



New Jersey Primary Care Practice Survey

METHODOLOGY REPORT AND DATA MEMO

22 December 2015

Submitted to:

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Acknowledgement

This report was supported under sub-contract to Rutgers Center for State Health Policy (CSHP) as part of a State Planning Grant Design Award, Funding Opportunity Number CMS-1G1-12-001 from the US Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS), Cooperative Agreement No. 1G1CMS331386-01-07. The contents of this report are solely the responsibility of the Abt SRBI, Inc., and do not necessarily represent the official views of Rutgers CSHP, HHS, any of its agencies, or any agency of the State of New Jersey.

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Survey Overview

The Center for State Health Policy (CSHP) at Rutgers University surveyed primary care physicians in New Jersey as part of a State Innovation Model design grant from the Centers for Medicare and Medicaid Services (CMS). One of the main goals of the project is to identify strategies to improve healthcare delivery in New Jersey and stem rising healthcare spending across the state. The purpose of the New Jersey Primary Care Practice Survey is to understand the role of primary care in achieving these goals.

The goal of the sampling design was to select 2,500 New Jersey primary care physicians with the restriction that each physician comes from a unique practice location. From the American Medical Association (AMA) Masterfile of all primary care physicians in NJ, a sample of 2,500 practice locations was selected followed by one physician from each location. Physicians were recruited to complete the survey by Web or mail from September 8, 2015 through December 10, 2015. Abt SRBI mailed survey packets and reminder postcards while MMS, the sample vendor, sent reminder emails to physicians with email addresses.

Surveys were completed (>70% of items completed) by 698 physicians (557 by mail and 141 on the Web) and partially completed (50-70% complete) by 33 physicians (30 by mail, 3 on the Web). A total of 225 physicians were deemed ineligible because 1) they indicated on the survey that they spent zero hours delivering primary care at the practice location in their last complete week of work; 2) they indicated in other correspondence that they were no longer practicing or that they were not primary care physicians; or 3) address change information from USPS indicated that the physician had moved out of state. Three physicians refused to participate. The overall response rate (AAPOR RR3) was 36.4%.

Weighting procedures accounted for the probability of selection both of the practice location from the overall frame and the physician within the practice location. A raking ratio adjustment was then used to align the weighted sample with available benchmarks for the target population of NJ primary care doctors from the AMA Masterfile frame.

A description of the variables in the dataset is provided at the end of this report.

Sampling Procedures

The target population for this survey was all New Jersey primary care doctors. The objective of the sampling design was to select a probability representative sample of doctors from this population with the restriction that only one physician was selected in the sample from a practice location.

The sampling frame for the selection of this sample was the American Medical Association (AMA) Masterfile of primary care physicians. The number of physicians in the frame was 7,834. This list included the location address of the physician practice. The selection was done using a two-stage cluster sampling design. First, the list was sorted by zip code. All physicians located in a practice having the same address were grouped together. After this grouping, there were 6,515 practices consisting of 1 or more physicians. The highest number of physicians in a practice was 17. An equal probability systematic sample of 2,500 practices was selected at the first stage. The number of physicians working in the 2,500 selected practices was 3,002. In practices in which only one physician worked, that physician was included in the sample. In practices having more than one physician, one was selected with equal probability within the practice, giving a total sample of 2,500 physicians.

Screening for Eligibility

Physicians were eligible for the survey if they practiced in NJ and provided any hours of primary care services during their last complete week of work. Physicians were dispositioned as screenouts (ineligible) if 1) they indicated on Q1 of the survey that they spent zero hours delivering primary care at the practice location in their last complete week of work; 2) they indicated in other correspondence that they were no longer practicing or that they were not primary care physicians; or 3) address change information from USPS indicated that the physician had moved out of state. Physicians responding to the Web survey who indicated 0 hours of primary care services on Q1 (by either entering 0 or clicking the checkbox that indicated 0 hours) were skipped to the thank you page at the end of the survey. Physicians responding similarly to the mail survey were marked as screenouts and data from any other questions was cleared.

Recruitment and Data Collection

Data collection was conducted from September 8, 2015 to December 10, 2015.

Table 1 shows the schedule of invitations and reminders.

Table 1. Invitation and Reminder Schedule

Date	Invitation/Reminder	Quantity
9/8	Mailing #1 – with Web URL and paper survey	n=2,500
9/15	Thank you/reminder postcard (to sample members without email address)	n=539
9/15	Email reminder #1 to nonrespondents	n=1,950
9/24	Email reminder #2 to nonrespondents	n=1,619
10/16	Mailing #2 – Priority mail package with Web URL and paper survey	n=1,867
11/6	Mailing #3 –with Web URL and paper survey	n=1,698

The first survey invitation included 1) a cover letter describing the study that included the survey Web URL and unique ID to enter the survey; 2) a letter of support from the State of NJ; and 3) a \$10 Amazon gift card. Because of a miscommunication between the project team and the mailing center, the first mailing also included the four-page scannable paper survey and a business reply envelope for returning the mail survey.

