

2010

# Cervical Cancer Screening Supplement

Provider File Data Documentation

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## I. INTRODUCTION

This data file contains data collected in 2010 from the Cervical Cancer Screening Supplement (CCSS) to the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS). NAMCS and NHAMCS are national probability sample surveys conducted by the Division of Health Care Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

In 2010, office-based physicians, community health centers (CHCs), and outpatient clinics of specific specialties completed the CCSS, providing information on their cervical cancer screening practices. This data file contains provider-level data on cervical cancer screening practices from the CCSS.

### A. NAMCS and NHAMCS

Ambulatory medical care is the predominant method of providing health care services in the United States. Since 1973, data on physicians' offices have been collected through the NAMCS. NAMCS has provided a wide range of data describing the public's use of physician services and characteristics of physician offices. In 1992, the NHAMCS began collecting data on hospital emergency departments (EDs) and outpatient departments (OPDs) to give a more complete picture of ambulatory care utilization. Together NAMCS and NHAMCS comprise the ambulatory care component of the National Health Care Surveys. Valid data concerning both office and hospital ambulatory medical care are needed to make rational decisions regarding the allocation of resources and training of health professionals, to aid in efforts to control medical care costs, and to plan for the provision of ambulatory medical care. These data have been used extensively for medical care research, education, administration, and public policy decision making.

### B. Cervical Cancer Screening Supplement

The 2010 CCSS was sponsored by the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to examine provider practices regarding cervical cancer screening. Specifically, the supplement examined the provision of HPV tests for approved and non-approved uses, cervical cancer screening methods, the use of HPV tests as an adjunct to Pap testing, the use of HPV test results in managing patients with abnormal Pap tests, and the potential impact of HPV testing on Pap test screening intervals. Data from the CCSS will allow evaluation of adherence to recent national guidelines about the use of HPV testing a) as an adjunct to Pap testing and b) in the management of patients with abnormal Pap tests. In 2010, 555 respondents completed the supplement.

The CCSS, a 15-minute questionnaire, was administered in physician offices as part of the NAMCS and in hospital OPD clinics as part of the NHAMCS. Field representatives were instructed to leave a paper copy of the CCSS supplement with eligible NAMCS providers and NHAMCS OPD clinics after the visit reporting period, so as not to bias patient interactions.

NAMCS physicians were considered eligible if their specialty was general and family practice, internal medicine, or obstetrics & gynecology. NHAMCS outpatient clinics were considered eligible if they were categorized as general medicine or obstetrics & gynecology.

CHCs were also included in the CCSS if they performed cervical cancer screening. The NAMCS collects information from CHCs about their facility and then samples the providers that work within the CHCs for visit data. The CCSS was administered to all providers in CHCs.

## II. RESPONSE RATE

Response rates were calculated according to Office of Management and Budget (OMB) guidelines which dictate that response rates for cross sectional sample surveys be calculated as the product for two or more unit-level response rates. OMB guidelines can be found at this website:

[http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/statpolicy/standards\\_stat\\_surveys.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/statpolicy/standards_stat_surveys.pdf)

### A. NHAMCS Response Rate

The response rate for NHAMCS providers was calculated to adjust for nonresponse at the hospital level and to adjust for clinic eligibility, as well as response to the supplement. The overall unweighted NHAMCS response rate for the CCSS was 61.1% (63.6% weighted). The unweighted individual response rate for the hospital was 88.7% (89.3% weighted), while the unweighted eligibility response rate was 86.6% (84.9% weighted). A total of 413 NHAMCS clinics were considered eligible to participate in the CCSS; 205 were in-scope clinics, of which 163 responded, yielding an unweighted response rate of 79.5% (84.0% weighted).

### B. NAMCS Response Rate

For NAMCS, response rates were adjusted to include the non-response in the CHC portion at two stages and at one stage for the NAMCS portion. Out of 464 eligible NAMCS physicians and community health centers (CHCs), 392 providers responded to the CCSS, yielding an overall unweighted response rate of 61.2% (56.5% weighted). The individual response rate for NAMCS physicians was 54.4% unweighted (53.1% weighted), with 236 of the 290 eligible physicians responding to the survey. For CHCs providers, the response rate was 75.4% unweighted (82.9% weighted), with the 156 of the 174 eligible CHC providers responding to the survey.

## III. WEIGHTING

This data file is intended to be used to estimate provider-level cervical cancer screening practices and characteristics. This file contains data on office-based physicians, CHC physicians, and hospital outpatient department clinics. **Visit-level weights are not included in this micro-data file.**

Users must weight the data SUDAAN design variables whenever analyzing the data. Appendix B contains summary data tables and Appendix C contain sample SUDAAN code to guide users in creating estimates and using design variables appropriately. Appendix D contains marginal data frequencies.

