Air Force&lt;br&gt;84 US Government—Public Health Service&lt;br&gt;85 US Government—Veterans Affairs&lt;br&gt;86 US Government—Other&lt;br&gt;101 Other nonpatient care&lt;br&gt;110 Not classified</td>
</tr>
<tr>
<td>FED_96</td>
<td>Federal employment, 1996&lt;br&gt;Flag variable for whether the physician is employed by the federal government, according to the current Masterfile.&lt;br&gt;0 Not federally employed&lt;br&gt;1 Federally employed</td>
</tr>
<tr>
<td>PRIM_96</td>
<td>Primary specialty code, 1996&lt;br&gt;Physician's primary specialty, according to the current Masterfile. (See attachment B.)</td>
</tr>
<tr>
<td>SECN_96</td>
<td>Secondary specialty code, 1996&lt;br&gt;Physician's secondary specialty (if there is one), according to the current Masterfile. (See attachment B.)</td>
</tr>
</tbody>
</table>
179-179  Num  CERT_96  Board certified, 1996
Flag variable for whether the physician is board certified, according to 
the current Masterfile.
   0  Not board certified
   1  Board certified

180-182  Num  CITIZ_96  Citizenship, 1996
Country of physician’s citizenship, according to the current Masterfile.
(See attachment C.)

183-186  Char  LICN_96  State licensure, 1996
Year in which physician first receive a license from the state of current 
mailing address, according to current Masterfile.
   “19”  No license reported for that state.
   “19xx”  Limited licensure

187-190  Char  NATB_96  Year of national board examination, 1996
Year physician competed the National Board Examination, according to 
current Masterfile.
   “19”  Examination date not reported

V. Address, 1991

191-220  Char  ADDR_91  Address, line 1, 1991
Physician’s street address, as listed on the 1991 AMA Masterfile.

221-250  Char  CITY_91  City, State, Zip code, 1991
Physician’s city, state, and zip code, as listed on the 1991 AMA 
Masterfile.

VI. Location Variables, 1991

251-255  Num  ZIP_MF91  Zip code, 1991
Physician’s zip code from the 1991 Masterfile. (This is identical to the 
zip code in CITY_91, described above.)

256-260  Num  ZIP_YPS2  Zip code, YPS2 survey
Physician’s zip code, according to the YPS-2 survey. (These zip codes 
are the only information on physicians’ practice location that were 
collected by the YPS-2 survey. The zip codes were collected by two 
survey questions: X86, the practice zip code of physicians with single 
practices; and X87, the zip code of the physician’s main practice, for 
physicians who have multiple practices.) Not all physicians responded 
to either question X86 or X87. Consequently, ZIP_YPS2 is missing for 
about 8.5% of the cases. Also, an additional 5.2% of the YPS-2 
respondents evidently did not provide valid zip codes. (At least their zip 
codes did not work in my zip code-county crosswalk, which was supposed 
to cover all zip codes in 1991.)
YPS2 zip code—adjusted with 1991 Masterfile zip code
This variable is set equal to ZIP_YPS2 when ZIP_YPS2 is available, and it is set equal to ZIP_MF91 (the Masterfile zip code) when ZIP_YPS2 either was missing or was not “linkable” with county data.

ZIP_YPSR adjusted with 1991 Masterfile zip code
This flag variable indicates whether ZIP_YPSR is based on YPS2 responses or on the Masterfile data.
0 YPS2 data
1 1991 Masterfile data

FIPS code from 1991 Masterfile
The FIPS code for the physician’s county, based on 1991 Masterfile data.

FIPS code based on adjusted YPS-2 zip codes (ZIP_YPSR)
The FIPS code for the physician’s county, based on ZIP_YPSR, the YPS-2 zip code (supplemented with 1991 Masterfile data.)

MSA code, based on 1991 Masterfile data (FIP_MF91)
The physician’s Metropolitan Statistical Area, based on county data from the Masterfile.

In top 75 largest MSA’s according to 1991 Masterfile
According to 1991 Masterfile, physician practiced in one of the 75 largest MSAs. (See attachment A.)
0 Not in top 75 MSAs
1 In top 75 MSAs

MSA code, based on YPS-2 data (FIP_YPS2)
The physician’s Metropolitan Statistical Area, based on counties obtained from YPS-2 responses (supplemented with 1991 Masterfile).

In top 75 largest MSA’s according to YPS-2 survey
According to YPS-2 survey (supplemented with 1991 Masterfile), physician practiced in one of the 75 largest MSAs. (See attachment A.)
0 Not in top 75 MSAs
1 In top 75 MSAs

VII. Movers and Stayers

Change in MSA, comparing YPS2 and 1996 Masterfile data
Physician changed MSAs, based on comparison of YPS2 data (supplemented with 1991 Masterfile) and 1996 Masterfile.
0 No change
1 Change
Change in MSA, comparing 1991 and 1996 Masterfile data
Physician changed MSAs, based on comparison of 1991 and 1996
Masterfile data.

| 0  | No change |
| 1  | Change |

Change in zip code, comparing YPS2 and 1996 Masterfile data
Physician changed zip codes, based on comparison of YPS2 data
(supplemented with 1991 Masterfile) and 1996 Masterfile.

| 0  | No change |
| 1  | Change |

Change in zip code, comparing 1961 and 1996 Masterfile data
Physician changed zip codes, based on comparison of 1991 and 1996
Masterfile data.

| 0  | No change |
| 1  | Change |

VIII. Additional Information

SMS respondents
Flag variable for respondents to 1996 SMS survey.

| 0  | Not a 1996 SMS respondent |
| 1  | 1996 SMS respondent |

Preferred office location
This field provides supplemental information on the physicians' 1996 practice location. It is the best data the AMA has on the physician's main practice—as opposed to the physician's mailing address, which might be a post office box, a second practice, and sometimes (but rarely) the physician's home address. A casual comparison of POLO_96 and the 1996 Masterfile mailing addresses indicate that they are usually identical. The data for POLO_96 is not formatted consistently. The data in this field is not formatted consistently across records. Thus, the zip codes are not always in the same columns, making this item rather difficult to analyze. Consequently, I did not consider POLO_96 when trying to determine who changed addresses between 1991 and 1996.
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<td>FSM Sports Medicine (Family Practice)</td>
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<tr>
<td>GE</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice</td>
</tr>
<tr>
<td>GPM</td>
<td>General Preventive Medicine—Includes:</td>
</tr>
<tr>
<td></td>
<td>GPX General Preventive Medicine</td>
</tr>
<tr>
<td></td>
<td>FTX Medical Toxicology (Preventive Medicine)</td>
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<td></td>
<td>UM Undersea Medicine</td>
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<tr>
<td>GS</td>
<td>General Surgery—Includes:</td>
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<td></td>
<td>AS Abdominal Surgery</td>
</tr>
<tr>
<td></td>
<td>CCS Surgical Critical Care (Surgery)</td>
</tr>
<tr>
<td></td>
<td>CD8 Cardiovascular Surgery</td>
</tr>
<tr>
<td></td>
<td>GS General Surgery</td>
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<td></td>
<td>HNS Head &amp; Neck Surgery</td>
</tr>
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<td></td>
<td>HSS Surgery of the Hand (Surgery)</td>
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<tr>
<td></td>
<td>POS Pediatric Surgery (Surgery)</td>
</tr>
<tr>
<td></td>
<td>TRS Traumatic Surgery</td>
</tr>
<tr>
<td></td>
<td>VS General Vascular Surgery</td>
</tr>
<tr>
<td>IM</td>
<td>Internal Medicine—Includes:</td>
</tr>
<tr>
<td></td>
<td>DIA Diabetes</td>
</tr>
<tr>
<td></td>
<td>END Endocrinology, Diabetes &amp; Metabolism</td>
</tr>
<tr>
<td></td>
<td>HEM Hematology (Internal Medicine)</td>
</tr>
<tr>
<td></td>
<td>HEP Hepatology</td>
</tr>
<tr>
<td></td>
<td>HO Hematology/Oncology</td>
</tr>
<tr>
<td></td>
<td>ICE Cardiac Electrophysiology</td>
</tr>
<tr>
<td></td>
<td>ID Infectious Diseases</td>
</tr>
<tr>
<td></td>
<td>IIL Clinical &amp; Laboratory Immunology (Internal Medicine)</td>
</tr>
<tr>
<td></td>
<td>IN Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>DMG Geriatric Medicine (Internal Medicine)</td>
</tr>
<tr>
<td></td>
<td>ISM Sports Medicine (Internal Medicine)</td>
</tr>
<tr>
<td></td>
<td>NEP Nephrology</td>
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<td></td>
<td>NTR Nutrition</td>
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<td></td>
<td>ON Medical Oncology</td>
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<tr>
<td></td>
<td>RHU Rheumatology</td>
</tr>
<tr>
<td>MG</td>
<td>Medical Genetics—Includes:</td>
</tr>
<tr>
<td></td>
<td>CBG Clinical Biochemical Genetics</td>
</tr>
<tr>
<td></td>
<td>CCG Clinical Cytogenetics</td>
</tr>
<tr>
<td></td>
<td>CG Clinical Genetics</td>
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<td></td>
<td>CMG Clinical Molecular Genetics</td>
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<td></td>
<td>MG Medical Genetics</td>
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<tr>
<td>N</td>
<td>Neurology—Includes:</td>
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<td></td>
<td>CHN Child Neurology</td>
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<tr>
<td></td>
<td>CN Clinical Neurophysiology</td>
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<td></td>
<td>N Neurology</td>
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<td>NM</td>
<td>Nuclear Medicine</td>
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<td>NS</td>
<td>Neurological Surgery—Includes:</td>
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<td>NCC Critical Care Medicine (Neurological Surgery)</td>
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<td>NS Neurological Surgery</td>
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<tr>
<td></td>
<td>NSP Pediatric Surgery (Neurology)</td>
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<tr>
<td>OBG</td>
<td>Obstetrics &amp; Gynecology—Includes:</td>
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<tr>
<td></td>
<td>GO Gynecological Oncology</td>
</tr>
<tr>
<td></td>
<td>GYN Gynecology</td>
</tr>
<tr>
<td></td>
<td>MEM Maternal &amp; Fetal Medicine</td>
</tr>
<tr>
<td></td>
<td>OBG Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td></td>
<td>OBS Obsterics</td>
</tr>
<tr>
<td></td>
<td>OCC Critical Care Medicine (Obstetrics &amp; Gynecology)</td>
</tr>
<tr>
<td></td>
<td>REN Reproductive Endocrinology</td>
</tr>
<tr>
<td>OM</td>
<td>Occupational Medicine</td>
</tr>
<tr>
<td>OPH</td>
<td>Ophthalmology—Includes:</td>
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<tr>
<td></td>
<td>OPH Ophthalmology</td>
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<tr>
<td></td>
<td>PO Pediatric Ophthalmology</td>
</tr>
<tr>
<td>ORS</td>
<td>Orthopedic Surgery—Includes:</td>
</tr>
<tr>
<td></td>
<td>OSO Hand Surgery (Orthopedic Surgery)</td>
</tr>
<tr>
<td></td>
<td>ORS Adult Reconstructive Orthopedics</td>
</tr>
</tbody>
</table>
List of Detail Self-Designated Practice Specialty Codes* (Continued)

