Supplemental Digital Table 1

Specialties Eligible for Inclusion in the Sample

Physician Specialties	Nurse Practitioner Specialties
General Practice	Adolescent Medicine
Family Practice	Adult Medicine
Internal Medicine	Family Medicine
General Internal Medicine	General Practice
Adolescent Medicine	Geriatric Medicine
Internal Medicine/Pediatrics	Internal Medicine
Pediatrics	Pediatrics
Geriatric Medicine	Women's Health

Supplemental Digital Table 2

State Scope of Practice Variable

Created variable	Rank for patient access to nurse practitioners	States
Less restrictive	А	AK, AR. CO, DC, HI, ME, MD, MT, ND, NH, NM, OR, SD, VT, WA. WY
	В	CT, ID, IA, KY, NJ, NY, UT,
Moderately restrictive	С	CA, DE, KS, MA, MN, MS, NV, OH, OK, PA, TN, WV, WI
Most rostrictivo	D	AK, IL, IN, LA, NE, RI, TX, VI
Most restrictive	F	AL, FL, GA, MI, MO, NC, SC,

Criteria used to determine state grades Environment Affecting Consumers' Access to NP (Nurse Practitioner) Providers Governance of NP profession Entry into profession Professional autonomy Board of Nursing has sole state authority over NPs Requirements to enter into NP practice facilitate availability of safe, professionally qualified NPs and are not excessive Scope of practice is congruent with NPs' education and professional ability; practice is not dependent on members of any other profession. Environment Affecting Reimbursement and NPs' Patients' Access to Related Health Care

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Services	Services						
	NPs have the authority to diagnose and treat without						
Authority to diagnose and treat	cumbersome oversight requirements (e.g., required						
Authority to diagnose and treat	practice hours, practice agreements, limiting protocols,						
	chart review, frequent filing of collaborative agreement)						
Hospital privileges	States has no legislative prohibitions against NP hospital						
Hospital privileges	privileges						
Access to diagnostic and other	State has unencumbered laboratory testing, diagnostic						
services	testing, and physical therapy policies for patients of NPs						
Primary care providers	State authorizes NPs to be recognized as primary care						
Filliary care providers	providers						
Payment	Legislative language permits NP reimbursement by 3rd						
rayment	party payers						
Environment Affecting NPs' Patien	ts' Access to Prescription Medications						
Prescriptive authority	NPs' prescribing is within scope of expertise, no						
Frescriptive authority	requirement for oversight by physician						
Prescriptions	NPs' patients have full access to prescriptions						
NP name on bottle	Patients' prescription medication bottle is require to have						
INF Hallie off bottle	NP's name						
Receiving and dispensing samples	NPs are authorized to receive and dispense pharmaceutical						
Meceiving and dispensing samples	samples of for patients.						
Source: Lugo NR, O'Grady ET, Hodi	nicki DR, Hanson CM. Ranking State NP Regulation: Practice						
Environment and Consumer Healthcare Choice. American Journal of Nurse Practitioners. 2007,							

Supplemental Digital Appendix 1

Instructions for completing the survey:

Primary care nurse practitioner

Primary care nurse practitioners' income

b.

professionals...?

Survey Instrument for Primary Care Physicians

please record your response neatly in the space provided.

National Survey of Primary Care Nurse Practitioners and Physicians

Please read each of the questions carefully. Using a blue or black pen, place an "X" in the appropriate response box as indicated: \boxed{X} If you are asked to provide a written response,

	ase answer every question except those that you are follow the "GO TO" instructions carefully.	specifically	instructed to	o skip. Be	e sure	
serv or n	questions in this survey are about your employme vices. Unless otherwise specified, if you work at monain position and place of work when you answer t	ore than on he question	e job, please		-	ary
A1.	For each of the following items, please indicate v	vhether you Much greate than th deman	Somewhat r greater e than the	About equal to the demand	Somewhat less than the demand	Much less than the demand
a.	The number of primary care physicians in the U.S. is			\square_3	\square_4	
b. is	The number of primary care nurse practitioners in the U	I.S. \square_1	\square_2	\square_3	\square_4	\square_5
c. prim	In the community in which you practice, the number of pary care physicians is	\square_1	\square_2	\square_3	\square_4	\square_5
d. prim	In the community in which you practice, the number of nary care nurse practitioners is			\square_3	□ ₄	\square_5
A2.	Given what you know about the state of health o	are, would	you advise a	qualified	d high scho	ol or
	·	•	obably Prob	,	finitely uld not	Not sure
a.	Primary care physician]3		

A3. Do you think increasing the number of nurse practitioners in primary care practices in the U.S. will increase, decrease or have no effect on the following aspects of the work environment for health

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Increase

Decrease

No effect

	shortages and career recommendations from practicing clinicians. Acad Med.						
b.	Primary care physicians' income	$\square_{\mathtt{1}}$	\square_2	\square_3			
c. nui	The type of work that must be performed by staff who are not physicians or see practitioners		\square_2	\square_3			
d.	Collaboration among physicians and nurse practitioners			\square_3			
6	Replacement of primary care physicians with purse practitioners	\Box .	П.				

