

Survey of Texas Physicians 2012

Research Findings



Physicians Caring for Texans

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TMA 2012 Physician Survey Executive Summary

Every two years, the Texas Medical Association conducts a survey of Texas physicians to identify emerging issues, track the impact of practice and economic changes, assess physician priorities, and develop data to support TMA advocacy efforts. Throughout 2012, a piece of the survey was emailed each month to physician and resident members and nonmembers.

For analysis and reporting purposes, respondents were designated as “young” if they were 46 years or under, “established” if between the ages of 47 and 58, and “senior” if age 59 and over. Physicians were then grouped by primary care or medical specialty. Indirect-access physicians (i.e., radiologists, anesthesiologists, hospitalists, pathologists, and emergency medicine physicians) were aggregated regardless of age.

Biggest Challenge

- In an open-ended question, physicians were asked what they see as the biggest challenge facing Texas physicians. Thirty-eight percent mentioned low or declining payment with an additional 12 percent reporting the problem is not simply the revenue declines but also increasing practice expenses, severe enough to threaten the economic survival of their practice. There is additional concern that increases in rules and regulations from government and private payers are adding to the administrative burden and overhead cost of practice.
- Fifteen percent of physicians are concerned about increasing interference in the practice of medicine, particularly by government.
- Uncertainty regarding health system reform remains a top concern for 11 percent of physicians. Physicians are starting to implement changes as a result of new legislation and have seen increases in paperwork but not a decrease in the number of uninsured.
- Five percent of physicians are concerned about uninsured patients and the “underinsured,” i.e., Medicare and Medicaid patients. Physicians are concerned these populations are increasing at a time when fewer physicians are accepting them due to inadequate payment.
- Quality and availability of care for patients are a concern for 4 percent of physicians. Quality concerns are often secondary to new mandates and their associated administrative burdens, which take time away from patients. There are also concerns that an increased focus on health care costs will increase the administrative burden of physicians and/or lower physician fees, thereby further decreasing the quality and the availability of care they are able to provide to their patients.
- The liability concerns that figured heavily in survey results a few years ago continue to abate as an immediate concern for physicians (1 percent). However, physicians do have concerns about tort reform legislation being overturned, and protecting it remains a top legislative priority.

Practice Viability

- Sixty percent of physicians report their income from medical practice has decreased in the past two years.
- Sixty-eight percent of physicians experienced cash flow problems due to slow payment, nonpayment, or underpayment of claims by insurers or government payers in the past year. In response to these cash flow problems, 52 percent of physicians drew from personal funds to support practice operations.

Health Information Technology

- The majority of physicians currently use an electronic health record (EHR) in their practice (60 percent).
- Physicians who are not planning to implement an EHR report it is cost-prohibitive (66 percent).
- When asked what would convince them to implement an EHR, the majority report evidence it would improve practice operations (55 percent).
- Practices that want to or have plans to implement an EHR anticipate doing so in the next year (71 percent).
- Among physician practices that have implemented an EHR, 44 percent applied for the Health Information Technology for Economic and Clinical Health (HITECH) Act incentive payments, and 14 percent plan to apply. Forty-one percent received the stimulus incentives or are expecting to receive them.

Physician Practice Settings

- More than half of physicians started practice as a full or part owner (55 percent).
- Among physicians who did not start as an owner, 60 percent started as an employee or contractor with a physician or a physician group practice.
- Almost half of employed or contracted physicians later became an owner in a practice (49 percent).
- The majority of physicians who started or later became owners are still owners (78 percent). Physicians who are no longer owners left because of managed care/insurers and/or payment issues (45 percent).
- Among physicians who did not become a practice owner, 64 percent are still practicing in the same type of environment they started in. Physicians who are not practicing in the same type of environment they started in left after six years.
- Employed or contracted physicians who are interested in owning a practice at some point in their medical career would like personal control of practice decisions (79 percent), opportunities for growth and profitability (71 percent), and personal control of clinical decisions (54 percent).
- Physicians rate employment in an established physician practice with a subsequent option to buy in to ownership as the first or second most desirable practice type for most new physicians (72 percent).

Health Plan Contracts

- Physicians have a median of 10 PPO contracts and three HMO contracts.

- The majority of physicians are contracted with at least one of the five major payers: Aetna (82 percent), Blue Cross and Blue Shield of Texas (86 percent), Cigna (81 percent), Humana (77 percent), and UnitedHealthcare (84 percent).
- In the past two years, 34 percent of physicians approached a plan with which they were not contracted in an attempt to join its network. Of those respondents, 48 percent received a contract. Thirty-one percent received an offer, but it was unacceptable, and 22 percent did not receive a response from the plan.
- Fifty-two percent of respondents attempted to negotiate the terms of a health plan contract in past two years. Of those who tried, 58 percent were sometimes, often, or always successful in getting some changes in a plan's contract language, payment terms, or both.
- More than a quarter of physicians terminated a managed care contract in the past two years (26 percent). The most frequently reported reason for contract termination was payment rate cuts imposed by the plan (55 percent).

Availability of Care

- An alarmingly low number of physicians will accept all new Medicaid patients (32 percent).
- The percentage of physicians who accept all new Medicare patients (59 percent) is down from 2010 and significantly less than the 78 percent of physicians who accepted all Medicare patients in 2000.
- In response to the ongoing problems with the Medicare fee schedule, a quarter of physicians have imposed new limits on their acceptance of Medicare patients. Forty percent of physicians have added limits on Medicaid, and 45 percent of physicians are considering renegotiating or terminating some health plan contracts. Almost as many are considering changing to nonparticipating status or opting out of Medicare completely.
- If health care reforms increase the number of patients covered by private health insurance and Medicaid, 49 percent of physicians report their practice could take more privately insured patients but not more Medicaid patients.
- Physicians agree that Texas needs a system for providing health care to low-income Texans with realistic payment rates, less stifling state bureaucracy, and no fraud-and-abuse witch hunts (88 percent) and that Texas Medicaid is broken (71 percent).

Damage to Care Quality

- Sixty-nine percent of physicians report in the past year there has been at least one instance in their practice in which the operating policies or utilization controls of a private-sector health plan impacted patient care quality adversely. The most frequently reported causes of poor care quality from private-sector health plans include limited networks and formulary limitations (74 percent).
- The percentage of physicians with practice privileges at a hospital has decreased from 90 percent in 2010 to 82 percent.
- Among physicians with practice privileges at a hospital, 13 percent are employed by the hospital or nonprofit health corporation (NPHC) in which they primarily practice.
- Thirty-two percent of physicians report in the in the past year there has been at least one case in their practice in which the operating policies or utilization controls of a

hospital or surgical facility affected patient care adversely. The most frequently reported causes of poor care quality include inadequate facility staffing (67 percent), delays implementing physician orders (58 percent), inconsistent facility staffing (56 percent), and errors implementing physician orders (55 percent).

- Twenty-one percent of physicians have seen cases where physicians lost employment, contracts, or hospital privileges because of voiced concerns about hospital regulatory compliance or patient care quality.

Legislative Issues

- Physicians' top two legislative priorities are defending Texas' liability reforms from efforts to nullify or overturn them (85 percent) and Medicare payment adequacy (77 percent).
- Physicians' top federal legislative priorities are ensuring Medicare fees are adequate to cover physician cost (91 percent), protecting physicians' independent medical judgment (89 percent), permanently eliminating Medicare (Sustainable Growth Rate) fee cuts (82 percent), and reducing administrative and regulatory burdens in medical practice (81 percent).
- Physicians strongly support revising all physician quality-of-care measures to eliminate any penalties that are dependent on patient compliance (68 percent), ensuring that failure to report Medicare or Medicaid overpayments is not treated as fraud (64 percent), and requiring health plans to simplify verifications of eligibility for preventive care benefits (63 percent).
- To address Medicare solvency, physicians support incentives to reduce total Medicare spending (62 percent), increased Medicare cost sharing (61 percent), increased premiums for beneficiaries (59 percent), and increased eligibility age (58 percent).
- The preferred measures to address health care costs and utilization of medical care include ensuring access to primary care (90 percent) and allowing high-deductible insurance with spending accounts like health saving accounts (88 percent).
- To increase physician supply in Texas, physicians support an education loan repayment program (80 percent), tax incentives (70 percent), employment in a NPHC with protections for independent medical decision making (59 percent), help with moving or start-up costs (58 percent), and license fee rebates and subsidies for medical liability insurance (55 percent).
- Twenty-two percent of physicians are discussing or considering joining with other health care providers to form an accountable care organization (ACO). Physicians who are considering forming an ACO are discussing it with other physicians (72 percent).
- Fifty-five percent of physicians have executed an advance directive. Among those who have not, 56 percent plan to do so in the next few years.
- Sixty percent of physicians have executed a durable power of attorney for health care. Among those who have not, 55 percent plan to in the next few years.
- Physicians agree legislation that requires physicians and facilities to continue medically futile treatment indefinitely if requested by a patient's family or until transfer can be arranged to another health care facility and physician will increase health care costs (83 percent) and patient suffering (68 percent).

Summary of Findings

Key Observations

Declining fees, rising practice costs, and economic viability remain top concerns for Texas physicians. Physicians are concerned increasing government rules and regulations with their associated administrative burden and without commensurate compensation are threatening the economic viability of their practice.

Many physicians find the future of their practice uncertain not only because of mounting financial losses but also because of the Patient Protection and Affordable Care Act (PPACA). Similar to 2010, physicians are still unsure what changes resulting from new legislation will mean for their practice and their patients. In contrast to 2010, physicians have begun seeing increased administrative duties as a result of the PPACA but are not yet seeing a decline in the number of uninsured patients. Many physicians are concerned the PPACA will increase the percentage of uninsured and the “underinsured,” at a time when physicians’ are closing their doors to these patients due to inadequate payment. There is concern the PPACA will decrease the availability of care not only for these patients but also for those who have private insurance.

Quality of care concerns secondary to the PPACA are also on the minds of physicians. Physicians are concerned federal reforms and administrative duties are taking time and attention away from patients. There are further concerns that efforts to control costs both by government and by private payers will be at the expense of the patient, reducing the quality of care that physicians are able to provide to them and the availability of care.

Biggest Challenge (January Q1)

In an open-ended question, respondents were asked to identify the biggest challenge currently facing Texas physicians. The first mentioned response was analyzed showing top concern is low or declining payment (38 percent), particularly from government payers. An additional 12 percent report the problem is not simply revenue declines but also the squeeze between decreasing payments and increasing practice expenses, severe enough to threaten the economic survival of practices.

Biggest Challenge							
	<u>2000</u>	<u>2002</u>	<u>2004</u>	<u>2006</u>	<u>2008</u>	<u>2010</u>	<u>2012</u>
	%	%	%	%	%	%	%
Low/Declining payments	15	32	28	31	43	33	38
Third-party interference	2	9	6	7	5	11	15
Economic survival	<1	3	9	13	15	16	12
Health system reform	<1	3	<1	3	2	18	11
Uninsured/Underinsured	3	2	6	11	10	5	5
Quality/Availability of care	4	4	4	7	2	4	4
Managed care/insurers	44	16	9	9	7	2	2
Scope of practice							2
Health information technology							2
Liability/Tort reform	6	25	33	5	4	2	1
Physician supply	2	2	3	3	2	3	1
Texas Medical Board					2	0	1
Other	5	3	2	6	8	5	6

Third-party interference is increasingly becoming a top concern for physicians (15 percent). Physicians are concerned with the increasing intrusion of federal and state government in the practice of medicine. Physicians also are concerned about hospital and corporate intrusion into the practice of medicine and fear these systems are increasingly consolidating power.

Health system reform remains a top concern for physicians (11 percent). Physicians are still unsure how the PPACA will impact their practice and patients. New mandates have increased administrative duties and cost for many physician practices. However, physicians have seen neither an increase in compensation nor a decrease in the number of uninsured. Further, physicians are concerned efforts to contain health care costs will come through physician payment cuts. Physicians are concerned that higher administrative costs and lower payment will drive physician practices out of business. This is creating an environment of fear and uncertainty among physicians.

Despite efforts through the PPACA to reduce the number of uninsured, physicians have not yet seen a decline in the number of these patients. Five percent of physicians are concerned about the number of uninsured and the growing underinsured (i.e., Medicare and Medicaid patients), particularly that fee cuts from government payers have reduced the number of physicians able to accept these patients.

Four percent of physicians are concerned about the quality and availability of care for patients. Physicians are concerned that as both government payers and insurers increase rules and regulations physicians must comply with to receive payment, physicians' efforts will be at the expense of patients. Physicians are concerned they will have less time to spend with their patients and more difficulty getting their patients the care they need. Physicians are concerned the current environment of controlling health care costs and efforts to do so by both government and private payers will reduce the quality of care physicians are able to provide to their patients.

Managed care and insurance companies remain a top concern for 2 percent of physicians.

Two percent of physicians are concerned about scope-of-practice expansions. Physicians fear efforts to reduce health care costs will increase the reliance on midlevel practitioners.

This year health information technology is a concern for 2 percent of physicians. Physicians in the midst of integrating an electronic health record into their practice need support and education.

Although the percentage of physicians who are concerned about liability and tort reform has decreased, 1 percent of physicians express concerns over attempts to overturn this legislation.

One percent of physicians are concerned about the physician workforce, particularly in certain areas or specialties.

One percent of physicians express concern over the Texas Medical Board.

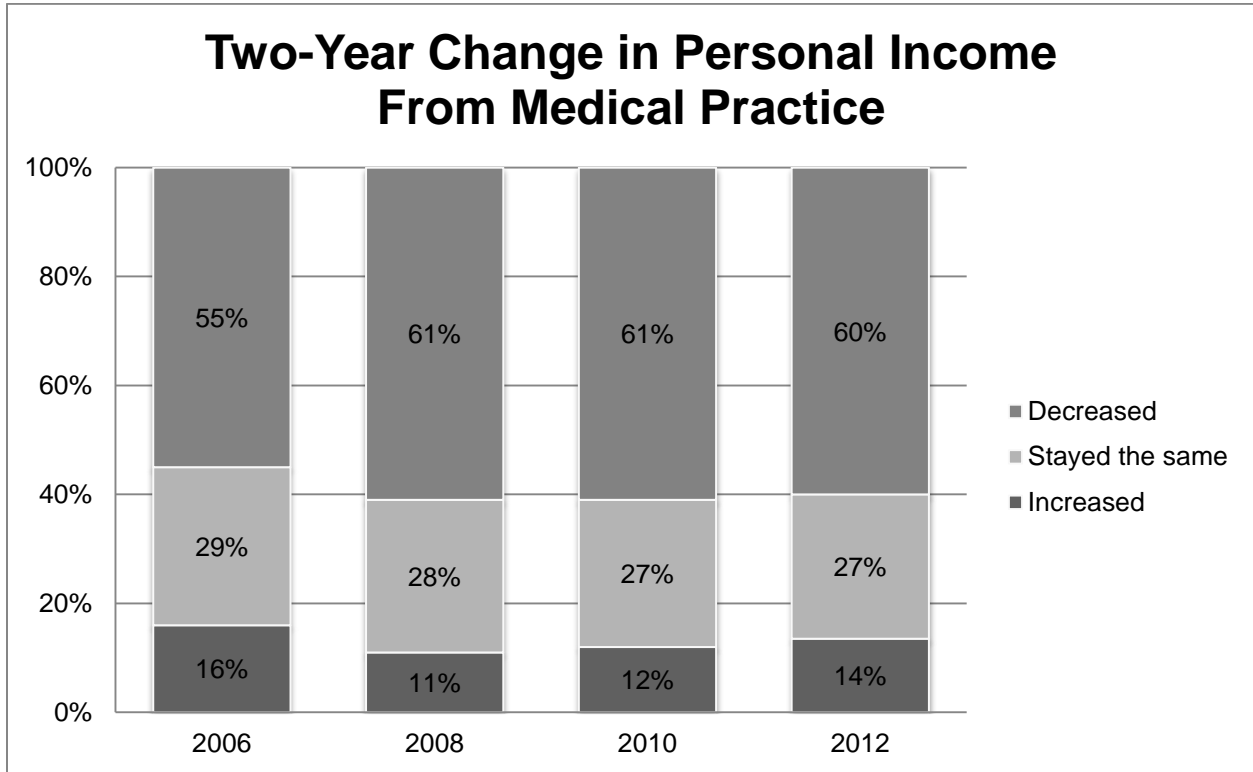
Other concerns expressed by physicians include public health, physician morale, trusted leadership within the community, and a unified voice.

Practice Viability

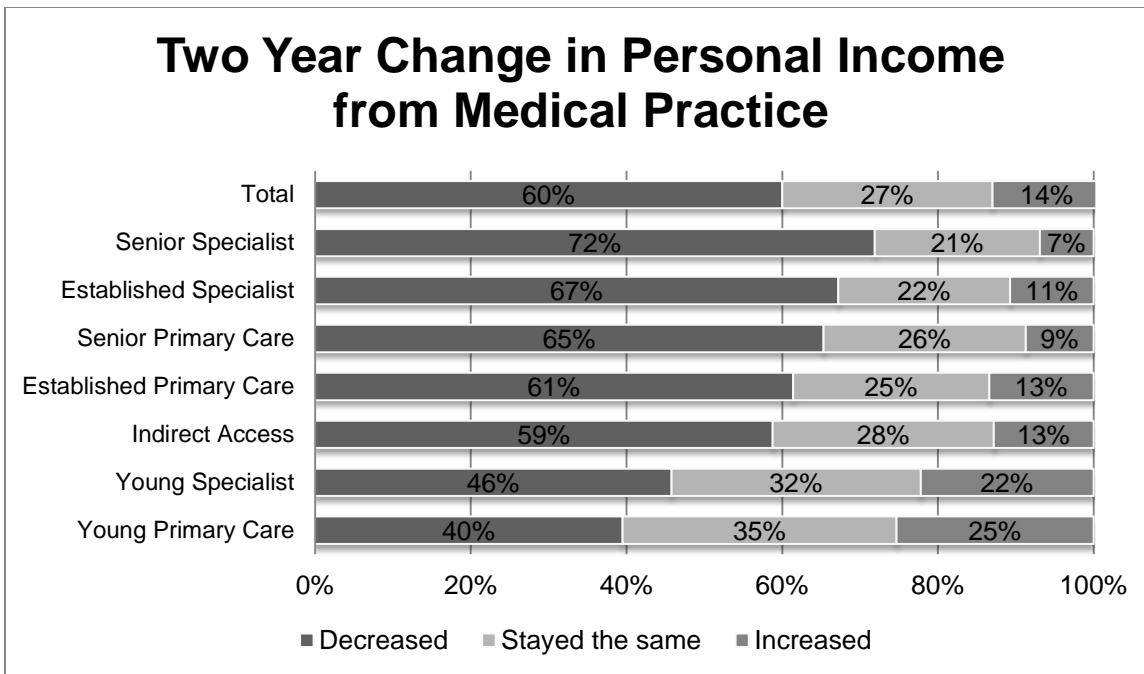
A large section of survey findings are specific to the economic and business issues faced by physician practices.

Physician Income (March Q2)

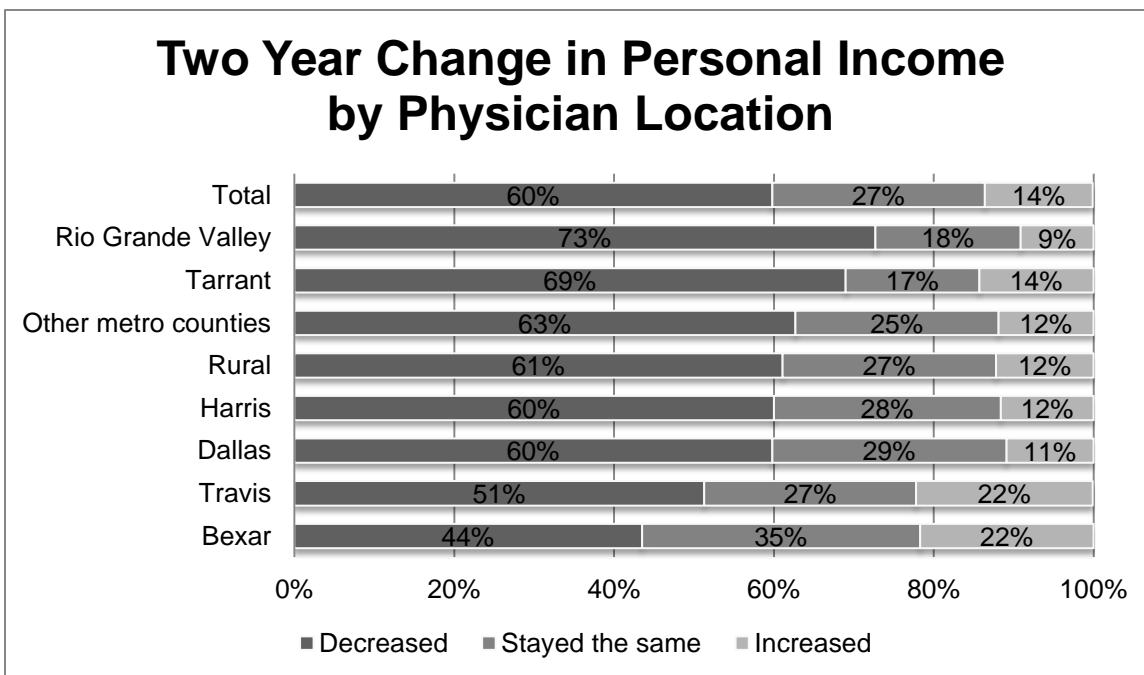
For the fourth biennial period, a majority of physicians reported their income from medical practice has decreased in the past two years (60 percent).



Although senior and established specialists are more likely to report their income has decreased (72 and 67 percent respectively), the percentage of young primary care physicians and specialists who reported their income has decreased over the past two years is alarming as these are their prime income-earning years.

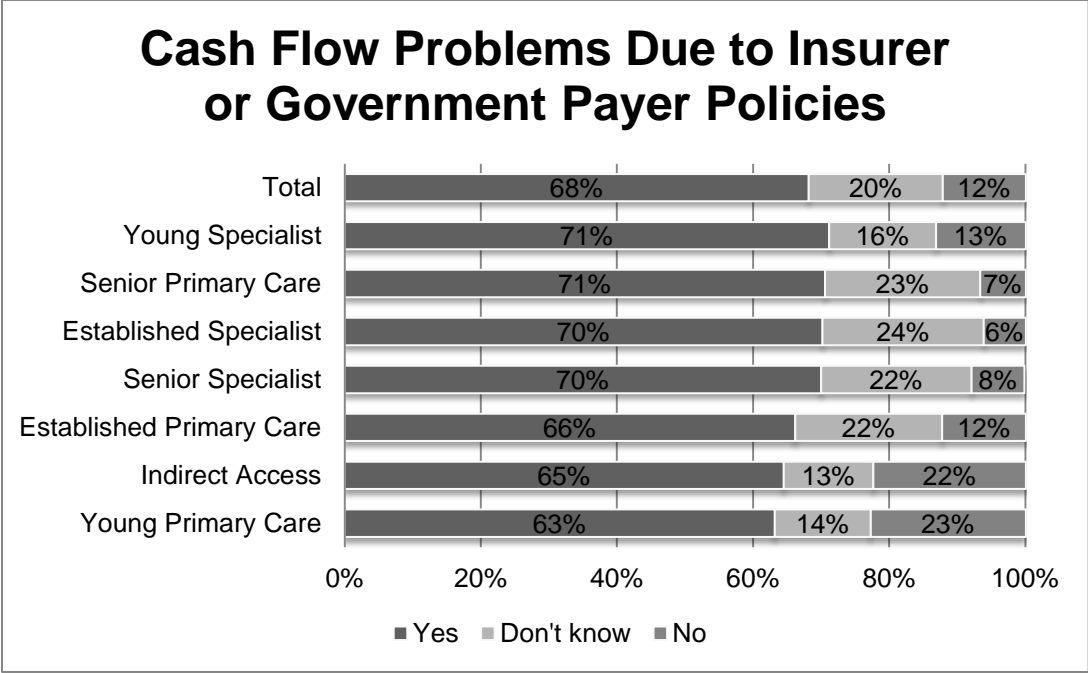


Physicians in the Rio Grande Valley (i.e., Cameron, Hidalgo, Starr, and Willacy counties) are most likely to report their personal income from medical practice has decreased in the past two years (73 percent).

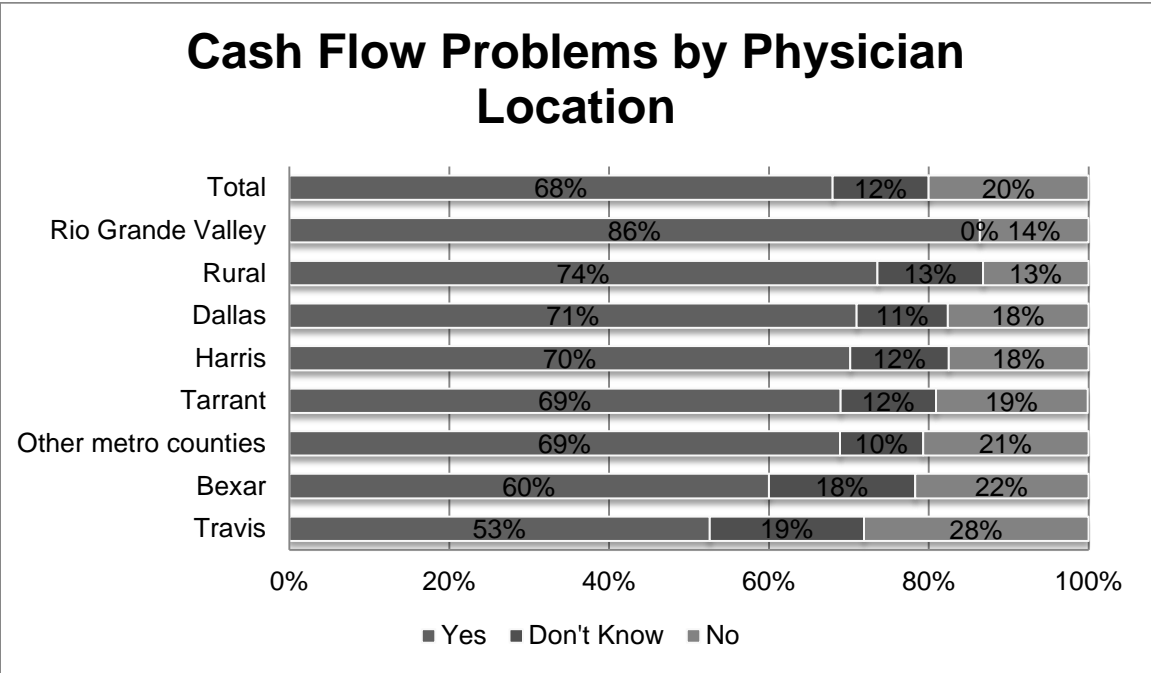


Cash Flow Problems (March Q3)

A majority of physicians reported their practice experienced cash flow problems due to slow payment, nonpayment, or underpayment of claims by insurer or government payers (68 percent).



Physicians in the Rio Grande Valley are most likely to report cash flow problems due to insurer or government payer policies (86 percent).



Response to Cash Flow Problems (March Q4)

In response to cash flow problems, physicians drew from personal funds to cover current practice operations (52 percent).

Response to Cash Flow Problems						
	2002	2004	2006	2008	2010	2012
	%	%	%	%	%	%
Draw from personal funds	46	68	39	33	51	52
Reduce services to gov't payers					20	28
Lay off employees					33	27
Secure commercial loans	33	46	32	22	33	26
Terminate/Renegotiate plan contracts					23	21
Close or sell a practice					5	4
Other					19	17

The increasing percentage of physician practices financing practice operations with debt is a major concern. If those practices cannot improve profitability to cover the debt payments, they may be at risk of insolvency.

Practice Description

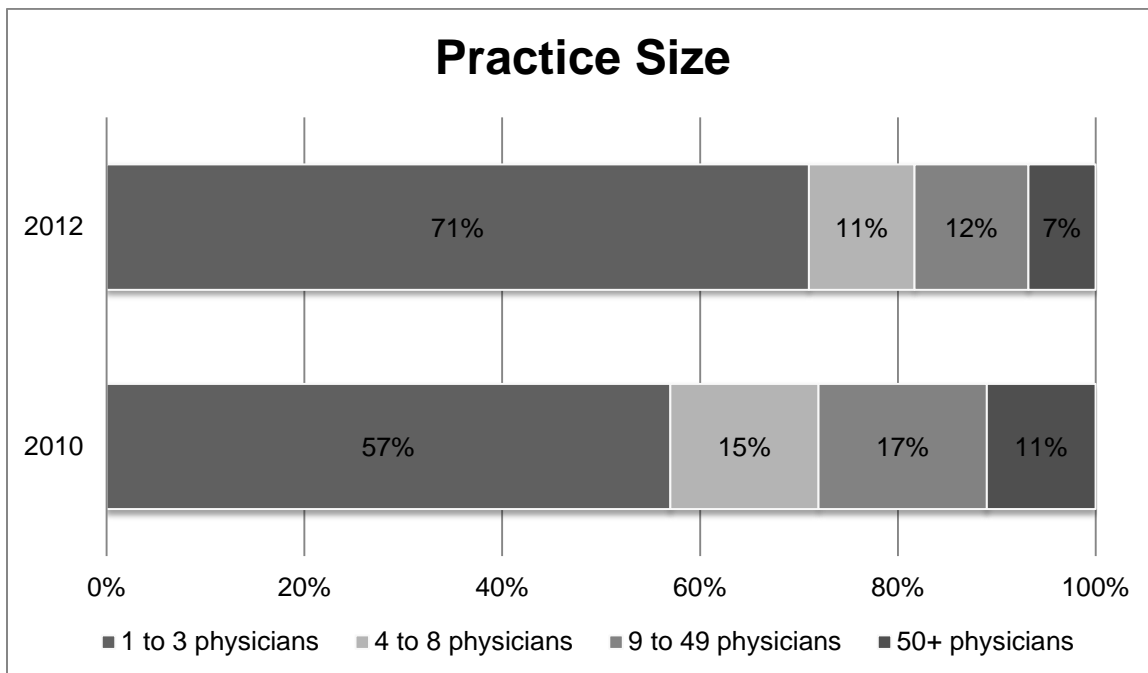
Type of Practice (March Q17)

No long-term trends in practice type are clear from survey data. Solo practitioners, consistently below the 1990 high, have increased since 2010. In all, 73 percent of physicians are practice owners, co-owners, or shareholders.

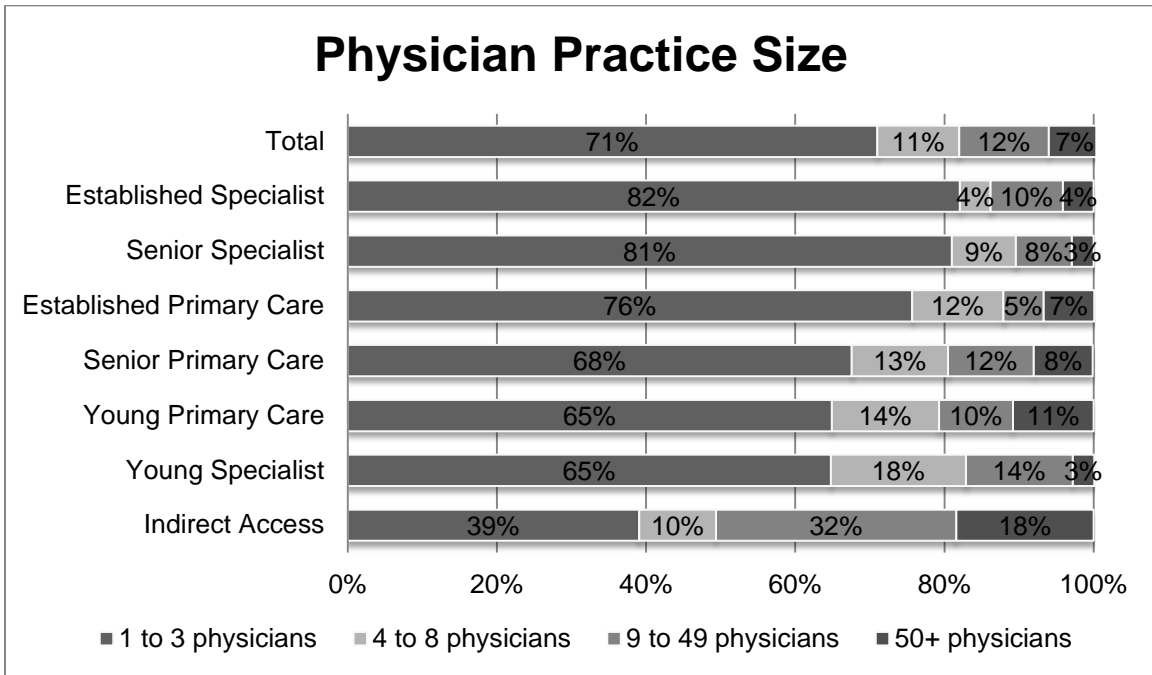
<i>Type of Practice</i>	<u>1990</u>	<u>2000</u>	<u>2002</u>	<u>2004</u>	<u>2006</u>	<u>2008</u>	<u>2010</u>	<u>2012</u>
	%	%	%	%	%	%	%	%
Solo	50	32	42	40	44	40	34	44
Group practice owner, co-owner or shareholder	24	20	28	24	25	27	28	24
Group practice employee		20	13	15	13	14	18	13
Partnership	10	9	9	11	7	9	8	5
Teach/Admin/Research		7	5	5	7	6	7	5
Hospital employee								4
Resident		7		0.1			1	0.3
Other	16	5	4	6	4	5	5	5

Practice Size (March Q18)

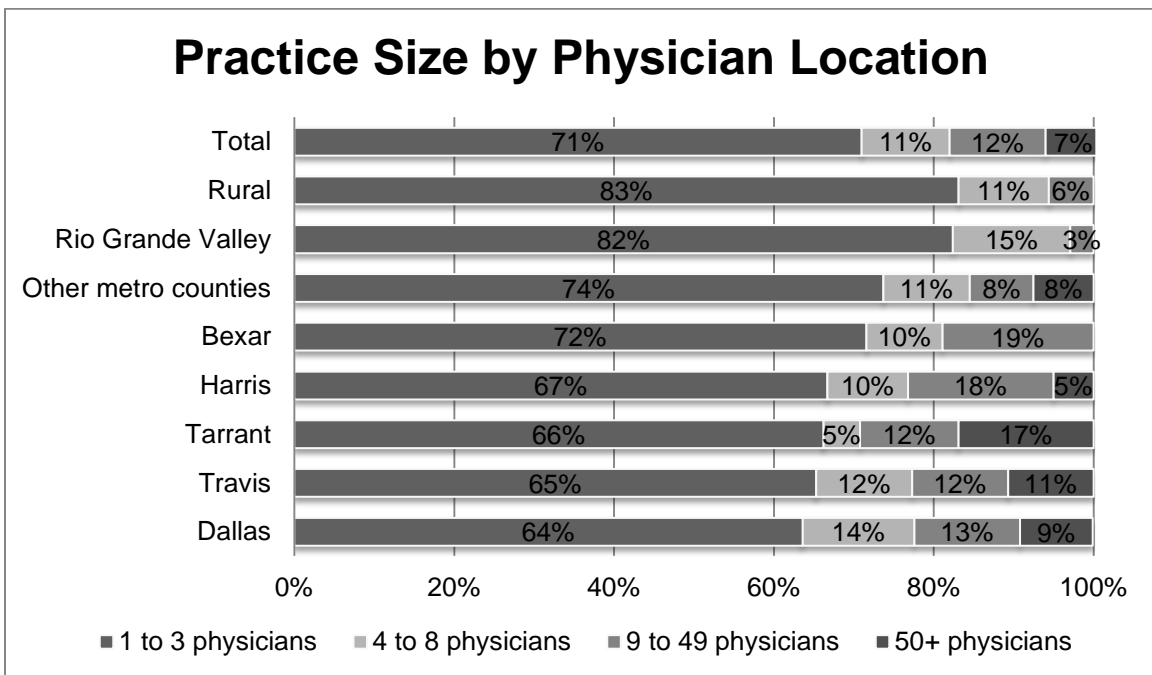
Physicians who are in groups or partnerships were asked about the number of physicians in their practice. When analyzed with solo practices, 71 percent are in practices with one to three physicians. Although physicians are concerned that solo and small-group physicians are leaving for larger groups, the data do not bear this out.



Established and senior physicians are most likely to work in groups of one to three physicians.

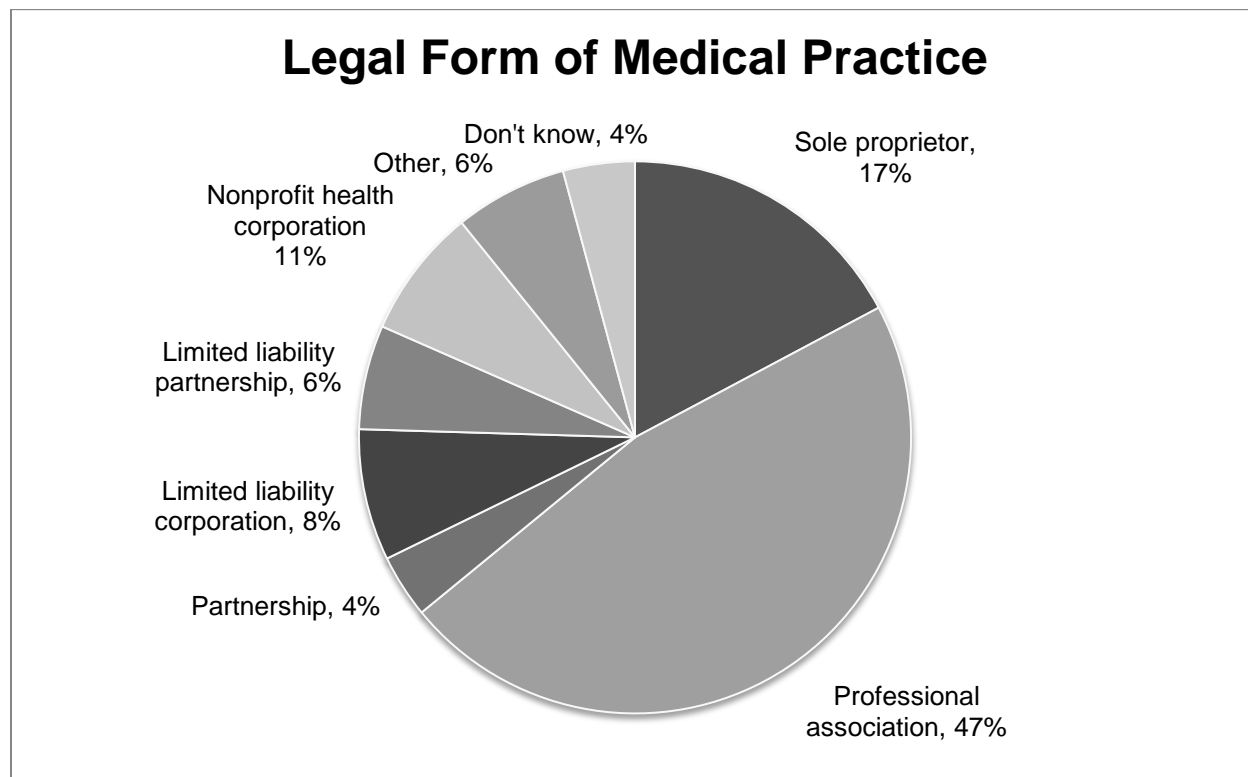


Physicians in rural counties are most likely to work in practices with one to three physicians (83 percent).



Legal Form of Practice (March Q19)

The legal form of the physician practice is not necessarily predicted by the practice type. Solo practitioners, for example, may practice as sole proprietors or may have formed a professional association. The legal form will determine whether the practice is subject to the state franchise tax, also known as the business or margins tax. Seventeen percent are sole proprietors, which are exempt from the margin tax. Very small percentages are in general partnerships and may be exempt (4 percent). Fourteen percent are in limited liability partnerships or corporations, subject to the franchise tax.

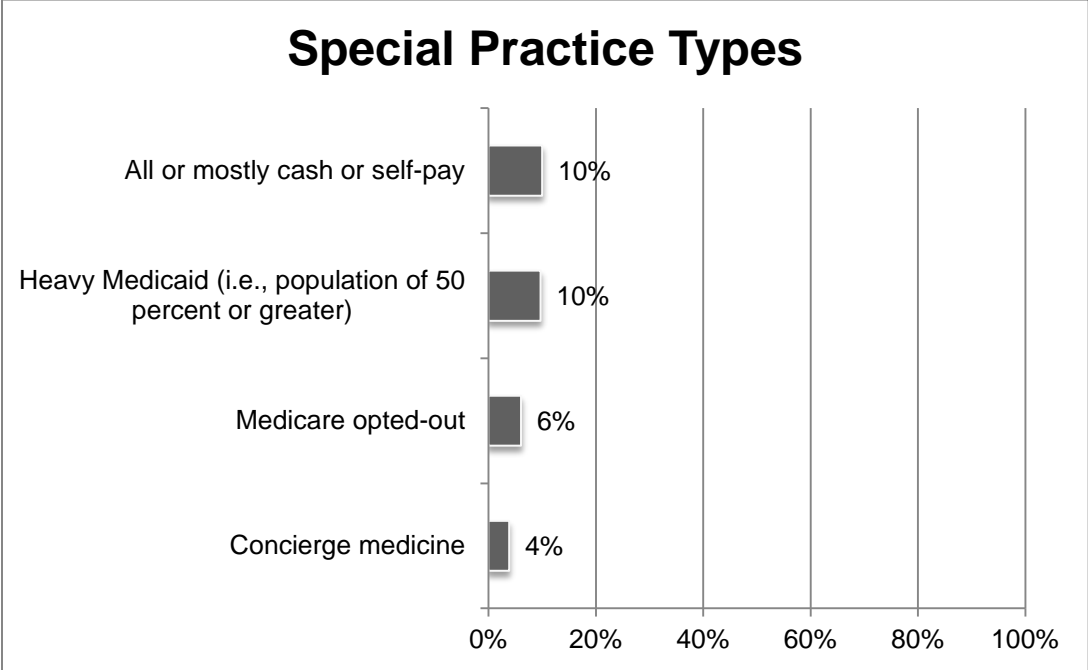


Franchise Tax Fees and Preparation (March Q13-14)

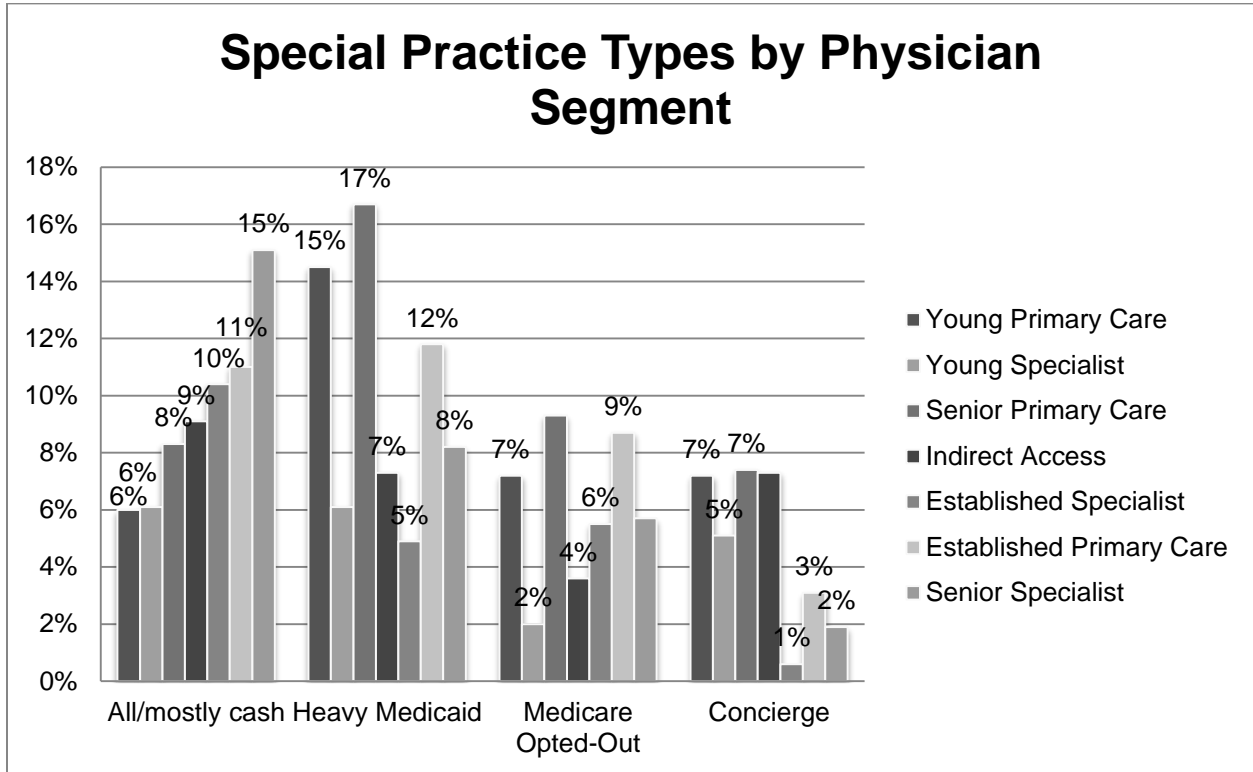
Forty-six percent of physician practices reportedly paid the Texas franchise tax in 2011 (up from 45 percent in 2009). Those who paid the franchise tax paid a mean tax liability of \$7,493 per physician (up from \$4,611 in 2009). However, half of physicians paid less than \$1,500.

Special Practice Types (February Q22)

Ten percent of respondents report their practice is all or mostly cash or self-pay. Ten percent of respondents report their practice is heavy Medicaid (i.e., 50 percent or greater). Six percent of respondents report their practice has opted out of Medicare. Four percent practice concierge medicine. This is the first year this question has been asked so no long-term trend data are available

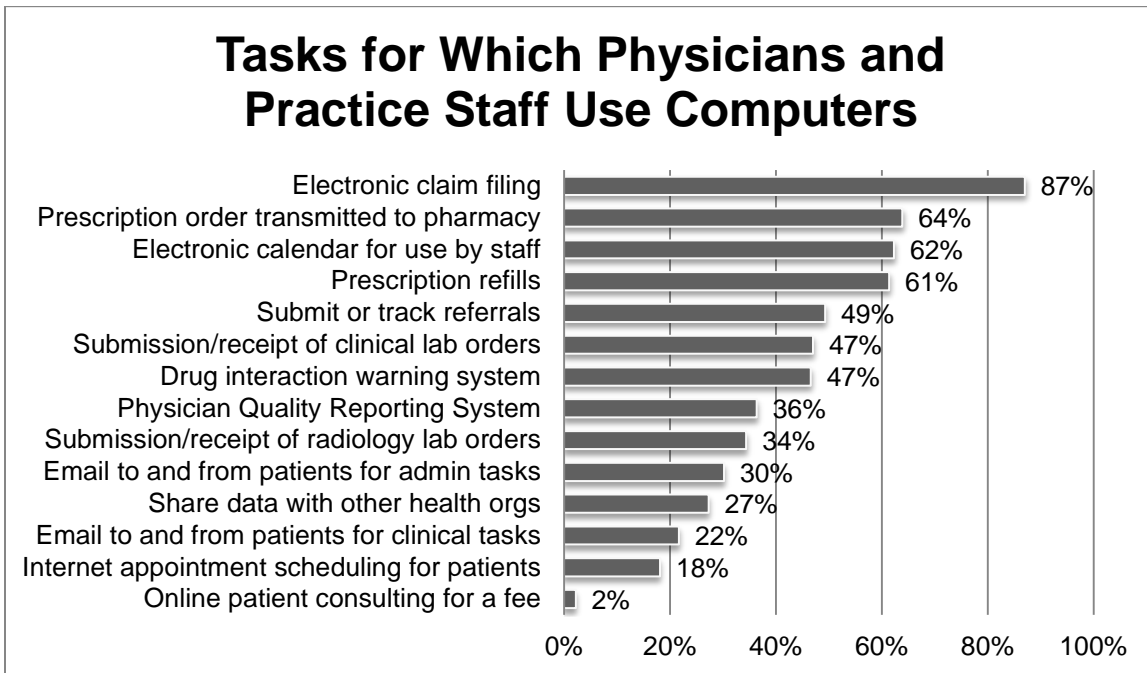


Physicians in primary care are more likely to be heavy Medicaid and/or Medicare opted-out.

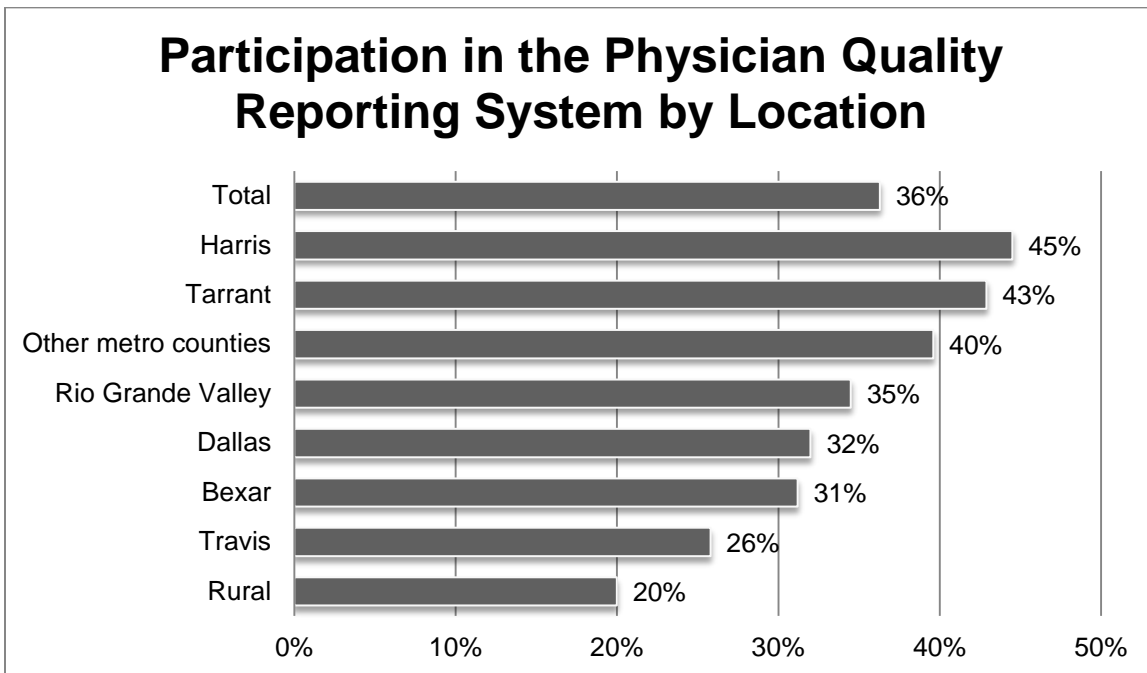


Current Practice Computer Use (February Q21)

Physicians and practice staff are most likely to use computers for electronic claim filing (87 percent).

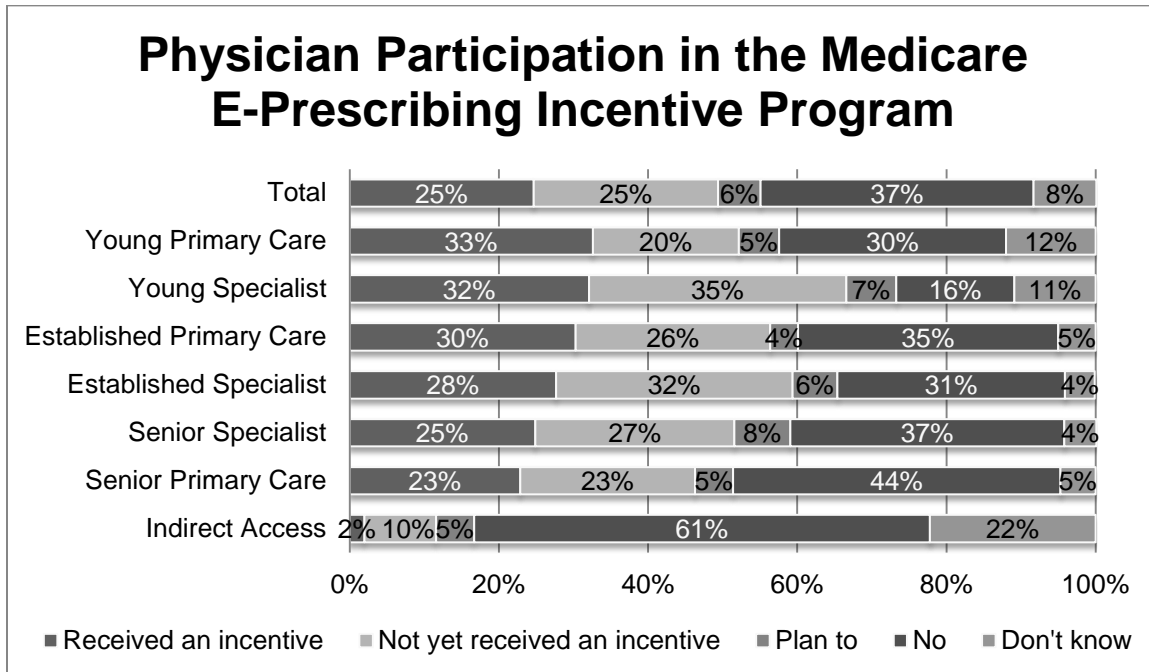


Physicians in Harris County are more likely to participate in the Physician Quality Reporting System (PQRS) (45 percent).

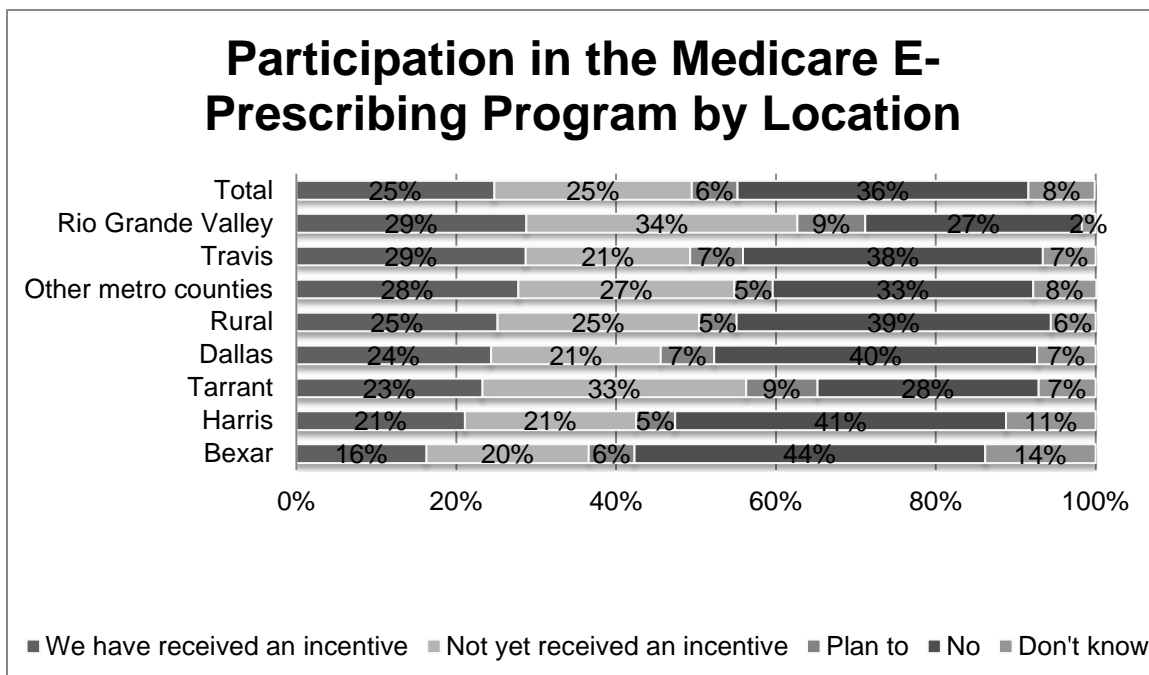


Participation in Medicare E-Prescribing Incentive Program (September Q13)

Half of physicians participate in the Medicare e-prescribing incentive program, and 6 percent plan to do so.



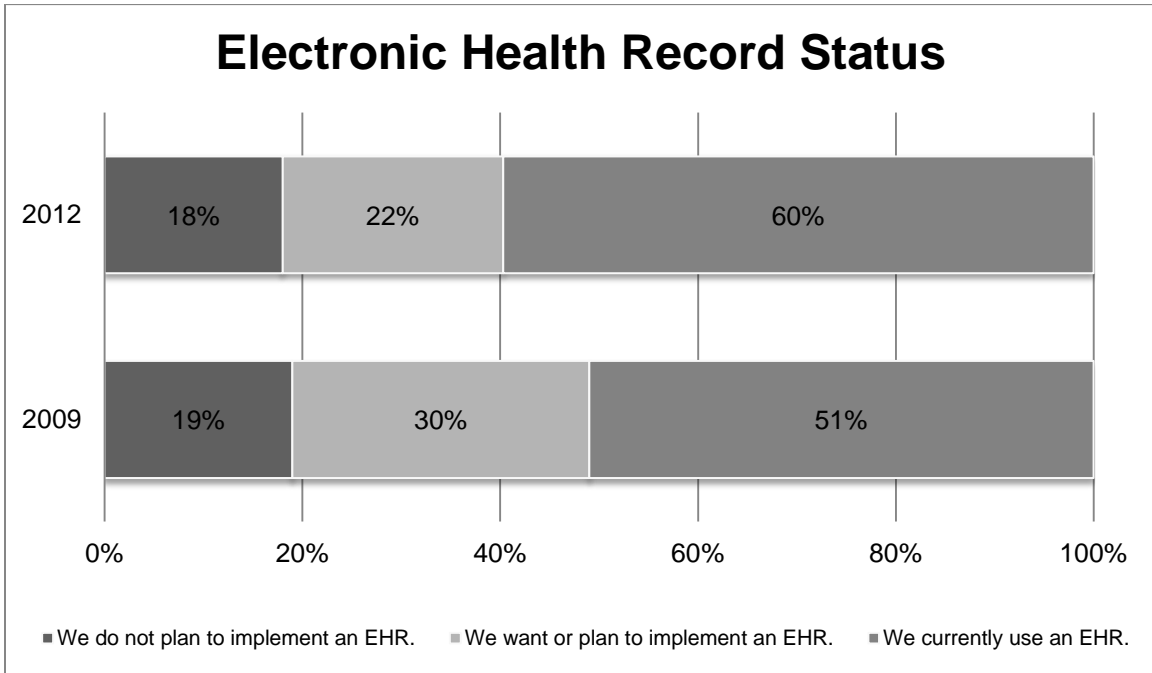
Physicians in the Rio Grande Valley are most likely to be participating in the Medicare e-prescribing incentive program (63 percent).



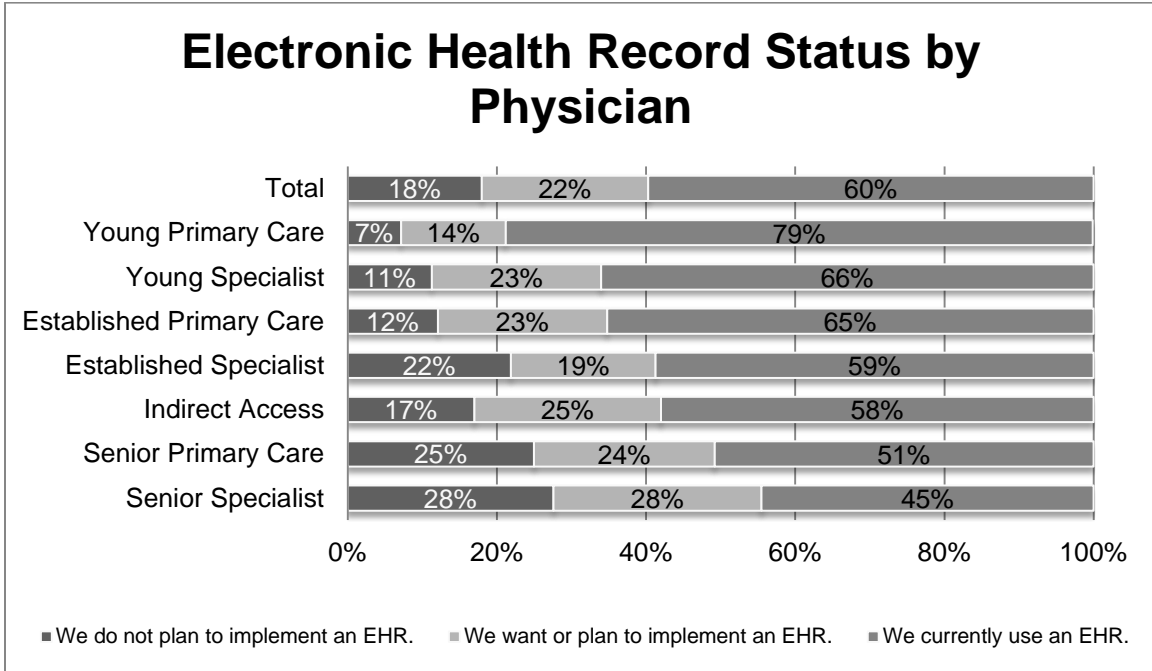
Health Information Technology

Electronic Health Record Status (April Q1)

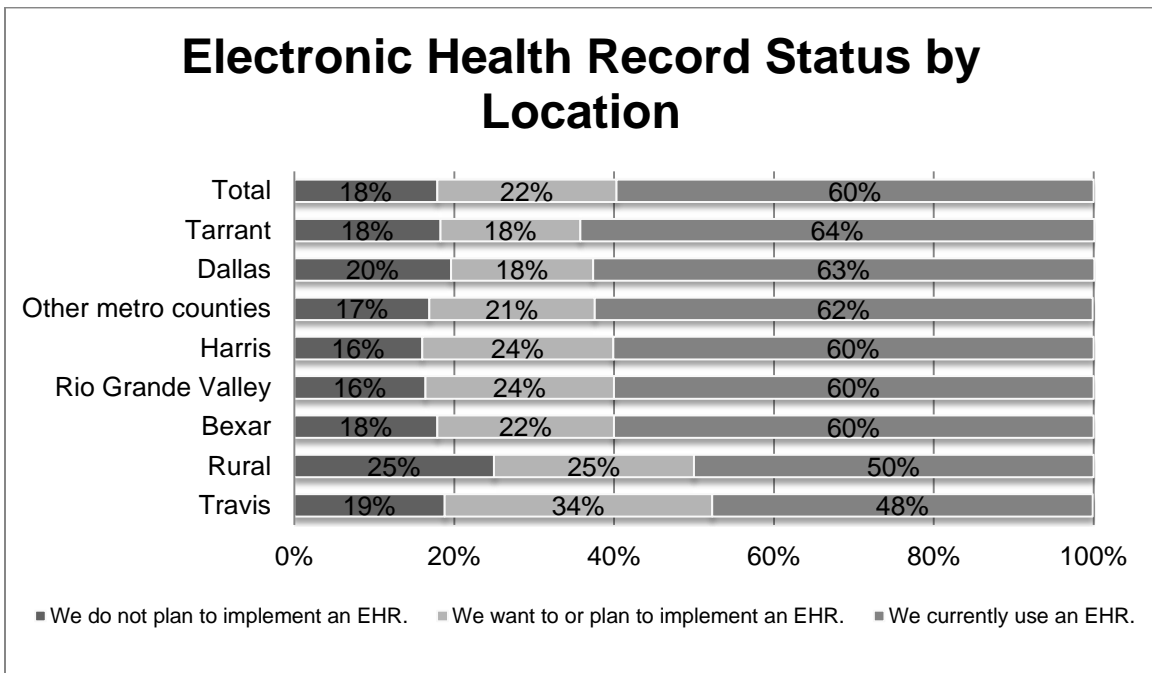
Sixty percent of respondents currently use an EHR (up from 51 percent in 2009). An additional 22 percent want to or plan to implement an EHR.



As seen in previous surveys, younger physicians are more likely to use an EHR.



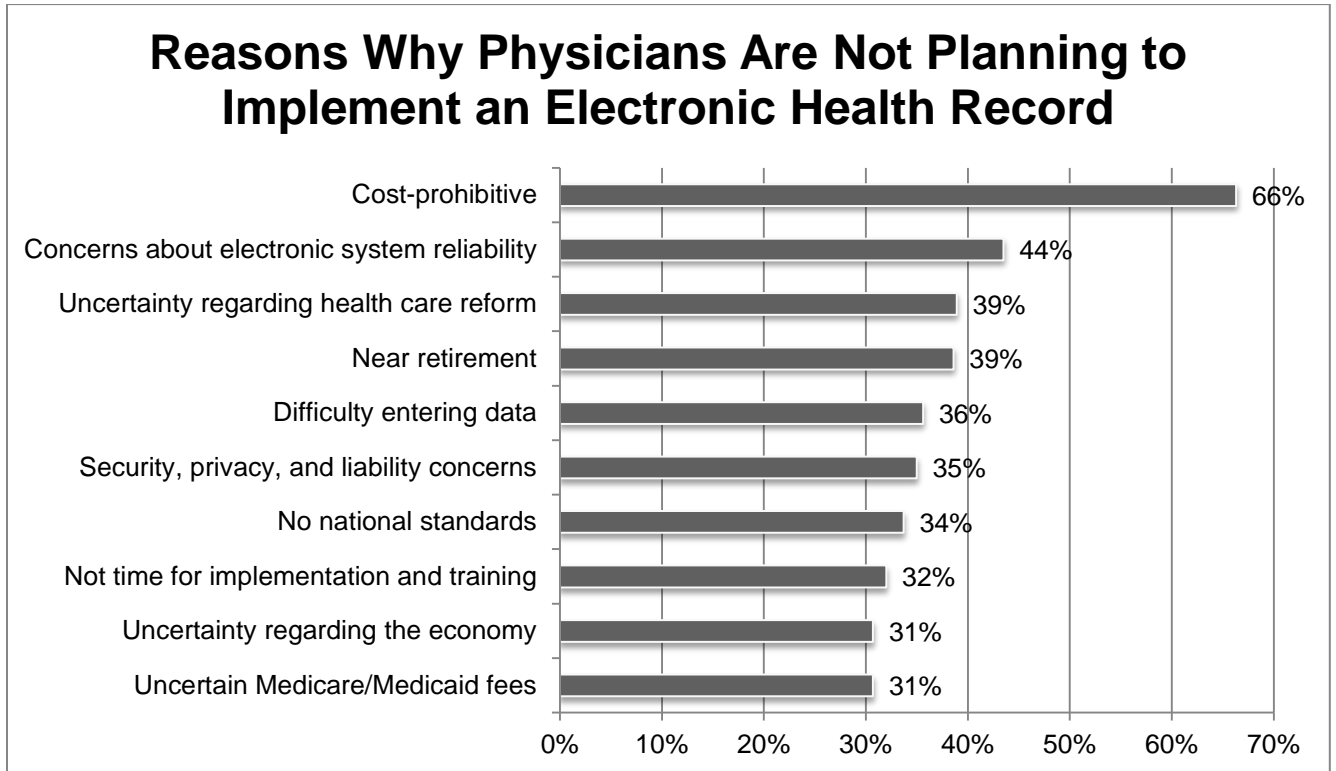
Tarrant County physicians are most likely to use an EHR (64 percent). Travis County physicians are least likely to currently use an EHR (48 percent) but most likely to want to or plan to implement one (34 percent). Rural county physicians are most likely to report they do not plan to implement an EHR (25 percent).



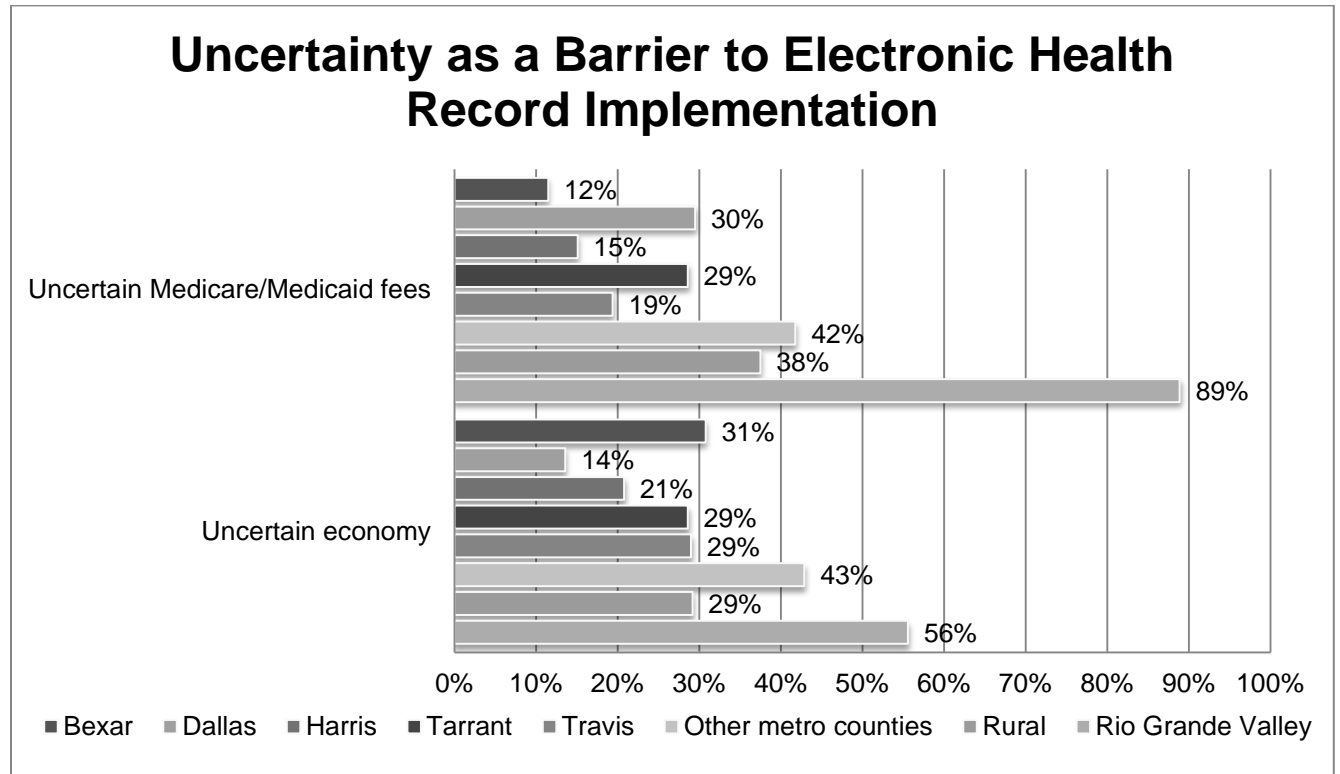
Practices With No Plans to Implement an EHR

Reasons for Not Implementing an EHR (April Q2)

Physicians who do not plan to implement an EHR report it is cost-prohibitive (66 percent).

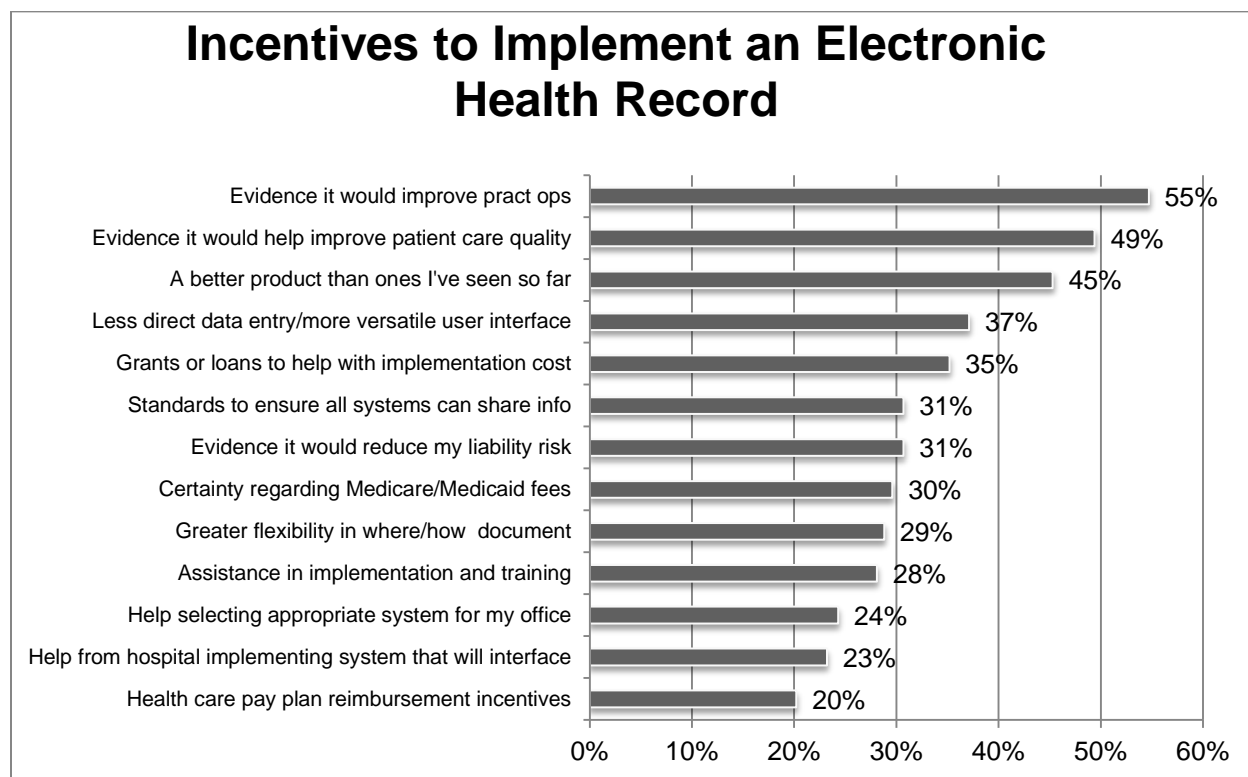


Physicians in the Rio Grande Valley are most likely to report uncertain Medicare and/or Medicaid fees (89 percent) as why they are not planning to implement an EHR.



