

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	A	AK, AR, CO, DC, HI, ME, MD, MT, ND, NH, NM, OR, SD, VT, WA, WY
	B	CT, ID, IA, KY, NJ, NY, UT,
Moderately restrictive	C	CA, DE, KS, MA, MN, MS, NV, OH, OK, PA, TN, WV, WI
Most restrictive	D	AK, IL, IN, LA, NE, RI, TX, VI
	F	AL, FL, GA, MI, MO, NC, SC,

Supplemental Digital Table 3

Criteria used to determine state grades

Environment Affecting Consumers' Access to NP (Nurse Practitioner) Providers

Governance of NP profession	Board of Nursing has sole state authority over NPs
Entry into profession	Requirements to enter into NP practice facilitate availability of safe, professionally qualified NPs and are not excessive
Professional autonomy	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	
Authority to diagnose and treat	NPs have the authority to diagnose and treat without cumbersome oversight requirements (e.g., required practice hours, practice agreements, limiting protocols, chart review, frequent filing of collaborative agreement)
Hospital privileges	States has no legislative prohibitions against NP hospital privileges
Access to diagnostic and other services	State has unencumbered laboratory testing, diagnostic testing, and physical therapy policies for patients of NPs
Primary care providers	State authorizes NPs to be recognized as primary care providers
Payment	Legislative language permits NP reimbursement by 3rd party payers
Environment Affecting NPs' Patients' Access to Prescription Medications	
Prescriptive authority	NPs' prescribing is within scope of expertise, no 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 NP's name
Receiving and dispensing samples	NPs are authorized to receive and dispense pharmaceutical samples of for patients.
Source: Lugo NR, O'Grady ET, Hodnicki DR, Hanson CM. Ranking State NP Regulation: Practice Environment and Consumer Healthcare Choice. <i>American Journal of Nurse Practitioners</i> . 2007, 11(4): 8-24.	

Supplemental Digital Appendix 1

Survey Instrument for Primary Care Physicians

National Survey of Primary Care Nurse Practitioners and Physicians

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 employment as a physician providing primary care services. Unless otherwise specified, if you work at more than one job, please consider your primary or main position and place of work when you answer the questions.

SECTION A: PERCEPTIONS OF THE HEALTH WORKFORCE

A1. For each of the following items, please indicate whether you think that overall...

	Much greater than the demand	Somewhat greater than the demand	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...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. The number of primary care nurse practitioners in the U.S. is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. In the community in which you practice, the number of primary care physicians is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. In the community in which you practice, the number of primary care nurse practitioners is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A2. Given what you know about the state of health care, would you advise a qualified high school or college student to pursue a career as a....?

	Definitely would	Probably would	Probably would not	Definitely would not	Not sure
a. Primary care physician	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
b. Primary care nurse practitioner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

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 professionals...?

	Increase	Decrease	No effect
a. Primary care nurse practitioners' income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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b. Primary care physicians' income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. The type of work that must be performed by staff who are not physicians or nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Collaboration among physicians and nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Replacement of primary care physicians with nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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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 Better	Make Worse	No Effect	Don't Know
a. Safety (avoiding injuries to patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
b. Timeliness (reducing waits and sometimes harmful delays)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
c. Effectiveness (providing services based on scientific knowledge to all who could benefit)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
d. Efficiency, cost-effectiveness (avoiding waste)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
e. Equity (providing care that does not vary in quality because of demographic characteristics of the person)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
f. Patient-centeredness (providing care that is respectful of and responsive to individual patient preferences, needs, and values)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
g. Access to healthcare for people without insurance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
h. Health care costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈

A5. Please rate your level of agreement or disagreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Nurse practitioners should practice to the full extent of their education and training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. A primary care practice that is led by a nurse practitioner should be eligible to be certified as a medical home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Nurse practitioners should be legally allowed hospital admitting privileges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Nurse practitioners should be paid the same as physicians for providing the same services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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 your 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 physician?

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

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

- ☐₁ Acute care hospital (e.g., adult, pediatric, rehabilitation, other)
☐₂ Specialty hospital (e.g., psychiatric, rehabilitation, other)
☐₃ Subacute/Long-term care
☐₄ Home/Community care
☐₅ Ambulatory (e.g., office, surgery, dialysis, urgent care center)
☐₆ Walk in or retail based clinic (e.g., pharmacy, grocery store, supermarket)
☐₇ School health/Student health service in secondary or college setting
☐₉₆ Other (please specify) _____

B4. Which of the following methods best describes your basic compensation?