A week after the initial mailing, MMS emailed reminders with the Web URL and unique ID to all nonresponding sample members with an email address on file, and Abt SRBI mailed a thank you/reminder postcard to all sample members with no email address on file. MMS sent an additional email reminder nine days after the first to nonrespondents with an email address.

The second and third survey invitations were timed to be sent once the majority of responses from the previous mailing had been received. They were similar to the first mailing with two changes: 1) the second mailing was sent Priority Mail (instead of first class) and 2) they not include a gift card.

Questionnaire and Modes

The questionnaire asked questions about both the individual physician and his or her practice. Questions addressed perceived availability of services and information from other providers, use of health information systems, care management and staffing, practice characteristics and payment sources, and patient population characteristics.

We programmed the questionnaire into a Web survey and laid it out into a four-page scannable paper survey. Following the principal of universal presentation across modes (Martin et al., 2007), we attempted to align the wording and appearance of questions in both modes, while making use of the features of the Web mode such as automated skip patterns, range checks, and prompts for the respondent to address item nonresponse.

Prior to fielding, the paper survey was test-scanned to ensure functionality, and scanning rules were developed in conjunction with Rutgers to adjudicate multiple responses where only one response was allowed. The Web survey was reviewed for appearance, functioning of skip patterns, range checks and error prompts, and accuracy of the back-end data. The Web survey was reviewed across multiple browsers and devices, including mobile devices. The Web survey was tested by both the study team and the client.

Data Collection Quality Assurance

During data collection the project team reviewed Web and mail data to ensure that there were no problems with either scanning or the Web programming. Paper surveys were reviewed and, if necessary, edited prior to scanning, and the resulting data was verified. Web survey data was reviewed to ensure that skip patterns and range checks functioned as programmed and that response distributions appeared reasonable.

Survey Outcomes

Table 2 shows the survey outcomes overall and by mode.

Table 2. Survey Outcomes by Mode.

Disposition	n
Complete	698
Web	141
Mail	557
Partial Complete	33
Web	3
Mail	30
Breakoff	5
Web	4
Mail	1
Refusal	3
Screenout – Ineligible	225
Web	41
Mail	180
Email	4
Incomplete	1,536
Web hit, no items complete	2
Undeliverable mail	57
No response	1,477
TOTAL	2,500

Procedures Used to Maximize Response Rates

In order to attain the highest possible response rate, the recruitment strategy used the following major components:

- Thoughtful development of a variety of mailing and reminder materials that conveyed the importance of the survey in plain language and highlighted the Web URL.
- Inclusion of a \$10 pre-incentive in the first mailing.
- Timing of contacts to ensure that the previous contact had reached maximum efficacy, thereby reducing burden on those who had already responded by mail (and reducing duplicate surveys).
- Use of USPS Priority Mail to reach nonrespondents on the second survey mailing.
- Layout of the questionnaire in an easy-to-read format for both Web and mail modes.
- A sufficiently long field period to facilitate the eventual completion of surveys by respondents who were more difficult to reach.

Standardized Rates by Type of Sampling Frame

The key elements and definitions used for the computation of the outcome rates are primarily based on the AAPOR Standard Definitions for mail surveys of specifically named persons (with relevant information from the section on internet surveys of specifically named persons):

1. **Returned questionnaires.** These include both complete and partial surveys. Complete surveys are defined as surveys where more than 70% of questions were completed (52 or more items out of 73 total), while partial complete surveys are defined as surveys where 50-70% of questions (37 to 51 questions) were completed.
2. **Eligible, no returned questionnaire.** These include cases that were determined to be eligible but who refused to participate, terminated at some point during the interview, or otherwise did not meet the definition of a complete or partial survey. Surveys with less than 50% of questions (37 questions) answered were considered a break-off.
3. **Unknown eligibility, no returned questionnaire.** These include both cases where nothing is known about whether the survey invitations or reminders reached the sampled physician and where the mailings could not be delivered or were forwarded. For this survey, these also include sample members who logged into the Web survey but who did not complete the Q1 screener questions.
4. **Not eligible.** Ineligible cases include those physicians who indicated on Q1 of the survey that they spent zero hours delivering primary care at the practice location in their last complete week of work or who indicated in other correspondence that they were no longer practicing or that they were not primary care physicians. These also include cases where we received address change information from USPS indicating that the physician had moved out of state.