Incentives to Implement an EHR (April Q3)

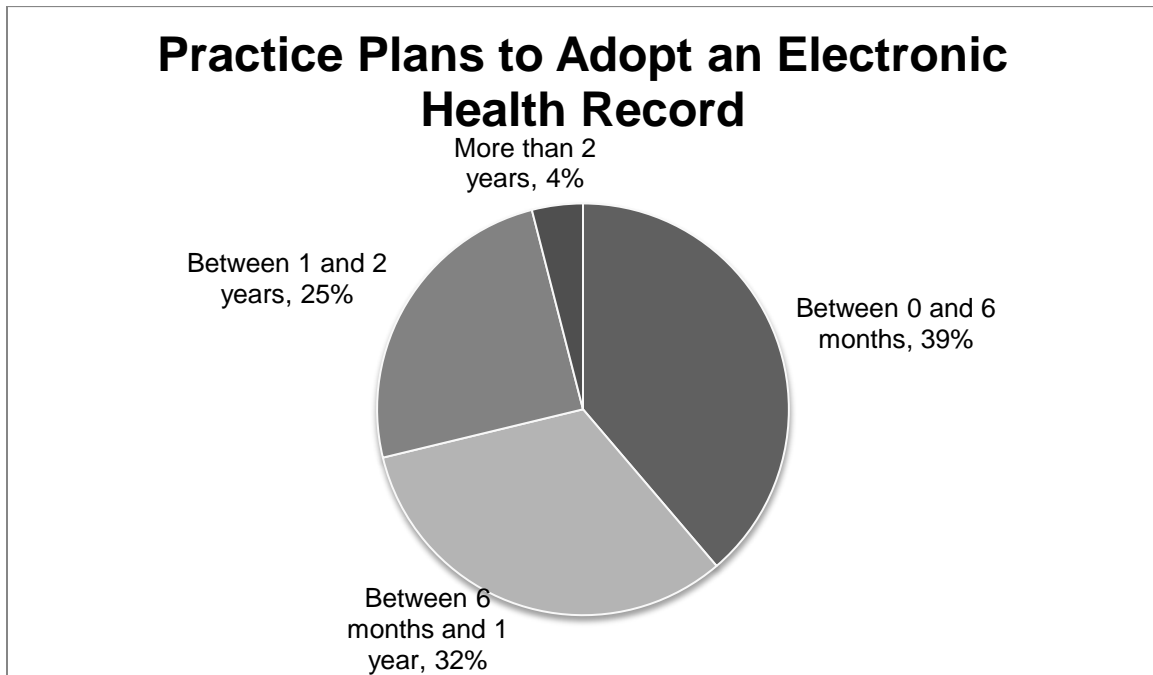
Despite physicians reporting it cost-prohibitive, few physicians report health care payment plan incentives, such as stimulus package payments, pay-for-performance bonuses (20 percent), grants, or loans to help with implementation cost (35 percent), would convince them to implement an EHR. The majority of physicians report evidence it would improve practice operations is most likely to convince them (55 percent), suggesting it is not the cost that is prohibitive as the perceived value of the technology.



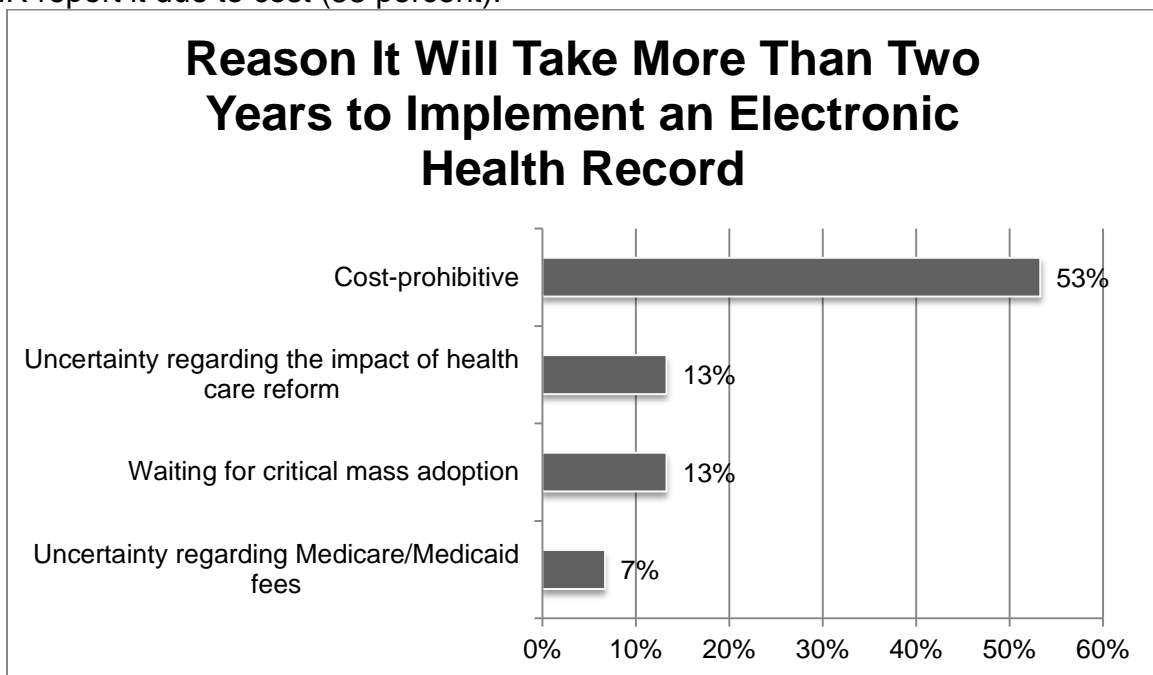
Practices With Plans to Implement an EHR

Time Until EHR Implementation (April Q4-5)

Practices that want to or plan to implement an EHR anticipate doing so between zero months and one year (71 percent).

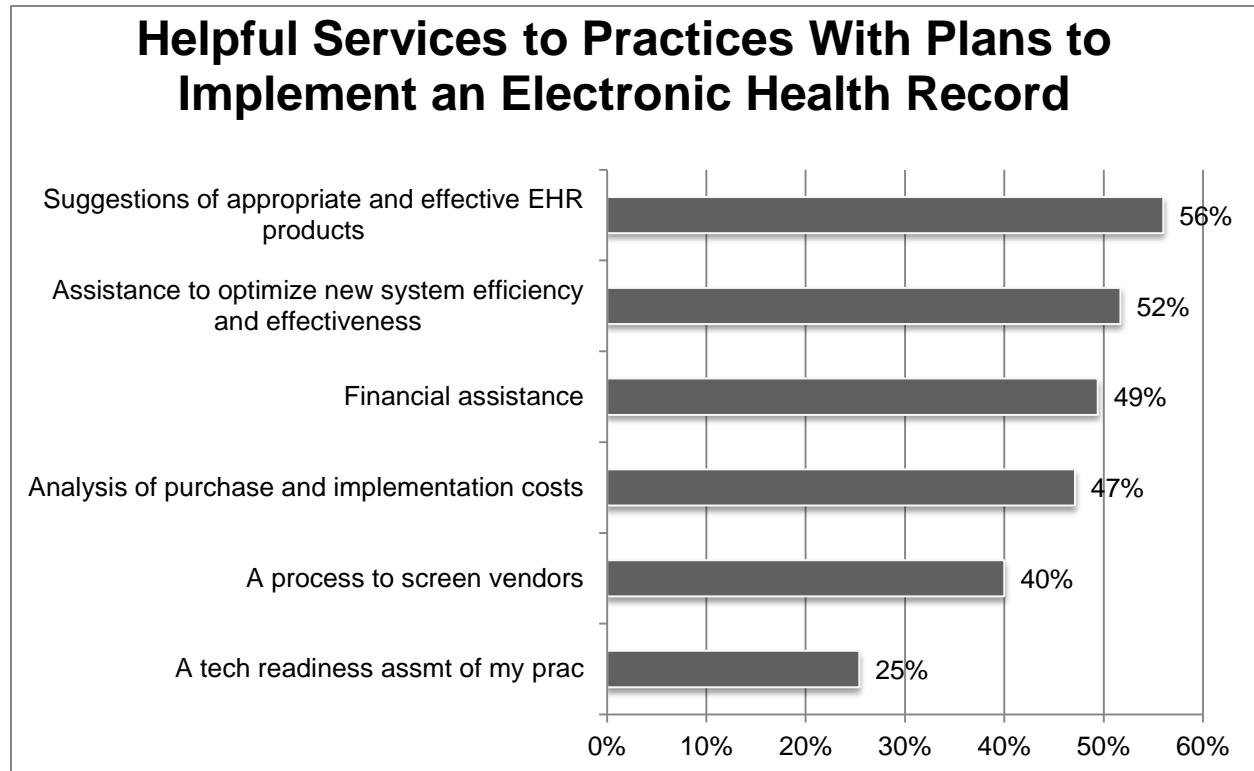


Physicians who report it will take their practice more than two years to implement an EHR report it due to cost (53 percent).



Helpful Services for Implementation (April Q6)

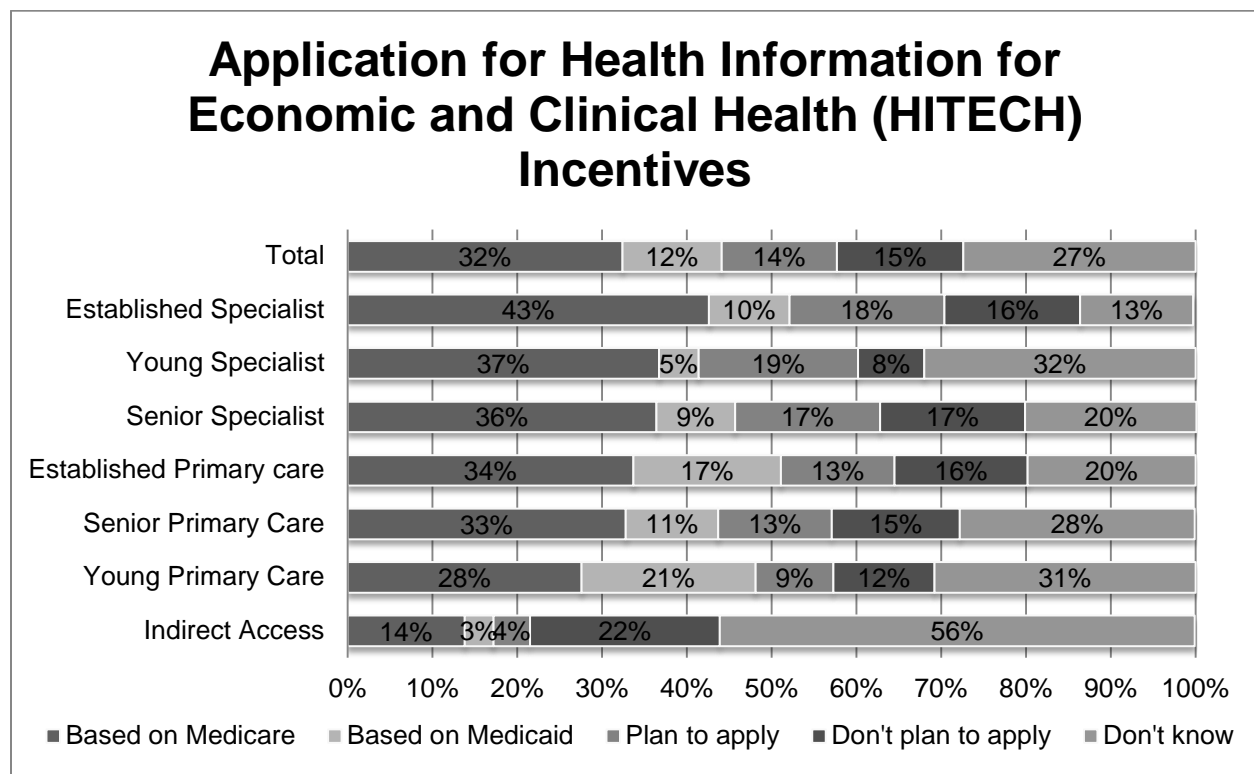
Physicians with plans to implement an EHR report suggestions of appropriate and effective EHR products (56 percent) and assistance with optimizing new system efficiency and effectiveness (52 percent) would be the most helpful services.



Practices That Have Implemented an EHR

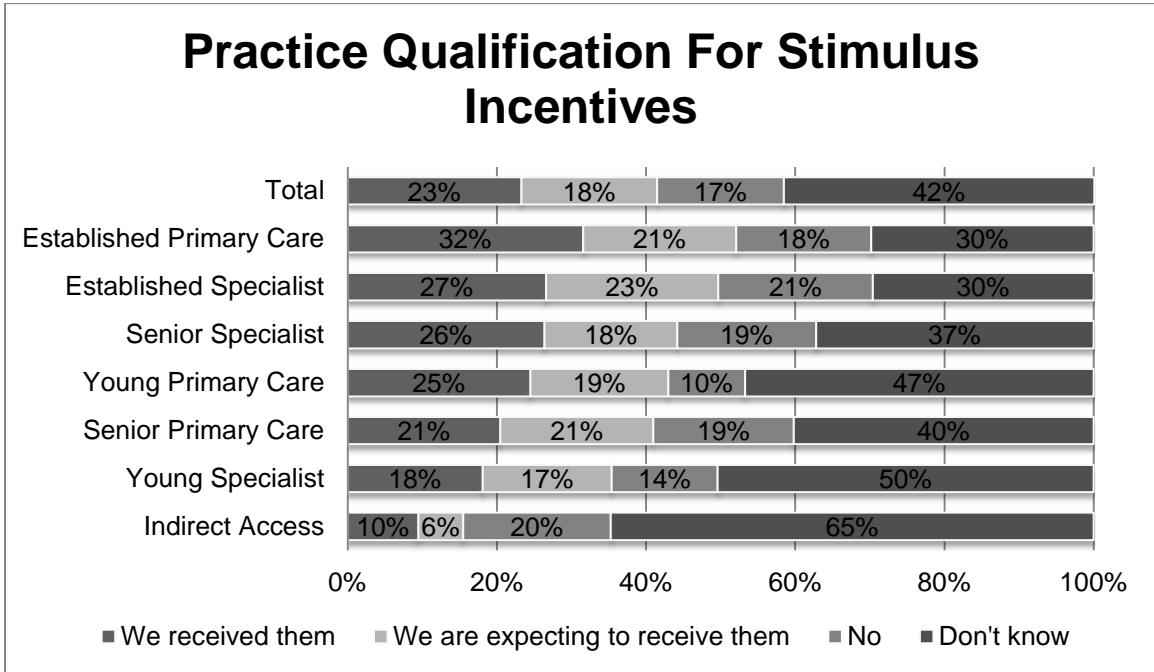
Application for Health Information Technology for Economic and Clinical Health Act Incentives (April Q8)

Physicians were asked if their practice applied for HITECH incentive payments based on Medicare participation (for up to \$44,000) or Medicaid participation (for up to \$63,750). Forty-four percent of physicians applied for the incentive payments, and 14 percent plan to apply. Established specialist and primary care physicians are most likely to have applied for HITECH incentive payments (53 and 51 percent respectively). More than half of indirect-access physicians don't know if their practice applied for HITECH incentives, most likely because they practice primarily in a hospital or facility and are not involved in practice management decisions.

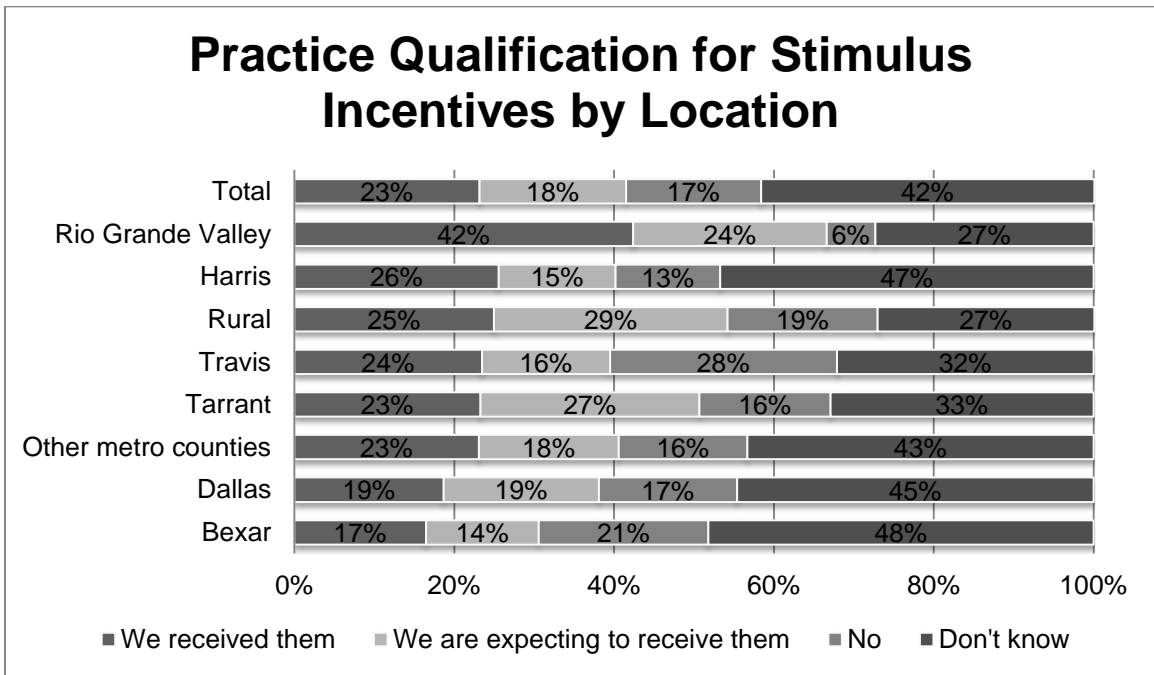


Qualification for HITECH Incentives (April Q9-10)

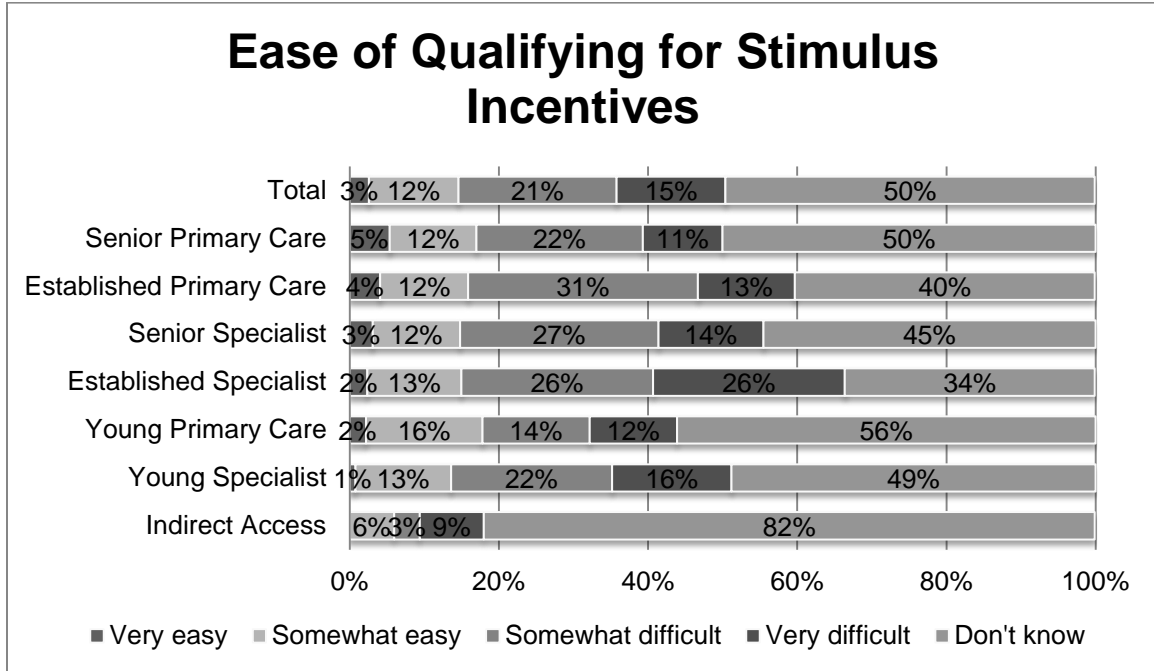
Forty-one percent of physicians received the stimulus incentives or are expecting to receive them.



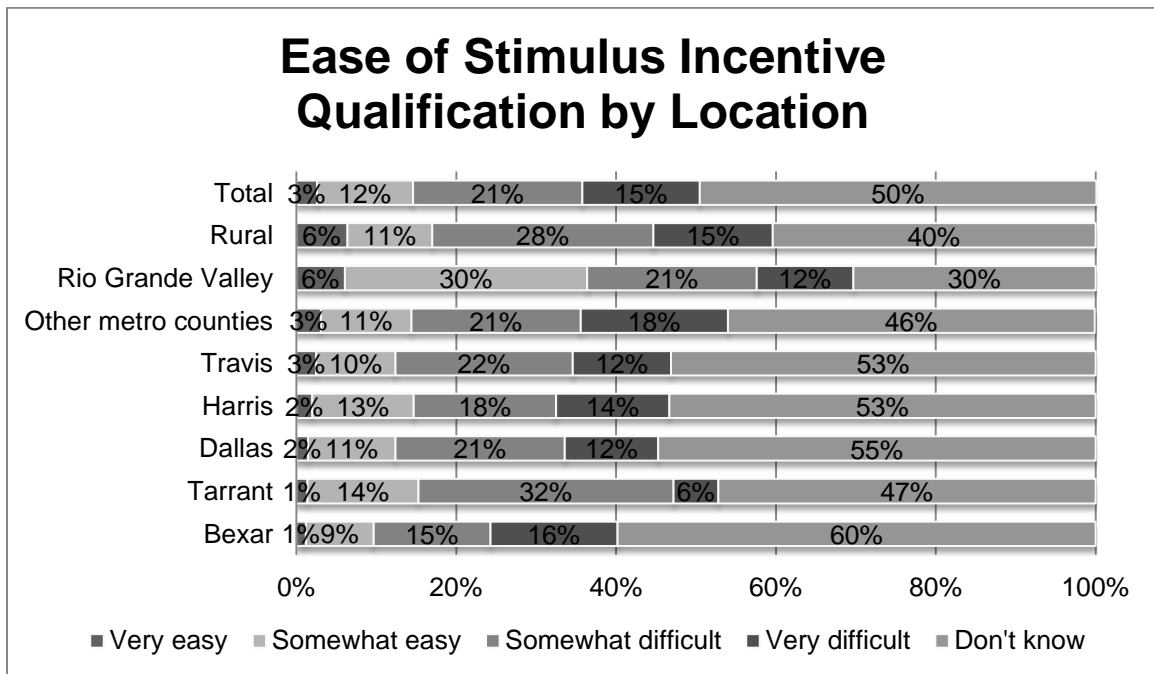
Physicians in the Rio Grande Valley are most likely to have qualified for stimulus incentives (66 percent).



Few physicians report qualification for stimulus incentives was easy (15 percent).

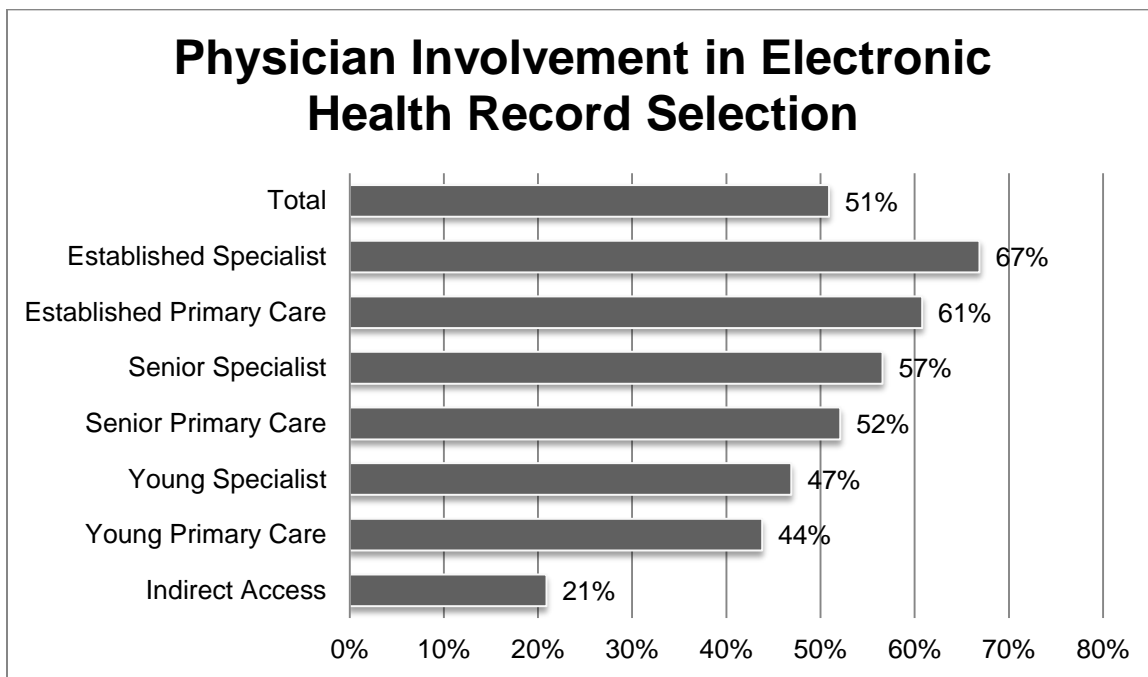


Physicians in the Rio Grande Valley are more likely to report qualifying for the stimulus incentives was easy (36 percent).

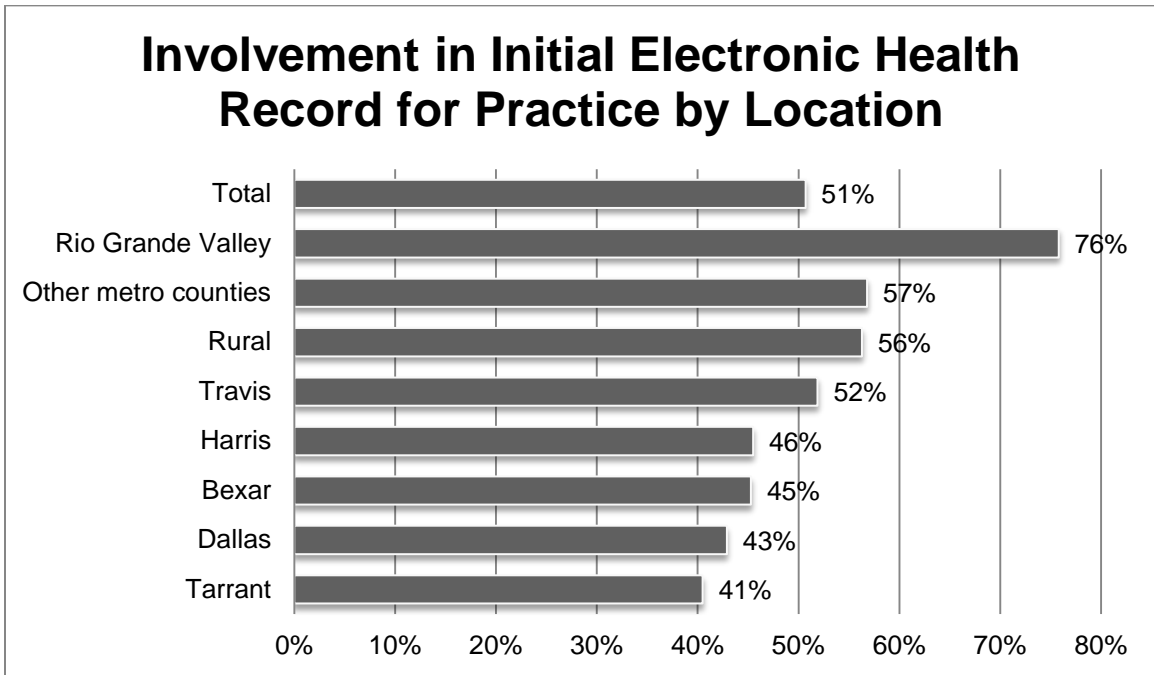


Physician Involvement in EHR Selection (April Q11-13)

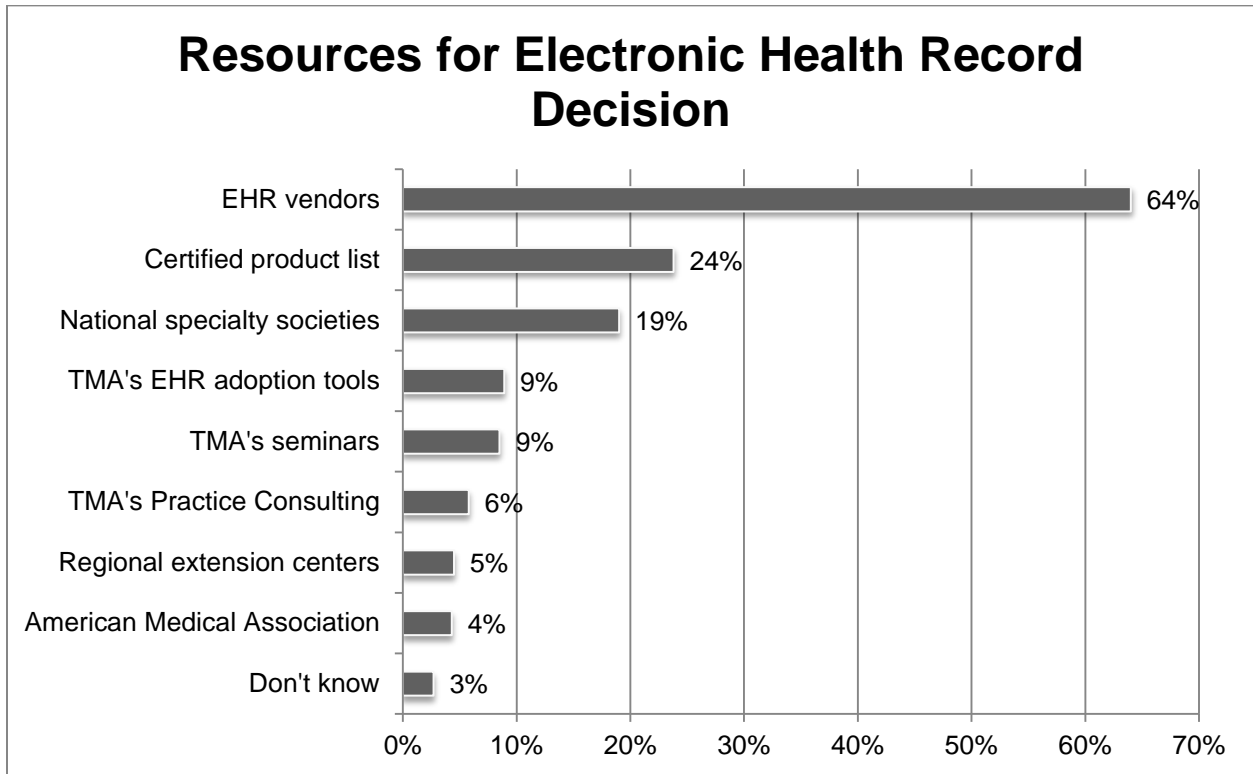
Fifty-one percent of physicians were involved in the initial selection of their EHR. Established specialist and primary care physicians are most likely to have been involved in the initial selection for their practice (67 and 61 percent respectively). Indirect-access physicians are least likely to have been involved (21 percent), most likely because they are less likely to be involved in practice management decisions for the hospital or facility in which they primarily practice.



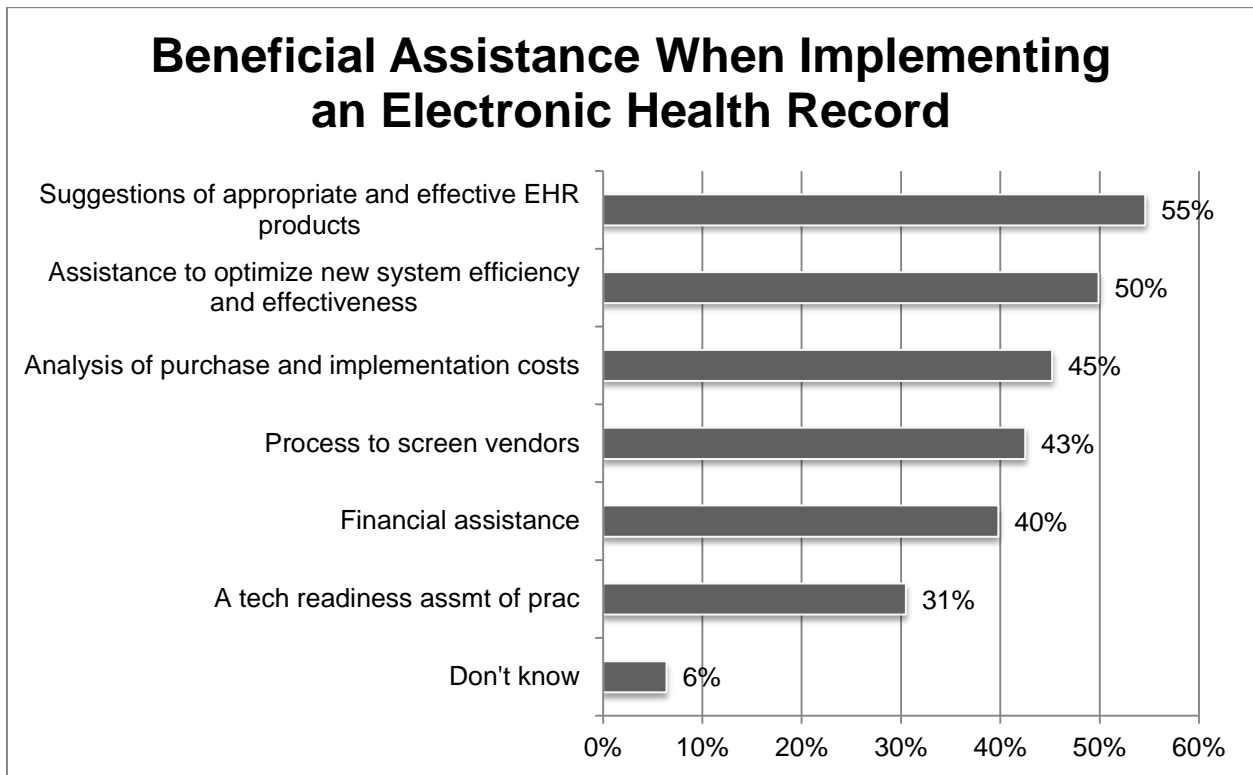
Physicians practicing in the Rio Grande Valley are most likely to have been involved in the initial EHR selection for their practice (76 percent).



Physicians involved in the initial EHR selection for their practice used EHR vendors to make their purchase decision (64 percent). Twenty-four percent used TMA resources.

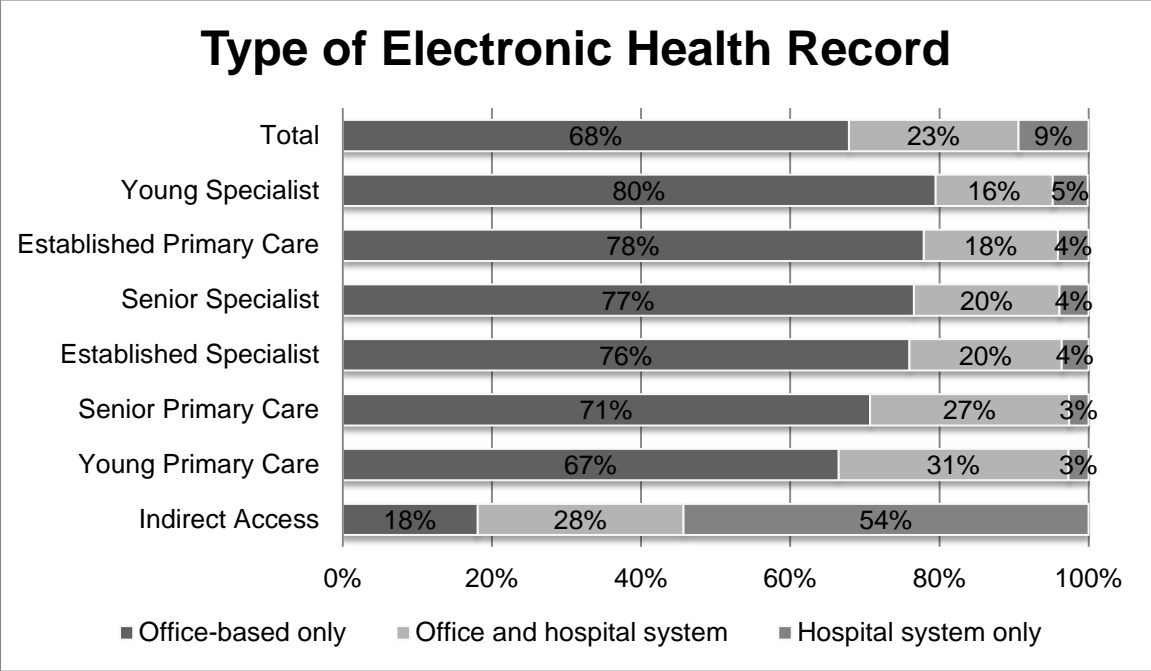


When implementing their EHR, physicians would have benefited from suggestions of appropriate and effective EHR products (55 percent) and assistance with optimizing new system efficiency and effectiveness (50 percent).

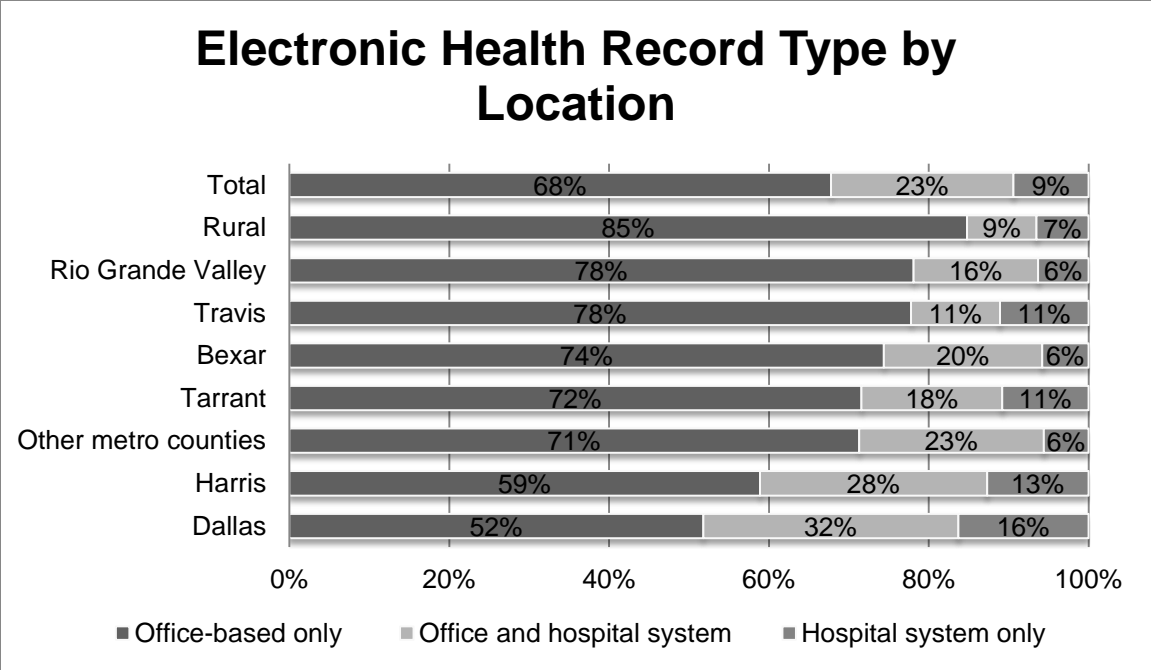


Type of EHR (April Q14-15)

The majority of physicians use an office-based EHR (68 percent).



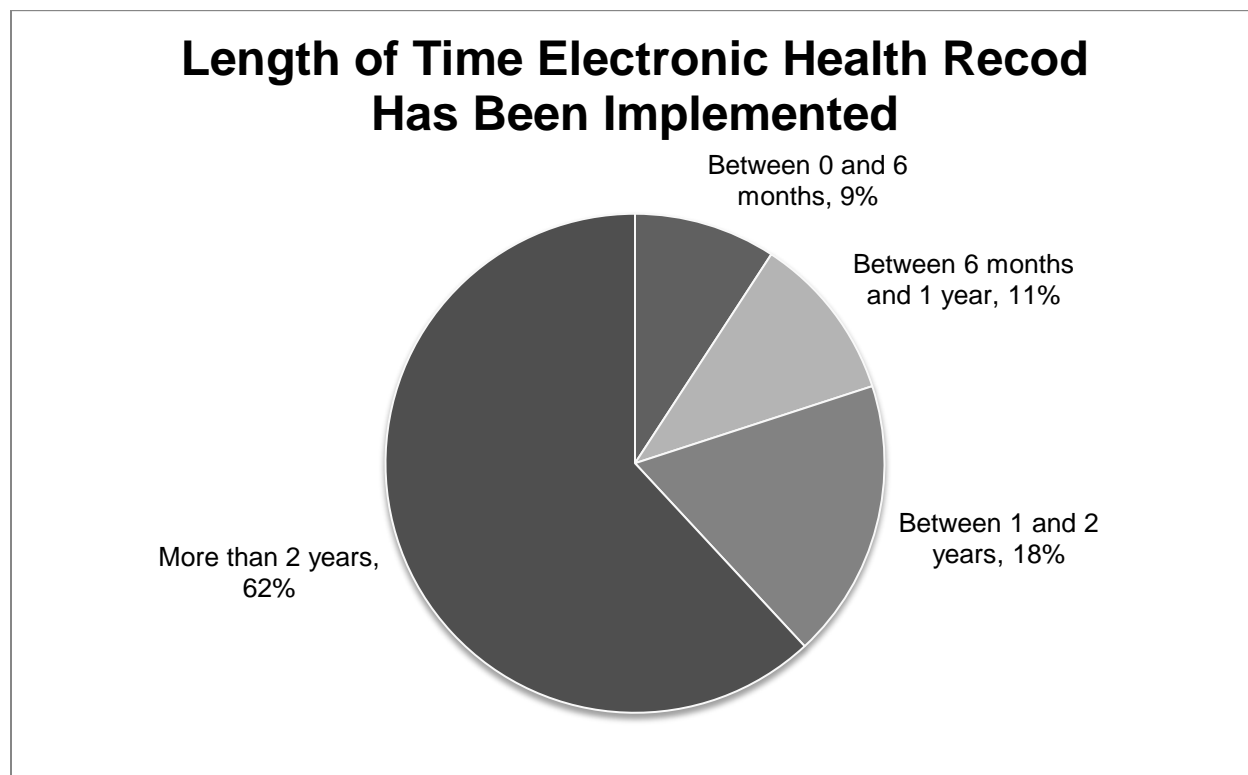
Physicians in rural counties are most likely to use an office-based system only (85 percent).



Forty-seven percent of physicians report their system is Internet-based (cloud computing).

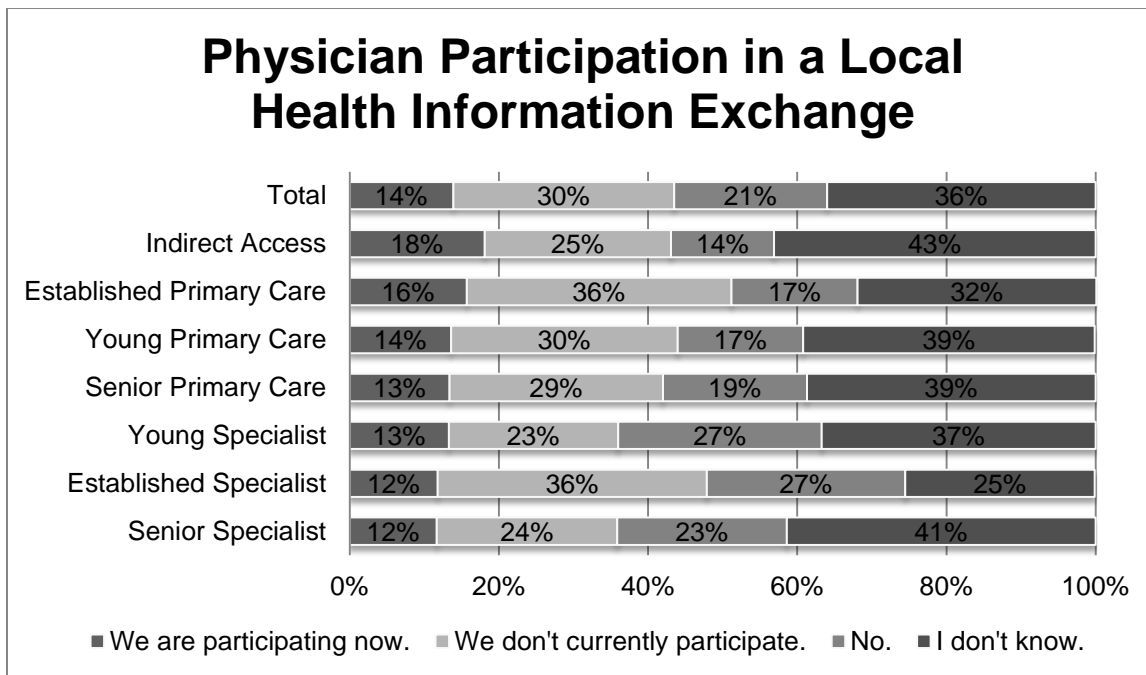
Length of Time EHR Has Been in Use (April Q16)

The majority of physicians report their EHR has been implemented more than two years (62 percent).

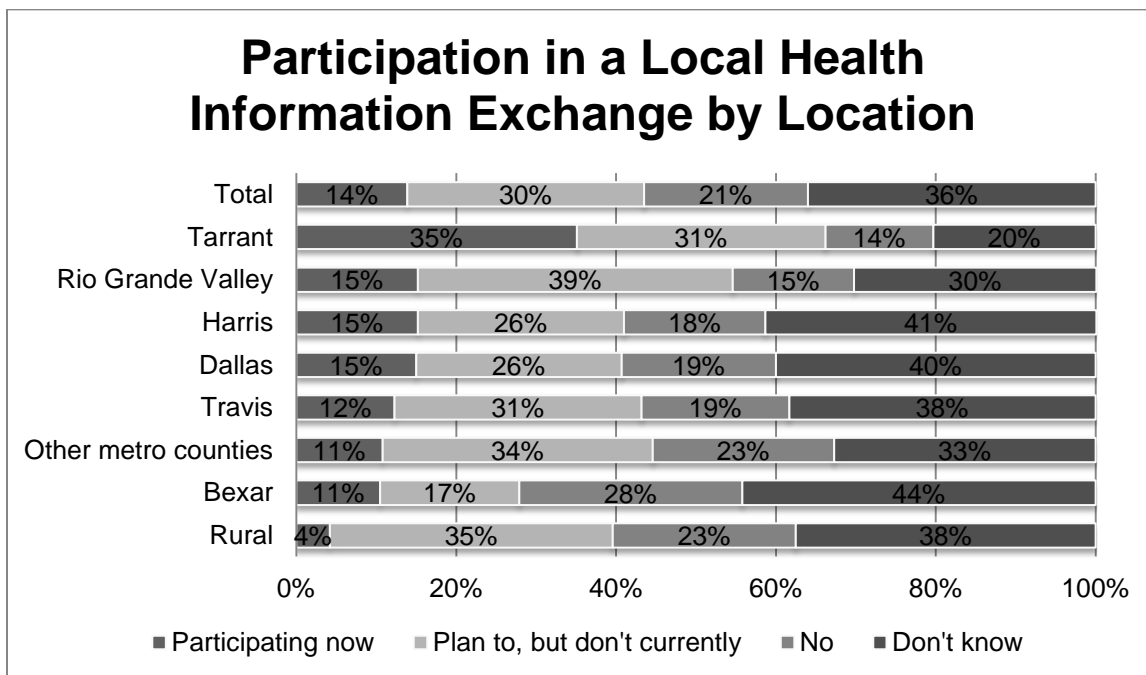


Physician Health Information Exchange Participation (April Q17-18)

Fourteen percent of physicians are participating in a local health information exchange (HIE) to share EHR data among health care providers. Indirect access physicians are more likely to participate currently (18 percent).



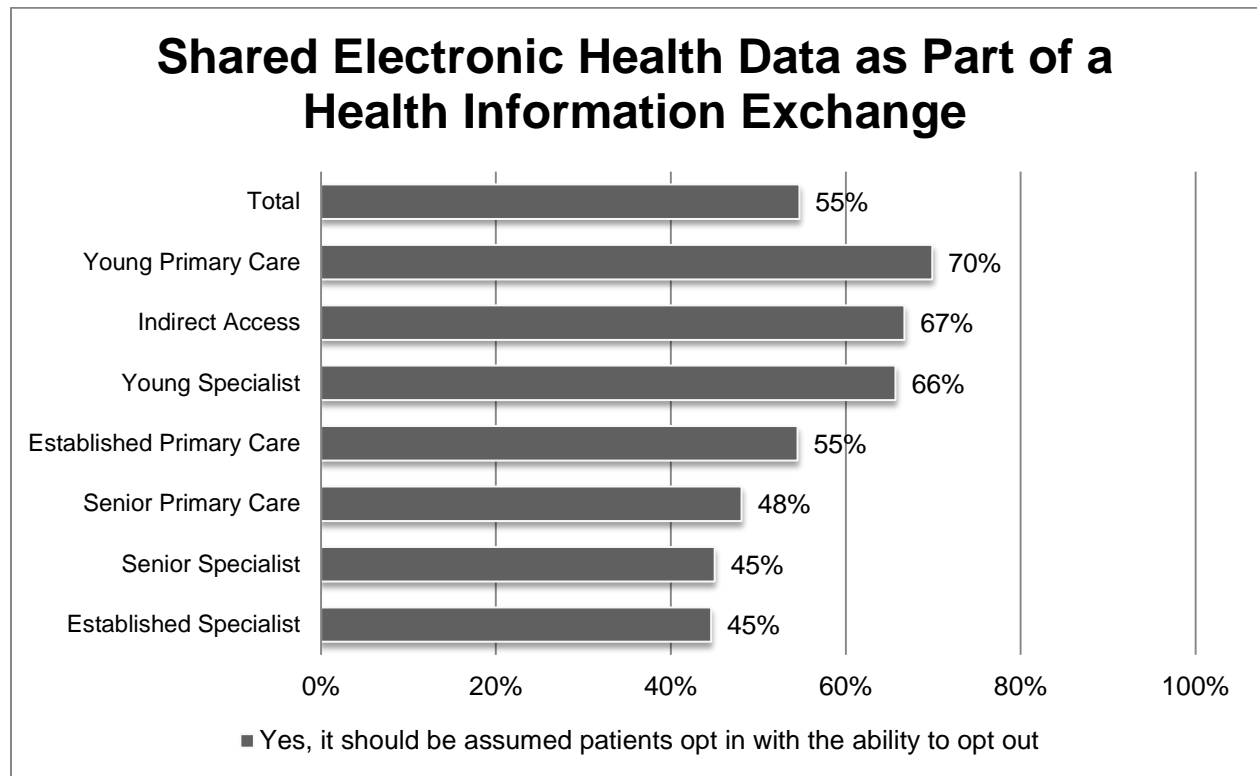
Tarrant County physicians are most likely to participate currently (35 percent).



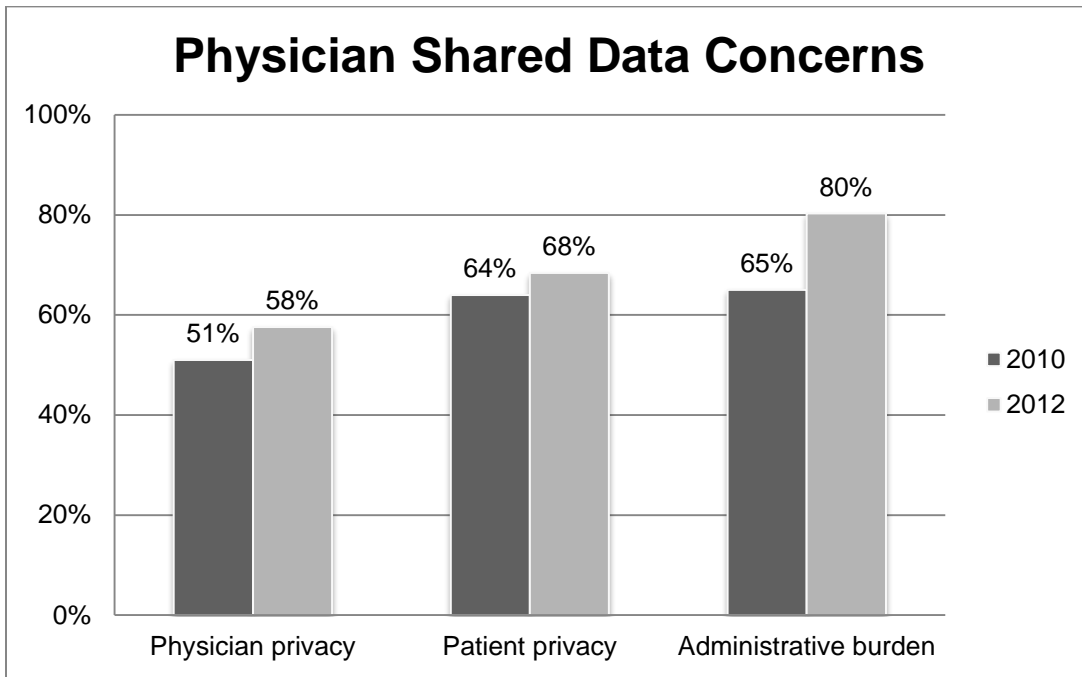
Forty-three percent of physicians need more information about HIE participation.

Patient HIE Participation (January Q8-10)

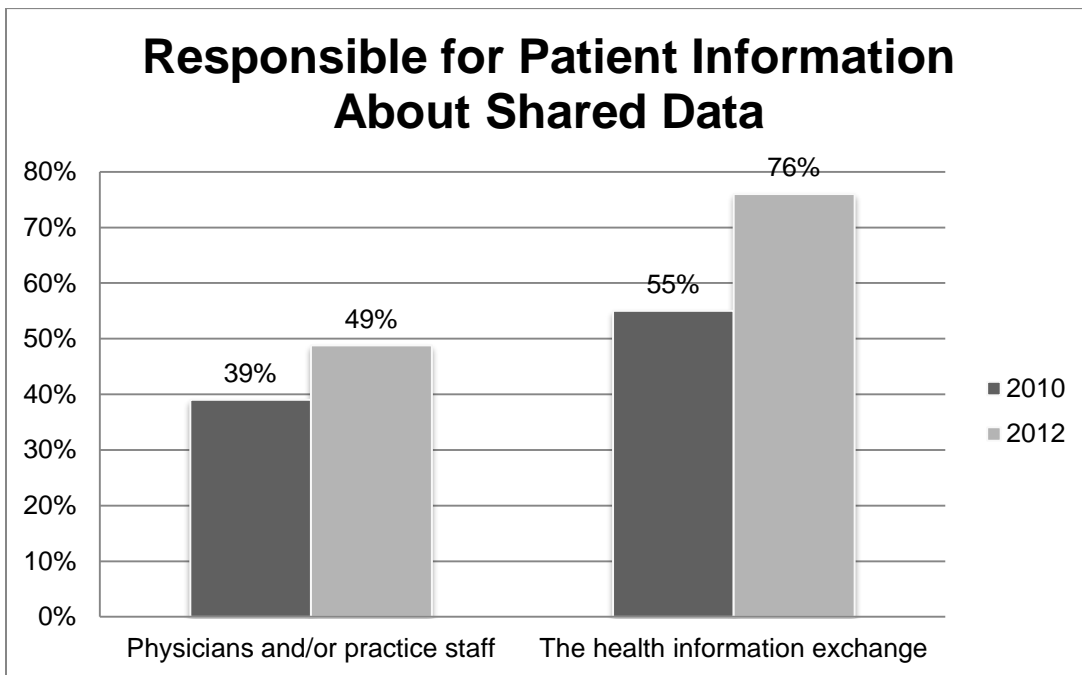
The majority of physicians believe it should be assumed that patients opt in to have their EHR data shared among health care providers as part of an HIE (55 percent). This is up from the 46 percent of physicians in 2010 who agreed it should be assumed patients opt in. Young primary care physicians are most likely to agree it should be assumed patients opt in (70 percent).



If patients do opt in, physicians still have concerns about shared data, including administrative burden (80 percent), and patient (68 percent) and physician privacy concerns (58 percent).

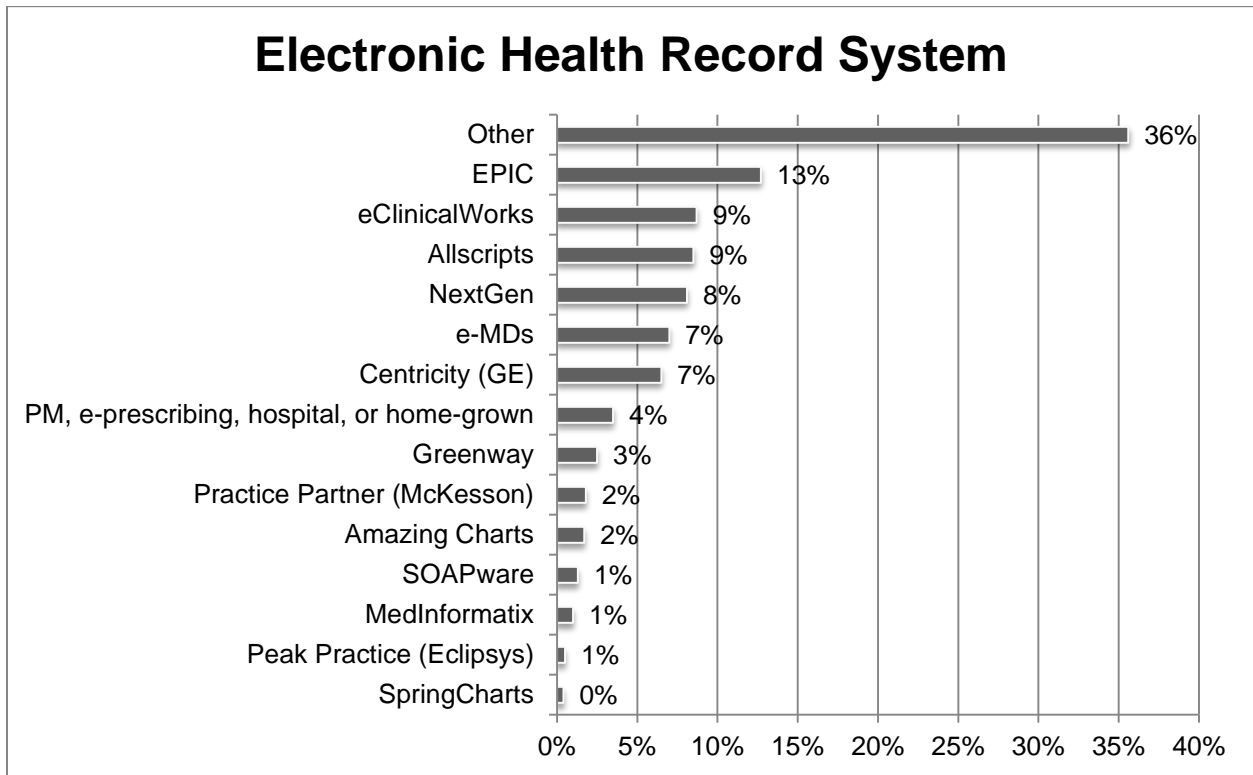


Physicians believe it is the responsibility of the HIE, through written materials or other methods, to inform patients about shared data from EHRs (76 percent).



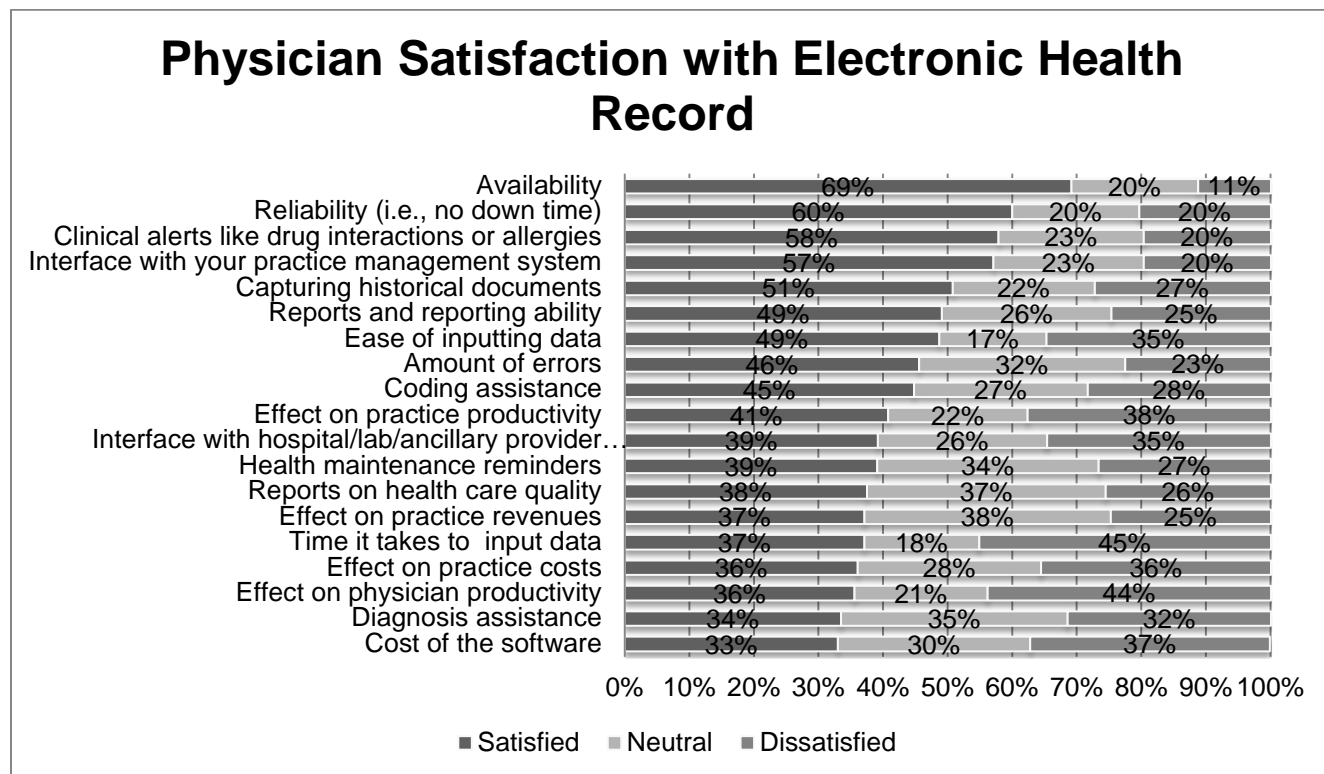
EHR System (April Q19)

The EHR product with the largest percentage of users is EPIC (13 percent). Thirty-six percent of physicians use “other” EHR systems, too numerous to mention.



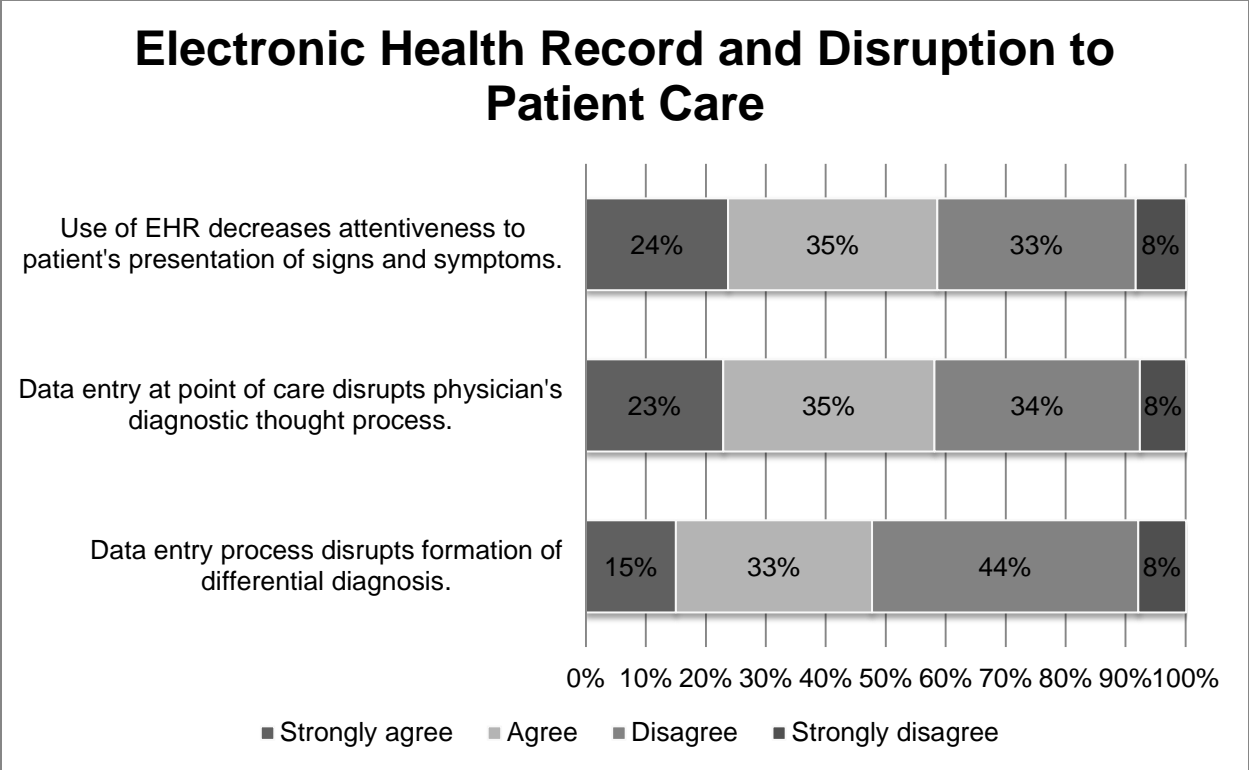
EHR Satisfaction (April Q20)

EHR users were asked to rate their satisfaction with their system on various dimensions. Users who report “not applicable” were excluded from analysis. Users were most satisfied with the availability of their system (69 percent).



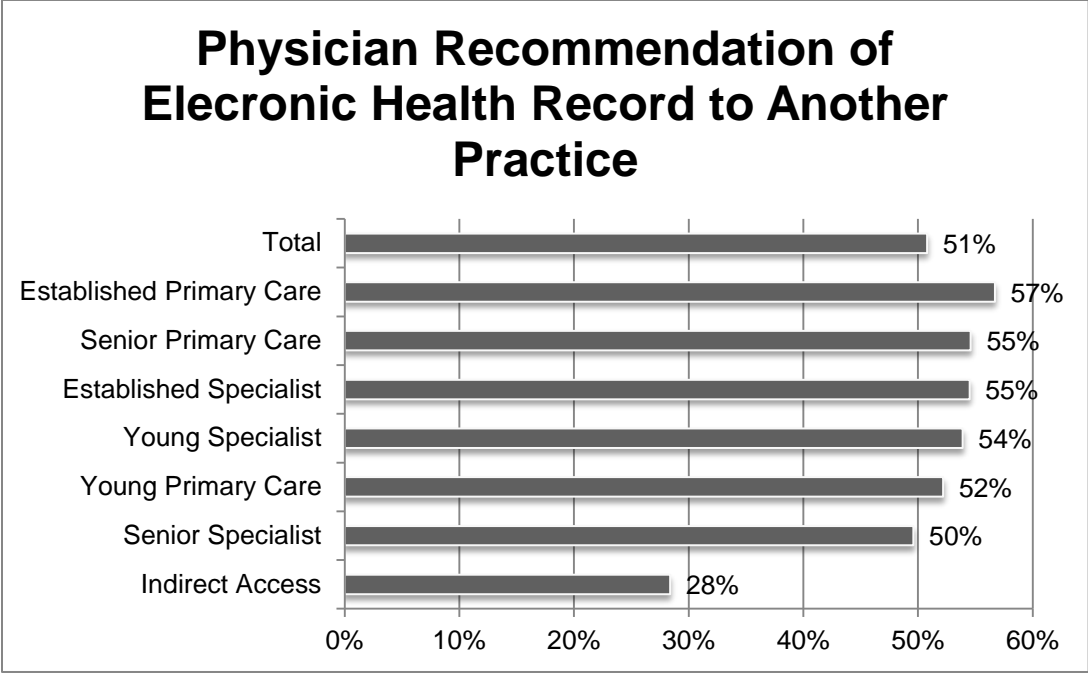
EHR Disruption to Patient Care (April Q21)

EHR users agree or strongly agree that use of the EHR decreases attentiveness to the patient’s presentation of signs and symptoms (59 percent), and data entry at the point of care disrupts a physician’s diagnostic thought process (58 percent).

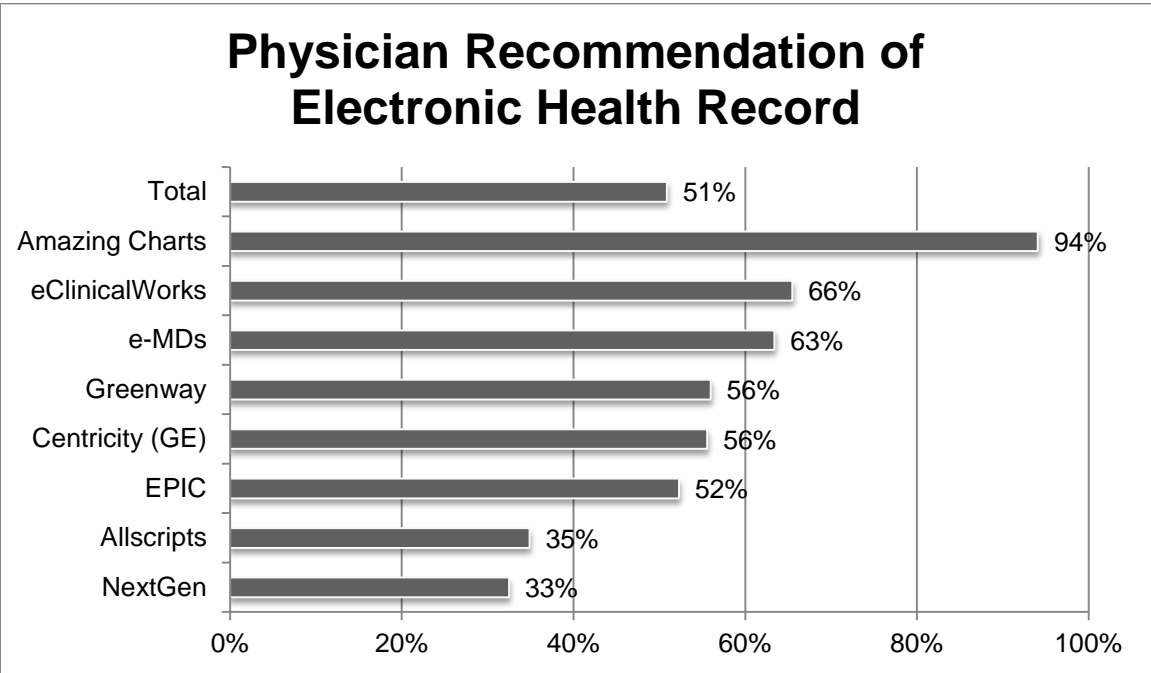


EHR System Recommendation (April Q22)

Fifty-one percent of physicians would recommend their EHR system to another practice. Indirect-access physicians are least likely to recommend their system (28 percent), perhaps because they are least likely to have been involved in the initial selection.

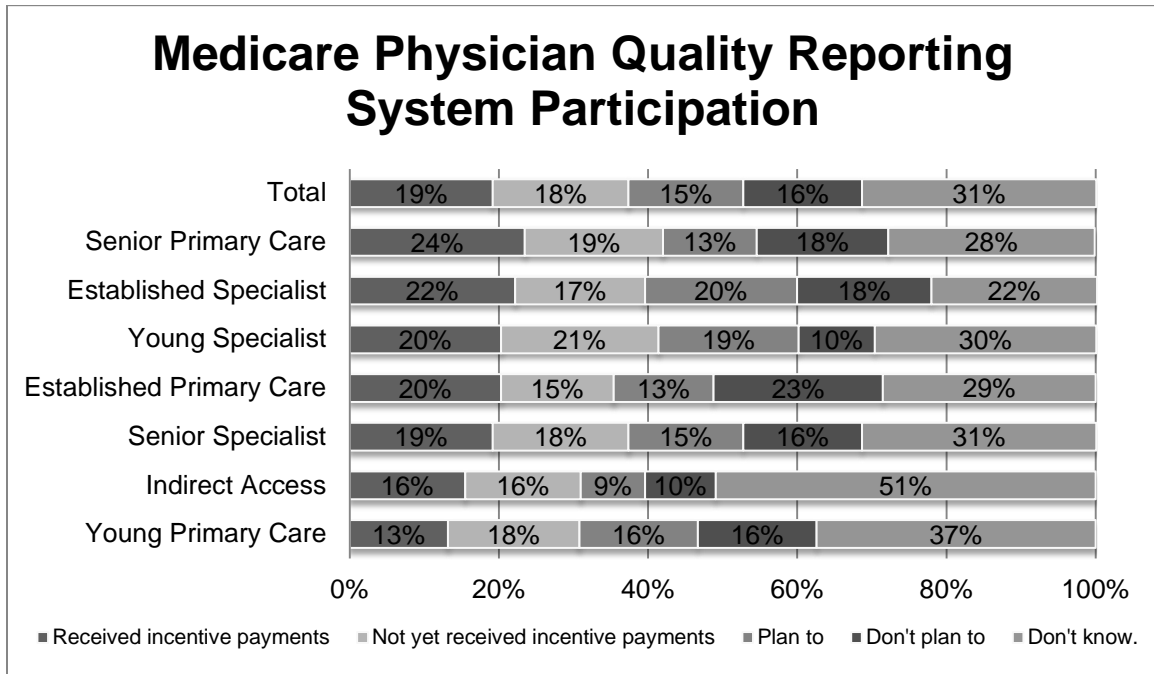


The system with the highest recommendation is Amazing Charts (94 percent).