### A. Calculation of weights

Provider weights are provided with the variable CCSSWT. The weights for physicians, CHC providers, and outpatient clinics are calculated with four basic components with additional adjustments to account for CHC and OPD clinic sampling. The four components are:

Calibration adjustment =  $\frac{(\text{\# providers in the universe; accounting for region, specialty})}{(\text{estimated \# providers as produced by our sample})}$

Sampling weight =  $\frac{1}{(\text{selection probability})}$

Screener nonresponse =  $\frac{(\text{weighted \# providers eligible to answer the screener question})}{(\text{weighted \# providers that answered the screener question})}$

Survey nonresponse =  $\frac{(\text{weighted \# providers eligible to complete CCSS})}{(\text{weighted \# providers that actually completed CCSS})}$

a. NAMCS Weighting

For office-based physicians, the CCSS weights were calculated with the above components. For CHC providers, two changes are necessary to account for the extra sampling that occurs when surveying CHCs. First, CHC providers receive one of two possible calibration ratios depending on the frame from which they were selected (federally-qualified versus non-federally qualified). Then, the sampling weight is calculated as the inverse of the CHC selection probability multiplied by the inverse of the provider selection probability. The adjustment for screener nonresponse is multiplied by an adjustment for CHC non-response (=weighted # of CHC / weighted # of responding CHCs).

The specifications assume a file with one record for at least each responding sampled physician eligible for NAMCS. While the interest may be in the physicians from only a few of the specialty groups, these specifications produce weights for the whole NAMCS sample because non-zero weights are needed for the whole sample in variance computations to minimize risk of understating variances. That is, variance computations require use of a file that includes the full sample of NAMCS-eligible physicians, not just those who are eligible for the supplement and not just those in the specific specialties of interest for the supplement questionnaires.

b. NHAMCS Weighting

CCSS data for hospitals was collected on the clinic level rather than at the provider-level. For NHAMCS weighting, a number of additional adjustments were necessary. The calibration ratio factors in the hospital's region as well as MSA (metropolitan) status and OPD size (whether greater or less than 4,000 visits). The sampling weight becomes the hospital's selection probability multiplied by (16/13), which adjusts for the number of samplings panels in one year, multiplied by the inverse of the clinic's selection probability. The clinic screener nonresponse is multiplied by an adjustment for hospital non-response. The survey nonresponse accounts for clinic nonresponse.

**B. Provider Weight**

The "provider weight" is a vital component in the process of producing national estimates from sample data, and its use should be clearly understood by all micro-data file users. The statistics contained on the data file reflect data concerning only a sample of providers, not a complete count of all providers in the United States. In order to obtain national estimates from the sample, each record is assigned an inflation factor (variable name CCSSWT).

**C. Reliability of Estimates**

Users should also be aware of the reliability of the estimates as NCHS considers an estimate to be reliable if it has a relative standard error (RSE) of 30 percent or less (i.e., the standard error is no more than 30 percent of the estimate). Therefore, it is important to know the value of the lowest possible estimate in this survey that is considered reliable, so as not to present data in a journal article or paper that may be unreliable. It should be noted that estimates based on fewer than 30 records are also considered unreliable, regardless of the magnitude of the relative standard error.

## IV. DATA VARIABLES

The micro-data file contains many variables. Among these variables are CCSS data from providers, SUDAAN design variables, and additional derived variables. The 2010 CCSS Provider File Data Dictionary will be helpful in determining how variables and their values are defined.

### A. CCSS Provider Data

Data in this file corresponds to the CCSS questionnaire administered to eligible NAMCS physicians, CHC providers and OPD clinics.

For 2010, certain variables have been removed or replaced from the micro-data file. These include:

- a. The variable CCSSELIG was removed from the data-file and replaced with CSELIG and CSELIGW to improve weight calculations.
- b. The verbatim variables VCCSSAME, VCCSLATE, and VCCSYRSX have been renamed as CCSSAMR, CCSLATR and CCSYRSR respectively. The variables CCSSAME, CCSLATE, and CCSYRSX have been removed from the data file.
- c. HPVDNAGE and HPVPALL have levels for "Women under 21 years old," "Women 21 years old to 29 years old," and "Women of 30 years old and over."

### B. Design Variables

The SUDAAN design variables included on this file are necessary for calculating estimates and standard errors. The design variables should be incorporated into SUDAAN analysis code as shown below:

```
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;  
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_;  
WEIGHT CCSSWT;
```

### C. Additional Variables

Additional variables were derived from patient visit data variables themselves and visit data variables that were linked with other data sources. These variables can be grouped by source of information: visit data, Census demographic information, and county-level data from the Area Resource File (ARF).

**Visit data.** Variables derived from OPD and NAMCS visit files that describe clinic or office setting characteristics. These variables give the percent of female visits with a certain visit characteristic to that provider. For example, the variable PCTF1524 gives the percent of visits by females ages 15-24 years of age seen in that particular medical setting (clinic or office.)

**Census.** Variables that come from the Census Bureau describe demographic characteristics of the visit population, such as median household income (variable CSMEDHHY) or percent of patients with a bachelor's degree (variable CSPCTBA).