OTO Otolaryngology—Includes:
PPS Facial Plastic Surgery
OT Otolaryngology
OTO Otolaryngology
PDO Pediatric Otolaryngology

P Psychiatry—Includes:
ADP Addiction Psychiatry
P Psychiatry
PFP Forensic Psychiatry
PYA Psychoanalysis
PYG Geriatric Psychiatry

PD Pediatrics—Includes:
ADL Adolescent Medicine
CCP Pediatric Critical Care Medicine
NPM Neonatal-Perinatal Medicine
PD Pediatrics
PDA Pediatric Allergy
PDE Pediatric Endocrinology
PDI Pediatric Infectious Disease
PDP Pediatric Pulmonology
PDT Medical Toxicology (Pediatrics)
PES Pediatric Emergency Medicine
PG Pediatric Gastroenterology
PHO Pediatric Hematology/Oncology
PLI Clinical & Laboratory Immunology (Pediatrics)
PN Pediatric Nephrology
PPR Pediatric Rheumatology
PSM Sports Medicine (Pediatrics)

PDC Pediatric Cardiology
PH Public Health and General Preventive Medicine
PM Physical Medicine & Rehabilitation
PS Plastic Surgery—Includes:
HSP Surgery of the Hand (Plastic Surgery)
PS Plastic Surgery

PUD Pulmonary Diseases—Includes:
PCC Pulmonary Critical Care Medicine
PUD Pulmonary Diseases

K Radiology—Includes:
NR Nuclear Radiology
PDR Pediatric Radiology
R Radiology
RNR Neuroradiology
RP Radiological Physics
VTR Vascular and Interventional Radiology

RO Radiation Oncology

TS Thoracic Surgery

U Urology—Includes:
U Urology
UP Pediatric Urology

OS Other Specialty—Includes:
ADM Addiction Medicine
CCM Critical Care Medicine
FLX Flex
LM Legal Medicine
OS Other Specialty
PA Clinical Pharmacology
PMD Pain Medicine
SM Sleep Medicine

US Unspecified

* Above listing gives the conversion of the detailed Self-Designated Practice Specialty Codes (as listed on the PPA questionnaire and on the AMA Physician MasterFile) into the 29 Specialty Codes used for statistical purposes by the Association. Above list is alphabetical by Specialty Code, not Specialty Name. See Appendix D for explanation of Self-Designated Practice Specialty Codes (SDPS).
1997 SURVEY OF YOUNG PHYSICIANS' GATEKEEPER:
Hello, may I speak with Dr. [fill NAME]. I am calling on behalf of Dr. Schroeder, president of the Robert Wood Johnson Foundation. We are conducting a study to understand how managed care is affecting medical practice today. We recently sent Dr. [fill NAME] a letter describing the study. (I’d like to schedule an appointment to speak with the doctor.)

DOCTOR:
My name is __________. I’m calling on behalf of Dr. Schroeder, president of the Robert Wood Johnson Foundation. The foundation, along with the AMA and the Agency for Health Care Policy and Research, is supporting a study to understand how managed care is affecting medical practice. We are particularly interested in physicians’ opinions on ethical issues raised by managed care. We recently sent you a letter describing the study. We would like you to participate in an interview that will take about 25 to 30 minutes.

<1> IF THE DOCTOR WANTS MORE INFORMATION [goto i3]
<2> TO CONTINUE WITH INTERVIEW [goto test]
<3> NEED TO CODE FINAL STATUS [goto fds]
<4> DOCTOR NOT AT THIS OFFICE / WRONG NUMBER [goto bdph]

NOT AVAILABLE NOW, SCHEDULE CALL BACK: skcb

====>
WHY SELECTED/VALUE OF STUDY:
We are calling you because you took part in a 1991 survey, sponsored by the foundation and the AMA, that examined the career paths of young physicians. We want to understand how changes brought about by managed care have affected physicians. We would appreciate your help and will share our research findings with you.

CONFIDENTIALITY:
All of your answers will be kept strictly confidential; data for the study will be reported in summary form. (Your answers will be seen only by the study investigators.)

WHO TO CONTACT:
If you have any questions about the study, you can contact the principal investigator, Dr. Jack Hadley, Director of the Institute for Health Care Research and Policy at Georgetown University. His number is 202-687-0880.

CAN'T GET SPECIFIC TIME:
Please call our toll-free number at your convenience. The number is 1-800-685-7623. If we have not heard from you in a few days, we will call again.

NEVER RECEIVED THE LETTER:
I can read the letter to you or if you prefer I can fax or mail it to you. [IF NO FAX AVAILABLE, VERIFY ADDRESS AND GIVE TO SUPERVISOR TO MAIL.]
>bdph< Is this [fill PHONE NUMBER]?

<0> NO (YOU MIS-DIALED)
<1> YES (YOU DIALED CORRECTLY) [goto wrn1]

====>

>msd1< I'm sorry. I must have mis-dialed.

TYPE <g> TO CONTINUE.

====>

>wrn1< I'm sorry. I must have the wrong number.

TYPE <g> TO CONTINUE.

====>

>s1< Could you please give me Dr. [fill NAME]'s current office address and telephone number?

INTERVIEWER: RECORD CURRENT ADDRESS AND PHONE NUMBER ON CONTACT SHEET.

<1> RECORD PHONE NUMBER AND ADDRESS ON CONTACT SHEET AND CONTINUE.

<8> DON'T KNOW
<9> REFUSED

====>

>MSA< INTERVIEWER: IS THERE A MSA CHANGE FROM 1991 (REFER TO CONTACT SHEET)? IF UNSURE, CHECK WITH SUPERVISOR.

<1> YES
<0> NO

====>
SCREENING QUESTIONS

>test< [IF PHYSICIAN IS AN ACROSS-MSA MOVER, GOTO a2; ELSE GOTO NEXT TEST]

>test< [IF 1991 PRACTICE TYPE MISSING, GOTO alab; ELSE GOTO a1]

>alab< You may remember that we interviewed you in 1991 about your perceptions and attitudes regarding a career in medical practice. Is that still your main practice, that is, the practice where you spend most of your time?

<1> YES [goto aa1]
<0> NO [goto a1 cm]
<7>

<8> PHYSICIAN IS NOT SURE IF THIS IS THE SAME PRACTICE
<9> REFUSED: skcb

====> [goto a1a]

The question is designed to determine whether the physician's main practice is the same as it was when he/she was interviewed in the 1991 survey. If the physician still works part-time at the same practice, but works more time at another practice, then the answer should be "No."

The concept of "main practice" is introduced in questions alab and a1. "Main practice" means the practice in which the physician spends the most time. It is important that the respondent not confuse the idea of multiple practices with the idea of multiple locations of a single practice. If a physician has more than one office, he or she does not necessarily have more than one practice. Only if the physician has separate practice arrangements does the concept of a "main" practice come into play.

If you enter the response of "Not sure", the computer program will skip to a probe screen (a1a).
You may remember that we interviewed you in 1991 about your perceptions and attitudes regarding a career in medical practice. At that time, you were with [fill PRACTICE TYPE Q52 FROM 1991]. Is that still your main practice, that is, the practice where you spend most of your time?

<1> YES [goto aa1]
<0> NO [goto al cm]
<7> PHYSICIAN IS NOT SURE IF THIS IS THE SAME PRACTICE
<9> REFUSED: skcb

The question is designed to determine whether the physician's main practice is the same as it was when he/she was interviewed in the 1991 survey. This is a very important question because the answer determines whether or not the physician will be included in the study. The interview will continue for physicians who stayed in the "same practice". The interview may or may not continue for physicians who changed practices.

If the physician still works part-time at the same practice, but works more time at another practice, then the answer should be "No."

The concept of "main practice" is introduced in questions a1ab and a1. "Main practice" means the practice in which the physician spends the most time. It is important that the respondent not confuse the idea of multiple practices with the idea of multiple locations of a single practice. If a physician has more than one office, he or she does not necessarily have more than one practice. Only if the physician has separate practice arrangements does the concept of a "main" practice come into play.

If you enter the response of "Not sure", the computer program will skip to a probe screen (a1a).
For this study, we will still consider you as being in the same practice if your 1991 practice changed addresses, clinics, offices or partners, but kept the same parent organization, or if your old practice changed ownership, for example, if the practice was sold to an outside organization, but you stayed on under the new ownership.

A new practice would be one where you terminated your relationship with the old practice and joined a different one or if your old practice was disbanded and you established a new practice or joined a different one. So is your 1991 practice still your main practice?

INTERVIEWER: IF RESPONDENT IS NOT SURE AFTER PROBING, CODE RESPONSE AS <0>.

<1> YES, SAME PRACTICE
<0> NO, DIFFERENT PRACTICE [goto a1cm]

<9> REFUSED: skcb

Notice in the definition of “same practice” if the physician’s practice merely changed its address, changed one or more partners, changed in ownership or corporate structure, or changed in the patients or clientele served, we consider it to be the same practice as the last time we interviewed him or her. If the physician now works in a different office or clinic of the same parent organization, we also consider it the same practice as last time.