A4. Do you think that increasing the supply of primary care nurse practitioners in the U.S. will make better, make worse, or have no effect on the following aspects of health care?							
		Ma	ake	Make	No Effect	Don't Know	
a.	Safety (avoiding injuries to patients)		1		\square_3	□8	
b.	Timeliness (reducing waits and sometimes harmful delays)		1	\square_2	\square_3	□8	
c. all w	Effectiveness (providing services based on scientific knowledge to rho could benefit)		1	\square_2	\square_3	□8	
d.	Efficiency, cost-effectiveness (avoiding waste)		1	\square_2	\square_3	\square_8	
e. <u>dem</u>	Equity (providing care that does not vary in quality because of ographic characteristics of the person)		1	\square_2	\square_3	□8	
f. resp	Patient-centeredness (providing care that is respectful of and onsive to individual patient preferences, needs, and values)		1	\square_2	\square_3	□8	
g.	Access to healthcare for people without insurance		1	\square_2	\square_3	\square_8	
h.	Health care costs		1	\square_2	\square_3	□ ₈	
A5.	Please rate your level of agreement or disagreement with	the follo	owing	stateme	ents.		
		Strongly agree	Agree	Neithe agree nor disagre	Disagree	Strongly disagree	
	a. Nurse practitioners should practice to the full extent of their education and training		\square_2	\square_3	□ ₄		
	b. A primary care practice that is led by a nurse practitioner should be eligible to be certified as a medical home			\square_3	\square_4	\square_5	
	c. Nurse practitioners should be legally allowed hospital admitting privileges	$\square_{\mathtt{1}}$	\square_2	\square_3	□ ₄	\square_5	
	d. Nurse practitioners should be paid the same as physicians for providing the same services		\square_2	\square_3	\square_4	\square_5	
The	TION B: YOUR CURRENT EMPLOYMENT questions in this section are about your employment. Unle than one job, please consider your primary or main position			-			
B1.	On the whole, how satisfied are you with your employment of the satisfied	nt?					
	B2. Independent of your employment, in general, he as a primary care physician?	ow satisf	fied ai	re you w	rith your	career	

B3. Which of the following best describes your work setting?

 \square_1 Acute care hospital (e.g., adult, pediatric, rehabilitation, other)

	\bigsqcup_2 Specialty hospital (e.g., psychiatric, rehabilitation,	other)			
	☐ ₃ Subacute/Long-term care				
	☐ ₄ Home/Community care				
	\square_5 Ambulatory (e.g., office, surgery, dialysis, urgent c	are center)			
	\square_6 Walk in or retail based clinic (e.g., pharmacy, groce	ery store, supermark	et)		
	\square_7 School health/Student health service in secondary	or college setting			
	\square_{96} Other (please specify)				
	B4. Which of the following methods best des	scribes your basic	compensa	ation?	
	\square_1 Fixed salary				
	\square_2 Salary adjusted for performance (e.g., productivity	, practice's financial	performa	nce, quality	/
	measures)				
	\square_3 Shift, hourly, or other time-based payments				
	☐ ₆ Other (please specify)				
В5.	In an ideal primary care setting, your first choice w	ould be a			
	\square_1 Solo practice in primary care (no other physicians	or nurse practitione	rs)		
	\square_2 Team practice with nurse practitioners only (no pr	ysicians)			
	\square_3 Team practice with physicians only (no nurse prac	titioners)			
	\square_4 Team practice with physicians and nurse practition	ners			
	\square_{6} Other (please specify)				
sho	ase write the percentage of time you spend on each. ould add to 100%. Then please indicate whether this is ount of time.		tle, or abo		
a.	Direct patient care, including hands on care	%			□₃
b.	Patient/family teaching	%			\Box_3
c.	Patient care notes/documentation	%			\square_3
d. etc.	Patient related telephone calls (Rx, lab results, referrals,)	%		\square_2	\square_3
e.	Teaching (clinical/academic)	%		\square_2	\square_3
f.	Continuing education for your own development/licensure	%		\square_2	\square_3
g.	Research	%	\square_1	\square_2	\square_3
h.	Administration	%		\square_2	\square_3
i. con	Continuing education (courses, reading journals, ferences, CE/CME)	%		\square_2	\square_3
j.	Other	%	\square_1	\square_2	\square_3

TOTAL	100%	

B7. In the practice in which you work, who provides the following services to patients?							
	Provided mostly by primary care physicians	Provide mostly primary NPs	by care	Provided by both primary care physicians/NP s	oth speciali	er sts or not	Not applicable
 a. Annual physicals (including screenings, immunizations, etc.) 	\square_1		2	\square_3		4	\square_5
 Follow-up visits for controlled chronic conditions (e.g. blood pressure, CHF, asthma, diabetes) 			2	\square_3		4	\square_5
c. Visits for complex chronic conditions that are complicated by comorbidities or are not yet well controlled	\square_1	<u></u> :	2	\square_3		4	\square_5
 d. Acute illnesses, non-emergency care (UTI, URI, OM, strep-throat) 				\square_3		4	\square_5
e. Patient/family teaching	\square_1		2	\square_3		4	\square_5
f. Care coordination at care transitions (referrals, post discharge)			2	\square_3		4	\square_5
g. Follow-up for abnormal screening results			2	\square_3		4	\square_5
B8. In the practice in which you work, how would	you rate	the qu					
	E	xcellent	Very Good	Good	Fair	Poor	Not Applicable
a. Opportunities to influence decisions about workplace orga	nization	\square_1		2	\square_4	\square_5	\square_6
b. Opportunities to influence decisions about patient care		\square_1		\square_3	\square_4	\square_5	\square_6
c. Work relationships between primary care nurse practitions primary care physicians	ers and			2	\square_4	\square_5	\Box_6
d. Work relationships between primary care nurse practitione physician assistants	ers and	\square_1		2	\square_4	\square_5	\square_6
e. Work relationships between primary care physicians and p assistants	hysician	\square_1		2	\square_4	\square_5	\square_6
B9. How much do you agree or disagree with the	following	g staten	nents	?			
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
a. The physicians with whom I work support restrictions on nu practitioners' scope of practice in my state	irse	\square_1	\square_2	\square_3	\square_4	\square_5	\square_6
b. I have a better relationship with the nurse practitioners with I work than do other physicians with whom I work	whom	\square_1	\square_2	\square_3	\square_4	\square_5	\square_6
c. When physicians and nurse practitioners perform the same primary care visit, a primary care physician is able to provide a hig quality examination and consultation			\square_2	\square_3	□ ₄		□ ₆
d. My relationship with nurse practitioners in my own work set would suffer if there was an expansion in the scope of practice of care nurse practitioners	_	\square_1	\square_2	\square_3	\square_4		□ ₆

