### Physician Workflow Supplement Year 2013

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without electronic health records (EHR). Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

**This survey asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 1. Do you directly care for any ambulatory patients in your work? | 1. Yes **→** Continue to Question 2.  
2. No  
3. I am no longer in practice |
| 2. In a typical week, at how many office locations do you see ambulatory patients? (Please exclude hospital emergency or outpatient departments) | _______ locations |
| 3. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY. | 1. Private solo or group practice  
2. Freestanding clinic/urgicenter (not part of a hospital outpatient department)  
3. Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or “look-alike” clinics)  
4. Mental health center  
5. Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)  
6. Family planning clinic (including Planned Parenthood)  
7. Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)  
8. Faculty practice plan (An organized group of physicians that treat patients referred to an academic medical center)  
9. Hospital emergency or hospital outpatient departments  
10. None of the above |
| 4. At which of the settings in question 3 do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED _______ |
| 5. What are the county, state, zip code, and telephone number of the reporting location? |  
Country **USA**  
County  
State  
Zip Code  
Telephone (_____ ) |
| 6. How many physicians, including you, work at the reporting location? WRITE BELOW. | _______ |
| 7. How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)? | 1. 1 physician  
2. 2-3 physicians  
3. 4-10 physicians  
4. 11-50 physicians  
5. 51-100 physicians  
6. More than 100 physicians |
8. How many of the following types of staff are associated with the reporting location? If none, mark box provided.

   □ Number of midlevel providers (NP, PA)   □ None
   □ Number of clinical staff (RN, MA)   □ None
   □ Number of administrative/non-clinical staff   □ None

9. Is the reporting location a single- or multi-specialty (group) practice?
   1 □ Single
   2 □ Multi-specialty

10. Are you a full or part owner, employee, or an independent contractor at the reporting location?
    1 □ Owner
    2 □ Employee
    3 □ Contractor

11. Who owns the reporting location? CHECK ONE.
    1 □ Physician or physician group
    2 □ Insurance company, health plan, or HMO
    3 □ Community health center
    4 □ Medical/academic health center
    5 □ Other hospital
    6 □ Other health care corporation
    7 □ Other

12. Does the reporting location receive any additional compensation beyond routine visit fees for offering Patient-Centered Medical Home (PCMH) type services or does the reporting location participate in a certified PCMH arrangement?

   □ Yes (Skip to 13)
   □ No (Go to 12a)
   □ Uncertain (Go to 12a)

   12a. Do you plan to participate in a PCMH arrangement?
    1 □ Yes
    2 □ No
    3 □ Uncertain

13. Does the reporting location participate in a Pay-for-performance arrangement in which you can receive financial bonuses based on your performance?

   □ Yes (Skip to 14)
   □ No (Go to 13a)
   □ Uncertain (Go to 13a)

13a. Do you plan to participate in a Pay-for-performance arrangement?
    1 □ Yes
    2 □ No
    3 □ Uncertain

14. Does the reporting location participate in an Accountable Care Organization or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?

   □ Yes (Skip to 15)
   □ No (Go to 14a)
   □ Uncertain (Go to 14a)

14a. Do you plan to participate in an Accountable Care Organization or similar arrangement?
    1 □ Yes
    2 □ No
    3 □ Uncertain

The next questions are related to your general experiences with practicing medicine.

15. Overall, how satisfied or dissatisfied are you with practicing medicine?
    1 □ Very satisfied
    2 □ Somewhat satisfied
    3 □ Somewhat dissatisfied
    4 □ Very dissatisfied

16. Please consider the following statement:
   “I am able to provide high quality care to most of my patients at the reporting location.”
   Would you say you…
    1 □ Strongly agree
    2 □ Somewhat agree
    3 □ Somewhat disagree
    4 □ Strongly disagree
The next questions are about electronic health records (EHR) systems.

- EHRs may include multiple modules and capabilities such as computerized order entry and clinical decision support.
- EHRs do not include faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record.

17. Which of the following best describes the reporting location’s current EHR adoption status?

1. □ We are actively using an EHR system that was installed more than 12 months ago. (Skip to 18)
2. □ We are actively using an EHR system that was installed within the past 12 months. (Skip to 18)
3. □ We are not actively using an EHR system but have one installed. (Skip to 18)
4. □ We do not have an EHR system. (Go to 17a)

17a. Do you ever plan to implement an EHR system?

1. □ Yes (Skip to 18)
2. □ No (Go to 17b)
3. □ Uncertain because I’m not involved in the decision process (Skip to 18)
4. □ Uncertain because I’m undecided (Go to 17b)

17b. Why do you not plan on implementing an EHR system? CHECK ALL THAT APPLY.

1. □ No systems fit with my specialty
2. □ Plan to retire soon
3. □ Lack of time
4. □ Lack of staff
5. □ Lack of financial resources
6. □ Privacy/security concerns
7. □ Other, specify: ____________________________________________

18. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” At the reporting location, are there plans to apply for these incentive payments?