If, however, the physician terminated his/her relationship with the old practice and became affiliated with a different one, the answer to Question alab (or a1) would be “No” indicating a change in practice. In addition, if the old practice was disbanded and the physician now works in another practice, the answer to Question alab (or a1) would also be “No.”
Is this practice still located in zip code [fill ZIP CODE OF FORMER PRACTICE (ZIP_YPSR)]?

INTERVIEWER: IF THE PRACTICE HAS MULTIPLE LOCATIONS SPANNING MULTIPLE ZIP CODES, AND IF AT LEAST ONE OFFICE IS LOCATED IN THIS ZIP CODE, CODE <1> YES (EVEN IF THE PARTICULAR OFFICE WHERE THE PHYSICIAN SPENDS THE MOST TIME IS NOT IN THAT ZIP CODE).

<1> YES [goto a2]
<0> NO
<7> NOT Applicable
<8> DON'T KNOW [goto a2]
<9> REFUSED [goto a2]

--->

Movers. The interview will continue for physicians who stayed in the “same practice,” regardless of the location of the new practice. If a physician changed practice and moved within his or her original MSA (Metropolitan Statistical Area) or moved outside his or her original MSA, a subsample will be interviewed.

If the practice has multiple locations spanning multiple zip codes, and if at least one office is located in the zip code shown in Question a1, the answer should be “Yes”, even if the particular office where the physician spends the most time is not in that zip code.

What is the ZIP code of this practice?

INTERVIEWER: IF MORE THAN ONE SITE, PROBE FOR ZIP CODE OF SITE WHERE RESPONDENT PRACTICES THE MOST TIME.

<1000-99997>
<7> NOT Applicable
<8> DON'T KNOW
<9> REFUSED

---> [goto a2]

This question is asked of physicians who stayed with the 1991 practice, but whose practice has moved to a new ZIP code.
When did you leave that practice?

**PROBE, IF NECESSARY:** We mean the practice you identified when we talked in 1991.

**INTERVIEWER:** CODE MONTH HERE AND YEAR ON NEXT SCREEN.

1> JANUARY  7> JULY
2> FEBRUARY  8> AUGUST
3> MARCH  9> SEPTEMBER
4> APRIL  10> OCTOBER
5> MAY  11> NOVEMBER
6> JUNE  12> DECEMBER

98> DON'T KNOW
99> REFUSED [goto ald]

==>

ENTER YEAR HERE

19<91-97>

98> DON'T KNOW
99> REFUSED

==>

This question is only asked for physicians no longer working in the 1991 practice.

Is that practice still open?

**PROBE, IF NECESSARY:** “Still open” means providing services to patients.

1> YES
0> NO

8> DON'T KNOW
9> REFUSED

==>
And did you begin working at your current practice immediately after [fill MONTH/YEAR FROM a1cm/a1cy (if don’t know, fill “leaving that practice”)]?

<1> YES
<0> NO [goto alfm]

<8> DON’T KNOW
<9> REFUSED

====> [goto test before a1g]

“Immediately after that” means immediately after leaving the practice where the physician worked at the time of the 1991 survey. If the physician worked at other practices in between, the answer here should be “No.”

When did you begin working at this practice?

<1> JANUARY <7> JULY
<2> FEBRUARY <8> AUGUST
<3> MARCH <9> SEPTEMBER
<4> APRIL <10> OCTOBER
<5> MAY <11> NOVEMBER
<6> JUNE <12> DECEMBER

<98> DON’T KNOW
<99> REFUSED

====>

ENTER YEAR

19<91-97>

<98> DON’T KNOW
<99> REFUSED

====>

“This practice” refers to the physician’s current practice.
As part of this study, we would like to contact your former practice to obtain some information about its current organizational structure and involvement with managed care. Could you give me the name and telephone number of an appropriate person to contact at that practice?

**PROBE:** An appropriate contact person could be another physician, office manager or other administrative personnel.

<1> TO RECORD NAME OF CONTACT PERSON

<8> DON'T KNOW [goto a2]
<9> REFUSED [goto a2]

---

>nam< RECORD NAME OF CONTACT PERSON HERE

---

>area< RECORD AREA CODE HERE

<10-997>

<998> DON'T KNOW
<999> REFUSED

---

>pnum< RECORD PHONE NUMBER HERE

<1000000-9999999>

<8> DON'T KNOW
<9> REFUSED

---

The contact name could be one of the physicians currently working in the former practice. If the physician doesn’t know the name of one of the physicians there, the name of the office manager or other administrative personnel at the former practice would be fine. Telephone number information is requested because the telephone information we have from the 1991 survey may be out of date, and having a phone number will help us greatly in getting in touch with that practice.
In your last complete week of practice, did you spend at least 20 hours in the direct care of patients?

PROBE, IF NECESSARY: Direct care of patients includes face-to-face contact with patients as well as record keeping and office work related to patient care such as completing insurance forms and telephone calls to other physicians or hospitals on a patient's behalf. Please exclude "on call" time when you are not directly engaged in one of the patient care activities I just listed. Also, exclude time doing research in a lab, or teaching in a classroom.

<1> YES [goto a2cc]
<0> NO
<8> DON'T KNOW
<9> REFUSED
Was your last complete week of practice a typical work week for you or do you usually spend at least 20 hours a week in patient care?

INTERVIEWER: IF PHYSICIAN REPLIES THAT SCHEDULE IS VARIABLE, REPEAT QUESTION AND PROBE FOR BEST ESTIMATE.

<1> Last week was typical
<2> Usually spend at least 20 hours [goto a2cc]

<8> DON'T KNOW
<9> REFUSED

This is an important question because the response will determine whether the physician is included in the survey or not. If the physician generally spends 20 hours per week or more in the direct care of patients, s/he will be included; if the physician does not generally spend at least 20 hours per week in patient care, s/he will not.

Next, I have a few questions on how much time you spent on various activities in your last complete week of practice. How many hours did you spend in the direct care of patients?

<0-997>

<998> DON'T KNOW
<999> REFUSED

The number of hours here are meant to be mutually exclusive, with direct care of patients taking priority. Thus if the physician indicates that as a medical educator he takes residents on rounds in the hospital, visiting patients and making recommendations about a course of treatment, this should be counted as direct care of patients. The medical educator hours should be those when the physician is not seeing or otherwise caring for patients. The same applies to conducting research.

If the response here indicates that the physician spends at least 20 hours per week in direct care of patients, then it indicates that the physician misunderstood a2. You should indicate that we would still like to conduct the interview and back up to correct a2.
How many hours did you spend conducting research?

<0-997>

<998> DON'T KNOW
<999> REFUSED

How many hours did you spend as a medical educator?

INTERVIEWER: IF PHYSICIAN INDICATES THAT AS A MEDICAL EDUCATOR SHE OR HE TAKES RESIDENTS ON ROUNDS IN THE HOSPITAL, VISITS PATIENTS AND MAKE RECOMMENDATIONS ABOUT A COURSE OF TREATMENT, THIS SHOULD BE COUNTED AS DIRECT CARE OF PATIENTS.

<0-997>

<998> DON'T KNOW
<999> REFUSED

How many hours did you spend as a manager or administrator?

<0-997>

<998> DON'T KNOW
<999> REFUSED

This survey is only for physicians who spend at least 20 hours per week in the direct care of patients.

TYPE <g> TO CONTINUE
Are your specialties or subspecialties still [fill SPECIALTIES FROM 1991]?

<1> YES
<0> NO [goto a2c]

<8> DON'T KNOW
<9> REFUSED

====> [goto a3]
What are your specialties or subspecialties in this practice?

INTERVIEWER: IF NOT ON LIST AT WORKSTATION, CALL SUPERVISOR. CODE NEONATOLOGY AS PD.

<table>
<thead>
<tr>
<th>Specialty Code</th>
<th>Specialty Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;A &gt;</td>
<td>Allergy</td>
</tr>
<tr>
<td>&lt;ADL&gt;</td>
<td>Adolescent Medicine</td>
</tr>
<tr>
<td>&lt;AI &gt;</td>
<td>Allergy &amp; Immunology</td>
</tr>
<tr>
<td>&lt;AM &gt;</td>
<td>Aerospace Medicine</td>
</tr>
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<td>&lt;AN &gt;</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>&lt;AS &gt;</td>
<td>Abdominal Surgery</td>
</tr>
<tr>
<td>&lt;CD &gt;</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>&lt;CDS&gt;</td>
<td>Cardiovascular Surgery</td>
</tr>
<tr>
<td>&lt;CHP&gt;</td>
<td>Child &amp; Adolescent Psychiatry</td>
</tr>
<tr>
<td>&lt;CRS&gt;</td>
<td>Colon &amp; Rectal Surgery</td>
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<tr>
<td>&lt;D &gt;</td>
<td>Dermatology</td>
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<td>&lt;DIA&gt;</td>
<td>Diabetes</td>
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<td>&lt;DLI&gt;</td>
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<td>&lt;DR &gt;</td>
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<td>Emergency Medicine</td>
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<td>&lt;END&gt;</td>
<td>Endocrinology</td>
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<td>&lt;FOP&gt;</td>
<td>Forensic Pathology</td>
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<tr>
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<tr>
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<td>Gastroenterology</td>
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<tr>
<td>&lt;HSO&gt;</td>
<td>Hand Surgery (Orthopedic Surgery)</td>
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<tr>
<td>&lt;HSS&gt;</td>
<td>Surgery of the Hand (Surgery)</td>
</tr>
<tr>
<td>&lt;ID &gt;</td>
<td>Infectious Diseases</td>
</tr>
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<td>&lt;IG &gt;</td>
<td>Immunology</td>
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<td>&lt;PD &gt;</td>
<td>Pediatrics</td>
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<td>&lt;PDA&gt;</td>
<td>Pediatric Allergy</td>
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<td>&lt;PDC&gt;</td>
<td>Pediatric Cardiology</td>
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<td>&lt;PDS&gt;</td>
<td>Pediatric Surgery (Surgery)</td>
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<tr>
<td>&lt;PH &gt;</td>
<td>Public Health &amp; General Preventive Medicine</td>
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<tr>
<td>&lt;PHO&gt;</td>
<td>Pediatric Hematology/Oncology</td>
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<tr>
<td>&lt;PIP&gt;</td>
<td>Immunopathology</td>
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<tr>
<td>&lt;PM &gt;</td>
<td>Physical Medicine &amp; Rehabilitation</td>
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<tr>
<td>&lt;PS &gt;</td>
<td>Plastic Surgery</td>
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<td>&lt;PUD&gt;</td>
<td>Pulmonary Diseases</td>
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<td>&lt;R &gt;</td>
<td>Radiology</td>
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<td>&lt;RHU&gt;</td>
<td>Rheumatology</td>
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<td>Radiation Oncology</td>
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<td>&lt;TR&gt;</td>
<td>Therapeutic Radiology</td>
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<td>&lt;TRS&gt;</td>
<td>Traumatic Surgery</td>
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<tr>
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<td>&lt;U &gt;</td>
<td>Urology</td>
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<tr>
<td>&lt;VS &gt;</td>
<td>General Vascular Surgery</td>
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</tbody>
</table>

The above is a list of specialty codes. If the physician provides a subspecialty not on the list, refer to Exhibit 6 (list of minor codes) and back code to one of the major specialties.
I'd like to ask you a few questions about your general perceptions of your medical career. At the present time, do you have any doubts that medicine is the right profession for you? Would you say you have . . .