**ARF.** The Area Resource File is a national county-level health resource information database maintained by the Health Research and Services Administration (HRSA). Variables derived from the ARF file describe the demographic characteristics of the county in which the hospital or physician office is located.

## V. ANALYTICAL GUIDELINES

This data file includes facility characteristics for both NAMCS and NHAMCS providers, and can be used to analyze cervical cancer screening practices of providers.

### A. Using weight variables

When creating estimates for the provider data, the weight variable "CCSSWT" must always be used. This weight variable is consistent across NAMCS physicians, CHC providers, and OPD clinics.

### B. Analyzing responders only

When producing frequencies on respondent answers to the survey questions, the variable CCSSRESP=1 should be used in the BY or WHERE statement to isolate the responders.

### C. Analyzing only NAMCS or NHAMCS PROVIDERS

In order to isolate NAMCS providers or OPD clinics for analysis, researchers should use the entire dataset but use the SUBPOPN statement in SUDAAN to specify which providers to analyze. In the SUBPOPN statement, the variable "SURVEY" should be used as follows:

*For NAMCS:* SUBPOPN SURVEY = 1; \*where 1=NAMCS;

*For NHAMCS:* SUBPOPN SURVEY = 2; \*where 2=NHAMCS;

### D. Combining years of data

The 2010 CCSS provider data file was created uniquely for NCCDPHP using public-use provider data from the CCSS supplement. This data file only contains provider data for the year 2010. Combining several years of data improves the reliability of their estimates. If researchers wish to analyze data for multiple years of visits, they should refer to the NCHS website ([http://www.cdc.gov/nchs/ahcd/ahcd\\_questionnaires.htm](http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm)) for public-use visit data from other years.

It is important to keep in mind any changes to survey questions or variable values from year to year. For example, starting with data, the values for "Not Applicable," "Unknown," and "Blank" have become standardized across all variables as -7, -8, and -9 respectively. When combining 2006 data with later years, one must change the values from the 2006 data set to match the values on the 2007 – 2010 data set.

### E. Limitations

This data file can only be used to analyze provider-level data. The previously-issued 2006 and 2007 CCSS visit-level data files cannot be combined with the provider-level data file.

**Appendix A:  
2010 Cervical Cancer Screening Supplement**

Form <b>NAMCS-CCS</b> (10-8-2009)	OMB No. 0920-0234 U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics
<h2 style="margin: 0;">NATIONAL AMBULATORY MEDICAL CARE SURVEY</h2> <h3 style="margin: 0;">2010 CERVICAL CANCER SCREENING SUPPLEMENT</h3>	
<b>NOTICE</b> – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0234).	
<b>Assurance of Confidentiality</b> – All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).	

BACKGROUND INFORMATION		
<b>A. Provider's specialty (Mark (X) only ONE.)</b> 1 <input type="checkbox"/> General/Family Practice 2 <input type="checkbox"/> Internal Medicine 3 <input type="checkbox"/> OB/GYN 4 <input type="checkbox"/> CHC Mid-level Provider	<b>B. Census contact name</b>  _____	
<b>C. Provider's serial number</b>  _____	<b>D. Census contact telephone</b>  _____	Area code Number  _____

**INTRODUCTION** ▶ The Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in community health centers and private office settings. Please answer the following questions. We appreciate your time on this important public health concern.

<b>1. Does your practice use any of the following methods to screen for cervical cancer?</b> Mark (X) all that apply.	Mark (X) one interval for routine screening.				
<b>a. Conventional Pap test (Definition – Smear spread on glass slide and fixed)</b> 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } Continue with item 1b	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
<b>b. Liquid-based cytology (Definition – Specimen suspended in liquid solution)</b> 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } Continue with item 1c	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
<b>c. Other – Specify</b> _____ 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
<b>2. Does your practice perform colposcopy?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown					