The response rate is the number of completed interviews by eligible sample members divided by the total number of eligible sample members. The response rate for this survey has been calculated two different ways (RR3 and RR4) to demonstrate the impact of including partial completes. The AAPOR response rate is calculated using AAPOR outcome codes, where:

I = Complete interview

P = Partial interview

R = Refusal and break-off

UO = Unknown eligibility

e = Estimated proportion of cases of unknown eligibility that are eligible

In the context of the current survey, we calculate e as the proportion of eligible (not screenout) cases over the total number of cases with known eligibility.

$$e = \frac{698+33+5+3}{698+33+5+3+225} = 76.7\%$$

Response Rates 3 and 4 (RR3 and RR4) adjust for the estimated proportion of cases of unknown eligibility that are expected to be eligible based on the eligibility rate in the known cases. It is less conservative than RR1, which assumes that all cases of unknown eligibility are eligible. Because of the high proportion of cases known to be ineligible, we recommend the use of RR3/RR4.

RR3 is computed as the number of complete interviews divided by the number of interviews (complete plus partial) plus the number of eligible non-interviews and estimated eligible cases of unknown eligibility.

$$RR3 = \frac{I}{(I + P) + (R) + e(UO)}$$

Substituting the survey results yields an RR3 of 34.0% as follows:

$$RR3 = \frac{698}{(698 + 33) + (5+3) + .767(1536)} = 36.4\%$$

Response Rate 4 (RR4) is almost identical to RR3, but counts partial interviews as respondents, adding P to the RR3 numerator. RR4 is 38.1%.

$$RR4 = \frac{698 + 33}{(698 + 33) + (5+3) + .767(1536)} = 38.1\%$$

Weighting Procedures

The final analysis weights were produced through 2 steps.

- (1) First, the probability of selection and its inverse, the base weight, were computed. In the first sampling stage, 2,500 practice locations were selected from 6,515 unique locations. As such, the practice level weight was 2.606 ($6,515/2,500$) for all cases. In the second sampling stage, one physician was selected from each location, and the sampling probability was $1/n$ where n was the number of physicians listed at that location. The physician weight was thus $n/1$, the inverse of the sampling probability. The final base weight for each case was the product of the provider weight (2.606) and the physician weight.
- (2) A raking ratio adjustment was then used to align the weighted sample with available benchmarks for the target population of NJ primary care doctors. The benchmarks were computed from the AMA Masterfile frame. Since we are not able to identify in the AMA Masterfile which records would be eligible for our survey, we raked all respondents (completes and partials) and screened out cases together. The survey data were aligned to the marginal distribution of the following variables: TOPS (PO = Office based, PS = Hospital Staff), Primary Specialty and Present Employment. Some categories of these variables had to be collapsed (see final categories in Table 3 below) to avoid having sparse weighting cells, which can inflate the variability of the weights and, therefore, decrease the precision of the survey estimates. The raking procedure was implemented by the IHB SAS macro (Izrael, Hoaglin and Battaglia, 2000), using the final base weights as the input. The final weights converged (i.e., the weighted sample percentages differed from the population targets by less than 0.005) after 45 raking iterations. The macro also detected two extreme weights, which were then trimmed down to avoid increasing the weights' variability.

Table 3. Population Targets for Weighting.

Raking variable	Population Total
TOPS	
Office	6,984
Hospital	850
Primary Specialty	
Family Practice	1,511
General Practice	112
Internal Medicine	3,143
Obstetrics & Gynecology	1,162
Pediatrics	1,906
Present Employment	
Self employed solo	1,632
Two physician/Other patient	491
Group/HMO	3,135
Medical school/Non-Gov Hospital	334
Non-Federal Gov Hospital	473
Federal Gov Hospital	125
No classification	1,644

Data Notes

This section describes the final dataset, including mode-specific questions and considerations.

Mail Scanning Rules

Scanning rules for each question on the mail survey were developed. For mail survey participants who provided multiple responses for single response items, the scanning rules determined how to code the information that was provided. Using the scanning rules, multiple responses were either 1) permitted and all responses were captured; 2) marked as blank/missing; or 3) had to meet a set of criteria before a final response option would be permitted.

The scan rules were as follows:

- Questions 1, 3, 24, and 28:
 - Round decimal responses up to the nearest whole number. (In particular on Q24, there are some respondents answering in decimals <1%, so 1% in the data will be interpreted as 1% or less).
 - If respondent provided a range (e.g., 1-2), take an average of the ends of the range and round the result up to the next whole number.
- Question 2:
 - Use less agreeable response (because respondents tend to be biased to be more agreeable) when respondent chooses two adjacent bubbles, e.g., if respondent marks “agree strongly” and “agree somewhat,” use “agree somewhat”
 - Set to missing if non-adjacent bubbles selected.
- Question 4, 6, 7, 17, 19, 23, 29: For these items with yes/no responses, marking both will be set to missing.
- Questions 5 and 25:
 - All + Most = select Most
 - Some + None = select Some
 - Most + Some = select Most
 - Non-adjacent combinations = missing
- Question 8:
 - Use more negative response (because respondents are biased to be more positive) when respondent chooses two adjacent bubbles, e.g., if respondent marks “very useful” and “somewhat useful,” use “somewhat useful”
 - Set to missing if non-adjacent bubbles selected
- Questions 9-13:
 - Yes + No = missing
 - No + Plan to in future = Plan to in future
 - Yes + Plan to in future = Yes
- Question 14: Use more frequent response of adjacent responses
 - Never + Sometimes = Sometimes
 - Sometimes + Often = Often
 - Never + Often = missing
- Questions 16 and 20: These were set up to capture each response like a check-all-that-apply question.
- Question 26:
 - Use higher PCMH level of adjacent responses, e.g., level 3 over level 2