1. Serious doubts,
2. Slight doubts, or
3. No doubts at all?

8. DON'T KNOW
9. REFUSED

The next two questions ask about your expectations of a career in medicine.

Thinking back to your expectations when you graduated from medical school, does your opportunity to practice quality medicine . . .

1. Exceed,
2. Meet, or
3. Fall short of your expectations?

8. DON'T KNOW
9. REFUSED

Thinking back to your expectations when you graduated from medical school, does the degree of your professional autonomy . . .

PROBE: Degree of professional autonomy refers to the extent to which you use your professional judgement in making decisions.

1. Exceed,
2. Meet, or
3. Fall short of your expectations?

8. DON'T KNOW
9. REFUSED

Degree of professional autonomy means the extent to which the physician gets to use his or her professional judgment in making decisions, as opposed to following the dictates of someone else, an organizational policy, or the requirements of the insurance plan.
CURRENT PRACTICE SETTING

In how many different medical practices did you work in the past month? Do not count multiple offices for the same practice as separate practices.

PROBE, IF NECESSARY:

(1) By the term “medical practice” I mean a distinct medical employment arrangement for which you receive financial compensation.

(2) IF YOU ARE ASKED ABOUT HOSPITAL STAFF PRIVILEGES, SAY: Please do not count hospital staff privileges as a separate practice.

<1-20>

<98> DON'T KNOW
<99> REFUSED

====>

>test<  [IF a6 GT <1>, GOTO it7; ELSE GOTO a7]

>it7< The next series of questions asks for information about your main practice, the one where you spend the largest share of your patient care time.

TYPE <g> TO CONTINUE

====>

The lead-in to this question will only appear on the screen if the respondent indicated he/she had more than one practice. From this point on, the program will insert special words for physicians with more than one practice.
Please tell me how satisfied you are with your current practice—would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

<1> VERY SATISFIED
<2> SOMEWHAT SATISFIED
<3> SOMEWHAT DISSATISFIED
<4> VERY DISSATISFIED

<8> DON'T KNOW
<9> REFUSED

---

[IF RADIOLOGIST, ANESTHESIOLOGIST, OR PATHOLOGIST (INCLUDING SUBSPECIALISTS) GOTO a10; else goto a8]

Radiologist, Anesthesiologists, and Pathologists will skip to a10, because they do not generally provide primary care services.
Now I would like to ask you about primary care services, by which I mean services like routine comprehensive physical exams not related to a specific complaint or symptom, coordinating your patients' general medical care, and treating common ailments like colds and flu. Do you provide any primary care services in this practice?

**PROBE, IF NECESSARY:** We are interested in general primary care, not care related only to a specialty.

**INTERVIEWER:** THE TYPES OF PHYSICIANS WHO NORMALLY PROVIDE PRIMARY CARE INCLUDE: GENERAL PRACTICE, FAMILY PRACTICE (GENERAL), FAMILY PRACTICE (GERIATRICS), INTERNAL MEDICINE (GENERAL), INTERNAL MEDICINE (GERIATRICS), PEDIATRICS (GENERAL). IN ADDITION, MANY OBSTETRICIANS AND GERONTOLOGISTS CONSIDER THEMSELVES AS PRIMARY CARE PHYSICIANS AS WELL.

<1> YES  
<0> NO [goto a10]

<8> DON'T KNOW [goto a10]  
<9> REFUSED [goto a10]

This question is asked of specialists as well as primary care physicians. Some specialists may answer that he or she provides primary care for the eye, or the throat, or whatever part of the body the specialist is most concerned about. However, we are interested in general primary care, not care related only to a specialty. As always, if the physician requests clarification, the best probe is to repeat the question emphasizing appropriate words to help the respondent understand the question.
About what proportion of the time in your last complete week of work in this practice was spent providing primary care services?

**PROBE, IF NECESSARY:** Primary care includes services like routine comprehensive physical exams not related to a specific complaint or symptom, coordinating your patients' general medical care, and treating common ailments like colds and flu.

- **0-100 PERCENT**
- **998 DON'T KNOW**
- **999 REFUSED**

- **test** [IF a9 EQ 0, GOTO a9a; ELSE GOTO a10]

You answered that you provide primary care services but did not provide any last week. Was your last complete week of practice typical or do you usually provide primary care services?

- **1 LAST WEEK WAS TYPICAL**
- **2 USUALLY PROVIDE PRIMARY CARE SERVICES**
- **8 DON'T KNOW**
- **9 REFUSED**

- **test**
What is the nature of the setting in which you work? Is it . . .

INTERVIEWER:

(1) READ EACH AND CODE ALL THAT APPLY

(2) IF NECESSARY, REMIND R WE ARE REFERRING THEIR MAIN PRACTICE.

(3) IN A STAFF MODEL HMO, CARE IS DELIVERED BY SALARIED PHYSICIANS WHO ARE EMPLOYED BY THE HMO. PHYSICIANS OFFICES ARE LOCATED IN A CENTRAL FACILITY OWNED AND OPERATED BY THE HMO.

<1> A staff-model HMO?
<2> An office-based practice?
<3> A hospital?
<4> A hospital clinic?
<5> A freestanding ambulatory care, surgical or emergency care center, operated by a hospital or by a chain with centers operated under the same name?
<6> Or some other type of setting? (SPECIFY) [specify]
<8> NO OTHER RESPONSE
<x> DELETE A RESPONSE

<8> DON'T KNOW
<9> REFUSED

=>
Who owns this practice? Is it . . .

INTERVIEWER:

(1) READ EACH AND CODE ALL THAT APPLY

(2) IF NECESSARY, REMIND R WE ARE REFERRING TO THEIR MAIN PRACTICE.

<1> A medical school or university?
<2> A State or local government?
<3> The federal government?
<4> One or more physicians, or a physician-owned corporation?
<5> Some other type of corporation?
<6> Or some other type of owner? (SPECIFY) [specify]
<n> NO OTHER RESPONSE
<x> DELETE A RESPONSE

<8> DON'T KNOW
<9> REFUSED

Note that this question allows for multiple responses because practices may be owned by more than one entity. For example, a medical school or university may be part-owners of a practice with a group of physicians who teach at the medical school or university.
>test<  [IF a11 EQ <2> OR a11 EQ <3>, GOTO a13; ELSE GOTO a111]

>a111<  Are you an owner or part owner of this practice? Consider yourself an owner if you are self-employed in this practice or a share-holder of your own professional corporation.

INTERVIEWER: PHYSICIANS MAY OWN THEIR OWN PRACTICE, BE A PART OWNER, OR BE A SALARIED PHYSICIAN WHO DOES NOT OWN ANY OF THE PRACTICE. PHYSICIANS SOMETIMES REFER TO THEIR PRACTICE AS BEING A PC, OR PROFESSIONAL CORPORATION. THEY MAY BE THE SOLE SHARE-HOLDER OR A PART SHARE-HOLDER IN THE PROFESSIONAL CORPORATION.

<1> YES, OWNER
<2> YES, PART OWNER
<0> NO

<8> DON'T KNOW
<9> REFUSED

----->
>a12< Is this practice organized as a for-profit or not-for-profit entity?

INTERVIEWER: NOTE THAT A PRACTICE MAY NOT MAKE A PROFIT, BUT STILL MAY BE ORGANIZED AS A FOR-PROFIT ENTITY. SIMILARLY A NOT-FOR-PROFIT ENTITY CAN MAKE A PROFIT.

<1> FOR PROFIT
<2> NOT FOR PROFIT

<8> DON'T KNOW
<9> REFUSED

===>

The physician may indicate that the practice does not make a profit, but it still may be organized as a for-profit entity. The question has to do with the way the practice is organized, not whether any profit is actually realized by the practice.

>a13< At how many sites do you work in this practice?

<1-20> SITES

<98> DON'T KNOW
<99> REFUSED

===>

This question has to do with the number of locations of the practice in which the physician actually works. For example, the physician's practice may have 3 offices, and he may work in 2 of them. The response here should be "2".

>test< [IF a13 GT <1>, GOTO a15; ELSE GOTO a14]

>a14< What is the zip code for that practice? (DELETED)

<1000-99999> ZIP CODE

<8> DON'T KNOW
<9> REFUSED

===> [goto a16]
What is the zip code of the site in which you spend the most time? (DELETED)

<1000-99999> ZIP CODE

<8> DON'T KNOW
<9> REFUSED

--->

Including yourself, how many physicians are in this practice?

PROBE: Your best estimate is fine.

<1-9997>

<9998> DON'T KNOW [goto a17]
<9999> REFUSED [goto a17]

---> [goto a18]

Are there more than 30 physicians in this practice?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

--->

Note that this question will only appear on your screen when the physician responds "don't know" or refuses a16. Generally this would only be the case when a physician worked in a large organization such as an HMO. Question a17 is designed to get a rough idea of how many physicians work in the practice.
In the past two years, did your practice join with one or more **physician practices**? By “join” I mean merge, acquire or be acquired by, or affiliate with another practice or anything like that. This does not include joining with a hospital.