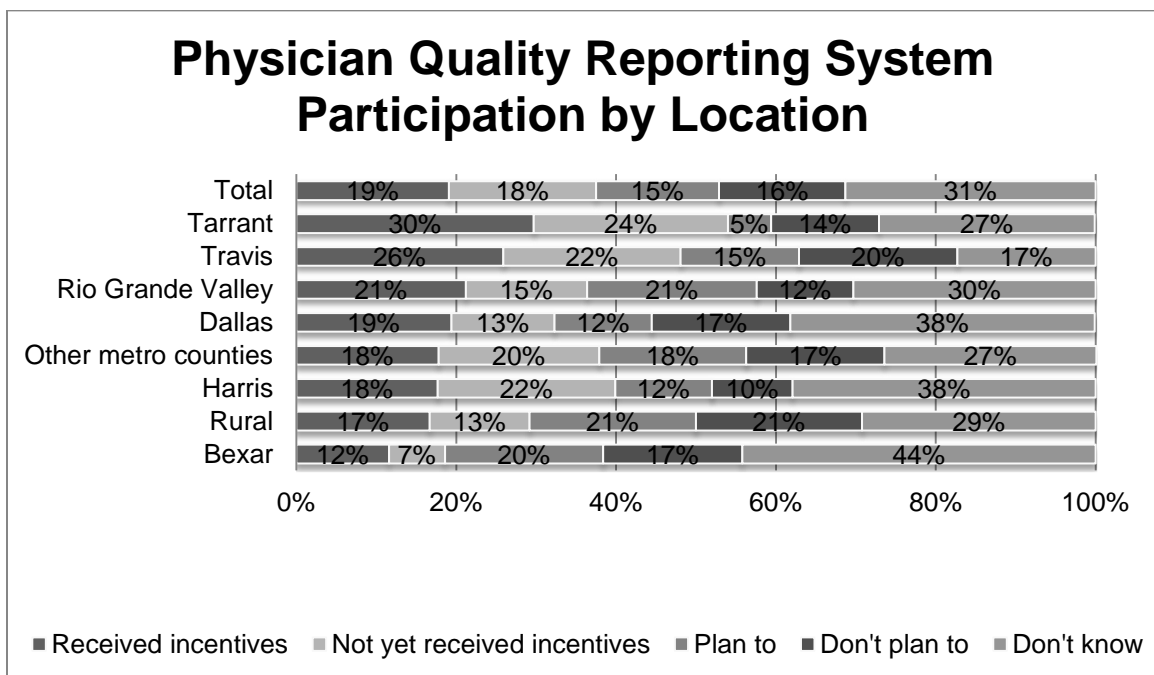


Physician Quality Reporting System Participation (April Q23-25)

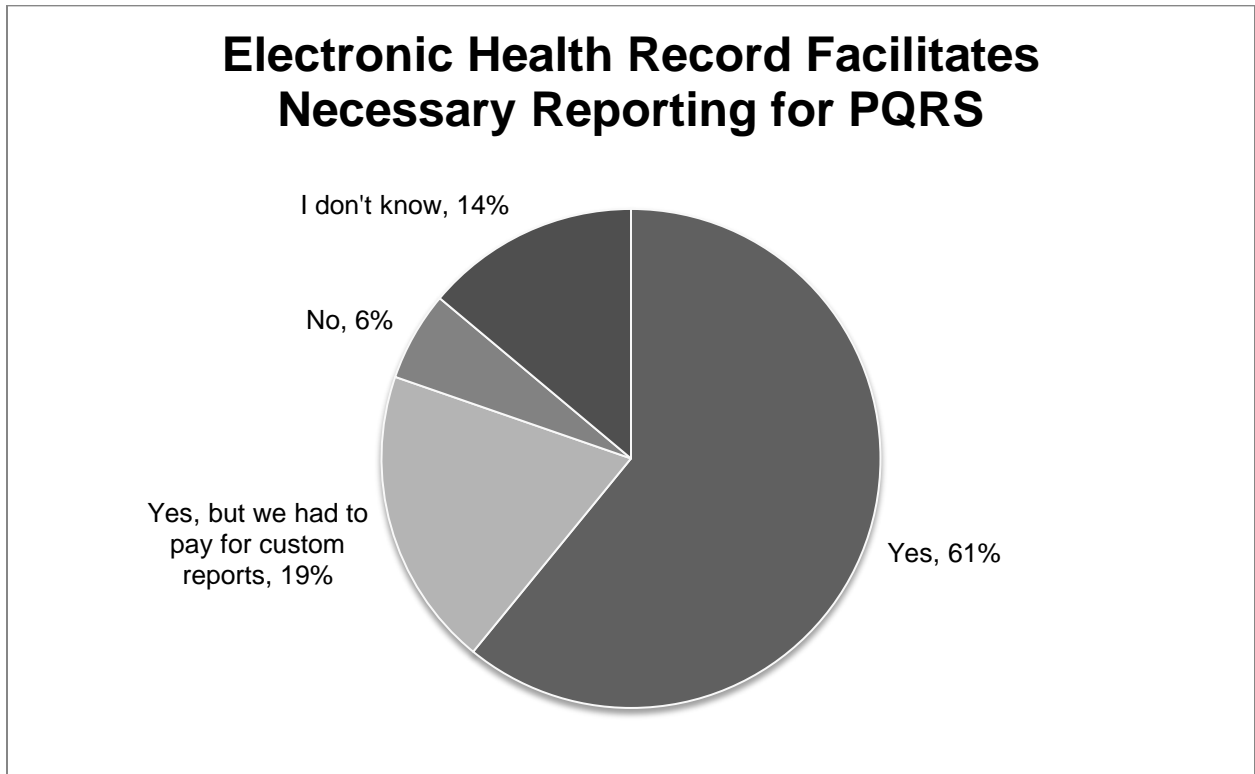
Thirty-seven percent of physicians are currently reporting quality data for Medicare's PQRS program.



Physicians in Tarrant County are most likely to participate in Medicare's PQRS program (54 percent).



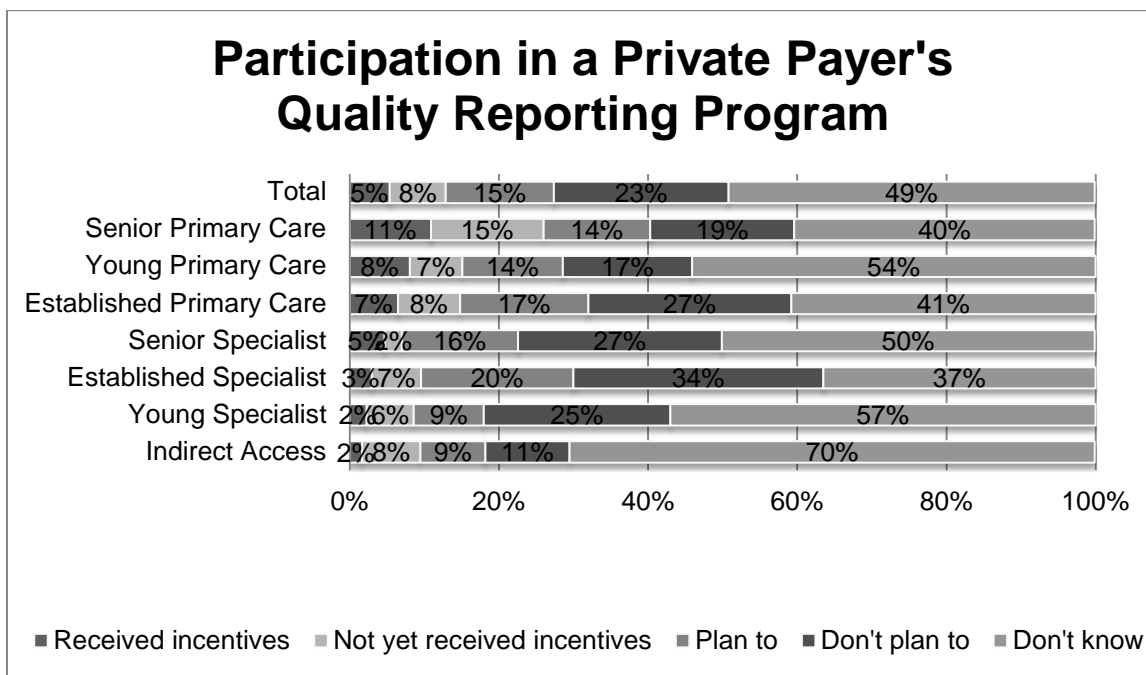
Sixty-one percent of physicians report their EHR software facilitates the necessary reporting for PQRS.



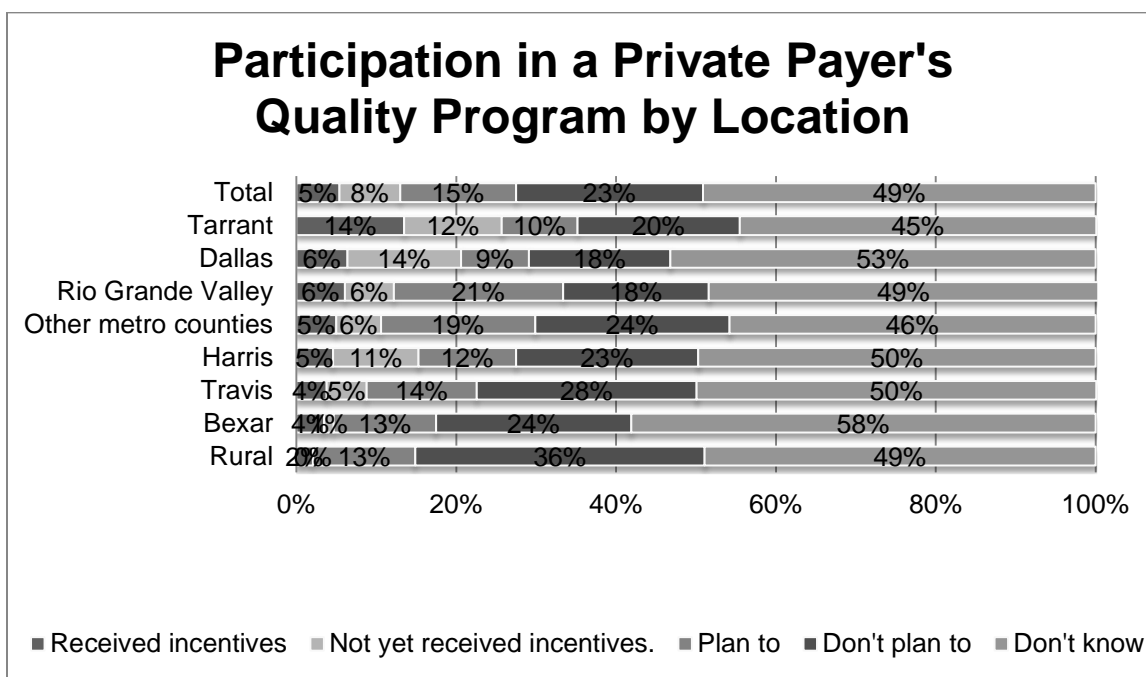
The majority of physicians would recommend that other practices participate in PQRS (60 percent).

Private Payer Quality Reporting Programs (April Q26-28)

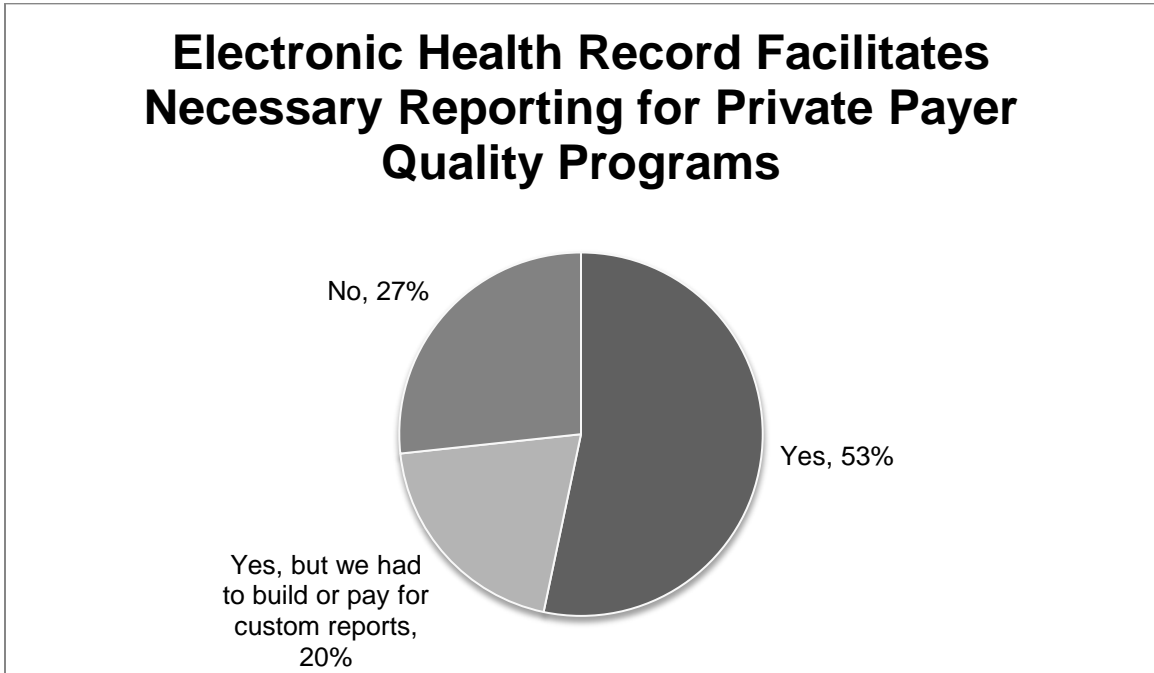
Thirteen percent of physicians participate in Blue Cross and Blue Shield of Texas' Bridges to Excellence (BTE) or some other private payer's quality reporting program.



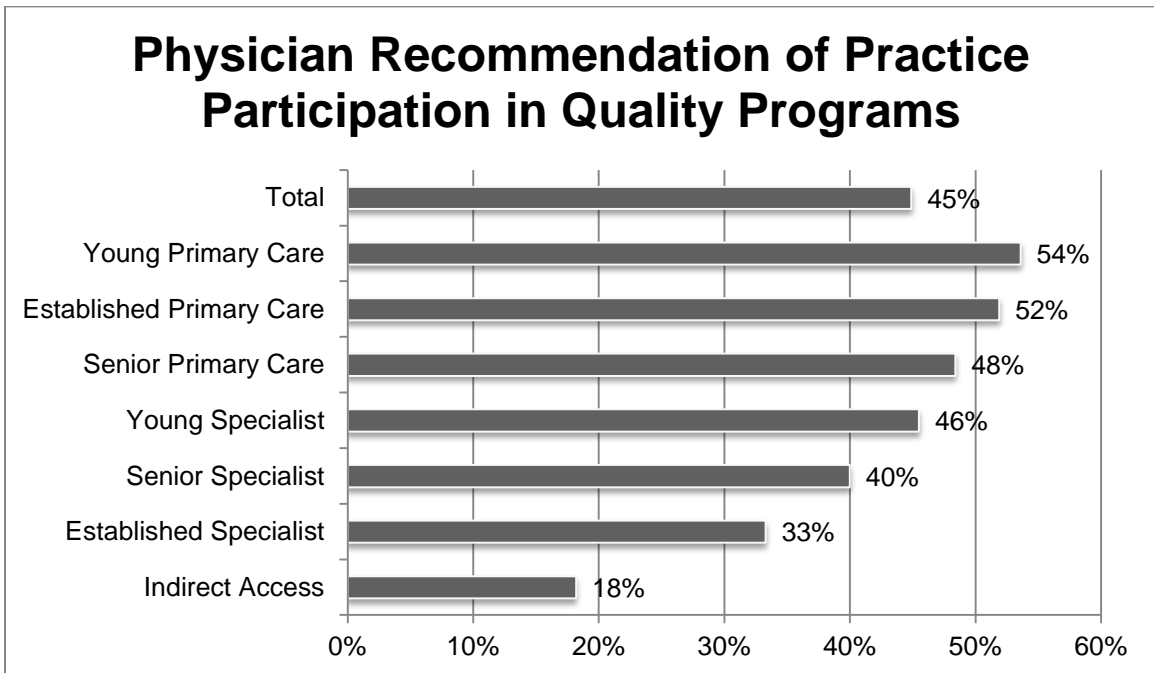
Tarrant County physicians are most likely to participate in BTE or another private payer's quality program (26 percent).



Fifty-three percent of physicians report their software facilitates the necessary reporting for BTE or private payer quality programs.

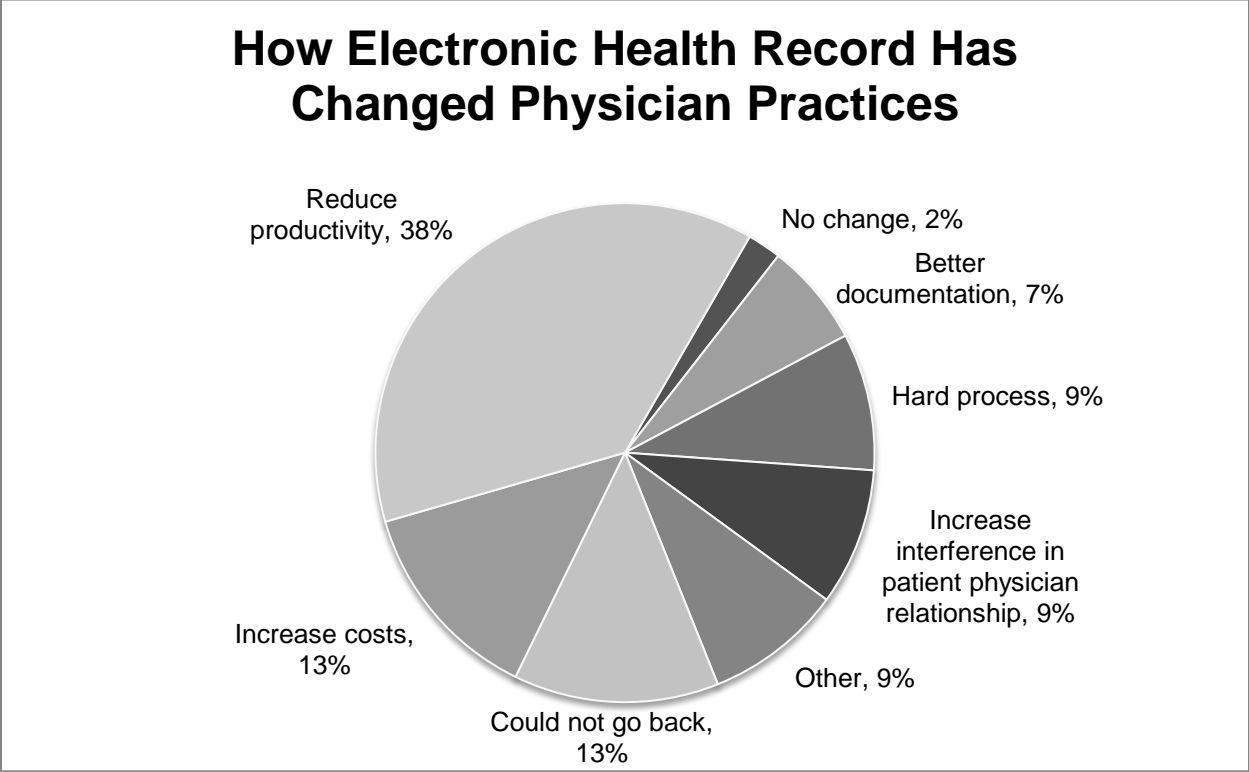


Forty-five percent of physicians would recommend other practices participate in BTE or other private payer quality programs. Young and established primary care physicians are most likely to recommend participation (54 and 52 percent respectively).



Change in Practice Due to EHR (April Q29)

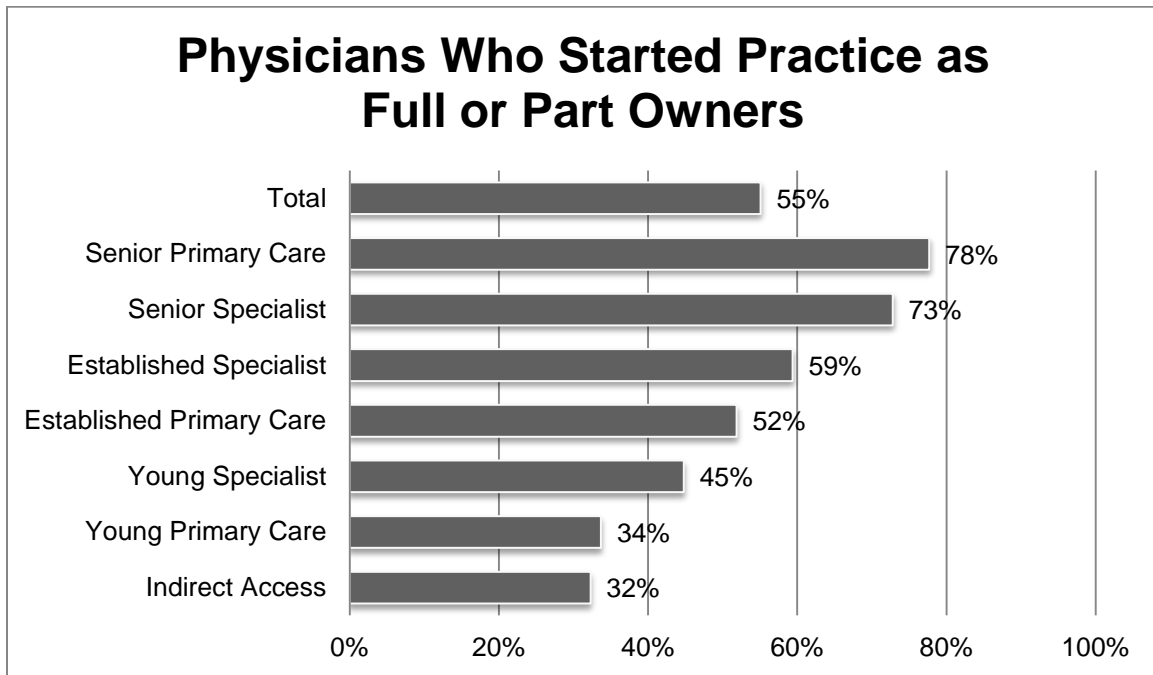
In an open-end question, physicians were asked to describe how their EHR has changed their practice. Twenty percent report: Their EHR is great, they could not go back to paper charts, and it has improved documentation. The majority of physicians report negatively: It has reduced their productivity (38 percent), increased costs (13 percent), and increased interference in the patient-physician relationship (9 percent).



Practice Settings

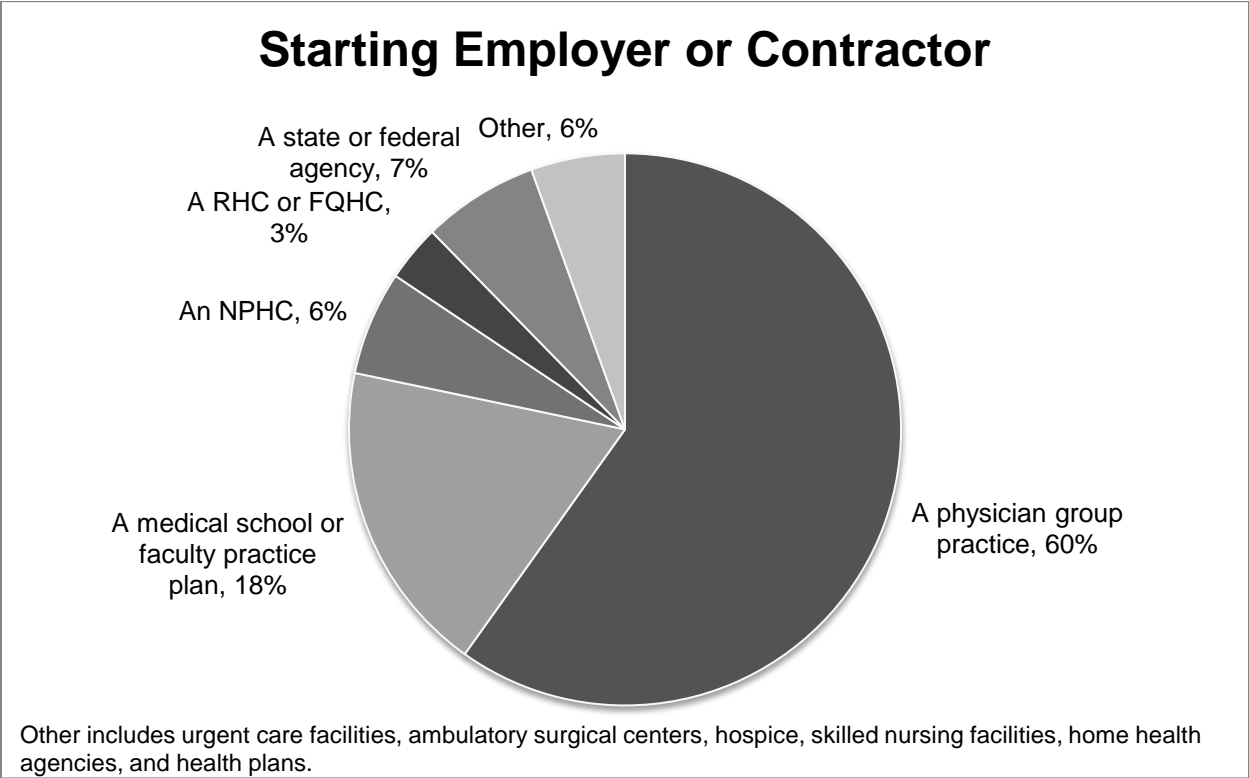
Starting Ownership (September Q1)

Fifty-five percent of physicians started practice as a full or part owner of their main practice. As seen in previous surveys, older physicians are more likely to have started practice as a full or part owner. Indirect-access physicians are least likely to begin practice as an owner (32 percent).

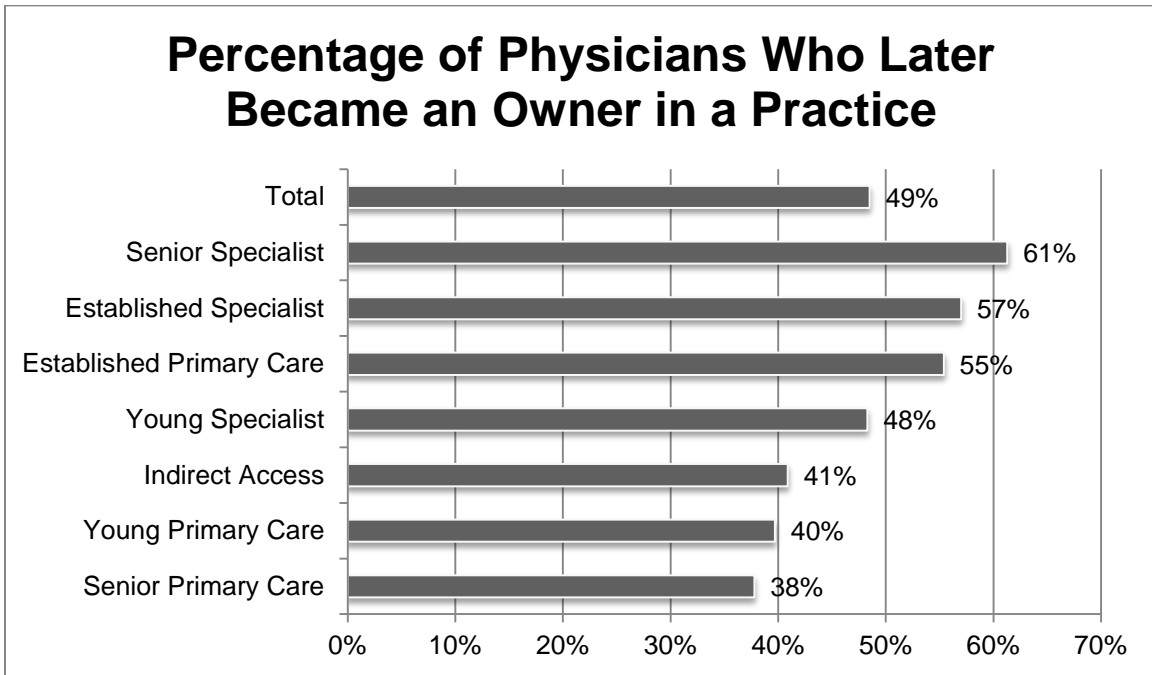


Starting and Subsequent Employer (September Q2-3)

Physicians who did not start practice as a full or part owner; started as an employee or contractor with a physician or a physician group practice (60 percent).

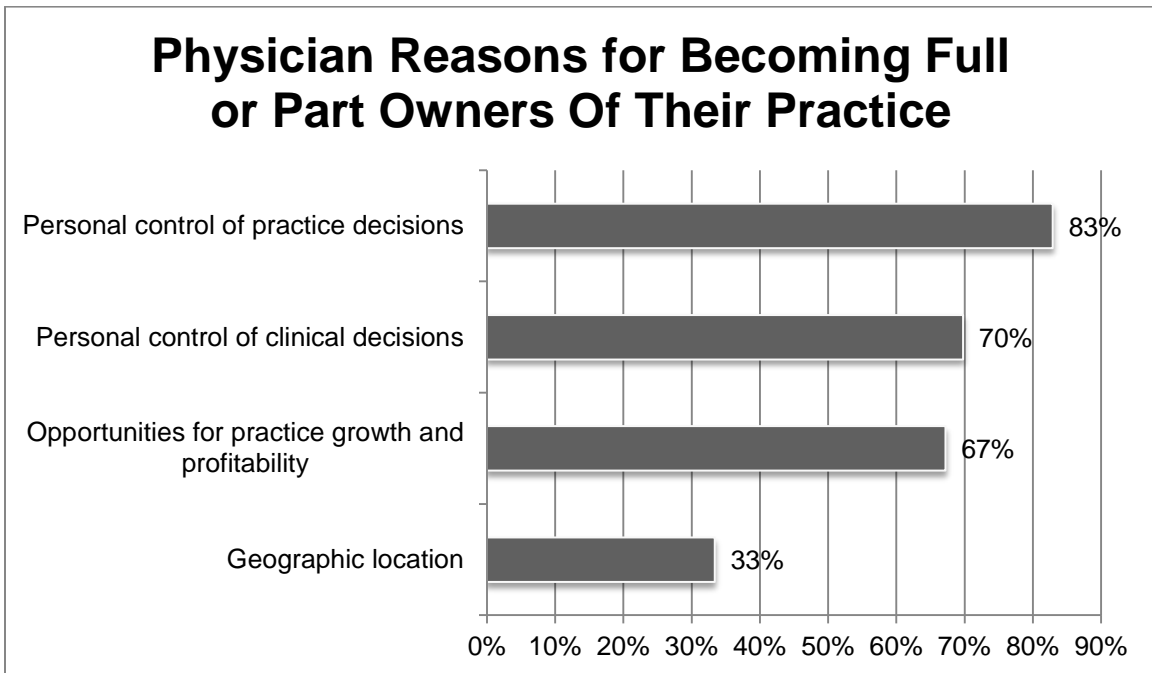


Forty-nine percent of employed or contracted physicians later became an owner in practice.



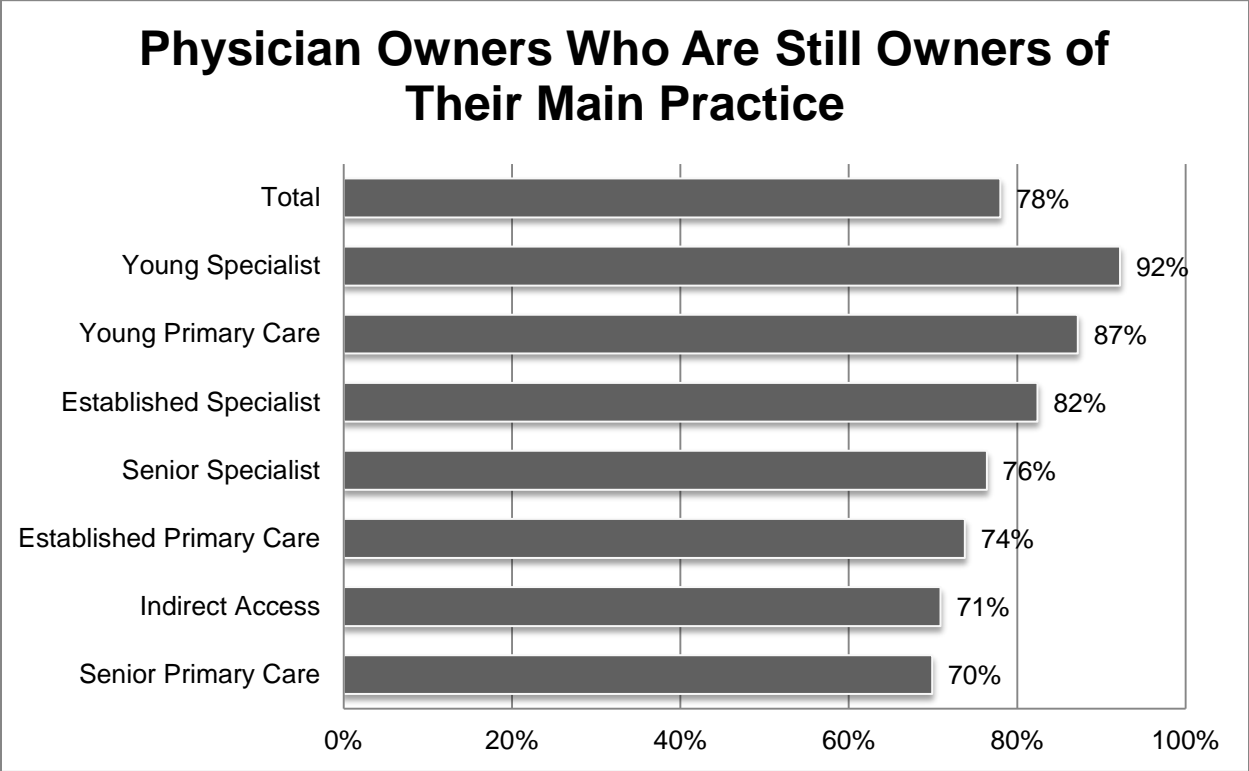
Reasons for Practice Ownership (September Q4)

Whether starting as or later becoming a practice owner, physicians did so for personal control of practice decisions (83 percent) and clinical decisions (70 percent).



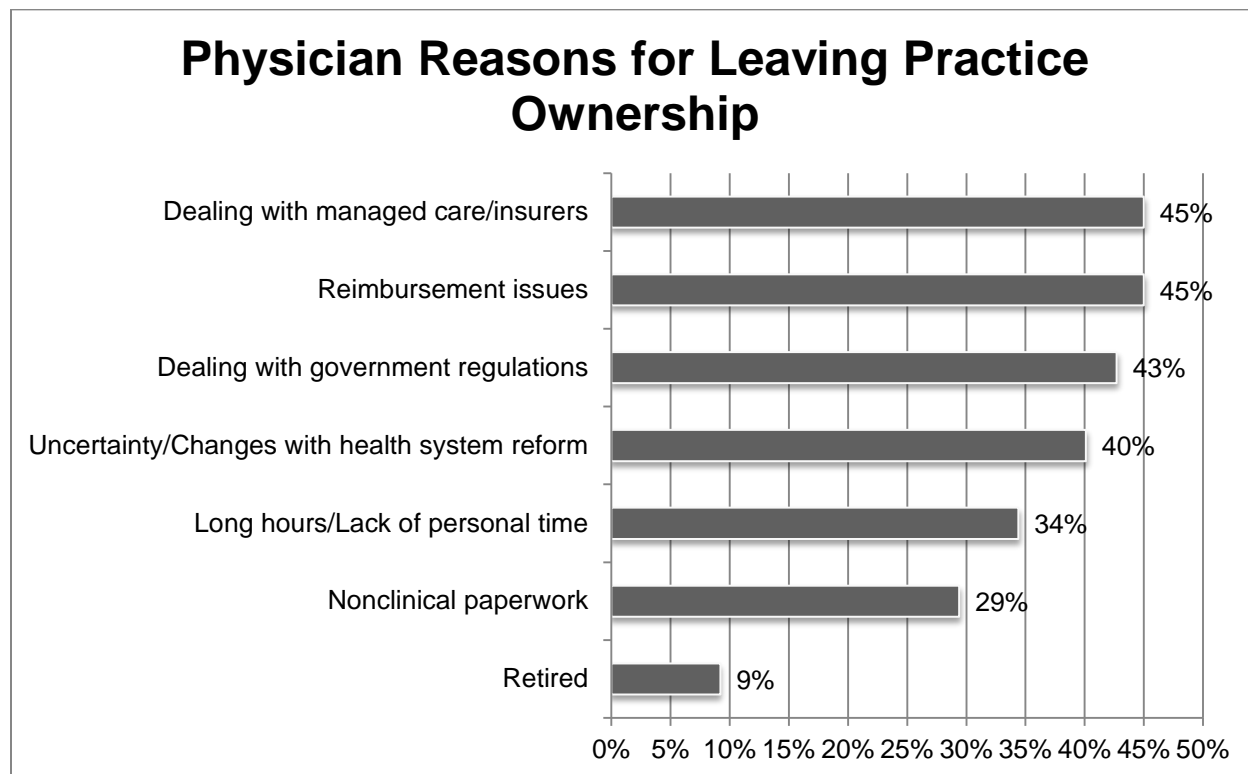
Still a Practice Owner (September Q5)

Seventy-eight percent of physicians who started as or later became owners are still full or part owners of their main practice. Not surprisingly, young physicians are most likely to still be full or part owners.



Reasons No Longer a Practice Owner (September Q6)

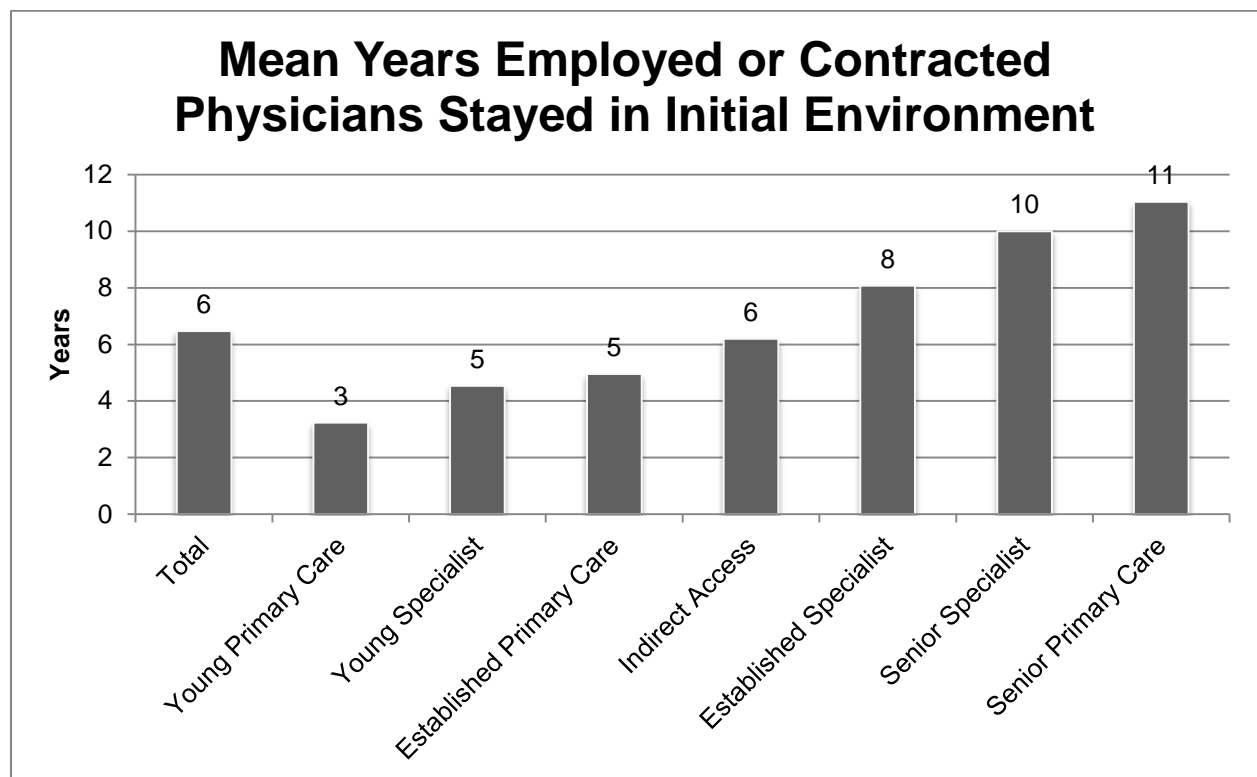
Physicians who are no longer full or part owners of their practice left primarily because of managed care/insurers and payment issues (45 percent).



Employees or Contractors Still Practicing in Same Environment (September Q7-8)

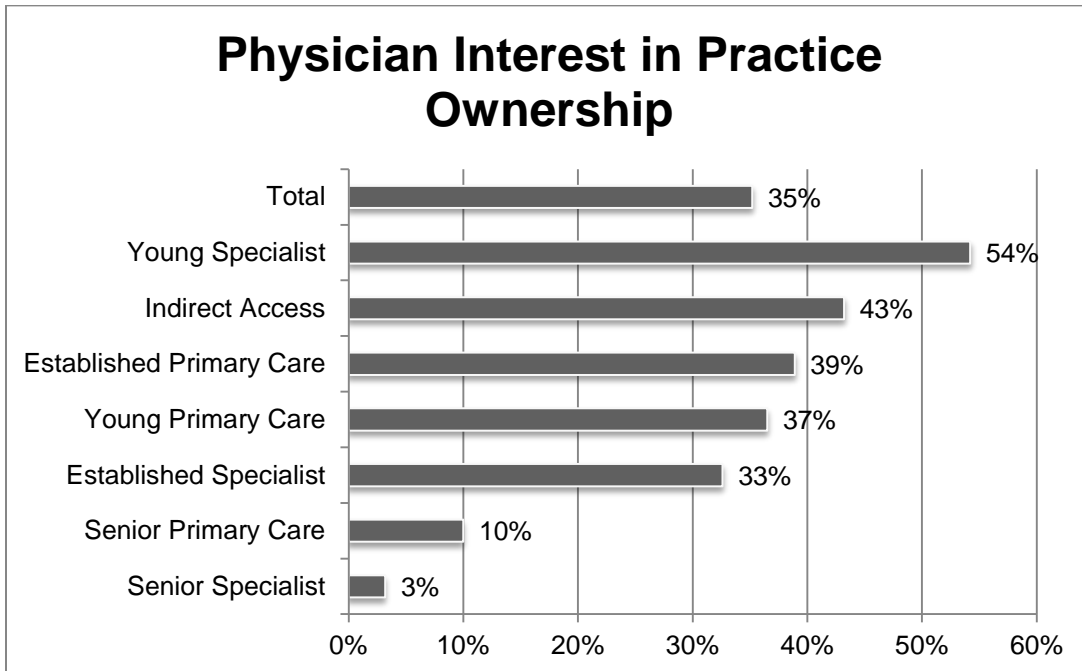
Among physicians who did not become a practice owner, 64 percent are still practicing in the same type of environment they started in (e.g., a physician group practice).

Employees or contractors who are not practicing in the same type of environment left after a mean of six years. Older physicians are more likely to report staying in their initial practice environment for a longer number of years.

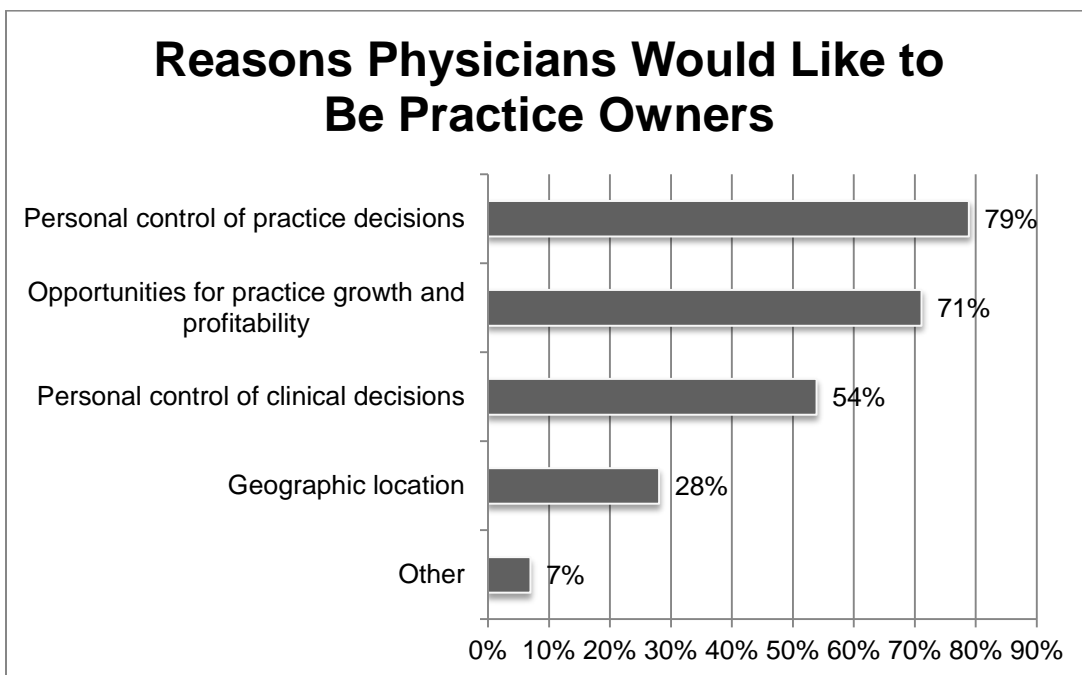


Interest in Practice Ownership (September Q9-10)

Thirty-five percent of physicians who are employed or contracted are interested in owning or co-owning a practice at some point in their medical career.

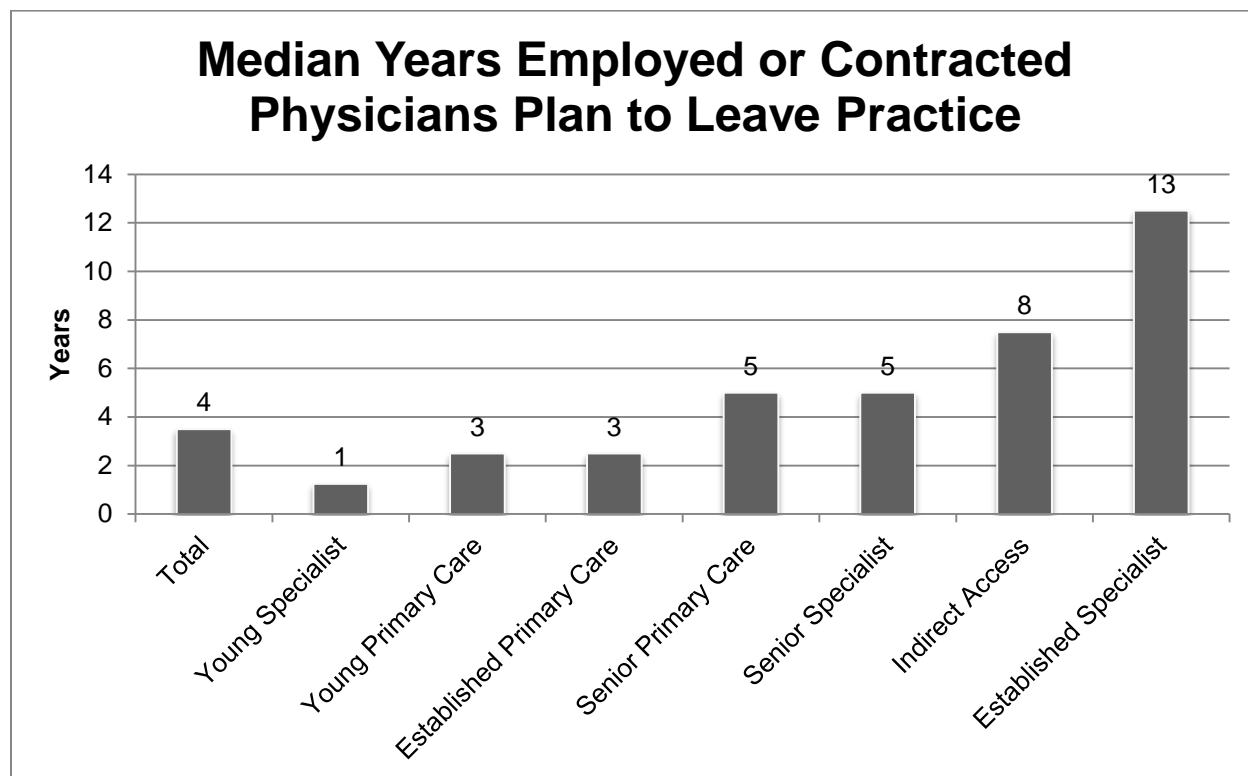


Physicians interested in owning a practice would like personal control of practice decisions (79 percent), opportunities for growth and profitability (71 percent), and personal control of clinical decisions (54 percent).



Employed and Contracted Physician Plans to Leave Practice Environment (September Q11)

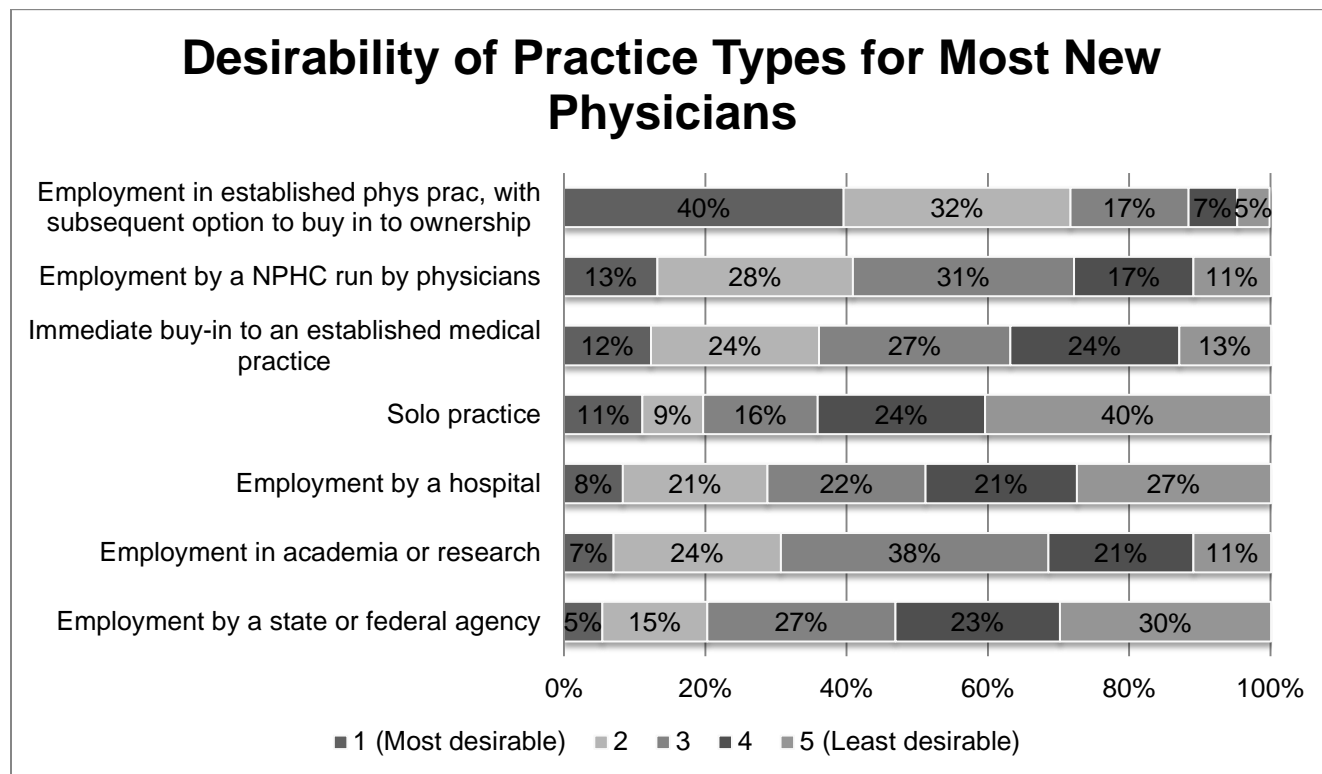
Employed and contracted physicians were asked if they plan to leave their practice environment, and in about how many years. These physicians report a median of four years. Unsurprisingly, young physicians plan to leave their practice environment sooner. Young specialists, who report the most interest in owning a medical practice at some point in their career, also plan to leave after a shorter period of time.



Interestingly, second to young specialists, indirect-access physicians are more likely to report they are interested in owning a medical practice. Yet, on average, they report it will take them about eight years before they are ready to leave their current employed or contracted arrangement.

Practice Type Desirability (September Q12)

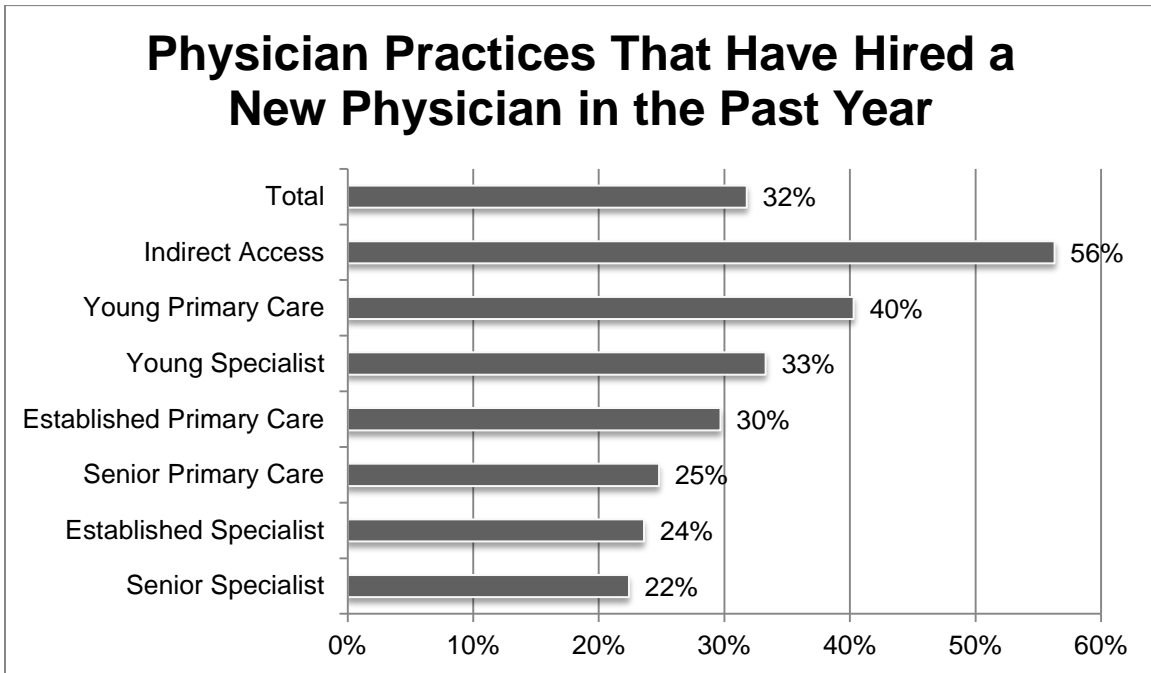
When asked to rate the desirability of practice types for most new physicians, 72 percent rate employment in an established physician practice with a subsequent option to buy in to ownership as the first or second most desirable.



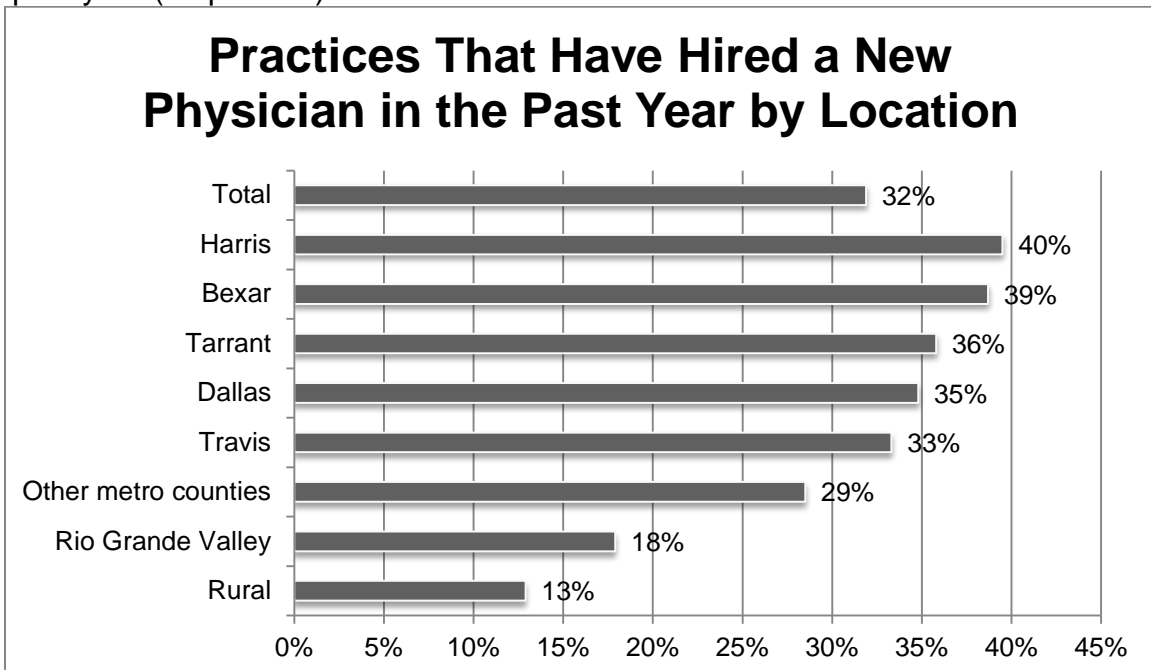
Physician Practice Recruitment

Physician Recruitment (November Q3-6)

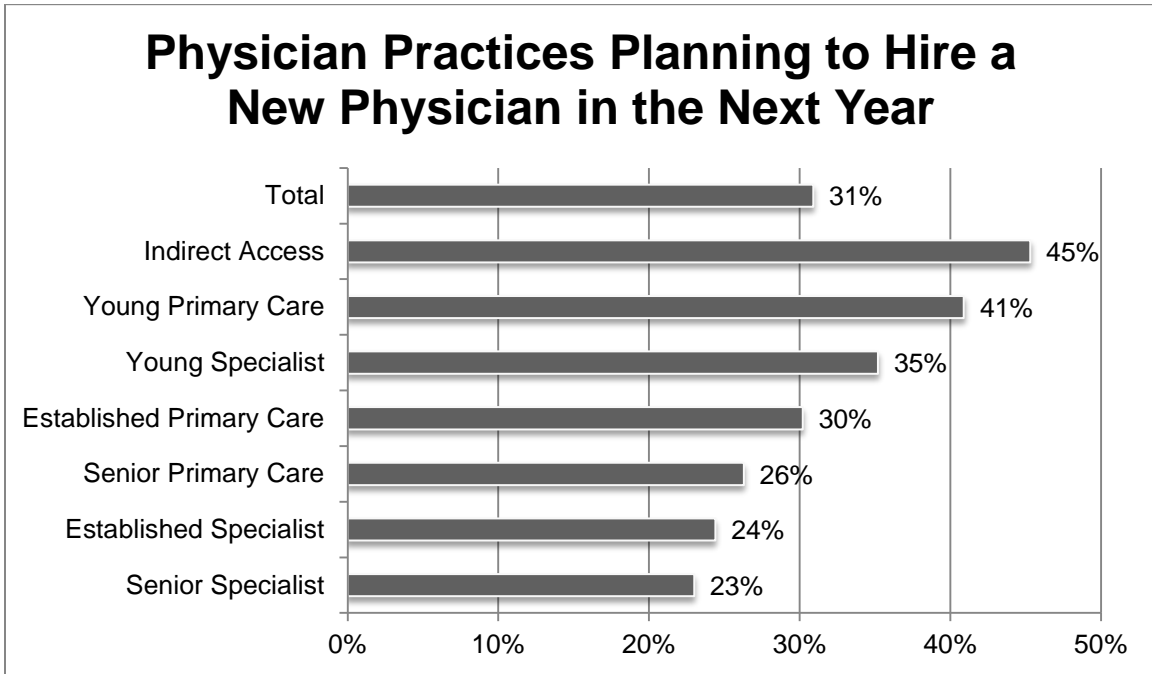
Thirty-two percent of physicians report their practice hired a new physician in the past year. Indirect-access physicians are most likely to report their practice hired a new physician (56 percent).



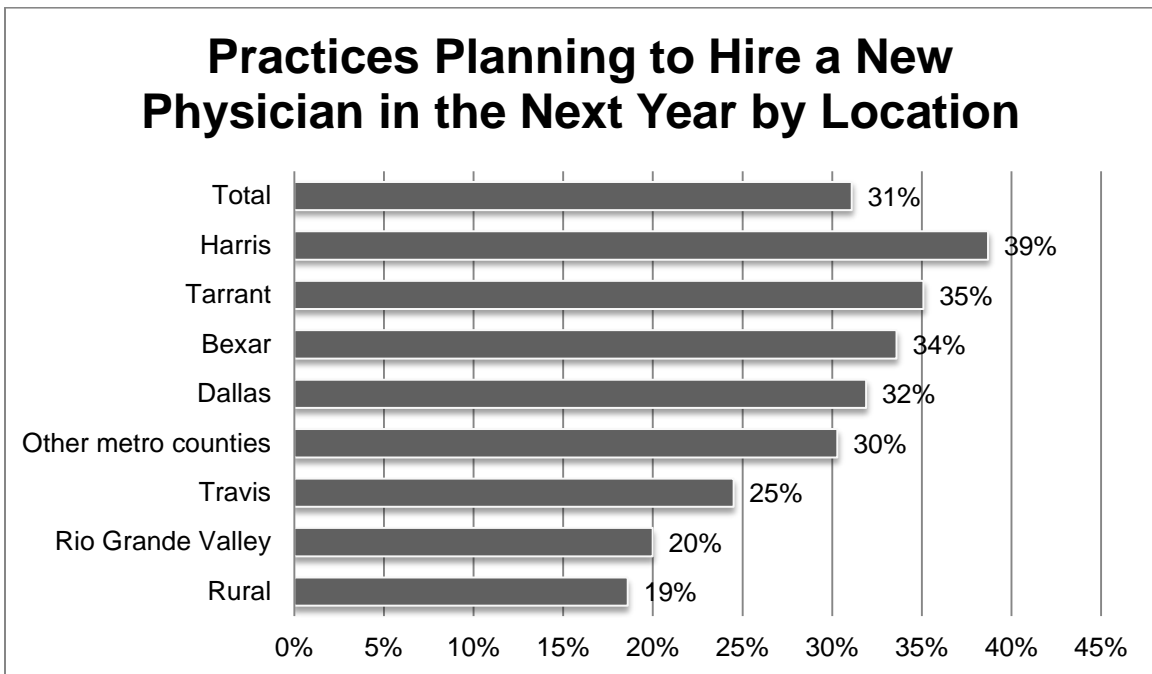
Harris County physicians are most likely to report their practice hired a new physician in the past year (40 percent).



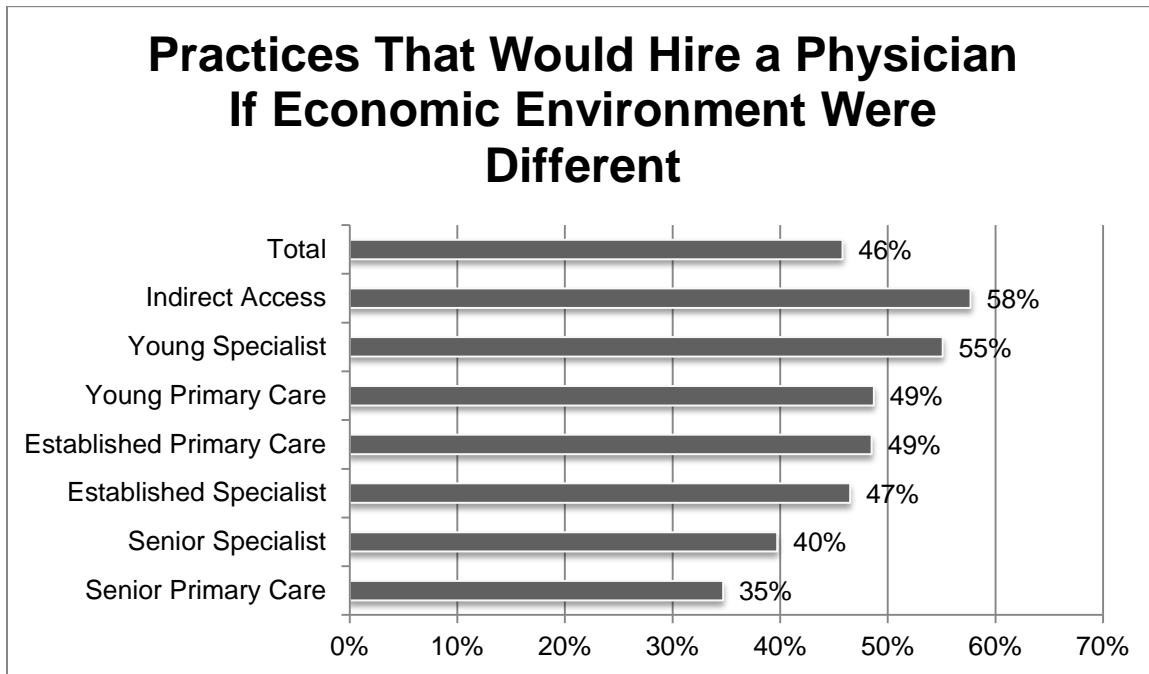
Among physicians whose practices have not hired a new physician in the past year, 31 percent report their practice is planning to in the next year. Again, indirect-access physicians are most likely to report their practice is planning to hire a new physician in the next year (45 percent).



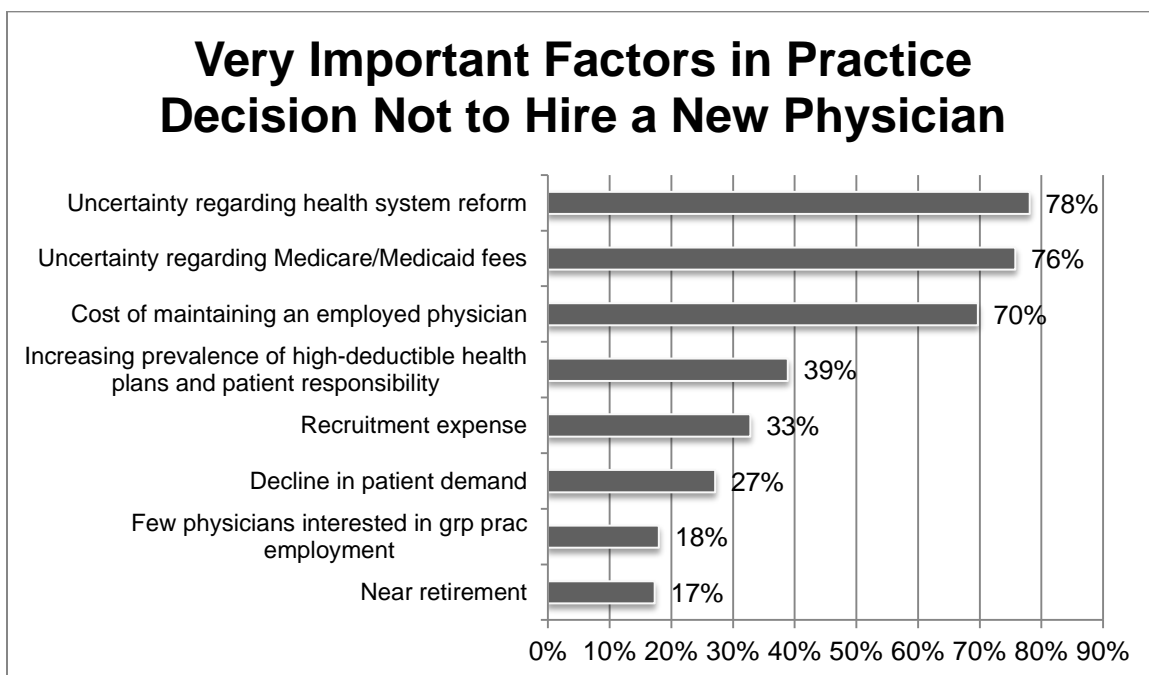
Harris County is more likely to report their practice will hire a new physician in the next year (39 percent).



Forty-six percent of physician practices that have not and are not planning to hire a new physician would do so if the economic environment were different. Indirect-access physicians are most likely to report their practice would hire a new physician if the economic environment were different (58 percent).



Among physicians who would hire a new physician if the economic environment were different, uncertainty regarding health system reform (78 percent) and Medicare/Medicaid fees (76 percent) are very important factors in their decision.



Patient Billing

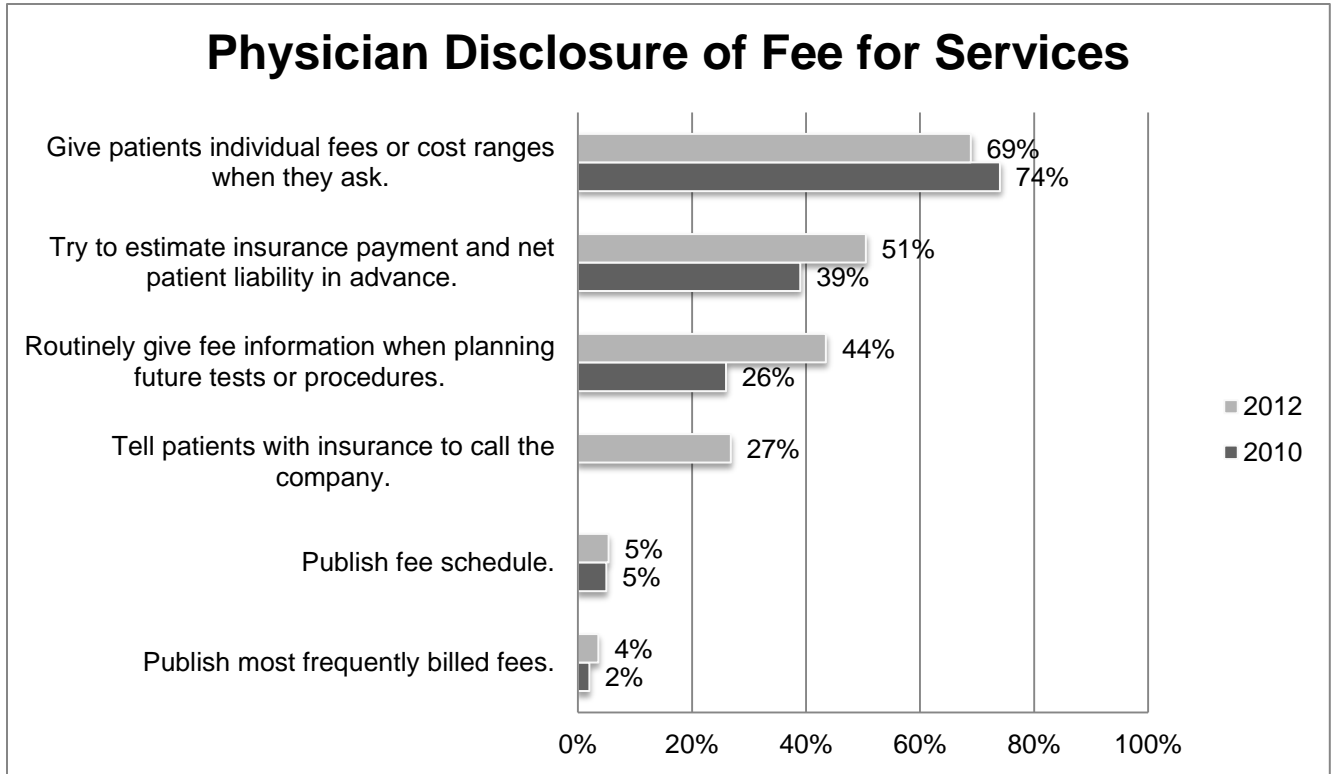
Prompt Payment Discounts (February Q17)

When patients are uninsured or seek care from physicians who do not have managed care contracts with their insurers, they are not eligible for contracted fee discounts. The majority of physicians offer discounts to those patients when they pay promptly for the services they receive (71 percent).