<p><b>3a.</b> Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?</p> <p> <input type="checkbox"/> 1 Yes – Go to item 3b  <input type="checkbox"/> 2 No – SKIP to item 3c  <input type="checkbox"/> 3 Not aware of HPV DNA test } SKIP to item 9 on page 4  <input type="checkbox"/> 4 Unknown         </p> <hr/> <p><b>b.</b> Which of the following HPV DNA tests are ordered or collected in your practice? <i>Mark (X) all that apply.</i></p> <p> <input type="checkbox"/> 1 High risk (HR) HPV DNA test  <input type="checkbox"/> 2 Low risk (LR) HPV DNA test  <input type="checkbox"/> 3 Not aware there was a high risk or low risk HPV DNA test  <input type="checkbox"/> 4 Type-specific HPV DNA test  <input type="checkbox"/> 5 Unknown         </p> <p style="text-align: right; margin-right: 20px;">} SKIP to item 4a</p> <hr/> <p><b>c.</b> Why is the HPV DNA test not ordered or collected in your practice? – <i>Mark (X) all that apply.</i></p> <p> <input type="checkbox"/> 1 My practice does not see the types of patients for whom the HPV DNA test is indicated.  <input type="checkbox"/> 2 My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.  <input type="checkbox"/> 3 The patients in my practice have timely access to colposcopy.  <input type="checkbox"/> 4 Assessing patients' HPV infection status is not a priority at my practice.  <input type="checkbox"/> 5 The labs affiliated with my practice do not offer the HPV DNA test.  <input type="checkbox"/> 6 The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.  <input type="checkbox"/> 7 The HPV DNA test is not a reimbursed or covered service for most patients in my practice.  <input type="checkbox"/> 8 Discussing cervical cancer screening in the context of an STD is avoided in my practice.  <input type="checkbox"/> 9 Notifying or counseling patients about positive HPV DNA test results would take too much time.  <input type="checkbox"/> 10 Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.  <input type="checkbox"/> 11 Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.         </p> <p style="text-align: center; margin-top: 20px;"><i>SKIP to item 7 on page 3.</i></p>	<p><b>4a.</b> If a patient's Pap test result is borderline or abnormal, does your practice routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)</p> <p> <input type="checkbox"/> 1 Yes – Go to item 4b  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 Unknown         </p> <p style="text-align: right; margin-right: 20px;">} SKIP to item 5a</p> <hr/> <p><b>b.</b> For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? <i>Mark (X) all that apply.</i></p> <p> <input type="checkbox"/> 1 ASC-US (atypical squamous cells of undetermined significance)  <input type="checkbox"/> 2 ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade Intraepithelial lesion)  <input type="checkbox"/> 3 LSIL (low-grade squamous Intraepithelial lesion, encompassing mild dysplasia/CIN1)  <input type="checkbox"/> 4 HSIL (high-grade squamous Intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma In situ)  <input type="checkbox"/> 5 AGC (atypical glandular cells)         </p> <hr/> <p><b>c.</b> For which patients does your practice usually order reflex HPV DNA testing? – <i>Mark (X) all that apply.</i></p> <p> <input type="checkbox"/> 1 Women under 21 years old  <input type="checkbox"/> 2 Women 21 years old to 29 years old  <input type="checkbox"/> 3 Women 30 years old and over  <input type="checkbox"/> 4 Other – <i>Specify</i> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> </p> <hr/> <p><b>5a.</b> Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?</p> <p> <input type="checkbox"/> 1 Yes – Go to item 5b  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 Unknown         </p> <p style="text-align: right; margin-right: 20px;">} SKIP to item 6a on page 3</p> <hr/> <p><b>b.</b> For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test? <i>Mark (X) all that apply.</i></p> <p> <input type="checkbox"/> 1 ASC-US (atypical squamous cells of undetermined significance)  <input type="checkbox"/> 2 ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade Intraepithelial lesion)  <input type="checkbox"/> 3 LSIL (low-grade squamous Intraepithelial lesion, encompassing mild dysplasia/CIN1)  <input type="checkbox"/> 4 HSIL (high-grade squamous Intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma In situ)  <input type="checkbox"/> 5 AGC (atypical glandular cells)         </p>
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<p><b>9.</b> As it relates to the HPV vaccine, how often does your practice –  <i>Mark (X) only ONE for each row.</i></p>					
	Rarely or never	Sometimes	Usually	Always or almost always	Unknown/Not applicable/ Do not ask
<b>a.</b> Use the number of sexual partners to determine who should get the HPV vaccine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Perform a Pap test to determine who should get the HPV vaccine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Recommend the HPV vaccine to females with a positive HPV test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p><b>10.</b> Will your practice's cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?</p>					
<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Item 14</p>					
<p><b>11.</b> How will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females?  <i>Mark (X) all that apply.</i></p>					
<p>1 <input type="checkbox"/> By age</p> <p>1 <input type="checkbox"/> At same age as non-HPV vaccinated females –                  Specify age → _____</p> <p>2 <input type="checkbox"/> At a later age –                  Specify age → _____</p> <p>2 <input type="checkbox"/> By onset of sexual activity –                  How many year(s) since onset of sexual activity? → _____</p> <p>3 <input type="checkbox"/> Will not be screening fully HPV vaccinated females</p> <p>4 <input type="checkbox"/> Unknown</p>					
<p><b>12.</b> How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? <i>Mark (X) one.</i></p>					
<p>1 <input type="checkbox"/> Annually                  2 <input type="checkbox"/> Every 2–3 years                  3 <input type="checkbox"/> Every 4–5 years                  4 <input type="checkbox"/> Greater than every 5 years                  5 <input type="checkbox"/> Will not be screening fully HPV vaccinated females                  6 <input type="checkbox"/> Unknown</p>					
<p><b>13.</b> Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?</p>					
<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>					
<p><b>14.</b> Please indicate to what extent you agree, disagree, or are unsure with each statement. <i>Please respond to both a and b.</i></p>					
	Agree	Disagree	Unsure		
<b>a.</b> There will be fewer numbers of abnormal Pap tests among vaccinated females.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
<b>b.</b> There will be fewer referrals for colposcopy among vaccinated females.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
<p><b>15.</b> The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Is this practice currently participating in this state or national screening program?                  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown</p>					
<p><b>16.</b> For purposes of this survey, which of the following categories describe your profession? – <i>Mark (X) only ONE.</i></p>					
<p>1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant/ Nurse practitioner/ Nurse midwife 3 <input type="checkbox"/> Registered nurse 4 <input type="checkbox"/> Other office staff</p>					

