

Supplementary Appendix

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

Supplement to: Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, Blumenthal D. A national survey of physician–industry relationships. *N Engl J Med* 2007;356:1742-50.



National Survey on Medical Professionalism

Conducted by faculty at the Institute for Health Policy at Harvard Medical School and
Massachusetts General Hospital and by Mathematica Policy Research, Inc.

Funded by
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Medicine as a Profession Program

ABOUT THIS SURVEY

This survey asks for your views and experiences regarding professionalism in medicine. It is directed to physicians who currently provide direct patient care. The answers you provide will help to identify the issues and trends central to the future of the profession, such as its ability to regulate itself, preserve its autonomy and maintain the technical competence of its members. The results will be published in peer-reviewed journals. The questionnaire is designed to take about 20 minutes to complete. **Your responses are completely anonymous. Neither your name nor any identifying numbers appear anywhere on this questionnaire.** If you have any questions about the study, please call Dr. David Blumenthal, Principal Investigator at (617)-724-4653. For questions about specific survey items, please call Mathematica's Survey Director, Julita Milliner-Waddell at (877)-667-5384. Please return your completed questionnaire in the postage-paid envelope provided by November 24, 2003.

A. Do you currently provide direct patient care?

₁ Yes → **GO TO A1**

₀ No → **DO NOT CONTINUE.**

Please return the questionnaire materials in the envelope provided, and we will remove your name from our list. This will ensure that you are not recontacted to participate in the survey. Thank you.

A. PROFESSIONAL BACKGROUND

A1. In what year did you graduate from medical school?

YEAR

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A2. Did you graduate from medical school in either the United States or Canada?

- ₁ Yes
 ₀ No

A3. In a typical work week, how much time do you spend in direct patient care services?

(Include all time you spend directly related to patient care, patient record keeping, patient related office work, and travel time connected with seeing patients. Please exclude time on call when not actually working.)

HOURS PER WEEK

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A4. Approximately how many credits of continuing medical education did you complete during the last 12 months?

CREDITS

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A5. On average, how many different professional journals do you read monthly?

JOURNALS
READ MONTHLY

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A6. How would you best characterize the organization of your medical practice?

MARK ALL THAT APPLY

- ₁ Solo or two person practice
 ₂ Single specialty group
 ₃ Multispecialty group
 ₄ Staff/group model HMO
 ₅ University
 ₆ Hospital
 ₇ Medical school practice
 ₈ Other (*Please Specify*)

A7. Do you currently hold a faculty appointment at a medical school?

- ₁ Yes, full-time
 ₂ Yes, part-time
 ₃ Yes, voluntary
 ₀ No

B. PROFESSIONAL ATTITUDES

B1. Please indicate how much you agree with each of the following statements:

Physicians should . . .	Completely Agree	Somewhat Agree	Somewhat Disagree	Completely Disagree
a. Minimize disparities in care due to patient race or gender	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Provide necessary care regardless of the patient's ability to pay.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Undergo re-certification examinations periodically throughout their career	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Report all instances of significantly impaired or incompetent colleagues to hospital, clinic and/or other relevant authorities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Participate in peer evaluations of the quality of care provided by colleagues.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Report all significant medical errors they observe to hospital, clinic and/or other relevant authorities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Disclose all significant medical errors to affected patients and/or guardians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Be willing to communicate with patients by email.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Put the patient's welfare above the physician's financial interests...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Encourage the participation of their patients in clinical trials.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Know the overall cost of the care they provide	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Be willing to work on quality improvement initiatives.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Advocate legislation to assure that all people in the United States have health care insurance coverage.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B2. Please rate the extent to which you feel prepared to . . .
 ("Prepared" is defined as having the necessary skills and ability.)

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared
a. Rigorously evaluate colleagues' clinical performance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Deal with impaired or incompetent colleagues.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Contribute to formal, organized quality improvement efforts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Critically evaluate new clinical knowledge.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B3. Please rate the appropriateness of the following types of relationships with adult patients:

	Never Appropriate	Rarely Appropriate	Sometimes Appropriate	Usually Appropriate	Always Appropriate
a. Business ventures	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Social/casual relationships	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Sexual relationships.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B4. How important is it for physicians to:

	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Provide health-related expertise to local community organizations (e.g., school boards, parent-teacher organizations, athletic teams, and local media)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Be politically involved (other than voting) in health-related matters at the local, state, or national level?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Encourage medical organizations to advocate for the public's health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B5. Outside provision of direct patient care, how important is it that physicians, individually or collectively, advocate for the following:

	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Health insurance for the uninsured?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Reduction in obesity and better nutrition?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Reduction in unemployment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Reduction in air pollution?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Prevention of teenage substance abuse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Increased basic literacy levels?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Cultural-responsiveness of health services in ethnically-diverse areas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Tobacco control?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Seat belt use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Gun control?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Achievement of complete immunization of eligible populations?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

C. SCENARIOS

The next three items present scenarios which physicians may encounter.