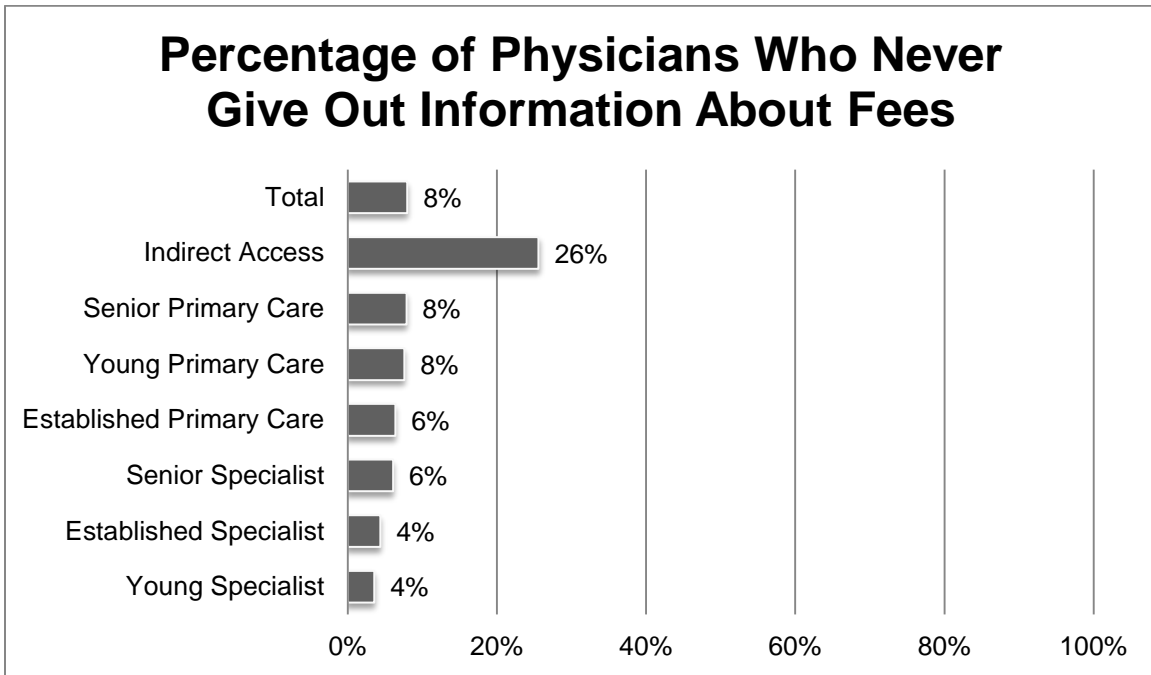


Fee Disclosure (March Q10-11)

To assist patients with their out-of-pocket costs, physicians give patients individual fees or cost ranges when asked (69 percent) and/or try to estimate the insurance payment and net patient liability in advance (51 percent) and/or try to estimate the insurance payment and net patient liability in advance (51 percent).



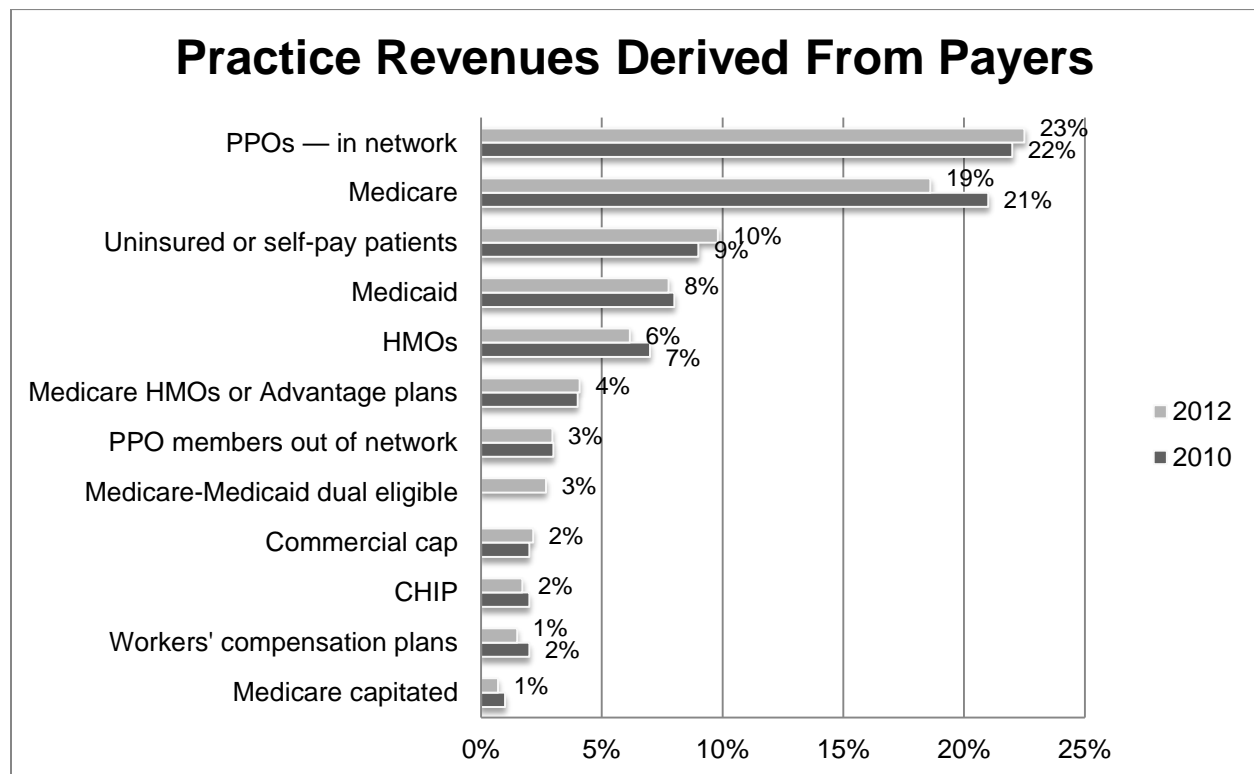
The percentage of physicians who never give out information about fees has decreased from 13 percent in 2010 to 8 percent. Similar to 2010, indirect-access physicians are more likely to never give out information about their fees (26 percent), most likely because the hospital or facility in which they primarily practice has a billing department to handle inquiries.



Practice Revenues

Sources of Practice Revenues (March Q12)

Physicians were asked to report their estimated revenue percentages by payer type—Thirty-eight percent of average practice revenues are derived from programs funded and regulated by state or federal government: 19 percent from Medicare, 8 percent from Medicaid, 4 percent from Medicare HMO or Advantage plans, 3 percent from payments for dual-eligible patients, 2 percent from the Children’s Health Insurance Program (CHIP), 1 percent from workers’ compensation plans, and 1 percent from Medicare capitated programs. Revenues for PPO-covered patients constitute 26 percent of physician practice receipts, including services for patients provided out of network.



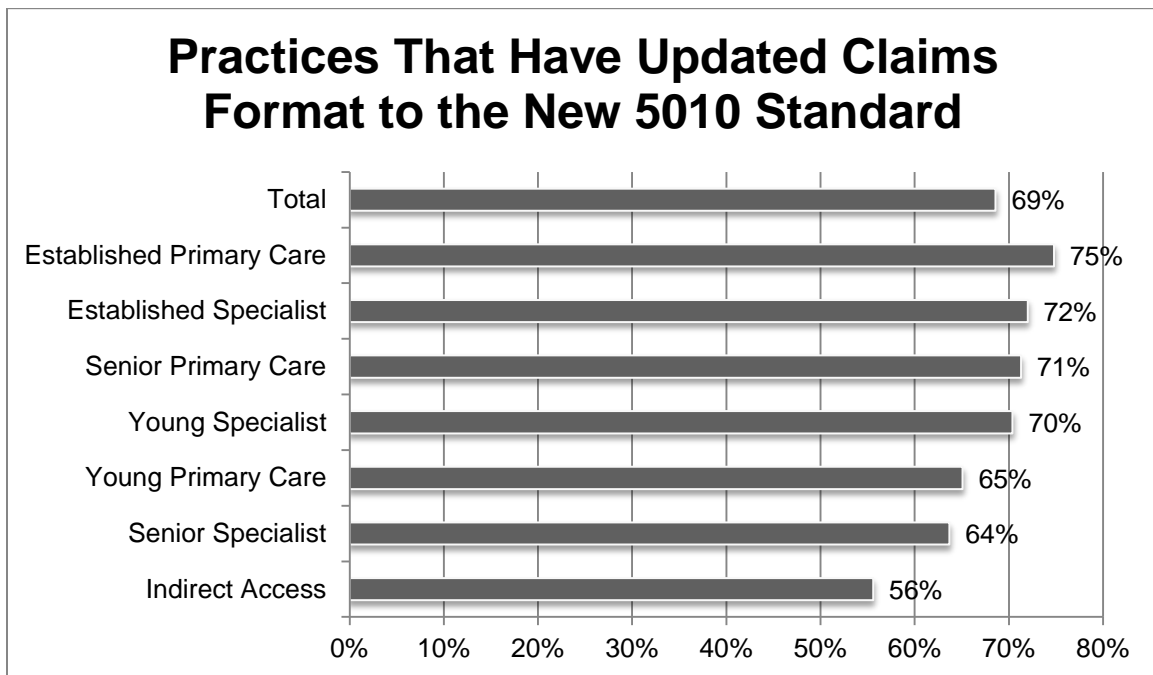
Charity Care and Bad Debt (March Q15-16)

Charity care is defined as medical care provided with prior knowledge that the patient will be unable to pay for services. Physicians were asked to report the estimated value for each physician in their practice last year. The mean amount of charity care reported in 2011 is \$53,614 (up from \$38,551 in 2009).

Bad debt is the uncollectible debts over and above charity care. The average amount of uncollectible debts per physician in 2011 was \$117,161 (up from \$69,042 in 2009).

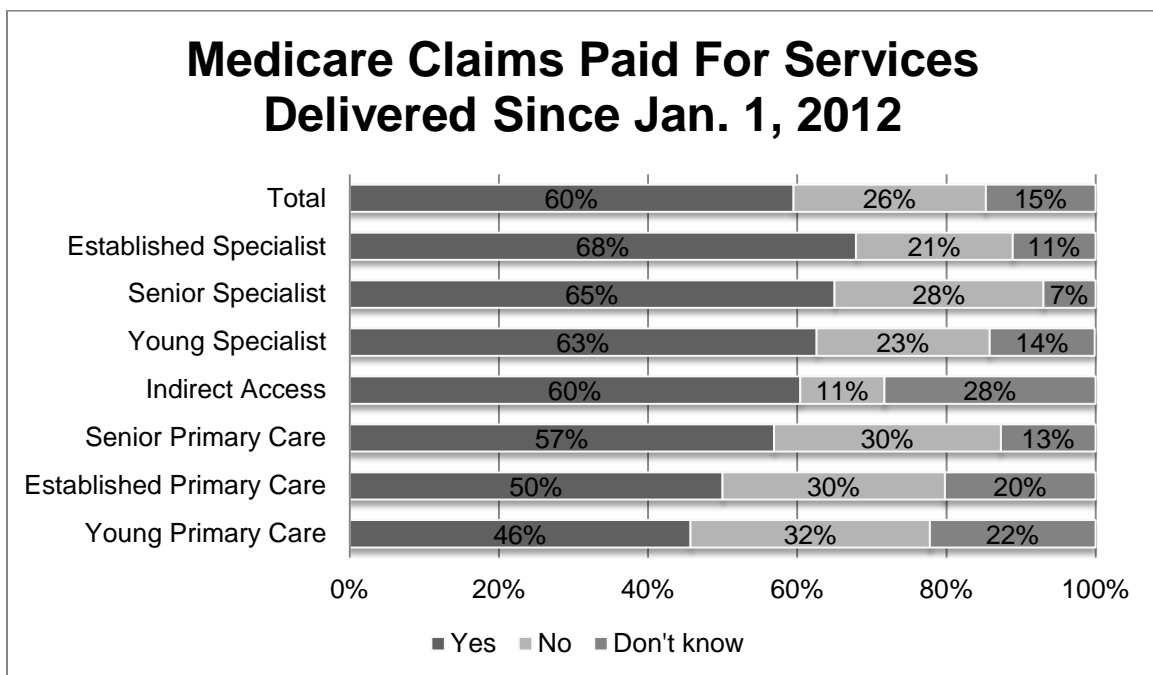
5010 Standard Claims Format (February Q2)

Sixty-nine percent of respondents report their practice updated their claims format to the new 5010 standard.



Medicare Claims (February Q3)

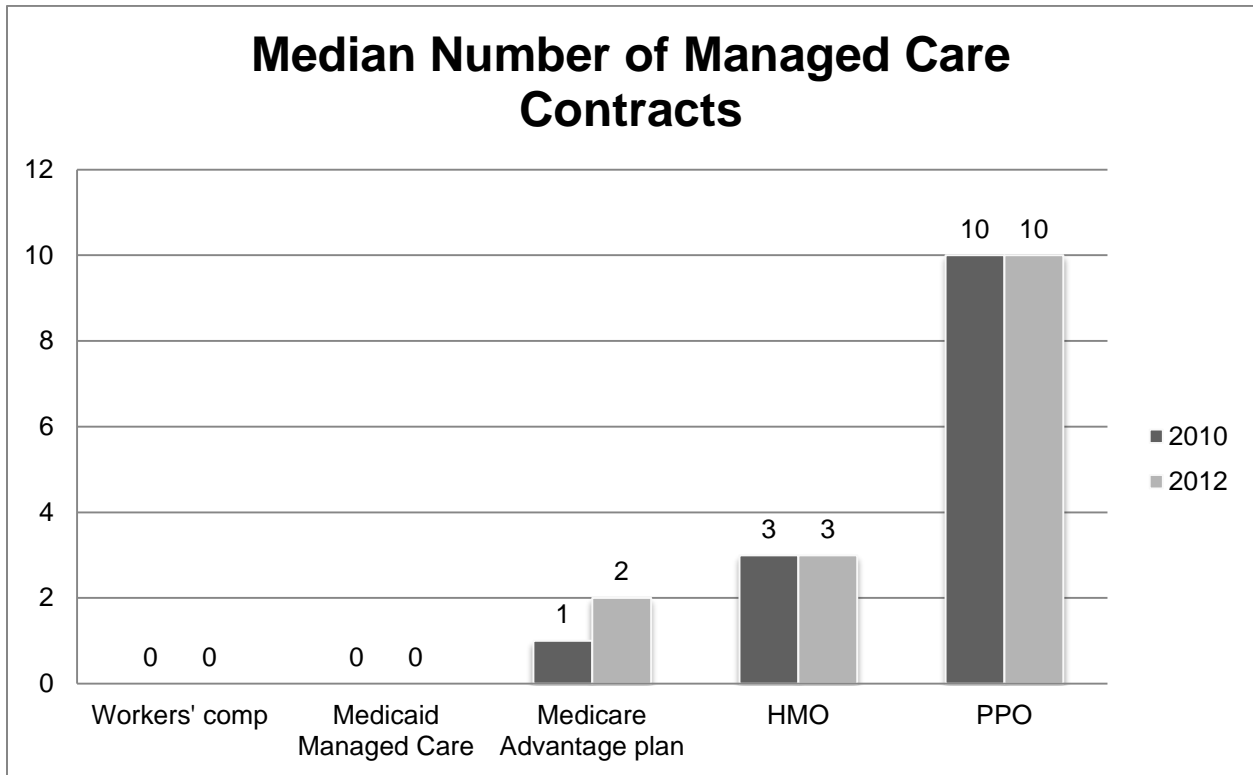
In February, 26 percent of respondents reported their practice had not been paid for Medicare claims for services delivered since January 1, 2012.



Health Plans

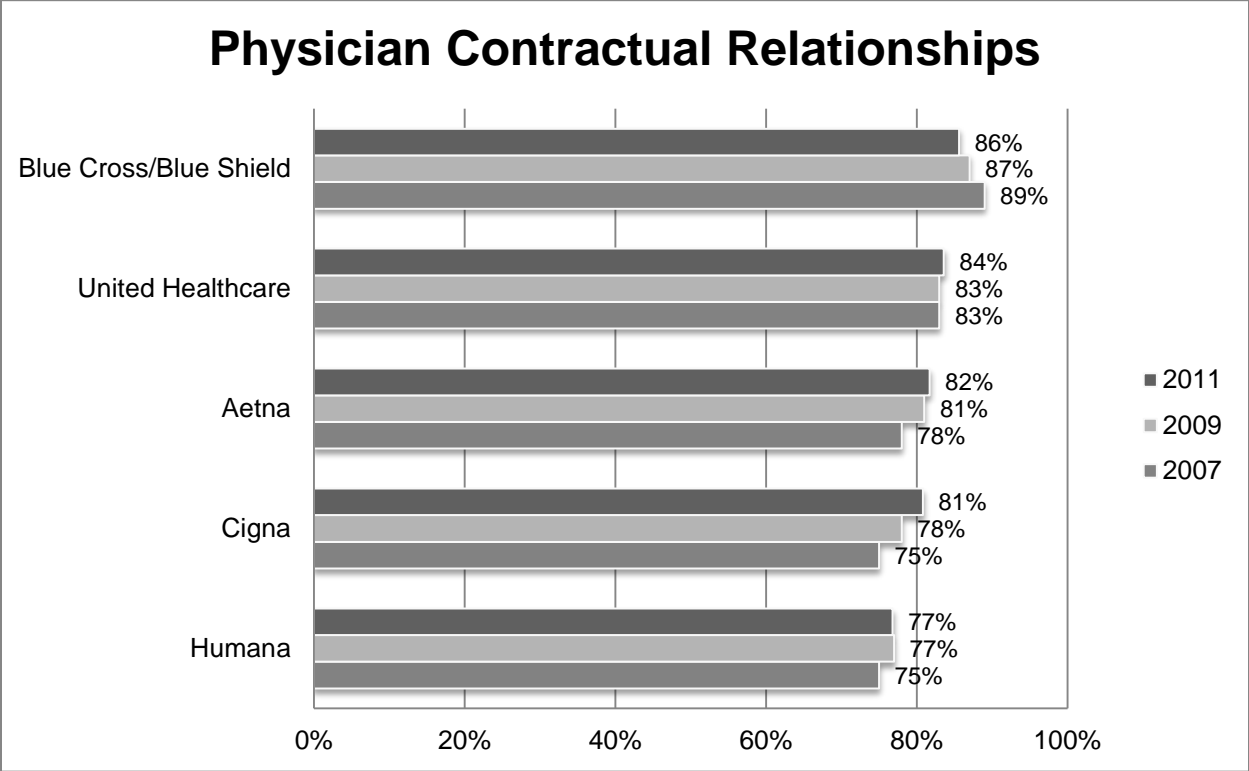
Managed Care Contracts (February Q4)

Respondents have a median of 10 PPO contracts, three HMO contracts, two Medicare Advantage plan contracts, and no Medicaid managed care or worker's compensation plans.

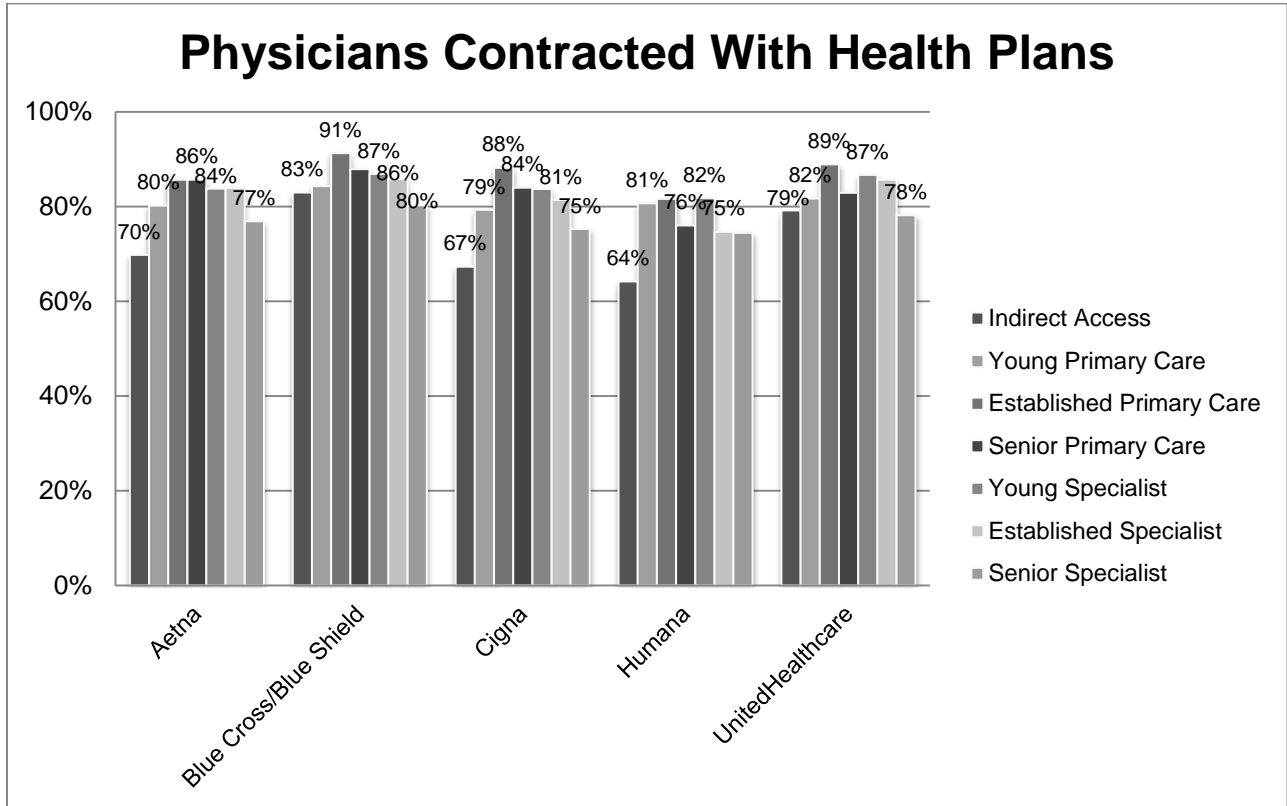


Contract Status (February Q5)

A large majority of physicians were contracted with Blue Cross and Blue Shield of Texas (86 percent), United Healthcare (84 percent), Aetna (82 percent), Cigna (81 percent), and Humana (77 percent) in 2011.

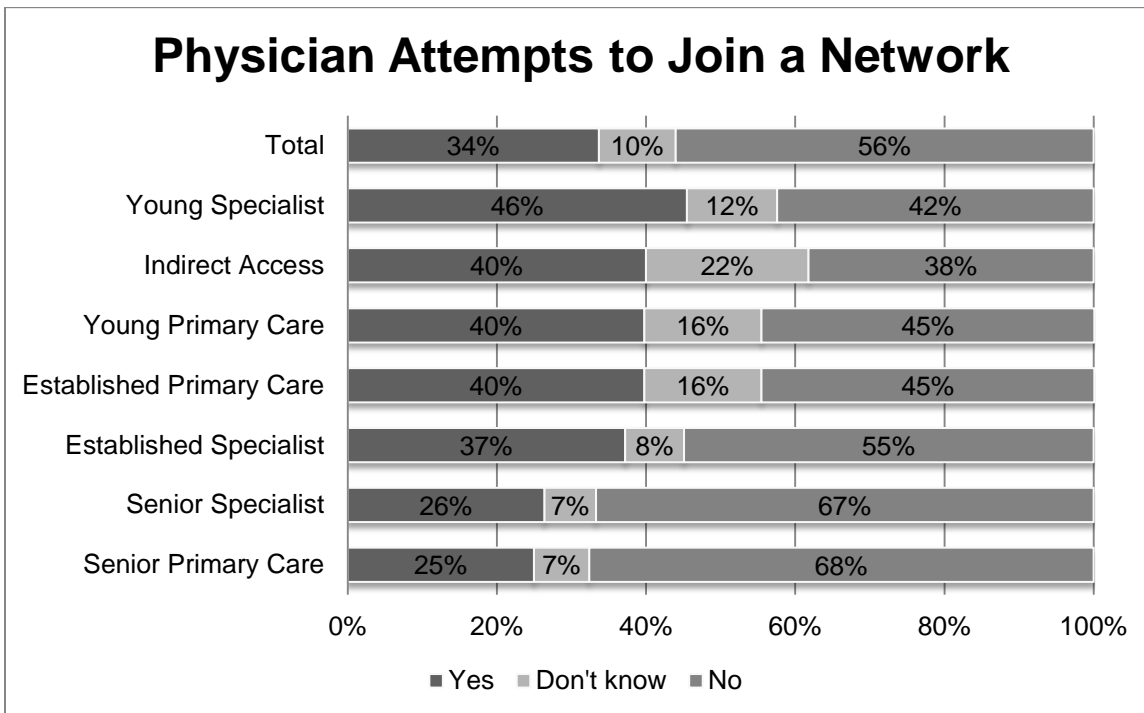


There are statistically significant differences in contractual relationships by physician type, but the majority of all physicians are contracted with at least one plan.



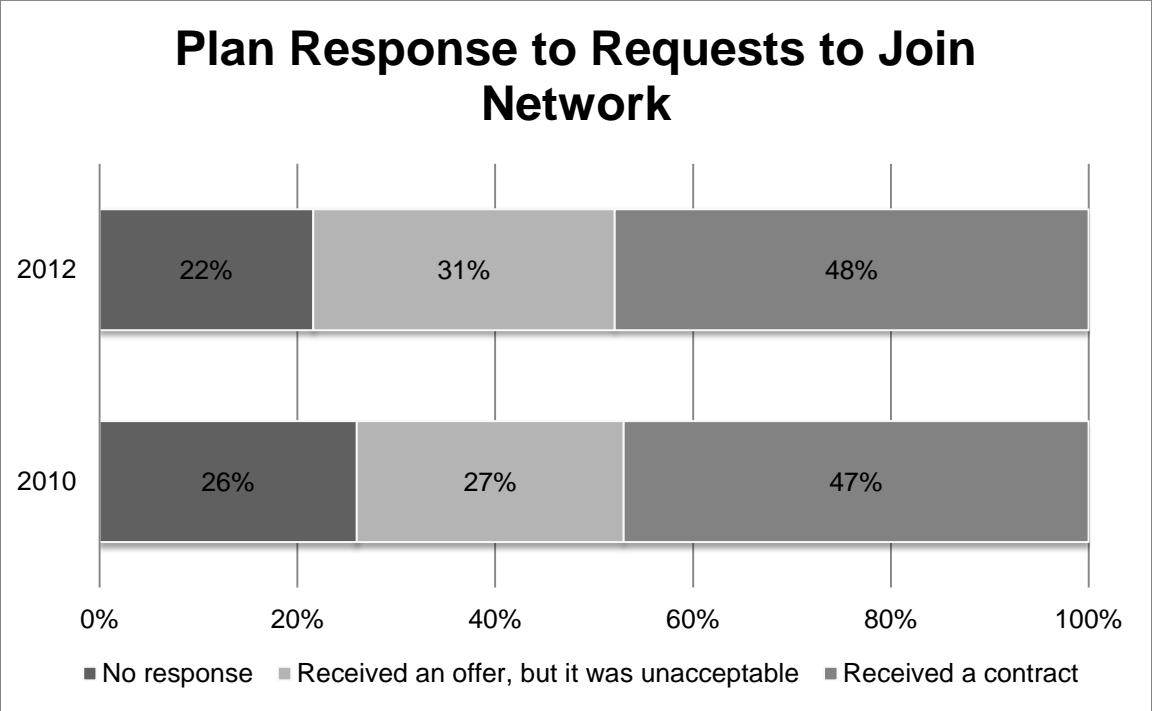
Physician Attempts to Join a Network (February Q6)

Thirty-four percent of respondents approached a plan with which they are not contracted in attempt to join its network in the past two years (up from 31 percent in 2010).



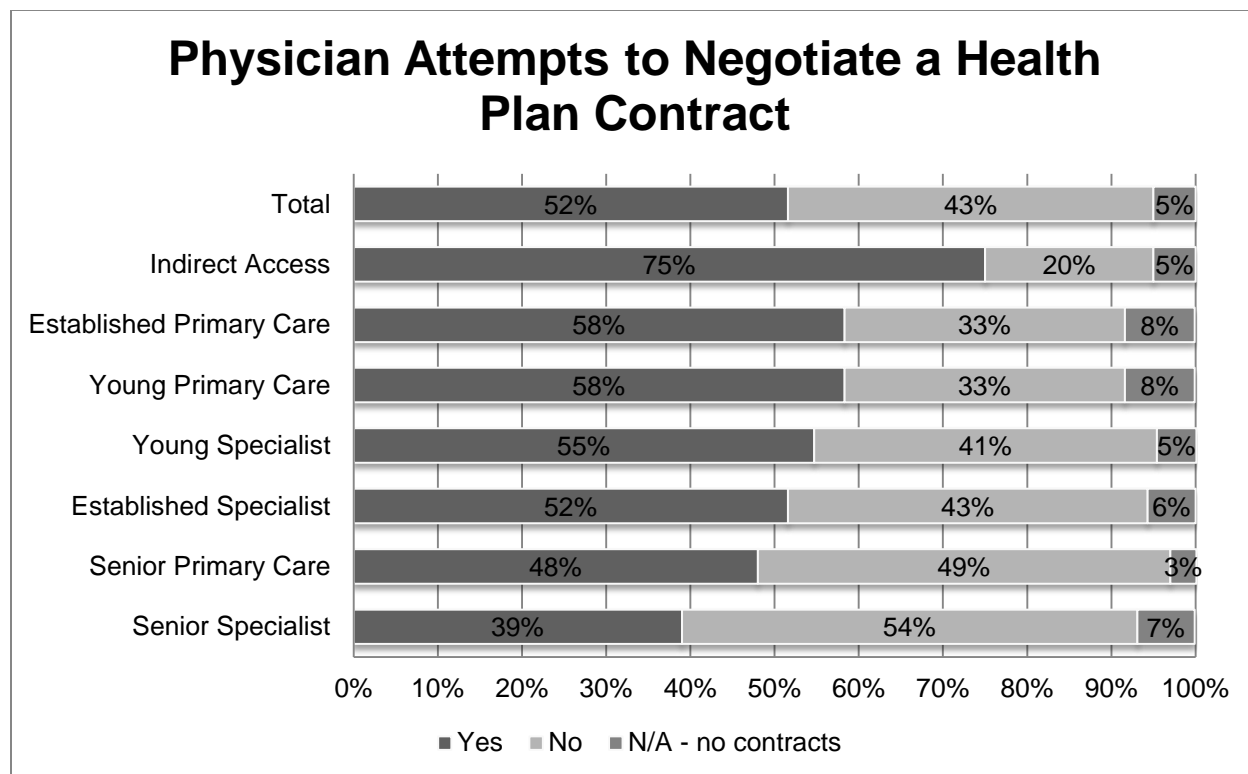
Outcome of Attempt to Join a Network (February Q7)

Among physicians who approached a plan in an attempt to join its network, 48 percent received a contract. Thirty-one percent of physicians received an offer, but it was unacceptable, and 22 percent respondents received no response from the plan.

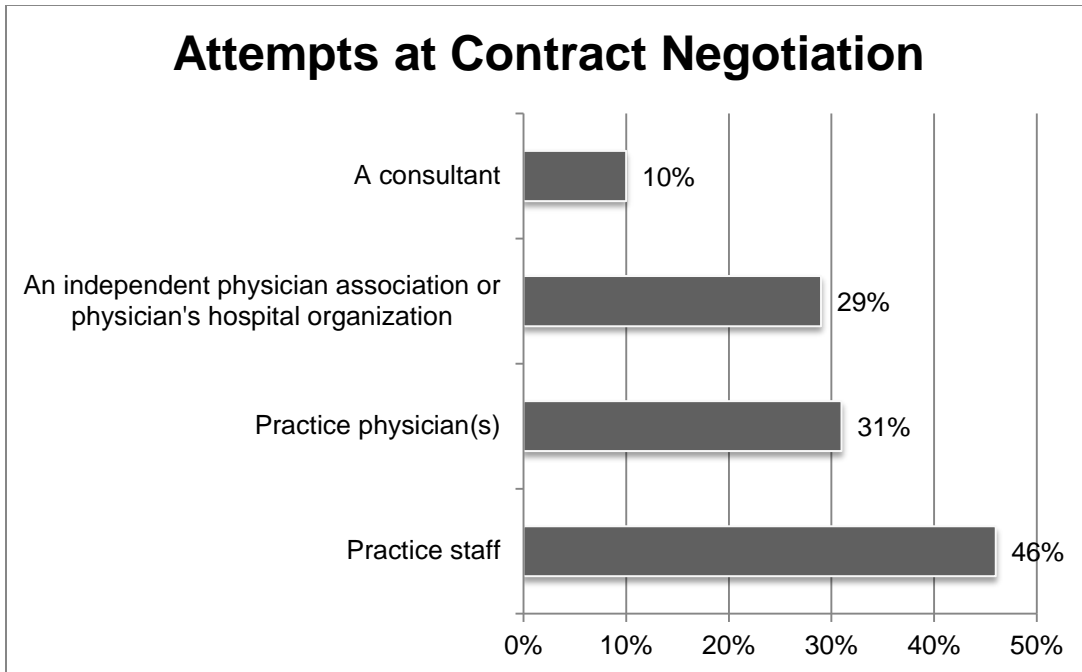


Health Plan Contract Negotiation (February Q8-9)

Respondents were asked about their experience in managed care contract negotiation. The majority have attempted to negotiate the terms of a health plan contract in the past two years (52 percent). Indirect-access physicians are most likely to have attempted to negotiate a contract (75 percent).



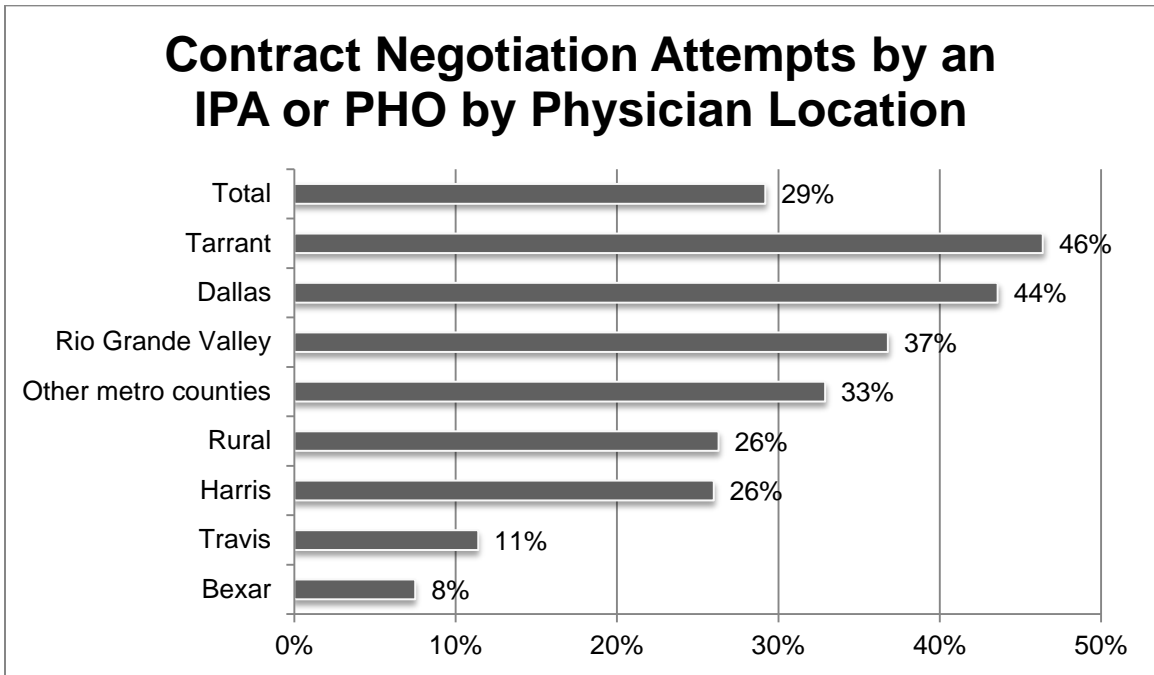
Practice staff (46 percent), followed by the physician or physicians (31 percent), attempted contract negotiations. Twenty-nine percent of physicians report an independent physician association (IPA) or a physician's hospital organization (PHO) attempted contract negotiations on their behalf.



Primary care physicians are more likely to rely on an IPA or PHO.



Physicians practicing in Tarrant County are more likely to have used an IPA or PHO than physicians in other areas (46 percent).



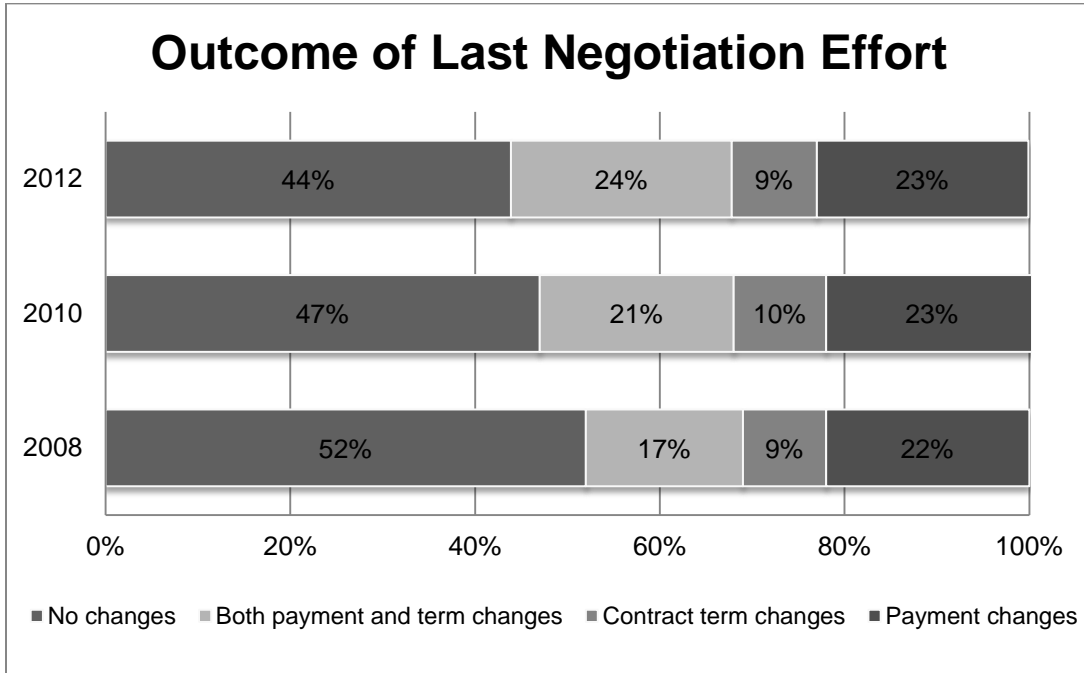
Success Negotiating Contract Changes (February Q10)

Respondents who attempted contract negotiations were asked to report on the success of those efforts. Fifty-eight percent were sometimes, often, or always successful.

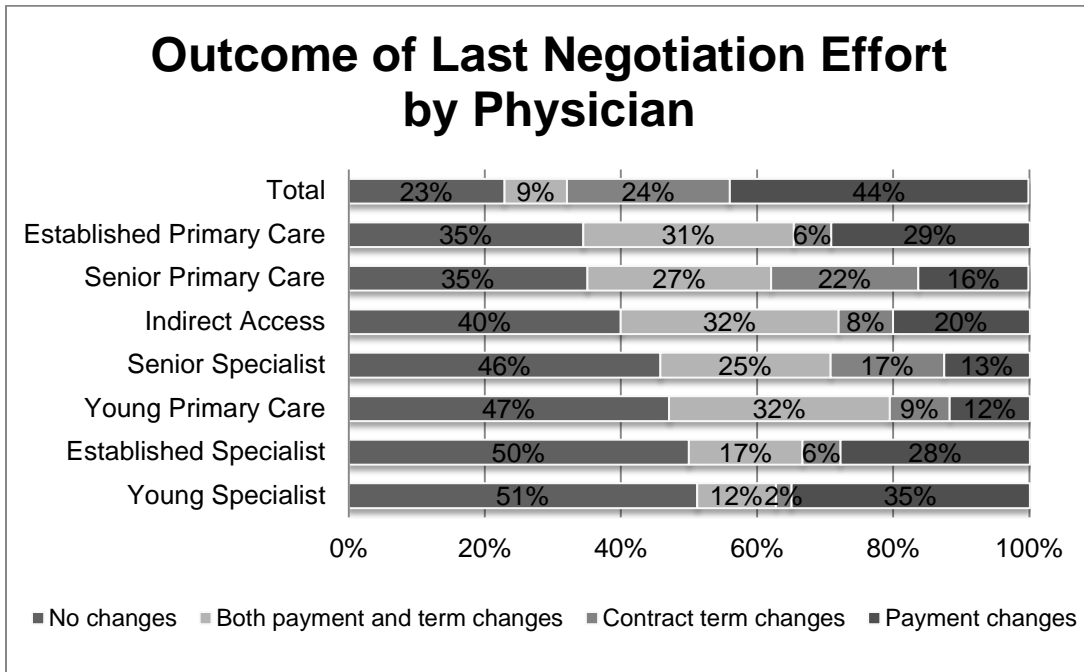


Outcome of Last Negotiation Effort (February Q11)

In 56 percent of cases, contract changes were secured in payment, contract terms, or both.

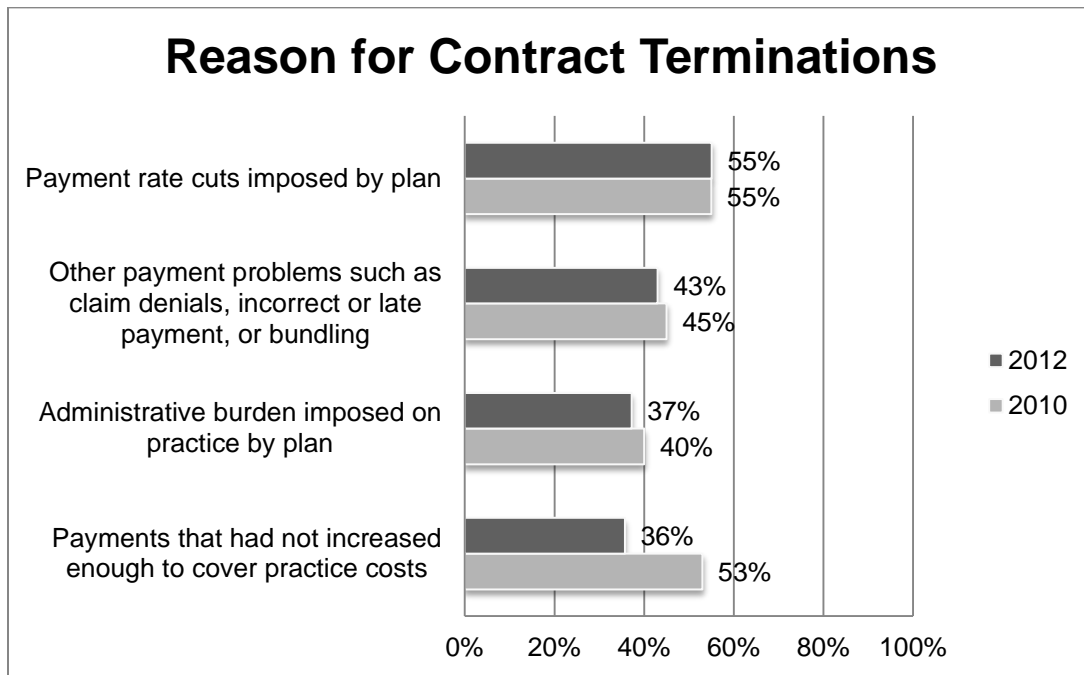


Established and senior primary care physicians were most likely to secure changes in payment, contract terms, or both (66 and 65 percent respectively).

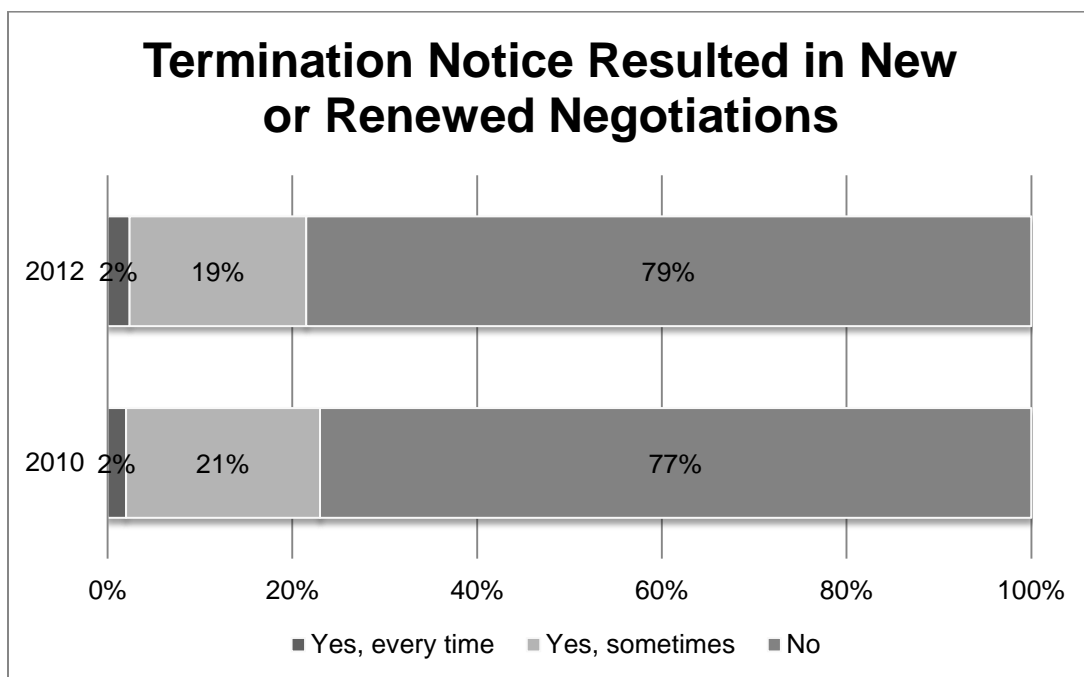


Contract Terminations (February Q12-14)

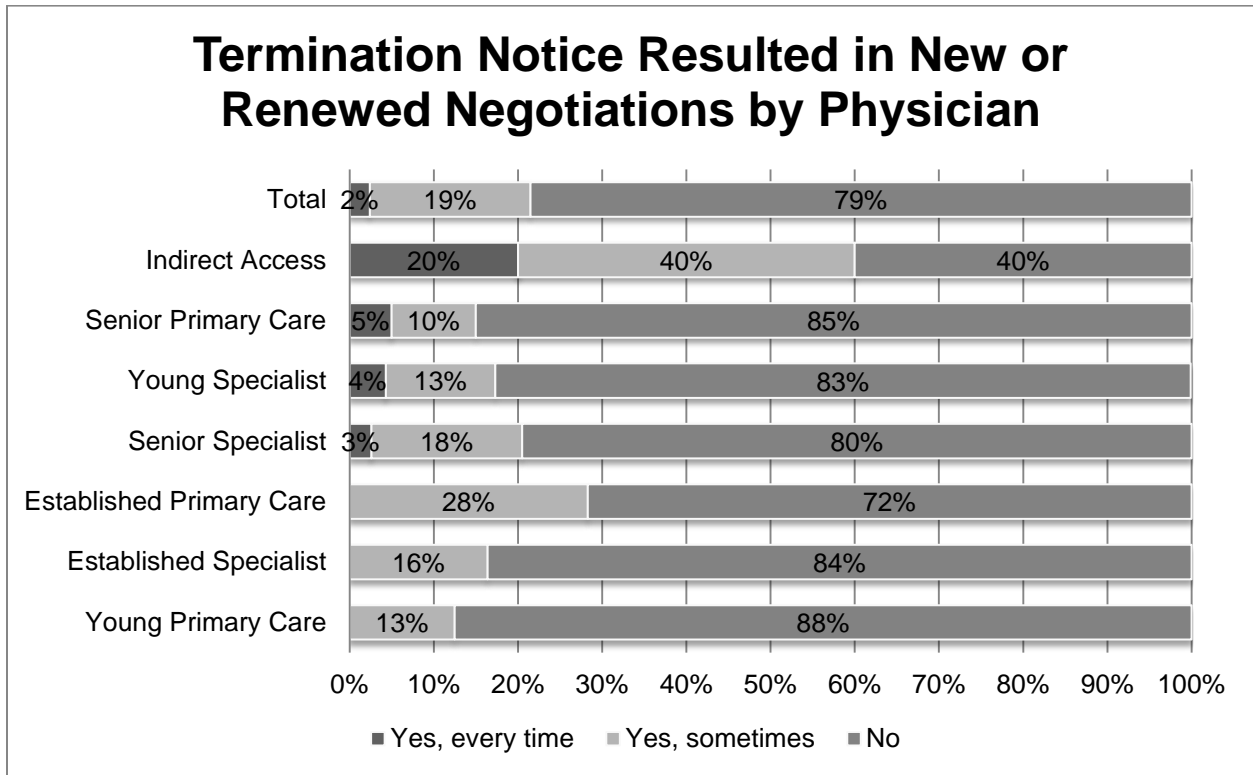
Twenty-six percent of respondents terminated a health plan contract in the past two years, primarily because of payment rate cuts imposed by the plan (55 percent).



Twenty-one percent of respondents report their termination notice resulted in new or renewed negotiations that ultimately produced a new contract with no lapse in coverage sometimes or every time.

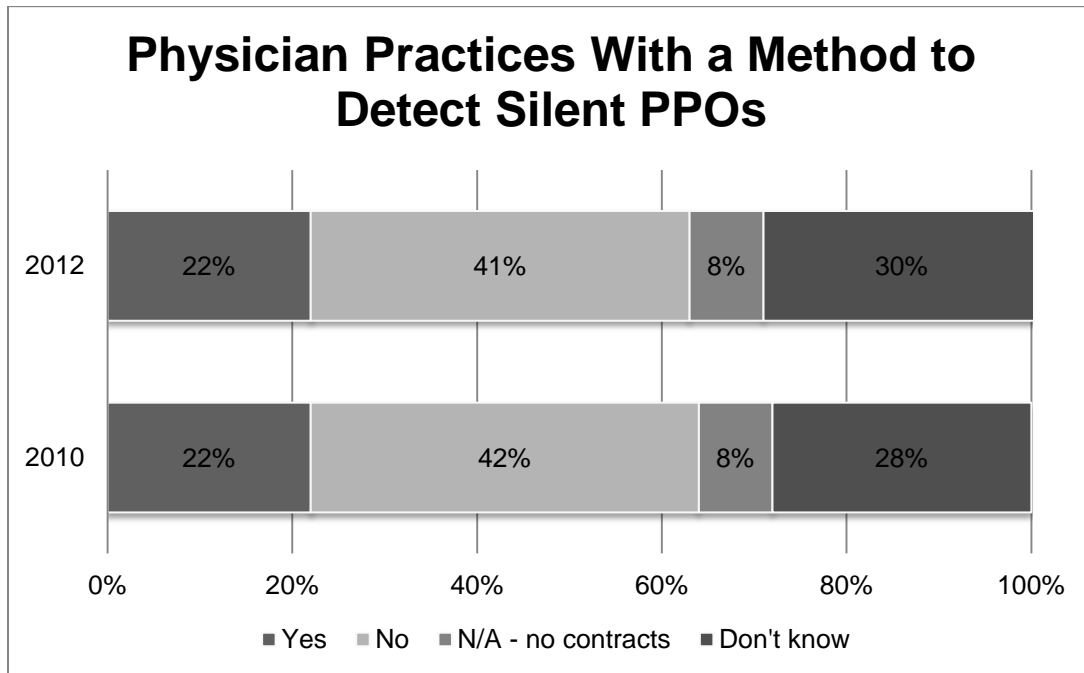


A majority of indirect access physicians report their termination notice resulted in new or renewed negotiations with no lapse in coverage every time or sometimes (60 percent).

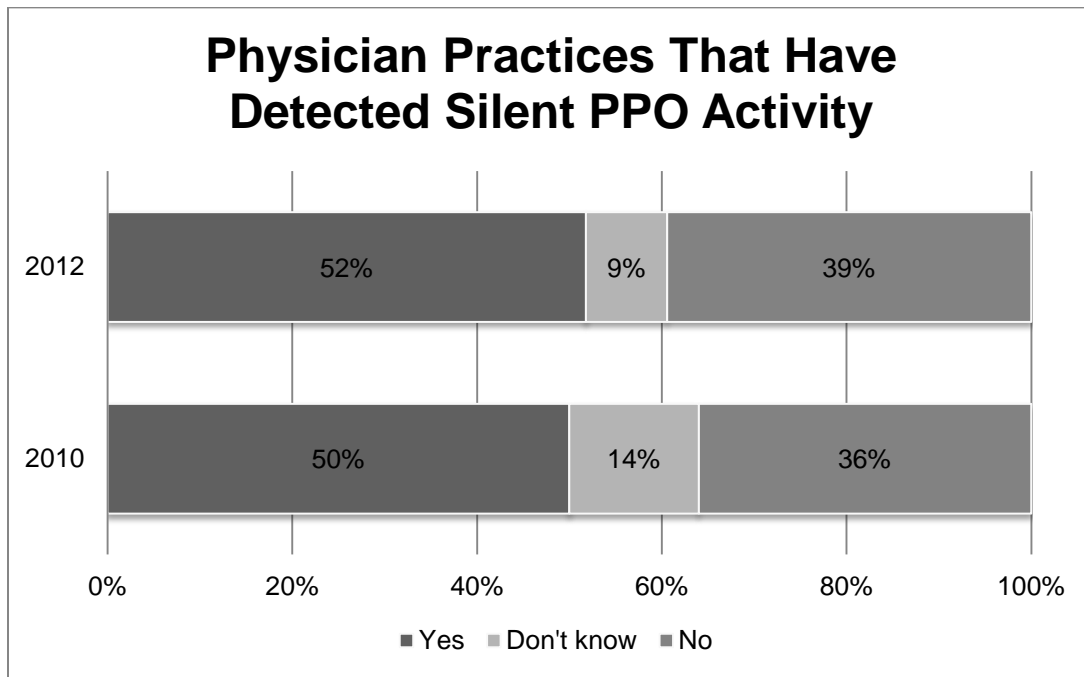


Silent PPOs (February Q15-16)

Twenty-two percent of physician practices have a method to detect unauthorized access to contracted discounts, as in a silent PPO.

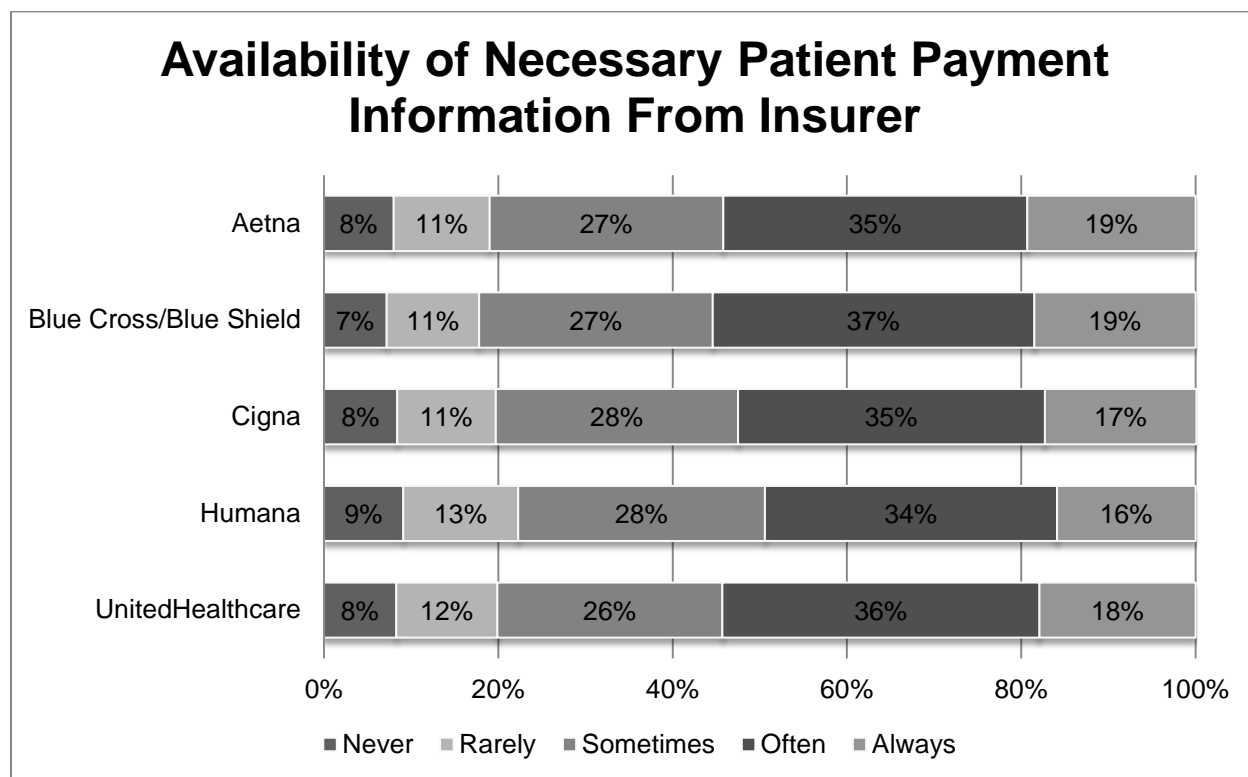


Among practices with a method to detect a silent PPO, 52 percent have actually detected such activity.



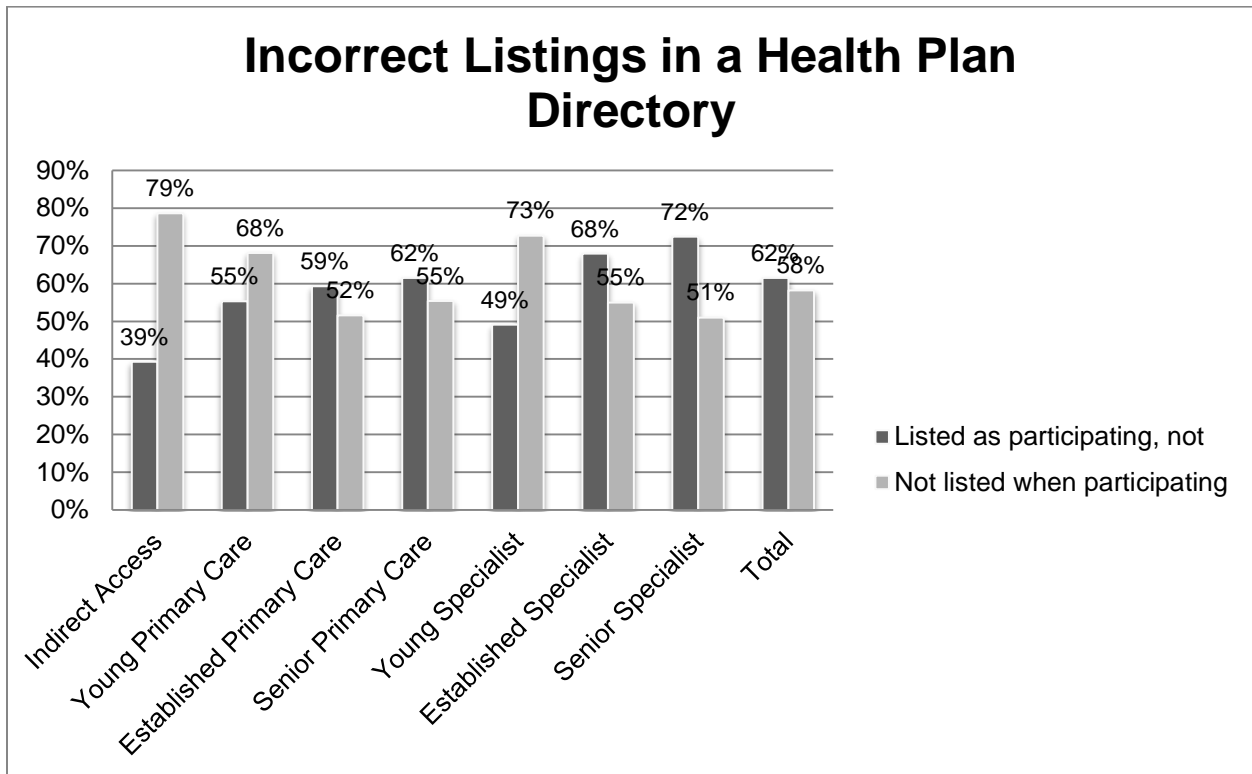
Patient Payments and out-of-Network Billing (February Q18)

When patients have high deductibles or are using out-of-network services, physicians and patients need specific information to determine the patient's share of payment. Physicians were asked whether the necessary information is available from the health plan at the time of service or in advance. The frequency with which the necessary patient payment information is available varies by payer. On average, one fifth of respondents report the information is rarely or never available.



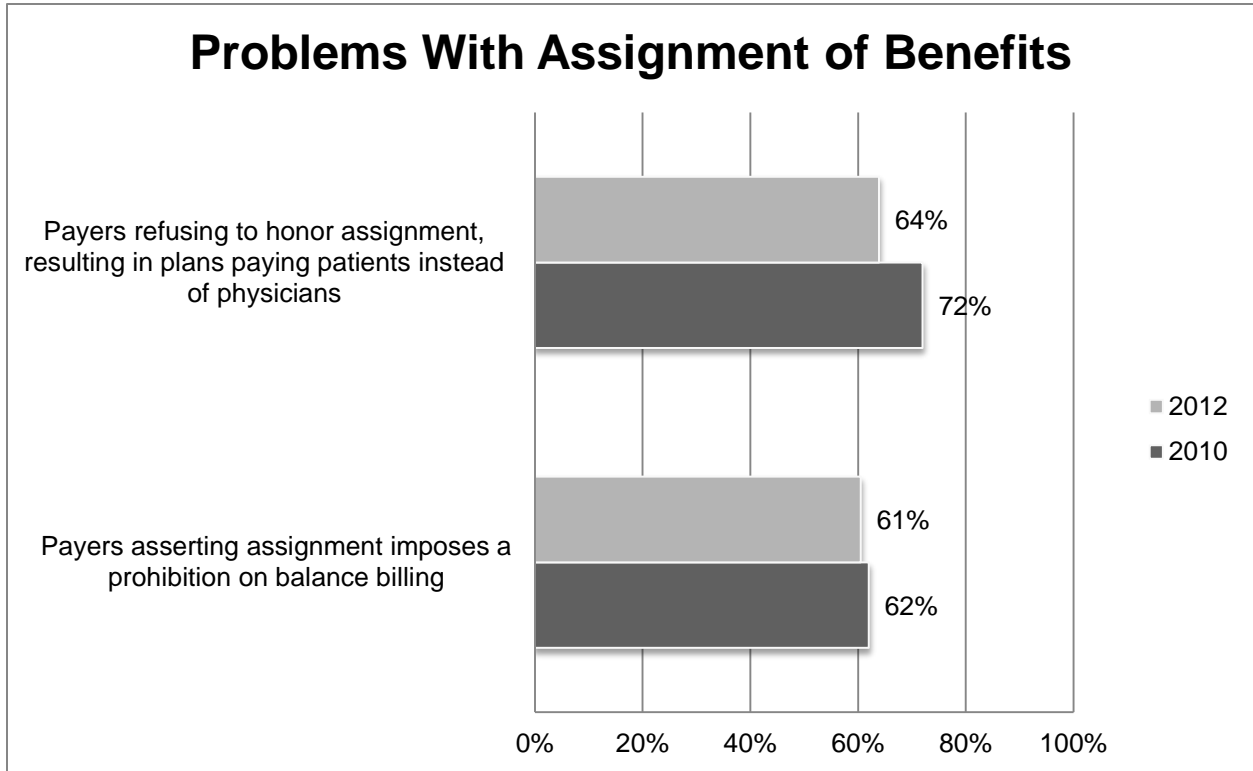
Incorrect Listings in Health Plan Directories (February Q19)

A majority of physicians have detected cases where they were listed incorrectly in a health plan's directory. Sixty-two percent of physicians were listed as participating when they were not, and 58 percent of physicians were not listed when they were participating in a plan. Senior specialists are more likely to report they were listed as a participant when they were not (72 percent), and indirect-access physicians are more likely to report they were not listed when they were participating (79 percent).



Assignment of Benefits (February Q20)

Respondents report experience with payers refusing to honor assignment, resulting in plans paying patients instead of physicians (64 percent) and payers asserting assignment of benefits imposes a prohibition on balance billing (61 percent).



Healthy Environment

Many questions in the survey investigate the current health care environment for patients and physicians.

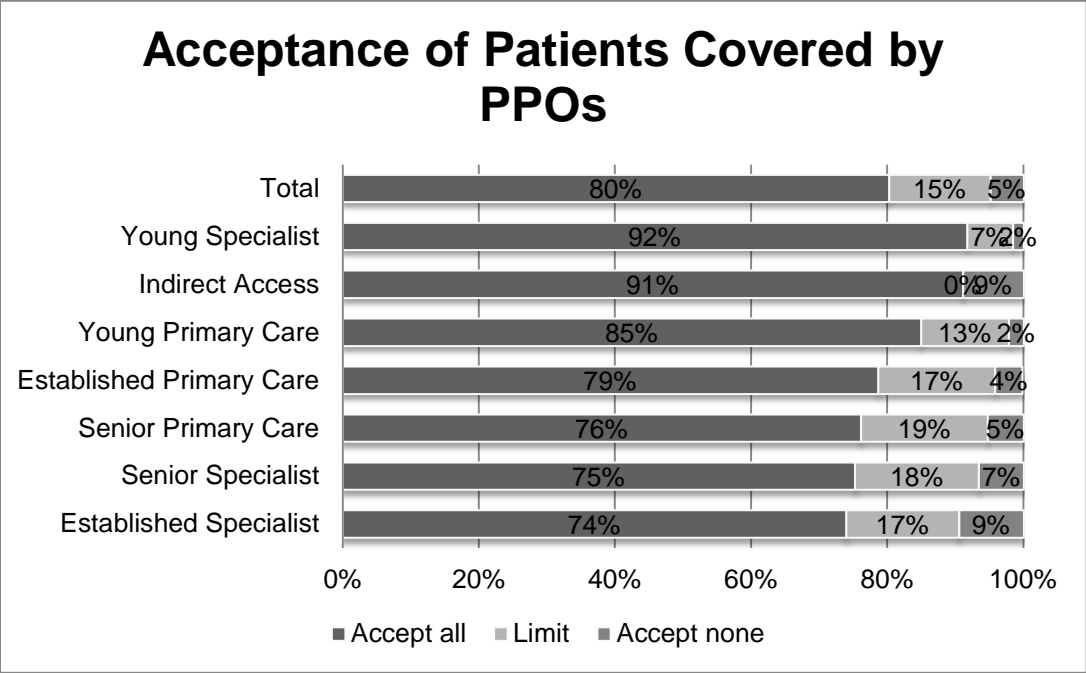
Availability of Care

Acceptance of New Patients (March Q5-6)

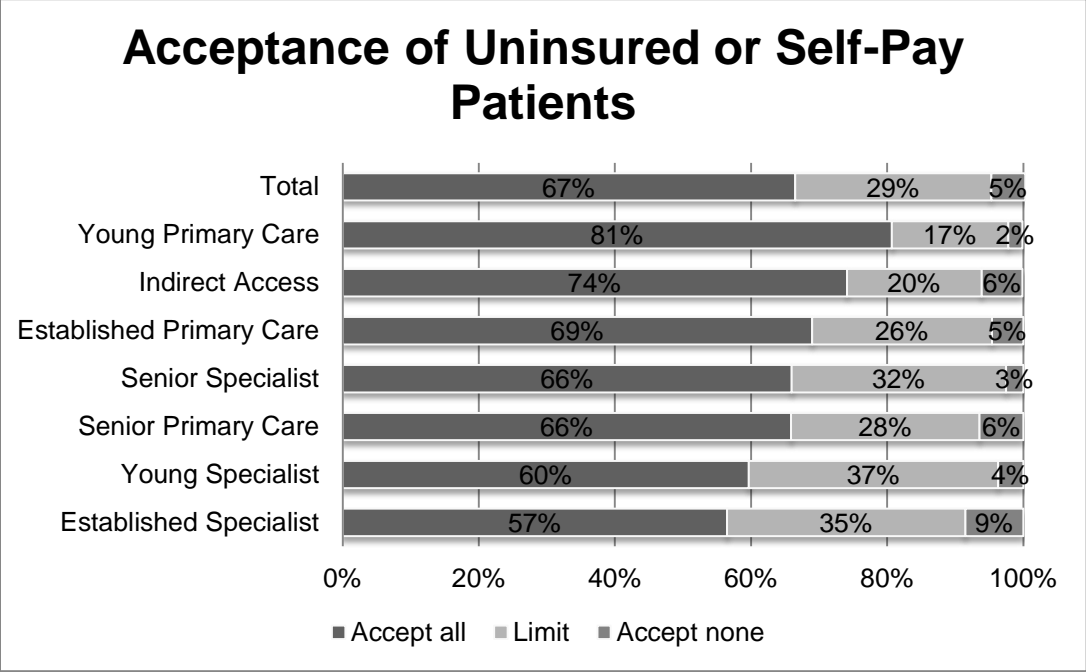
Ninety-five percent of physicians indicate their practice is accepting new patients. Physicians who are accepting new patients were asked about their specific policies towards new patients covered by various payers. The results are reported as percentages of the physicians whose practices are not closed to new patients.

	2010			2012		
	<u>Accept</u>	<u>Decline</u>	<u>Limit</u>	<u>Accept</u>	<u>Decline</u>	<u>Limit</u>
	%	%	%	%	%	%
PPOs	83	4	14	80	5	15
Uninsured	67	3	30	67	5	29
The military health care plan, TRICARE	64	19	17	60	22	18
Medicare	66	15	19	59	19	22
HMOs	59	14	27	54	19	27
Medicare Advantage plans	48	26	26	42	30	29
Medicare-Medicaid dual-eligible				41	33	26
Medicaid	42	32	26	32	42	26
CHIP	39	45	16	32	53	15
Workers' compensation	29	55	16	24	64	12

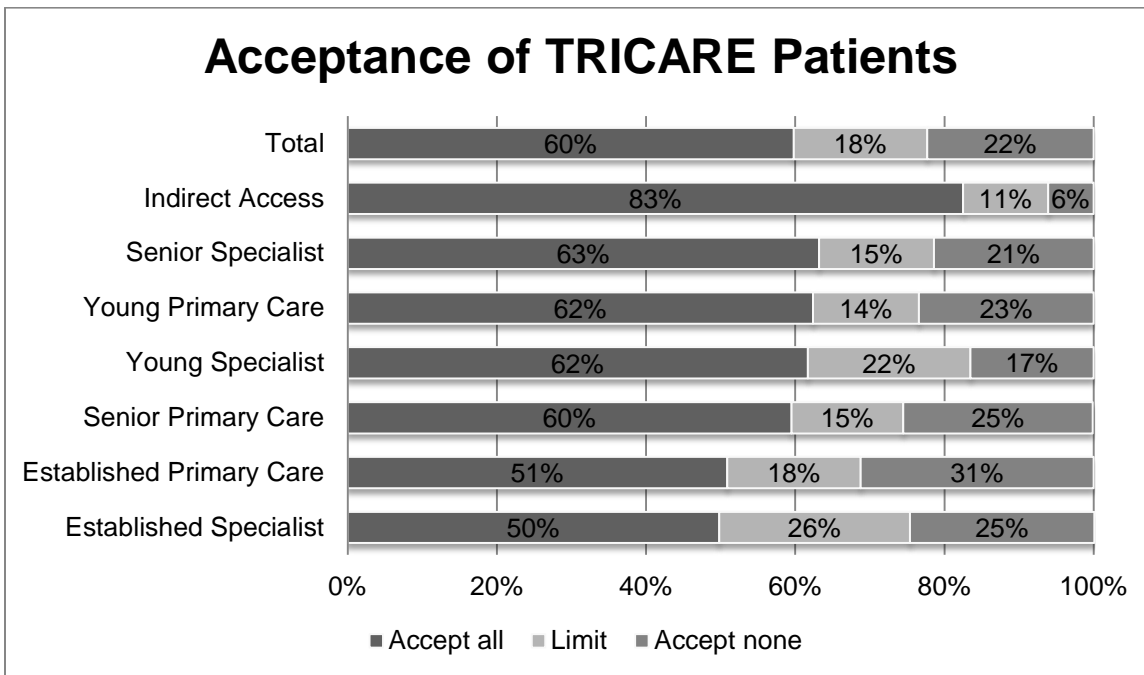
PPOs: Patients covered by PPOs are almost universally accepted.



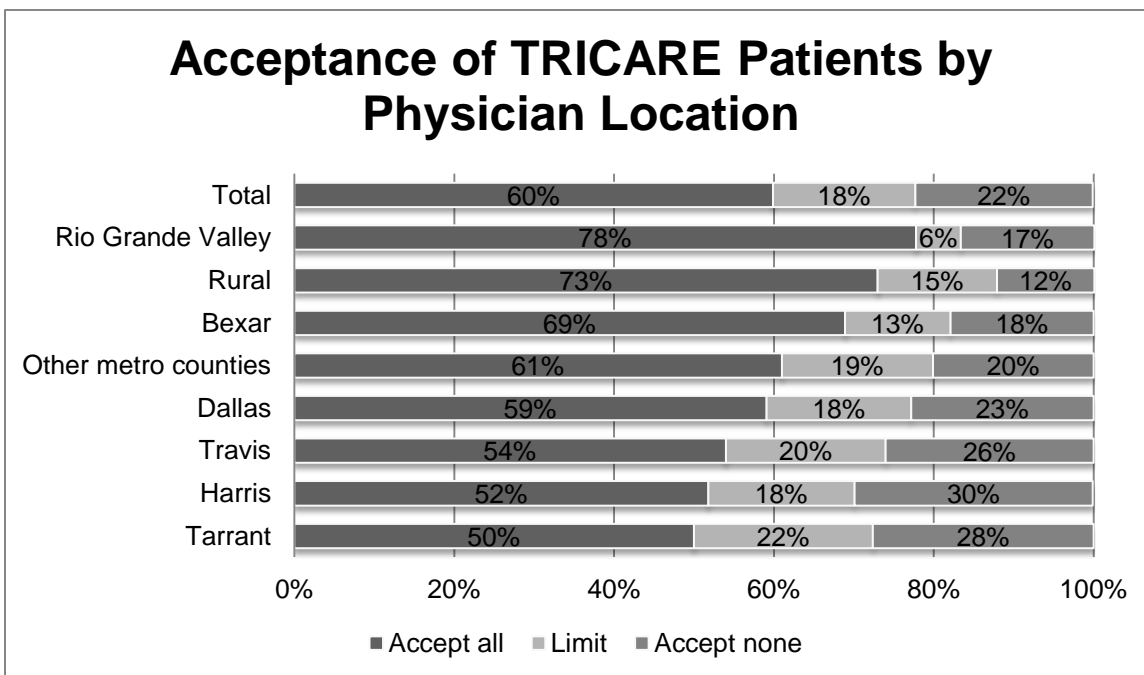
Uninsured: Few physician practices exclude uninsured patients completely (5 percent). Availability is best among young primary care physicians (81 percent accept all).