<1> YES
<0> NO

<8> DON’T KNOW
<9> REFUSED

This question begins a series asking about recent organizational changes the doctor may have experienced. This question refers to two or more physician practices joining together (as distinct from a practice joining with a hospital or an insurance company, and so forth, which you will ask about later). When 2 practices join, one practice can buy the other (an acquisition), obtaining the assets of the other practice while maintaining its own identity and assets. The two practices can merge by combining assets as a new entity (a merger). Or, the two practices can affiliate with each other, sharing some resources and responsibilities, but each maintaining its own assets and identity (an affiliation). The concept of “joining with” is meant to include all of these possibilities.

In the past two years, did your practice join with one or more hospitals? By “join” I mean merge, acquire or be acquired by, or affiliate with a hospital or anything like that.

<1> YES
<0> NO

<8> DON’T KNOW
<9> REFUSED

See previous question for an explanation of what we mean by “join.”
In the past two years, was your practice purchased by an insurance company?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

Physicians' practices may be purchased by insurance companies in order to provide services to the persons covered by those insurance plans.

Now I would like to ask you how you allocate your hours among patient care and other activities in your [if a6 gt <1> fill "main"] practice. During your most recent complete week, how many hours were spent providing patient care--including paperwork, supervising people who work for you, and other activities related to patient care?

PROBE, IF NECESSARY: Direct care of patients includes face-to-face contact with patients as well as record keeping and office work related to patient care such as completing insurance forms and telephone calls to other physicians or hospitals on a patient's behalf. Please exclude "on call" time when you are not directly engaged in one of the patient care activities I just listed. Also, exclude time doing research in a lab, or teaching in a classroom.

<0-997> HOURS

<998> DON'T KNOW
<999> REFUSED


During your most recent complete week in your [if a6 gt <1> fill “main”] practice, how many hours did you spend in all other activities, such as conducting medical research, as a medical educator, or as manager or administrator of this practice?

<0-997> HOURS

<998> DON'T KNOW
<999> REFUSED

==>

[IF a6 GT <1>, GOTO a23; ELSE GOTO a25]

During your most recent complete week, how many hours did you work in all of your other practices?

<0-997> HOURS

<998> DON'T KNOW
<999> REFUSED

==>

Note that this question concerns hours spent in practices other than the “main practice.”
How many of [fill a23] hours were spent in patient care?

PROBE, IF NECESSARY: Patient care includes seeing patients, performing surgery, providing related patient services including services performed by radiologists, anesthesiologists and pathologists. Please exclude “on call” time when you are not directly engaged in one of the patient care activities I just listed. Also exclude time doing research in a lab, or teaching in a classroom.

<0-997> HOURS

<998> DON'T KNOW
<999> REFUSED

Note that this question is intended to obtain information about patient care hours spent in practices other than the “main practice.”
During your most recent complete week in your practice, how many patients did you see altogether, in all settings? These settings include seeing patients in the office, in outpatient clinics and emergency rooms, in nursing homes or long term care facilities, and in their homes, performing operations and deliveries, and making hospital rounds.

PROBE:

(1) Your best estimate is fine.

(2) If physician was ill, on vacation, or not working during the most recent complete week, refer to most recent complete week when he/she did work.

INTERVIEWER: EACH PATIENT SHOULD BE COUNTED ONLY ONCE, NO MATTER HOW MANY TIMES THE PHYSICIAN MAY HAVE SEEN THE PATIENT.

PATIENTS

DON'T KNOW

REFUSED

This question is intended to determine how many patients the physician saw in the most recent complete week in all settings. If the physician was ill or on vacation or not working for some other reason during the most recent complete week, have the physician answer for the most recent complete week when he/she did work.

Each patient should be counted only once, no matter how many times the physician may have seen the patient. The patients may have been seen at any of the settings listed in the question.

If the physician has more than one practice, this question is designed to capture information about patients served by the main practice. (If the physician has more than one practice, this question will be followed by one that will ask about patients the physician saw during the most recent complete week as part of his/her work for any other practices.)
During your most recent complete week of work, how many patients did you see in all of your other practices?

PROBE: Your best estimate is fine.

<1-997> PATIENTS

<998> DON'T KNOW
<999> REFUSED

Note that this question will appear only for respondents who have more than one practice. As in the previous question, each patient should be counted only once, even if seen more than once during that week.
Now I’d like to ask you about the sources of patient revenues and patient characteristics in your [if a6 gt <1> fill "main"] practice. During the past year, what percent of this practice's revenues came from care provided to patients covered by [fill MEDICAID/Medical Assistance/MediCal for California/AHCCCS for Arizona/MediKan for Kansas]?

PROBE: Your best estimate is fine.

INTERVIEWER:

(1) MEDICAID IS A MEDICAL ASSISTANCE PROGRAM FOR LOW-INCOME PERSONS.

(2) REVENUE MEANS MONEY COMING INTO THE PRACTICE.

(3) AHCCCS IS PRONOUNCED "ACCESS".

<0-100> PERCENT

<998> DON’T KNOW

<999> REFUSED

This question asks about the percent of the practice’s revenues that came from Medicaid during the last year. “Revenues” means money coming into the practice. Revenues can be paid to physicians for the services that they have provided already, or for potentially providing services to certain covered persons if the need arises.

For this question, we want to know about all forms of Medicaid, whether it is made on a fee-for-service basis or capitated basis.

Not all physicians accept patients with Medicaid coverage. Physicians may be somewhat reluctant to say that they do not take any Medicaid patients, so you’ll want to be sensitive to this in the interview.

Note that not all low-income persons are covered by Medicaid, and physicians may serve poor persons who are not covered by Medicaid, either accepting what the person can pay, spreading out payments over a long period of time, or by writing off all or part of the charges as bad debt.
>test< [IF a26 GT <0>, GOTO a27; ELSE GOTO a28]

>a27< About what share of those [fill MEDICAID/ Medical Assistance/ MediCal for California/ AHCCCS for Arizona/ MediKan for Kansas] revenues in your [if a6 gt <1> fill “main”] practice come from HMOs or managed care organizations?

PROBE: Your best estimate is fine.

INTERVIEWER: 100% = ALL MEDICAID REVENUE

<0-100> PERCENT OF MEDICAID REVENUE

<998> DON'T KNOW

<999> REFUSED

===>

In some states Medicaid programs can involve managed care organizations. In these cases, the physician's revenues would from the managed care organization. In this question we are asking what part of the Medicaid payments the physician receives came as payments from a managed care organization such as an HMO. In some cases, physicians may not be able to tell which of their managed care patients are actually being paid for by Medicaid, since Medicaid will be paying the managed care organization and the managed care organization will be paying the physician.

Note that physicians often think more in terms of the number of patients covered by managed care Medicaid plans than percent of revenues which came from such plans. Indicate that the physician's best estimate of the percent of revenues is fine.
During the past year, what percentage of this practice’s revenues came from care provided to patients covered by Medicare?

PROBE: Your best estimate is fine.

INTERVIEWER:

(1) MEDICARE IS A FEDERAL HEALTH INSURANCE PROGRAM FOR PEOPLE 65 OR OLDER AND FOR CERTAIN DISABLED PEOPLE.

(2) NOTE THAT THIS QUESTION CONCERNS THE PERCENTAGE OF ALL PRACTICE REVENUES COMING FROM ANY FORM OF MEDICARE.

<0-100> PERCENT

<99> DON’T KNOW

<999> REFUSED

Physicians may be paid for the services they provide to Medicare beneficiaries in a variety of ways. Physicians who accept Medicare beneficiaries agree to accept Medicare “approved charges” for the services they provide. Increasingly, Medicare beneficiaries are receiving their Medicare coverage through managed care plans, but most still receive their care in more traditional ways.

Medicare is a Federal Health Insurance program for people 65 or older and for certain disabled people. Because Medicare is an insurance plan, it has many features in common with private health insurance. Medicare has two parts. Part A (Hospital Insurance) helps pay for inpatient hospital care, and for some nursing home, home health, and hospice care. Part B (Medical Insurance) helps pay for doctor’s services, outpatient hospital services, medical equipment, and some other services not covered by Part A.

Physicians who accept Medicare patients agree to charge no more than Medicare “Approved Amounts” for covered services. Medicare then pays the physician a percentage of this charge; the patient is responsible for paying the rest, which is known as the coinsurance. Patients are also responsible for premiums (for Part B), for deductibles and for the cost of uncovered services (including dental care and prescriptions).

Because Medicare does not cover 100% of a beneficiary’s health cost, many enrollees purchase supplemental insurance known as Medigap policies. These policies are not covered by any public funding, therefore any revenue a physician receives from Medigap coverage should be thought of as private or commercial insurance.
Increasingly, Medicare beneficiaries are being provided coverage under managed care plans. Medicare Managed Care operates much like other managed care plans, that is, the physician receives payment from the managed care plan, not from the Medicare program. (Unfortunately, some physicians may not know which managed care patients are Medicare beneficiaries and which are not and may have difficulty answering some of the questions we ask about this.)
About what share of those Medicare revenues in your practice come from HMOs or managed care organizations?

PROBE: Your best estimate is fine.

INTERVIEWER: 100% = ALL MEDICARE REVENUE

<0-100> PERCENT OF MEDICARE REVENUE

<998> DON'T KNOW
<999> REFUSED

This question concerns the percentage of Medicare revenues which came into the practice in the last year that were from HMOs or managed care organizations. As with Medicaid, in some cases, physicians may not be able to tell which of their managed care patients are actually being paid for by Medicare, since the Medicare program will be paying the managed care organization and the managed care organization will be paying the physician.

Note that physicians often think more in terms of the number of patients covered by managed care Medicare plans than percent of revenues which came from such plans. Indicate that the physician's best estimate of the percent of revenues is fine.
During the past year, what percent of the patients in this practice had no health insurance coverage?