1. □ Yes, we already applied (Skip to 19)
2. □ Yes, we intend to apply (Skip to 19)
3. □ No, we will not apply (Go to 18a)
4. □ Uncertain if we will apply because I’m not involved in the decision process (Skip to 19)
5. □ Uncertain if we will apply because I’m undecided (Go to 18a)

18a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.

1. □ Not qualified as an “eligible provider”
2. □ The process to apply is difficult
3. □ Not familiar with the incentive program
4. □ Unsure that incentives will actually be paid
5. □ My EHR system does not exchange health information electronically with other providers (e.g., EHR systems “don’t talk to each other”)
6. □ Not prepared to implement electronic prescribing
7. □ Other reason for not applying. Please specify: ____________________________________________

19. Has the reporting location received any type of assistance from a Regional Extension Center?

1. □ Yes
2. □ No
3. □ Uncertain
4. □ I am not familiar with the term regional extension center.
20. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location.

<table>
<thead>
<tr>
<th>Population management:</th>
<th>How important is the task to delivering better patient care?</th>
<th>How often is this task usually performed at this location?</th>
<th>Is this task computerized?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Create a list of patients by particular diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Create a list of patients by particular lab result</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Create a list of patients by particular vital signs (e.g., high blood pressure)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Create a list of patients who are due for tests or preventive care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Provide patient reminders for preventive or follow-up care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Quality improvement:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. Create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetic patients)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>g. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>h. Submit clinical care measures to public and private insurers (e.g., blood pressure control, HbA1c, smoking status)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient communication/access to health data:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Provide patients with a copy of their health information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Record a patient advanced directive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Provide patients with a clinical summary for each visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of care:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Receive information needed to continue managing a patient post-hospital discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Share patient clinical information with other providers treating your patient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. Please indicate whether you agree or disagree with the following statements about using an EHR system:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Overall, my practice would function more efficiently with an EHR system.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. The amount of time spent to plan, review, order, and document care would increase.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. The amount of time spent responding to pharmacy calls would increase.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Overall, an EHR would save me time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Sending prescriptions electronically would save me time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. The number of weekly office visits would increase.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. My practice would receive lab results faster.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. My practice would save on costs associated with managing and storing paper records.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Billing for services would be less complete.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. An EHR would produce financial benefits for my practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. An EHR would produce clinical benefits for my practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. An EHR would allow me to deliver better patient care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m. An EHR would make records more readily available at the point of care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. An EHR would disrupt the way I interact with my patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>o. An EHR would be an asset when recruiting physicians to join the practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>p. An EHR would enhance patient data confidentiality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>q. Health information would be less secure in an EHR system than a paper-based system.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>r. An EHR would reduce transcription costs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>s. Summary of care documents received electronically from other providers would contain unnecessary information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>t. Summary of care documents received electronically from other providers would contain too much information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>u. Overall, the benefits of having an EHR would outweigh its purchase and maintenance costs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

22. How much of an influence do you think the following would have on your decision to adopt an EHR System?

<table>
<thead>
<tr>
<th>Influence</th>
<th>Major Influence to Adopt</th>
<th>Minor Influence to Adopt</th>
<th>Not an Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Government incentive payments for EHR use</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Proposed financial penalties for not using an EHR</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Availability of government-certified products</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Assistance with selecting an EHR system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Technical assistance with EHR implementation in my practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. EHR systems being used by trusted colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Capability of exchanging information electronically within my referral network</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Requirement to use an EHR for maintenance of board certification</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### 23. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system:

<table>
<thead>
<tr>
<th></th>
<th>Yes, within the past 30 days</th>
<th>Yes, but not within the past 30 days</th>
<th>Not at all</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Alerted you to a potential medication error?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b.</td>
<td>Led to a potential medication error?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c.</td>
<td>Alerted you to critical lab values?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d.</td>
<td>Led to less effective communication during patient visits?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e.</td>
<td>Reminded you to provide preventive care (e.g., vaccine, cancer screening)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f.</td>
<td>Reminded you to provide care that meets clinical guidelines for patients with chronic conditions?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g.</td>
<td>Helped you identify needed lab tests (such as HbA1c or LDL)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h.</td>
<td>Helped you order fewer tests due to better availability of lab results?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i.</td>
<td>Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j.</td>
<td>Facilitated direct communication with a patient (e.g., email or secure messaging)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k.</td>
<td>Facilitated direct communication with other providers that are part of your patient care team?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l.</td>
<td>Helped you access a patient’s chart remotely (e.g., to work from home)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>m.</td>
<td>Helped you access a patient’s chart through your personal device (e.g., smart phone, tablet)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>n.</td>
<td>Alerted you that you received a patient summary from another provider?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>o.</td>
<td>Helped you order a referral?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>p.</td>
<td>Helped you follow-up on a referral?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>q.</td>
<td>Inadvertently led you to select the wrong medication or lab order from a list?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>r.</td>
<td>Led you to overlook something important because you received too many alerts?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>s.</td>
<td>Been accessed by an unauthorized outside entity?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>t.</td>
<td>Enhanced overall patient care?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### 24. Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1 □ Yes (Go to 24a)
2 □ No (Skip to 25)

#### 24a. To what extent do you agree or disagree with the following statements about electronic information exchange.

*"Electronically exchanging clinical information with other providers..."