**CLOSING STATEMENT**

Thank you for completing this special survey. We appreciate your time and cooperation.

### Appendix B: Sample SUDAAN Code

```
PROC SORT DATA=ccss10.CCSSVIS; BY CSTRAT CPSU PROVIDE DEPT CLINTYPE SU; RUN;
```

```
PROC CROSSTAB DATA=ccss10.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
*SUBPOPN CCSSRESP=1;
/* The variables below will change based on the variables of interest*/
CLASS CCSSTYPE ELIG CCSSRESP OBG SURVEY CCSFINALR;
TABLES CCSSTYPE ELIG CCSSRESP OBG SURVEY CCSFINALR;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss10.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS PAPCON INTCON PAPLIQD INTLIQD PAPOTH INTOTH COLPO HPVDNAO HPVDNALL
HPVDNAHR HPVDNALR HPVDNANA HPVDNATS HPVDNAUN;
TABLES PAPCON INTCON PAPLIQD INTLIQD PAPOTH INTOTH COLPO HPVDNAO HPVDNALL
HPVDNAHR HPVDNALR HPVDNANA HPVDNATS HPVDNAUN;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss10.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS YNODNALL HPVDNAR ABPALLO HPVDNAGE RECALL ABPALLR HPVDNAA HPVPALL
PAPNLNOT PAPNLNEG PAPNLPOS PAPNONEG PAPNOPOS PAPABNEG PAPABPOS ;
TABLES YNODNALL HPVDNAR ABPALLO HPVDNAGE RECALL ABPALLR HPVDNAA HPVPALL
PAPNLNOT PAPNLNEG PAPNLPOS PAPNONEG PAPNOPOS PAPABNEG PAPABPOS ;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss10.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS HPVVACDET HPVVACSP HPVVACPT HPVVACAB HPVVACPS CCSCHNG CCSROUT CCSSAMR
CCSLATR CCSFLVAC VACABCYT FEWABTST FEWCOLP NBCCEDP PROFESS;
TABLES HPVVACDET HPVVACSP HPVVACPT HPVVACAB HPVVACPS CCSCHNG CCSROUT CCSSAMR
CCSLATR CCSFLVAC VACABCYT FEWABTST FEWCOLP NBCCEDP PROFESS;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
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**Appendix C:  
Marginal Data Frequencies**

1. Summary Variables (Using CCSSWT)

<b>Variables</b>	<b>Labels</b>	<b>Number of Records</b>	<b>Estimates</b>	<b>Standard Error</b>	<b>Percent</b>
<b>CCSSTYPE</b>	TOTAL	1,818	339,230	11222.08	100.00
	Physician office	1,440	319,567	11513.55	94.20
	OPD	167	4,213	706.18	1.24
	CHC	211	15,450	2483.85	4.56
<b>ELIG</b>	TOTAL	1,818	339,230	11228.32	100.00
	Eligible for CCSS	555	111,611	6656.87	32.90
	Not eligible for CCSS	1,263	227,619	8258.42	67.10
<b>CCSSRESP</b>	TOTAL	1,818	339,230	11228.32	100.00
	Responded	555	111,611	6656.87	32.90
	Refused	1,263	227,619	8258.42	67.10
<b>OBG</b>	TOTAL	1,818	339,230	11228.32	100.00
	OBGYN	185	27,430	1842.39	8.09
	Other	1,633	311,800	10701.66	91.91
<b>SURVEY</b>	TOTAL	1,818	339,230	11228.32	100.00
	NAMCS	1,651	335,017	11328.97	98.76
	NHAMCS	167	4,213	706.18	1.24
<b>CCSFINALR</b>	TOTAL	1,818	339,230	11228.32	100.00
	Completed paper	555	111,611	6656.87	32.90
	Does not perform screening	154	27,869	2490.1	8.22
	Ineligible for CCS	1,109	199,750	7402.17	58.88

2. Supplement Variables Frequencies (Using CCSSWT and CCSSRESP=1)

Variables	Labels	Number of Records	Estimates	Standard error	Percent
<b>PAPCON</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	49	11,615	2487.85	10.41
	Unknown	3	66	56.58	0.06
	Yes	201	45,601	4721.23	40.86
	No	302	54,329	4751.78	48.69
<b>INTCON</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	360	66,543	5272.67	59.62
	Multiple entry	7	979	528.8	0.88
	Annually	149	33,610	3976.03	30.11
	Every 2 years	15	4,067	1439.82	3.64
	Every 3 years	11	5,518	2150.5	4.94
	No routine interval recommended	13	894	478.36	0.80
<b>PAPLIQD</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	3	854	493.84	0.77
	Unknown	9	1,612	770	1.44
	Yes	505	98,155	6354.59	87.94
	No	38	10,989	2443.95	9.85
<b>INTLIQD</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	68	15,380	2748.48	13.78
	Multiple entry	21	5,364	1733.24	4.81