**PROBE:** Your best estimate is fine.

**INTERVIEWER:** NOTE THAT PERSONS WITH MEDICAID COVERAGE SHOULD NOT BE CONSIDERED IN THIS PERCENTAGE.

<0-100> PERCENT

<998> DON'T KNOW

<999> REFUSED

It is important to note that persons with Medicaid coverage should not be considered in this percentage. (Medicaid is a form of health insurance coverage.) This question addresses the percentage of the patients in the practice who were served by the practice in the last year who had no health insurance coverage at all. These patients may or may not have paid for the care the physician provided.

Over the past year what percent of the patients in your practice did you consider to be poor?

**PROBE:**

(1) Your best estimate is fine.

(2) Please use whatever your criteria are for poor.

<0-100> PERCENT

<998> DON'T KNOW

<999> REFUSED

This is a different question than the previous one, since persons without health insurance may or may not be poor. The definition of “poor” should be left to the physician. In other words, in this question, “poor” means whatever it means to the physician.
Over the past year what percent of the patients in your practice were African-American?

**PROBE:** Your best estimate is fine.

<0-100> PERCENT

<998> DON'T KNOW

<999> REFUSED

==>>

Over the past year what percent of the patients in your practice were Hispanic?

**PROBE:** Your best estimate is fine.

<0-100> PERCENT

<998> DON'T KNOW

<999> REFUSED

==>>

(Note that questions a65-a75 are randomized or they will appear here for half of the sample. This was done to ensure that the placement of the questions in the interview does not influence responses.)

**ROTATE LIST FOR a34-a42.**

This series of questions repeats questions asked in the 1991 survey in order to see if there are changes in physicians' perceptions of their freedom to make decisions in their practice of medicine since the last survey.

[IF RADIOLOGIST, ANESTHESIOLOGIST, OR PATHOLOGIST (INCLUDES SUBSPECIALISTS) GOTO a37; ELSE GOTO a34]

RAPS are Radiologists, Anesthesiologists, and Pathologists. These types of physicians will not be asked Questions a34-a36.
READ STEM IF NECESSARY: As a general rule, would you say that in your [if a6 gt <1> fill “main”] practice you have the freedom to . . .

spend sufficient time with your patients?

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED

===>

READ STEM IF NECESSARY: As a general rule, would you say that in your [if a6 gt <1> fill “main”] practice you have the freedom to . . .

hospitalize patients who in your opinion, require it?

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED

===>

READ STEM IF NECESSARY: As a general rule, would you say that in your [if a6 gt <1> fill “main”] practice you have the freedom to . . .

keep patients in the hospital for the length of time you think is appropriate?

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED

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

care for patients even when they are unable to pay the fees and charges?

1> YES 0> NO

8> DON'T KNOW 9> REFUSED

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

order tests and procedures whenever you want to?

1> YES 0> NO

8> DON'T KNOW 9> REFUSED

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

care for patients who require heavy use of time and resources?

1> YES 0> NO

8> DON'T KNOW 9> REFUSED
As a general rule, would you say that in your practice you have the freedom to . . .

to make referrals to a specialist whenever necessary?

- YES
- NO
- DON'T KNOW
- REFUSED

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

to use new treatments even when established ones are still available?

- YES
- NO
- DON'T KNOW
- REFUSED

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

to use expensive procedures whenever necessary?

- YES
- NO
- DON'T KNOW
- REFUSED
Does your practice have its own formal mechanism for reviewing clinical practice decisions?

PROBE, IF NECESSARY: Such formal mechanisms may be written policies, written guidelines, or regular review procedures with which all physicians working in the practice are familiar.

YES
NO [goto a45]

DON'T KNOW
REFUSED

Note that this question pertains to formal mechanisms for reviewing clinical practice decisions.

Is this formal review performed by physicians?

YES
NO

DON'T KNOW
REFUSED

Formal review may be performed by physicians, or by non-physicians, such as insurance specialists.
The next question deals with your perception of competition among physicians. By “competition among physicians” we mean pressure to undertake various activities to attract and retain patients.

Now, thinking about your practice specifically, how would you describe the competitive situation your practice faces: very competitive, somewhat competitive, not at all competitive?

<1> VERY COMPETITIVE
<2> SOMEWHAT COMPETITIVE
<3> NOT AT ALL COMPETITIVE

<8> DON'T KNOW
<9> REFUSED

How likely are you to leave your practice in the next two years? Would you say . . .

<1> Very likely,
<2> Somewhat likely,
<3> Somewhat unlikely, or
<4> Very unlikely?

<8> DON'T KNOW
<9> REFUSED
Do you currently have a formal arrangement with any insurance plan to serve as a case manager or gatekeeper? That is, are you a primary care physician for patients who must obtain your permission to see a specialist if the visit is to be covered by the insurance plan?

INTERVIEWER: SOME INSURANCE PLANS REQUIRE PATIENTS TO GO THROUGH A SPECIFIC PHYSICIAN TO OBTAIN SERVICES. THESE PHYSICIANS ARE CALLED CASE MANAGERS OR GATEKEEPERS.

<1> YES
<0> NO [goto a51]

<8> DON'T KNOW [goto a51]
<9> REFUSED [goto a51]

For what percent of your patients in your [if a6 gt <1> fill "main"] practice do you act as a case manager or gatekeeper?

PROBE: Your best estimate is fine.

<0-100> PERCENT

<998> DON'T KNOW
<999> REFUSED

If the physician indicates that he/she doesn't know the exact percentage, say that the physician's best estimate will be fine.
Can your own compensation be adversely affected by the type or amount of referrals you make on behalf of your case managed patients?

<1> YES  
<0> NO [goto a51]

<8> DON'T KNOW [goto a51]  
<9> REFUSED [goto a51]

In this question we are asking about financial incentives imposed by the insurance plan. The question refers to arrangements in which payment to the physician is based on the type or number of referrals the physician makes on behalf of persons covered by the plan. Physicians affected by such provisions are normally primary care physicians, although specialists may be subject to such provisions as well.

Certain managed care and HMO plans have “withholds” and/or “bonus” provisions affecting physician payments. See Background Section for explanation of withholds and bonuses.

Under which of the following circumstances can such referrals adversely affect your compensation?

When the referral is outside of the plan or network.

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED

===>
(Under which of the following circumstances can such referrals adversely affect your compensation?)

When your own referral rate exceeds a pre-defined threshold.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>

(Under which of the following circumstances can such referrals adversely affect your compensation?)

When the cost of all of your referrals depletes the withhold or risk pool.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>

(Under which of the following circumstances can such referrals adversely affect your compensation?)

When the referral is outside of the practice.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>
Note that the next 5 questions will not appear for physicians in practices that are staff-model HMOs.

In your [if a6 gt <1> fill “main”] practice, do you have a contract with or provide care through a Preferred Provider Organization, or PPO?

PROBE, IF NECESSARY: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated, predominantly fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

Note the explanation of Preferred Provider Organization, also known as “PPO.” See Background Section for a more complete definition of a PPO.
(In this practice, do you have a contract with or provide care through . . .)

an independent practice arrangement or IPA?

**PROBE, IF NECESSARY:** An IPA is a plan used by an HMO to market the services of a select panel of individual providers. While patients have choice within the panel of a primary care provider, they have to obtain referrals to see specialists. Patients are effectively locked into the panel.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

For a more complete definition of an IPA, see Background Section of this manual.
(In this practice, do you have a contract with or provide care through . . .) an HMO, excluding IPA arrangements?

PROBE, IF NECESSARY:

(1) An HMO or Health Maintenance Organization is a health plan that guarantees medical services to its members in exchange for fixed premium payments, instead of separate charges for each service rendered.

(2) An IPA is a plan used by an HMO to market the services of a select panel of individual providers. While patients have choice within the panel of a primary care provider, they have to obtain referrals to see specialists. Patients are effectively locked into the panel.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

=>>

For a more complete definition of an HMO, see Background Section of this manual.

>test< [IF a51 EQ <1>, GOTO a54; ELSE GOTO NEXT TEST]

>a54< What percent of your [if a6 gt <1> fill "main"] practice revenues are obtained under PPO arrangements?

PROBE: Your best estimate will be fine.

<0-100> PERCENT

<998> DON'T KNOW
<999> REFUSED

=>>
>test< [IF a52 EQ <1> OR a53 EQ <1>, GOTO a55; ELSE GOTO a56]

>a55< What percent of your [if a6 gt <1> fill “main”] practice revenues are obtained under IPA and HMO arrangements?

PROBE: Your best estimate will be fine.

<0-100> PERCENT

<998> DON’T KNOW
<999> REFUSED

====>

>a56< How would you describe your overall personal financial incentives in your [if a6 gt <1> fill “main”] practice? On balance, do these incentives . . .

<1> Favor reducing services to individual patients
<2> Favor expanding services to individual patients
<3> Favor neither [goto a58]

<8> DON’T KNOW [goto a58]
<9> REFUSED [goto a58]

PROBE: If you have a mixture of incentives, some of which are to increase certain services and some of which are to limit other services, please give your general impression of the net effects, taking all of these into consideration.

====>

Insurance plans might create financial incentives for the physician that favor providing fewer services, such as fewer expensive diagnostic procedures or fewer referrals to expensive specialists. Or, they might create financial incentives that favor providing more services, such as more preventive care or more regularly-scheduled checkups to reduce the chances of costly episodes of illness. This question seeks to find out how the physician views the overall effect of the personal financial incentives in his/her practice.
>a57< Have these incentives [fill reduced/expanded based on a56]
services . . .

<1> A little,
<2> A moderate amount, or
<3> A lot?

<8> DON'T KNOW
<9> REFUSED

====>

The program will choose the wording ("reduced" or "expanded") depending on what
the physician answered in the previous question.

>a58< During 1996, did any of the contracts or other communications that you received
from insurance plans imply that your continued participation in the plan depends, at
least in part, upon the costs associated with your clinical decisions?

PROBE: Examples could be newsletters, profiles of your performance, letters to
you, phone calls or visits from an insurance plan.

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>
To what extent do you believe that you are at risk for being excluded from participation in health plans or other insurance arrangements on the basis of the costs associated with your clinical decisions? Would you say you are at . . .

PROBE: In general, not for any specific plan.

