

## Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

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## **SUPPLEMENTARY APPENDIX**

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### **Methods**

#### Sample

In April 2009, we obtained data on a random sample of 6000 physicians from the American Medical Association (AMA) Physician Masterfile, which includes current data on all U.S. physicians, regardless of AMA affiliation. We excluded physicians from U.S. territories because health care reform questions may not be as relevant to them, and we excluded physicians in training because of the limited experience they typically have with insurance, leaving a sample of 5157. We categorized physicians into four groups: primary care (internal medicine, pediatrics, family practice); medical subspecialists, neurologists, and psychiatrists; surgical specialists and subspecialists; and the remaining, or “other,” specialties. We randomly sampled approximately equal numbers of individuals from each of the four specialty groups. Sampling weights were created to correct for the stratified sampling design in our analyses.

#### Survey Development

First, we empanelled seven nationally recognized physician leaders and health policy and survey research experts and engaged them in a modified Delphi process<sup>1</sup> to develop

content for the survey. We drafted survey questions and asked the expert panel to rank these items in terms of importance. In order to refine the questions and uncover new important themes, we conducted one-on-one cognitive interviews with 16 physicians from seven states, in person or by telephone.<sup>2</sup> Physicians were selected from a variety of practice backgrounds (private practice, salaried physicians, practice owners, hospitalists) and specialty backgrounds (primary care providers, medical and surgical subspecialists). The survey questions were refined through this process until no new content themes were identified and all questions were consistently and accurately interpreted. In addition, the survey was pilot-tested on 16 physicians at Mount Sinai Hospital to ensure an average completion time of less than 4 minutes.

### Survey Administration

We adopted the Total Design Method to optimize physician survey response.<sup>3</sup> This approach is designed to minimize the respondent's burden by using a brief survey with personalized content (personalized letter, signed cover letter, postage stamps) and follow-up contacts. The mailed survey was sent in three waves. The first wave included a cover letter, the survey, a stamped return envelope, and a \$2 bill. Subsequent waves did not include an incentive. After each wave, physicians were called and asked to complete the survey, and they were also offered the option of returning the survey by fax or e-mail. Fielding of the first survey wave began on June 25, 2009, and all available data were analyzed on September 4, 2009. The third wave of the survey was initiated on August 27th, 2009.

### Outcome Measures

The primary outcomes for this study were physicians' support for different proposals for expanding health insurance coverage. Respondents were asked to indicate which of three options they would most strongly support:

1. **Public and Private Options:** Provide people under age 65 the choice of enrolling in a new public health insurance plan (like Medicare) or in private plans.
2. **Private Options Only:** Provide people with tax credits or low-income subsidies to buy private insurance coverage (without creating a public plan option).
3. **Public Option Only:** Eliminate private insurance and cover everyone in a single public plan like Medicare.

We also assessed level of physician support for a proposal that would enable adults 55 to 64 years of age to buy into the current Medicare program.

Data were also collected on additional variables that might be associated with preferences for different expansion options, according to previous research<sup>4-6</sup> or as determined a priori by the study investigators. These variables included time spent on clinical duties each week, practice ownership, salary status (salaried or paid through billing), and type of practice. Types of practice included office-based, hospital-based, and other.

### Statistical Analysis

We calculated the response and refusal rates using standard methods described by the American Association for Public Opinion Research.<sup>7</sup> To assess potential nonresponse

bias, we compared the characteristics of respondents with those of nonrespondents using data available in the AMA Masterfile, including age, sex, census region, practice specialty, and practice type (hospital, office, other). We also examined whether there were any significant differences between the characteristics of respondents to different survey waves. We report the percentage of physicians that support each coverage-expansion option and the percentage that support expanding Medicare to Americans 55 to 64 years of age. Responses were stratified by demographic characteristics, specialization, census region, hours of patient care per week, and practice ownership. Sample weights were used to correct for the stratified sampling. All analyses were performed in STATA statistical software version 9.2 (College Station, Texas).

Table 1. Characteristics of Physician Respondents Versus Nonrespondents.

| <b>Characteristic</b>            | <b>Respondents<br/>(N=2130)</b> | <b>Nonrespondents<br/>(N=2806)</b> | <b>P Value</b> |
|----------------------------------|---------------------------------|------------------------------------|----------------|
| Age (yr), <i>mean (SE)</i>       | 51.9 (0.25)                     | 50.6 (0.22)                        | <0.001         |
| Female (%)                       | 26.8                            | 31.2                               | <0.001         |
| Doctor of osteopathy (%)         | 6.2                             | 6.3                                | 0.90           |
| Specialty (%)                    |                                 |                                    | 0.81           |
| General practice                 | 35.4                            | 36.2                               |                |
| Medical subspecialty             | 31.4                            | 31.4                               |                |
| Surgery or surgical subspecialty | 21.6                            | 20.6                               |                |
| Other                            | 11.5                            | 11.6                               |                |
| Census division (%)              |                                 |                                    | 0.12           |

|                       |      |      |      |
|-----------------------|------|------|------|
| Midwest               | 21.3 | 20.2 |      |
| Northeast             | 22.8 | 24.1 |      |
| South                 | 35.0 | 32.5 |      |
| West                  | 20.7 | 23.0 |      |
| Practice location (%) |      |      | 0.72 |
| Rural                 | 9.4  | 8.4  |      |
| Urban                 | 90.5 | 91.5 |      |
| Practice type (%)     |      |      | 0.09 |
| Office                | 77.8 | 77.5 |      |
| Hospital              | 11.1 | 9.8  |      |
| Other                 | 10.8 | 12.6 |      |
| AMA member (%)        | 27.8 | --*  |      |

\*Data not provided in the AMA Masterfile.

Table 2. Characteristics of Physician Respondents in Different Survey Waves.

| <b>Characteristic</b>         | <b>Wave 1</b> | <b>Wave 2</b> | <b>P Value</b> |
|-------------------------------|---------------|---------------|----------------|
| Age (yr), <i>mean (SE)</i>    | 51.8 (0.28)   | 52.1 (0.50)   | 0.58           |
| Female (%)                    | 26.7          | 27.0          | 0.90           |
| Doctor of osteopathy (%)      | 6.0           | 6.9           | 0.50           |
| Specialty (%)                 |               |               | 0.50           |
| General practice              | 35.0          | 36.5          |                |
| Medical subspecialty          | 32.2          | 28.6          |                |
| Surgery/Surgical Subspecialty | 21.3          | 22.4          |                |
| Other                         | 11.3          | 12.2          |                |
| Census Region (%)             |               |               | 0.12           |

|                       |      |      |      |
|-----------------------|------|------|------|
| Midwest               | 21.6 | 20.2 |      |
| Northeast             | 23.9 | 19.1 |      |
| South                 | 34.4 | 36.9 |      |
| West                  | 19.9 | 23.6 |      |
| Practice location (%) |      |      | 0.72 |
| Rural                 | 9.2  | 9.8  |      |
| Urban                 | 90.7 | 90.1 |      |
| Practice type (%)     |      |      | 0.76 |
| Office                | 77.5 | 78.8 |      |
| Hospital              | 11.3 | 11.2 |      |
| Other                 | 11.2 | 9.9  |      |

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