C1. Scenario 1:

You and your partners have invested in a local imaging facility near your suburban practice. When referring patients for imaging studies, would you . . .

MARK ONE

- ₁ Refer your patients to this facility?
- ₂ Refer patients to this facility and inform patients of your investment?
- ₃ Refer patients to another facility?

C2. Scenario 2:

An otherwise healthy, long-term patient presents with his first episode of low back pain, lasting two days, with onset following some work around the house. He has no neuromuscular signs or symptoms. You explain to him that his symptoms will likely resolve with rest and analgesia and that you don't think any further investigation is warranted at this stage. However the patient is convinced that he has a herniated disc, and is quite insistent that he should have an MRI scan. Would you . . .

MARK ONE

- ₁ Order the MRI?
- ₂ Order the MRI scan, but say you are doing so reluctantly?
- ₃ Refuse to order the MRI scan at this time?

C3. Scenario 3:

State authorities are requesting to review records from your practice in order to collect and release data concerning the outcomes of treatments for patients with selected conditions. Patient privacy will be strictly protected and results will be appropriately adjusted to reflect differences in the severity of illness of your patients. Your state medical society is attempting to block the state action either through the courts or through legislative action. Would you . . .

Yes No

- a. Comply with the state's request? ... ₁ ₀
- b. Support your state medical society's actions? ₁ ₀

D. PROFESSIONAL ACTIVITIES

D1. In the last 3 years, have you . . .

Yes No

- a. Participated in a formal medical error reduction initiative in your office, clinic, hospital or other health care setting? ₁ ₀
- b. Undergone competency assessment by a provider organization or health plan? ₁ ₀
- c. Served as a reviewer for a professional journal? ₁ ₀
- d. Participated in the development of formal clinical practice guidelines? ₁ ₀
- e. Reviewed another physician's medical records for quality improvement reasons? ₁ ₀
- f. Encouraged one or more patients to enroll in a clinical trial? ₁ ₀

D2. In the past 3 years, have you . . .

Yes No

- a. Provided care, with no anticipation of reimbursement, in a setting serving poor and underserved patients? ₁ ₀
- b. Looked for possible disparities in care due to race or gender in your practice, clinic, hospital, or other health care setting? ₁ ₀
- c. Provided health-related expertise to local community organizations (e.g., school boards, parent-teacher organizations, athletic teams, and local media)? ₁ ₀
- d. Been politically active (other than voting) on a local health care issue? ₁ ₀
- e. Publicly advocated for universal health insurance coverage? ₁ ₀
- f. Encouraged your professional society to address a public health or policy issue that is not primarily concerned with physician welfare? ₁ ₀

D3. In the last 3 years, has either your main practice or hospital undertaken formal initiatives in any of the following areas?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Error reduction? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Patient confidentiality? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| c. Quality improvement? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| d. Access for the poor or underserved?.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| e. Cultural competence? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

D4. Sometimes medical mistakes are made that result in serious harm, such as death, disability, or additional or prolonged treatment. Some of these errors are preventable, while others may not be. These next questions are about medical errors.

Have you ever been personally involved in a situation where a serious medical error was made either in your own personal medical care or that of a family member?

- 1 Yes
 0 No → **GO TO D5**

D4a. Was the error made in your own care, your family member's care, or both?

- 1 Own care
 2 Family member's care
 3 Both

D4b. In such case(s) how often did you . . .

- | | Always | Usually | Some-
times | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Report that error to a hospital, clinic, professional society, or other relevant authority?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| b. Inform the family member that an error occurred if he or she was adversely affected?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| c. Have a personal discussion with the physician about the error?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| d. Take no action?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |

D5. Other than the care you or your family received, in the last 3 years, have you had direct personal knowledge of a serious medical error in your hospital, group, or practice?

- 1 Yes
 0 No → **GO TO D6**

D5a. In such case(s) how often did you . . .

- | | Always | Usually | Some-
times | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Report that error to a hospital, clinic, professional society, or other relevant authority?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| b. Inform the patient that an error occurred if he or she was adversely affected?... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| c. Have a personal discussion with the physician about the error?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| d. Take no action?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |

D6. In the last 3 years, have you had direct personal knowledge of a physician who was impaired or incompetent in your hospital, group, or practice?

- 1 Yes
 0 No → **GO TO D7**

D6a. In such case(s) how often did you . . .

- | | Always | Usually | Some-
times | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Report that physician to a hospital, clinic, professional society, or other relevant authority?... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| b. Have a personal discussion with that physician about (his/her) problems?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| c. Take no action?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |

D7. In the last 3 years, have you had direct personal knowledge of an inappropriate sexual relationship between a physician and a patient in your hospital, group, or practice?

- 1 Yes
 0 No → **GO TO D8**

D7a. In such case(s) how often did you . . .