<1> High risk,
<2> Moderate risk,
<3> Low risk, or
<4> No risk

<8> DON'T KNOW
<9> REFUSED

This question is intended to determine to what extent the physician believes he/she may be dropped or not accepted by one or more health plans or other insurance arrangements because the clinical decisions he/she has made have not been within the range of acceptable costs for that health plan or insurance arrangement.

Is it your impression that the number of patients referred to you depends, at least in part, upon the costs associated with your clinical decisions?

<1> YES
<0> NO
<7> NOT APPLICABLE (NO REFERRALS)

<8> DON'T KNOW
<9> REFUSED

The next few questions are about attempts by insurance plans to restrict what the physician may communicate to his or her patients or to other health care providers about limitations of the plan's coverage of about financial incentives to the physician for containing costs. Physicians sometimes refer to such contract clauses or attempts to control physician-patient communication as "gag" rules.

Some physicians report that they do not read the small print in their managed care contracts and don’t know if such clauses exist.
During 1996, did any of the contracts or other communications that you received from insurance plans imply that you should not tell your patients about restrictions on coverage for medically accepted testing, treatment, or referral options?

<1> YES
<0> NO [goto a61a]
<7> NOT APPLICABLE

<8> DON'T KNOW
<9> REFUSED

This question is intended to find out whether the physician received any communication from insurance plans that indicated or implied that the physician should not tell patients about limitations on the patients' insurance coverage for services that are considered medically acceptable.

And what about during 1995, did you receive any such communications during that year?

<1> YES
<0> NO
<7> NOT APPLICABLE

<8> DON'T KNOW
<9> REFUSED
During 1996, did any of the contracts or other communications that you received from insurance plans imply that you should not disclose to your patients the fact that you may have personal financial incentives to limit testing, treatment, or referrals?

<1> YES
<0> NO [goto a62a]
<7> NOT APPLICABLE

<8> DON'T KNOW
<9> REFUSED

This question is intended to find out whether the physician received any communication from insurance plans that indicated or implied that the physician should not tell patients about limitations on the patients' insurance coverage for services that are considered medically acceptable.

And what about during 1995, did you receive any such communications during that year?

<1> YES
<0> NO
<7> NOT APPLICABLE

<8> DON'T KNOW
<9> REFUSED
Do you have contractual obligations not to disclose information about any insurance plans in which you participate or about your own contractual arrangements with these insurance plans? These may limit disclosure to patients, to competing health care providers, to other insurance plans or to others.

<1> YES  
<0> NO [goto a65]

<8> DON'T KNOW [goto a65]  
<9> REFUSED [goto a65]

This question is meant to find out if the physician is not supposed to tell others information about the plans in which he/she participates or about the specific arrangements he/she has with the plans. For example, the physician may have a contractual agreement not to disclose how much he is paid for a specific type of treatment, or how much he receives per patient per month under a certain insurance plan.

Do these limit disclosure . . .

to patients?

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED

Do these limit disclosure . . .

to competing health care providers?

<1> YES  
<0> NO

<8> DON'T KNOW  
<9> REFUSED
Questions a64a, a64b, a64c are asked only of physicians who said in a63 that they had contractual obligations not to disclose information about any insurance plans in which they participate or about their own contractual arrangements with these insurance plans. Nonetheless, we have allowed for a “don’t know” response for the respondent who is only vaguely aware that such clauses exist but is not sure exactly what they say.
ETHICAL BELIEFS AND JUDGMENTS

(Note that questions a65-a75 are placed after a33 for half of the sample. This was done to ensure that the placement of the questions in the interview does not influence physicians’ views.)

The next series of questions is about your personal ethical beliefs and judgments. Please listen to each statement and then tell me whether you agree strongly, agree somewhat, neither agree nor disagree, disagree somewhat, or disagree strongly.

Personal financial incentives designed to encourage physicians to be more restrained in their use of medical resources for individual patients are ethically acceptable. Do you . . .

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

This series of questions is different from the other questions in the interview because it focuses on the physician’s personal ethical beliefs and judgments. Many physicians find it difficult to separate their ethical beliefs and judgments from their medical experience and their professional and medical judgments. Although the question specifically asks about ethical beliefs and judgments, it is not really a problem if the respondent brings in these other types of beliefs and judgments in responding.

Some of these questions involve more complex concepts than are typical in survey interviews. You may find that respondents ask you to repeat these questions more often than usual. Don’t be in a hurry to get an answer in this section of the interview. Allow the physician as much time as s/he needs to think about the answer.

We do not give examples for the specific situations referred to in this set of questions because we want physicians to think about the situations that apply to their particular practice.

For all of these questions, the best probe is probably to repeat the question slowly and clearly.
Clinical guidelines that discourage the use of diagnostic or therapeutic interventions that have POSSIBLE but unproven efficacy should, in general, be adhered to by physicians. Do you . . .

INTERVIEWER: CLINICAL GUIDELINES ARE WRITTEN DESCRIPTIONS OF HOW TO MANAGE A SPECIFIC TYPE OF PATIENT IN TERMS OF PREVENTIVE CARE OR TREATMENT.

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

--->

Generally speaking, clinical guidelines are written descriptions of how to manage a specific type of patient in terms of preventive care or treatment. An example would be a standardized treatment protocol for the care of diabetes patients. The guidelines may be written by the National Institutes of Health, by managed care organizations, by the physician's own practice, or by some other organization such as the professional association of physicians in a particular specialty.

Such guidelines should, in general, be enforced by health care payers. Do you . . .

INTERVIEWER: REPEAT a66 GUIDELINE IF NECESSARY.

Clinical guidelines that discourage the use of diagnostic or therapeutic interventions that have POSSIBLE but unproven efficacy.

<1> Agree strongly;
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

--->
Clinical guidelines that discourage the use of diagnostic or therapeutic interventions that have a small PROVEN advantage over standard interventions but cost much more should, in general, be adhered to by physicians. Do you...

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

--->

Such guidelines should, in general, be enforced by health care payers. Do you...

INTERVIEWER: REPEAT a68 GUIDELINE IF NECESSARY.

Clinical guidelines that discourage the use of diagnostic or therapeutic interventions that have a small PROVEN advantage over standard interventions but cost much more.

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

--->
The following statement applies to the next two questions. Some health care payers discourage participating physicians from disclosing to their patients restrictions on coverage for medically accepted testing, treatment, or referral options. I'm going to read you two statements regarding such efforts by health care payers and I'd like you to tell me how strongly you agree or disagree with each of them.

I think such efforts by health care payers are ethically acceptable. Do you...

1. Agree strongly,
2. Agree somewhat,
3. Neither agree nor disagree,
4. Disagree somewhat,
5. Disagree strongly?

8. DON'T KNOW
9. REFUSED

These next two questions have to do with the physician's opinions about "gag rules" restricting physician-patient interaction.

I think compliance by physicians with such efforts is ethically acceptable. Do you...

1. Agree strongly,
2. Agree somewhat,
3. Neither agree nor disagree,
4. Disagree somewhat,
5. Disagree strongly?

8. DON'T KNOW
9. REFUSED
The following statement applies to the next two questions. Some health care payers discourage participating physicians from disclosing to patients the fact that they have personal financial incentives to restrain the use of medical resources for individual patients. I'm going to read you two statements regarding such efforts by health care payers and I'd like you to tell me how strongly you agree or disagree with each of them.

Such efforts by health care payers are ethically acceptable. Do you . . .

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED

Compliance by physicians with such efforts is ethically acceptable. Do you . . .

<1> Agree strongly,
<2> Agree somewhat,
<3> Neither agree nor disagree,
<4> Disagree somewhat, or
<5> Disagree strongly?

<8> DON'T KNOW
<9> REFUSED


Thinking about all the changes that have occurred in your work environment in the past 5 years, would you say that these changes have affected your patients' trust in you in . . .

1. A very positive way,
2. A somewhat positive way,
3. A somewhat negative way,
4. A very negative way, or
5. Have these changes not affected your patients' trust in you one way or the other?

8. DON'T KNOW
9. REFUSED

Be sure to stress that it is the patient's trust "in you" that we are interested in. If the physician says "my old patients trust me but my new patients do not," indicate that we are interested in the physician's general impression.

Considering the changes in medical practice that have occurred over the last decade, do you believe that, for physicians in general, commitment to the ethic of undivided loyalty to patients has . . .

1. Increased a lot,
2. Increased a little,
3. Remained the same,
4. Decreased a little, or
5. Decreased a lot?

8. DON'T KNOW
9. REFUSED

Some physicians may say that their commitment has not changed but they've noticed changes in the commitment of other physicians. Say that we are interested in their perception concerning physicians in general.
The next questions ask about how much you worked last year and your compensation arrangements.

During 1996 how many weeks of medical practice did you miss because of illness or vacation?

INTERVIEWER: ILLNESS REFERS TO THE PHYSICIAN’S OWN ILLNESS, NOT ANOTHER FAMILY MEMBER’S ILLNESS.

<0-52> WEEKS

<98> DON’T KNOW
<99> REFUSED

Here we are interested only in weeks missed for illness or vacation. By “illness” we mean the physician’s own illness, not another family member’s illness.

And how many weeks of medical practice did you miss because of professional conferences or military service?

<0-52> WEEKS

<98> DON’T KNOW
<99> REFUSED
>test< [IF ((a76 EQ <98> OR <99>) OR (a77 EQ <98> OR <99>)), GOTO a79; ELSE GOTO a78]

>a78< That means you worked [fill (52 - (a76 + a77))] weeks last year. Is that correct?

<1> YES [goto a80]
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>

>a79< How many weeks did you practice in 1996?

<1-52> WEEKS

<98> DON'T KNOW
<99> REFUSED

====>

>a80< Were you a salaried physician at your main practice in 1996?

INTERVIEWER: A SALARIED PHYSICIAN RECEIVES A FIXED PAYMENT PER PAY PERIOD.