SECTION If you we these controls Control Controls Control	Pred to physicians? ON C: YOUR CLINICAL PRACTICE work at more than one job, please consider your princestions. With the patient medical records system in the prayou (or staff in your practice) to do the following? It	ictice ir	n which yo	u work	, how ea		
		·	Ease/Di	•		Is pro	
		Easy	Somewha t difficult	Difficult	Cannot	Yes	N
a. G	enerate a list of patients by diagnosis				generate		[
-	enerate a list of patients by lab result			\square_3	\Box_4		[
	enerate a list of patients who are due or overdue for r preventive care		\square_2		\Box_4		
patient	enerate reports on the quality of care delivered to s with specific chronic conditions (i.e., HbA1c control for c patients)	\square_1	\square_2	\square_3	\square_4		[
e. G	enerate demographic information on patients' race, ty, or preferred language	\square_1	\square_2	\square_3	\square_4		
f. P visit	rovide patients with a clinical summary for each office		\square_2	\square_3	\square_4		
	ubmit ambulatory clinical care measures such as blood re control, HbA1c and/or smoking status to payers	\square_1	\square_2	\square_3	\square_4		[
h. T	rack patients who have missed appointments	\square_1	\square_2	\square_3	\square_4	\square_1	[
i. T	rack referrals	\Box_1	\square_2	\square_3	\square_4	\square_1	
j. S	end patients reminders for preventive or follow up care	\Box_1		\square_3	\Box_4		
apply. [[Which of the following are employed in the practice Registered nurse Licensed practical nurse Primary care nurse practitioner Specialized nurse practitioner Physician assistant Primary care physician	in whic	ch you wo	rk? <i>Ple</i>	ase selec	t all th	at

C3. Currently, if the practice in which you work were to hire a new primary care health professional to see patients, what is the type of professional your practice would be *most* likely to hire? *Please* select only one response.

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Supple	emental digital content for DesRoches CM, Buerhaus P, Dittus R, Donelan K. Primary care workforce	9
	ages and career recommendations from practicing clinicians. Acad Med.	
	☐ ₂ Primary care physician assistant	
	☐ ₃ Primary care physician	
	□ ₄ Any of the above	
	□ ₈ Don't know	
C4. Assur	Has the practice in which you work been recognized by the National Committee for Quality rance as a Patient Centered Medical Home (PCMH)? $\Box_1 \text{Yes}$	
	\square_2 No, but we are in the process of applying	
	\square_3 No	
	□ ₈ Don't know	
C5.	Approximately how many hours do you work as a physician each week?	
	hours per week	
C6.	Approximately how many patient visits do you personally provide each week? patient visits	
	Roughly what percent of the revenue from the patient care you provide comes from the wing? Note: Categories should sum close to 100%. Please do not leave any boxes blank. If e," please enter "000."	
	$\square \square \square_1$ % Medicare	
	□□□₂ % Medicaid	
	□□□₃ % Private insurance	
	□□□₄ % Patient payments	
	□□□ ₆ % Other (including charity, research, CHAMPUS, VA, etc.)	
C8.	For billing/reimbursement in your position, do you have a Medicare provider number/NPI?	
	$\square_1 \text{ Yes} \rightarrow \text{GO TO QUESTION C9}$	
	\square_2 No \rightarrow GO TO QUESTION C10	
	\square_3 I have applied for one but do not have it \rightarrow GO TO QUESTION C10	
	□ ₈ Don't know → GO TO QUESTION C10	
C 9.	What year did you get your Medicare provider number/NPI?	
	How are the services provided in your practice to Medicare patients by primary care nurse itioners billed to Medicare?	
	All of the services provided by nurse practitioners are billed to Medicare under their own provider numbers	S
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		al digital content for DesRoches CM, Buerhaus P, Dittus R, Donelan K. Primary care workforce and career recommendations from practicing clinicians. Acad Med.
\Box_2 \Box_3 \Box_4	Some	the services provided by nurse practitioners are billed to Medicare under <i>my provider number</i> of the services I provide are billed under my number, and some under a nurse practitioner's number pplicable to my practice
C11.	\square_1	e practice in which you work accepting new patients? Yes → GO TO QUESTION C12 No → GO TO QUESTION C13
	C12.	Is the practice in which you work accepting new patients with? \[\begin{align*} \text{1} & Medicare insurance \\ \text{2} & Medicaid insurance \\ \text{3} & Doesn't accept new patients with Medicare or Medicaid insurance \} \end{align*}

C13. Approximately what percentage of your patients in the practice in which you work

3. Approximately what percentage of your patients	Less than 10%	10% to less than 25%	25% to less than 50%	50% o
a. Are African American or Black	\square_1	\square_2	Пз	
b. Are Hispanic or Latino		\square_2	\square_3	
c. Have a primary language other than English	\square_1	\square_2	\square_3	
d. Are uninsured/have no health insurance coverage	\Box_1		\square_3	
.4. Would you describe the location of the practice in \Box_1 Urban \Box_2 Suburban \Box_3 Rural	·			
5. What is the county and state of the practice in wh				
County State	e (Please use 2-l	etter abbrevia	tion)	
CTION D: FACTUALS				
D1. How many years have you been practic	ng as a phys	ician? <i>Note</i>	: If less than	one yed
please enter "00."				
□□ years				
D2. Within the next five years, what is your	intention re	garding you	r caroor ac a	nrimar
care physician? <i>Please select only one response.</i>	intention re	garuing you	i caieei as a	Pilliai
\square_1 No change				
\square_2 Plan to increase the hours I work				
□ ₃ Plan to reduce the hours I work				
Plan to leave my current position and change to	new position	1		
\square_4 Plan to leave my current position and change to \square_5 Plan to retire	a new position	l		
\square_5 Plan to retire		ı		
		_		
\square_5 Plan to retire \square_6 Other (please specify)		_		
\square_5 Plan to retire \square_6 Other (please specify)		_		
☐ ₅ Plan to retire ☐ ₆ Other (please specify) 3. What is your year of birth? ☐☐☐☐☐		_		
\square_5 Plan to retire \square_6 Other (please specify)		_		

 \square_1 Yes

D5. Are you of Hispanic or Latino origin?