	Annually	374	71,036	5647.64	63.65
	Every 2 years	43	8,886	2241.08	7.96
	Every 3 years	24	6,469	1925.37	5.80
	No routine interval recommended	25	4,477	1675.91	4.01
<b>PAPOTH</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	324	62,619	5680.67	56.11
	Unknown	29	5,521	1442.51	4.95
	Yes	49	9,649	1948.38	8.65
	No	153	33,821	4072.11	30.30

<b>INTOTH</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	510	102,847	6553.68	92.15
	Multiple entry	3	275	223.35	0.25
	Annually	22	3,649	1021.25	3.27
	Every 2 years	4	515	485.82	0.46
	Every 3 years	7	2,018	915.95	1.81
	No routine interval recommended	9	2,308	1249.31	2.07
<b>COLPO</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	1	5	5.31	0.00
	Unknown	7	1,233	623.54	1.11
	Yes	280	45,623	3574.23	40.88
	No	267	64,749	5683.52	58.01
<b>HPVDNAO</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	3	381	278.79	0.34
	Unknown	5	1,205	1031.22	1.08
	Multiple entry	1	486	486	0.44
	Yes	482	88,764	5469.88	79.55
	No	55	18,847	3585.2	16.89
	Not aware of HPV DNA test	9	1,927	1190	1.73
<b>HPVDNALL</b>	TOTAL	555	111,611	6656.87	100.00
	All blank	105	28,780	4026.5	25.79
	Multiple entry	117	21,451	3084.78	19.22
	High risk (HR) HPV DNA test	276	51,597	4408.07	46.23
	Low risk (LR) HPV DNA test	7	1,110	643.92	0.99
	Not aware of high/low test	21	4,341	1453.52	3.89
	Type-Specific HPV DNA test	29	4,331	1378.41	3.88
<b>HPVDNAHR</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	49	1,784	493.16	1.60

	Box is unmarked	113	36,778	4599.21	32.95
	Box is marked	393	73,048	5112.62	65.45
<b>HPVDNALR</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	135	3,362	626.91	3.01
	Box is unmarked	299	86,153	6027.25	77.19
	Box is marked	121	22,096	3232.97	19.80
<b>HPVDNANA</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	158	4,058	698.52	3.64
	Box is unmarked	368	101,283	6637.66	90.75
	Box is marked	29	6,270	1697.29	5.62
<b>HPVDNATS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	143	3,815	673.55	3.42
	Box is unmarked	344	94,444	6430.85	84.62
	Box is marked	68	13,351	2246.07	11.96
<b>HPVDNAUN</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	151	3,710	663.04	3.32
	Box is unmarked	375	103,570	6672.93	92.80
	Box is marked	29	4,331	1378.41	3.88
<b>YNODNALL</b>	TOTAL	555	111,611	6656.87	100.00
	All blank	500	93,331	5,802.23	83.62
	Not applicable	36	13,166	3,142.44	11.80
	Multiple entry	12	4,067	1,858.00	3.64
	Other tests used	5	305	259.29	0.27
	Access to colposcopy	2	742	524.78	0.66
<b>HPVDNAR</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	49	12,430	2,884.18	11.14
	Unknown	18	4,795	1,850.29	4.30
	Yes	430	79,675	5,720.48	71.39
	No	58	14,711	2,872.61	13.18
<b>ABPALLO</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	100	23,965	3,722.05	21.47
	Not applicable	20	6,649	2,100.66	5.96

	ASC-US	407	73,527	5,556.75	65.88
	ASC-H	15	3,725	1,396.60	3.34
	LSIL	6	1,965	1,153.16	1.76
	HSIL	5	749	525.98	0.67
	AGC	2	1,030	1,026.01	0.92
<b>HPVDNAGE</b>	TOTAL	555	111,611	6656.87	100.00
	All blank	109	26,555	3,804.44	23.79
	Not applicable	17	5,844	2,018.76	5.24
	Under 21 years old	161	34,877	4,370.26	31.25
	21 years to 29 years old	142	20,635	2,861.00	18.49
	30 years old and over	43	8,355	1,894.19	7.49
	Other	83	15,345	2,473.32	13.75
<b>RECALL</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	48	13,019	3,011.04	11.66
	Unknown	18	5,388	1,632.28	4.83
	Yes	206	41,693	3,911.21	37.36
	No	283	51,511	5,219.48	46.15
<b>ABPALLR</b>	TOTAL	555	111,611	6656.87	100.00
	All blank	331	61,265	5,296.45	54.89
	Not applicable	13	4,728	1,887.46	4.24
	ASC-US	192	40,843	4,027.71	36.59
	ASC-H	13	2,768	1,058.03	2.48
	LSIL	4	519	322.34	0.47
	HSIL	1	461	460.74	0.41
	AGC	1	1,026	1,026.00	0.92