- ☐₁ Fixed salary
☐₂ Salary adjusted for performance (e.g., productivity, practice's financial performance, quality measures)
☐₃ Shift, hourly, or other time-based payments
☐₆ Other (please specify) _____

B5. In an ideal primary care setting, your first choice would be a...

- ☐₁ Solo practice in primary care (no other physicians or nurse practitioners)
☐₂ Team practice with nurse practitioners only (no physicians)
☐₃ Team practice with physicians only (no nurse practitioners)
☐₄ Team practice with physicians and nurse practitioners
☐₆ Other (please specify) _____

B6. During a typical week of work, what percentage of your time is spent doing the following?
Please write the percentage of time you spend on each. Please use increments of 5%. Your total should add to 100%. Then please indicate whether this is too much, too little, or about the right amount of time.

	Percent (use increments of 5%)	Too Much	Too Little	About the right amount
a. Direct patient care, including hands on care	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Patient/family teaching	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Patient care notes/documentation	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Patient related telephone calls (Rx, lab results, referrals, etc.)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Teaching (clinical/academic)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Continuing education for your own development/licensure	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Research	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Administration	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Continuing education (courses, reading journals, conferences, CE/CME)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Other	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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TOTAL	100%	
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B7. In the practice in which you work, who provides the following services to patients?

	Provided mostly by primary care physicians	Provided mostly by primary care NPs	Provided by both primary care physicians/NPs	Provided by other specialists or staff not primary care	Not Applicable
a. Annual physicals (including screenings, immunizations, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Follow-up visits for controlled chronic conditions (e.g. blood pressure, CHF, asthma, diabetes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Visits for complex chronic conditions that are complicated by comorbidities or are not yet well controlled	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Acute illnesses, non-emergency care (UTI, URI, OM, strep-throat)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Patient/family teaching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Care coordination at care transitions (referrals, post discharge)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Follow-up for abnormal screening results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B8. In the practice in which you work, how would you rate the quality of ...?

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
a. Opportunities to influence decisions about workplace organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Opportunities to influence decisions about patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Work relationships between primary care nurse practitioners and primary care physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Work relationships between primary care nurse practitioners and physician assistants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Work relationships between primary care physicians and physician assistants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

B9. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
a. The physicians with whom I work support restrictions on nurse practitioners' scope of practice in my state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. I have a better relationship with the nurse practitioners with whom I work than do other physicians with whom I work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. When physicians and nurse practitioners perform the same type of primary care visit, a primary care physician is able to provide a higher quality examination and consultation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. My relationship with nurse practitioners in my own work setting would suffer if there was an expansion in the scope of practice of primary care nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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e. In my work setting, nurse practitioners typically defer certain kinds of patient care services and procedures to the primary care physician(s) ☐₁ ☐₂ ☐₃ ☐₄ ☐₅ ☐₆

B10. If answered "strongly agree" or "agree" at B9e: What services are usually deferred to physicians?

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 process computerized?	
	Easy	Somewhat difficult	Difficult	Cannot generate	Yes	No
a. Generate a list of patients by diagnosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Generate a list of patients by lab result	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Generate a list of patients who are due or overdue for tests or preventive care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Generate reports on the quality of care delivered to patients with specific chronic conditions (i.e., HbA1c control for diabetic patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Generate demographic information on patients' race, ethnicity, or preferred language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Provide patients with a clinical summary for each office visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Submit ambulatory clinical care measures such as blood pressure control, HbA1c and/or smoking status to payers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Track patients who have missed appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Track referrals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Send patients reminders for preventive or follow up care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C2. Which of the following are employed in the practice in which you work? Please select all that apply.

- ☐₁ Registered nurse
- ☐₂ Licensed practical nurse
- ☐₃ Primary care nurse practitioner
- ☐₄ Specialized nurse practitioner
- ☐₅ Physician assistant
- ☐₆ Primary care physician
- ☐₇ Specialist physician
- ☐₈ Medical assistant

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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- ☐₁ Primary care nurse practitioner
☐₂ Primary care physician assistant
☐₃ Primary care physician
☐₄ Any of the above
☐₈ Don't know

C4. Has the practice in which you work been recognized by the National Committee for Quality Assurance as a Patient Centered Medical Home (PCMH)?

- ☐₁ Yes
☐₂ No, but we are in the process of applying
☐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

C7. Roughly what percent of the revenue from the patient care you provide comes from the following? Note: Categories should sum close to 100%. Please do not leave any boxes blank. If "none," please enter "000."

- 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?