 \square_2 Female

	nental digital content for DesRoches CM, Buerhaus P, Dittus R, Donelan K. Primary care workforce es and career recommendations from practicing clinicians. Acad Med.
	\square_2 No
_	Vhat is your race? Please select all that apply.
_	1 White
_	」₂ Black or African American
_	」
_	」₄ Asian
_	」 ₅ American Indian or Alaska Native
_	□ Mixed Race
L	Other (please specify)
2010 b	Which of the following income categories best describes your total income working in the year efore taxes? \Box_1 Less than \$25,000
_	\Box_2 \$25,000 - 49,999
_	□ ₃ \$50,000 - 74,999
_	□ ₄ \$75,000 - 99,999
_	□ ₅ \$100,000 – 124,999
_	$\Box_6 = $125,000 - 149,999$
_	$\Box_{7} = \$150,000 - 149,999$
_	□ ₈ \$200,000+
D8. V	Which of the following income categories best describes your total household income in the 10 before taxes?
	Less than \$25,000
L	□ ₂ \$25,000 − 49,999
Ĺ	¹ 3 \$50,000 − 74,999
Ĺ	<u></u> \$75,000 − 99,000
_	□ ₅ \$100,000 – 124,999
L	☐ ₆ \$125,000 — 150,000
L	¹ / ₇ \$150,000 − 200,000
L	¹ ₈ \$200,000+
	PTIONAL) From your perspective, what is the most challenging aspect of expanding the scope tice of primary care nurse practitioners in your community or region?
Copyr	

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENCLOSED ENVELOPE

OR MAIL TO THE ADDRESS BELOW.

Harris Interactive – J40633A PO Box 5703 Hopkins, MN 55343-7022

Supplemental Digital Appendix 2

Survey Instrument for Primary Care Nurse Practitioners

Instructions for completing the survey:									
Please read each of the questions carefully. Using a blue or black pen, place an "X" in the appropriate response box as indicated: If you are asked to provide a written response, please record your response neatly in the space provided.									
Please answer every question except those that you are specifically instructed to skip. Be sure to follow the "GO TO" instructions carefully.									
The questions in this survey are about your employm care services. Unless otherwise specified, if you work primary or main position and place of work when you	at more th answer th	an one jo	b, please		-				
SECTION A: PERCEPTIONS OF THE HEALTH WORK A1. For each of the following items, please indicate		ou think t	hat overa	ll l					
A1. To each of the following items, please indicate	Much greater than the demand	Somewha greater than the		Somewhat less than the demand	Much less than the demand				
a. The number of primary care physicians in the U.S. is	\Box_1		Пз	\square_4	\square_5				
b. The number of primary care nurse practitioners in the U.S. is	\Box_1	\square_2	\square_3	\square_4	\square_5				
c. In the community in which you practice, the number o primary care physicians is	f \square_1	\square_2	\square_3	\square_4	\square_5				
d. In the community in which you practice, the number of primary care nurse practitioners is	of \square_1	\square_2	\square_3	\square_4	\square_5				
A2. Given what you know about the state of health college student to pursue a career as a?	care, woul	d you adv	ise a qua	lified high	school or				
	Definitely I would	•	Probably would not	Definitely would not	Not sure				
a. Primary care physician	\square_{1}	\square_2	\square_3	\square_4	□8				
b. Primary care nurse practitioner	\square_1	\square_2	\square_3	\square_4	\square_8				
A3. Do you think increasing the number of nurse pr will increase, decrease or have no effect on the follow professionals?		-							
			Increase	Decrease	No effect				
a. Primary care nurse practitioners' income				\square_2	\square_3				
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	olemental digital content for DesRoches CM, Buerhaus P, Dittus R, E tages and career recommendations from practicing clinicians. Acad		. Primary	care workfor	15 ce	
	b. Primary care physicians' income		\square_1	\square_2	\square_3	
	c. The type of work that must be performed by staff who are not physicians or nurse practitioners		\square_1	\square_2	\square_3	
	d. Collaboration among physicians and nurse practitioners		\square_1	\square_2	\square_3	
	e. Replacement of primary care physicians with nurse practitions	ers		\square_2	\square_3	
A4. Do you think that increasing the supply of primary care nurse practitioners in the U.S. will make better, make worse, or have no effect on the following aspects of health care?						
		Make Bettei		No Effect	Don't Know	
a.	Safety (avoiding injuries to patients)	\Box_1	\square_2	\square_3	□8	
b.	Timeliness (reducing waits and sometimes harmful delays)	\Box_1		\square_3	□8	
c. to al	Effectiveness (providing services based on scientific knowledge I who could benefit)	\Box_1	\square_2	\square_3	□8	
d.	Efficiency, cost-effectiveness (avoiding waste)	\Box_1		\square_3	□8	
e. dem	Equity (providing care that does not vary in quality because of ographic characteristics of the person)	\Box_1	\square_2	\square_3	□8	
f. resp	Patient-centeredness (providing care that is respectful of and onsive to individual patient preferences, needs, and values)	\square_1	\square_2	\square_3	□8	
g.	Access to healthcare for people without insurance	\Box_1		\square_3	□8	
h.	Health care costs	\square_1	\square_2	□ ₃	□8	
A5.	Please rate your level of agreement or disagreement with	the follo	owing sta	itements.		
		Chuomalu		Neither	Chuanalu	
		Strongly agree	Agree	agree Disagi nor isagree	ree disagree	
	a. Nurse practitioners should practice to the full extent of their				. П _г	