<b>HPVDNAA</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	45	12,851	2,971.44	11.51
	Unknown	16	1,982	761.77	1.78
	Yes	301	55,790	4,279.20	49.99
	No	193	40,988	5,070.47	36.72
<b>HPVPALL</b>	TOTAL	555	111,611	6656.87	100.00
	All blank	261	51,663	4,865.65	46.29
	Not applicable	19	7,615	2,484.20	6.82

	Under 21 years old	113	26,127	3,646.68	23.41
	21 to 29 years old	52	10,744	2,233.56	9.63
	30 years old and over	85	12,739	1,862.13	11.41
	Request CCS test	18	1,125	462.74	1.01
	Request HPV infection status	7	1,597	1,072.60	1.43
<b>PAPNLNOT</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	25	5,297	1,956.71	4.75
	Multiple entry	4	1,380	787.64	1.24
	No follow-up needed	5	1,373	705.53	1.23
	Less than 6 months	4	231	216.70	0.21
	6 months to less than 1 year	9	1,627	703.98	1.46
	1 year	314	67,906	5,434.14	60.84
	2 years	104	15,065	2,571.42	13.50
	3 years or more	71	14,246	2,430.59	12.76
	Have no experience with this type of patient or test	19	4,486	1,726.19	4.02
<b>PAPNLNEG</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	25	4,939	1,923.29	4.43
	Multiple entry	2	408	385.68	0.37
	No follow-up needed	4	1,248	739.03	1.12
	Less than 6 months	4	43	37.53	0.04
	6 months to less than 1 year	6	1,783	751.62	1.60
	1 year	251	53,276	4,990.97	47.73
	2 years	106	18,483	2,821.07	16.56
	3 years or more	144	28,729	3,370.89	25.74
	Have no experience with this type of patient or test	13	2,702	1,301.90	2.42
<b>PAPNLPOS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	25	5,297	1,956.71	4.75
	No follow-up needed	3	1,166	686.38	1.04
	Less than 6 months	60	15,365	3,065.26	13.77

	6 months to less than 1 year	121	23,709	3,385.56	21.25
	1 year	294	54,472	4,184.29	48.81
	2 years	16	1,617	671.50	1.45
	3 years or more	9	1,940	1,189.22	1.74
	Have no experience with this type of patient or test	27	8,045	2,505.71	7.21
<b>PAPNONEG</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	31	7,080	2,275.23	6.35
	No follow-up needed	4	1,206	720.25	1.08
	Less than 6 months	70	12,914	2,767.60	11.57
	6 months to less than 1 year	24	4,728	1,510.36	4.24
	1 year	344	70,303	5,189.56	62.99
	2 years	30	4,482	1,598.26	4.02
	3 years or more	22	4,562	1,503.37	4.09
	Have no experience with this type of patient or test	30	6,337	2,277.30	5.68
<b>PAPNOPOS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	34	6,610	2,095.47	5.92
	Multiple entry	2	411	385.88	0.37
	No follow-up needed	3	1,088	656.72	0.97
	Less than 6 months	165	33,211	3,750.69	29.76
	6 months to less than 1 year	102	23,568	3,021.23	21.12
	1 year	196	35,099	3,946.52	31.45
	2 years	6	384	321.44	0.34
	3 years or more	1	486	486.00	0.44
	Have no experience with this type of patient or test	46	10,754	2,895.06	9.64
<b>PAPABNEG</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	31	7,532	2,135.25	6.75
	Multiple entry	4	614	430.06	0.55
	No follow-up needed	3	1,088	656.72	0.97

	Less than 6 months	127	30,244	4,220.58	27.10
	6 months to less than 1 year	140	24,224	3,410.53	21.70
	1 year	220	41,345	4,022.87	37.04
	2 years	10	2,963	1,530.77	2.66
	3 years or more	4	377	360.35	0.34
	Have no experience with this type of patient or test	16	3,223	1,390.18	2.89
<b>PAPABPOS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	30	7,175	2,088.91	6.43
	Multiple entry	4	810	464.94	0.73
	No follow-up needed	5	1,600	747.87	1.43
	Less than 6 months	245	53,067	4,713.20	47.56
	6 months to less than 1 year	147	25,869	3,408.62	23.18
	1 year	99	16,353	2,429.28	14.65
	2 years	1	318	318.00	0.28
	Have no experience with this type of patient or test	24	6,420	2,100.68	5.75
<b>HPVVACDET</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	24	7,113	2425.09	6.37
	Rarely or never	409	80,318	5560.10	71.96