- Non-adjacent combinations = missing
- Question 27:
 - Use leftmost response of adjacent responses, e.g., “Have specific plans” over “Considering” and “Considering” over “No Plans”
 - “Have specific plans” + “No plans” = missing
- Question 30:
 - Take the higher of 2 adjacent responses
 - Non-adjacent combinations = missing
- Question 32: Mark as missing if both selected
- Question 33:
 - Take the higher of 2 adjacent responses
 - Non-adjacent combinations = missing

Data Cleaning Rules

Personally Identifiable Information

All sampling frame variables containing personally identifiable information (e.g., name, address) were removed from the final dataset.

Screenouts

Respondents who answered 0 hours on Q1 of the mail survey were flagged as screenouts and any other data from their survey was cleared from the dataset. The Web survey skipped respondents to the end of the survey automatically. If respondents did not provide a response to Q1, we retained all other data.

Skip Patterns

We cleared out any data on Q4-Q7 for respondents who answered 0% on Q3c of the mail survey and on Q19 for respondents who answered 0 for both parts of Q18b. The Web survey skipped respondents over these items automatically. If respondents did not provide a response to the lead-in question, we retained the data in the subsequent questions.

Coding

For Q20 and Q21, “Other, specify” open-ended responses were upcoded when they matched an existing response option. Q21_7 was created to capture upcoded “Don’t know” responses.

Description of Specific Variables

Participant IDs

Each respondent had two ID variables: 1) *SurveyID*, which was the ID assigned by Abt SRBI that was printed on the mail survey and used to log into the Web survey; and 2) *MMSIDNumber*, which was the ID from the sample vendor.

Timing Variables

The Web survey data have four variables indicating the start (*WEB_START*) and end (*WEB_END*) dates and times for completes and screenouts, the last date and time the Web survey was touched for all physicians who logged in (*WEB_LAST_TOUCHED*), and the date and time completed surveys were finished (*WEB_LASTCOMPLETE*).

The date and time mail surveys were scanned is indicated by *SCAN_DATE*.

Frame Variables

We included several variables from the AMA frame data about the physician or practice location:

- *MDDOFlag*: Indicates whether the physician is an MD or DO
- *Zip*: Includes the 5-digit ZIP code for the practice location
- *TOPS*: Indicates whether the practice is office or hospital based
- *PE*: Describes the type of practice in which the physician is employed
- *PrimarySpecialty*: Indicates the physician's primary specialty
- *SecondarySpecialty*: Indicates any secondary specialty
- *EmailFlag*: Shows whether an email address was available in the AMA data.

Survey Questions

All survey questions begin with the letter Q. Responses from the Web and mail survey were merged except in the following cases:

- Question 16: Web responses are in *Q16*, and mail responses are in *Q16_1* and *Q16_2*. This question was set up to capture multiple responses in the mail scanning rules.
- Question 20. Web responses are in *Q20*, and mail responses are in *Q20_1* through *Q20_6* (the "other, specify" open ended responses are all captured in *Q20_6_OTHER*). This question was set up to capture multiple responses in the mail scanning rules.

Dispositions

- *MODE* indicates whether data came from a scanned mail questionnaire or via the Web survey.
- *FinalDispo* provides the final disposition of each case as either a complete, partial complete, breakoff, screenout, refusal, web hit, undeliverable, or noncontact.
 - Complete: More than 70% of questions (at least 52 of the 73 total questions) answered (items that are logically skipped are included).
 - Partial: 50-70% of questions (37 to 51 questions) answered.
 - Breakoff: Less than 50% of questions (36 or fewer) answered
 - Screenout: Ineligible cases that include those physicians who indicated on Q1 of the survey that they spent zero hours delivering primary care at the practice location in their last complete week of work or who indicated in other correspondence that they were no longer practicing or that they were not primary care physicians. These also include cases where we received address change information from USPS indicating that the physician had moved out of state.
 - Refusal: Includes both explicit refusals and implied refusal by mailing back a blank survey in the included BRE.
 - Web hit: Logged into web survey but completed no items.
 - Undeliverable: Mailings returned by postal service as undeliverable.
 - Noncontact: All cases not receiving the above dispositions were included here.