- ☐₁ Yes → GO TO QUESTION C9
☐₂ No → GO TO QUESTION C10
☐₃ I have applied for one but do not have it → GO TO QUESTION C10
☐₈ Don't know → GO TO QUESTION C10

C9. What year did you get your Medicare provider number/NPI?

C10. How are the services provided in your practice to Medicare patients by primary care nurse practitioners billed to Medicare?

- ☐₁ All of the services provided by nurse practitioners are billed to Medicare under *their own provider numbers*

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- ☐₂ All of the services provided by nurse practitioners are billed to Medicare under *my provider number*
- ☐₃ Some of the services I provide are billed under my number, and some under a nurse practitioner's number
- ☐₄ Not applicable to my practice

C11. Is the practice in which you work accepting new patients?

- ☐₁ Yes → **GO TO QUESTION C12**
- ☐₂ No → **GO TO QUESTION C13**

C12. Is the practice in which you work accepting new patients with....?

- ☐₁ Medicare insurance
- ☐₂ Medicaid insurance
- ☐₃ Doesn't accept new patients with Medicare or Medicaid insurance

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

	Less than 10%	10% to less than 25%	25% to less than 50%	50% or more
a. Are African American or Black	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Are Hispanic or Latino	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Have a primary language <u>other than English</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Are uninsured/have no health insurance coverage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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

- ☐₁ Urban
☐₂ Suburban
☐₃ Rural

C15. What is the county and state of the practice in which you work?

County	State (Please use 2-letter abbreviation)

SECTION D: FACTUALS

D1. How many years have you been practicing as a physician? 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 physician? 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) _____

D3. What is your year of birth?

☐☐☐☐

D4. Are you...?

- ☐₁ Male
☐₂ Female

D5. Are you of Hispanic or Latino origin?

- ☐₁ Yes

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☐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
- ☐₉₆ Other (please specify) _____

D7. Which of the following income categories best describes your total income *working* in the year 2010 before taxes?

- ☐₁ Less than \$25,000
- ☐₂ \$25,000 – 49,999
- ☐₃ \$50,000 – 74,999
- ☐₄ \$75,000 – 99,999
- ☐₅ \$100,000 – 124,999
- ☐₆ \$125,000 – 149,999
- ☐₇ \$150,000 – 200,000
- ☐₈ \$200,000+

D8. Which of the following income categories best describes your total *household* income in the year 2010 before taxes?

- ☐₁ Less than \$25,000
- ☐₂ \$25,000 – 49,999
- ☐₃ \$50,000 – 74,999
- ☐₄ \$75,000 – 99,000
- ☐₅ \$100,000 – 124,999
- ☐₆ \$125,000 – 150,000
- ☐₇ \$150,000 – 200,000
- ☐₈ \$200,000+

D9. (OPTIONAL) From your perspective, what is the most challenging aspect of expanding the scope of practice of primary care nurse practitioners in your community or region?

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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

National Survey of Primary Care Nurse Practitioners and Physicians

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 employment as a nurse practitioner providing primary care services. Unless otherwise specified, if you work at more than one job, please consider your primary or main position and place of work when you answer the questions.

SECTION A: PERCEPTIONS OF THE HEALTH WORKFORCE

A1. For each of the following items, please indicate whether you think that overall...

	Much greater than the demand	Somewhat greater than the demand	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...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. The number of primary care nurse practitioners in the U.S. is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. In the community in which you practice, the number of primary care physicians is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. In the community in which you practice, the number of primary care nurse practitioners is...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A2. Given what you know about the state of health care, would you advise a qualified high school or college student to pursue a career as a ...?

	Definitely would	Probably would	Probably would not	Definitely would not	Not sure
a. Primary care physician	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
b. Primary care nurse practitioner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

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 professionals...?

	Increase	Decrease	No effect
a. Primary care nurse practitioners' income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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b. Primary care physicians' income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. The type of work that must be performed by staff who are not physicians or nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Collaboration among physicians and nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Replacement of primary care physicians with nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> 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 Better	Make Worse	No Effect	Don't Know
a. Safety (avoiding injuries to patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
b. Timeliness (reducing waits and sometimes harmful delays)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
c. Effectiveness (providing services based on scientific knowledge to all who could benefit)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
d. Efficiency, cost-effectiveness (avoiding waste)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
e. Equity (providing care that does not vary in quality because of demographic characteristics of the person)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
f. Patient-centeredness (providing care that is respectful of and responsive to individual patient preferences, needs, and values)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
g. Access to healthcare for people without insurance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
h. Health care costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈

A5. Please rate your level of agreement or disagreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Nurse practitioners should practice to the full extent of their education and training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. A primary care practice that is led by a nurse practitioner should be eligible to be certified as a medical home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Nurse practitioners should be legally allowed hospital admitting privileges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Nurse practitioners should be paid the same as physicians for providing the same services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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 your 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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- ☐₁ Very satisfied
☐₂ Somewhat satisfied
☐₃ Somewhat dissatisfied
☐₄ Very dissatisfied

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

- ☐₁ Acute care hospital (e.g., adult, pediatric, rehabilitation, other)
☐₂ Specialty hospital (e.g., psychiatric, rehabilitation, other)
☐₃ Subacute/Long-term care
☐₄ Home/Community care
☐₅ Ambulatory (e.g., office, surgery, dialysis, urgent care center)
☐₆ Walk in or retail based clinic (e.g., pharmacy, grocery store, supermarket)
☐₇ School health/Student health service in secondary or college setting
☐₉₆ Other (please specify) _____

B3.1. Which of the following best describes your work status?

- ☐₁ Working in at least one position that requires nurse practitioner certification
☐₂ Working in a position that only requires registered nurse licensure but not nurse practitioner certification
☐₃ Working, but neither as a registered nurse nor nurse practitioner
☐₄ Volunteering in a position that uses my skills and knowledge as a primary care NP

B4. Which of the following methods best describes your basic compensation?

- ☐₁ Fixed salary
☐₂ Salary adjusted for performance (e.g., productivity, practice's financial performance, quality measures)
☐₃ Shift, hourly, or other time-based payments
☐₆ Other (please specify) _____

B4.1. Which of the following privileges do you have? Please answer for both hospital and skilled nursing facilities. Note: If none of your patients are admitted to hospitals or skilled nursing facilities please check "Not Applicable."

	Hospital			Skilled Nursing Facility		
	Yes	No	Not Applicable	Yes	No	Not Applicable
a. Admitting privileges for your own patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Admitting privileges for physician colleague's patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Rounding on patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Write orders <u>without</u> physician co-signature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Write orders <u>with</u> physician co-signature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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B4.2. Do you practice to the fullest extent of your legal scope of practice as a primary care nurse practitioner?

- ☐₁ Yes → GO TO QUESTION B5
☐₂ No → GO TO QUESTION B4.3
☐₈ Don't know → GO TO QUESTION B5

B4.3. Please tell us why you do not practice to the fullest extent of your legal scope of practice.

B5. In an ideal primary care setting, your first choice would be a...

- ☐₁ Solo practice in primary care (no other physicians or nurse practitioners)
☐₂ Team practice with nurse practitioners only (no physicians)
☐₃ Team practice with physicians only (no nurse practitioners)
☐₄ Team practice with physicians and nurse practitioners
☐₆ Other (please specify) _____

B6. During a typical week of work, what percentage of your time is spent doing the following? Please write the percentage of time you spend on each. Please use increments of 5%. Your total should add to 100%. Then please indicate whether this is too much, too little, or about the right amount of time.

	Percent (use increments of 5%)	Too Much	Too Little	About the right amount
a. Direct patient care, including hands on care	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Patient/family teaching	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Patient care notes/documentation	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Patient related telephone calls (Rx, lab results, referrals, etc.)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Teaching (clinical/academic)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Continuing education for your own development/licensure	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Research	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Administration	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
ii. Continuing education (courses, reading journals, conferences, CE/CME)	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Other	%	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
TOTAL	100%			

B7. In the practice in which you work, who provides the following services to patients?

Provided mostly by primary care physicians	Provided mostly by primary care NPs	Provided by both primary care physicians/N Ps	Provided by other specialists or staff not primary care	Not Applicable
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a. Annual physicals (including screenings, immunizations, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Follow-up visits for controlled chronic conditions (e.g. blood pressure, CHF, asthma, diabetes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Visits for complex chronic conditions that are complicated by comorbidities or are not yet well controlled	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Acute illnesses, non-emergency care (UTI, URI, OM, strep-throat)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Patient/family teaching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Care coordination at care transitions (referrals, post discharge)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Follow-up for abnormal screening results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B8. In the practice in which you work, how would you rate the quality of ...?