	Sometimes	43	10,350	2493.83	9.27
	Usually	27	5,267	1283.85	4.72
	Always or almost always	39	6,264	1413.09	5.61
	Do not recommend the HPV vaccine	13	2,299	965.45	2.06
<b>HPVVACSP</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	23	4,703	1254.35	4.21
	Rarely or never	367	74,373	5842.15	66.64
	Sometimes	46	10,083	2479.55	9.03
	Usually	15	4,148	1233.75	3.72
	Always or almost always	42	9,691	2227.38	8.68

	Unknown/Not applicable/Do not ask	62	8,613	2275.32	7.72
<b>HPVVACPT</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	24	4,961	1280.54	4.44
	Multiple entry	1	2	2.45	0.00
	Rarely or never	401	81,601	5469.49	73.11
	Sometimes	28	3,951	1122.98	3.54
	Usually	23	7,227	2195.74	6.48
	Always or almost always	24	5,047	1723.88	4.52
	Unknown/Not applicable/Do not ask	54	8,822	2520.78	7.90
<b>HPVVACAB</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	23	4,474	1230.21	4.01
	Multiple entry	1	342	340.94	0.31
	Rarely or never	99	22,822	3432.53	20.45
	Sometimes	91	22,109	3507.33	19.81
	Usually	76	16,677	2583.15	14.94
	Always or almost always	208	36,959	3615.68	33.11
	Unknown/Not applicable/Do not ask	57	8,227	2384.4	7.37
<b>HPVVACPS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	25	5,421	1400.57	4.86
	Rarely or never	111	24,004	3369.83	21.51
	Sometimes	81	19,277	3434.43	17.27
	Usually	55	12,226	2157.65	10.95
	Always or almost always	214	37,957	3817.07	34.01
	Unknown/Not applicable/Do not ask	69	12,726	2666.27	11.40
<b>CCSCHNG</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	14	1,327	547.03	1.19
	Yes	35	6,262	1922.06	5.61
	No	506	104,021	6873.69	93.20

<b>CCSROUT</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	325	45,990	4592.43	41.21
	Unknown	21	3,040	1564.52	2.72
	Multiple entry	151	50,783	5094.09	45.50
	By age	39	7,689	2300.14	6.89
	By onset of sexual activity	16	1,596	428.12	1.43
	Will not be screening fully HPV vaccinated females	3	2,513	1521.65	2.25
<b>CCSSAMR</b>	TOTAL	412	107,556	6789.89	100.00
	Blank	343	91,120	6289.50	84.70
	9	1	217	216.45	0.20
	10	1	358	356.89	0.33
	12	1	318	318	0.30
	13	1	1,026	1024.69	0.95
	18	11	4,819	1923.74	4.48
	19	3	952	587.19	0.88
	20	2	847	604.86	0.79
	21	48	7,830	1802.74	7.28
	26	2	95	95	0.09
	<b>CCSLATR</b>	TOTAL	392	107,434	6790.56
Blank		389	105,451	6675.61	98.13
19		1	246	245.34	0.23
20		1	251	251	0.23
21		1	486	485.21	0.45
26		1	1,026	1026	0.95
<b>CCSFLVAC</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	385	76,152	5341.69	68.23
	Unknown	29	5,782	1963.72	5.18
	Multiple entry	3	21	17.29	0.02
	Annually	99	20,579	3133.24	18.44
	Every 2-3 years	36	7,212	1772.05	6.46
	Will not be screening fully HPV vaccinated females	3	1,864	1185.55	1.67

<b>VACABCYT</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	399	77,791	5376.96	69.70
	Yes	118	23,687	3117.59	21.22
	No	38	10,132	2634.28	9.08
<b>FEWABTST</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	14	2,946	1262.95	2.64
	Multiple entry	1	57	57	0.05
	Agree	343	66,247	5277.70	59.36
	Disagree	32	7,014	2070.45	6.28
	Unsure	165	35,346	4392.05	31.67
<b>FEWCOLP</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	12	1,434	555.8	1.28
	Multiple entry	1	57	57	0.05
	Agree	341	68,878	5527.39	61.71
	Disagree	29	6,345	1762.15	5.68
	Unsure	172	34,898	4484.63	31.27
<b>NBCCEDP</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	55	2,524	721.51	2.26
	Unknown	92	24,552	3673.09	22.00
	Yes	207	27,505	3508.14	24.64
	No	201	57,030	5693.75	51.10
<b>PROFESS</b>	TOTAL	555	111,611	6656.87	100.00
	Blank	3	381	278.79	0.34
	Physician	265	59,064	4946.58	52.92
	Physician assistant/Nurse practitioner/Nurse midwife	102	13,674	2481.39	12.25
	Registered nurse	90	16,438	3255.93	14.73
	Other clinic staff	95	22,053	3461.84	19.76