Weighting Variables

Variables that are weights or were used in computing the weights include:

- *ProviderSize*: Indicates the number of physicians on the frame for the same location as the selected case.
- *ProviderWeight*: Equals 2.606 for all cases (6,515 unique providers/2,500 selected=2.606)

- *PhysicianWeight*: Is the inverse probability of selection for the physician within the provider location and is equal to the provider size.
- *Baseweight*: Is the product of *ProviderWeight* and *PhysicianWeight*.
- *Finalweight*: Incorporates the raking step that aligns the characteristics of the weighted sample with the AMA Masterfile benchmarks for the target population of NJ primary care doctors. This weight should be used in the analysis.

Missing Data Codes

There are three user-defined missing data codes in the dataset: Logic Skip, Missing: Mail Complete and Missing: Phone Complete. Questions that were not completed by the respondent were left as blank. Each code is described below:

Logic Skip (6666)

The code Logic Skip (6666) was used for missing data as a result of a survey logic skip. Participants were not presented these questions and therefore have no data recorded. The following questions contain 6666 response codes.

- Q4-Q7, if Q3c=0.
- Q19, if Q18B_FT=0 and Q18B_PT=0

Missing: Mail Complete and Missing: Phone Complete (8888)

Missing data for variables due to use of different variables by survey mode were coded as Missing: Mail Complete or Missing: Phone Complete (8888). These include variables for Q16 and Q20 (described under “Survey Questions” above) where the Web survey allowed for a single response but the mail survey captured all possible responses.

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Appendices

Mail Questionnaire

Endorsement Letter from State

Mailing 1 Cover Letter

Reminder Postcard

Mailing 2 Cover Letter

Mailing 3 Cover Letter



NJ Primary Care Practice Survey



Please complete survey questions in reference to the New Jersey practice location where you provide the most primary care services. If uncertain about an answer, give your best estimate. **All responses will be kept strictly confidential.**

1. During your last complete week of work, approximately how many hours did you spend delivering primary care services at this location?

 # hours

 IF zero PRIMARY CARE hours, CHECK HERE and return the survey in the envelope provided

2. Please indicate your level of agreement or disagreement with the following statements:	Agree Strongly	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Disagree Strongly
a. Changes in the health care system are likely to help me improve care for patients with chronic conditions in the next few years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is easy to secure mental health services for my patients if needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is easy to secure smoking cessation services for my patients if needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. E-cigarettes/vaping is a health problem among my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I receive timely notifications when my patients are <i>hospitalized</i> or visit an <i>emergency room</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I receive timely information I need from <i>medical specialists</i> my patients visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I receive timely information I need from <i>mental health providers</i> my patients visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Information Systems at the Location Where You Provide the Most Primary Care

3. What percent of your ...

a. prescription orders are sent electronically (e-prescribing) to a pharmacy?

 %

b. lab orders are you able to send electronically?.....

 %

c. patient records are maintained on an Electronic Health Record?.....

 %

IF NONE, skip to Question 8

4. Do you have electronic access to...

a. clinical information on your patients' emergency room visits?

 Yes No

b. hospital discharge summaries for your patients?

 Yes No

c. reports from specialist physicians?

 Yes No

d. records of prescriptions filled by your patients?

 Yes No


5. How many of your patients, if any, communicate with you electronically through a secure web portal?
 All Most Some None
6. Can your practice easily generate an electronic list of patients needing care for a specific chronic condition(s) (e.g., diabetes patients with HbA1c>8)? Yes No
7. Do you use electronic reminders at the time of patient visits about recommended tests or treatment for your patients with chronic medical conditions? Yes No
8. Indicate whether you receive any patient satisfaction, preventive screening, utilization/cost or clinical quality data from the following sources and rate their usefulness: (mark one per row)

Source of data	Very Useful	Somewhat Useful	Not Very Useful	Not At All Useful	DO NOT receive data from this source
Your EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitals or Hospital Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountable Care Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Care Management, Access, and Health Promotion at the Location Where You Provide the Most Primary Care

9. Does your practice use primary care teams, by which we mean groups of physicians or other staff who meet with each other regularly to discuss the care of patients for whom they share responsibility for care?
 Yes No Plan to in future
10. Does your practice use “advanced access” or “open access” scheduling that encourages your office staff to offer same-day appointments to virtually all patients who want to be seen?
 Yes No Plan to in future
11. Does your practice have group visits in which multiple patients with chronic illnesses meet together with a trained clinician to address clinical, behavioral, or psychosocial concerns?
 Yes No Plan to in future
12. Does your practice routinely send reminders to your patients for recommended...
 a. preventive services (e.g., immunizations or cancer screening)?
 Yes No Plan to in future
 b. follow-up care (e.g., HbA1c testing) to your patients with chronic conditions?
 Yes No Plan to in future
13. Do you routinely refer patients for tobacco cessation services (NJ Quitline or NJ Mom’s Quit Connection) offered by the NJ Department of Health to your patients who smoke?
 Yes No Plan to in future
14. How often, if ever, do you recommend to patients that smoke that they switch to e-cigarettes/vaping?
 Never Sometimes Often