	Strongly agree	Agree	agree nor disagree	Disagree	Strongly disagree
 a. Nurse practitioners should practice to the full extent of their education and training 	\square_1	\square_2	\square_3	\square_4	\square_5
b. A primary care practice that is led by a nurse practitioner should be eligible to be certified as a medical home	\square_1	\square_2	\square_3	\square_4	\square_5
c. Nurse practitioners should be legally allowed hospital admitting privileges	\square_1	\square_2	\square_3	\square_4	\square_5
d. Nurse practitioners should be paid the same as physicians for providing the same services	\square_1	\square_2	\square_3	\square_4	\square_5

SECTION B: YOUR CURRENT EMPLOYMENT

The questions in this section are about your employment. Unless otherwise specified, if you work at more than one job, please consider your primary or main position when you answer the questions.

B1.	On the whole, how satisfied	are you with yo	our employment?

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

B2. Independent of your employment, in general, how satisfied are you with your career as a primary care nurse practitioner?

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	lemental digital content for Deskoches CM, Buerna ages and career recommendations from practicing	•	•	K. Primary care	worktorce	9	
	\square_1 Very satisfied \square_2 Somewhat satisfied \square_3 Somewhat dissatisfied \square_4 Very dissatisfied						
B3.	Which of the following best describes your value of the following y	ehabilitatio itation, othe urgent care (cy, grocery s	n, other) er) center) store, supern	•			
	Which of the following best describes your w ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	res nurse pr gistered nur nor nurse p	ractitioner ce rse licensure practitioner	but not nurse p	ractitione	r	
B4.	Which of the following methods best described: ☐ Fixed salary ☐ Salary adjusted for performance (e.g., production measures) ☐ Other (please specify) ☐ Which of the following privileges of skilled nursing facilities. Note: If none of your nursing facilities please check "Not Applicable to the salary of the following facilities please check "Not Applicable to the facilitie	ductivity, productions do you have ar patients	actice's finan re? Please of are admitt	cial performand	th hospite s or skille	al and ed	
			Hospital			illed Nursin	•
	a. Admitting privileges for your own patients	Yes	No	Not Applicable	Yes	No	Not Applicat
	b. Admitting privileges for physician	\Box_1		\square_3	\Box_1		<u>∐</u> 3
	colleague's patients	$-\frac{\bigsqcup_1}{-}$		∐ ₃			
	c. Rounding on patients			\square_3			
	d. Write orders <u>without</u> physician co-signature	\Box_1		∐ ₃	\Box_1		\Box_3
	e. Write orders with physician co-signature					1	

	nurse practitioner?	ir iegai scope oj į	oractice as	a primary care
	☐ ₁ Yes → GO TO QUESTION B5			
	\square_2 No \rightarrow GO TO QUESTION B4.3 \square_8 Don't know \rightarrow GO TO QUESTION B5			
	□8 Don't know → GO TO QUESTION B5			
	B4.3. Please tell us why you do not practice to the fo	ıllest extent of y	our legal so	cope of practice.
B5.	In an ideal primary care setting, your first choice wo	uld be a		
	\square_1 Solo practice in primary care (no other physicians or	nurse practitioner	·s)	
	\square_2 Team practice with nurse practitioners only (no phy	sicians)		
	\square_3 Team practice with physicians only (no nurse practit	ioners)		
	\square_4 Team practice with physicians and nurse practitione	rs		
	\square_6 Other (please specify)			
	B6. During a typical week of work, what perce	• .	•	•
	following? Please write the percentage of time you	•		•
	5%. Your total should add to 100%. Then please ind	icate whether th	is is too mu	uch, too little, or
	about the right amount of time.			
		Percent (use increments of 5%)	Too Much	About the Too Little right amount
a.	Direct patient care, including hands on care	%	\Box_1	
b.	Patient/family teaching	%	\Box_1	\square_2 \square_3
c.	Patient care notes/documentation	%		\square_2 \square_3
d.	Patient related telephone calls (Rx, lab results, referrals,	%	\square_1	\square_2 \square_3
etc.)				
e.	Teaching (clinical/academic)	%		\square_2 \square_3
f.	Continuing education for your own development/licensure	%	\square_1	\square_2 \square_3
g.	Research	%		\square_2 \square_3
h.	Administration	%	\square_1	\square_2 \square_3
ii.	Continuing education (courses, reading journals,	%	\square_1	\square_2 \square_3
	ferences, CE/CME) Other	%		\square_2 \square_3
j.			\sqcup_1	LJ ₂ LJ ₃
	TOTAL	100%		
D 7	In the practice in which you work who provides the	following convice	os to nation	a+c)
В7.	In the practice in which you work, who provides the	Provid	es to patier ed by Provid	
	Provided mostly by	mostly by both pi	rimary ot	her Not
	primary care p physicians	orimary care NPs physici	ans/N staf	f not Applicable