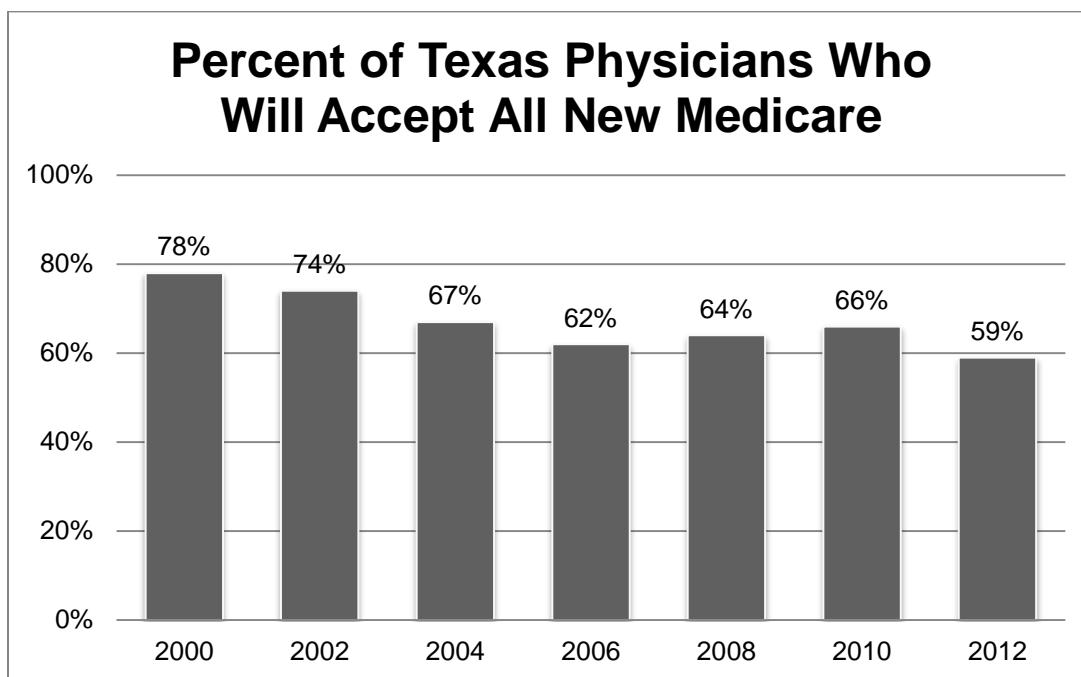
TRICARE: Sixty percent of physicians accept all new Tricare patients. Availability is best in the indirect access specialties (83 percent accept all).



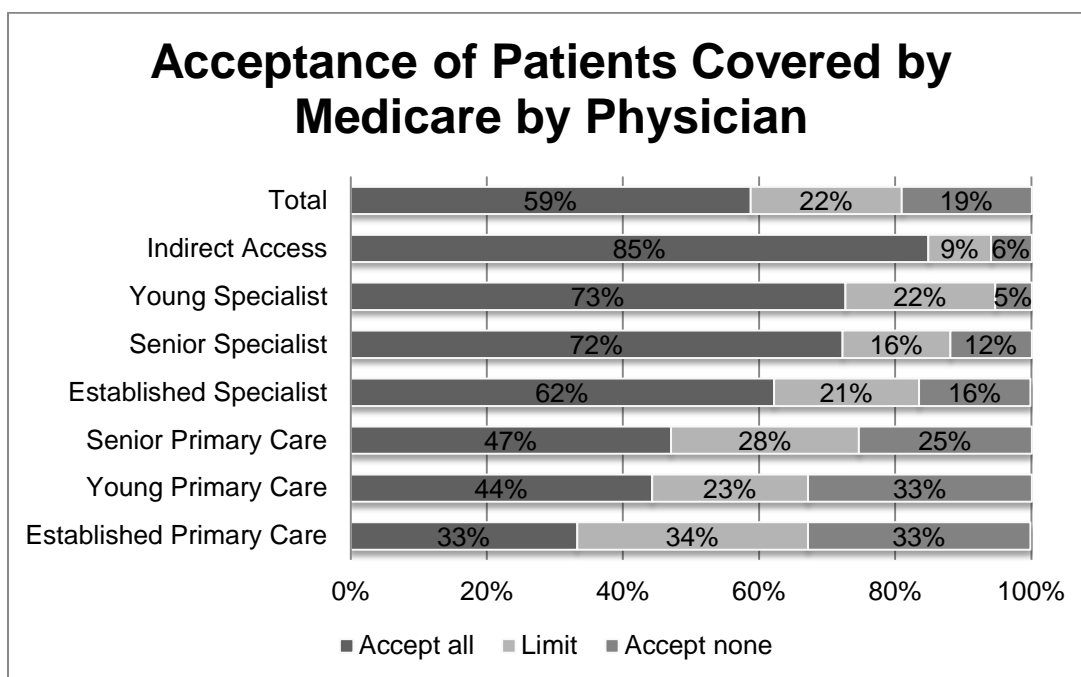
Physicians in the Rio Grande Valley are most likely to accept all new TRICARE patients (78 percent).



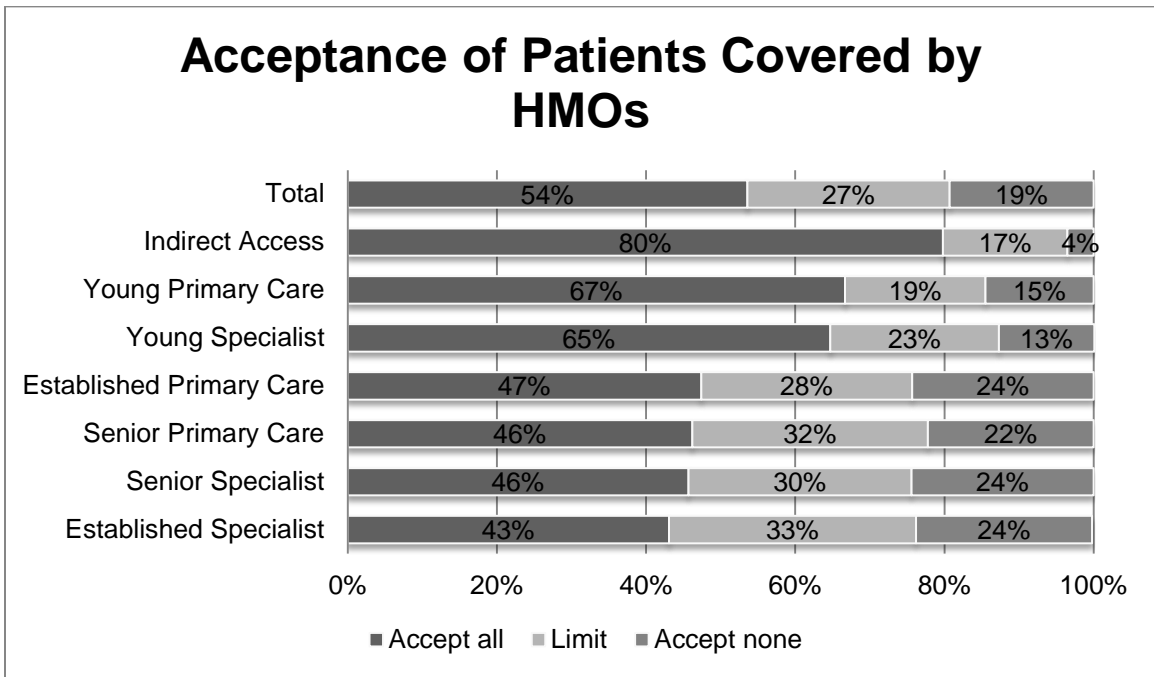
Medicare: Availability has decreased since 2010 and is significantly reduced from the levels recorded in 2000. Since that year, the percentage of physicians who accept all new Medicare patients has decreased from 78 percent to 59 percent.



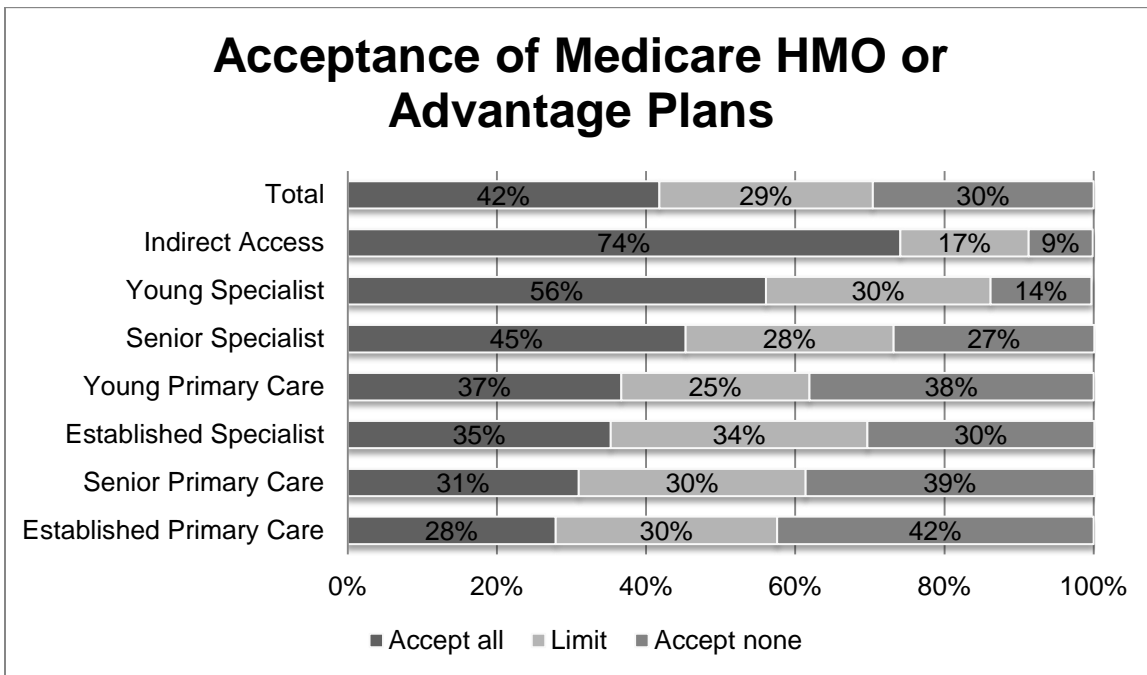
Availability for Medicare patients is best among physicians in the indirect-access specialties (85 percent accept all). Availability is poorest in primary care.



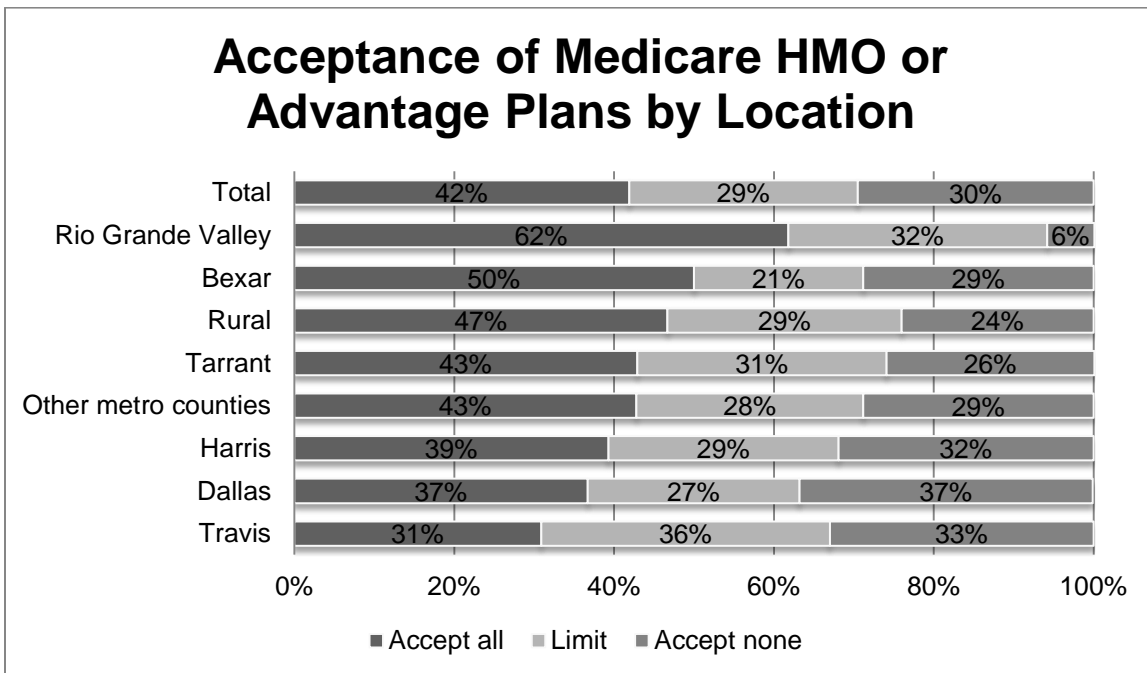
HMOs: Fifty-four percent of physicians accept all new patients covered by HMOs. Indirect-access physicians are more likely to accept all HMO-covered patients (80 percent).



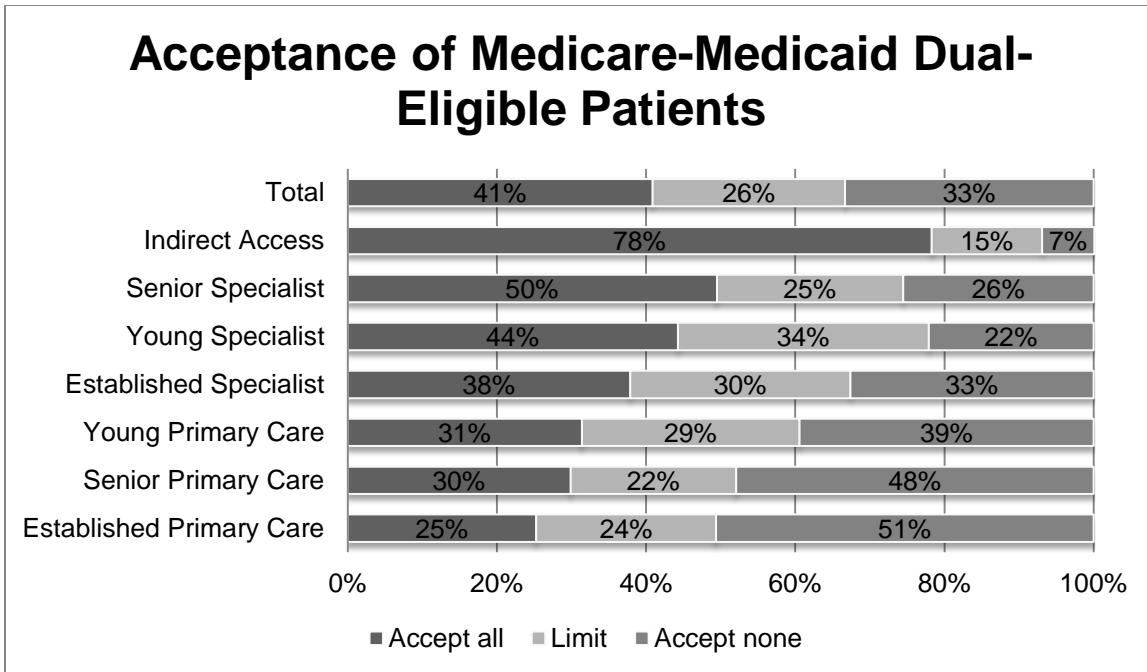
Medicare HMOs or Advantage: Patients covered by Medicare HMO or Advantage plans have more limited availability of care than patients covered by Medicare, with only 42 percent of physician practices accepting all new Medicare HMO or Advantage patients.



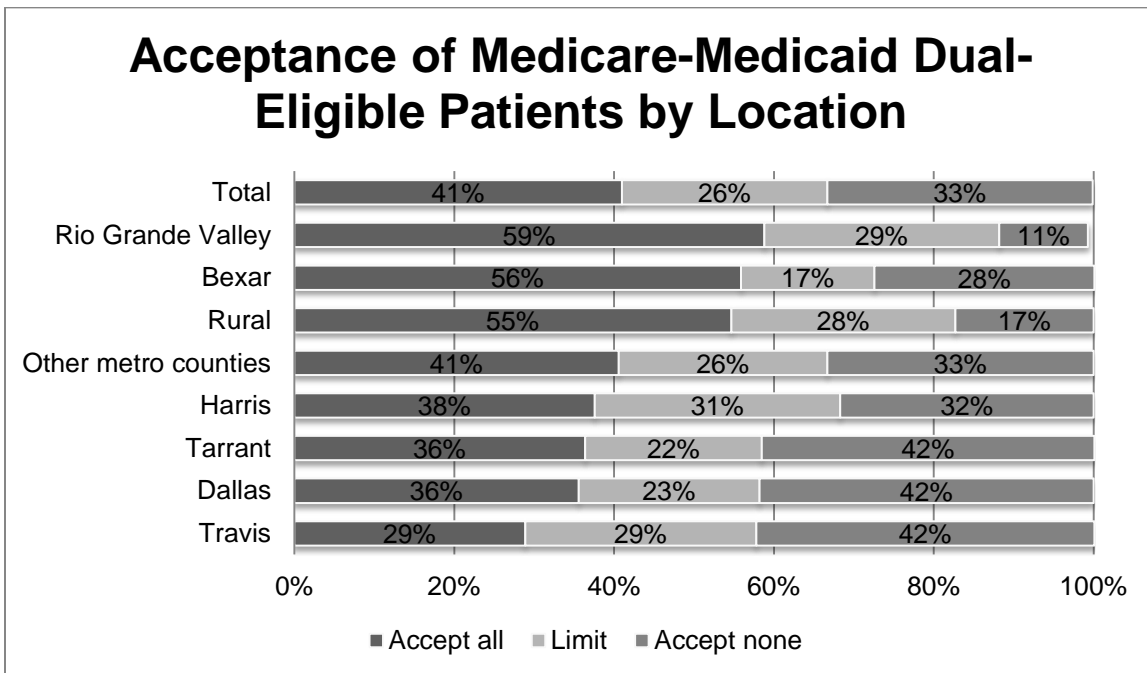
Physicians in the Rio Grande Valley are most likely to accept all new Medicare HMO or Advantage plans (62 percent).



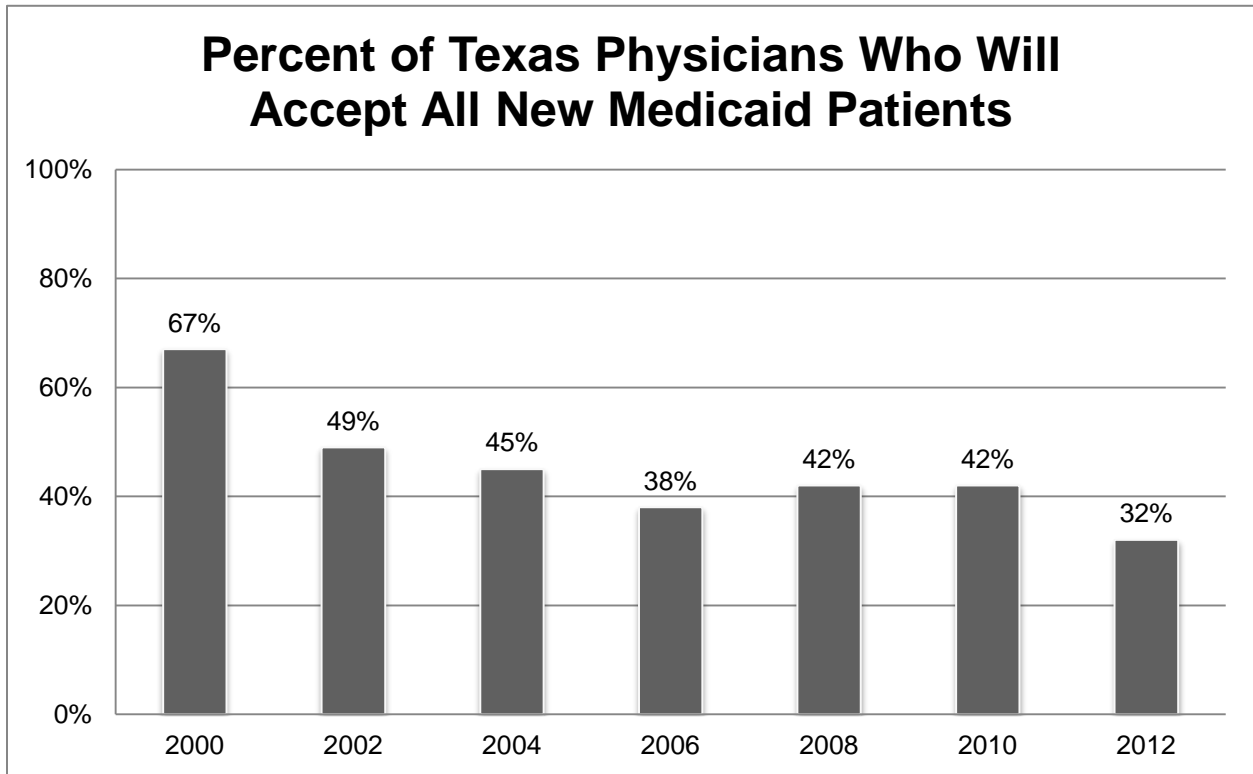
Medicare-Medicaid Dual-Eligible: This is the first year TMA has asked about practice acceptance of dual-eligibles, so no long-term trend data are available. Forty-one percent of physicians accept all new dual-eligible patients. Indirect-access physicians are most likely to accept all new dual-eligible patients (78 percent).



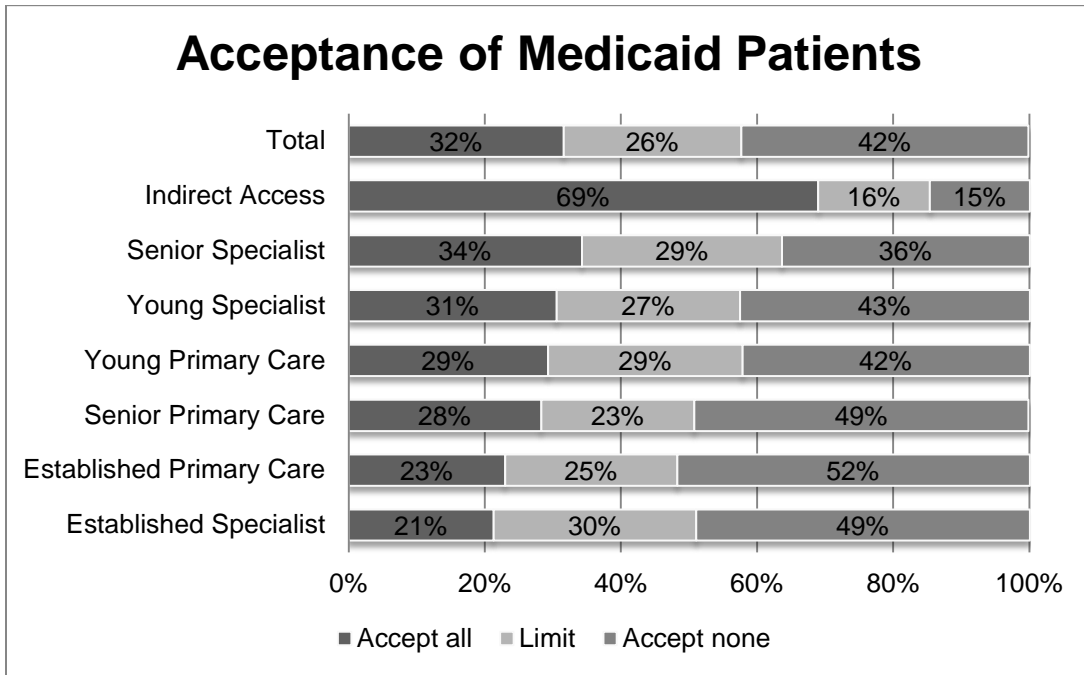
Physicians in the Rio Grande Valley are most likely to accept all new Medicare-Medicaid dual-eligible patients (59 percent).



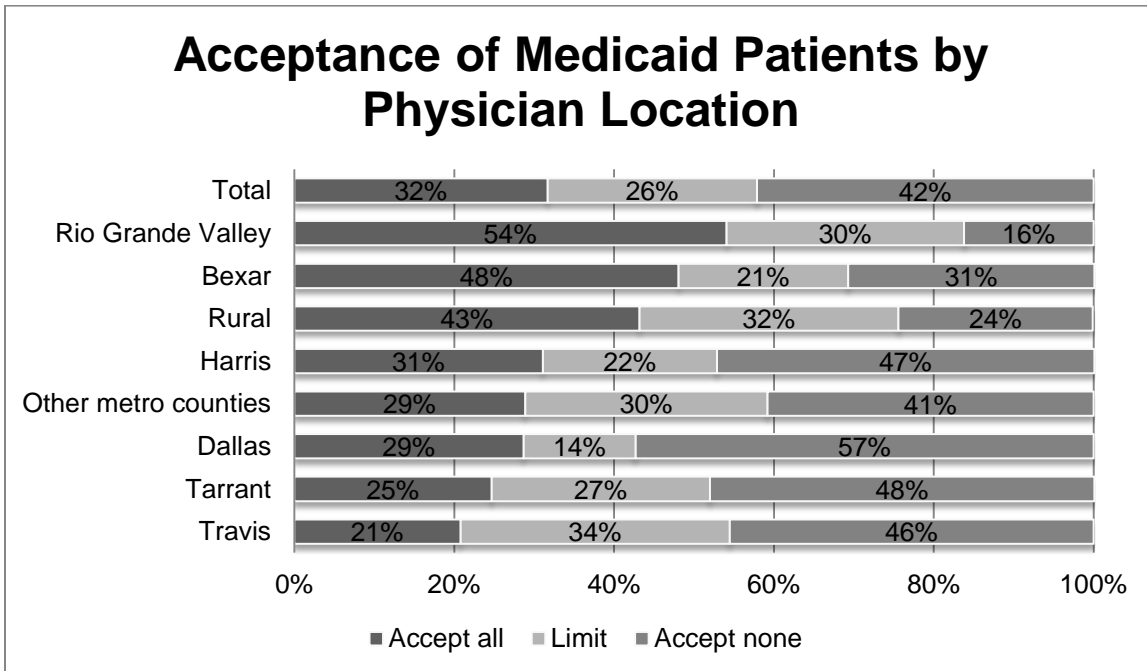
Medicaid: Decreases in Medicaid payments have severely damaged availability of care for Medicaid patients, with only 32 percent of physician practices accepting all new Medicaid patients in 2012.



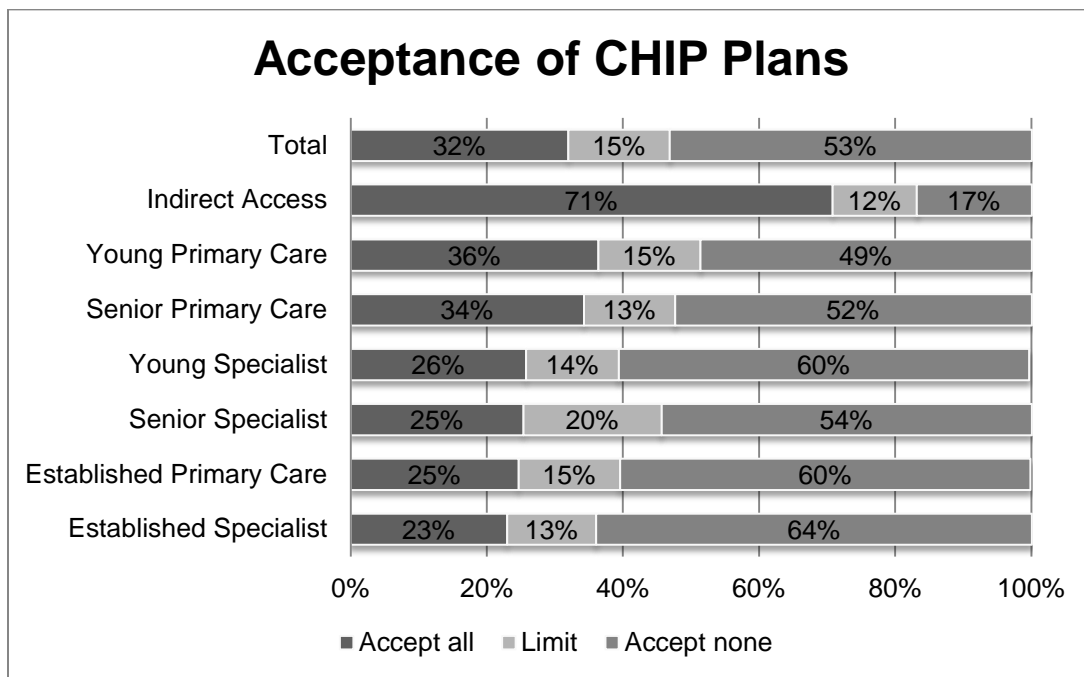
Availability of care for Medicaid beneficiaries continues to be best among the indirect-access specialties (69 percent accept all). However, this has dropped dramatically from the 90 percent of indirect-access physicians who accepted all in 2008.



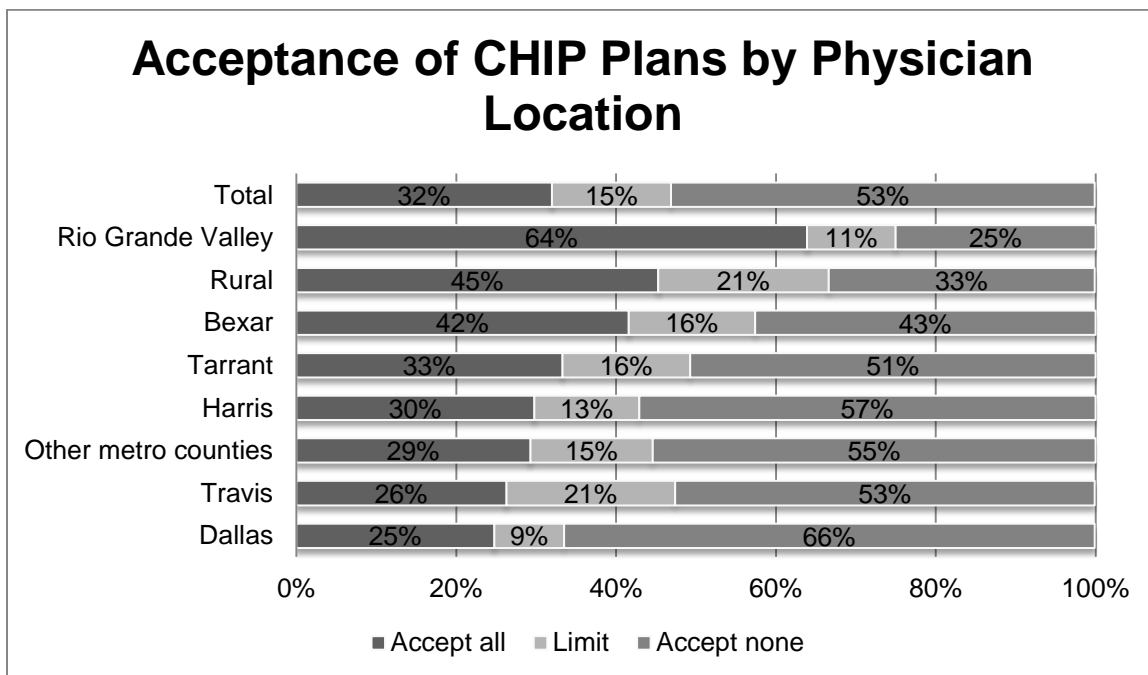
Availability of care for Medicaid beneficiaries is best in the Rio Grande Valley (54 percent accept all) and poorest in Travis County (21 percent accept all).



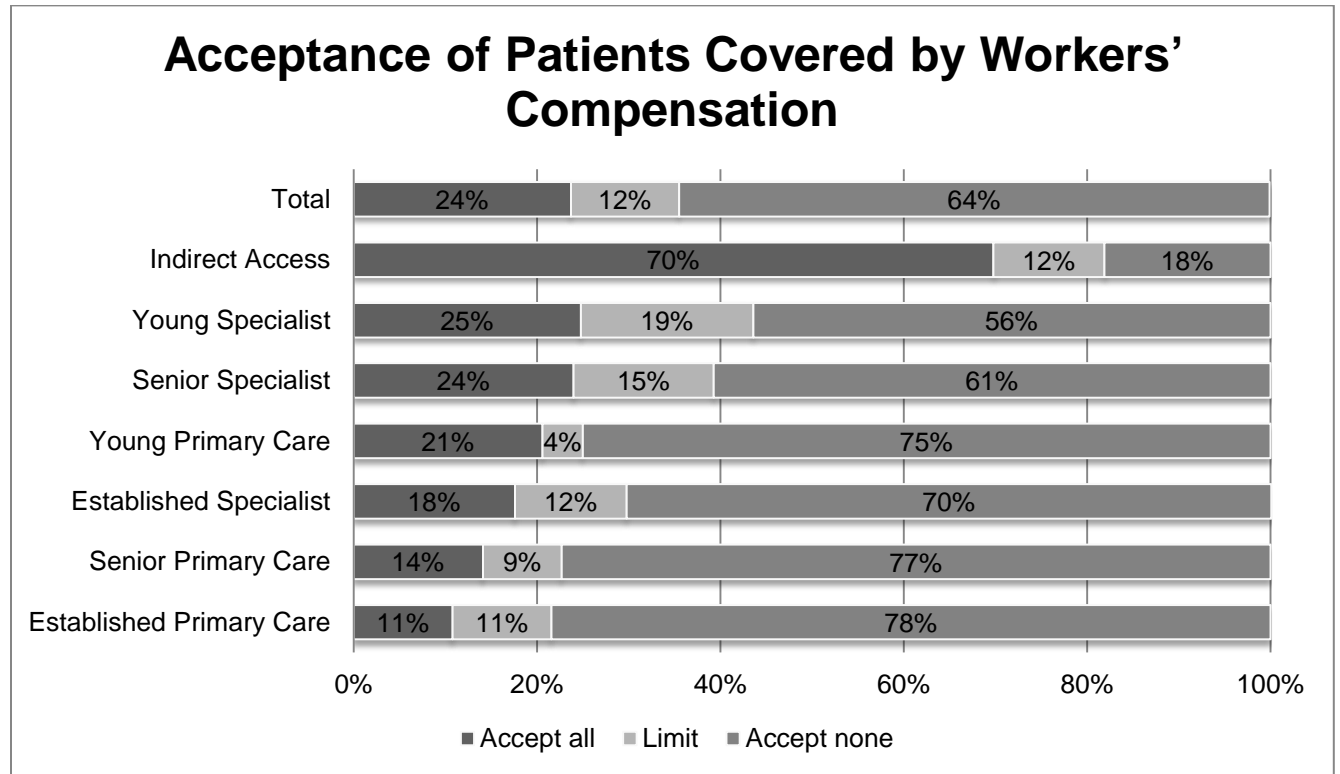
CHIP: Availability of care for CHIP patients has decreased. Thirty-two percent of physicians accept all new CHIP patients compared with 39 percent in 2010. Availability is best among indirect-access physicians (71 percent accept all).



Availability of care for CHIP patients is best in the Rio Grande Valley (64 percent accept all).



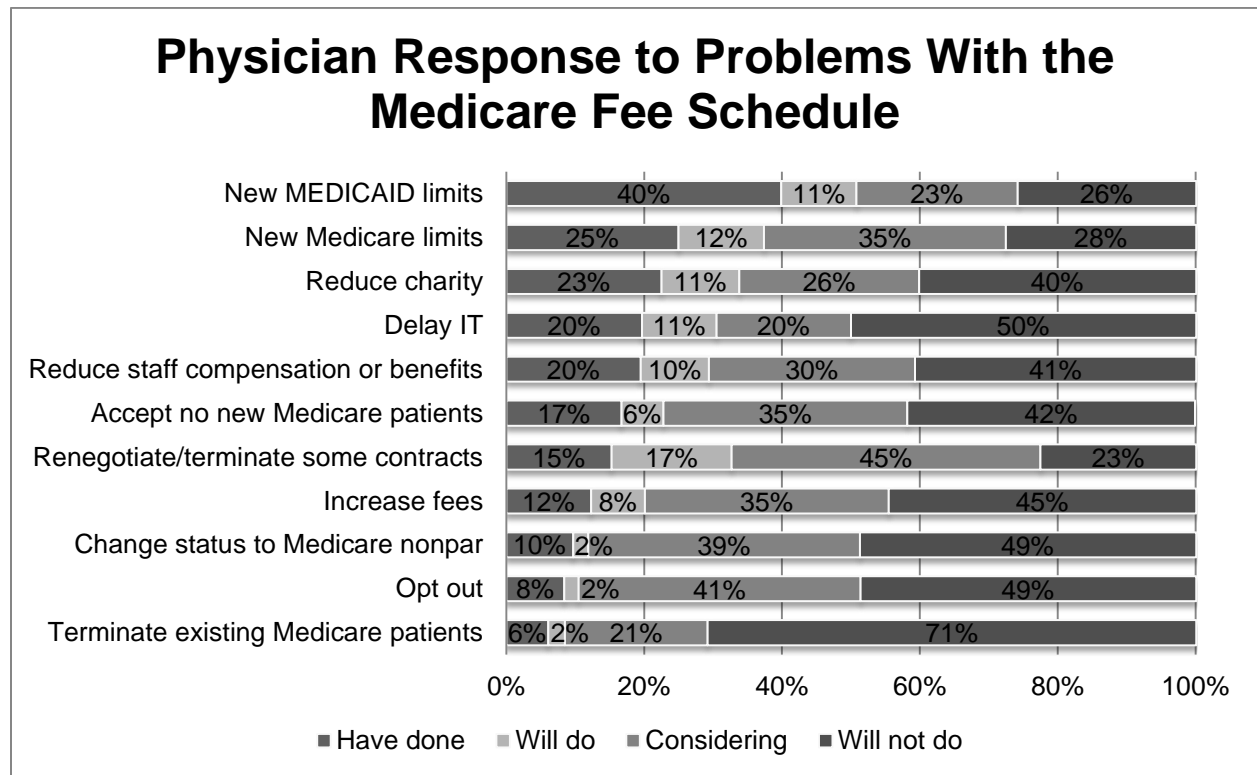
Workers' compensation: Availability of care for injured workers has decreased from 29 percent who accepted all new workers' comp patients in 2010 to 24 percent in 2012.



Medicare Fees

Response to Medicare Fee Schedule (March Q7)

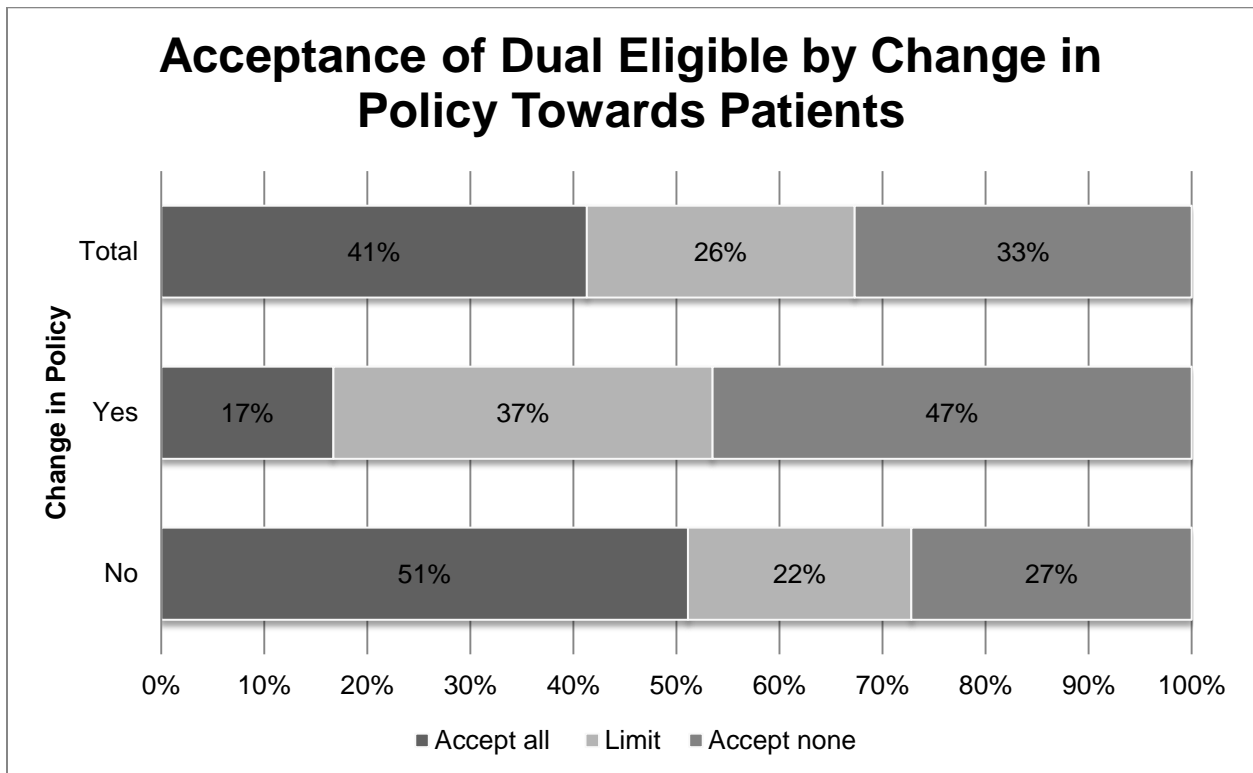
The continuing failure to find a permanent resolution to the Medicare fee schedule is taking a toll on the availability of care for patients. Although a quarter of Texas physicians already have imposed new limits on their acceptance of new Medicare patients, they are far more likely to have added limits on Medicaid (40 percent). Of greater concern are the actions physicians are considering if the problem remains unresolved, including terminating or renegotiating health plan contracts (45 percent), opting out of Medicare altogether (41 percent), or changing status to Medicare nonparticipating (39 percent).



Dual-Eligible Fees

Response to Dual-Eligible Fee Schedule Cuts (March Q8)

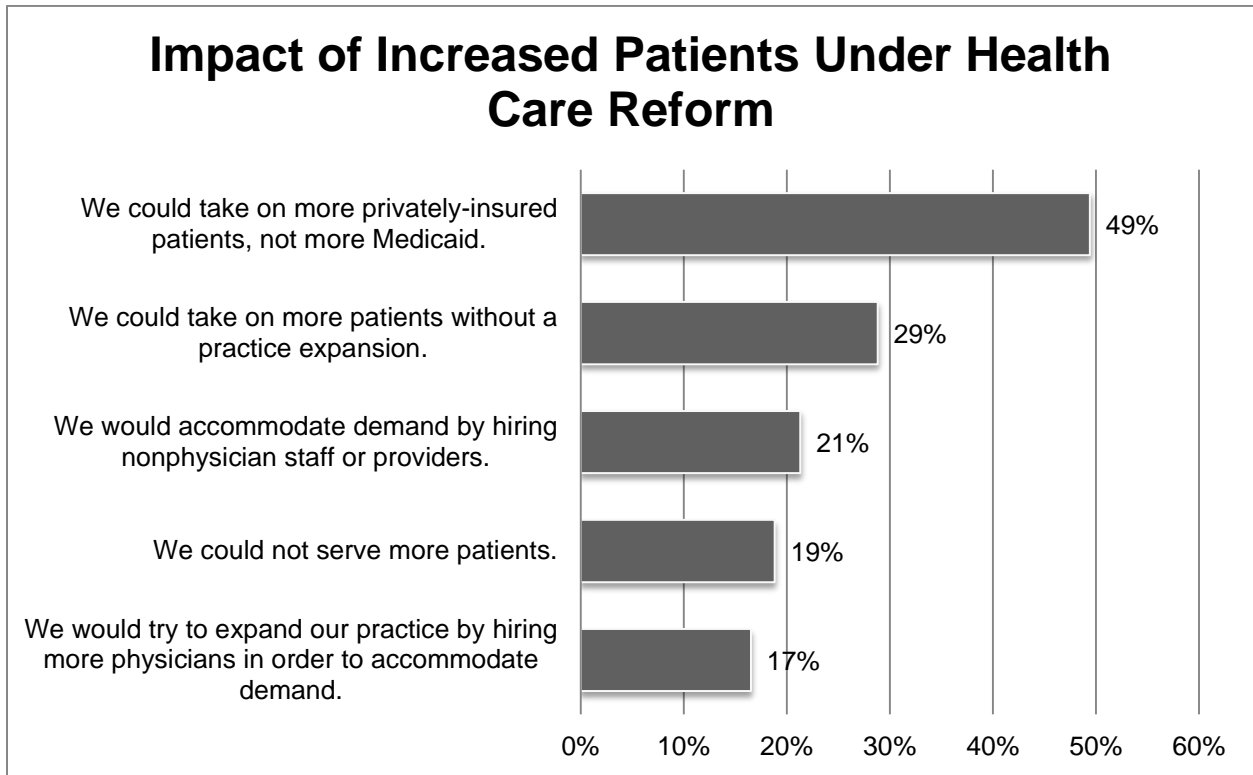
Starting Jan. 1, 2012, the Texas Legislature directed the Texas Health and Human Services Commission to reduce or eliminate payments for Medicare coinsurance and deductibles for Medicaid-Medicare dual-eligible patients. Thirty percent of physicians have changed their policies towards these patients in the past two years. Physicians who have changed their policy towards dual-eligible patients in the past two years are less likely to accept all new dual-eligible patients (17 percent).



Increased Patients Under Health Care Reform

Impact of Increased Patients Under Health Care Reform (March Q9)

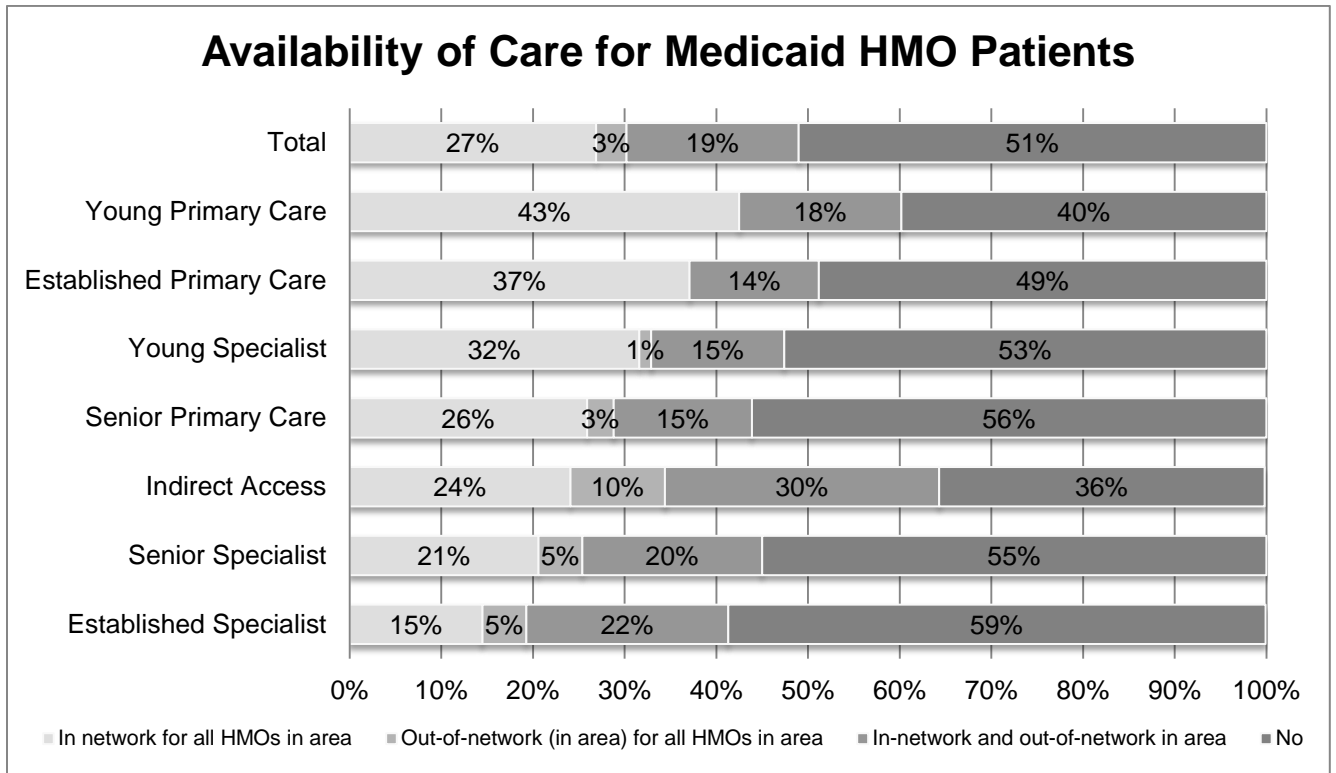
If health care reforms increase the number of patients covered by private health insurance and Medicaid, 49 percent of physicians report their practice could take more privately insured patients, but not more Medicaid patients.



Medicaid Managed Care

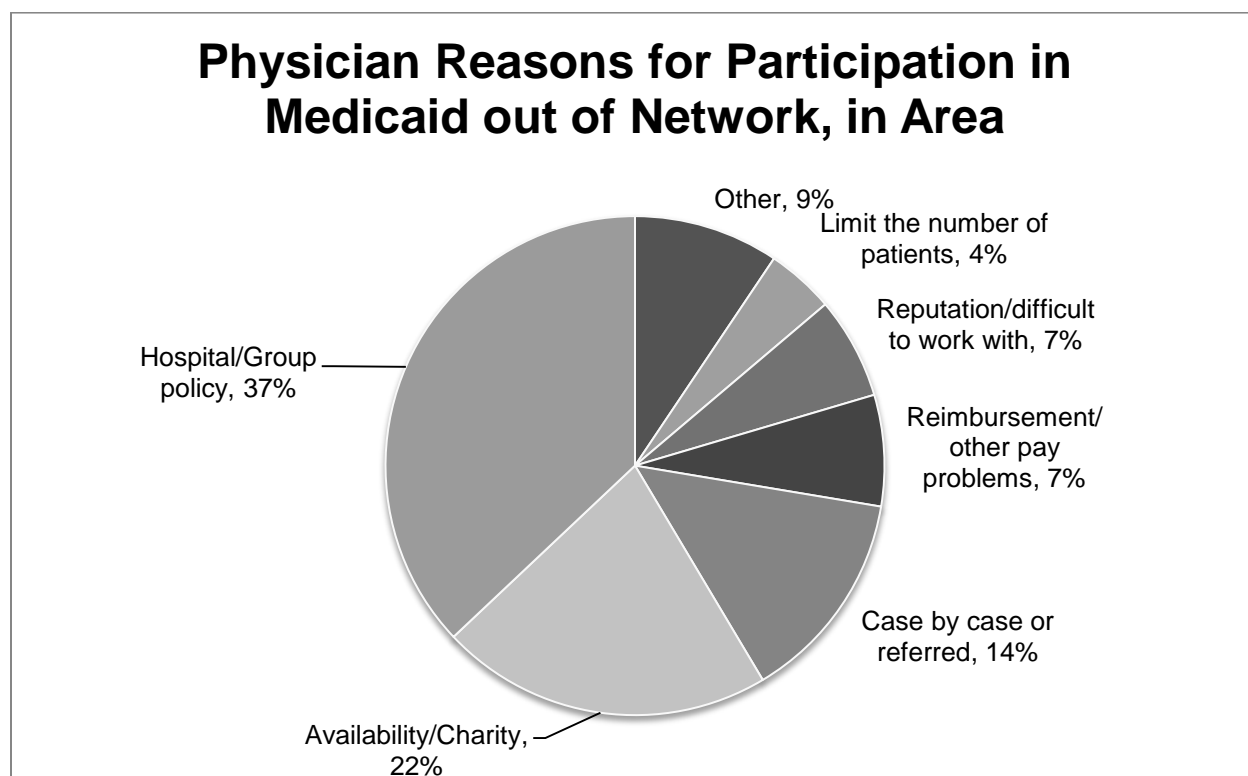
Medicaid HMO Participation (August Q1)

A little more than a quarter of physicians treat Medicaid HMO patients in network (27 percent). Young and established primary care physicians are more likely to treat Medicaid HMO patients in network (43 and 37 percent respectively).



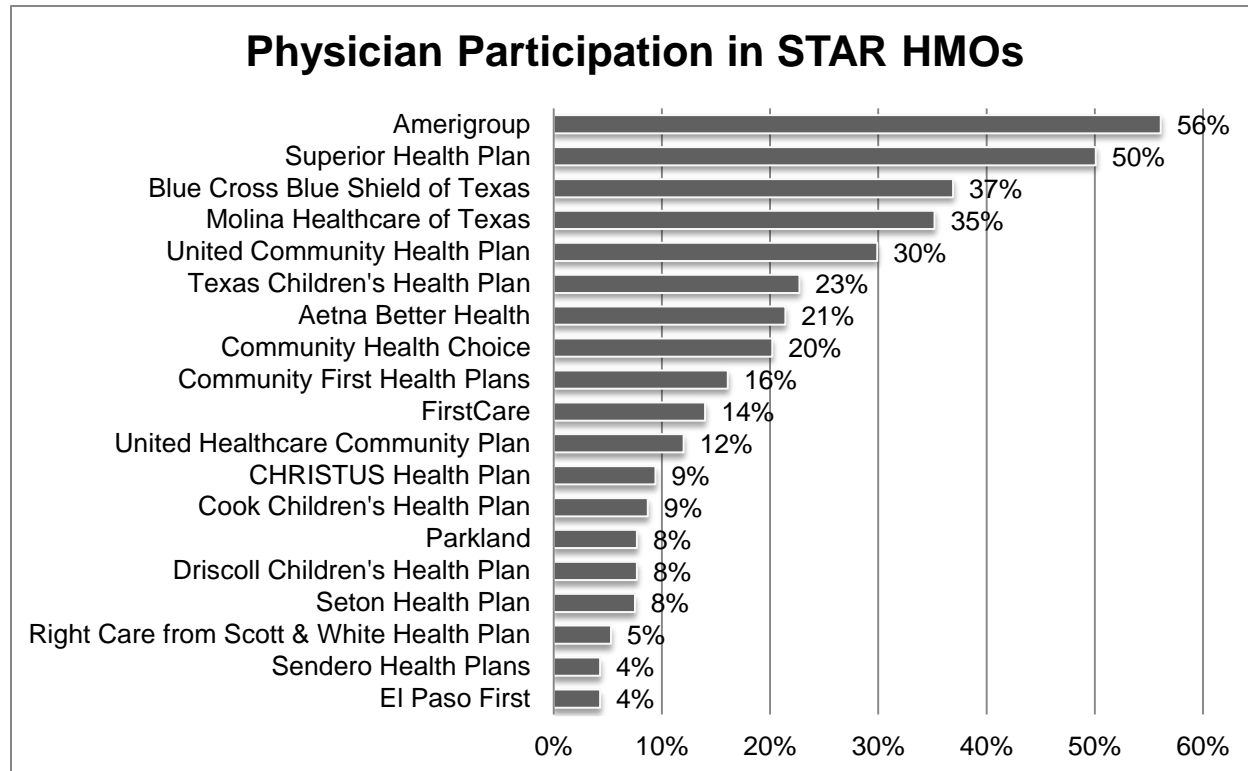
Medicaid HMO out of Network (August Q2)

Physicians who treat patients out of network, in area, were asked why. A large minority of these physicians report it was not their decision (37 percent). The decision was made by the hospital or group in which they practice. Twenty-two percent of physicians report they serve all patients, particularly if there is limited availability in their specialty. Fourteen percent of physicians look at Medicaid patients on an individual basis and often will take only referrals. Seven percent of physicians refer to the poor payment or other payment problems like claim denials and poor reputations of HMOs, and 4 percent of physicians participate in Medicaid out of network as a mechanism to limit the number of Medicaid patients in their practice.



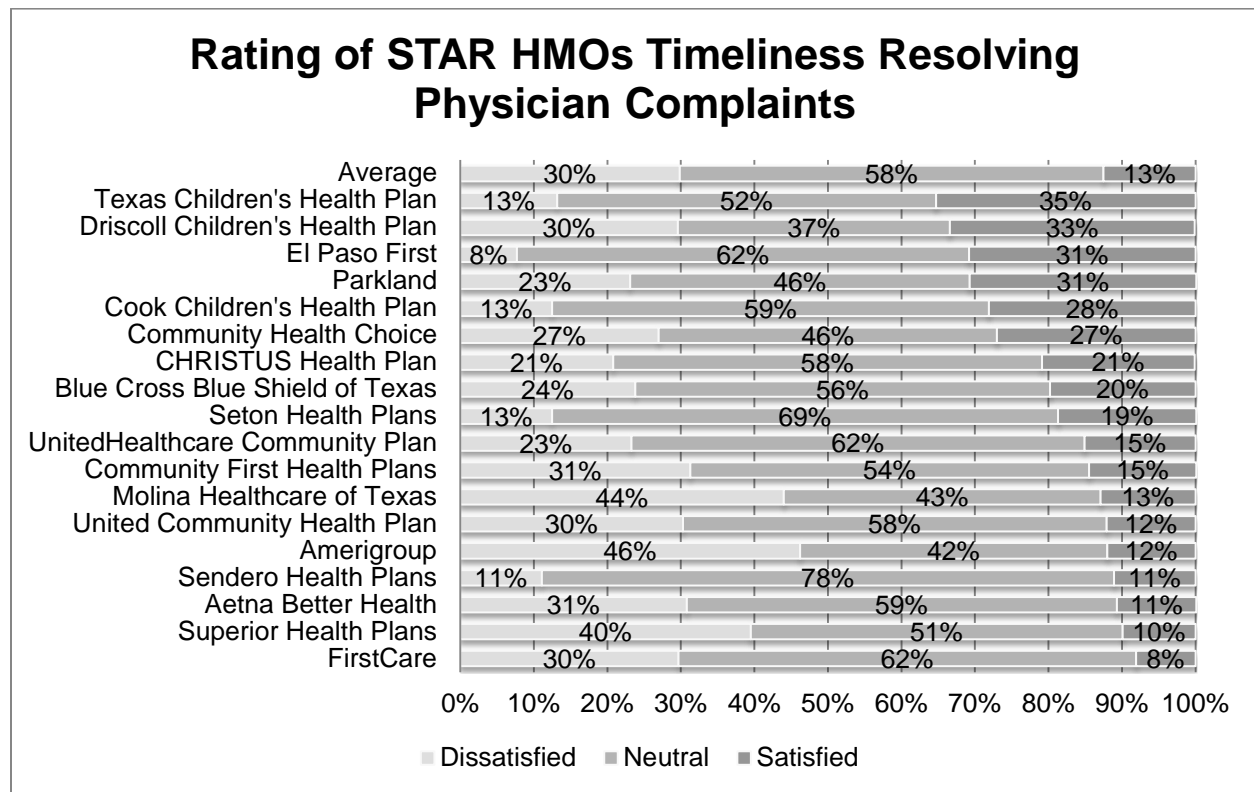
Physician Participation in Medicaid STAR HMOs (August Q3)

Medicaid STAR HMOs primarily cover pregnant women and children. The HMOs with the largest percentage of physician participation are Amerigroup (56 percent) and Superior Health Plan (50 percent).

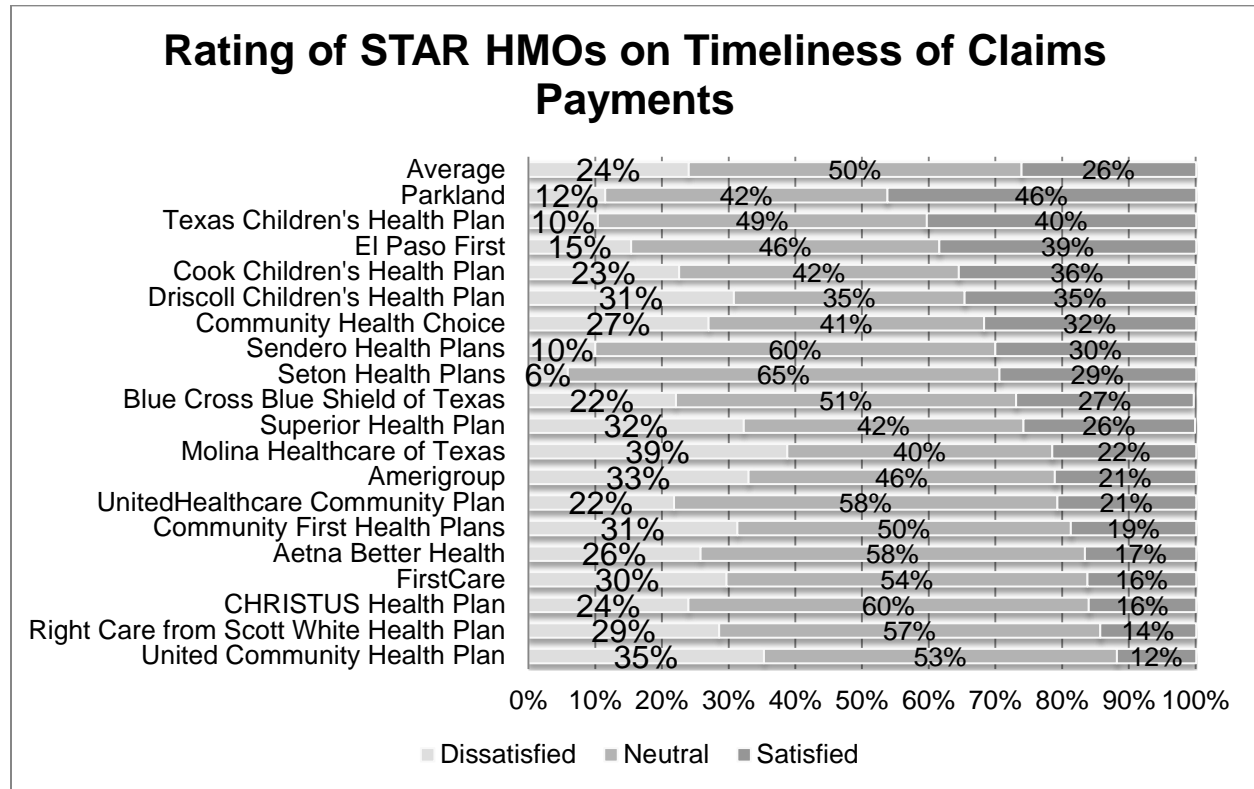


Physician Satisfaction With Medicaid STAR HMOs (August Q4-22)

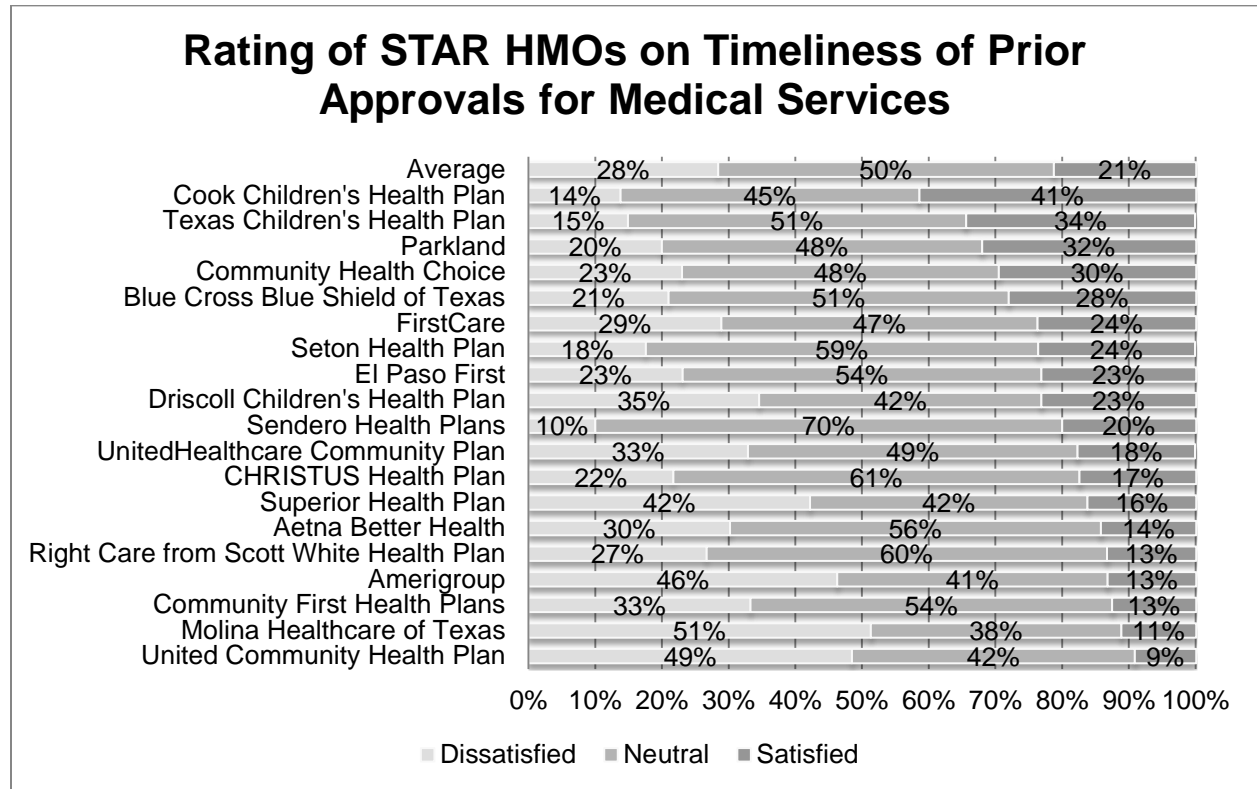
Physicians were asked to rate their satisfaction with each Medicaid STAR HMO they participate in on various dimensions. The majority of physicians rate their satisfaction with STAR HMOs as neutral. A comparison of physician satisfaction with STAR HMOs' timeliness in resolving physician complaints shows physicians are most satisfied with Texas Children's Health Plan (35 percent).



Physicians are most likely to be satisfied with Parkland's timeliness of claims payments (46 percent).

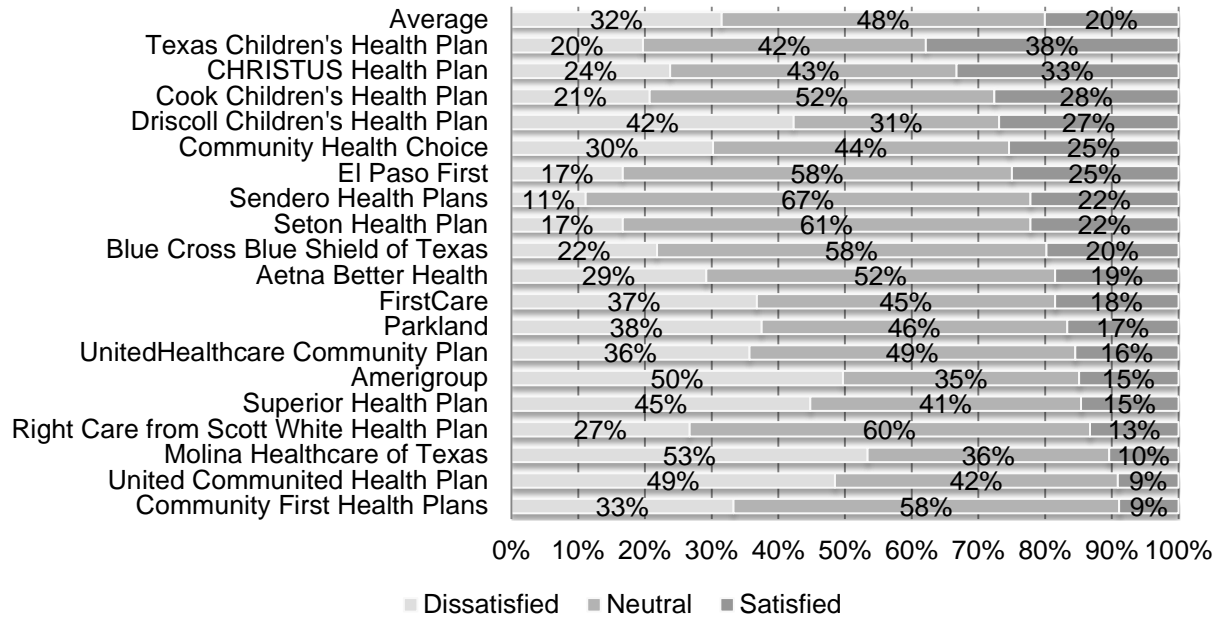


Physicians are most likely to be satisfied with Cook Children’s timeliness of prior approvals for medical services (41 percent).



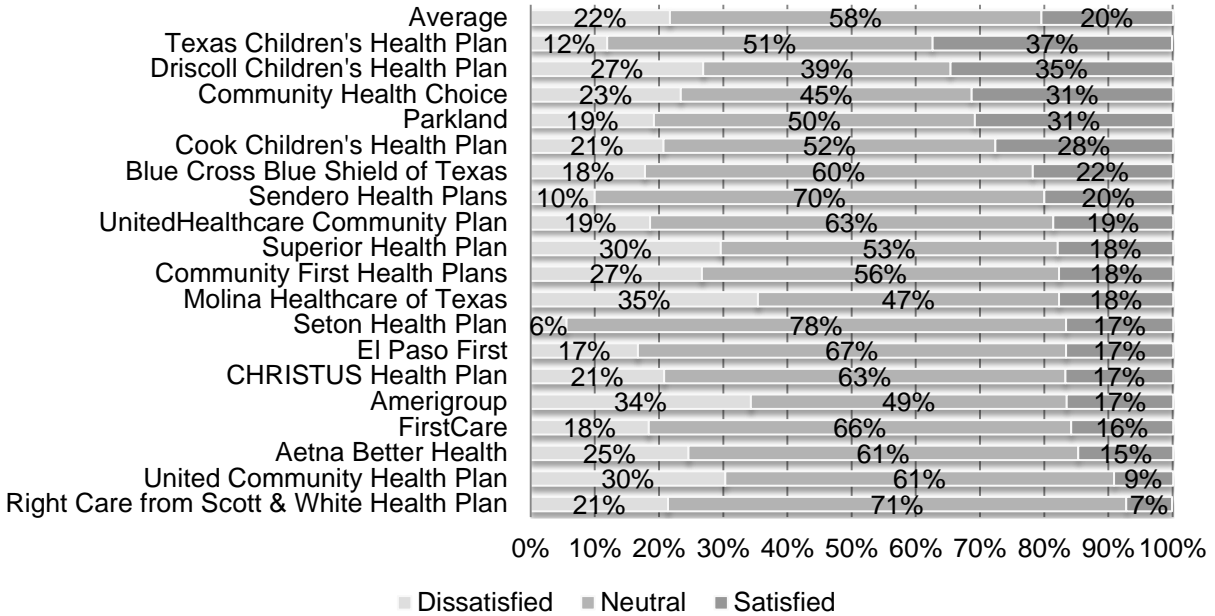
Physicians are most satisfied with Texas Children’s Health Plan’s ease of medical prior-authorization process (38 percent).

Rating of STAR HMOs Ease of Medical Prior-Authorization Process



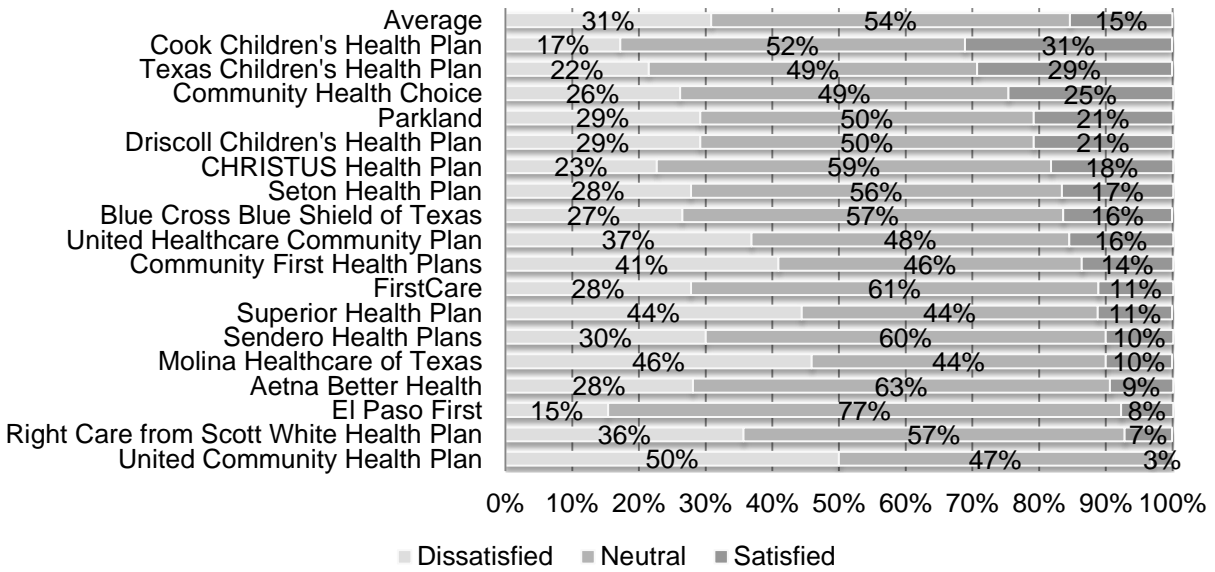
Physicians are most satisfied with Texas Children’s Health Plan’s accuracy of claims processing (37 percent).