Staffing and Practice Characteristics at the Location Where You Provide the Most Primary Care

15. How many total primary care locations does your practice organization have? # locations

16. Is this a single specialty or multi-specialty practice? Single Specialty Practice Multi-Specialty Practice

17. In a typical work week, do any of the following work in your practice at this location:

- a. Nurse practitioners/advance practice nurses Yes No
- b. Physician assistants Yes No
- c. Nurse care managers/care coordinators Yes No
- d. Social workers/case managers Yes No
- e. Health educators or health coaches Yes No

18. How many of the following full-time or part-time patient care staff, if any, work in your practice at this location on a typical work day? (your best estimate is fine; enter zero if none)

- a. Physicians (MD or DO)..... # full time # part-time
- b. Behavioral health providers (e.g., psychologist) # full time # part-time

(If no behavioral health providers, skip to Q20)

19. Do medical and behavioral health providers at this practice location have routine access to each other's clinical records (e.g., progress notes and treatment plans) for shared patients?

Yes No

20. What best describes this practice location? (Mark one only)

- Private office
- Federally Qualified Health Center (FQHC)
- Hospital based clinic or outpatient department
- Other health center/clinic (not hospital based or FQHC)
- Medical school/faculty practice plan
- Other, specify

21. Which of the following hold ownership stake(s) in your practice? (Mark all that apply)

- Physician(s) in your practice
- Non-physician managers in your practice
- Hospital, health system, hospital holding company
- HMO or other insurance entity
- Non-profit/government/state university entity
- Other, specify

22. Does your practice participate in any of the following Accountable Care Organizations? (Mark all that apply)

- Medicare ACO Shared Savings Program
- NJ Medicaid ACO Demonstration
- Commercial ACO

23. During the past year, did you or your practice receive any performance payments from a health plan or government program based on the following?

- a. Performance on patient satisfaction Yes No
- b. Performance on clinical quality measures Yes No
- c. Reporting of clinical quality measures Yes No
- d. Performance on patient utilization or cost Yes No
- e. Meaningful use of information technology Yes No



24. Approximately what percent of your practice's annual revenue did these additional payments from Question 23 above constitute, if any? (your best estimate is fine) %

25. For about how many of your patients, if any, does your practice receive monthly care management fees?
 All Most Some None

26. Is your practice recognized by the National Committee of Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH) and, if so, at what level?
 Not a PCMH Level 1 PCMH Level 2 PCMH Level 3 PCMH

27. Does your practice have plans to adopt any of the following strategies? (mark one per row)	Have Specific Plans to Implement	Considering, but No Specific Plans	No Plans to Implement
a. Obtain or increase level of PCMH certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Join (additional) Accountable Care Organizations (ACOs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Invest in improving EHR capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hire (additional) non-physician care management staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hire (additional) health educators/coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hire (additional) behavioral health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Enter into (additional) formal financial arrangements with a hospital or health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. About what percent of your patients have these primary payment sources? (your best estimate is fine)

29. Are you accepting NEW patients with these payment sources?

- | | | | | |
|--|--|-----|---------------------------|--------------------------|
| a. Medicare..... | <input type="text"/> <input type="text"/> <input type="text"/> | % → | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Medicaid/NJFamilyCare..... | <input type="text"/> <input type="text"/> <input type="text"/> | % → | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Uninsured/Self-pay..... | <input type="text"/> <input type="text"/> <input type="text"/> | % → | <input type="radio"/> Yes | <input type="radio"/> No |
| d. All others (e.g., private plans, workers' comp) | <input type="text"/> <input type="text"/> <input type="text"/> | % → | <input type="radio"/> Yes | <input type="radio"/> No |
| 100% | | | | |

30. About what percent of your patients...	None	1-10%	11-25%	More than 25%
a. have a chronic or severe <u>behavioral health diagnosis</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. need <u>language translation</u> services during their visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. face <u>social challenges</u> such as hunger or housing instability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Your age? years old

32. Your gender? Male Female

33. Do you plan to retire or leave clinical practice within the...
 Next 2 years Next 5 years Next 10 years Longer/Unsure

THANK YOU!!