	plemental digital content for DesRoches CM, Buerh rtages and career recommendations from practicing	•	•		rimary ca	ire workfoi	rce		
a. imm	Annual physicals (including screenings, nunizations, etc.)	\square_1	\square_2		3	\square_4	\square_5		
b. con	Follow-up visits for controlled chronic ditions (e.g. blood pressure, CHF, asthma, petes)		\square_2		3	□ ₄	\square_5	_	
	Visits for complex chronic conditions that are applicated by comorbidities or are not yet well trolled	\square_1	\square_2		3	\square_4	\square_5	_	
d. URI,	Acute illnesses, non-emergency care (UTI, OM, strep-throat)		\square_2		3	\square_4		_	
e.	Patient/family teaching	\square_1	\square_2		3	\square_4	\square_5		
f. (refe	Care coordination at care transitions errals, post discharge)	\square_1	\square_2		3	\square_4		_	
g.	Follow-up for abnormal screening results	\square_1	\square_2		3	\square_4	\square_5		
B8.	In the practice in which you work, how wo	uld you ra	Ţ.	-	? Fair	Poor	Not		
	a. Opportunities to influence decisions about		, 0000				Applicabl	e	
	workplace organization	\square_1	\square_2	\square_3	\square_4	\square_5	\square_6		
	b. Opportunities to influence decisions about patient care	\square_1	\square_2	\square_3	\square_4	\square_5	\Box_6	- -	
	c. Work relationships between primary care nurse practitioners and primary care physicians		\square_2	\square_3	\Box_4	\square_5	□ ₆	_	
	d. Work relationships between primary care nurse practitioners and physician assistants			\square_3	□ ₄		\Box_6	_	
	e. Work relationships between primary care physicians and physician assistants	\square_1	\square_2	\square_3	\square_4	\square_5	\square_6		
В9.	How much do you agree or disagree with	the follo	wing sta	tements	?				
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applical
	a. The physicians with whom I work support restr practitioners' scope of practice in my state	ictions on	nurse			\square_3	□ ₄	\square_5	\Box_6
	 I have a better relationship with the physicians work than do other nurse practitioners with whom 	l work		\square_1	\square_2	\square_3	\square_4	\square_5	\Box_6
	 When physicians and nurse practitioners perfor of primary care visit, a primary care physician is ab higher quality examination and consultation 	le to provid	de a		\square_2	\square_3	\square_4	\square_5	\square_6
	d. My relationship with physicians in my own worl suffer if there was an expansion in the scope of pragare purse practitioners.	_		\square_1	\square_2	\square_3	\square_4	\square_5	\square_6

 \square_1

 \square_2

 \square_3

 \square_4

 \square_5

 \square_6

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B10. If answered "strongly agree" or "agree" at B9e: What services are

e. In my work setting, nurse practitioners typically defer certain

kinds of patient care services and procedures to primary care

usually deferred to physicians?

physician(s)

shortages and career recommendations from practicing clinicians. Acad Med.	е worktorce

SECTION C: YOUR CLINICAL PRACTICE

If you work at more than one job, please consider your primary or main position when you answer these questions.

C1. With the patient medical records system in the practice in which you work, how easy would it be for you (or staff in your practice) to do the following? Is the process computerized?

· · · · · ·	Ease/Difficulty				Is proc	
	Easy	Somewh at difficult	Difficult	Cannot generate	Yes	No
a. Generate a list of patients by diagnosis	\square_1	\square_2	\square_3	\square_4	\square_1	2
b. Generate a list of patients by lab result		\square_2	\square_3	\square_4	\square_{1}	2
c. Generate a list of patients who are due or overdue for tests or preventive care		\square_2	\square_3	\square_4		2
 d. Generate reports on the quality of care delivered to patients with specific chronic conditions (i.e., HbA1c control for diabetic patients) 	\square_1		\square_3	\square_4	\square_1	2
e. Generate demographic information on patients' race, ethnicity, or preferred language		\square_2	\square_3	\square_4	\square_1	2
f. Provide patients with a clinical summary for each office visit		\square_2	\square_3	\square_4		2
 g. Submit ambulatory clinical care measures such as blood pressure control, HbA1c and/or smoking status to payers 	\Box_1	\square_2	\square_3	\square_4	\Box_1	2

h. Track բ	patients who have missed appointments	\square_1	\square_2	\square_3	\square_4	\square_1
i. Track r	eferrals	\square_1	\square_2	\square_3	\square_4	\square_1
j. Send p follow up	atients reminders for preventive or care	\square_1		\square_3	\Box_4	\square_1
Which o	f the following are employed in the pr	ractice ir	n which yo	ou work?	Please se	elect all that
□₁ Re	gistered nurse					
_	ensed practical nurse					
_	mary care nurse practitioner					
	ecialized nurse practitioner					
_	ysician assistant					
	mary care physician					
	ecialist physician					
∐ ₈ M€	edical assistant					
•	Currently, if the practice in which you may to see patients, what is the type of				-	
	Please select only one response.					
	mary care nurse practitioner mary care physician assistant					
	mary care physician					
_	y of the above					
	n't know					
Has the	oractice in which you work been recop Patient Centered Medical Home (PCI		y the Nat	onal Com	mittee fo	or Quality
□ ₂ No	, but we are in the process of applying					
□ ₃ No						

C6. Approximately how many patient visits do you personally provide each week?

C5. Approximately how many hours do you work as a nurse practitioner each week?

 \square \square patient visits

hours per week

☐₈ Don't know

c7. follo	wing? Note: Categories should sum close to 100%	•	•		
	e," please enter "000."		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,
	□□□₁ % Medicare				
	□□□₂ % Medicaid				
	□□□3 % Private insurance				
	□□□₄ % Patient payments				
	□□□ ₆ % Other (including charity, research, CHA	MPUS, VA, etc.))		
C8.	For billing/reimbursement in your position, do y ☐₁ Yes → GO TO QUESTION C9	ou have a Med	dicare provi	der number/	NPI?
	\square_2 No \rightarrow GO TO QUESTION C10				
	\square_3 I have applied for one but do not have it \rightarrow GO	TO QUESTION	l C10		
	☐ ₈ Don't know → GO TO QUESTION C10				
	C9. What year did you get your Medicare prov	rider number/	NPI?		
C10.	How are the services you personally provide to I	Medicare patie	ents billed to	Medicare?	
	\square_1 All of the services I provide are billed to Medica	-			
	\square_2 All of the services I provide are billed to Medica	re under <i>a phys</i>	ician's provid	er number	
	\square_3 Some of the services I provide are billed under I	my number, and	l some are bil	led under a pl	nysician's
	number				
C11.	Is the practice in which you work accepting new	patients?			
	\square_1 Yes \rightarrow GO TO QUESTION C12				
	\square_2 No \rightarrow GO TO QUESTION C13				
	C12. Is the practice in which you work accepting	g new patients	with?		
	\square_1 Medicare insurance	•			
	2 Medicaid insurance				
	\square_3 Doesn't accept new patients with Medica	are or Medicaid	insurance		
C13.	Approximately what percentage of your patients	s in the practic	e in which v	ou work?	
		Less than	10% to	25% to	50% or
		10%	less than	less than	more
	a. Are African American or Black	\Box_1	25%	50% □ ₃	
	b. Are Hispanic or Latino	\Box_1		\Box_3	
	c. Have a primary language other than English	\Box_1			
	d. Are uninsured/have no health insurance coverage				