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
a. Opportunities to influence decisions about workplace organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Opportunities to influence decisions about patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Work relationships between primary care nurse practitioners and primary care physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Work relationships between primary care nurse practitioners and physician assistants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Work relationships between primary care physicians and physician assistants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

B9. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
a. The physicians with whom I work support restrictions on nurse practitioners' scope of practice in my state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. I have a better relationship with the physicians with whom I work than do other nurse practitioners with whom I work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. When physicians and nurse practitioners perform the same type of primary care visit, a primary care physician is able to provide a higher quality examination and consultation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. My relationship with physicians in my own work setting would suffer if there was an expansion in the scope of practice of primary care nurse practitioners	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. In my work setting, nurse practitioners typically defer certain kinds of patient care services and procedures to primary care physician(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

B10. If answered "strongly agree" or "agree" at B9e: What services are usually deferred to physicians?

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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 process computerized?	
	Easy	Somewh at difficult	Difficult	Cannot generate	Yes	No
a. Generate a list of patients by diagnosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Generate a list of patients by lab result	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Generate a list of patients who are due or overdue for tests or preventive care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Generate reports on the quality of care delivered to patients with specific chronic conditions (i.e., HbA1c control for diabetic patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Generate demographic information on patients' race, ethnicity, or preferred language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Provide patients with a clinical summary for each office visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Submit ambulatory clinical care measures such as blood pressure control, HbA1c and/or smoking status to payers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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h. Track patients who have missed appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Track referrals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Send patients reminders for preventive or follow up care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C2. Which of the following are employed in the practice in which you work? Please select all that apply.

- ☐₁ Registered nurse
- ☐₂ Licensed practical nurse
- ☐₃ Primary care nurse practitioner
- ☐₄ Specialized nurse practitioner
- ☐₅ Physician assistant
- ☐₆ Primary care physician
- ☐₇ Specialist physician
- ☐₈ Medical assistant

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.

- ☐₁ Primary care nurse practitioner
- ☐₂ Primary care physician assistant
- ☐₃ Primary care physician
- ☐₄ Any of the above
- ☐₈ Don't know

C4. Has the practice in which you work been recognized by the National Committee for Quality Assurance as a Patient Centered Medical Home (PCMH)?

- ☐₁ Yes
- ☐₂ No, but we are in the process of applying
- ☐₃ No
- ☐₈ Don't know

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

hours per week

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

patient visits

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C7. Roughly what percent of the revenue from the patient care you provide comes from the following? *Note: Categories should sum close to 100%. Please do not leave any boxes blank. If "none," please enter "000."*

- 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?

- ☐₁ Yes → GO TO QUESTION C9
☐₂ No → GO TO QUESTION C10
☐₃ I have applied for one but do not have it → GO TO QUESTION C10
☐₈ Don't know → GO TO QUESTION C10

C9. What year did you get your Medicare provider number/NPI?

C10. How are the services you personally provide to Medicare patients billed to Medicare?

- ☐₁ All of the services I provide are billed to Medicare under *my provider number*
☐₂ All of the services I provide are billed to Medicare under *a physician's provider number*
☐₃ Some of the services I provide are billed under my number, and some are billed under a physician's number

C11. Is the practice in which you work accepting new patients?

- ☐₁ Yes → GO TO QUESTION C12
☐₂ No → GO TO QUESTION C13

C12. Is the practice in which you work accepting new patients with....?

- ☐₁ Medicare insurance
☐₂ Medicaid insurance
☐₃ Doesn't accept new patients with Medicare or Medicaid insurance

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

	Less than 10%	10% to less than 25%	25% to less than 50%	50% or more
a. Are African American or Black	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Are Hispanic or Latino	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Have a primary language <u>other than English</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Are uninsured/have no health insurance coverage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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

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☐₁ Urban ☐₂ Suburban ☐₃ Rural

C15. What is the county and state of the practice in which you work?

County	State (Please use 2-letter abbreviation)

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
☐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?

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
☐₉₆ Other (please specify) _____

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D7. Which of the following income categories best describes your total income *working* in the year 2010 before taxes?

- ☐₁ Less than \$25,000
- ☐₂ \$25,000 – 49,999
- ☐₃ \$50,000 – 74,999
- ☐₄ \$75,000 – 99,999
- ☐₅ \$100,000 – 124,999
- ☐₆ \$125,000 – 149,999
- ☐₇ \$150,000 – 200,000
- ☐₈ \$200,000+

D8. Which of the following income categories best describes your total *household* income in the year 2010 before taxes?

- ☐₁ Less than \$25,000
- ☐₂ \$25,000 – 49,999
- ☐₃ \$50,000 – 74,999
- ☐₄ \$75,000 – 99,000
- ☐₅ \$100,000 – 124,999
- ☐₆ \$125,000 – 150,000
- ☐₇ \$150,000 – 200,000
- ☐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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