Please return in the enclosed stamped, addressed envelope or mail to:
 NJ Primary Care Practice Survey, c/o Abt SRBI Inc.
 55 Wheeler Street Suite 1A, Cambridge, MA 02138





State of New Jersey

OFFICE OF THE GOVERNOR

PO Box 001

TRENTON, NJ 08625-0001

CHRIS CHRISTIE
Governor

September 8, 2015

Dear NJ Primary Care Provider,

As you are undoubtedly aware, the American healthcare system is undergoing unprecedented change. Electronic health records are becoming commonplace, insurers and government programs are shifting to value-based payments, and many patients are incurring more out-of-pocket expenses.

To better understand how these and other changes are affecting primary care in New Jersey, the Rutgers University Center for State Health Policy is conducting the *NJ Primary Care Practice Survey*. The survey is part of a larger statewide planning effort to identify strategies for improving care and addressing rising costs. Your response to this confidential survey, combined with those of other primary care physicians from across the state, will be invaluable as we work together to address important healthcare priorities.

We urge you to take a few minutes to complete the survey. Thank you in advance for your time and effort.

Sincerely,

A blue ink signature of Cathleen D. Bennett, consisting of a stylized 'C' followed by 'D. Bennett'.

Cathleen D. Bennett
Acting Commissioner, Department of Health

A blue ink signature of John Jay Hoffman, consisting of a stylized 'J' followed by 'Hoffman'.

John Jay Hoffman
Acting Attorney General

September 8, 2015

«MailName»
«Address1»
«Address2»
«City» «State» «Zip»

Dear «MailName»,

The State of New Jersey has asked the Center for State Health Policy (CSHP) at Rutgers University to survey primary care physicians in New Jersey as part of a State Innovation Model design grant from the Centers for Medicare and Medicaid Services (CMS). One of the main goals of the project is to identify strategies to improve healthcare delivery in New Jersey and stem rising healthcare spending across the state. To help us understand the role of primary care in achieving these goals, we ask that you complete the **New Jersey Primary Care Practice Survey**.

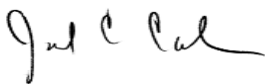
This survey is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. We may also link survey data to other sources of information for analysis. Some of the information collected about you includes your name and the address of your main office location in New Jersey. The information collected will be stored on a secure server with access limited to CSHP research staff and the Institutional Review Board at Rutgers. You as an individual will not be linked to any reports using the data; only information for groups of physicians will be reported. The survey will take about 15 minutes. Your participation is voluntary and has no foreseeable risks or benefits to you personally. You may choose not to answer any questions with which you are not comfortable. This survey is being sent to a sample of 2,500 primary care physicians with a main office location in New Jersey. We may reach out to individual survey participants with follow up questions. Participation in any follow up would be voluntary. By completing the survey, you agree to the above procedures.

Please access the survey via this link: <https://www.opinionport.com/NJPCP>
Please enter the Unique ID: «CaseID»

Your response by September 23 would be greatly appreciated. An endorsement letter from the Commissioner of the New Jersey Department of Health and the State Attorney General is enclosed. In addition, we have enclosed a \$10 gift card as a token of our appreciation for your thoughts.

Your feedback is vital to understanding how the delivery of primary care is changing in New Jersey. We thank you in advance for your time and input.

Sincerely,



Joel Cantor, ScD
Director, Rutgers Center for State Health Policy

If you have questions about this survey, please contact:

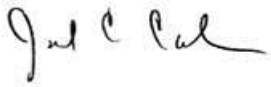
Susan Brownlee, Rutgers Center for State Health Policy: Tel: 848-932-4666, Email: sbrownlee@ifh.rutgers.edu

If you have questions about your participant rights as a research subject, you may contact the Rutgers IRB Administrator at:

*Rutgers University Institutional Review Board for the Protection of Human Subjects, Liberty Plaza, Suite 3200
335 George St 3rd Floor, New Brunswick, NJ 08901, Phone: 732-235-9806, Email: humansubjects@orsp.rutgers.edu*

Last week we sent you an invitation letter to complete the NJ Primary Care Practice Survey related to the State Innovation Model grant. If you have already completed the survey, thank you for your help. If you have not, we hope you will take the time to help us understand how the delivery of primary care is changing in New Jersey. The survey link and your unique ID are in the letter we sent last week. Thank you in advance!

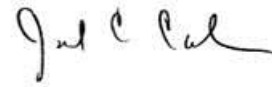
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Director, Rutgers Center for State Health Policy

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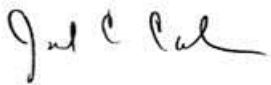
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Director, Rutgers Center for State Health Policy

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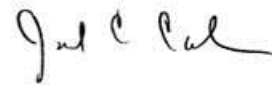
Sincerely,



Joel Cantor, ScD
Director, Rutgers Center for State Health Policy

Last week we sent you an invitation letter to complete the NJ Primary Care Practice Survey related to the State Innovation Model grant. If you have already completed the survey, thank you for your help. If you have not, we hope you will take the time to help us understand how the delivery of primary care is changing in New Jersey. The survey link and your unique ID are in the letter we sent last week. Thank you in advance!