C14. Would you describe the location of the practice in which you work as...?

C15. What is the county and state of the practice in which you work? County			al digital content for nd career recommend				•	are worktorce
SECTION D: FACTUALS D1. How many years have you been practicing as a nurse practitioner? Note: If less than one year please enter "00." years years		\square_1	Urban	\square_2	Suburban	\square_3	Rural	
SECTION D: FACTUALS D1. How many years have you been practicing as a nurse practitioner? Note: If less than one year please enter "00." years D2. Within the next five years, what is your intention regarding your career as a primary care nurse practitioner? Please select only one response. 1 No change	C15.			state of	the practice			
D1. How many years have you been practicing as a nurse practitioner? Note: If less than one year please enter "00." years		Cour	nty			State (Please use 2	l-letter abbreviation	<u>n)</u>
D1. How many years have you been practicing as a nurse practitioner? Note: If less than one year please enter "00." years								
please enter "00." □ years D2. Within the next five years, what is your intention regarding your career as a primary care nurse practitioner? Please select only one response. □ 1 No change □ 2 Plan to increase the hours I work □ 3 Plan to leave my current position and change to a new position □ 5 Plan to retire □ 6 Other (please specify) D2.1 Please indicate the highest nursing degree you have earned. □ 1 Associate degree in Nursing (ADN) □ 2 Baccalaureate of Science in Nursing (BSN) □ 3 Master's degree in Nursing (MSN, MN) □ 4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □ □ □ □ D4. Are you? □ 1 Male □ 2 Female D5. Are you of Hispanic or Latino origin? □ 1 Yes □ 2 No D6. What is your race? Please select all that apply. □ 1 White □ 2 Black or African American □ 3 Native Hawaiian or other Pacific Islander □ 4 Asian □ 5 American Indian or Alaska Native □ 6 Mixed Race								
D2. Within the next five years, what is your intention regarding your career as a primary care nurse practitioner? Please select only one response. 1 No change 2 Plan to increase the hours I work 3 Plan to reduce the hours I work 4 Plan to leave my current position and change to a new position 5 Plan to retire 6 Other (please specify)				ou beer	n practicing a	s a nurse practition	oner? <i>Note: If I</i>	ess than one year
D2. Within the next five years, what is your intention regarding your career as a primary care nurse practitioner? Please select only one response. 1	<u>_</u>	-						
practitioner? Please select only one response. 1 No change 2 Plan to increase the hours I work 3 Plan to reduce the hours I work 4 Plan to leave my current position and change to a new position 5 Plan to retire 6 Other (please specify) D2.1 Please indicate the highest nursing degree you have earned. 1 Associate degree in Nursing (ADN) 2 Baccalaureate of Science in Nursing (BSN) 3 Master's degree in Nursing (MSN, MN) 4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? 1 Male 2 Female D5. Are you of Hispanic or Latino origin? 1 Yes 2 No D6. What is your race? Please select all that apply. 1 White 2 Black or African American 3 Native Hawaiian or other Pacific Islander 4 Asian 5 American Indian or Alaska Native 6 Mixed Race		·						_
1 No change 2 Plan to increase the hours I work 3 Plan to reduce the hours I work 4 Plan to leave my current position and change to a new position 5 Plan to retire 6 Other (please specify)					-	ntion regarding y	our career as a	primary care nurse
2 Plan to increase the hours I work 3 Plan to reduce the hours I work 4 Plan to leave my current position and change to a new position 5 Plan to retire 6 Other (please specify)	pract			ny one i	esponse.			
□4 Plan to leave my current position and change to a new position □5 Plan to retire □6 Other (please specify) D2.1 Please indicate the highest nursing degree you have earned. □1 Associate degree in Nursing (ADN) □2 Baccalaureate of Science in Nursing (BSN) □3 Master's degree in Nursing (MSN, MN) □4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □1 Male □2 Female D5. Are you of Hispanic or Latino origin? □1 Yes □2 No D6. What is your race? Please select all that apply. □1 White □2 Black or African American □3 Native Hawaiian or other Pacific Islander □4 Asian □5 American Indian or Alaska Native □6 Mixed Race		\square_2	=	hours I v	vork			
□s Plan to retire □6 Other (please specify) □2.1 Please indicate the highest nursing degree you have earned. □1 Associate degree in Nursing (ADN) □2 Baccalaureate of Science in Nursing (BSN) □3 Master's degree in Nursing (MSN, MN) □4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □□□□□□ D4. Are you? □1 Male □2 Female D5. Are you of Hispanic or Latino origin? □1 Yes □2 No D6. What is your race? Please select all that apply. □1 White □2 Black or African American □3 Native Hawaiian or other Pacific Islander □4 Asian □5 American Indian or Alaska Native □6 Mixed Race		\square_3	Plan to reduce the h	nours I w	ork			