Rating of STAR HMOs on Accuracy of Claims Processing



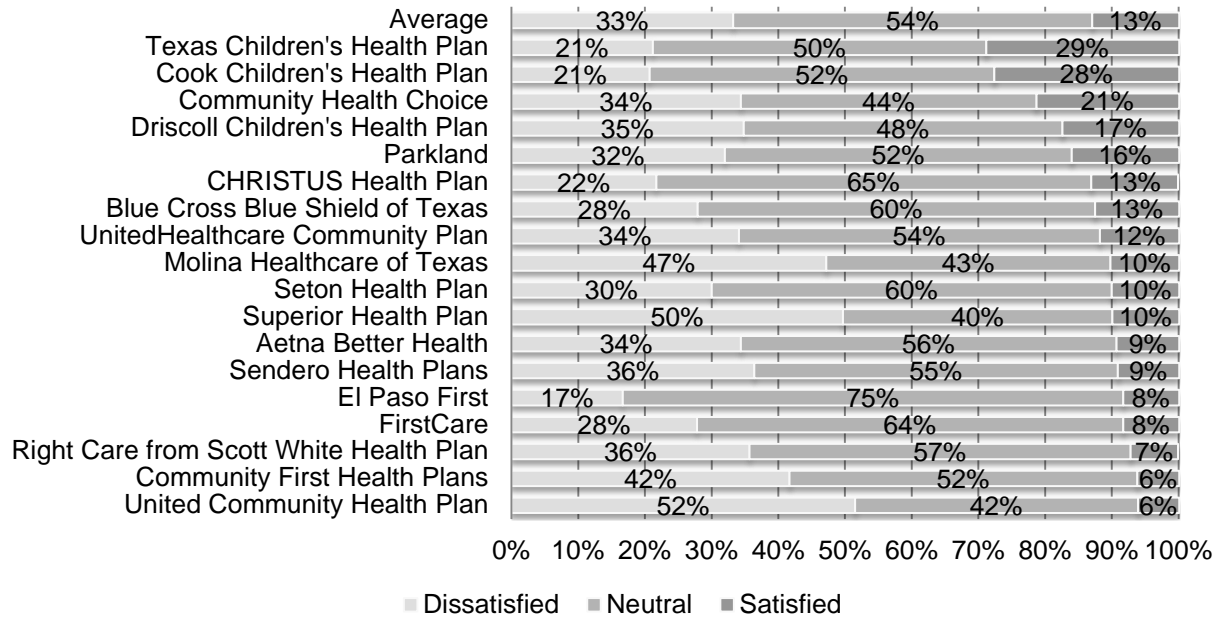
Physicians are most satisfied with Cook Children’s Health Plan when it comes to timeliness of obtaining prior approvals for prescription drugs (31percent).

Rating of STAR HMOs on Timeliness of Obtaining Prior Approvals for Prescription Drugs

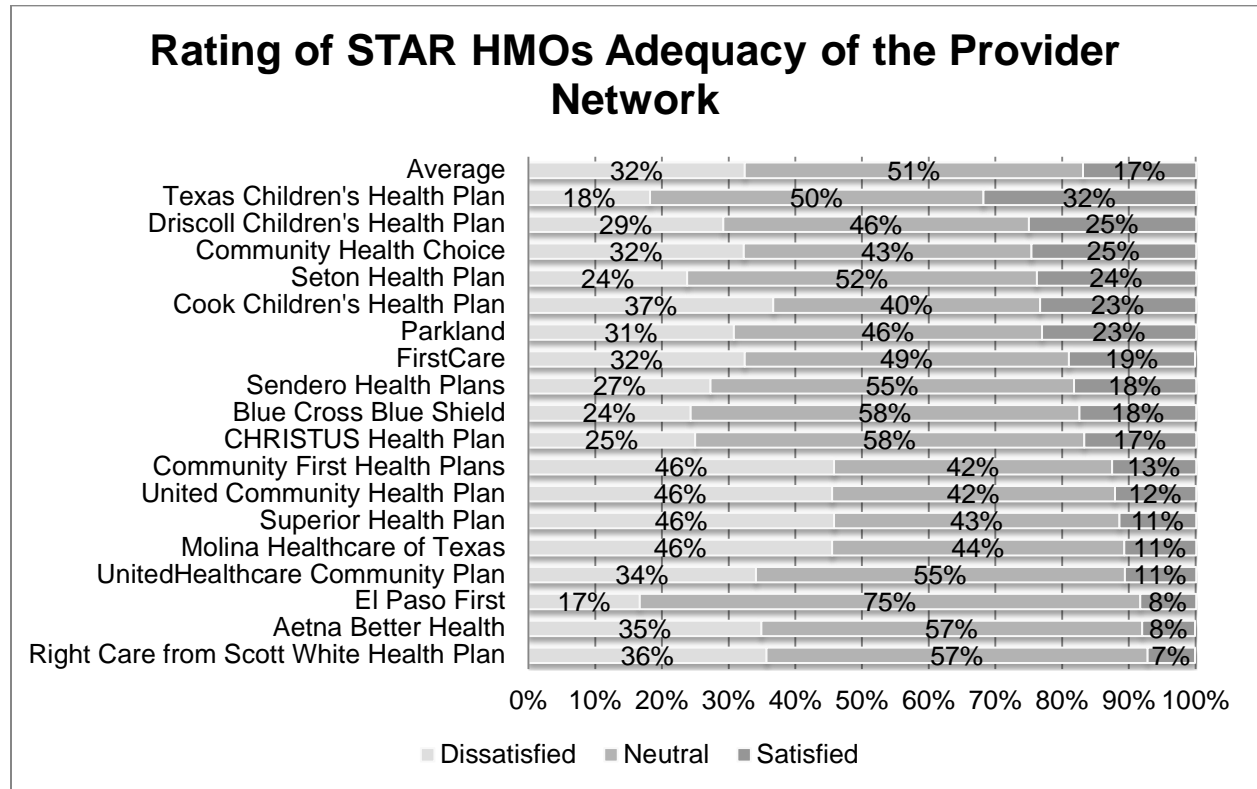


Physicians are most satisfied with Texas Children’s Health Plan when it comes to ease of prescription drugs prior-authorization process (29 percent).

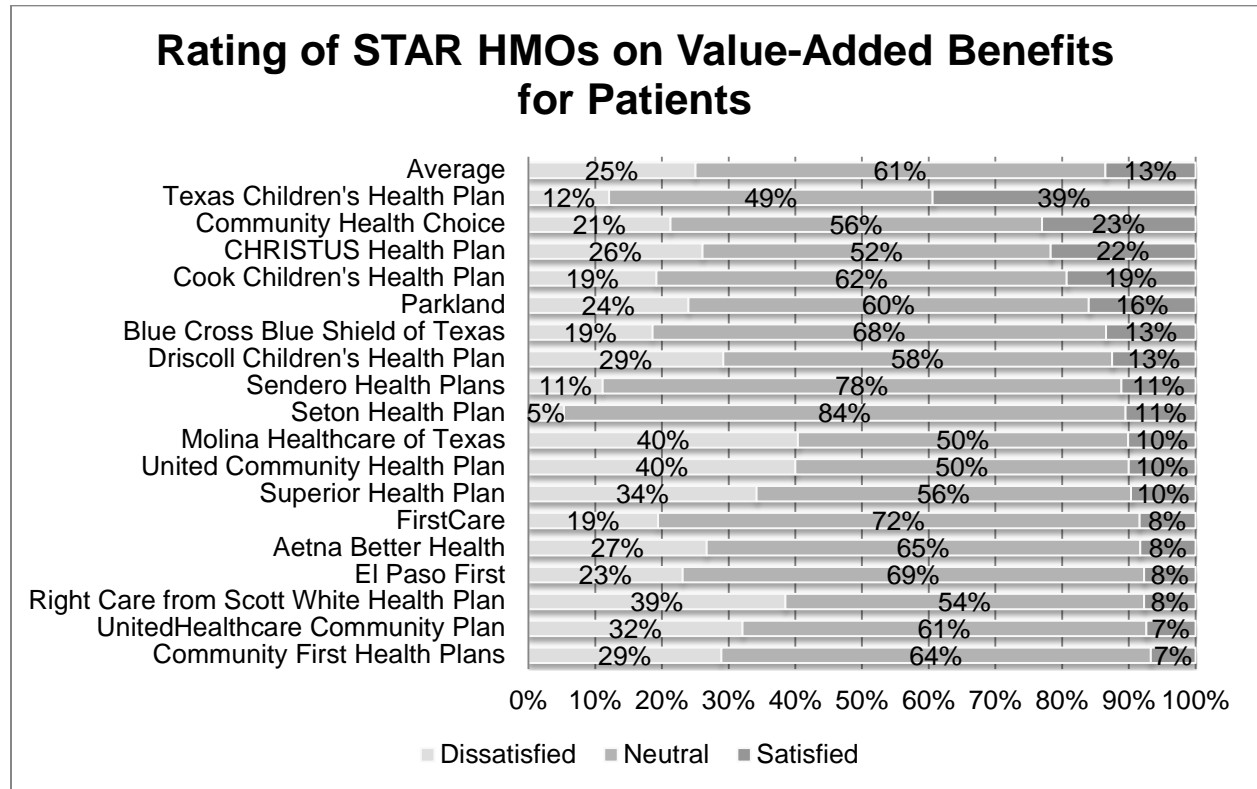
Rating of STAR HMOs on Ease of Prescription Drug Prior-Authorization Process



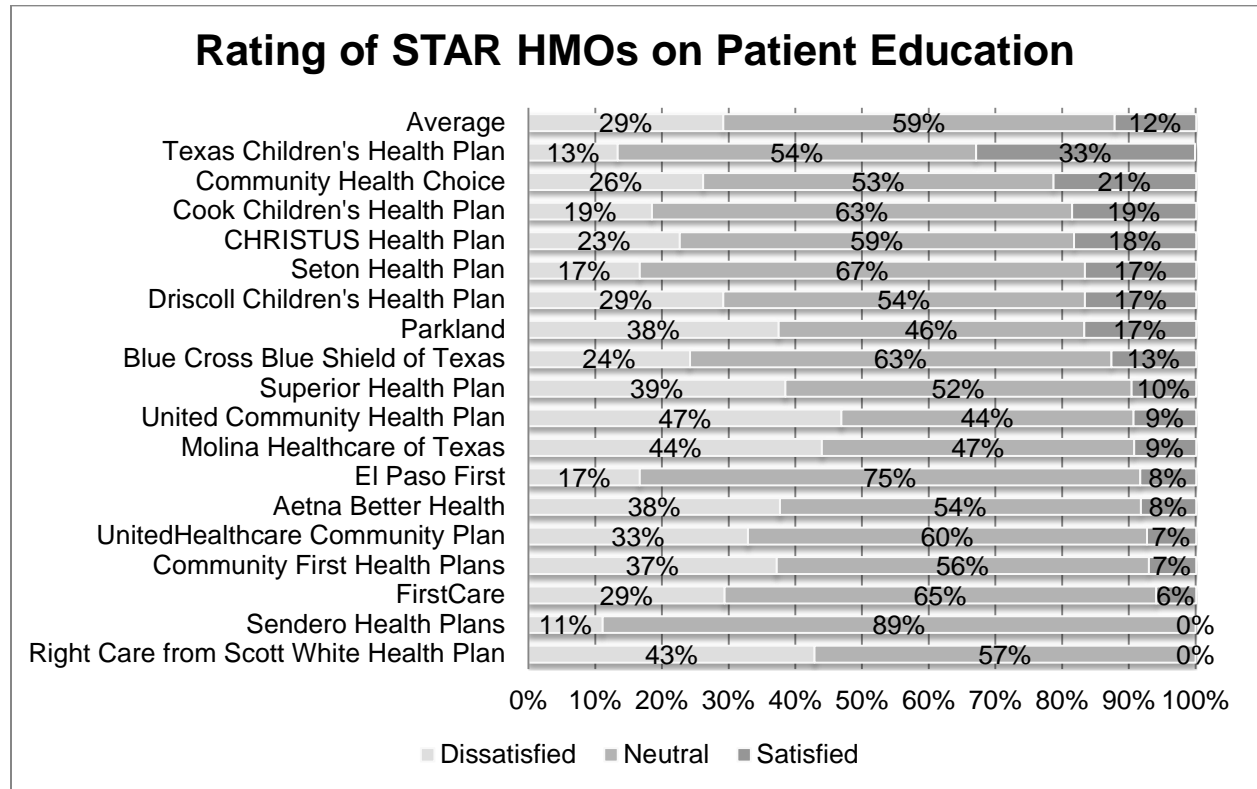
Physicians are most satisfied with Texas Children's Health Plan when it comes to adequacy of the provider network (32 percent).



Physicians are most satisfied with Texas Children’s Health Plan when it comes to value-added benefits for patients (39 percent).

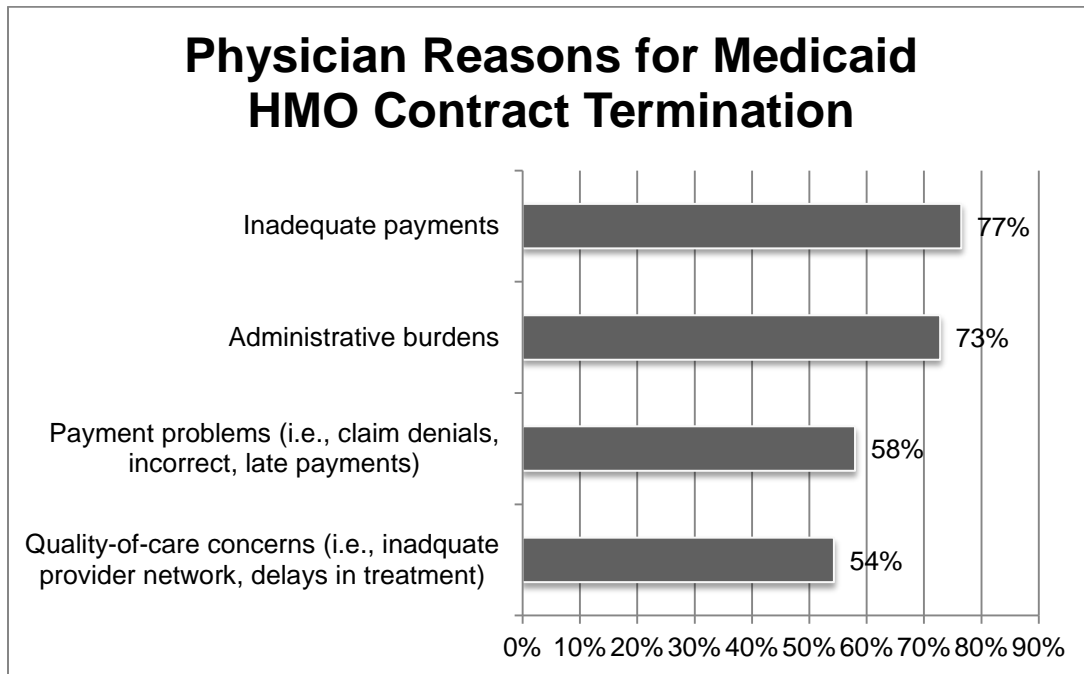


Physicians are most satisfied with Texas Children’s Health Plan when it comes to patient education regarding HMO benefits and services (33 percent).



Physician Intention to Terminate STAR HMO Contracts (August Q23-24)

Among physicians who treat Medicaid STAR HMO patients, 24 percent plan to terminate one or more of their existing contracts due to inadequate payments (77 percent), administrative burdens (75 percent), payment problems (58 percent), and quality-of-care concerns (54 percent).

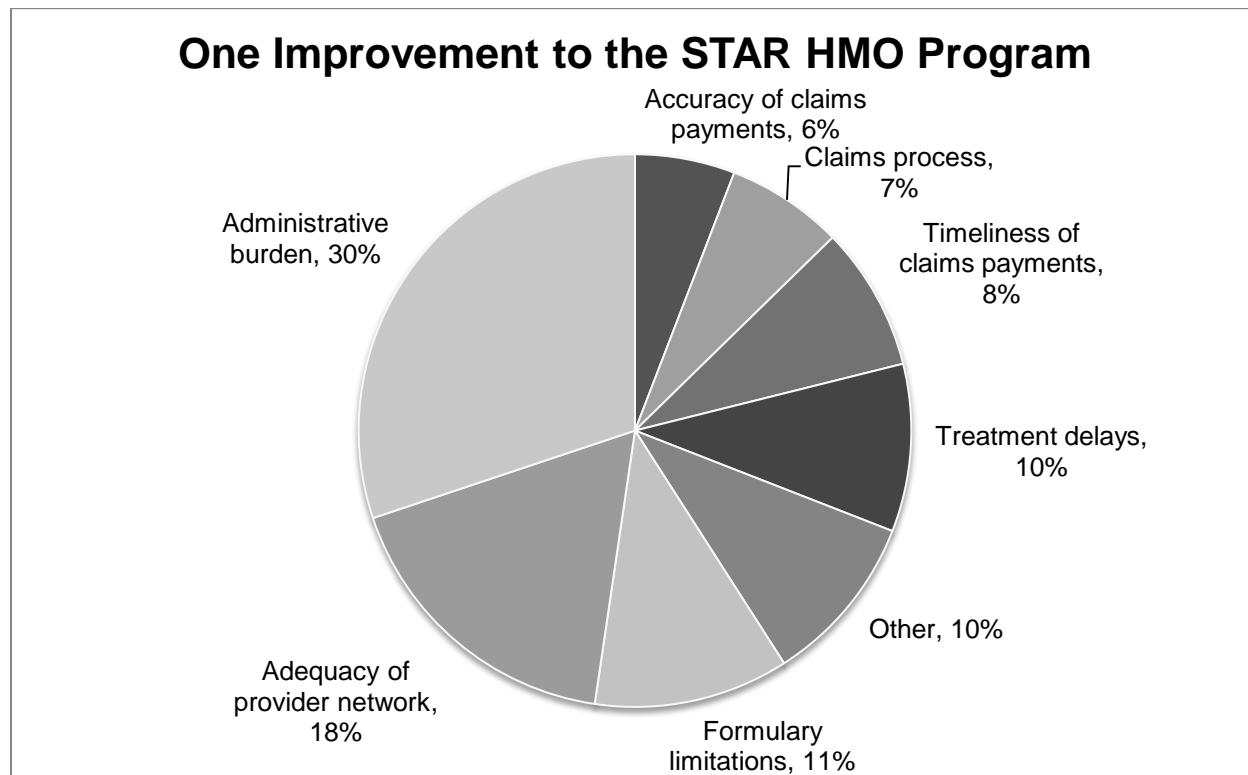


Medicaid STAR HMO Poor Care Quality (August Q25)

Since March 1, 2012, 48 percent of physicians report their practice has experienced specific cases in which the quality of patient care was adversely affected by the operating policies or utilization controls of a Medicaid STAR HMO.

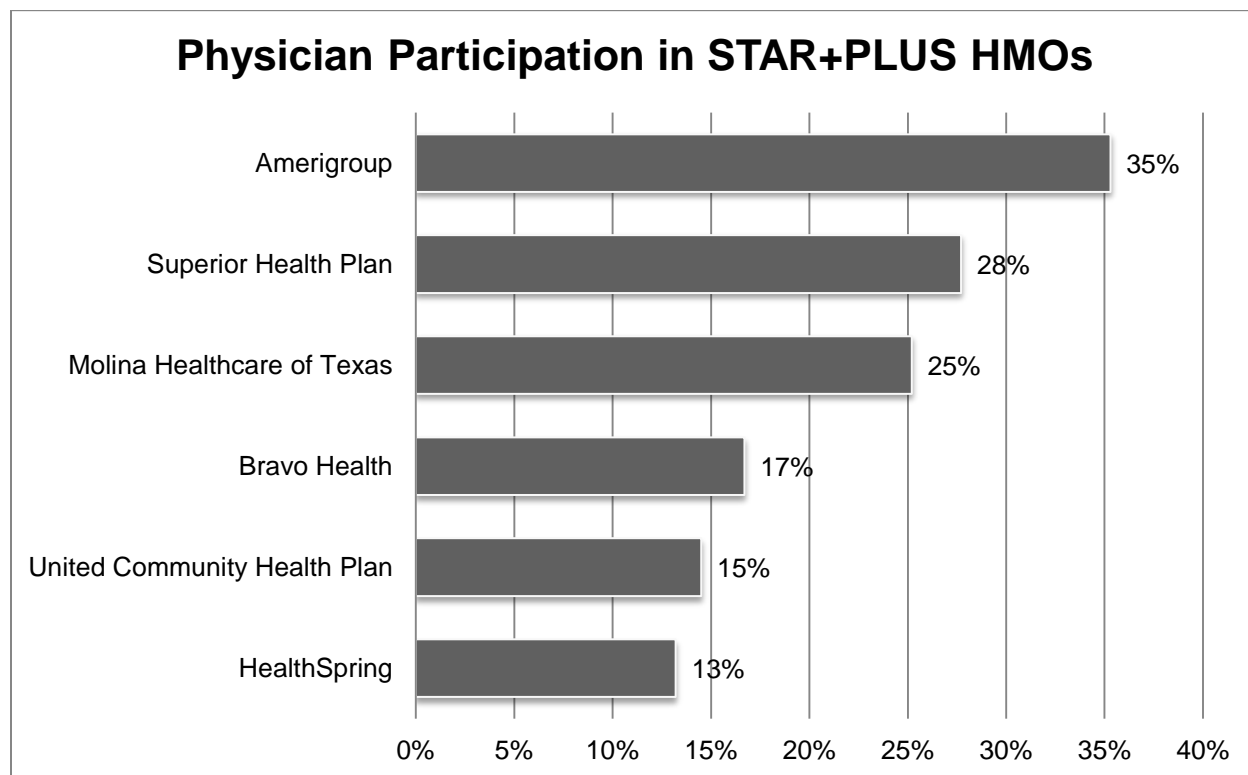
Medicaid STAR HMO Improvement (August Q26)

Besides better payment, 30 percent of physicians report reducing administrative burden is the one improvement they would make to the STAR HMO program.



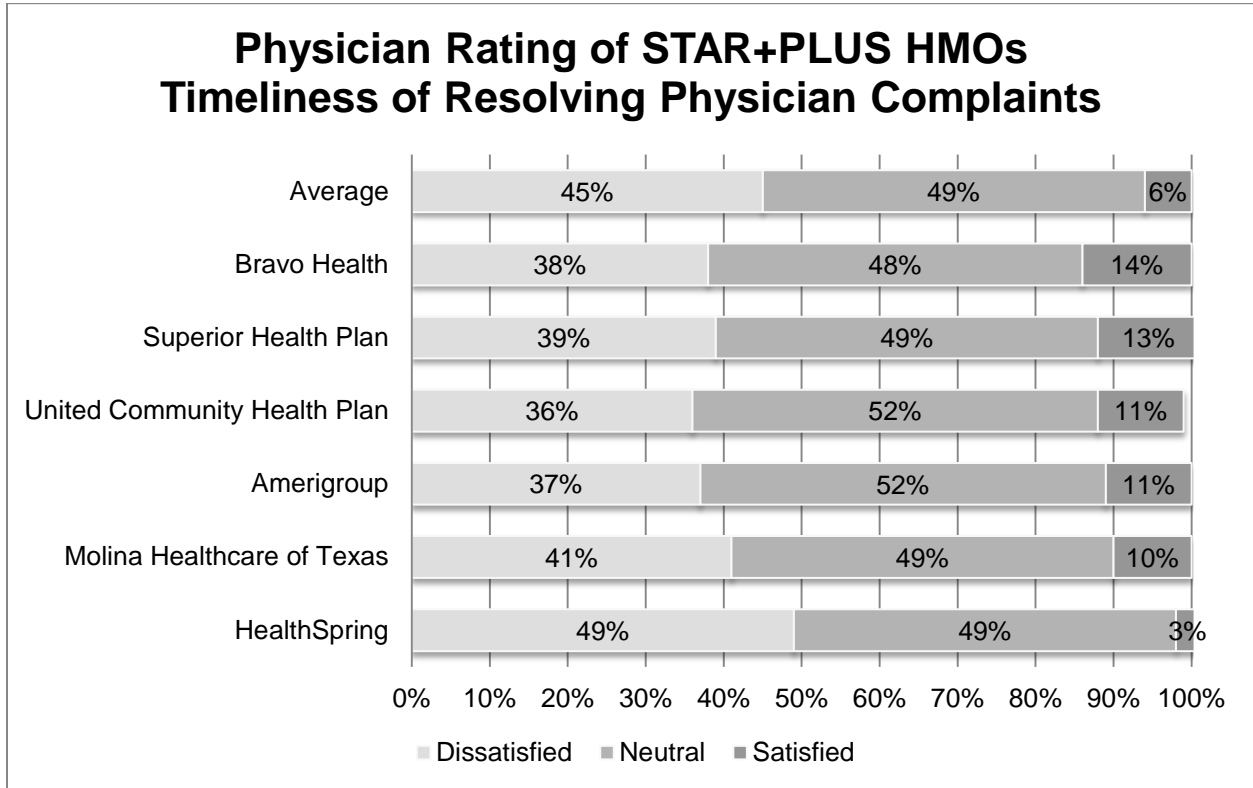
Physician Participation in STAR+PLUS HMOs (August Q27)

The STAR+PLUS HMOs primarily cover adults with disabilities. Physicians are most likely to participate in Amerigroup (35 percent).

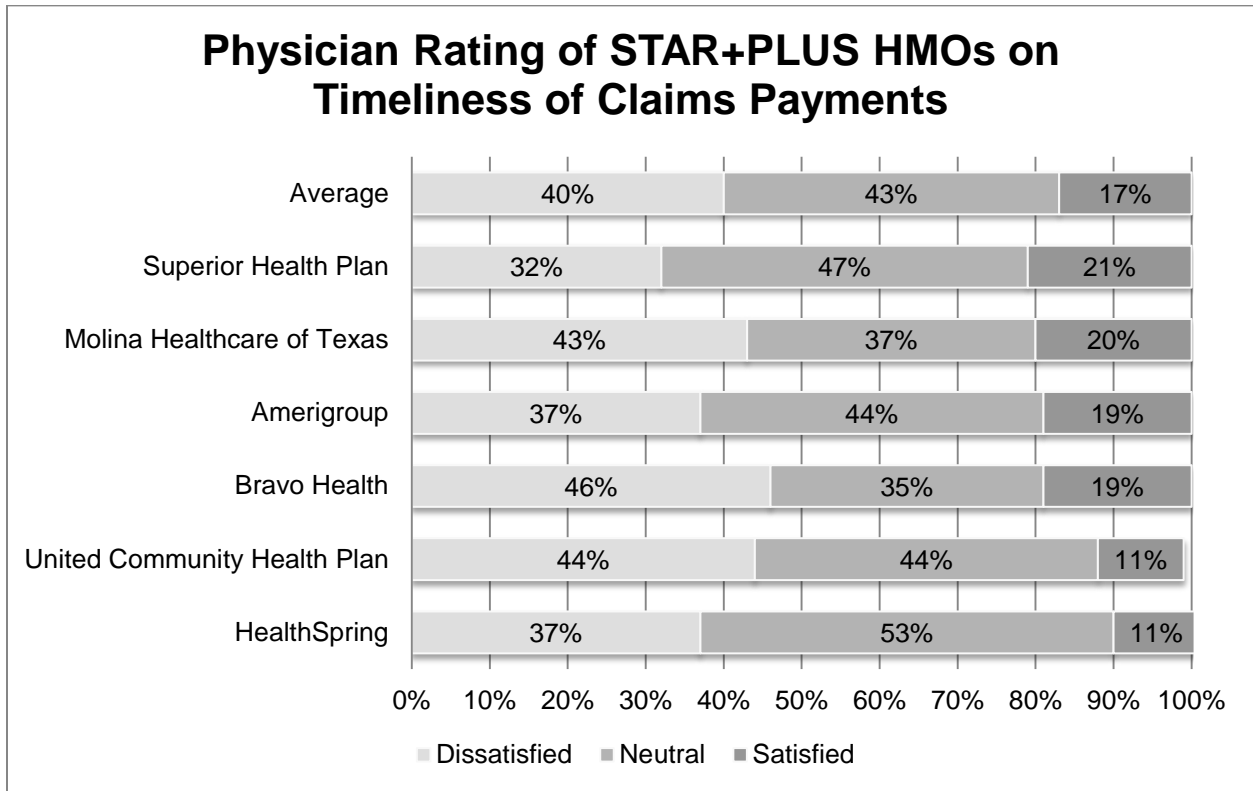


Physician Satisfaction With Medicaid STAR+PLUS HMOs (August Q28-34)

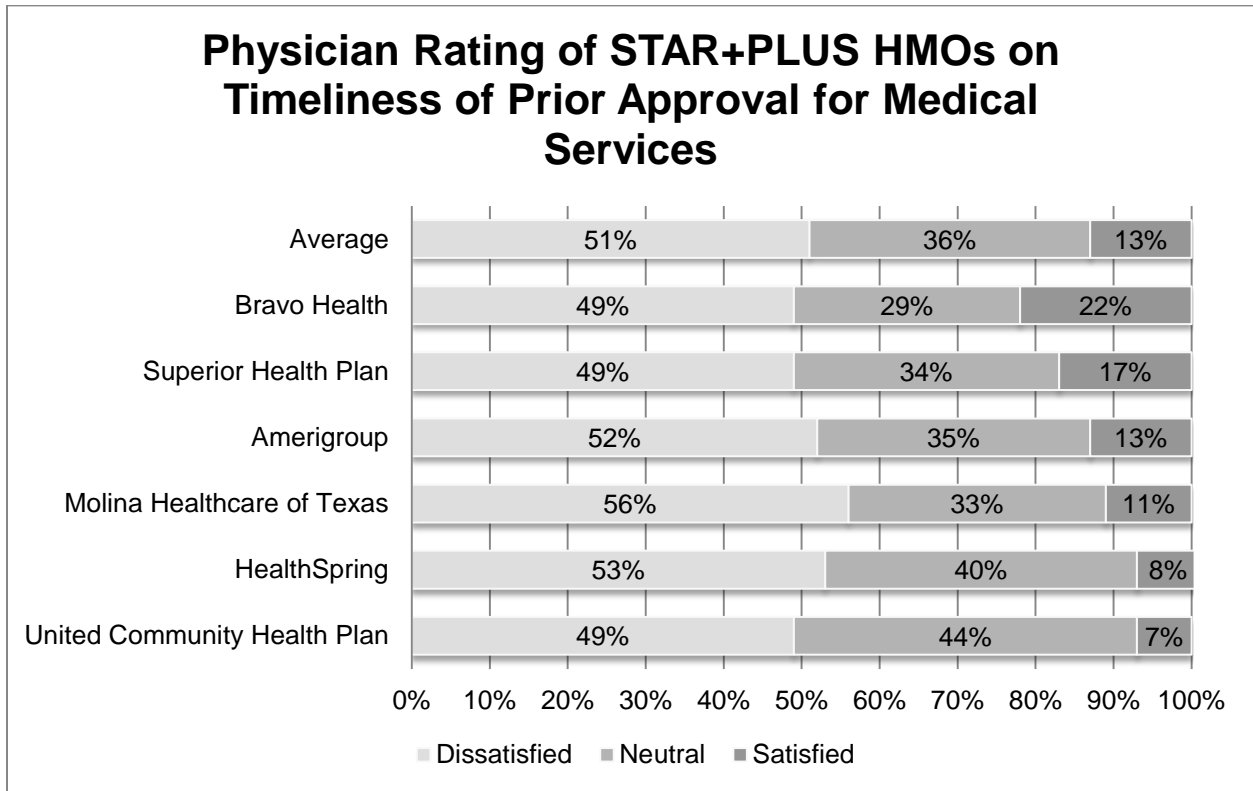
Physicians are most likely to be satisfied with Bravo Health STAR+PLUS HMO for timeliness of resolving physician complaints (14 percent).



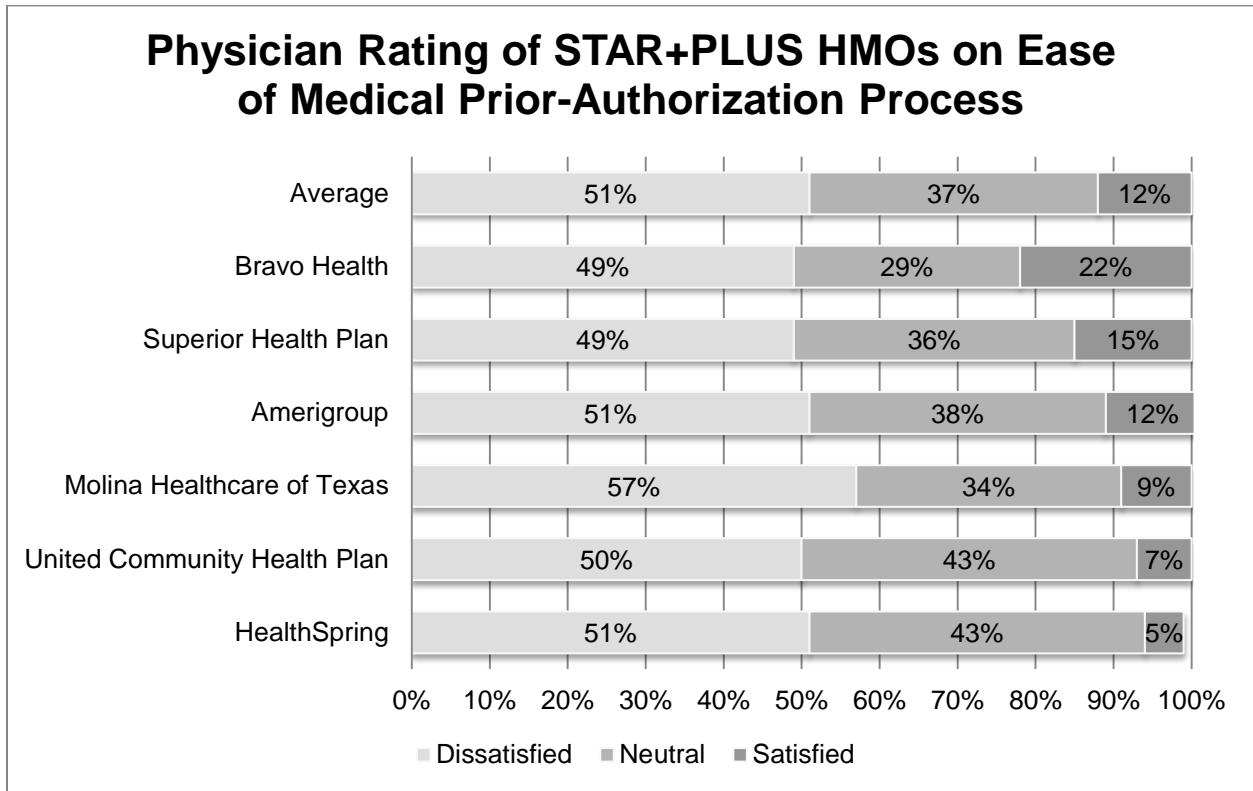
Physicians are most likely to be satisfied with Superior Health Plan for timeliness of claims payments (21 percent).



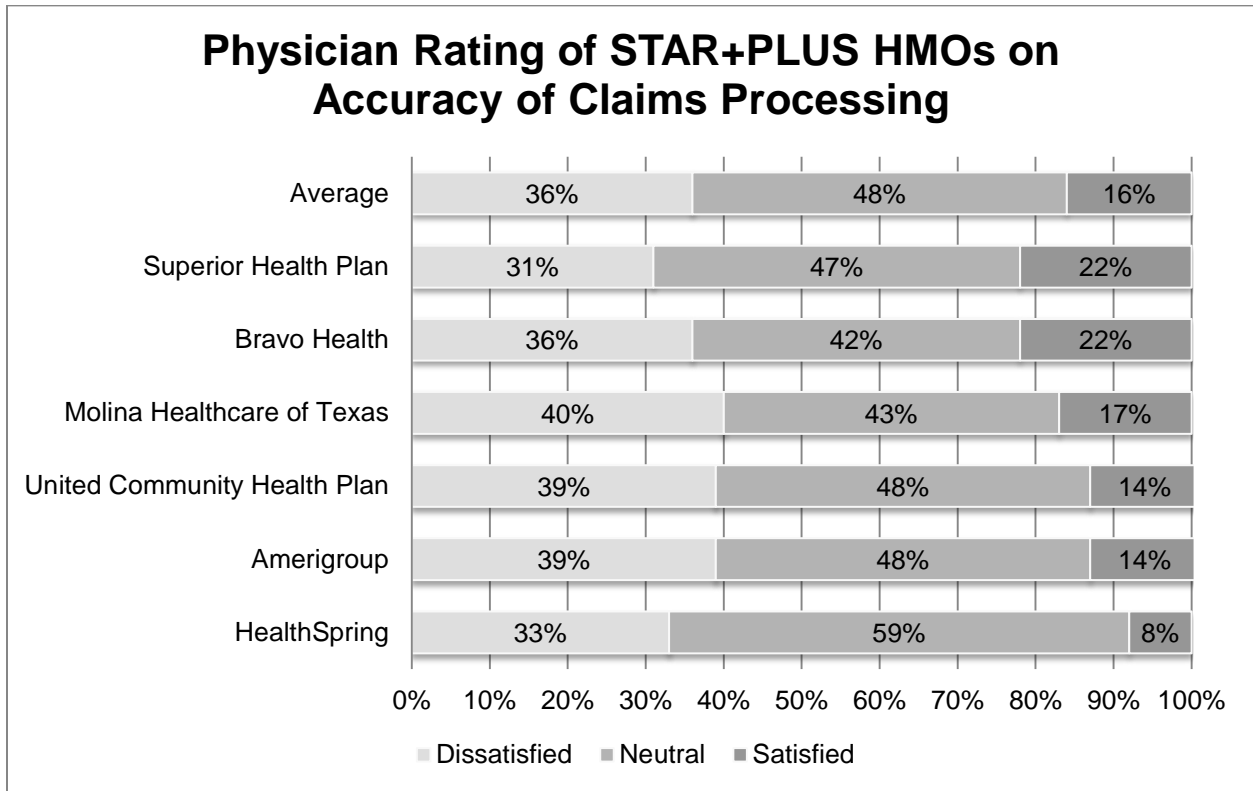
Bravo Health participants also are more likely to be satisfied with the timeliness of prior approvals for medical services (22 percent).



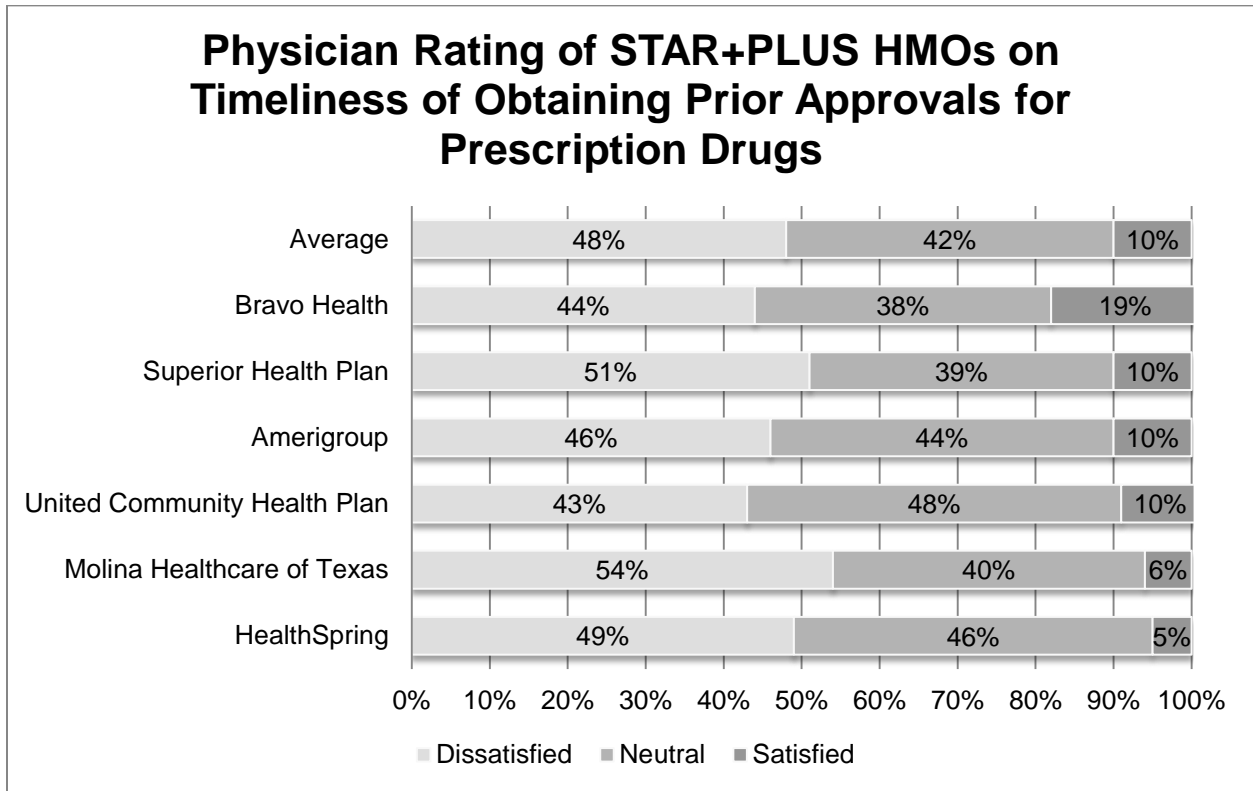
Bravo Health participants are most likely to be satisfied with the ease of medical prior-authorization process (22 percent).



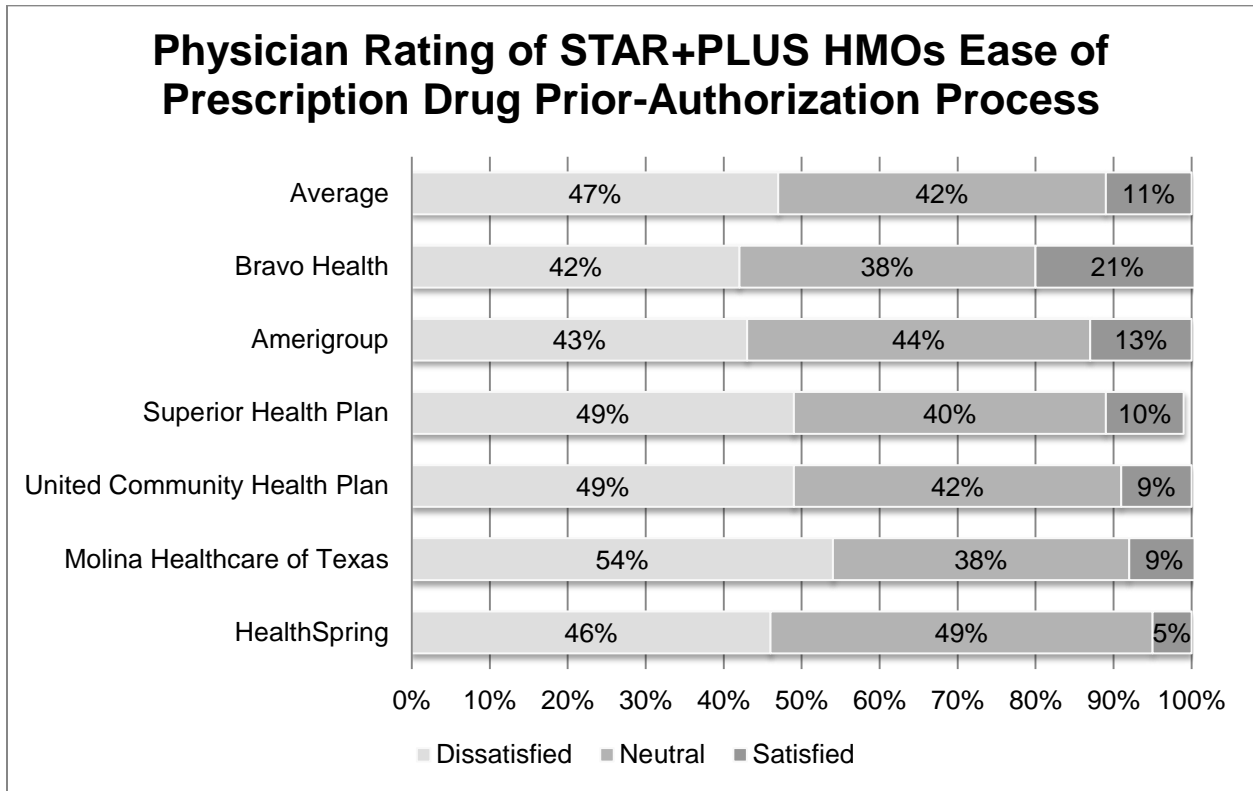
Physicians are most likely to be satisfied with Bravo and Superior for accuracy of claims processing (22 percent).



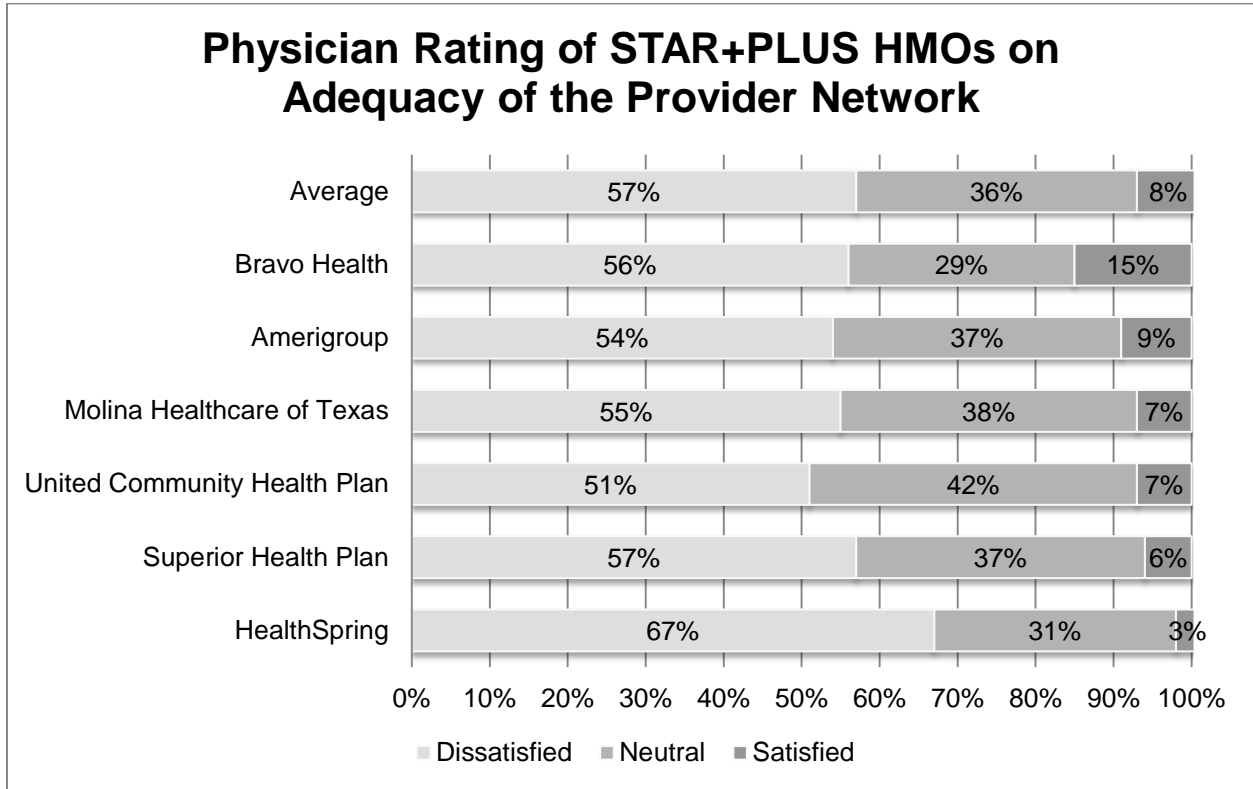
Physicians are most likely to be satisfied with Bravo Health for timeliness of obtaining prior approvals for prescription drugs (19 percent).



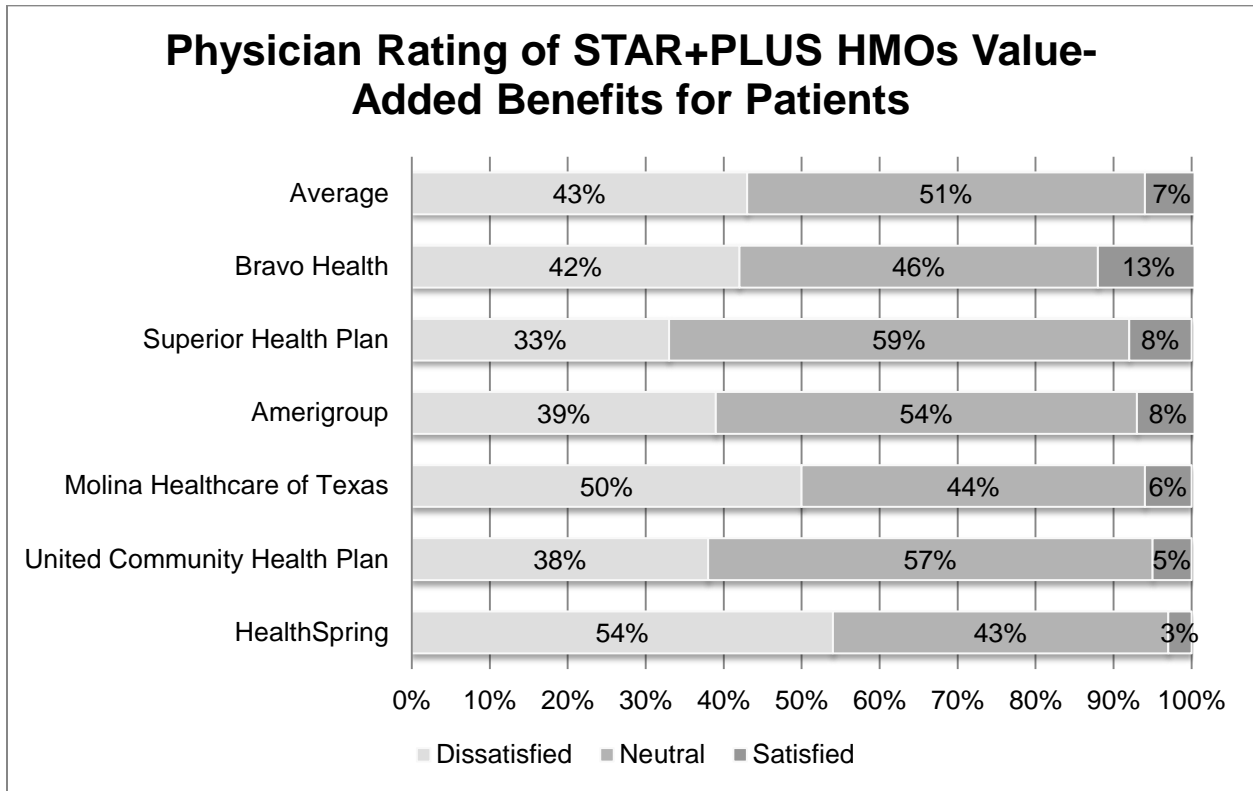
Physicians are most likely to be satisfied with Bravo Health for ease of prescription drug prior-authorization process (21 percent).



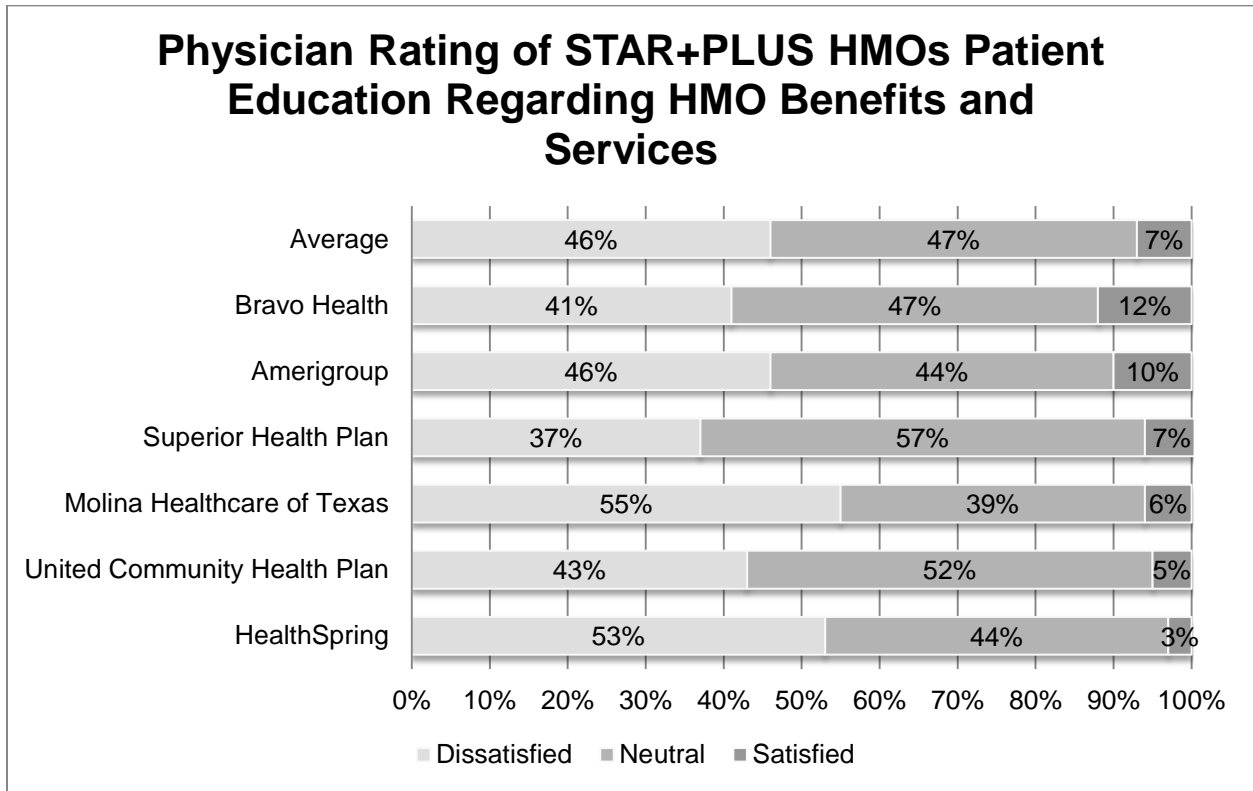
Bravo Health participants are more likely to be satisfied with the provider network (15 percent)



Physicians are most satisfied with Bravo Health’s value-added benefits for patients (13 percent).

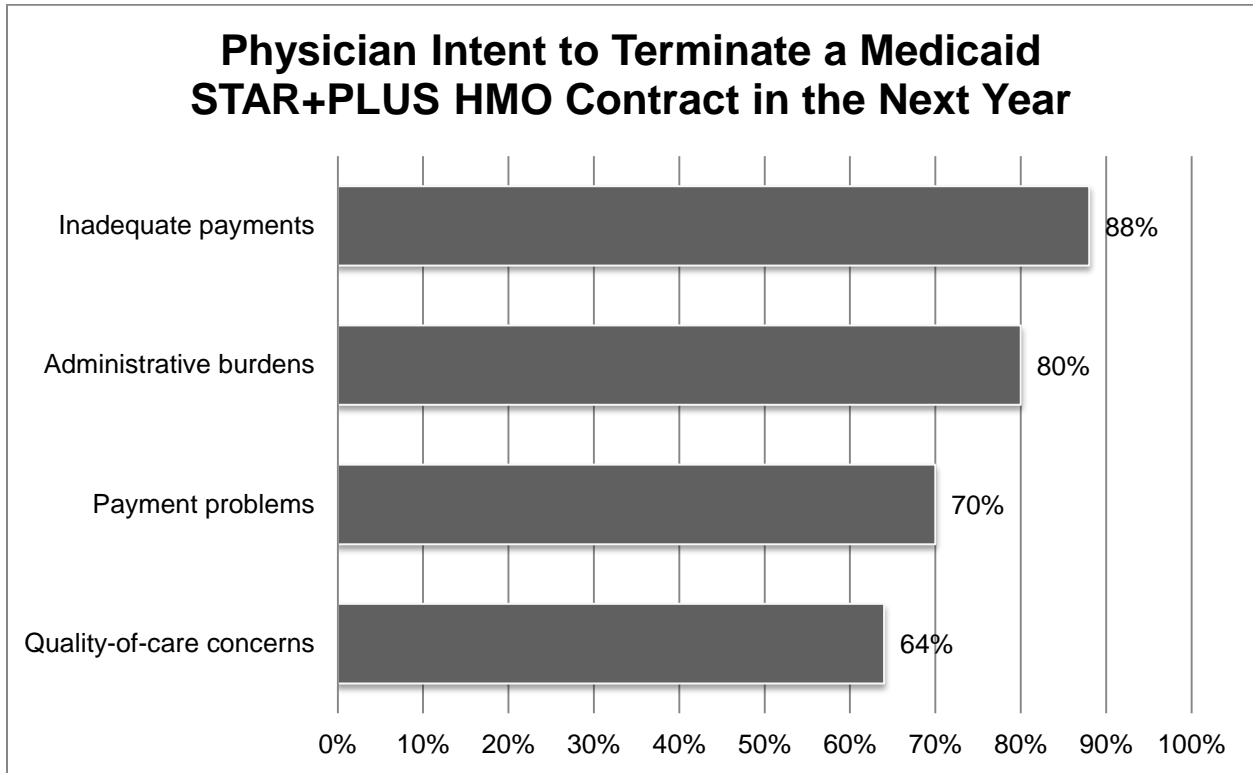


Physicians are most satisfied with Bravo Health’s patient education regarding HMO benefits and services (12 percent).



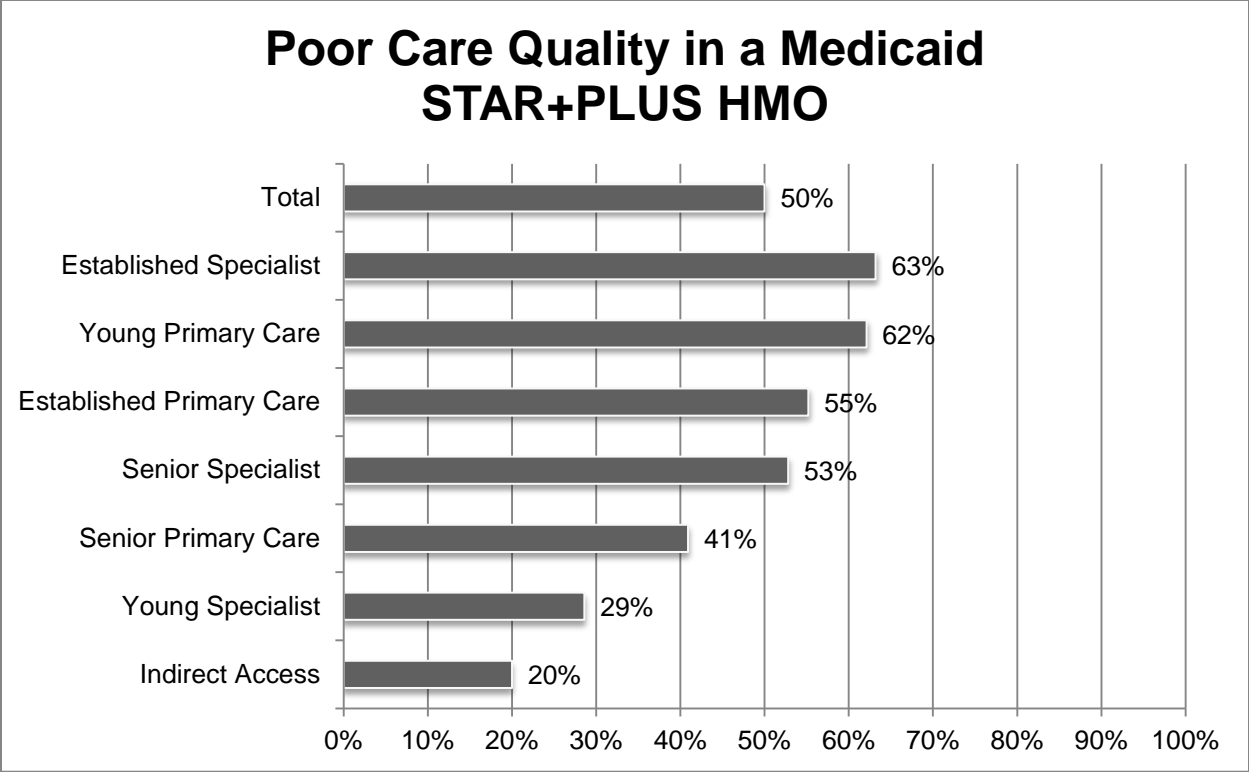
Intent to Terminate STAR+PLUS HMO Contracts (August Q35-Q36)

Among physicians participating in the STAR+PLUS HMOs, 28 percent plan to terminate one or more of their existing contracts in the next year because of inadequate payments (88 percent), administrative burdens (80 percent), payment problems (70 percent), and quality-of-care concerns (64 percent).



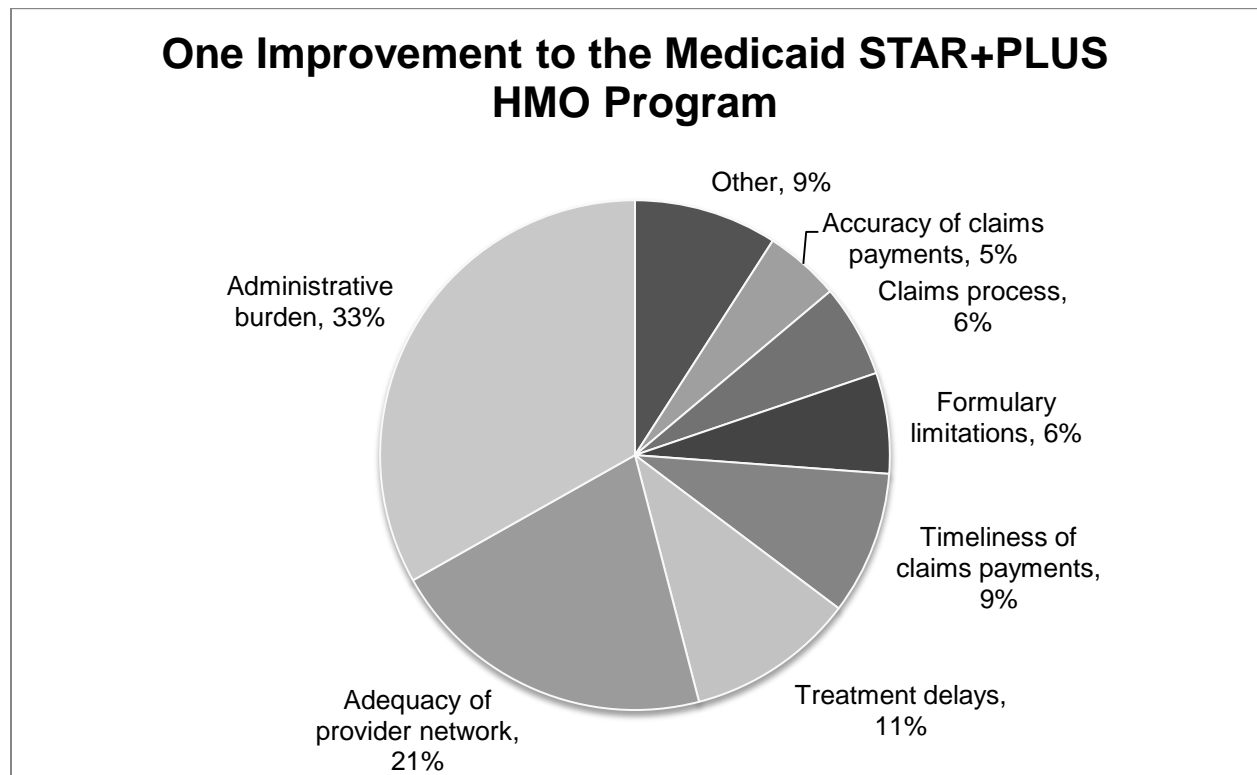
STAR+PLUS HMO Adverse Quality of Care (August Q37)

Since March 1, 2012, half of physicians participating in a STAR+PLUS HMO have experienced specific cases in which the quality of patient care was adversely affected by operating policies or utilization controls.



Medicaid STAR+PLUS HMO Improvement (August Q38)

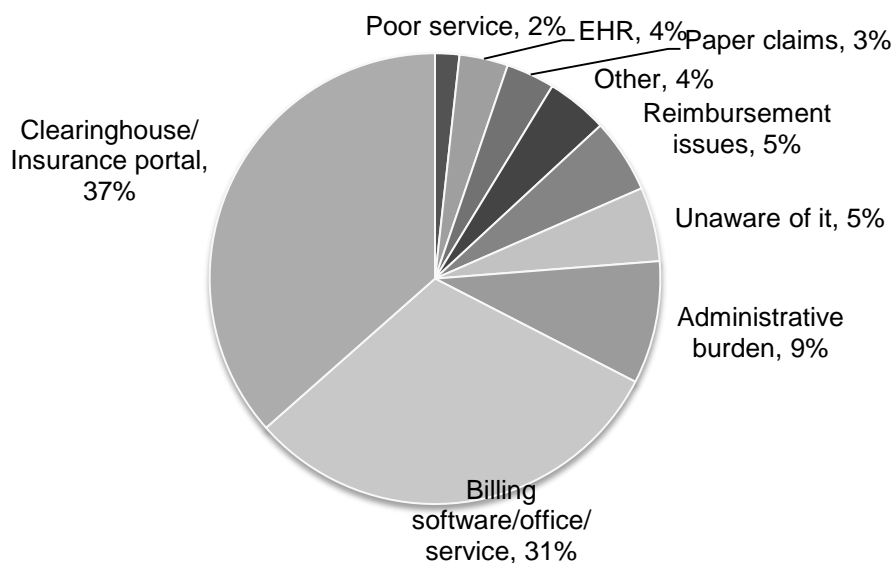
Besides better payment, 33 percent of physicians report reducing administrative burden is the one improvement they would make to the STAR+PLUS HMO program.



Medicaid HMO Portal (August Q39-40)

The majority of physicians sometimes (22 percent) or always (39 percent) submit HMO claims through the single HMO portal administered by Texas Medicaid & Healthcare Partnership (TMHP). Those who do not (39 percent) use the portal use a different clearinghouse for all claims or an insurance portal (37 percent) or rely on their billing office or service to file claims on their behalf (31 percent). Nine percent on nonusers report as their reason administrative burden including: They are not set up to use it; registering is difficult; and patient billing information must be re-entered for each encounter. Five percent were unaware of it. Five percent of physicians experienced delays in payment, increased denials, certain codes not processing correctly, and claims not routed correctly to the proper HMO and never paid due to untimely filing. Four percent report other reasons such as being a cash-only office and not filing claims or using their EHR to file claims. Three percent file paper claims. Two percent report poor service through TMHP.

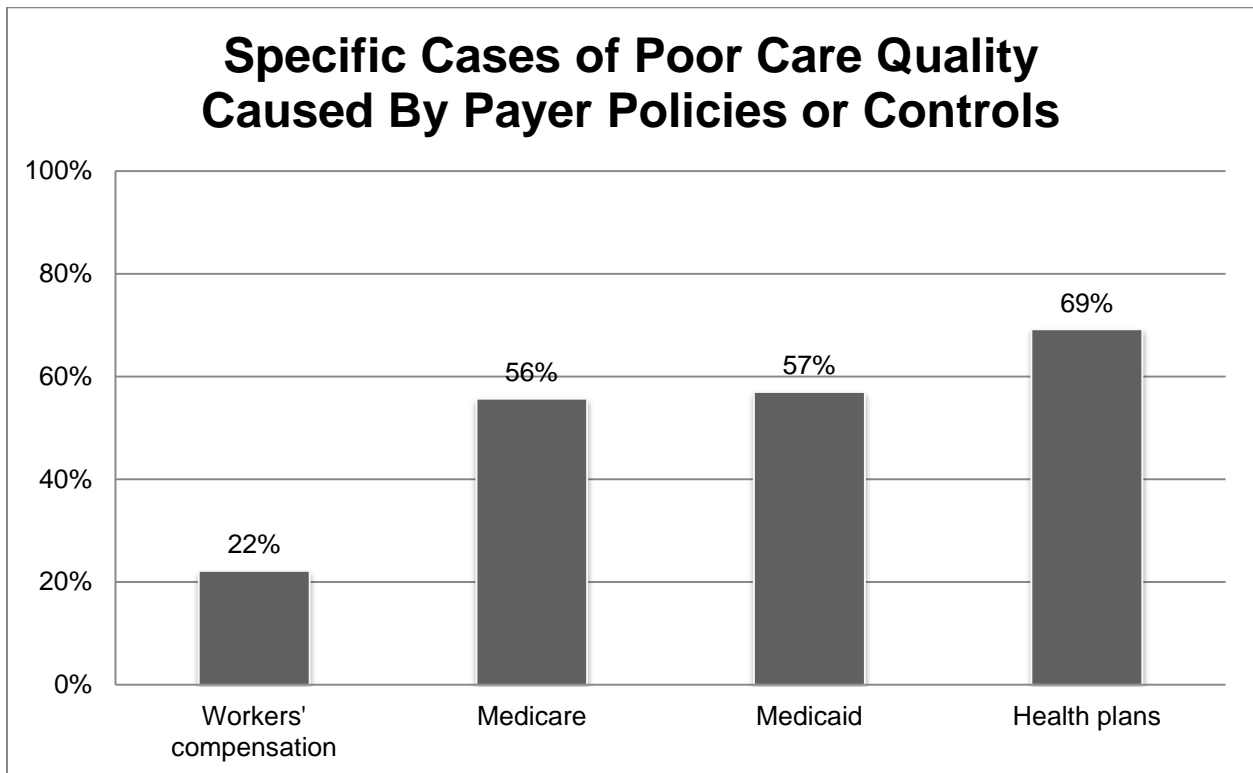
Reasons Why Physicians Do Not Submit Claims Through Single HMO Portal Administered by TMHP



Care Quality Impact — Payers

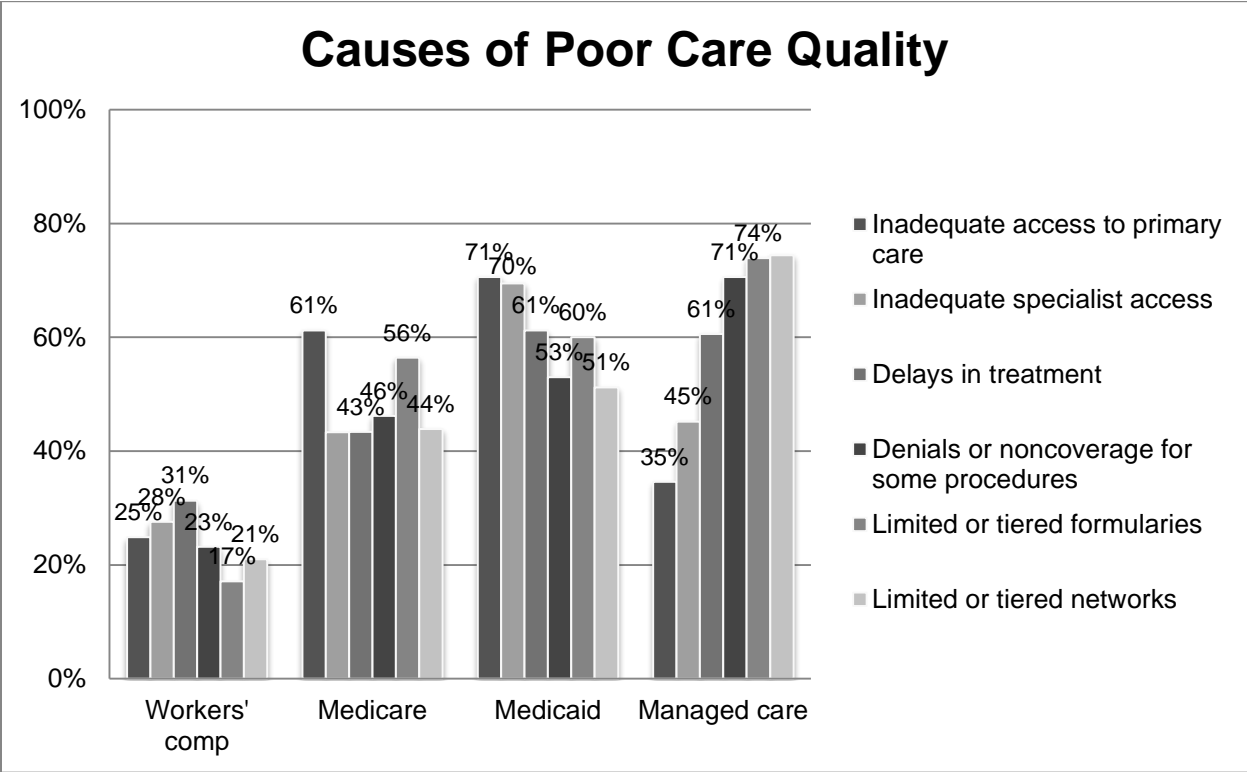
Poor Care Quality Due to Third-Party Payer Practices (October Q1)

Respondents were asked to report whether they had seen specific cases in which the quality of patient care was adversely affected by the policies of a managed care plan or government program. A majority indicate in the past year there has been at least one instance in their practice in which patient care quality was adversely impacted by health plan (69 percent), Medicaid (57 percent), or Medicare (56 percent) policies and procedures.



Cause of Adverse Impact by Third-Party Payers (October Q2)

Physicians who saw care quality problems were asked to report the reason or reasons for the adverse impact. The most frequently identified cause varied by payer.



Managed care: Respondents who witnessed quality problems in health plans report that problems had been caused by limited networks and formulary limitations (74 percent).

Medicaid: Quality problems in Medicaid are most frequently attributed to inadequate access to primary care and specialists (71 and 70 percent respectively).

