

ICPSR 27202

Health Tracking Physician Survey, 2008 [United States]

Description

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Bibliographic Description

ICPSR Study No.: 27202

Title: Health Tracking Physician Survey, 2008 [United States]

Principal Investigator(s): Center for Studying Health System Change

Series: Community Tracking Study Series

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Scope of Study

Summary: The 2008 Health Tracking Physician Survey (HTPS) is the successor to

the Community Tracking Study (CTS) Physician Surveys which were conducted in 1996-1997 (ICPSR 2597), 1998-1999 (ICPSR 3267), 2000-2001 (ICPSR 3820), and 2004-2005 (ICPSR 4584). Unlike the previous surveys, HTPS does not have the community focus intrinsic to CTS. Whereas the CTS design focused on 60 nationally representative communities with sample sizes large enough to draw conclusions about health system change in 12 communities, the HTPS design is a national sample not aimed at measuring change within communities. Hence, "Community" was dropped from the study title. Administered to a nationally representative sample of United States physicians providing direct patient care, HTPS collected information on physician characteristics and specialty distribution; career satisfaction; practice

characteristics and specialty distribution; career satisfaction; practice arrangements and ownership; financial interest in medical equipment and hospitals; and physician time allocation, including hours worked, number of office visits, time spent communicating with patients via e-mail and telephone, and provision of charity care. The survey also collected information about the racial and Hispanic-origin composition of patients; percent of patients with chronic conditions; percent of patients with a language barrier; use of interpreter services; sources of practice revenue; level and determinants of physician compensation; use of health

information technology; physicians' perception of their ability to deliver care; effects of disease management programs and formal practice

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guidelines; extent of care coordination; malpractice concerns; and various other aspects of physicians' practice of medicine.

Subject Term(s): health information technology, medical care, medical ethics, medical

malpractice, patient care, physician patient relationship, physician

practice, physicians

Geographic Coverage: United States

Time Period: • 2008

Date(s) of Collection: • February 2008 - October 2008

Universe: Physicians practicing in the United States who provided direct patient

care for at least 20 hours per week. The survey excluded federal employees, specialists in fields in which the primary focus was not direct patient care, graduates of foreign medical schools who were only temporarily licensed to practice in the United States, physicians who had not completed their medical training (residents, interns, and fellows), and physicians who requested of the American Medical Association (AMA) that their names not be released to outsiders. Radiologists.

anesthesiologists, and pathologists were excluded.

Data Collection Notes: Estimates from the 2008 survey should not be compared to estimates

from the preceding CTS Physician Surveys because of changes in the survey administration mode from telephone to mail, question wording,

skip patterns, sampling design, and population represented.

Most questions ask about physician status at the time of the interview (Feb. 2008-Oct. 2008), while some questions are retrospective (e.g.

questions about income refer to the full year 2006).

Additional information about this study can be found on the Web site of

the Center for Studying Health System Change (Link).

Methodology

Sample: The respondents were selected using stratified random sampling. Divided

into 20 strata (10 regions cross-classified by primary care/not primary physician type), the sample frame was derived from a list of physicians

provided by the American Medical Association.

Weight: There is only one weight variable, WEIGHT, which adjusts for probability

of selection and differential survey nonresponse.

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Mode of Data Collection: mail questionnaire

Response Rates: The weighted response rate is 61.9 percent.

Extent of Processing: Checked for undocumented or out-of-range codes.

Access and Availability

Note: A list of the data formats available for this study can be found in the

<u>summary of holdings</u>. Detailed file-level information (such as record length, case count, and variable count) is listed in the file manifest.

Restrictions: As explained in the technical documentation, some variables are

restricted from general dissemination for reasons of confidentiality. Users interested in obtaining these data must complete an Agreement for the Use of Confidential Data, specify the reasons for the request, and obtain IRB approval or notice of exemption for their research. Apply for access to these data through the ICPSR restricted data contract portal, which

can be accessed via the study home page (Link).

Original ICPSR Release: 2010-02-16

Version History: The last update of this study occurred on 2010-08-17.

2010-08-17 - The principal investigator revised the table heading in

Appendix B of the public- and restricted-use user guides.

Dataset(s): • DS1: Public-Use Data

· DS2: Restricted-Use Data