<1> YES
<0> NO [goto a82]

<8> DON'T KNOW [goto a82]
<9> REFUSED [goto a82]

====>

A salaried physician is one whose remuneration from the practice is in the form of a fixed payment per time period (e.g., every two weeks) and the amount of the paycheck is not subject to periodic upward or downward adjustments depending on how either the physician or the practice has performed.
Was the amount of salary you received in 1996 subject to a periodic reconciliation based on either your performance or the performance of the practice? In other words, was your salary a draw against expected earnings that can be adjusted either up or down?

INTERVIEWER: PHYSICIANS MAY BE PAID ACCORDING TO HOW MUCH REVENUE THEY OR THE OVERALL PRACTICE GENERATE IN THE YEAR. SINCE THIS CANNOT BE JUDGED UNTIL THE END OF THE YEAR, THEY USUALLY RECEIVE A “DRAW” AGAINST THEIR OVERALL INCOME ON A REGULAR BASIS.

<1> YES
<0> NO

<8> DON’T KNOW
<9> REFUSED

This is asked of respondents who said in response to the previous question that they were salaried during 1996. Many physicians are paid according to how much revenue they or the overall practice generate in the year. However, since this cannot be judged until the end of the year, they usually receive a “draw” against their overall income on a regular basis. This “draw” may come to them in the form of a regular paycheck for a fixed amount that is based on some estimate of what their overall income will be. Many physicians erroneously think of this as being “salaried”. This question is an attempt to verify that the physician’s income meets our definition of “salaried”. Under no circumstances should you debate this with the physician. Just record his or her answer and move on.

Were you eligible to earn income through a bonus or incentive plan in 1996?

<1> YES
<0> NO [goto a84]

<8> DON’T KNOW [goto a84]
<9> REFUSED [goto a84]
Of your total earnings from your main practice in 1996, approximately what percentage would you estimate was earned in the form of a bonus or incentive payment?

<0-100> PERCENT

<998> DON'T KNOW
<999> REFUSED

Note that this question asks about 1996 earnings. This means the calendar year of 1996.

In 1996, through your [if a6 < 1 fill “main”] practice were you personally affiliated with any insurance plans through which payment is made in the form of either a fixed capitation amount or a fee-for-service arrangement with a withhold provision?

PROBE, IF NECESSARY: Capitation refers to an arrangement where payment for medical services is prepaid and does not vary with the number or type of services provided.

IF RESPONDENT SAYS S/HIE IS SALARIED AND NOT PAID ON A CAPITATED BASIS, PROBE: Here we are interested to know if you personally see patients whose insurance plan pays your practice on either a capitated basis or a fee-for-service basis with a withhold provision.

INTERVIEWER: FEE-FOR-SERVICE IS A METHOD USED TO REIMBURSE PHYSICIANS IN WHICH THE AMOUNT PAID TO THE PROVIDER WILL BE DETERMINED ACCORDING TO THE ACTUAL SERVICES PROVIDED.

<1> YES
<0> NO [goto a92]

<8> DON'T KNOW [goto a92]
<9> REFUSED [goto a92]

See Background Section of this manual for more detailed explanations of capitation and fee-for-service with a withhold.
How many such plans were you affiliated with?

1-100 PLANS

<998> DON'T KNOW
<999> REFUSED

(IF MORE THAN ONE PLAN ADD: Thinking of the major one of these [fill a85] plans with which you were affiliated) Was payment to the practice made primarily in the form of capitation or was it in the form of fee for service with a withhold?

PROBE, IF NECESSARY:

(1) Capitation refers to an arrangement where payment for medical services is prepaid and does not vary with the number or type of services provided.

(2) If there were two or more plans that are equally important, respond for the one you know the best.

<1> CAPITATION
<2> FEE FOR SERVICE WITH A WITHHOLD [goto a89]

<8> DON'T KNOW [goto a89]
<9> REFUSED [goto a89]

Was it the entire practice that was capitated, or you personally?

PROBE, IF NECESSARY: Capitation refers to an arrangement where payment for medical services is prepaid and does not vary with the number or type of services provided.

<1> ENTIRE PRACTICE
<2> RESPONDENT PERSONALLY

<8> DON'T KNOW
<9> REFUSED
>a88< Did this capitation plan have a withhold provision?

INTERVIEWER: SOMETIMES PLANS HAVE A “WITHHOLD” AMOUNT THAT IS AWARDED PERIODICALLY IF THE PHYSICIAN’S PERFORMANCE MEETS CERTAIN CRITERIA FOR COST SAVINGS.

<1> YES
<0> NO [goto test]

<8> DON’T KNOW [goto test]
<9> REFUSED [goto test]

====>

>a89< What was the percent of the withhold?

PROBE: Your best estimate is fine.

<0-100> PERCENT

<998> DON’T KNOW
<999> REFUSED

====>

test< [IF a85 GT <1>, GOTO a90; ELSE GOTO a92]

>a90< Of all of the insurance plans with which you were affiliated in 1996, for how many was payment made to the practice primarily in the form of capitation?

<1-100> PLANS

<998> DON’T KNOW
<999> REFUSED

====>
For how many of the plans with which you were affiliated in 1996 was payment made primarily on a fee-for-service basis with a withhold provision?

**PROBE:** Your best estimate is fine.

<0-100> PLANS

<998> DON'T KNOW

<999> REFUSED

[TEST] [IF (a90 + a91) NE (a85-1) GOTO CHECK SCREEN; ELSE GOTO a92 ]

During 1996, what was your net income from medical practice to the nearest $1,000, after expenses but before taxes? Please include all income from fees, salaries, retainers, bonuses and other forms of compensation.

**PROBE:** This includes net income from all employment settings. We are not interested in income from other sources, such as rent which may be paid to the physician's practice from others renting space.

**INTERVIEWER:** THIS QUESTION REFERS TO ALL MEDICAL PRACTICE EMPLOYMENT SETTINGS, NOT JUST THE MAIN PRACTICE.

<0> NONE [goto a94]

$<1-999999> [goto a94]

<7> $1,000,000 or more [goto a94]

<8> DON'T KNOW

<9> REFUSED

[TEST]

Here we are asking about net income from medical practice from all employment settings, including the “main practice” and any other medical practices in which the physician works, but we are not interested in income from other sources, such as rent which may be paid to the physician’s practice from others renting space or income from ownership of diagnostic medical equipment and so forth.

If a physician does not want to answer this question, the next question will attempt to get at more general idea of what category his or her income falls into.
Would you please tell me whether your income fell into any of the following ranges:

<1> Less than $74,999
<2> Between $75,000 and $124,999
<3> Between $125,000 and $174,999
<4> Between $175,000 and $224,999
<5> More than $225,000?

<8> DON'T KNOW
<9> REFUSED

Were any contributions made for or by you into a pension, profit-sharing or other deferred compensation plan during 1996?

<1> YES
<0> NO [goto a97]

<8> DON'T KNOW [goto a97]
<9> REFUSED [goto a97]

How much was contributed for or by you during 1996 to the nearest $1,000?

<0> NONE
<7> $1,000,000 or more

<8> DON'T KNOW
<9> REFUSED

Did you include this amount in the income figure you gave me?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED
What percent of your 1996 total family income was derived from your medical practice?

<0-100> PERCENT

<998> DON'T KNOW
<999> REFUSED

--->

[IF ACROSS-MSA MOVER, GOTO a1d2; ELSE GOTO a98]

Next, I have a few questions about your 1991 practice. According to our records your current practice is in [fill CITY] and your 1991 practice was in [fill CT91].

Is your 1991 practice still open?

PROBE, IF NECESSARY: “Still open” means providing services to patients.

<1> YES
<0> NO [goto a98]
<7> 1991 AND 1991 PRACTICES ARE THE SAME [goto a98]

<8> DON'T KNOW [goto a98]
<9> REFUSED [goto a98]

--->
As part of this study, we would like to contact your former practice to obtain some information about its current organizational structure and involvement with managed care. Could you give me the name and telephone number of an appropriate person to contact at that practice?

PROBE: An appropriate contact person could be another physician, office manager or other administrative personnel.

1> TO RECORD NAME OF CONTACT PERSON
2> FORMER PRACTICE CLOSED [goto a9]

8> DON'T KNOW [goto a9]
9> REFUSED [goto a9]

--->

NAME OF CONTACT PERSON HERE

--->

AREA CODE HERE

--->

PHONE NUMBER HERE

--->

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Finally, I’d like to ask you a few demographic questions for use in statistical analyses.

Are you currently . . .

<1> Married (or living with someone as married),
<2> Widowed,
<3> Divorced,
<4> Separated, or
<5> Never married?

<8> DON’T KNOW
<9> REFUSED

====>

[IF a98 NE <1>, GOTO a102; ELSE GOTO a99]

Is your spouse or partner employed outside the home?

<1> YES
<0> NO [goto a102]

<8> DON’T KNOW
<9> REFUSED

====>

Is your spouse or partner a physician?

<1> YES
<0> NO [goto a102]

<8> DON’T KNOW
<9> REFUSED

====>
What is your spouse's/partner's occupation?

<1> (SPECIFY) [specify] END WITH ///

<8> DON'T KNOW
<9> REFUSED

Try to obtain as specific a description as possible so that this information can be coded after the interview is completed.

Do you have any children?

<1> YES
<0> NO [goto a105]

<8> DON'T KNOW [goto a105]
<9> REFUSED [goto a105]

How many children are living with you?

<0> NONE [goto a105]
<1-20> CHILDREN

<98> DON'T KNOW [goto a105]
<99> REFUSED [goto a105]

How many of the children living with you are under age 6?

<0-20> CHILDREN

<98> DON'T KNOW
<99> REFUSED
In general, how happy are you with your present career within medicine? Are you...

1. Very happy,
2. Somewhat happy, or
3. Not happy?

8. DON'T KNOW
9. REFUSED

Finally, I would like to confirm your name and address.

INTERVIEWER: TYPE THE CODE FOR THE LINE IF A CORRECTION IS NEEDED. WHEN ALL CORRECTIONS ARE DONE, TYPE “0” TO CONTINUE.

1. NAME
2. ADDR
3. ADDR
4. CTY, ST, ZIP

0. CORRECT, CONTINUE
9. REFUSED

Is this your home or office address?

1. HOME
2. OFFICE
3. NEITHER

9. REFUSED

Thank you very much for your participation in this important study.