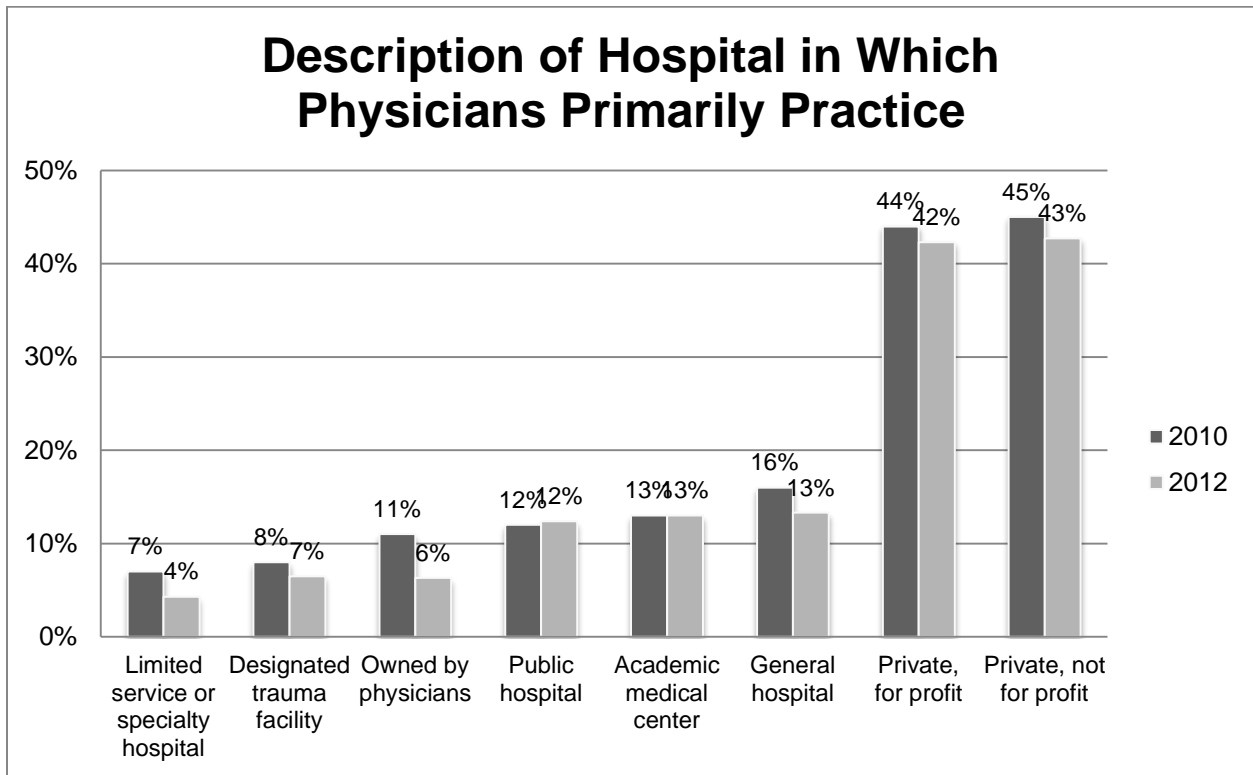
Medicare: Medicare quality problems are most frequently attributed to inadequate access to primary care (61 percent) and limited or tiered formularies (56 percent).

Workers' compensation: Among physicians who have seen specific cases of care quality problems in workers' compensation, treatment delays were the most frequently listed reason (31 percent).

Physicians and Hospitals

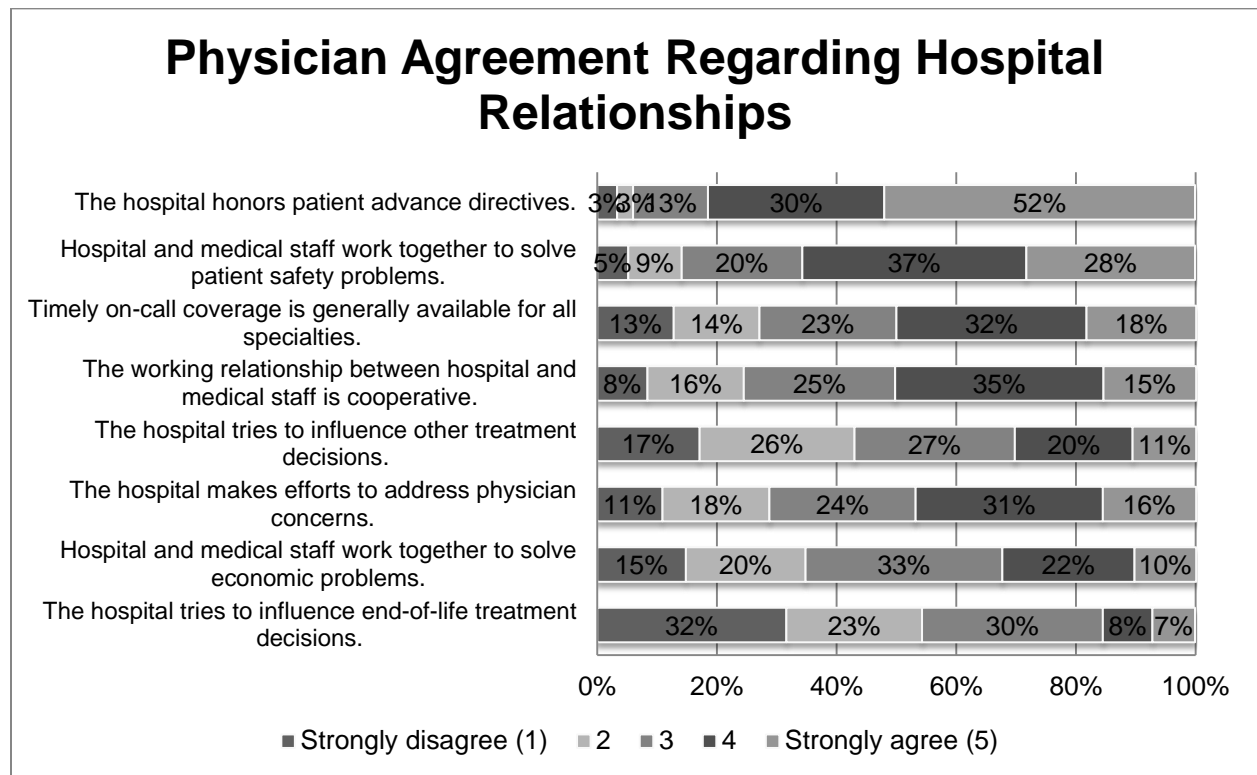
Hospital Practice (October Q3-6)

Eighty-two percent of respondents have practice privileges in a hospital (down from 90 percent in 2010). Among physicians with practice privileges at a hospital, the hospital in which they primarily practice is private, not for profit (43 percent) or private, for profit (42 percent).



Thirteen percent are employed by the hospital or nonprofit health care corporation in which they primarily practice.

Physicians agree the hospital in which they primarily practice honors patient advance directives (82 percent), and hospital and medical staff work together to solve patient safety problems (65 percent).



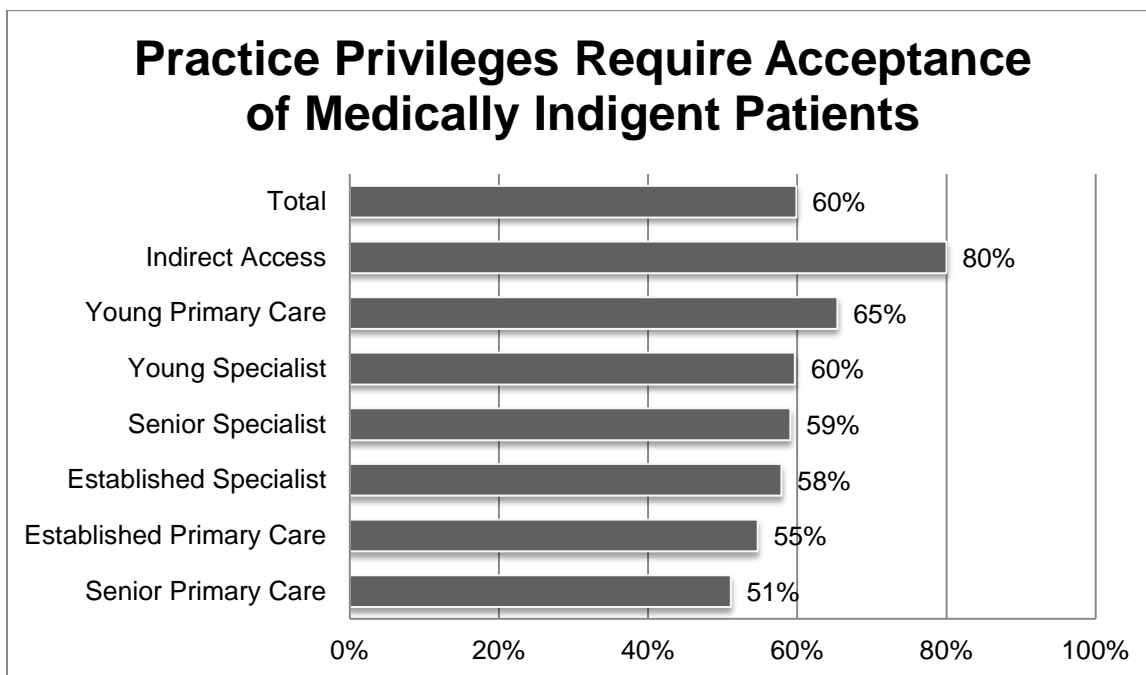
Poor Care Quality Due to Hospital or Facility Practices (October Q7-8)

Thirty-two percent of physicians witnessed specific cases in their practice in which the quality of patient care was adversely affected by the policies or operations of a hospital or surgical facility. Physicians who have seen damage to care quality are most likely to report inadequate facility staffing (67 percent), delays implementing physician orders (58 percent), inconsistent facility staffing (56 percent), and/or errors implementing physician orders (55 percent).

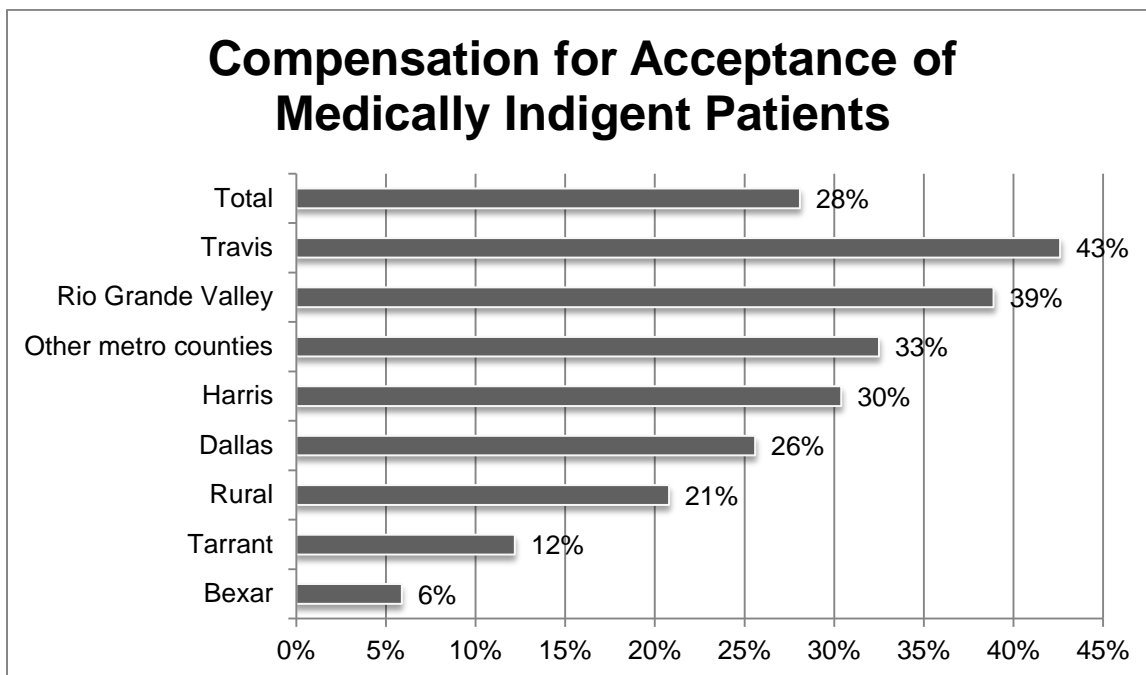


Hospitals and Call Coverage (October Q9-10)

Among physicians with practice privileges at a hospital, 60 percent are required to accept patients without a physician who report to the emergency department.

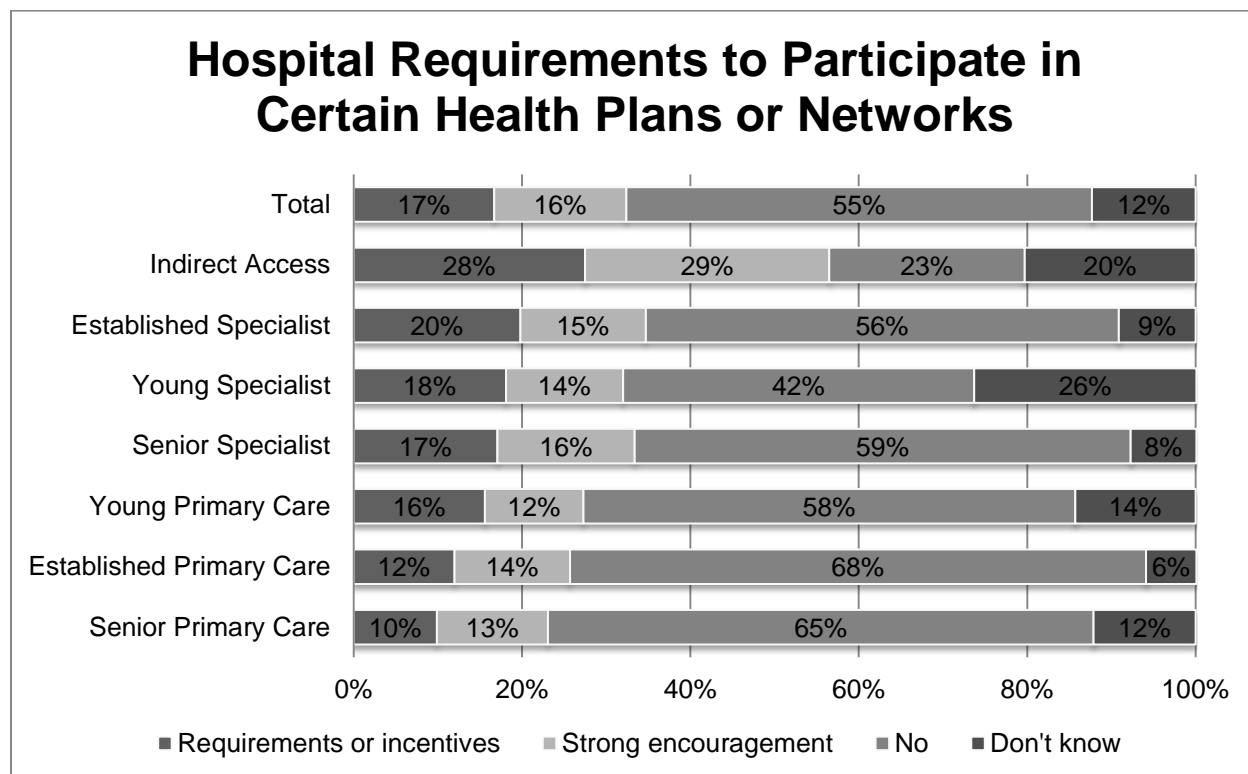


Twenty-eight percent of physicians are compensated in some manner by the hospital for caring for medically indigent patients.



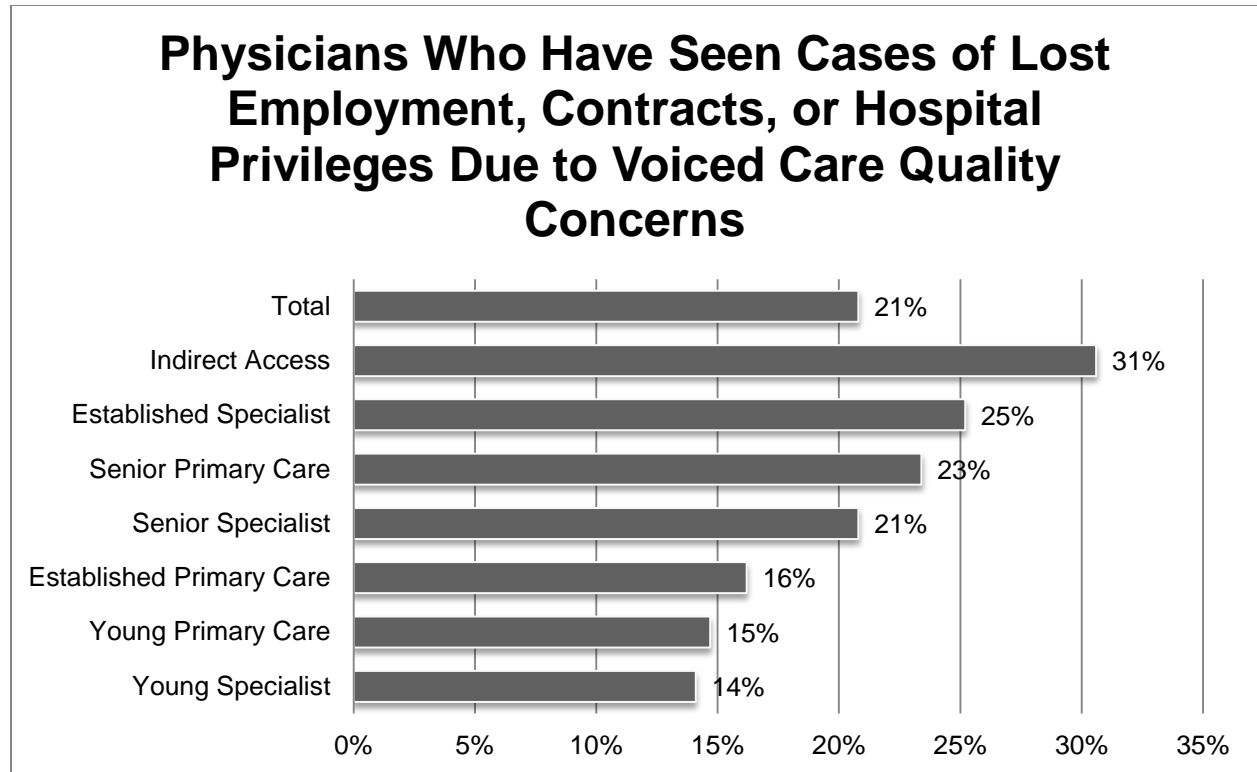
Hospitals and Contracts (October Q11)

Thirty-three percent of physicians report there are hospital requirements or incentives for them to participate in certain plans or network contracts or they are strongly encouraged to do so. Physicians practicing in indirect-access specialties are most likely to report requirements, incentives, or strong encouragement to participate as a provider in certain health plan or network contracts (57 percent).



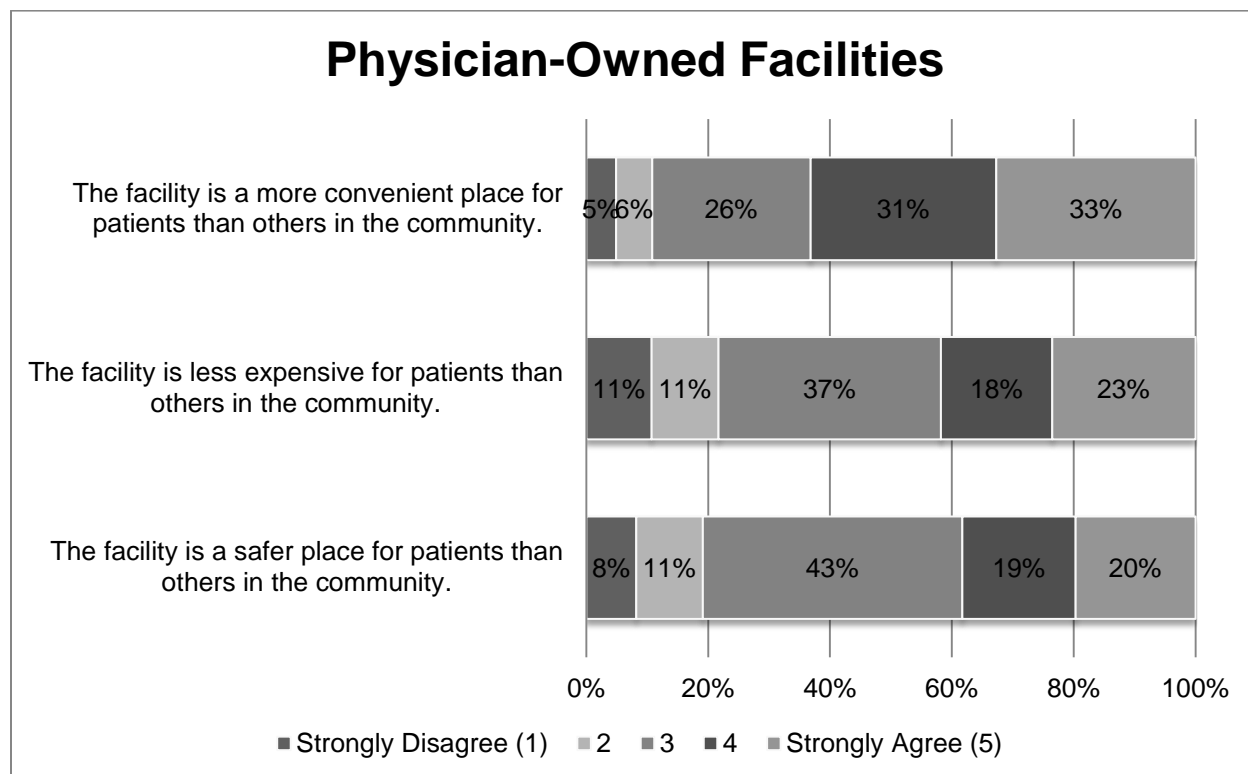
Adverse Quality of Care and Physician Employment (October Q12)

Twenty-one percent of physicians have seen cases where physicians lost employment, contracts, or hospital privileges because they raised issues about hospital regulatory compliance or patient care quality. Indirect-access physicians are more likely to have seen such cases (31 percent).

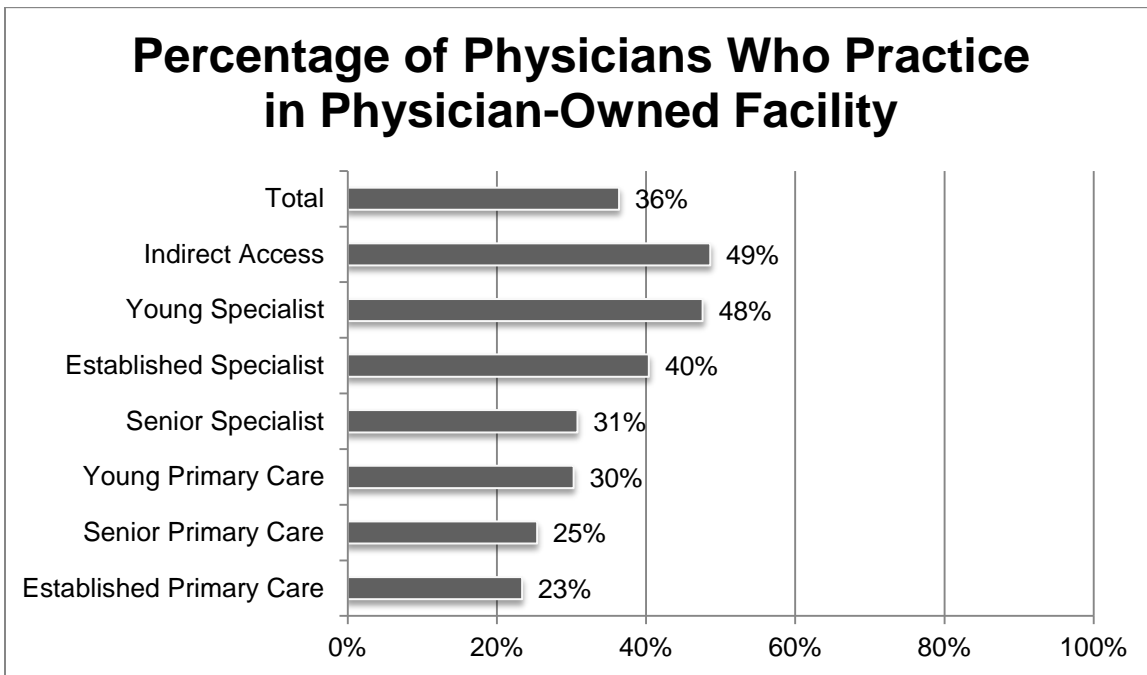


Physician-Owned Hospitals (October Q14-18)

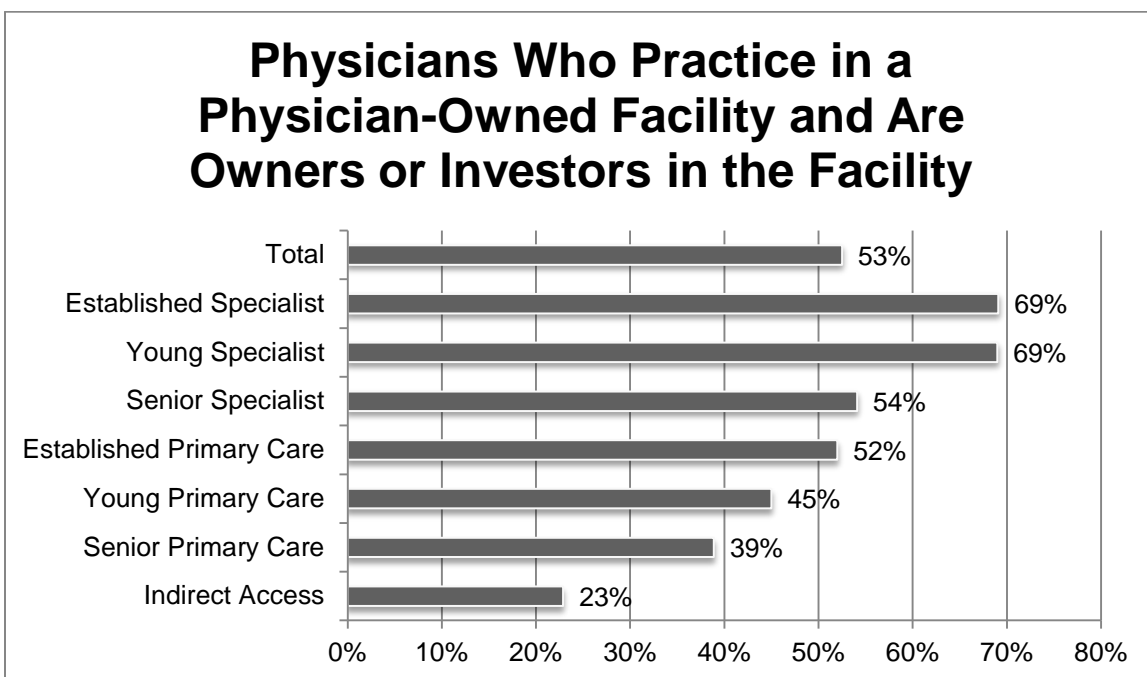
Eighty-two percent of physicians report there are physician-owned specialty hospitals, ambulatory surgical centers, or imaging centers in their area. Physicians with a physician-owned hospital, ASC, or imaging center in their area agree the physician-owned facilities in their community are a more convenient place for patients than other facilities offering comparable services (64 percent).



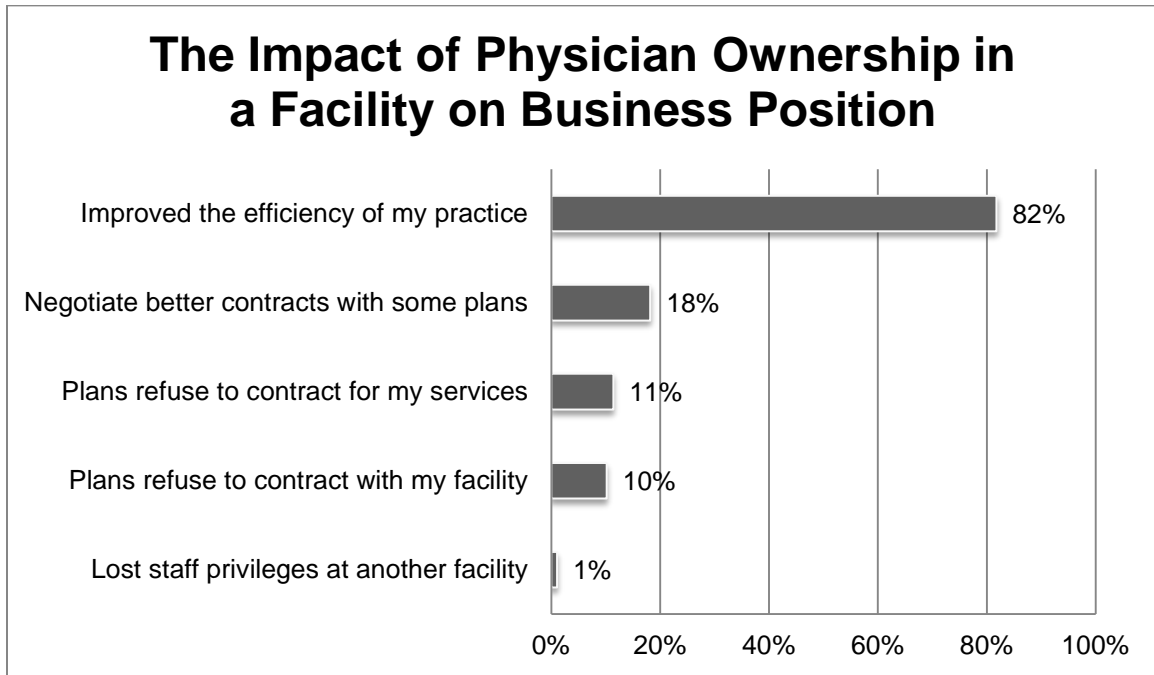
Thirty-six percent of physicians practice in a hospital, ASC, or other facility that is physician-owned. Indirect-access physicians are more likely to practice in a physician-owned facility (49 percent).



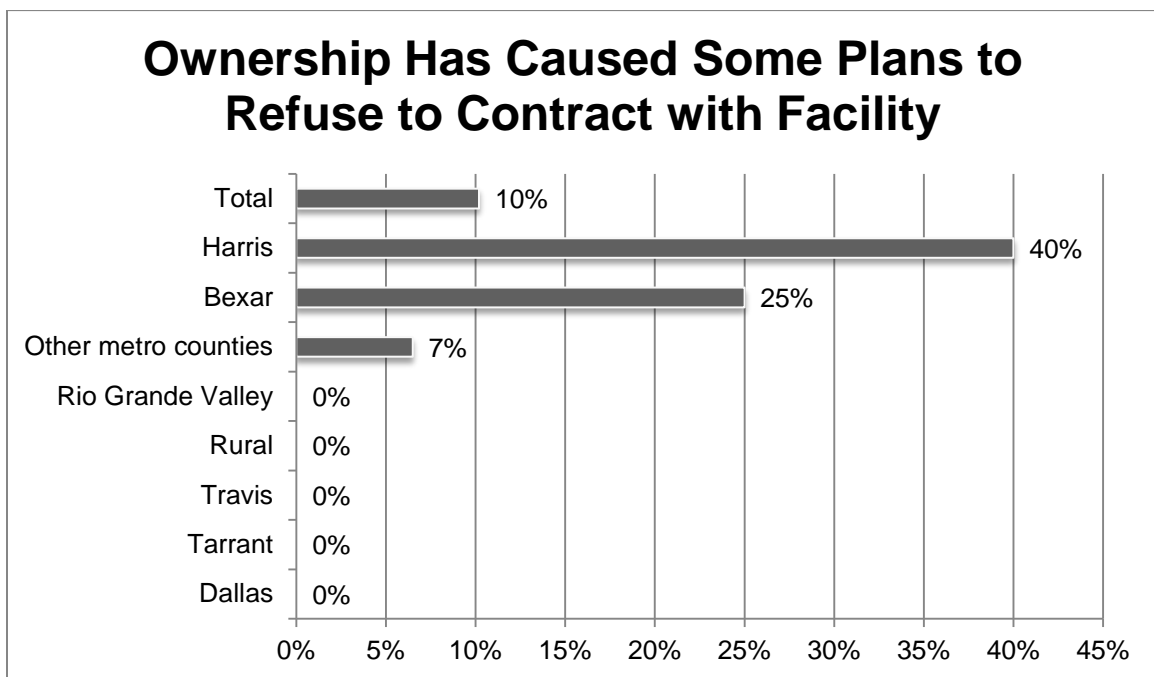
Fifty-three percent of physicians who practice in a hospital, ASC, or other facility that is physician-owned are owners or investors in the facility. Established and young specialists are more likely to be owners or investors in the facility (69 percent).



Physicians who are owners or investors in a facility report ownership has improved the efficiency of their practice (82 percent).

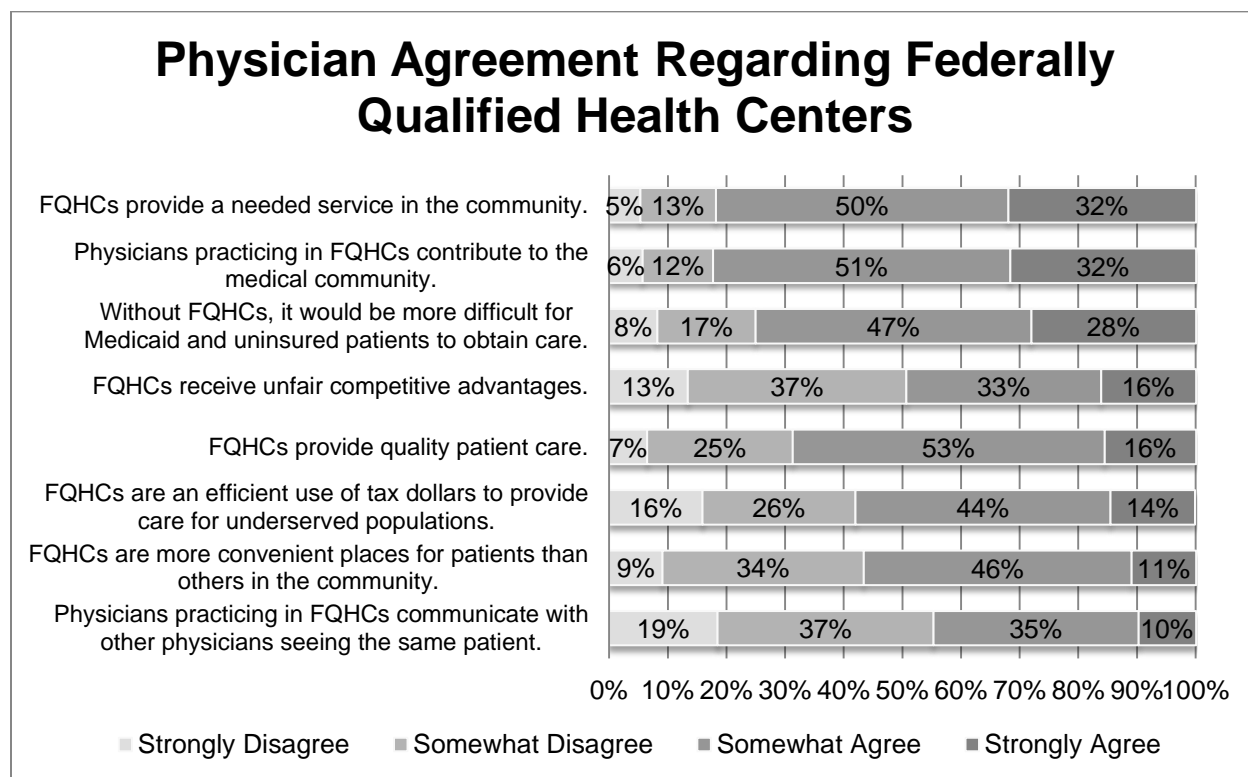


A large minority of physicians in Harris County report ownership has caused some plans to refuse to contract with their facility (40 percent).

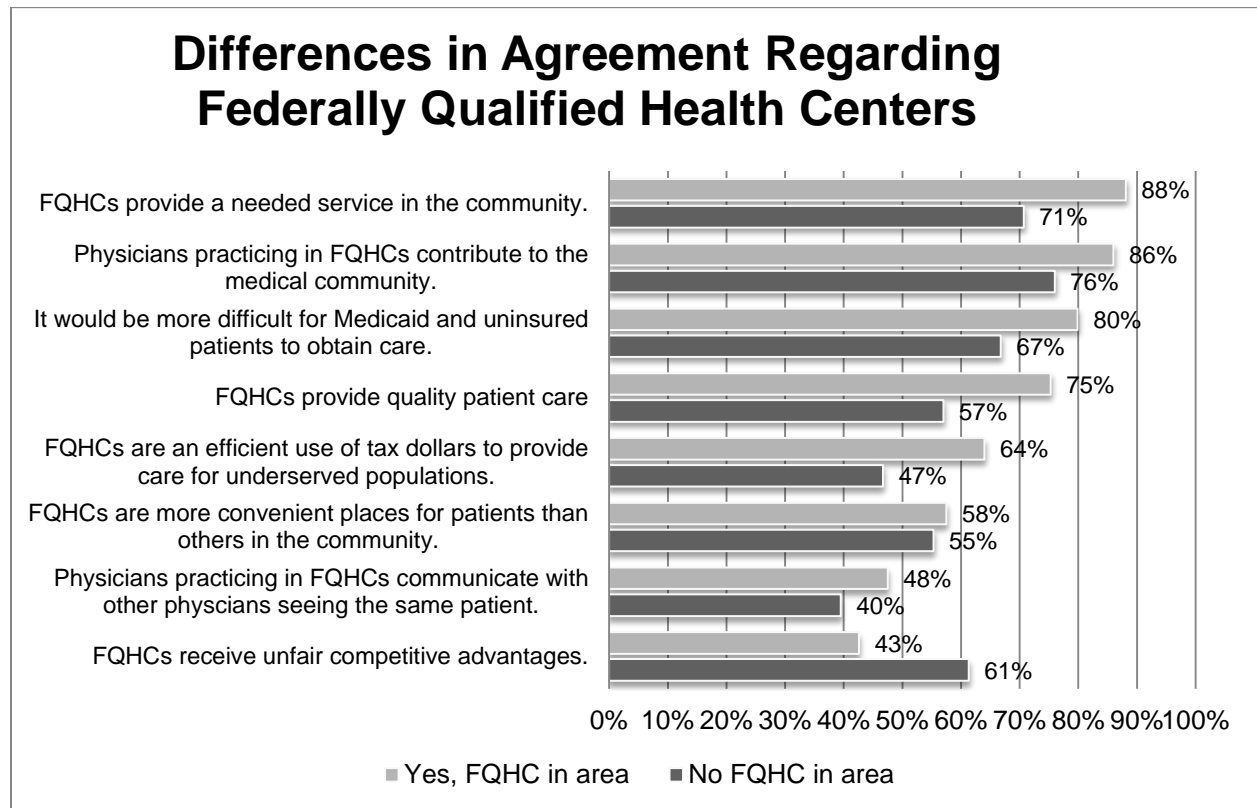


Federally Qualified Health Centers (July Q22-23)

Physicians agree federally qualified health centers (FQHCs) provide a needed service in the community (82 percent), physicians practicing in them contribute to the medical community (83 percent), it would be more difficult for Medicaid and uninsured patients to obtain care without them (75 percent), they provide quality patient care (69 percent), they are an efficient use of tax dollars to provide for underserved populations (58 percent), and they are more convenient for patients (57 percent).



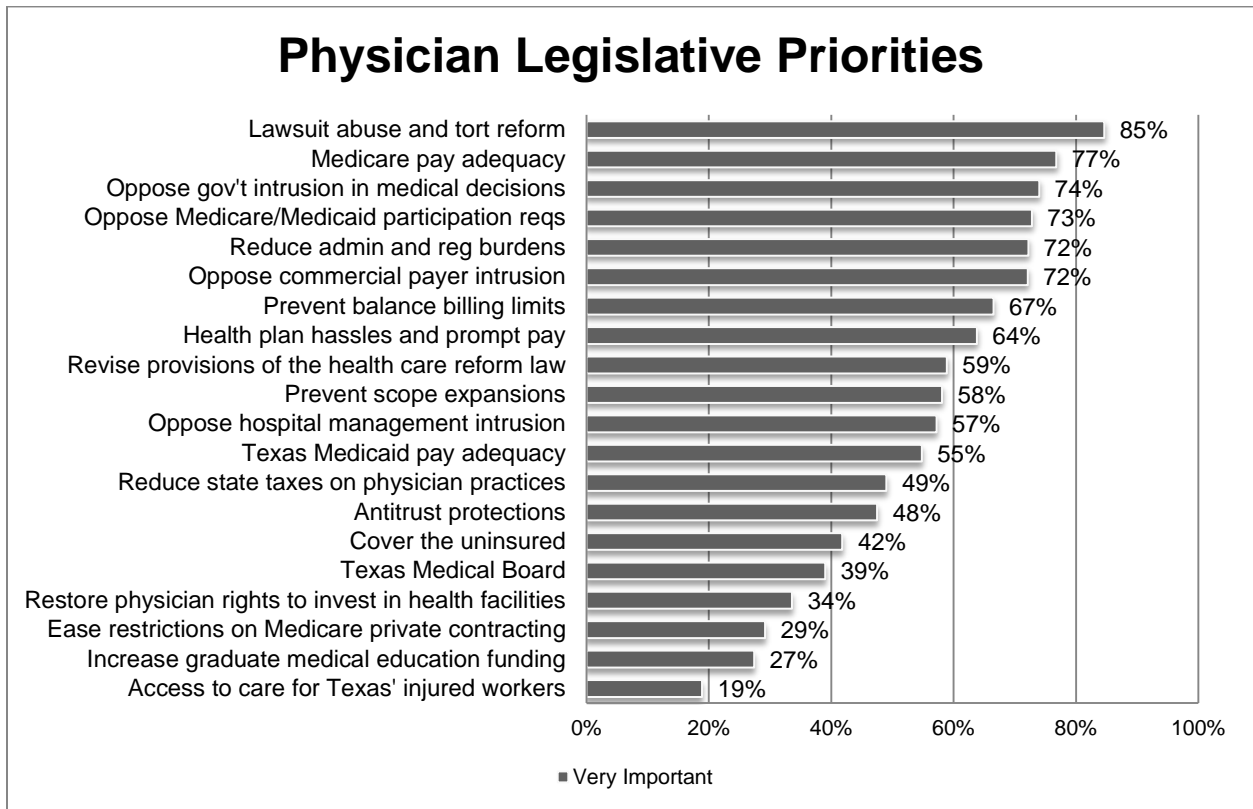
Physicians with FQHCs in their area (61 percent) are more likely to agree they provide a needed service in the community (88 percent), physicians practicing in them contribute to the medical community (86 percent), it would be more difficult for Medicaid and uninsured patients to obtain care without them (80 percent), they provide quality patient care (75 percent), they are an efficient use of tax dollars to provide care for underserved populations (64 percent), and they are more convenient (58 percent). Physicians without an FQHC in their area are more likely to agree they receive unfair competitive advantages (61 percent).



One Voice — Legislative Issues

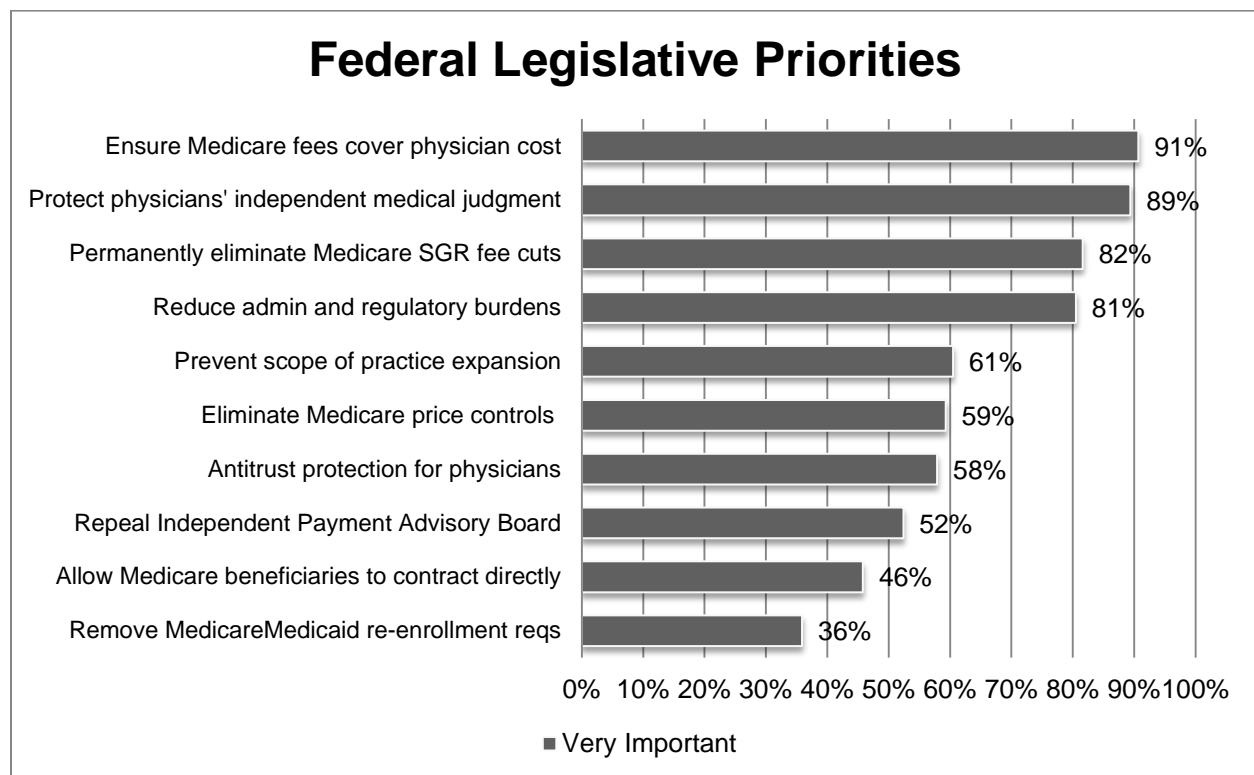
Legislative Priorities (January Q2)

The top legislative priorities, rated very important by more than three-fourths of Texas physicians, are defending Texas' liability reforms from efforts to nullify or overturn them (85 percent) and Medicare payment adequacy (77 percent). Also considered high priority by a large majority of physicians are opposing government intrusion in medical practices (74 percent), opposing requirements to participate in Medicare or Medicaid as a condition of licensure (73 percent), reducing administrative and regulatory burdens (72 percent), and opposing commercial payer intrusion in medical practice (72 percent).



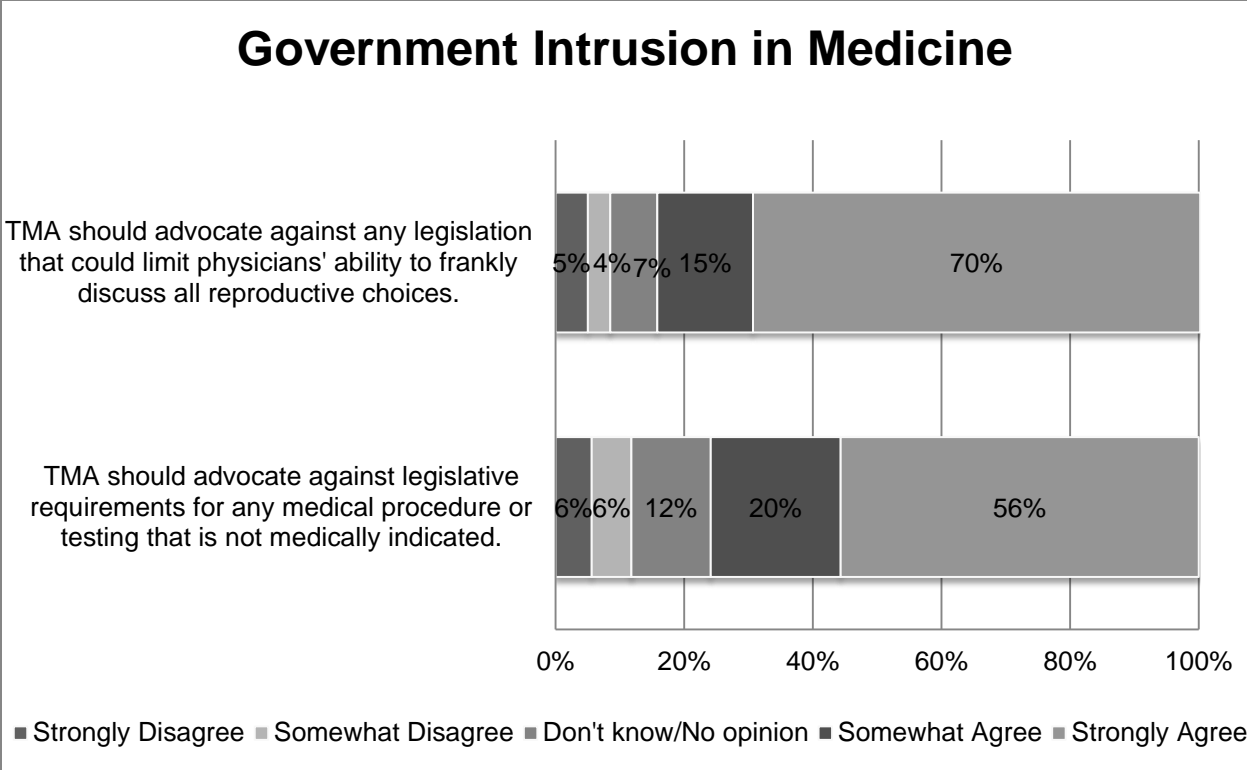
Federal Legislative Priorities (November Q1)

The top federal legislative priorities, rated very important by more than three-fourths of Texas physicians, are ensuring Medicare fees are adequate to cover physician cost (91 percent), protecting physicians' independent medical judgment (89 percent), permanently eliminating Medicare Sustainable Growth Rate (SGR) formula fee cuts (82 percent), and reducing administrative and regulatory burdens in medical practice (81 percent).



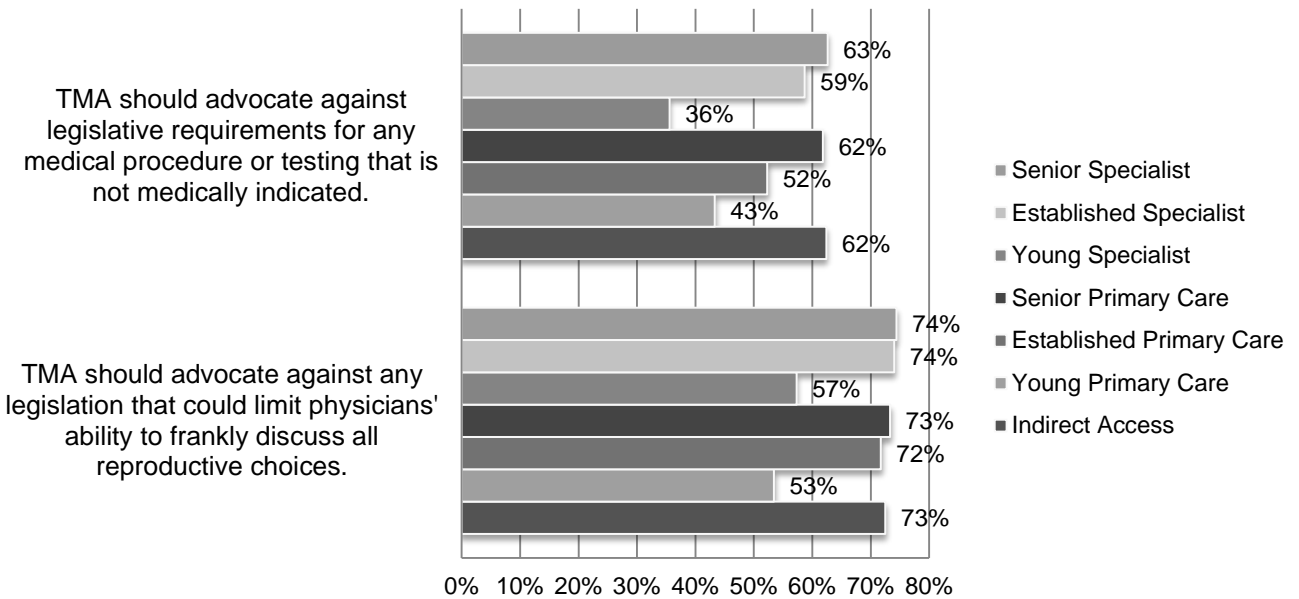
Government Intrusion in Medical Decisions (July Q21)

Physicians agree TMA should advocate against legislation that could limit physicians' ability to frankly discuss all reproductive choices (85 percent) and requirements for any medical procedure or testing not medically indicated (76 percent).



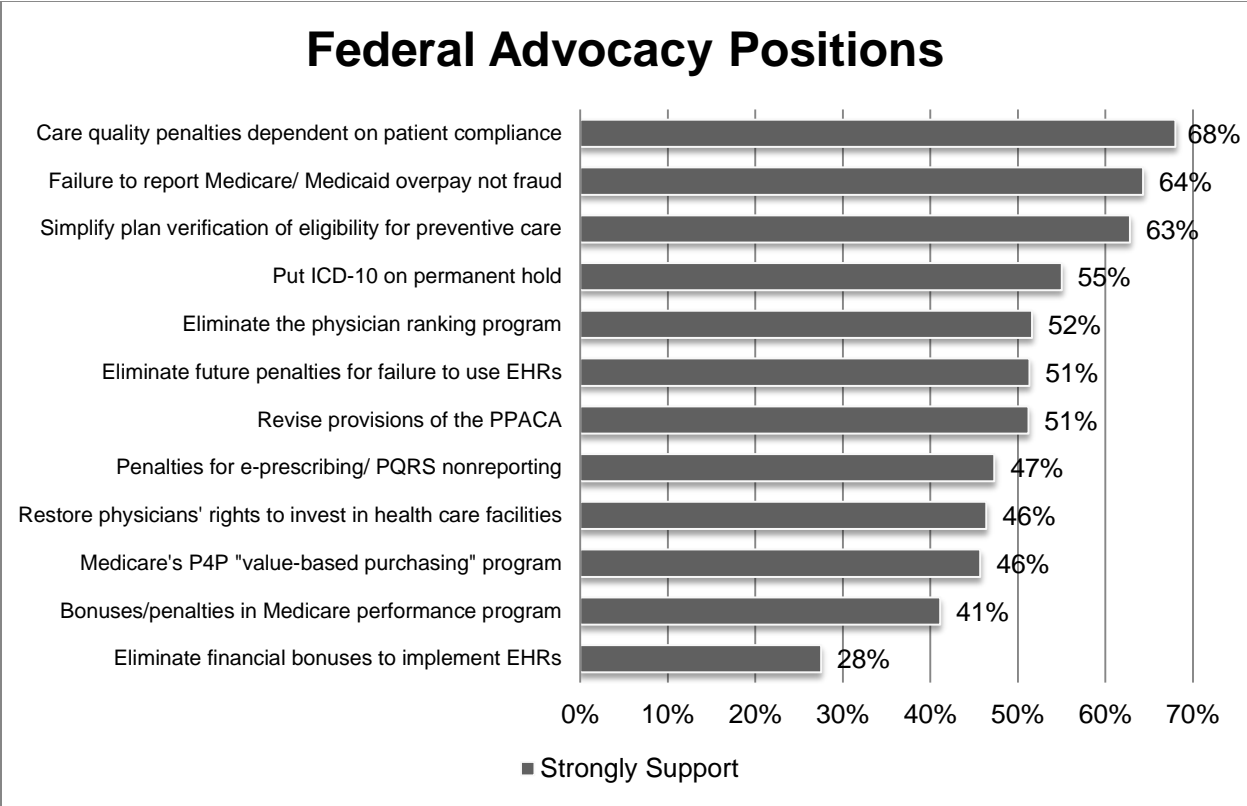
Senior and established specialists are most likely to strongly agree TMA should advocate against legislation that could limit physicians' ability to discuss all reproductive choices (74 percent). Senior specialists are more likely to strongly agree TMA should advocate against legislative requirements for any medical procedure or testing not medically indicated (63 percent).

Differences in Strong Agreement Regarding Government Intrusion in Medical Practice



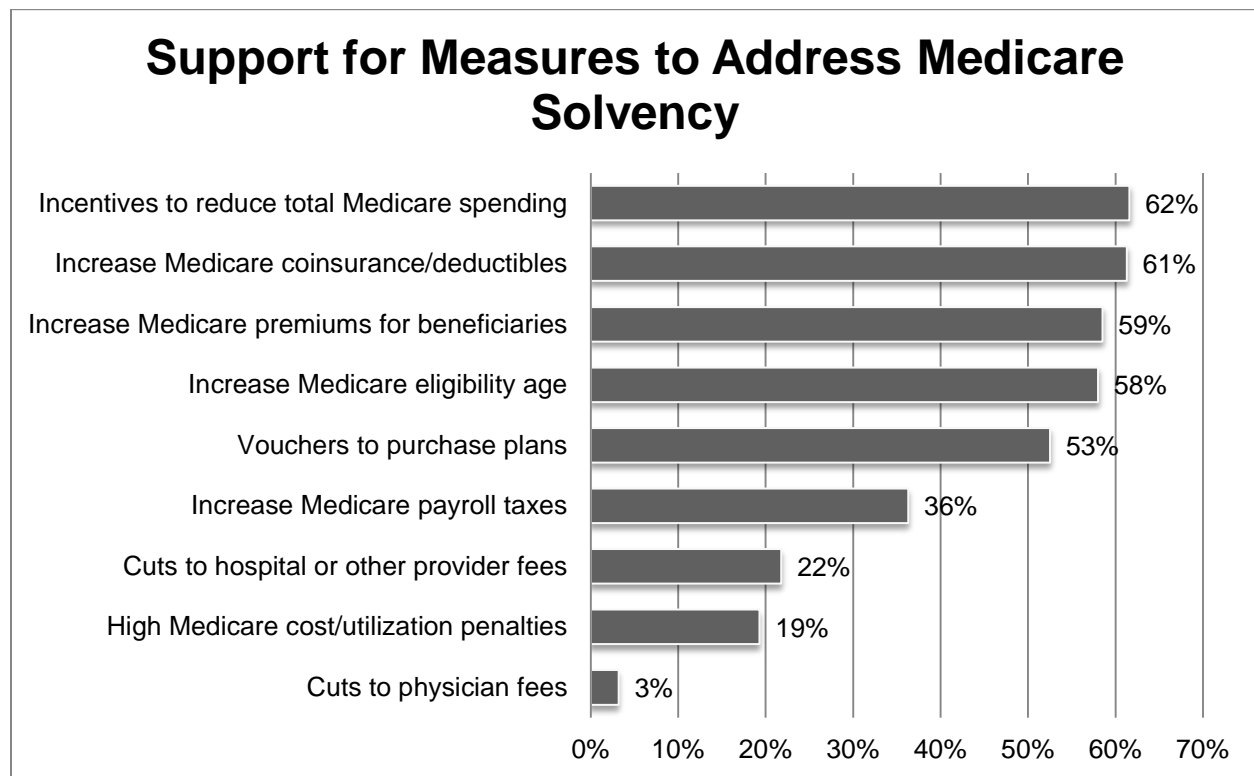
Support for Federal Advocacy Positions (October Q2)

Physicians strongly support revising all physician quality-of-care measures to eliminate any penalties that are dependent on patient compliance (68 percent), ensuring failure to report Medicare or Medicaid overpayments is not treated as fraud (64 percent), and requiring health plans to simplify verifications of eligibility for preventive care benefits (63 percent). A majority of physicians also strongly support putting ICD-10 on permanent hold (55 percent), eliminating the federal physician ranking program to be reported on the Physician Compare website (52 percent), eliminating future penalties for failure to use EHRs (51 percent), and revising or eliminating some or all provisions of the PPACA (51 percent).



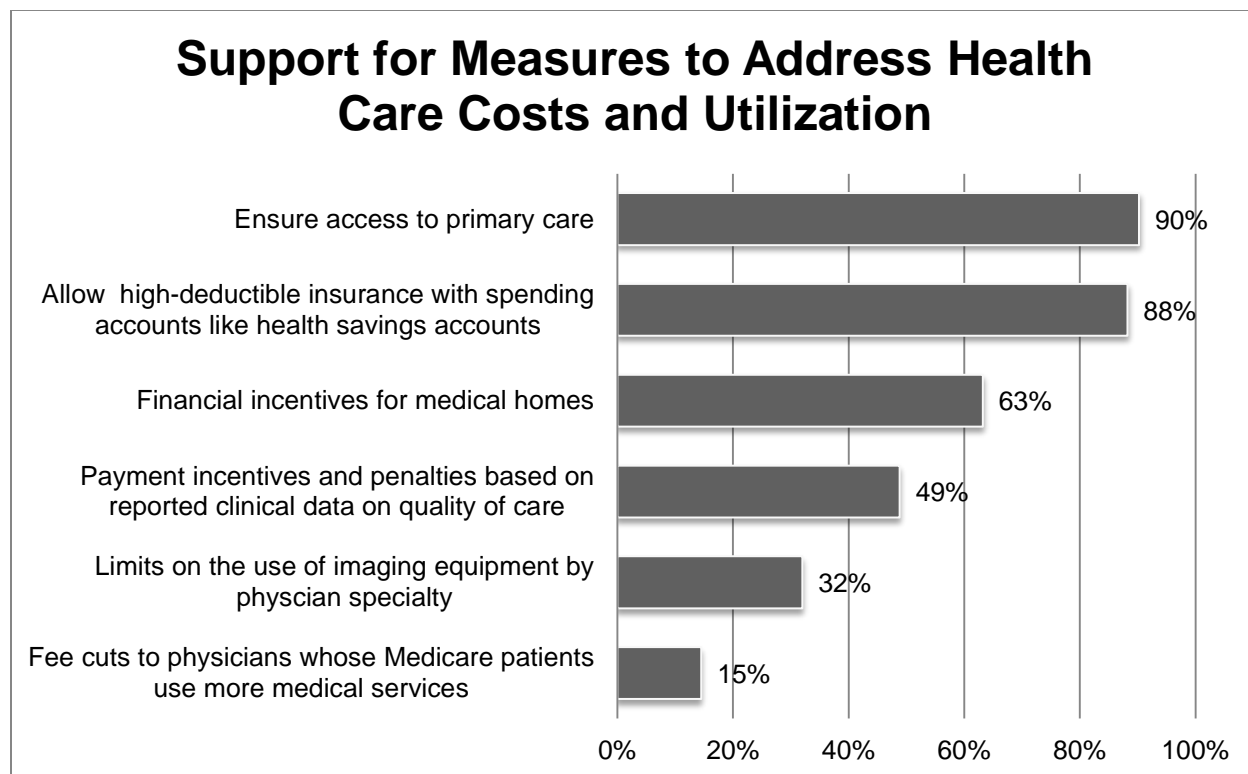
Efforts to Address Medicare Solvency (January Q3)

To address Medicare solvency, physicians support incentives to reduce total Medicare spending (62 percent), increasing Medicare cost sharing (61 percent), increasing premiums for beneficiaries (59 percent), and increasing eligibility age (58 percent).



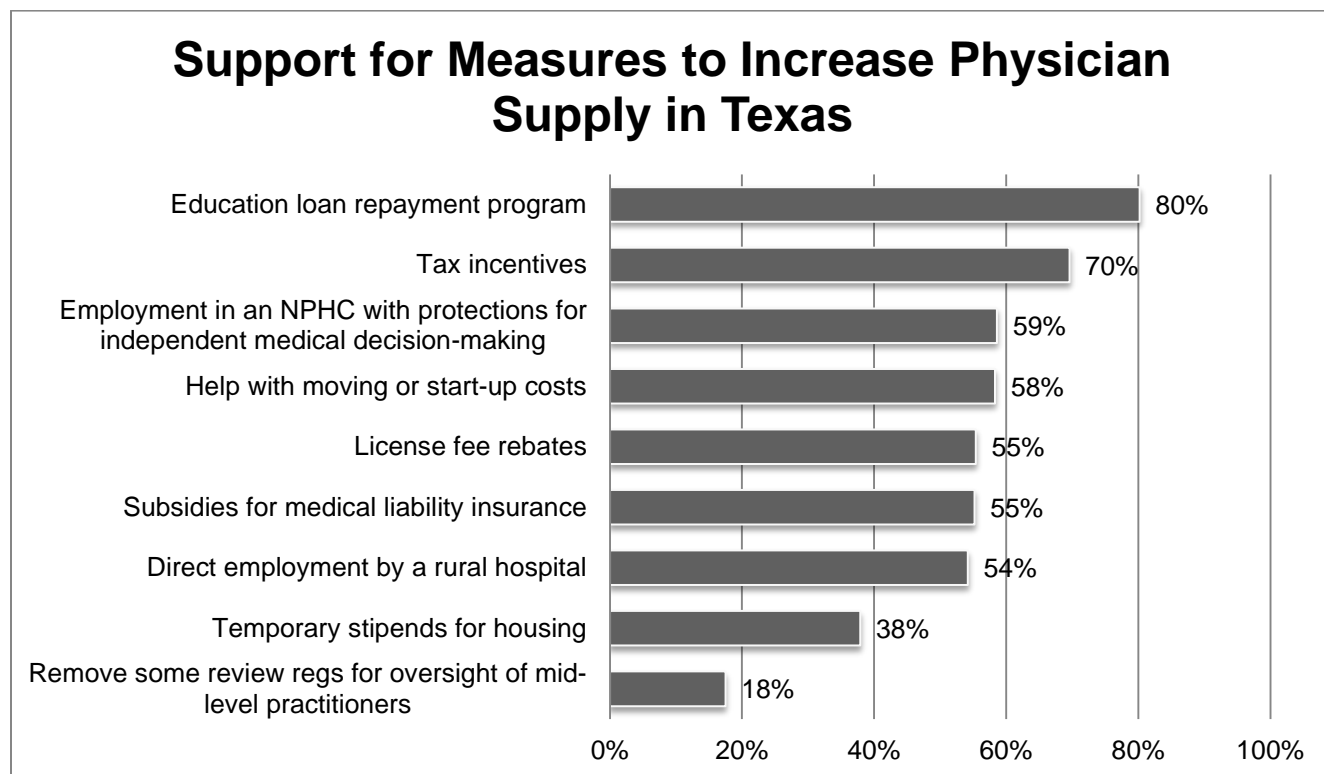
Efforts to Address Health Care Costs and Utilization (January Q4)

To address high health care costs or alleged problems of overutilization of medical care services, physicians support measures to ensure adequate access to good primary care (90 percent), allowing high-deductible insurance with spending accounts like health savings accounts (88 percent), and financial incentives for medical homes (63 percent).

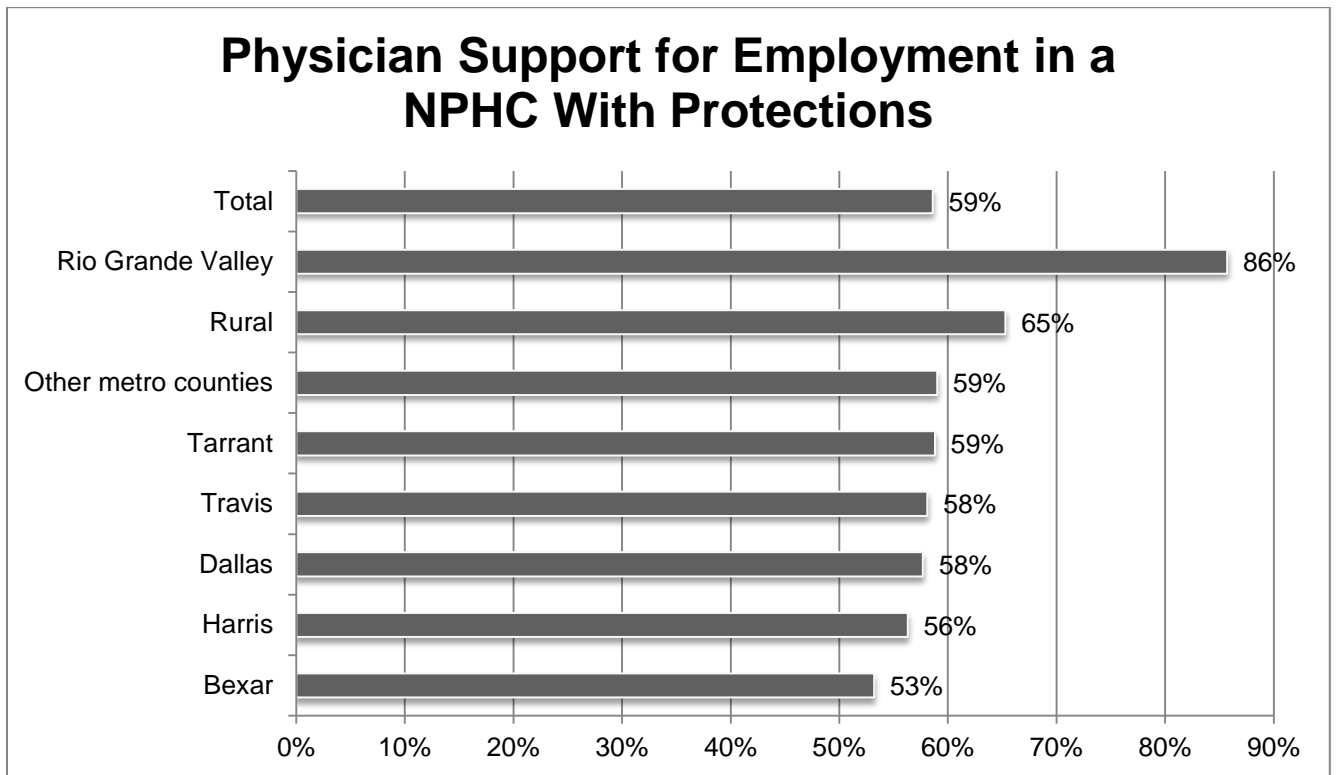


Efforts to Address Physician Supply (January Q11)

To increase physician supply in Texas, physicians support an education loan repayment program (80 percent), tax incentives (70 percent), and employment in an NPHC with protections for independent medical decision making (59 percent), help with moving or start-up costs (58 percent), license fee rebates (55 percent), and subsidies for medical liability insurance (55 percent).



Rio Grande Valley physicians are most likely to support employment in a NPHC with protections for independent medical decision making as a measure to increase physicians in Texas (86 percent).



Support for Uninsured Initiatives (July Q1)

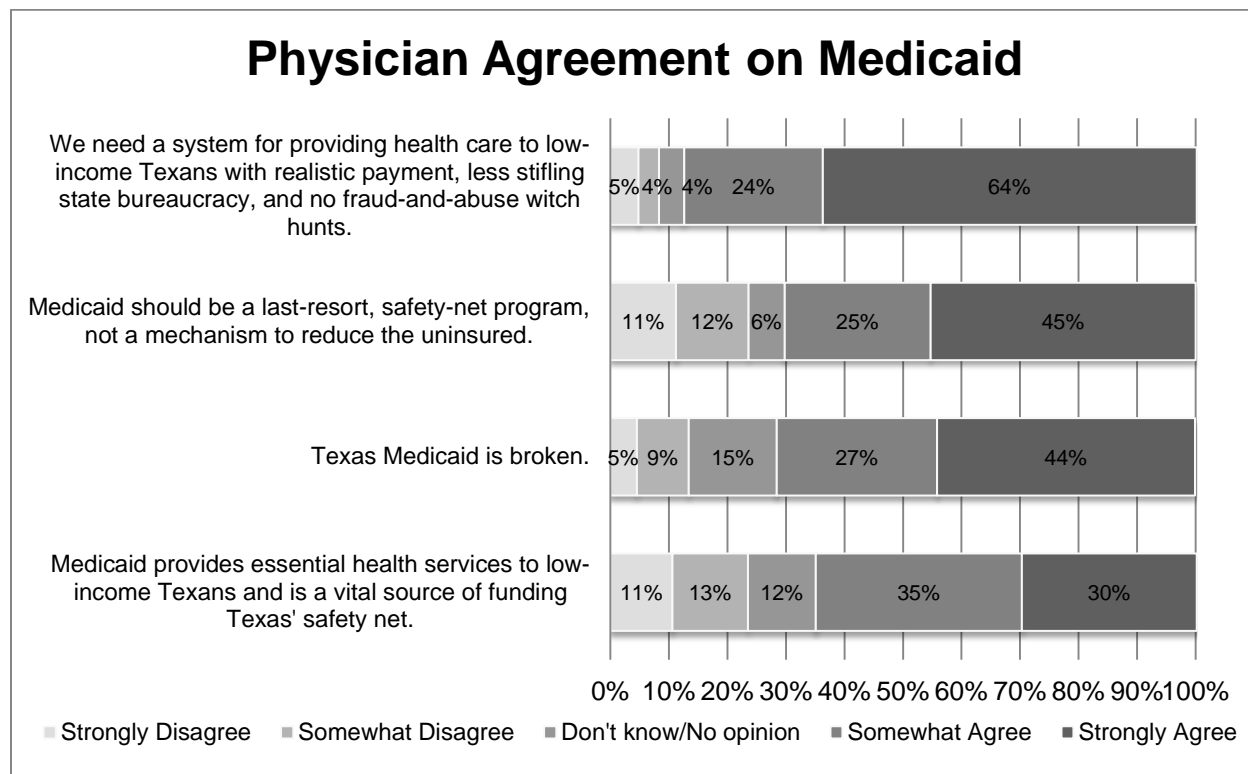
Physicians were asked about their support for various methods of providing medical care for the uninsured if the federal health care reform bill had never passed and they could start over. The question forced a choice between supporting and opposing every initiative. The most-favored methods include federal tax law changes, direct charity subsidies of all types, subsidies for high-risk pool premiums, encouraging Medicaid or CHIP enrollment for individuals who are eligible, and vouchers or tax credits to subsidize insurance purchase.