- | | Always | Usually | Some-
times | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Report the relationship to a hospital, clinic, professional society, or other relevant authority?.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| b. Have a personal discussion with the physician about the relationship? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |
| c. Take no action?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0 |

D8. In the last 3 years, have you had direct personal knowledge of an inappropriate business affiliation between a physician and a patient in your hospital, group, or practice?

- 1 Yes
- 0 No → **GO TO D9**

D8a. In such case(s) how often did you . . .

	Always	Usually	Sometimes	Never
a. Report the relationship to a hospital, clinic, professional society, or other relevant authority?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
b. Have a personal discussion with the physician about the affiliation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
c. Take no action?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0

D9. Which of the following have you received in the last year from drug, device or other medically related companies?

	Yes	No
a. Food and/or beverages in your workplace?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Free drug samples?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Honoraria for speaking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Payment for consulting services?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Payment for service on a scientific advisory board or board of directors?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Payment in excess of costs for enrolling patients in industry sponsored trials?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Costs of travel, time, meals, lodging, or other personal expenses for attending meetings?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Gifts that you receive as a result of prescribing practices?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Free tickets to cultural and sporting events?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Free or subsidized admission to meetings or conferences for which CME credits are awarded?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

D10. Excluding any food, beverages, and drug samples you may have received in your workplace, please estimate the total value of all goods and services you received in the last year from drug, device, or other medically related companies?

- 0 None
- 1 \$1 - \$100
- 2 \$101 - \$500
- 3 \$501 - \$1,000
- 4 \$1,001 - \$5,000
- 5 \$5,001 - \$10,000
- 6 \$10,001 - \$25,000
- 7 \$25,001 or higher

D11. In an average month, how many times do you meet with representatives from drug, device, or other medically related companies?

TIMES PER MONTH

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D12. How often do you . . .

	Frequently	Rarely	Never
a. Communicate with your patients via email?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
b. Communicate with other clinicians via email?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
c. Use computerized decision support tools (e.g., Up-to Date, Harrisons, government Web sites, professional society Web sites) in real-time management of patients?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
d. Complete continuing medical education requirements on-line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
e. Access professional journals on-line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0

D13. In the last 3 years, have you served as a clinical preceptor for a medical student, a resident, or a fellow?

₁ Yes

₀ No

D14. In the last 3 years, have you . . .

Yes No

a. Inappropriately revealed information about a patient? ₁ ₀

b. Told a patient's family member something about a medical issue that wasn't true?..... ₁ ₀

c. Withheld information that a patient or a patient's family should have known about a medical issue? ₁ ₀

E. PERSONAL AND PROFESSIONAL CHARACTERISTICS

E1. Please indicate your gender.

MARK ONE

₁ Female

₂ Male

E2. Please indicate your race/ethnicity.

MARK ONE

₁ African-American (non-Hispanic)

₂ Asian

₃ Hispanic

₄ Native American

₅ Pacific Islander

₆ White (non-Hispanic)

₇ Other (*Please Specify*) ➤

E3. In which specialties do you have board certification?

MARK ALL THAT APPLY

₁ Anesthesiology

₂ Cardiology

₃ Family Practice

₄ General Surgery

₅ Internal Medicine

₆ Pediatrics

₇ Other (*Please Specify*) ➤

E4. Approximately what percentage of your patients is covered as follows:

% MEDICAID

% MEDICARE

% UNINSURED AND
UNABLE TO PAY

E5. Approximately what percentage of your patients speak a language other than English as their main language?

%

E6. Are you currently accepting any new patients?

- ₁ Yes
 ₀ No → **GO TO E8**

E7. Are you currently accepting . . .

	Yes	No
a. Medicaid patients?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Medicare patients?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Uninsured patients who are unable to pay?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

E8. In your main practice, please check the predominant reimbursement mechanism by which you are compensated for the care you provide to patients.

- ₁ Fee-for-service
 ₂ Partial capitation
 ₃ Full capitation
 ₄ Salary
 ₅ Other (*Please Specify*) ↷

E9. Please estimate your personal total before tax compensation for all clinical activities and services in 2003.

- ₁ < \$100,000
 ₂ \$100,000 - \$150,000
 ₃ \$150,001 - \$200,000
 ₄ \$200,001 - \$250,000
 ₅ \$250,001 - \$300,000
 ₆ More than \$300,000

E10. What is the five-digit ZIP code of your primary practice?

E11. Questionnaires by their nature are limited. Please write in any comments you have about important issues facing professionalism in medicine.

Thank you for taking the time to complete this important survey.

RETURN INSTRUCTIONS

Please return your completed questionnaire in the postage-paid envelope provided. If you've misplaced the envelope, please send your questionnaire to:

Mathematica Policy Research, Inc. (6015-004)
 P.O. Box 2393
 Princeton, New Jersey 08543-2393
 Attn: Julita Milliner-Waddell

MPR DOCUMENT INFORMATION PURPOSES ONLY:

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(REV.--11/11/03) 2/7/2007 3:07 PM

ARMP - 6015-001
Julita Milliner-Waddell