Sincerely,



Joel Cantor, ScD
Director, Rutgers Center for State Health Policy



Center for State Health Policy

October 15, 2015

«MailName»
«Address1»
«Address2»
«City» «State» «Zip»

Dear «MailName»,

Several weeks ago we asked for your help in completing the **New Jersey Primary Care Practice Survey** about your primary care practice experience. To the best of our knowledge, it has not been returned. We are writing again because of the importance of your completed questionnaire in understanding how the delivery of primary care is changing in New Jersey. You may have someone who is knowledgeable about your practice location complete the survey on your behalf.

You can either complete the survey online or by returning the enclosed survey in the included return envelope. The survey should only take about 15 minutes to complete. To complete the survey online:

Please access the survey via this link: <https://www.opinionport.com/NJPCP>
Please enter the Unique ID: «CaseID»

Your response by November 6 would be greatly appreciated. An endorsement letter from the Commissioner of the New Jersey Department of Health and the State Attorney General is enclosed. We thank you in advance for your time and input. More details about the study are included at the bottom of this letter.

Sincerely,

Joel Cantor, ScD
Director, Rutgers Center for State Health Policy

The State of New Jersey has asked the Center for State Health Policy (CSHP) at Rutgers University to survey primary care physicians in New Jersey as part of a State Innovation Model design grant from the Centers for Medicare and Medicaid Services (CMS). One of the main goals of the project is to identify strategies to improve healthcare delivery in New Jersey and stem rising healthcare spending across the state. This survey is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. We may also link survey data to other sources of information for analysis. Some of the information collected about you includes your name and the address of your main office location in New Jersey. The information collected will be stored on a secure server with access limited to CSHP research staff and the Institutional Review Board at Rutgers. You as an individual will not be linked to any reports using the data; only information for groups of physicians will be reported. Your participation is voluntary and has no foreseeable risks or benefits to you personally. You may choose not to answer any questions with which you are not comfortable. This survey is being sent to a sample of 2,500 primary care physicians with a main office location in New Jersey. We may reach out to individual survey participants with follow up questions. Participation in any follow up would be voluntary. By completing the survey, you agree to the above procedures.

If you have questions about this survey, please contact:

Susan Brownlee, Rutgers Center for State Health Policy: Tel: 848-932-4666, Email: sbrownlee@ifh.rutgers.edu

If you have questions about your participant rights as a research subject, you may contact the Rutgers IRB

Administrator at: Rutgers University Institutional Review Board for the Protection of Human Subjects, Liberty Plaza, Suite 3200, 335 George St 3rd Floor, New Brunswick, NJ 08901, Phone: 732-235-9806, Email: humansubjects@orsp.rutgers.edu



November 4, 2015

«MailName»
«Address1»
«Address2»
«City» «State» «Zip»

Dear «MailName»,

In recent weeks we have asked you, as a New Jersey primary care provider, to complete the **New Jersey Primary Care Practice Survey** about your practice experience. We plan to start summarizing the results later this month, so we hope that all questionnaires will be completed by then.

You can help us by completing the survey online or by filling out the enclosed survey and returning it in the included envelope. The survey should only take about 15 minutes to complete. If you are not currently providing primary care services, please let us know by completing the first survey question. To complete the survey online:

Please access the survey via this link: <https://www.opinionport.com/NJPCP>
Please enter the Unique ID: «CaseID»

Your input is crucial to understanding how the delivery of primary care is changing in New Jersey. You may also have someone who is knowledgeable about your practice location complete the survey on your behalf.

More details about the study are included at the bottom of this letter. Many thanks for considering our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel Cantor".

Joel Cantor, ScD
Director, Rutgers Center for State Health Policy

The State of New Jersey has asked the Center for State Health Policy (CSHP) at Rutgers University to survey primary care physicians in New Jersey as part of a State Innovation Model design grant from the Centers for Medicare and Medicaid Services (CMS). One of the main goals of the project is to identify strategies to improve healthcare delivery in New Jersey and stem rising healthcare spending across the state. This survey is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. We may also link survey data to other sources of information for analysis. Some of the information collected about you includes your name and the address of your main office location in New Jersey. The information collected will be stored on a secure server with access limited to CSHP research staff and the Institutional Review Board at Rutgers. You as an individual will not be linked to any reports using the data; only information for groups of physicians will be reported. Your participation is voluntary and has no foreseeable risks or benefits to you personally. You may choose not to answer any questions with which you are not comfortable. This survey is being sent to a sample of 2,500 primary care physicians with a main office location in New Jersey. We may reach out to individual survey participants with follow up questions. Participation in any follow up would be voluntary. By completing the survey, you agree to the above procedures.

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