Support for Uninsured Initiatives (Percent Supporting)

	<u>2004</u>	<u>2006</u>	<u>2008</u>	<u>2012</u>
Federal tax deduction for all medical expenses	85%	87%	92%	85%
Funding or tax credits for physician charity care	N/A	88%	94%	81%
More funding for outpatient charity clinics	78%	80%	82%	76%
Subsidies for high-risk pool premiums				76%
More direct funding for hospital charity care	N/A	81%	81%	75%
Encourage eligible people to enroll in Medicaid or CHIP	N/A	82%	85%	74%
Vouchers or tax credits for purchase of insurance	73%	77%	82%	73%
Expand CHIP	N/A	N/A	70%	64%
Expand Medicaid	46%	57%	51%	44%
Expand Medicare	44%	40%	36%	38%
Individual mandate	N/A	55%	45%	36%
Federal single-payer health insurance plan	38%	44%	32%	31%
Employer mandate	N/A	45%	35%	30%

Physician Agreement Regarding Medicaid (July Q9)

Physicians agree Texas needs a system for providing health care to low-income Texans with realistic payment rates, less stifling state bureaucracy, and no fraud-and-abuse witch hunts (88 percent). Seventy-one percent of physicians agree Texas Medicaid is broken.



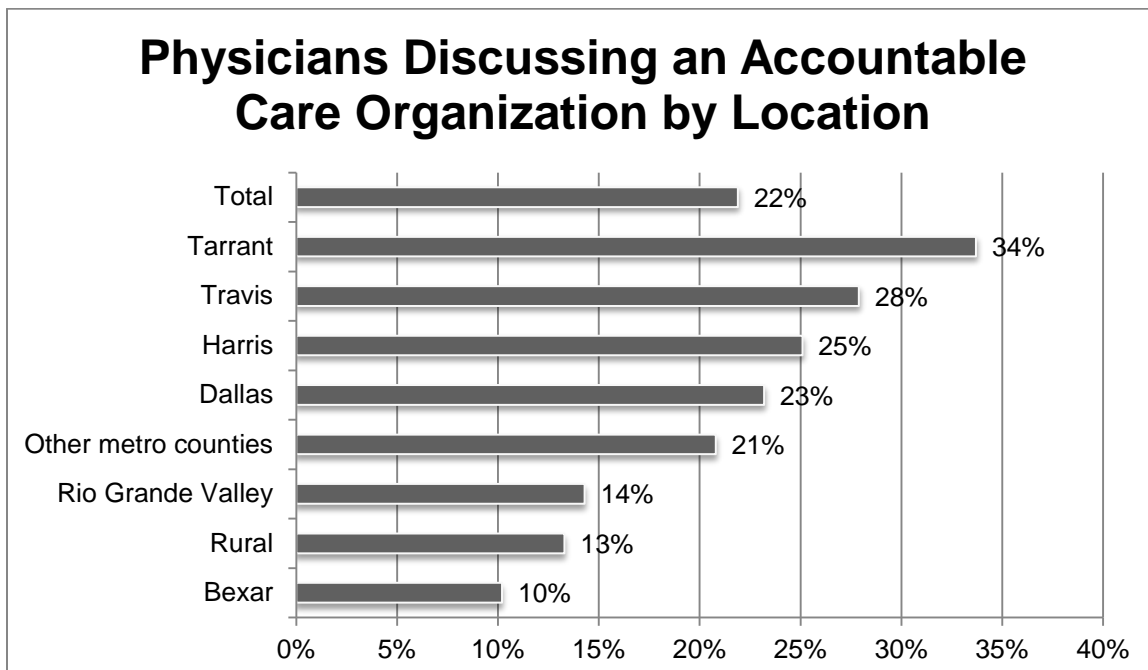
Accountable Care Organizations

Consideration of ACOs (January Q12-13)

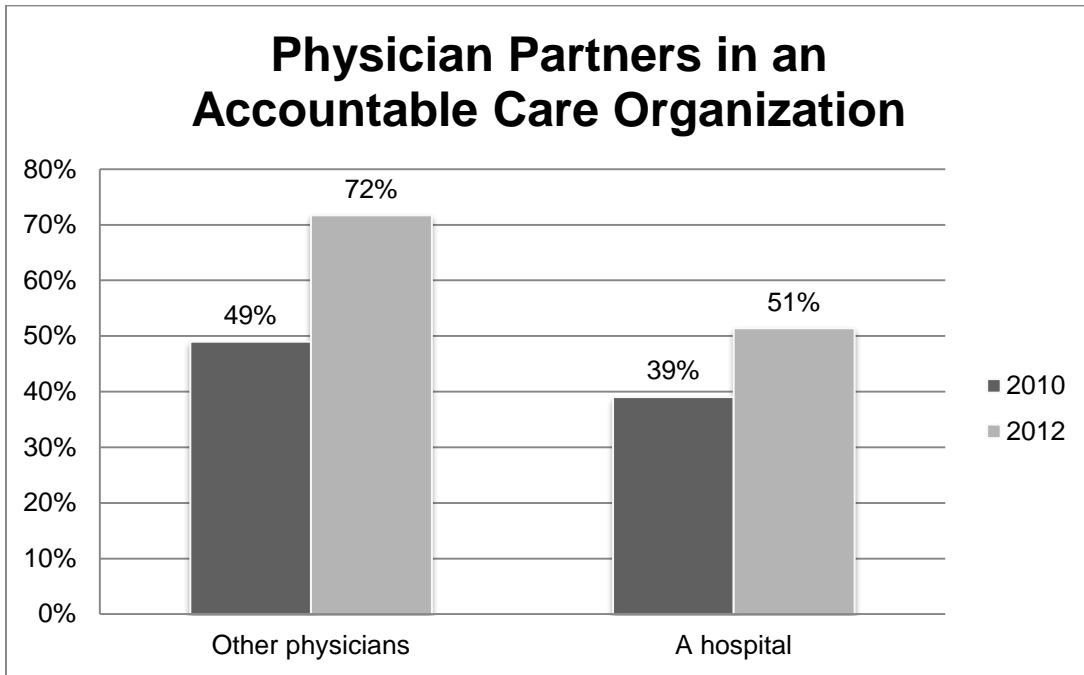
Twenty-two percent of physicians are discussing or considering joining with other health care providers to form an ACO, up slightly from 18 percent in 2010.



Physicians in Tarrant County are more likely to be discussing or considering forming an ACO (34 percent).

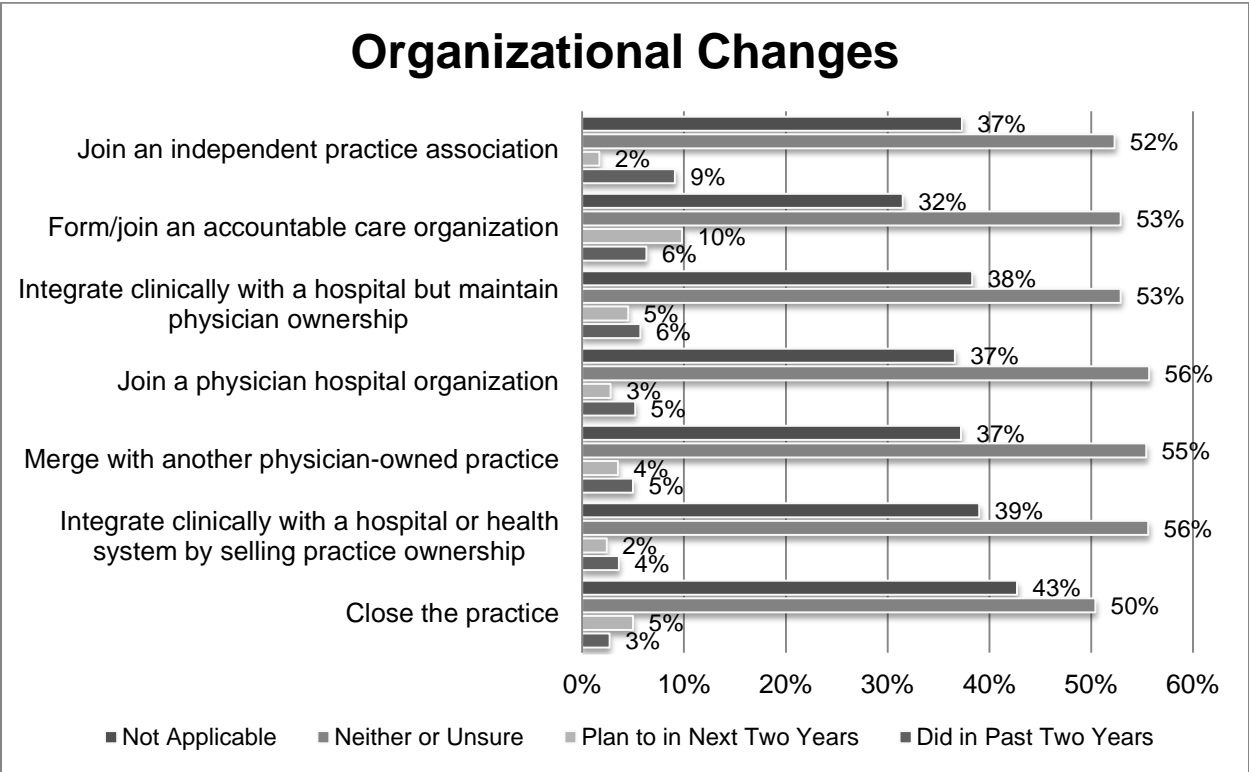


Physicians who are considering forming an ACO are discussing it with other physicians (72 percent).

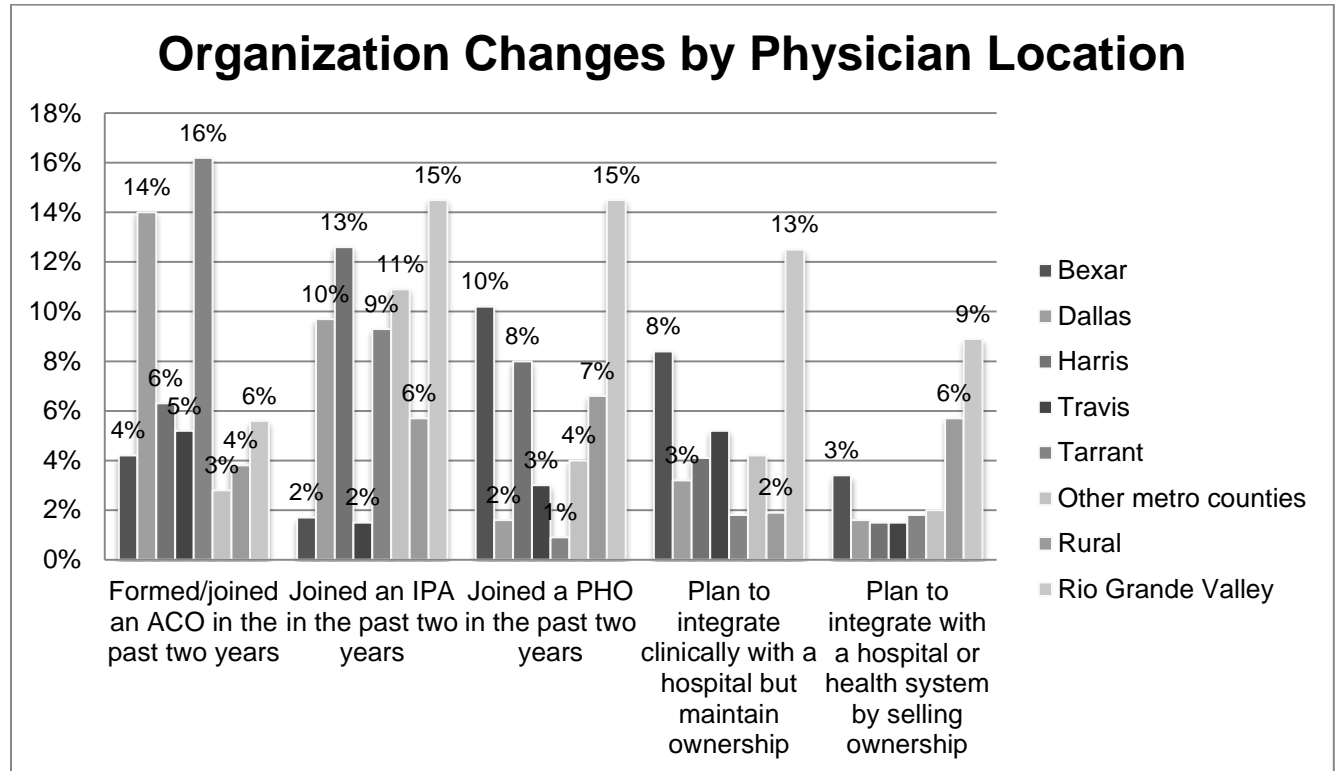


Organization Change (September Q14)

Physicians were asked if their organization has made any changes in the past two years or plan to in the next year. The majority of physicians' report they have neither made any changes in the past two years nor plan to make any changes in the next two years, or are unsure if they have done or will do so. Six percent of physicians have formed or joined an ACO in the past two years, and 10 percent of physicians plan to in the next two years. Five percent of physicians have joined a physician-hospital organization and/or merged with another physician-owned practice in the past two years. Four percent of physicians integrated clinically with a hospital or health system by selling practice ownership.



Physicians in Tarrant County are more likely to have formed or joined an ACO in the past two years (16 percent). Physicians in the Rio Grande Valley are more likely to have joined an IPA or a PHO in the past two years (15 percent) and plan to integrate clinically with a hospital but maintain practice ownership in the next two years (13 percent). Rural physicians are more likely to plan to integrate with a hospital or health system by selling practice ownership in the next two years (9 percent).



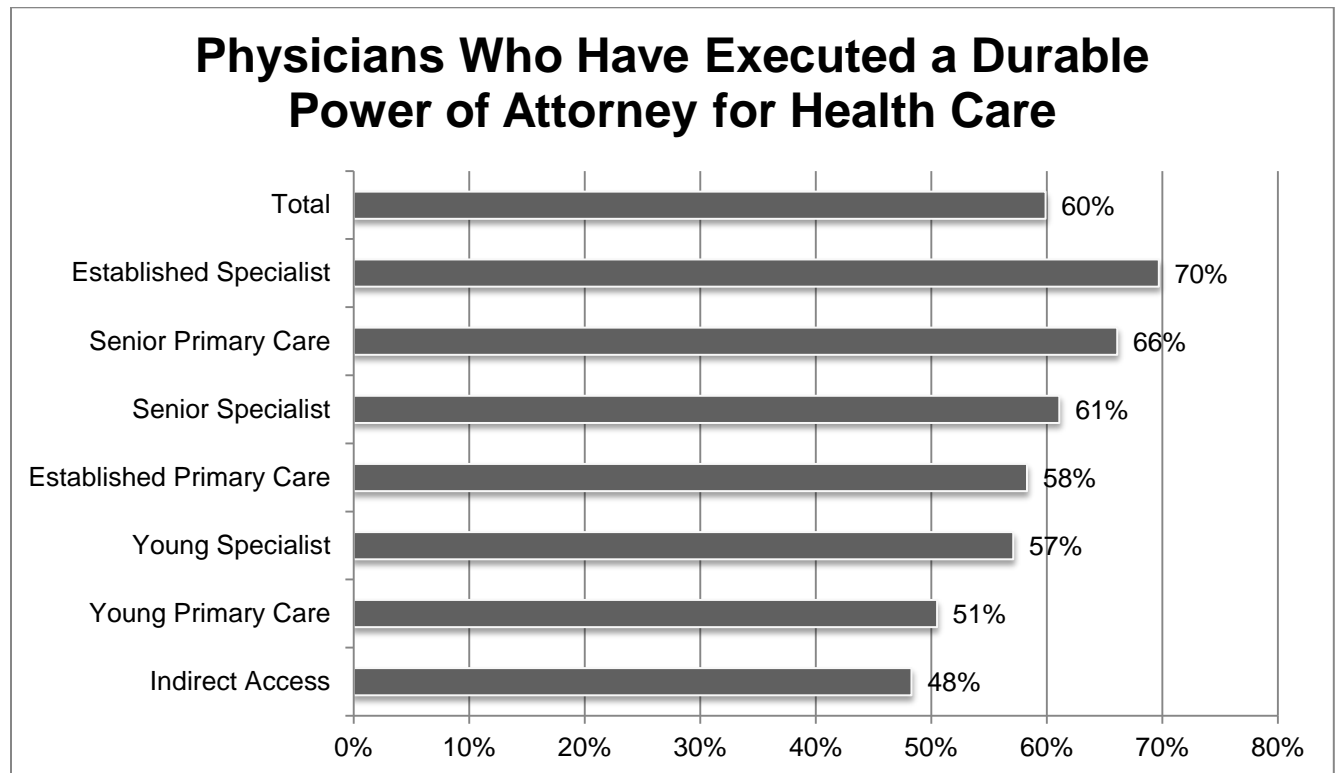
Advance Directives

Execution of Advance Directives (October Q19-20)

More than half of physicians have executed an advance directive (55 percent). Among those who have not, 56 percent plan to do so in the next few years.

Execution of Medical Power of Attorney for Health Care (October Q21-22)

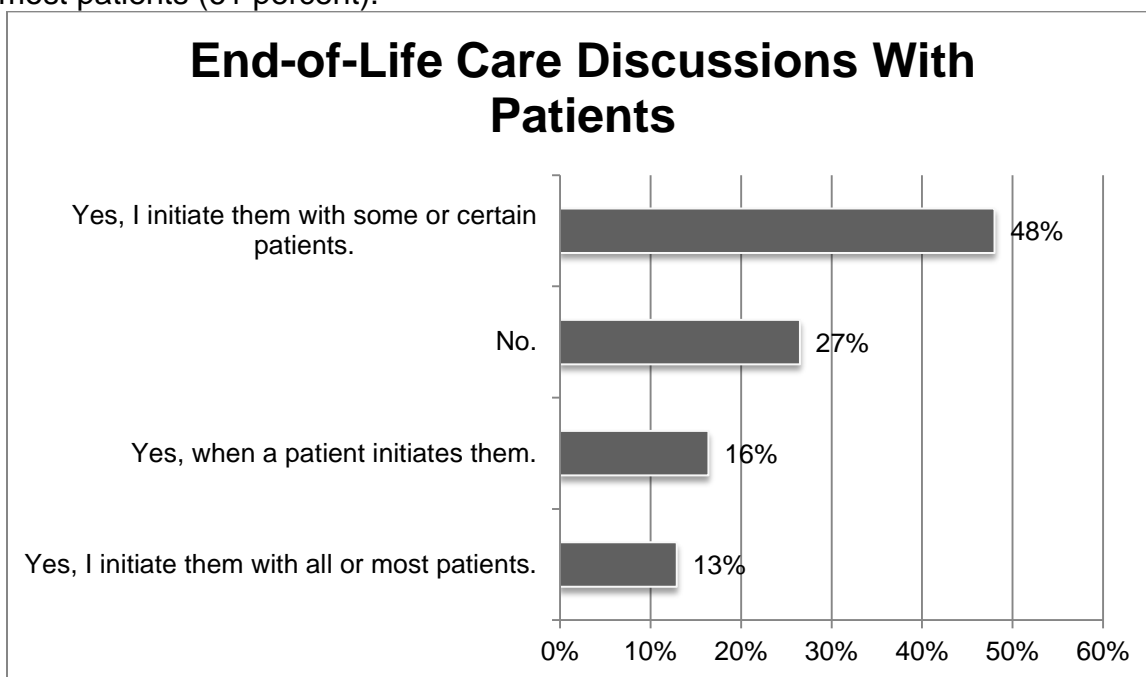
Sixty percent of physicians have executed a durable power of attorney for health care. Established specialists are most likely to have executed a durable power of attorney for health care (70 percent).



Fifty-five percent of physicians who have not executed a durable power of attorney plan to in the next few years.

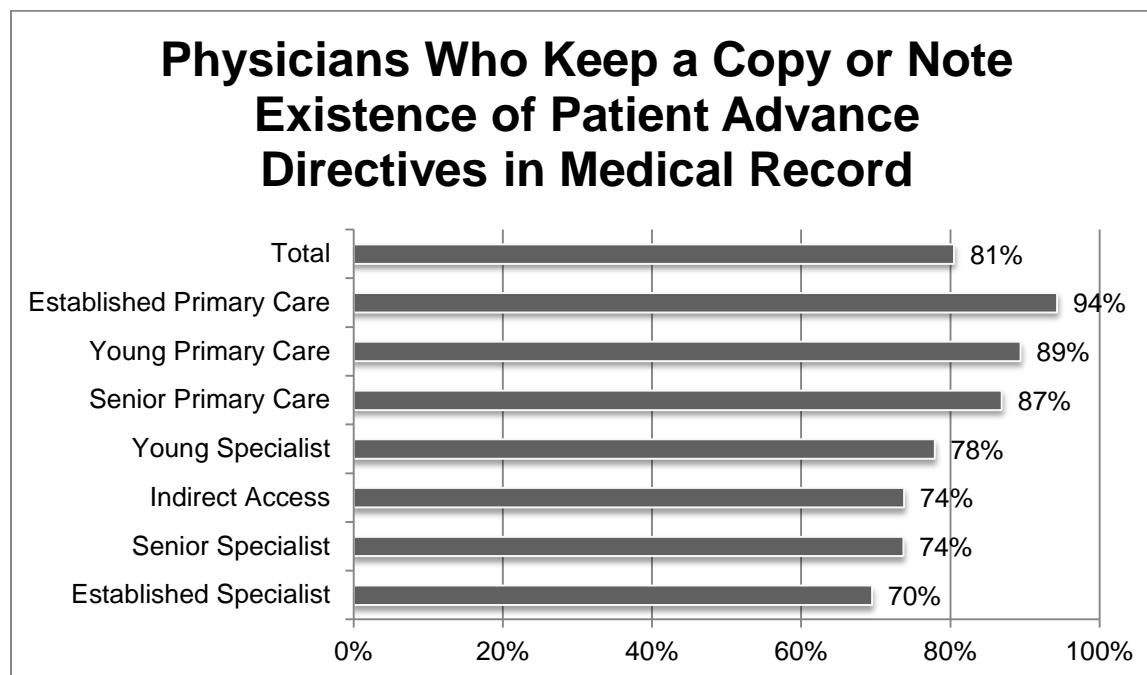
End-of-Life Care Discussions (October Q23)

Physicians initiate end-of-life care discussions with some or certain patients or with all or most patients (61 percent).



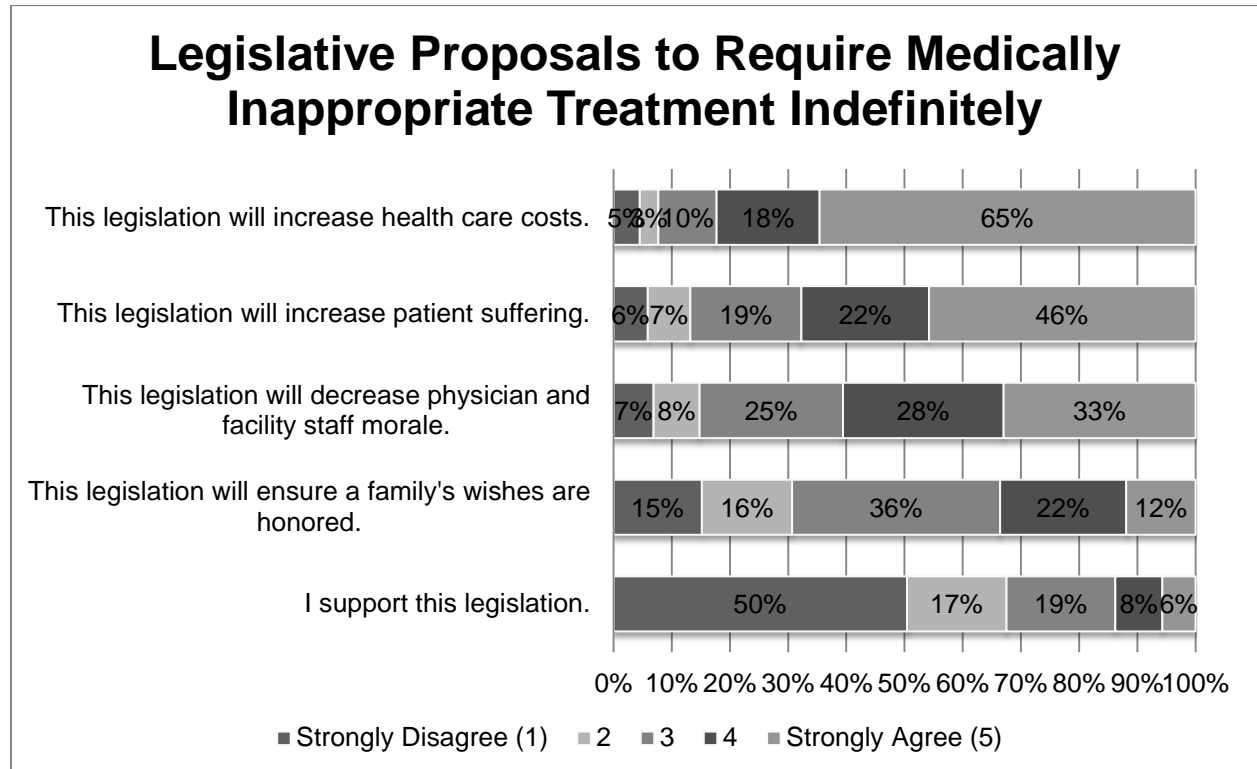
Documentation of Advance Directives (October Q24)

If a patient has an advance directive, 81 percent of physicians keep a copy or note its existence in the medical record.

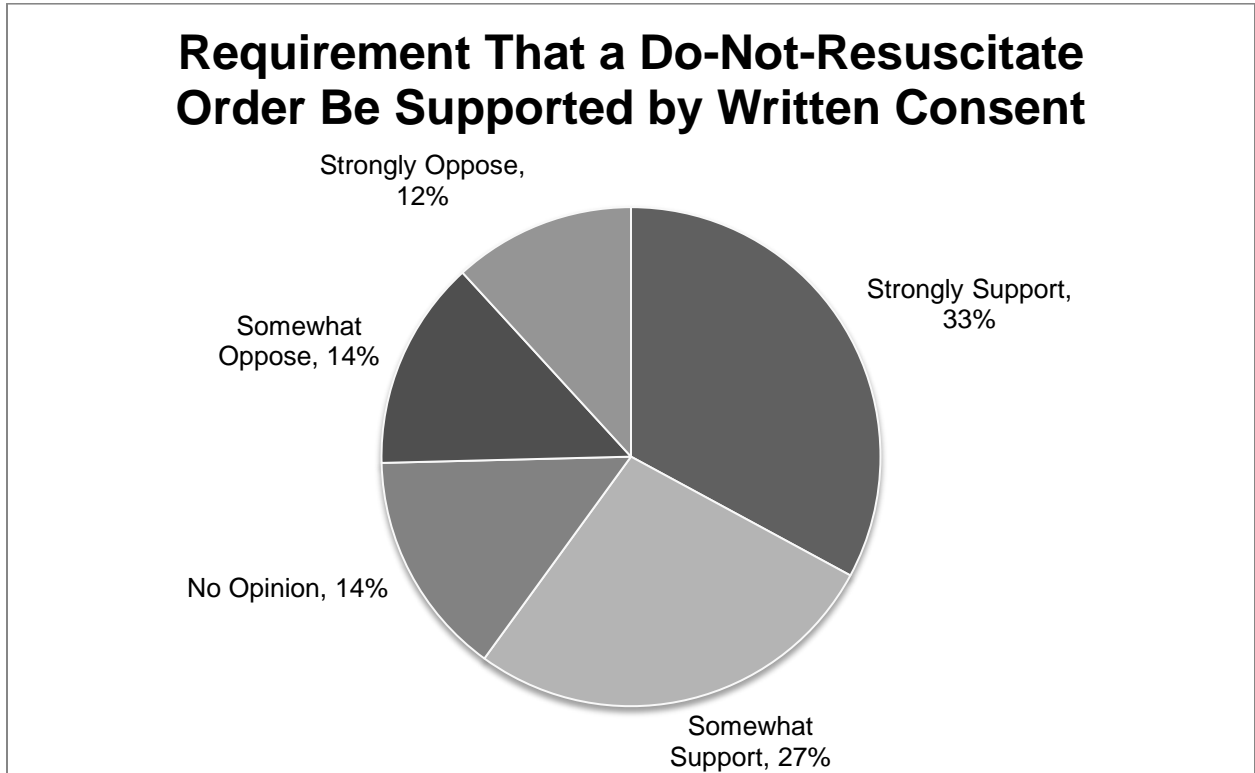


Legislative Proposals and Medically Inappropriate Treatment (October Q25-27)

Currently, a process exists allowing health care physicians and facilities to withdraw medically inappropriate treatment for patients. There are legislative proposals to require physicians and facilities to continue treatment indefinitely if requested by the family or until transfer can be arranged to another health care facility and physician. Physicians agree this legislation will increase health care costs (83 percent) and patient suffering (68 percent), and decrease physician and facility staff morale (61 percent). Few physicians support this legislation (14 percent).



Physicians support a legislative requirement that any do-not-resuscitate order be supported by written evidence of consent by the patient or the patient's surrogate decision maker (60 percent).



Physician Demographics

Gender

The higher proportions of female physicians reported in the survey reflect the changing proportion of women physicians in the physician population.

	<u>1990</u> %	<u>2000</u> %	<u>2002</u> %	<u>2004</u> %	<u>2006</u> %	<u>2008</u> %	<u>2010</u> %	<u>2012</u> %	<u>Population</u> %
Gender									
Male	89	84	83	84	78	78	75	73	68
Female	11	16	17	16	22	22	25	27	32

Age

As has been true in prior surveys, younger physicians are slightly under-represented among survey respondents.

	<u>2012</u> %	<u>Population</u> %
Age		
Under 47	29	47
47-58	37	28
59+	34	24

Specialty

A large number of discrete specialties are represented in the respondent sample. For analysis, most are aggregated into specialty groupings.

	<u>2012</u> %
Specialty	
Indirect Access	14
Primary Care	40
Medical Specialty	46

Physician Segment

For the 2012 survey analysis, physicians are aggregated into age and specialty groupings.

	<u>2012</u> %
Segment	
Indirect Access	14
Young Primary Care	13
Established Primary Care	15
Senior Primary Care	13
Young Specialist	12
Established Specialist	17
Senior Specialist	17

Survey Methodology

Since 1990, TMA has conducted a biennial survey of Texas physicians focusing primarily on health care practice and economic and legislative issues. The survey findings provide a cross-sectional snapshot and a longitudinal tracking of physician opinions on key health care issues and their experiences to support the association's policy development, political focus, and strategic planning process.

The 2012 Survey of Texas Physicians was conducted by TMA as a monthly email survey. In total, the survey contained 224 questions, many with multiple response items. Not all questions were answered by all respondents due to skip patterns and the monthly design. The survey included a mix of closed-ended response items, scalar response items, and a small number of open-ended response items. Many of the questions were structured for multiple choice or nominal scale responses.

Approximately 33,971 Texas physician and residents with email addresses in the TMA database were emailed a personalized link to the survey each month along with an announcement inviting them to participate and an incentive to answer the survey for the month and reminding them of a larger incentive for completing every survey of the year. Survey content was comprehensive, covering a broad range of physician opinion and experience and not limited to specific issues or grievances. There were no published links that allowed uninvited responses. Each link was unique and carried with it respondent demographic information. Each respondent was allowed to respond only once to each survey. Reminders requesting participation from physicians who did not answer the survey were emailed a week later. Responses were received by 5,310 members and nonmembers, but not all respondents completed all items.

Data was analyzed using SPSS statistical software. Open-ended responses were assigned to categories for analysis. In analysis, respondents are segregated by demographic variables and compared with the whole population. Only statistically significant data are reported.

APPENDIX — Survey Instrument

Physician Survey 2012

January

Questions marked with an asterisk (*) are required

1. In your opinion, what is the biggest challenge currently facing Texas physicians?
2. What legislative, legal, and regulatory issues are most important to you as a physician?

	Not at all Important	Somewhat Unimportant	Somewhat Important	Very Important
Defending Texas' tort reforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opposing government intrusion in medical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opposing commercial payer intrusion in medical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opposing hospital management intrusion in medical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health plan hassles and prompt pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare payment adequacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easing restrictions on private contracting in Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revising or eliminating some provisions of the new health care reform law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Covering the uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restoring physicians' rights to invest in health care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing administrative and regulatory burdens in medical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antitrust protection for physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Texas Medicaid payment adequacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Texas Medical Board regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing or eliminating state taxes on physician practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing government-imposed price controls or balance billing limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing scope of practice expansion for non-physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing state funding for Graduate Medical Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to care for Texas' injured workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opposing requirements to participate in Medicare or Medicaid as a condition of licensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Would you support or oppose the following measures to improve Medicare solvency?

	Support	Oppose	Don't Know
Increase Medicare eligibility age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase Medicare premiums for beneficiaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase Medicare coinsurance and/or deductibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase Medicare payroll taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuts to physician fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuts to hospital or other provider fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incentives to physicians and hospitals to reduce total Medicare spending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Penalties to physicians and hospitals who have high Medicare cost or utilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide beneficiaries with vouchers to purchase plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. To address high health-care cost or alleged problems of utilization of medical care services, do you support or oppose the following measures?

	Support	Oppose
Fee cuts to physicians whose Medicare patients use more medical services	<input type="radio"/>	<input type="radio"/>
Allowing high-deductible insurance with spending accounts like Health Saving Accounts	<input type="radio"/>	<input type="radio"/>
Measures to ensure access to primary care	<input type="radio"/>	<input type="radio"/>
Financial incentives for medical homes	<input type="radio"/>	<input type="radio"/>
Limits on the use of imaging equipment by physician specialty	<input type="radio"/>	<input type="radio"/>
Payment incentives and penalties based on reported clinical data on quality of care	<input type="radio"/>	<input type="radio"/>

5. Omitted

6. Omitted

7. Omitted

8. Should it be assumed that patients want to have their EHR data shared among health care providers as part of a health information exchange?
- Yes, it should be assumed patients opt-in with the ability to opt-out.
 - No, it should be assumed patients are out unless they opt-in.
9. If patients do opt-in, do you still have concerns about shared data from EHRs? (Check all that apply.)
- Patient privacy concerns
 - Physician privacy concerns
 - Administrative burden concerns
10. Whose responsibility is it to inform patients about shared data from EHRs? (Check all that apply.)
- Physicians and/or practice staff
 - The health information exchange
 - Other (please specify: _____)

11. Do you support or oppose the following measures to increase physician supply in Texas?

	Support	Oppose	Don't Know
An education loan repayment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary stipends for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidies for medical liability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tax incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
License fee rebates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment in a nonprofit health corporation (NPHC) with protections for independent medical decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct employment by a rural hospital (as opposed to private contracting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with moving or start-up costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removing some review regulations for the oversight of mid-level practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Are you discussing or considering joining with other health care providers to form an ACO?*
- Yes
 - No

Answer If Are you discussing or considering joining with other health... Yes Is Selected

- 13 If yes, what other health care providers are you discussing or considering joining? (Check all that apply.)
- A hospital
 - Other physicians
 - Other (please specify: _____)

February

This is the latest survey in TMA's series for 2012. As always, individual responses are confidential and only aggregate results will be reported. Questions marked with an asterisk (*) are required. Any question without an asterisk may be skipped. The physician or the practice administrator can complete this section. Please forward the survey e-mail with corresponding link to the person best able to answer questions about practice contracts. Before starting, it will be helpful to collect the following data about your practice: The approximate number of health plan contracts.

1. Is this section being completed by:
 - Physician
 - Practice administrator/ manager
 - Other (please specify): _____

2. Has your practice updated your claims format to the new 5010 standard?
 - Yes
 - No
 - Don't know

3. Has your practice been paid for Medicare claims for services delivered since January 1, 2012?
 - Yes
 - No
 - Don't know

4. How many of the following do you have: (Please enter approximate numbers.)
 - HMO contracts?
 - PPO contracts?
 - Workers' comp contracts?
 - Medicare Advantage plan contracts?
 - Medicaid Managed Care contracts?

5. In 2011, were you contracted with:

	Yes	No	Don't know
Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the past two years, have you approached a plan with which you are not contracted in an attempt to join their network?*
- Yes
 - No
 - Don't know

Answer If In the past two years, have you approached a plan with... Yes Is Selected

7. If yes, how have they responded to your request?
- No response
 - Received an offer, but it was unacceptable
 - Received a contract
8. In the past two years, have you or your representative attempted to negotiate the terms of any health plan contracts?*
- Yes
 - No (Skip to question 12.)
 - Not applicable because I have no contracts (Skip to question 12.)
 - Don't know (Skip to question 12.)
9. Who has attempted to negotiate the terms of a health plan contract? (Check all that apply.)
- Practice physician(s)
 - Practice staff
 - A consultant
 - An Independent Physician Association (IPA) or a Physician's Hospital Organization (PHO)
 - Other (please specify) _____
10. In the past two years, how often have you or your representative been successful in negotiating changes in a plan's contract language or payment terms?
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
 - Don't know
11. In your most recent effort, what was the outcome of the attempt to get contract changes?
- Secured changes in contract payments
 - Secured changes in contract terms
 - Secured changes in both payments and contract terms
 - No change in the contract
 - Don't know
12. Have you terminated any health plan contracts in the past two years?*
- Yes
 - No
 - Not applicable - I have no contracts
 - Don't know

If No Is Selected, Then Skip to In your practice, do you have a method...If Not applicable - I have no ... Is Selected, Then Skip To In your practice, do you have a method...If Don't know Is Selected, Then Skip To In your practice, do you have a method...

13. If you have terminated health plan contracts, what were the reasons? (Check all that apply.)
- Payment rate cuts imposed by the plan
 - Payments that had not increased enough to cover practice costs
 - Other payment problems such as claim denials, incorrect or late payment, or bundling
 - Administrative burden imposed on practice by plan
 - Other (please specify): _____
14. If you have terminated health plan contracts, did your termination notice result in new or renewed contract negotiations that ultimately produced a new contract with no lapse in coverage?
- Yes, every time
 - Yes, sometimes
 - No
15. In your practice, do you have a method to detect whether your contractual discounts have been accessed without your consent, as in a silent PPO?*
- Yes
 - No
 - Not applicable - I have no contracts
 - Don't know

Answer If In your practice, do you have a method to detect whether ... Yes Is Selected

16. If you have a method to detect unauthorized access to your contracted discounts, have you ever actually detected such activity?
- Yes
 - No
 - Don't know
17. Does your practice give out-of-network or uninsured patients a "prompt payment" discount if they pay in full for their services at the time of their visit or within some specific time frame?
- Yes
 - No

18. When patients have some financial responsibility to pay for services (such as high deductibles or out-of-network payments), physicians and patients need specific information about the patient's share of payment at the time of the service or in advance. How often is the necessary information available from the insurer?

	Never	Rarely	Sometimes	Often	Always
Aetna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blue Cross/Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Have you detected cases where you are listed incorrectly in a health plan's directory? (Check all that apply.)

- I was listed as a participating provider when I was not participating.
- I was not listed when I was a participating provider.

20. Have you experienced any of the following problems with assignment of benefits? (Check all that apply.)

- Payers refusing to honor assignment, resulting in plans paying patients instead of physicians.
- Payers' asserting that assignment of benefits imposes a prohibition on balance billing.

21. For which of the following tasks do you or your staff currently use computers in your practice? (Check all that apply.)

- Electronic claim filing
- Electronic calendar for use by staff
- Internet appointment scheduling for patients
- Electronic links to health care payment plans to submit or track referrals
- Submission/receipt of clinical lab orders by staff or physician
- Submission/receipt of radiology or imaging orders by staff or physician
- Physician Quality Reporting Initiative (PQRI) participation
- Prescription order transmitted to pharmacy
- Prescription refills
- Drug interaction warning system
- Sharing clinical data with other health care organizations
- E-mail to and from patients for administrative tasks
- E-mail to and from patients for clinical tasks
- Online patient consulting for a fee
- Other (please specify: _____)

22. Does your practice belong to any of the following categories? (Check all that apply.)*

- All or mostly cash or self-pay
- Concierge medicine
- Medicare opted-out
- Heavy Medicaid (i.e., population of 50 percent or greater)

Answer If Does your practice belong to any of the following category... All or mostly cash or self-pay Is Selected or Does your practice belong to any of the following category... Concierge medicine is selected or does your practice belong to any of the following category... Medicare opted-out Is Selected or does your practice belong to any of the following category... Heavy Medicaid (i.e., population of 50 percent or greater) is selected

23. Would you be willing to share some information about your practice type with TMA analysts in confidentiality?

- Yes
- No

Answer If Would you be willing to share some information about your... Yes Is Selected

24. Please enter the following contact information:

Name

Address

Address 2

City

Zip Code

Phone number

E-mail

March

1. Do you currently treat patients in active medical practice?*
- Yes
 - No

If No Is Selected, Then Skip to Which of the following best describes...

2. In the past two years, how has your personal income from medical practice change?
 - Increased
 - Decreased
 - Stayed the same
3. In the past year, has your practice experienced any cash-flow problems due to slow payment, nonpayment, or underpayment of claims by insurers or government payers?
 - Yes
 - No
 - Don't Know

Answer if in the past year, has your practice experienced any cash-... Yes Is Selected

4. Did these cash-flow problems cause you to take any of the following actions? (Check all that apply.)
 - Draw from personal funds to fund current practice operations
 - Secure commercial loans to fund current practice operations
 - Close or sell a practice
 - Lay off employees
 - Terminate or re-negotiate plan contracts
 - Reduce or terminate services to government payers
 - Other (please specify) _____
 5. Are you currently accepting any new patients?*
- Yes
 - No

If No Is Selected, Then Skip to How would it impact your practice i...

6. For patients covered by the following payers, does your practice currently (1) accept all new patients, (2) limit new patients that you will accept, or (3) accept no new patients?

	Accept All (1)	Limit (2)	Accept None (3)
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare HMOs or Advantage plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare-Medicaid dual eligible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMOs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PPOs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured or self-pay patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The military health care plan, Tricare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHIP plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers' compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. As a result of the ongoing problems with Medicare fee schedule updates, what actions are you taking, planning, or considering?

	Have Done	Will Do	Considering	Will Not Do
Place new or additional limits on Medicare acceptance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept no new Medicare patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terminate existing Medicare patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change status to Medicare nonparticipating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formally opt out of Medicare and require direct payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place new or additional limits on MEDICAID acceptance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the amount of charity care that I deliver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase standard fees charged to other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delay information technology implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renegotiate or terminate some health plan contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce staff compensation or benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Scheduled to take effect on Jan. 1, 2012, the Texas Legislature directed the Texas Health and Human Services Commission (HHSC) to reduce payments for Medicare coinsurance and deductibles to those eligible for both Medicaid and Medicare (dual-eligible). Have you changed your policies towards these patients in the past 2 years?
- Yes
 - No
9. How would it impact your practice if health care reforms increase the number of patients that are covered by private insurers and Medicaid? (Check all that apply.)
- We could take on more patients without a practice expansion.
 - We could take on more privately-insured patients, but not more Medicaid patients.
 - We would try to expand our practice by hiring more physicians in order to accommodate expanded demand.
 - We would accommodate expanded demand by hiring non-physician staff or providers.
 - We could not serve more patients than we currently serve.
10. To assist patients with their out of pocket costs, do you currently: (Check all that apply.)
- Publish a complete fee schedule on your website or in patient information materials.
 - Publish your most-frequently billed fees on your website or in patient information materials.
 - Give patients individual fees or cost ranges when they ask.
 - Routinely give patients fee information when planning future tests or procedures.
 - Try to estimate the insurance payment and net patient liability in advance.
 - Tell patients with insurance to call the company.
 - I never give out information about my fees.

Answer If To assist patients with their out of pocket costs, do y... I never give out information about my fees. Is Selected

11. Omitted

12. Approximately what percentage of your practice revenues are derived from each of the following payers? (If you cannot estimate, you may leave this question blank, but please complete the rest of the survey.)

- _____ Medicare
- _____ Medicare HMOs or Advantage plans
- _____ Medicare capitated
- _____ Medicaid
- _____ Medicare-Medicaid dual eligible
- _____ CHIP
- _____ HMOs
- _____ PPOs - in network
- _____ PPO members out of network
- _____ Commercial capitated
- _____ Uninsured or self-pay patients
- _____ Workers' compensation plans

13. Did your practice pay the Texas franchise tax (also known as business or margins tax) in 2011?

- Yes
- No

Answer If Did your practice pay the Texas franchise tax (also known... Yes Is Selected

14. If yes, what was the total franchise tax liability per physician? \$ ____

15. "Charity care" is medical care provided with prior knowledge that the patient will be unable to pay for services. Last year, what was the approximate dollar value of the charity care that you delivered personally, or was the per-physician average amount delivered in your practice? (Enter approximate dollar amount) \$ ____

16. Last year, what was the approximate dollar value of non-collectable debts, over and above charity care, attributable to medical services that you delivered personally, or were delivered per physician on average in your practice? (Enter approximate dollar amount) \$

17. Which of the following best describes your primary form of medical practice?

- Group practice owner, co-owner, or shareholder
- Group practice employee
- Hospital employee
- Partnership
- Solo
- Resident
- Teaching, administration, or research
- Other (please specify): _____

Answer If which of the following best describes your primary form o... Group practice owner, co-owner, or shareholder is Selected or which of the following best describes your primary form o... Group practice employee is Selected or which of the following best describes your primary form o... Hospital employee is Selected or which of the following best describes your primary form o... Partnership Is Selected

18. How many physicians are in your group or partnership?

19. Which of the following best describes the legal form of your practice?

- Sole proprietor
- Professional association (PA)
- Partnership
- Limited liability corporation (LLC)
- Limited liability partnership (LLP)
- Nonprofit health corporation (formerly known as 5.01[a])
- Other (please specify: _____)
- Don't know

April

1. Which statement best describes the current status of your practice?
 - We do not plan to implement an EHR.
 - We want to implement or plan to implement an EHR.
 - We currently use an EHR.

2. Why are you not planning to implement an EHR? (Check all that apply.)
 - Near retirement
 - Cost-prohibitive
 - No time for implementation and training
 - Concerns about electronic system reliability
 - Difficulty entering data
 - No national standards
 - Security, privacy, and liability concerns for myself or my patients
 - Uncertainty regarding Medicare and/or Medicaid fees
 - Uncertainty regarding the economy
 - Uncertainty regarding the impact of health care reform
 - Other (please specify: _____)

3. Would any of the following convince you to implement an EHR? (Check all that apply.)
 - Less direct data entry or more versatile user interface (i.e., voice recognition or PDA entry)
 - Greater flexibility in where and how I document
 - Grants or loans to help with implementation cost
 - Health care payment plan reimbursement incentives (i.e., stimulus package, pay-for-performance)
 - Help in selecting the appropriate system for my office
 - Assistance in implementation and training
 - Evidence that it would help improve the quality of patient care
 - Evidence that it would reduce my liability risk
 - Evidence that it would improve my practice operations
 - A better EHR product than the ones I've seen so far
 - Formal or informal standards that ensure that all systems can share information
 - Help from the local hospital to implement a system that will interface with theirs
 - Certainty regarding Medicare and/or Medicaid fees
 - Other (please specify: _____)

4. If you want to implement an EHR, how soon do you anticipate doing so?
 - Between zero and six months
 - Between six months and one year
 - Between one and two years
 - More than two years

Answer if you want to implement an EHR, how soon you anticipate... More than two years is selected

5. Why will it take you more than two years to implement an EHR?
- Cost-prohibitive
 - No time
 - Waiting for critical mass adoption
 - Uncertainty regarding Medicare and/or Medicaid fees
 - Uncertainty regarding the economy
 - Uncertainty regarding the impact of health care reform
 - Other (please specify: _____)
6. Which of the following services would you find helpful? (Check all that apply.)
- A technology readiness assessment of my practice
 - Suggestions of appropriate and effective EHR products
 - Analysis of purchase and implementation costs
 - A process to screen vendors
 - Assistance to optimize new system efficiency and effectiveness
 - Financial assistance
 - Other (please specify: _____)
7. Would you like TMA to contact you with information about EHR assistance that is available to you (this will NOT be a sales call)?
- Yes
 - No
8. Did your practice apply for Health Information Technology for Economic and Clinical Health (HITECH) incentive payments based on Medicare participation (for up to \$44,000) or Medicaid participation (for up to \$63,750)?
- Yes, we applied for HITECH incentive payments based on Medicare participation.
 - Yes, we applied for HITECH incentive payments based on Medicaid participation.
 - No, but we plan to apply.
 - No, and we don't plan to apply.
 - Don't know
9. Did you qualify for the stimulus incentives?
- Yes, we received them.
 - Yes, and we are expecting to receive them.
 - No
 - Don't know
10. Qualifying for the stimulus incentives was:
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - Don't know

11. Were you involved in the initial EHR selection for your practice?
- Yes
 - No (Skip to which type of EHR does your practice...)
12. What resources did your practice use to make your EHR decision? (Check all that apply.)
- National specialty societies
 - Regional Extension Centers (RECs)
 - American Medical Association (AMA)
 - Certified product list
 - TMA's EHR adoption tools
 - TMA's Practice Consulting
 - TMA's seminars
 - EHR vendors
 - Other (please specify): _____
 - Don't know
13. When you implemented your EHR, from which of the following types of assistance would you have benefited? (Check all that apply.)
- A technology readiness assessment of my practice
 - Suggestions of appropriate and effective EHR products
 - Analysis of purchase and implementation costs
 - A process to screen vendors
 - Assistance to optimize new system efficiency and effectiveness
 - Financial assistance
 - Other (please specify: _____)
 - Don't know
14. Which type of EHR does your practice use?
- Office-based only
 - Office and hospital system
 - Hospital system only
15. Is your system Internet-based (cloud computing)?
- Yes
 - No
 - Don't know
16. How long has your EHR been implemented?
- Between zero and six months
 - Between six months and one year
 - Between one and two years
 - More than two years
17. Are you currently or do you plan to participate in a local health information exchange (HIE) in order to share EHR data among health care providers?
- Yes, we are participating now.
 - Yes, but we don't currently participate.
 - No
 - Don't know

18. Do you need more information about HIE participation?

- Yes
- No

19. Which EHR system are you using?

- Allscripts
- Amazing Charts
- Centricity (GE)
- e-MDs
- eClinicalWorks
- EPIC
- Greenway
- MedInformatix
- NextGen
- Peak Practice (Eclipsys)
- Practice Partner (McKesson)
- SOAPware
- SpringCharts
- I only use a practice management system, e-prescribing system, hospital system, or home-grown system.
- Other (please specify vendor: _____)

20. How satisfied are you with your EHR system on the following:

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	Not applicable
Reliability (i.e., no down time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports on health care quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of the software	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on practice revenues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on practice costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on practice productivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effect on physician productivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interface with your practice management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interface with hospital/lab/ancillary provider systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of inputting data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time it takes to input data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capturing historical documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical alerts like drug interactions or allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coding assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health maintenance reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports and reporting ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Indicate your agreement with each of the following:

	Strongly agree	Agree	Disagree	Strongly disagree
Data entry at the point of care disrupts a physician's diagnostic thought process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data entry process disrupts formation of the differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of the EHR decreases attentiveness to the patient's presentation of signs and symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Would you recommend this system to another practice?

- Yes
- No
- Don't know

23. Are you currently reporting quality data for Medicare's PQRS program from your EHR?

- Yes and we have received incentive payments.
- Yes but we have not yet received incentive payments.
- No, but we plan to.
- No, and we don't plan to.
- Don't know

If No, but we plan to. Is Selected, Then Skip to Are you currently reporting quality...If No, and we don't plan to. Is Selected, Then Skip to Are you currently reporting quality...If Don't know Is Selected, Then Skip to Are you currently reporting quality...

24. Does your EHR software facilitate the necessary reporting for PQRS?

- Yes
- Yes, but we had to build or pay for custom reports.
- No
- Don't know

25. Would you recommend other practices participate in PQRS?

- Yes
- No
- Don't know

26. Are you currently reporting quality data for BCBS Bridges to Excellence or some other private payer's quality reporting program from your EHR?

- Yes and we have received incentive payments.
- Yes but we have not yet received incentive payments.
- No, but we plan to.
- No, and we don't plan to.
- Don't know

If No, but we plan to. Is Selected, Then Skip to End of Survey If No, and we don't plan to. Is Selected, Then Skip to End of Survey If Don't know Is Selected, Then Skip to End of Survey

27. Did your software facilitate the necessary reporting for Bridges to Excellence or other quality programs?

- Yes
- Yes, but we had to build or pay for custom reports.
- No

28. Would you recommend that other practices participate in Bridges to Excellence or other quality programs?

- Yes
- No
- Don't know

29. Is there anything else we should know about how your EHR changed your practice?

May

Omitted

June

Omitted

July

1. If the federal health care reform bill had never been passed and you could start over to design solutions for individuals who are uninsured, would you support or oppose the following government measures?

	Support	Oppose
Expand Medicare to cover more people	<input type="radio"/>	<input type="radio"/>
Expand the Children's Health Insurance Program (CHIP) to cover more children	<input type="radio"/>	<input type="radio"/>
Expand Medicaid to cover low-income adults	<input type="radio"/>	<input type="radio"/>
Encourage greater enrollment in Medicaid or CHIP for children who currently are eligible	<input type="radio"/>	<input type="radio"/>
Provide financial assistance (like vouchers, tax credits, or subsidies) to help uninsured individuals buy coverage	<input type="radio"/>	<input type="radio"/>
Provide subsidies for high-risk pool premiums for individuals who are uninsurable	<input type="radio"/>	<input type="radio"/>
More funding for outpatient charity clinics to provide free or reduced-price care	<input type="radio"/>	<input type="radio"/>
More direct funding for hospitals that provide charity care	<input type="radio"/>	<input type="radio"/>
Direct funding or subsidies for physicians who provide charity care	<input type="radio"/>	<input type="radio"/>
Federal income tax deductibility for all medical expenses	<input type="radio"/>	<input type="radio"/>
Federal single-payer health insurance plan	<input type="radio"/>	<input type="radio"/>
A penalty or tax on individuals who do not purchase health insurance	<input type="radio"/>	<input type="radio"/>
A penalty or tax on employers that do not offer adequate health insurance	<input type="radio"/>	<input type="radio"/>

2. Omitted
3. Omitted
4. Omitted
5. Omitted
6. Omitted

7. Omitted

8. Omitted

9. Please indicate your agreement with the following statements:

	Strongly Disagree	Somewhat Disagree	Don't know/ No opinion	Somewhat Agree	Strongly Agree
Texas Medicaid is broken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid provides essential health services to millions of low-income Texans and is a vital source of funding for Texas' safety net.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid should be a last-resort, safety-net program and not a mechanism to reduce the number of uninsured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We need a system for providing health care to low-income Texans with realistic payment rates, less stifling state bureaucracy, and no fraud-and-abuse witch hunts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Omitted

11. Omitted

12. Omitted

13. Omitted

14. Omitted

15. Omitted

16. Omitted

17. Omitted

18. Omitted

19. Omitted

20. Omitted

21. Please indicate your agreement with the following statements:

	Strongly Disagree	Somewhat Disagree	Don't know/ No opinion	Somewhat Agree	Strongly Agree
TMA should advocate against any legislation that could limit physicians' ability to frankly discuss all reproductive choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TMA should advocate against legislative requirements for any medical procedure or testing that is not medically indicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Omitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Omitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Omitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Are there Federally Qualified Health Centers (FQHCs) in your area?

- Yes
- No

23. Please indicate your agreement with each of the following statements regarding Federally Qualified Health Centers (FQHCs) in comparison with other facilities offering comparable services:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
They provide a needed service in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provide quality patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Without FQHCs, it would be more difficult for Medicaid and uninsured patients to obtain care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are more convenient places for patients than others in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They receive unfair competitive advantages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians practicing in them contribute to the medical community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians practicing in them communicate with other physicians seeing the same patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are an efficient use of tax dollars to provide care for under-served populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

August

1. Do you treat Medicaid HMO patients?
 - Yes, in network for all the HMOs in my area. (Skip to question 3.)
 - Yes, out-of-network (in area) for all the HMOs in my area.
 - A mix of in-network and out-of-network (in area).
 - No (If No Is Selected, Then Skip to End of Survey)

2. Why did you decide to treat Medicaid HMO patients' out-of-network, in area?

3. Please indicate which STAR HMOs you participate in. The STAR HMOs primarily cover pregnant women and children as opposed to the STAR+PLUS HMOs which primarily cover adults with disabilities. Select all that apply.
 - Aetna Better Health
 - Amerigroup
 - Blue Cross Blue Shield of Texas
 - CHRISTUS Health Plan
 - Community First Health Plans
 - Community Health Choice
 - Cook Children's Health Plan
 - Driscoll Children's Health Plan
 - El Paso First
 - FirstCare
 - Molina Healthcare of Texas
 - Parkland
 - Right Care from Scott & White Health Plan
 - Sendero Health Plans
 - Seton Health Plan
 - Superior Health Plan
 - Texas Children's Health Plan
 - United Community Health Plan
 - UnitedHealthcare Community Plan
 - None of the above (Skip to question 27.)

Answer If Please indicate which STAR HMOs you participate in. Aetna Better Health Is Selected

4. Please rate your satisfaction with Aetna Better Health STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	○	○	○
Timeliness of claims payments	○	○	○
Timeliness of prior approvals for medical services	○	○	○
Ease of medical prior authorization process	○	○	○
Accuracy of claims processing	○	○	○
Timeliness of obtaining prior approvals for prescription drugs	○	○	○
Ease of prescription drug prior authorization process	○	○	○
Adequacy of the provider network	○	○	○
Value-added benefits for patients	○	○	○
Patient education regarding HMO benefits and services	○	○	○

Answer If Please indicate which STAR HMOs you participate in. Amerigroup Is Selected

5. Please rate your satisfaction with Amerigroup STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Blue Cross Blue Shield of Texas Is Selected

6. Please rate your satisfaction with Blue Cross Blue Shield of Texas STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. CHRISTUS Health Plan Is Selected

7. Please rate your satisfaction with CHRISTUS Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Community First Health Plans Is Selected

8. Please rate your satisfaction with Community First Health Plans STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Community Health Choice Is Selected

9. Please rate your satisfaction with Community Health Choice STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Cook Children's Health Plan Is Selected

10. Please rate your satisfaction with Cook Children's Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Driscoll Children's Health Plan Is Selected

11. Please rate your satisfaction with Driscoll Children's Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. El Paso First Is Selected

12. Please rate your satisfaction with El Paso First STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. FirstCare Is Selected

13. Please rate your satisfaction with FirstCare STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Molina Healthcare of Texas Is Selected

14. Please rate your satisfaction with Molina Healthcare of Texas STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Parkland Is Selected

15. Please rate your satisfaction with Parkland STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Right Care from Scott & White Health Plan Is Selected

16. Please rate your satisfaction with Right Care from Scott & White Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Sendero Health Plans Is Selected

17. Please rate your satisfaction with Sendero Health Plans STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Seton Health Plan Is Selected

18. Please rate your satisfaction with Seton Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Superior Health Plan Is Selected

19. Please rate your satisfaction with Superior Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. Texas Children's Health Plan Is Selected

20. Please rate your satisfaction with Texas Children's Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. United Community Health Plan Is Selected

21. Please rate your satisfaction with United Community Health Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate which STAR HMOs you participate in. UnitedHealthcare Community Plan Is Selected

22. Please rate your satisfaction with UnitedHealthcare Community Plan STAR HMO. You may leave an answer blank if you don't know or it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. In the next year, do you plan to terminate one or more of your existing STAR HMO contracts?

- Yes
- No

Answer If In the next 3 months, do you plan to terminate 1 or more ... Yes Is Selected

24. If you intend to terminate a Medicaid STAR HMO contract, please select the reason(s) why? (Check all that apply.)

- Inadequate payments
- Payment problems (i.e., claim denials, incorrect or late payments)
- Administrative burden (i.e., paperwork)
- Quality of care concerns (i.e., inadequate provider network, delays in treatment)
- Other (please specify below): _____

25. Since March 1, 2012 has your practice experienced any specific cases in which the quality of patient care was adversely affected by the operating policies or utilization controls of a Medicaid STAR HMO?

- Yes
- No

26. Besides better payments, which one improvement would you make to the STAR HMO program?

- Claims process
- Timeliness of claims payments
- Accuracy of claims payments
- Administrative burdens (i.e., paperwork)
- Adequacy of provider network
- Formulary limitations
- Treatment delays
- Other (please specify: _____)

Answer If Do you treat Medicaid HMO patients? Yes, in network for all the HMOs in my area. Is Selected or Do you treat Medicaid HMO patients? A mix of in-network and out-of-network (in area) is selected

27. Please indicate if you participate in STAR+PLUS HMOs, which primarily cover adults with disabilities. (Select all that apply.)

- Amerigroup
- Bravo Health
- HealthSpring
- Molina Healthcare of Texas
- Superior Health Plan
- United Community Health Plan
- None of the above

If none of the above Is Selected, Then Skip to Do you submit HMO claims through the...

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... Amerigroup Is Selected

28. Please rate your satisfaction with Amerigroup STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... Bravo Health Is Selected

29. Please rate your satisfaction with Bravo Health STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... HealthSpring Is Selected

30. Please rate your satisfaction with HealthSpring STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... Molina Healthcare of Texas Is Selected

31. Please rate your satisfaction with Molina Healthcare of Texas STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... Superior Health Plan Is Selected

32. Please rate your satisfaction with Superior Health Plan STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Please indicate if you participate in STAR+PLUS HMOs, which... United Community Health Plan Is Selected

33. Please rate your satisfaction with United Community Health Plan STAR+PLUS HMO. You may leave an answer blank if you do not know or if it is not applicable.

	Dissatisfied	Neutral	Satisfied
Timeliness resolving physician complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of claims payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of prior approvals for medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of medical prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of claims processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of obtaining prior approvals for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of prescription drug prior authorization process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of the provider network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-added benefits for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education regarding HMO benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. In the next year, do you intend to terminate one or more of your existing STAR+PLUS HMO contracts?

- Yes
- No (If no is selected, skip to question 36.)

35. If you intend to terminate a Medicaid STAR+PLUS HMO contract, please select the reason(s) why? (Check all that apply.)

- Inadequate payments
- Payment problems (i.e., claim denials, incorrect or late payments)
- Administrative burdens (i.e., paperwork)
- Quality of care concerns (i.e., inadequate provider network, delays in treatment)
- Other (please specify: _____)

36. Since March 1, 2012 has your practice experienced any specific cases in which the quality of patient care was adversely affected by the operating policies or utilization controls of a Medicaid STAR+PLUS HMO?

- Yes
- No

37. Besides better payment, which one improvement would you make to the STAR+PLUS HMO program?

- Claims process
- Timeliness of claims payments
- Accuracy of claims payments
- Administrative burdens (i.e., paperwork)
- Adequacy of provider network
- Formulary limitations
- Treatment delays
- Other (please specify: _____)

38. Do you submit HMO claims through the single HMO portal administered by TMHP?

- Yes
- Sometimes
- No (If no is selected, skip to question 39.)

39. If no, why not?

September

1. When you started practice, were you a full or part owner of your main practice?

- Yes
- No

If Yes Is Selected, Then Skip to Why did you become a full or part own...

2. When you started practice, which of the following best describes your employer or the institution with which you had a primary contract?

- A physician or a physician group practice
- A medical school or faculty practice plan
- A non-profit health corporation (NPHC, formerly known as a 5.01 a[c])
- A Rural Health Clinic (RHC) or Federally Qualified Health Clinic (FQHC)
- A state or federal agency
- Other (please specify below: _____)

3. Did you later become an owner in a practice?

- Yes
- No

If Yes Is Not Selected, Then Skip to Are you still practicing in the same...

Answer if when you started practice, were you a full or part owner ... Yes Is Selected or Did you later become an owner in the practice? Yes Is Selected

4. Why did you become a full or part owner of your main practice? (Select all that apply.)

- Personal control of practice decisions
- Personal control of clinical decisions
- Opportunities for practice growth and profitability
- Geographic location (i.e., close to friends/family, urban or rural)
- Other (please specify below: _____)

5. Are you still a full or part owner of your main practice?

- Yes
- No

If Yes Is Selected, Then Skip to Please rate the desirability, in your...

6. Why are you no longer a full or part owner of your main practice? (Please select all that apply.)
- Retired
 - Long hours/lack of personal time
 - Uncertainty/changes with health system reform
 - Reimbursement issues
 - Dealing with managed care/insurers
 - Dealing with government regulations
 - Non-clinical paperwork
 - Other (please specify: _____)

Skip to question 12.

7. Are you still practicing in the same type of environment you started in (i.e., a physician group practice, medical school, NPHC, RHC, FQHC, or state or federal agency, etc.)?
- Yes (Skip to question 9.)
 - No
8. How many years did you stay in your initial practice environment?
9. Are you interested in owning or co-owning a practice?
- Yes
 - No

Answer If Are you interested in owning or co-owning a practice at s... Yes Is Selected

10. Why are you interested in owning or co-owning a practice at some point in your medical career?
- Personal control of practice decisions
 - Personal control of clinical decisions
 - Opportunities for practice growth and profitability
 - Geographic location (i.e., close to friends/family, urban or rural)
 - Other (please specify below: _____)

Answer If Are you interested in owning or co-owning a practice at s... Yes Is Selected

11. If you plan to leave, in about how many years?

12. Please rate the desirability, in your opinion, of the following practice types for most NEW physicians:

	1 (Most desirable)	2	3	4	5 (Least Desirable)
Solo practice					
Immediate buy-in to an established medical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment in an established physician practice, with a subsequent option to buy in to ownership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment by a nonprofit health organization run by physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment by a hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment by a state or federal agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment in academia or research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Are you participating in the Medicare e-prescribing incentive program?

- Yes, we have received an incentive.
- Yes, but we have not yet received an incentive.
- No, but plan to.
- No.
- I don't know.

14. Has your organization done any of the following in the past two years, or does it plan to in the next two years? (Please select all that apply.)

	Did In the Past Two Years	Plan To In Next Two Years	Neither or Unsure	Not Applicable
Merge with another physician-owned practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrate clinically with a hospital but maintain physician ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrate with a hospital or health system by selling practice ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form/join an accountable care organization (ACO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join an independent practice association (IPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join a physician hospital organization (PHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

October

1. In the past year, has your practice experienced any specific cases in which the quality of patient care was adversely affected by the operating policies or utilization controls of a government program or private-sector health plan? (Check all that apply.)

- Medicare
- Medicaid
- Health plans
- Workers' compensation

Answer If In the past year, has your practice experienced any specific...? Medicare Is selected or in the past year, has your practice experienced any specific... Medicaid Is selected or in the past year, has your practice experienced any specific... Health plans Is Selected or in the past year, has your practice experienced any specific... Workers' compensation is selected

2. If you have seen damage to care quality, what were the causes? (Check all that apply.)

	Medicare	Medicaid	Managed Care	Workers' Comp
Inadequate access to primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate specialist access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delays in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited or tiered formularies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denials or non-coverage for some procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited or tiered networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have practice privileges at a hospital?

- Yes
- No

If No Is Selected, Then Skip to Have you seen cases where physicians...

4. Which of the following best describes the hospital in which you primarily practice? (Check all that apply.)

- Academic medical center
- Public hospital
- Private, not-for-profit
- Private, for profit
- General hospital
- Limited service or specialty hospital
- Designated trauma facility
- Owned partially or entirely by physicians

5. Are you employed by the hospital or hospital owned non-profit health corporation (NPHC) in which you primarily practice?

- Yes
- No

6. Thinking about the hospital in which you primarily practice please indicate your agreement with the following statements:

	Strongly Disagree (1)	2	3	4	Strongly Agree (5)
Hospital and medical staff work together to solve patient safety problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital and medical staff work together to solve economic problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital takes efforts to address physician concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The working relationship between hospital and medical staff is cooperative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely on-call coverage is generally available for all specialties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital tries to influence end-of-life treatment decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital tries to influence other treatment decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital honors patient advance directives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the past year, have there been any specific cases in your practice in which the quality of patient care was adversely affected by the policies or operations of a hospital or surgical facility?

- Yes
- No

Answer If In the past year, have there been any specific cases in... Yes Is Selected

8. If you have seen damage to care quality, what were the causes? (Check all that apply.)

- Scheduling delays
- Delays in implementing physician orders
- Errors in implementing physician orders
- Inadequate facility staffing
- Inconsistent facility staffing
- Inconsistencies in surgical settings or equipment
- Inadequate call coverage
- Other (please specify: _____)

9. Do your medical staff privileges at any hospital require you to accept patients who report to the emergency room without a physician?
- Yes
 - No
10. Does the hospital reimburse you in some fashion for being on call or responding to emergency call for medically indigent patients?
- Yes
 - No
11. Does the hospital require you to participate as a provider in certain health plan or network contracts?
- Yes, there are requirements or incentives.
 - There are no formal requirements or incentives, but hospital administrators strongly encourage it.
 - No.
 - I don't know.
12. Have you seen cases where physicians lost employment, contracts, or hospital privileges because they raised issues about hospital regulatory compliance or patient care quality?
- Yes
 - No

Answer If Have you seen cases where physicians lost employment, con... Yes Is Selected

13. Would you be willing to discuss your experience with TMA staff?
- Yes
 - No
14. Are there specialty hospitals, Ambulatory Surgical Centers (ASCs), or imaging centers in your area that are physician-owned?
- Yes
 - No

Answer If Are there specialty hospitals, Ambulatory Surgical Center... Yes Is Selected

15. Please indicate your agreement with each of the following statements regarding physician-owned facilities in your community in comparison to other facilities offering comparable services:

	Strongly Disagree (1)	2	3	4	Strongly Agree (5)
The facility is a safer place for patients than others in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facility is a more convenient place for patients than others in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facility is less expensive for patients than others in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Are there specialty hospitals, Ambulatory Surgical Center... Yes Is Selected

16. Do you practice in any hospital, ASC, or other facility that is physician-owned?
- Yes
 - No

Answer If Do you practice in any hospital, ASC, or other facility t... Yes Is Selected

17. Are you an owner or investor in the facility?

- Yes
- No

Answer If Are you an owner or investor in the facility? Yes Is Selected

18. How has ownership in a facility impacted your business position? (Check all that apply.)

- It has given me increased leverage to negotiate better contracts with some plans.
- It has caused some plans to refuse to contract with my facility.
- It has caused some plans to refuse to contract with me for my professional services.
- It has improved the efficiency of my practice.
- It has caused me to lose staff privileges at another facility.
- Other (please specify: _____)

19. Have you executed an advance directive?

- Yes
- No

Answer If Have you executed an advance directive? No Is Selected

20. Do you plan to do so in the next few years?

- Yes
- No

21. Have you executed a durable power of attorney for health care?

- Yes
- No

Answer If Have you executed a durable power of attorney for health ... No Is Selected

22. Do you plan to do so in the next few years?

- Yes
- No

23. Do you have end-of life-care discussions with patients? (Check all that apply.)

- Yes, I initiate them with all or most patients.
- Yes, I initiate them with some or certain patients.
- Yes, when a patient initiates them.
- No.

24. If a patient has advance directives, do you keep a copy or note its existence in the medical record?

- Yes
- No

25. Currently, there is a process that allows health care physicians and facilities to withdraw medically inappropriate treatment for patients. There are legislative proposals to require physicians and facilities to continue treatment indefinitely if requested by the family or until transfer can be arranged to another health care facility and physician. Please rate the following statements regarding this legislation.

	Strongly Disagree (1)	2	3	4	Strongly Agree (5)
This legislation will increase health care costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This legislation will increase patient suffering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This legislation will decrease physician and facility staff morale.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This legislation will ensure a family's wishes are honored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this legislation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Would you support or oppose a legislative requirement that any do-not-resuscitate (DNR) order be supported by written evidence of consent by the patient or their surrogate decision maker?

- Strongly Support
- Somewhat Support
- No Opinion
- Somewhat Oppose
- Strongly Oppose

27. Briefly explain your current practice regarding consent and DNR orders:

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1. What federal issues are most important to you as a physician?

	Not at all Important	Somewhat Unimportant	Somewhat Important	Very Important
Protect physicians' independent medical judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanently eliminate Medicare (SGR) fee cuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure Medicare fees are adequate to cover physician cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove the requirements for Medicare and Medicaid re-enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce administrative and regulatory burdens in medical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antitrust protection for physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent scope of practice expansion for non-physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeal the Independent Payment Advisory Board (IPAB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate Medicare price controls and balance billing limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow Medicare beneficiaries to contract directly with physicians for care at their own expense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you support or oppose the following federal advocacy positions?

	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Support	Strongly Support
Revise or eliminate some or all provisions of the Patient Protection and Affordable Care Act (ACA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate bonuses AND penalties in Medicare's performance improvement program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate the federal physician ranking program to be reported on the "Physician Compare" website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revise all physician quality-of-care measures to eliminate penalties that are dependent on patient compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require health plans to simplify verifications of eligibility for preventive care benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate financial bonuses to implement electronic health records (EHRs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate future penalties for failure to use electronic health records (EHRs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put ICD-10 on permanent hold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop implementation of Medicare's pay-for-performance "value-based purchasing" program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restore physicians' rights to invest in health care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate penalties for e-prescribing and Patient Quality Reporting System (PQRS) non-reporting, keep bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that failure to report Medicare or Medicaid overpayments is not treated as fraud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Has your practice hired a new physician in the past year?

- Yes
- No

4. Is your practice planning to hire a new physician in the next year?

- Yes
- No

If Yes Is Selected, Then Skip to End of Survey

5. Would you hire a new physician if the economic environment was different?

- Yes
- No

If No Is Selected, Then Skip to End of Survey

6. Please rate the following factors on how important they are in your decision not to hire a new physician.

	Not at all Important	Somewhat Unimportant	Somewhat Important	Very Important
Uncertainty regarding Medicare and/or Medicaid fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty regarding health system reform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decline in patient demand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment expense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Few physicians interested in group practice employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of maintaining an employed physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing prevalence of high deductible health plans and patient responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>