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>…improves my practice’s quality of care.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b.</td>
<td>…increases my practice’s efficiency.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c.</td>
<td>…increases my practice’s vendor costs.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d.</td>
<td>…requires multiple systems or portals.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e.</td>
<td>…increases my practice’s liability due to other providers lacking adequate privacy/security safeguards.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f.</td>
<td>…decreases my ability to separate sensitive health information from other data being exchanged.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
25. Overall, how satisfied or dissatisfied are you with your EHR system?

1 □ Very satisfied
2 □ Somewhat satisfied
3 □ Somewhat dissatisfied
4 □ Very dissatisfied

26. Would you purchase this EHR again?

1 □ Yes
2 □ No
3 □ Uncertain

27. In which year did you install your EHR system?

_________ Year (YYYY) □ Unknown

28. What is the name of the current EHR system?
CHECK ONLY ONE BOX.

1 □ Allscripts
2 □ Amazing Charts
3 □ athenahealth
4 □ Cerner
5 □ eClinicalWorks
6 □ e-MDs
7 □ Epic
8 □ GE/Centricity
9 □ Greenway Medical
10 □ McKesson/Practice Partner
11 □ NextGen
12 □ Practice Fusion
13 □ Sage/Vitera
14 □ Other, specify
15 □ Unknown

29. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services (HHS)?

1 □ Yes (Skip to 30)
2 □ No (Go to 29a)
3 □ Uncertain (Go to 29a)

29a. Are there plans to upgrade your system to meet meaningful use criteria?

1 □ Yes
2 □ No
3 □ Uncertain

30. Which of the following best represents your EHR system?

1 □ Stand-alone (Client server) – A self-contained system, where data and application functionality are delivered onsite.
2 □ Web-based design (Cloud system or Application Service Provider (ASP)) – Service provider hosts the EHR system and stores data. Practice accesses the system and data through the internet.

31. How many hours, on average, did clinical staff spend in training to use your practice’s EHR?

1 □ 1 to 8 hours
2 □ 9 to 40 hours
3 □ 41 to 80 hours
4 □ Over 80 hours
5 □ Did not receive training

32. How many hours, on average, did non-clinical staff spend in training to use your practice’s EHR?

1 □ 1 to 8 hours
2 □ 9 to 40 hours
3 □ 41 to 80 hours
4 □ Over 80 hours
5 □ Did not receive training

33. As a result of implementing an EHR, did you experience any changes in clinical staff (e.g., other MDs, RNs, MAs) at the reporting location? CHECK ALL THAT APPLY.

1 □ Yes, overall clinical staff increased
2 □ Yes, overall clinical staff decreased
3 □ Yes, shift in responsibilities among existing staff
4 □ No clinical staff changes
5 □ Uncertain

34. As a result of implementing an EHR, did you experience any changes in non-clinical/administrative staff at the reporting location? CHECK ALL THAT APPLY.

1 □ Yes, overall clinical staff increased
2 □ Yes, overall clinical staff decreased
3 □ Yes, shift in responsibilities among existing staff
4 □ No administrative staff changes
5 □ Uncertain
35. Over the past year at the reporting location, has practice revenue...

1 □ Increased
2 □ Decreased
3 □ Stayed about the same
4 □ Uncertain (Go to 36)

Was this due, in part, to the EHR?

1 □ Yes
2 □ No
3 □ Uncertain
4 □ N/A

36. Over the past year at the reporting location, has the number of office visits...

1 □ Increased
2 □ Decreased
3 □ Stayed about the same
4 □ Uncertain (Go to 37)

Was this due, in part, to the EHR?

1 □ Yes
2 □ No
3 □ Uncertain
4 □ N/A

37. Can patients seen at the reporting location do any of the following online activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. View test results online</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>b. Request referrals online</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>c. Request refills for prescriptions online</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>d. Request appointments online</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>e. Enter health information online (e.g., weight, symptoms)</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>f. Upload data from self-monitoring devices (e.g., blood glucose readings)</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
</tbody>
</table>

38. At the reporting location, are there plans for installing a new EHR system within the next 12 months?

1 □ Yes
2 □ No
3 □ Maybe
4 □ Unknown

39. Who completed this survey?

1 □ The physician to whom it was addressed
2 □ Office staff
3 □ Other

40. We have your specialty as:
    Is this correct?

1 □ Yes
2 □ No

What is your specialty? __________________________________________________

Please add your comments in the box below.

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713