□6 Other (please specify) D2.1 Please indicate the highest nursing degree you have earned. □1 Associate degree in Nursing (ADN) □2 Baccalaureate of Science in Nursing (BSN) □3 Master's degree in Nursing (MSN, MN) □4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □□□□□□ D4. Are you? □1 Male □2 Female D5. Are you of Hispanic or Latino origin? □1 Yes □2 No D6. What is your race? Please select all that apply. □1 White □2 Black or African American □3 Native Hawaiian or other Pacific Islander □4 Asian □5 American Indian or Alaska Native □6 Mixed Race		\square_4	Plan to leave my cu	rrent pos	ition and chan	ge to a new positio	n	
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□ 2 Baccalaureate of Science in Nursing (BSN) □ 3 Master's degree in Nursing (MSN, MN) □ 4 Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □ 1 Male □ 2 Female D5. Are you of Hispanic or Latino origin? □ 1 Yes □ 2 No D6. What is your race? Please select all that apply. □ 1 White □ 2 Black or African American □ 3 Native Hawaiian or other Pacific Islander □ 4 Asian □ 5 American Indian or Alaska Native □ 6 Mixed Race	D2.1		_			ou have earned.		
□₃ Master's degree in Nursing (MSN, MN) □₄ Doctorate in Nursing (PhD, DNP, DNSc, ND) D3. What is your year of birth? □□□□□□□ D4. Are you? □¹ Male □₂ Female D5. Are you of Hispanic or Latino origin? □¹ Yes □₂ No D6. What is your race? Please select all that apply. □¹ White □₂ Black or African American □₃ Native Hawaiian or other Pacific Islander □₄ Asian □₃ American Indian or Alaska Native □₆ Mixed Race			_	_				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
D3. What is your year of birth? □□□□□□□ D4. Are you? □□□□□ □□□□□□□ D5. Are you of Hispanic or Latino origin? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			=		-	1		
□ Male □ Female D5. Are you of Hispanic or Latino origin? □ Yes □ No D6. What is your race? Please select all that apply. □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ Asian □ American Indian or Alaska Native □ Mixed Race	D3.	— ₁ Wha			, 2,,			
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□ Male □ Female D5. Are you of Hispanic or Latino origin? □ Yes □ No D6. What is your race? Please select all that apply. □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ Asian □ American Indian or Alaska Native □ Mixed Race	DΔ	Aro v	, ou 2					
D5. Are you of Hispanic or Latino origin? 1 Yes 2 No D6. What is your race? Please select all that apply. 1 White 2 Black or African American 3 Native Hawaiian or other Pacific Islander 4 Asian 5 American Indian or Alaska Native 6 Mixed Race	D4.	_ `						
D5. Are you of Hispanic or Latino origin? \[\begin{align*} \lefta_1 & Yes \\ \lefta_2 & No \end{align*} D6. What is your race? Please select all that apply. \[\begin{align*} \lefta_1 & White \\ \lefta_2 & Black or African American \\ \lefta_3 & Native Hawaiian or other Pacific Islander \\ \lefta_4 & Asian \\ \lefta_5 & American Indian or Alaska Native \\ \lefta_6 & Mixed Race \end{align*}		\square_{2}^{1}						
☐ 1 Yes ☐ 2 No D6. What is your race? Please select all that apply. ☐ 1 White ☐ 2 Black or African American ☐ 3 Native Hawaiian or other Pacific Islander ☐ 4 Asian ☐ 5 American Indian or Alaska Native ☐ 6 Mixed Race		_		_				
D6. What is your race? Please select all that apply. \[\begin{align*} \textsup 1 & \text{White} \\ \textsup 2 & \text{Black or African American} \\ \textsup 3 & \text{Native Hawaiian or other Pacific Islander} \\ \textsup 4 & \text{Asian} \\ \textsup 5 & \text{American Indian or Alaska Native} \\ \textsup 6 & \text{Mixed Race} \end{align*}	D5.		•	atino or	igin?			
D6. What is your race? Please select all that apply. □₁ White □₂ Black or African American □₃ Native Hawaiian or other Pacific Islander □₄ Asian □₅ American Indian or Alaska Native □₆ Mixed Race								
 □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ Asian □ American Indian or Alaska Native □ Mixed Race 		∟ 12	NO					
\square_2 Black or African American \square_3 Native Hawaiian or other Pacific Islander \square_4 Asian \square_5 American Indian or Alaska Native \square_6 Mixed Race	D6.		-	ase seled	t all that app	oly.		
\square_3 Native Hawaiian or other Pacific Islander \square_4 Asian \square_5 American Indian or Alaska Native \square_6 Mixed Race		_						
\square_4 Asian \square_5 American Indian or Alaska Native \square_6 Mixed Race		_			.6			
\square_5 American Indian or Alaska Native \square_6 Mixed Race				other Pa	cific Islander			
☐ ₆ Mixed Race		Ш4 П₋		Alacka Ni	ative			
				, waska IV	ACIVC			
				fy)				

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)/.	Whic	h of the following income categories best describes your total income <i>working</i> in the year
2010	befor	e taxes?
	\square_1	Less than \$25,000
	\square_2	\$25,000 – 49,999
	\square_3	\$50,000 – 74,999
	\square_4	\$75,000 – 99,999
	\square_5	\$100,000 – 124,999
	\Box_6	\$125,000 – 149,999
	\square_7	\$150,000 – 200,000
	\square_8	\$200,000+
08.		h of the following income categories best describes your total household income in the
/ear		pefore taxes?
	\square_1	Less than \$25,000
	\square_2	\$25,000 – 49,999
	\square_3	\$50,000 – 74,999
	\square_4	\$75,000 – 99,000
	\square_5	\$100,000 – 124,999
	\Box_6	\$125,000 – 150,000
	\square_7	\$150,000 – 200,000
	\square_8	\$200,000+
		THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
		PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENCLOSED ENVELOPE
		OR MAIL TO THE ADDRESS BELOW.

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CONTACT 1