## Practice Setting/Demographic Information

1. Which practice setting best characterizes your clinical practice? *Mark only one.*
   - Solo private practice
   - Neurology private group
   - Multispecialty private group
   - Academic medical center based group
   - Staff-model HMO
   - Government hospital or clinic
   - Other public or private hospital or clinic setting
   - I do not work in a clinical practice

2. How many neurologists are in your current group, including you?  
   - [ ] [ ] neurologists

3. Are procedures the primary focus of your practice?  
   - [ ] No
   - [ ] Yes - please explain what kind: ______________________________________________________

4. Are you a locum tenens physician?  
   - [ ] Yes
   - [ ] No

5. Do you have a concierge-type practice?  
   - [ ] Yes
   - [ ] No

6. How long have you been in practice?  
   - [ ] 2 years or fewer
   - [ ] 3 - 4 years
   - [ ] 5 - 9 years
   - [ ] 10 - 14 years
   - [ ] 15 - 19 years
   - [ ] 20 or more years

7. When do you plan to retire?  
   - [ ] 4 years or fewer
   - [ ] 5 - 9 years
   - [ ] 10 - 14 years
   - [ ] 15 - 19 years
   - [ ] 20 or more years
   - [ ] Already retired
   - [ ] Do not know

8. Do you currently work for a hospital-affiliated practice?  
   - [ ] Yes - go to question 9
   - [ ] No - skip to question 10

9. If you work in a hospital-affiliated practice, specify the compensation arrangement with your hospital. *Mark only one.*
   - Hospital employs physicians
   - Hospital contracts with independent physicians for services
   - Hospital-owned group employs physicians
   - Hospital pays physician group to staff hospital-owned and operated outpatient clinic; group employs physicians
   - Hospital pays physician group for medical director services; group provides medical director and pays physicians for services
   - I do not receive compensation from my affiliated hospital. I gain access to patients only
   - I do not receive compensation from my affiliated hospital. I gain access to patients and receive lab privileges
   - Other (please specify): __________________________________________________________

10. Do you take calls at a hospital?  
    - [ ] Yes - go to question 11
    - [ ] No - skip to question 12

11. Are you paid to take calls?  
    - [ ] Yes
    - [ ] No

### Practice Characteristics

12. On average, how many days is the current wait for a new patient visit at your practice?  
    - [ ] [ ] days

13. On average, how many days is the current wait for a follow-up patient visit at your practice?  
    - [ ] [ ] days

14. Do you participate in Medicare?  
    - [ ] Yes
    - [ ] No

15. Do you currently see Medicare patients?  
    - [ ] Yes
    - [ ] No

16. Do you currently accept new Medicare patients?  
    - [ ] Yes
    - [ ] No

17. Do you currently see Medicaid patients?  
    - [ ] Yes
    - [ ] No

18. Do you currently accept new Medicaid patients?  
    - [ ] Yes
    - [ ] No
19. Estimate the percentage of your patients that use the following types of payment. Total should equal 100%.

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Medicare</td>
<td></td>
</tr>
<tr>
<td>Managed Care Medicare</td>
<td></td>
</tr>
<tr>
<td>Traditional Medicaid</td>
<td></td>
</tr>
<tr>
<td>Managed Care Medicaid</td>
<td></td>
</tr>
<tr>
<td>Private insurer</td>
<td></td>
</tr>
<tr>
<td>Self-pay</td>
<td></td>
</tr>
</tbody>
</table>

☐ Unsure
100%

20. For each of the following types of payments, estimate the percentage of patients you see on an ongoing basis and one-time consultation. Each row should total 100%.

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Ongoing Basis</th>
<th>One-time Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Medicare</td>
<td></td>
<td>= 100%</td>
</tr>
<tr>
<td>Managed Care Medicare</td>
<td></td>
<td>= 100%</td>
</tr>
<tr>
<td>Traditional Medicaid</td>
<td></td>
<td>= 100%</td>
</tr>
<tr>
<td>Managed Care Medicaid</td>
<td></td>
<td>= 100%</td>
</tr>
<tr>
<td>Private insurer</td>
<td></td>
<td>= 100%</td>
</tr>
<tr>
<td>Self-pay</td>
<td></td>
<td>= 100%</td>
</tr>
</tbody>
</table>

☐ Unsure

21. For each of the following types of payment, have you or are you considering reducing the number of patients?

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>I have reduced the number of patients</th>
<th>I am considering reducing the number of patients</th>
<th>I have not reduced or considered reducing the number of patients</th>
<th>Not applicable (i.e., I don't see patients in this category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Medicare</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Managed Care Medicare</td>
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</tbody>
</table>

Changes in Practice

22. Under which of the following conditions would you stop accepting Medicare patients? Mark all that apply.

☐ Congress does not fix the sustainable growth rate (SGR)
☐ Medicare revenue falls by 5% - 10%
☐ Medicare revenue falls by more than 10%
☐ Additional regulatory hurdles
☐ Increased auditing activity (e.g. Recovery Audit Contractors)
☐ Eventual payment reductions for not participating in programs e.g. Physician Quality Reporting System (PQRS), Meaningful Use of Electronic Health Records (EHR)
☐ Other (please specify):
☐ I do not anticipate stopping to accept new Medicare patients

23. In order to address increasing demands for care coordination and health information technology (HIT) investments, which of the following actions are you considering in the next 24 months? Mark all that apply.

☐ Joining a larger group
☐ Affiliating with a hospital
☐ Affiliating with an independent physician association
☐ Becoming part of an academic department
☐ Other (please specify):
☐ None of the above
☐ Unsure

AAN ID# 24671
24. Are you currently contracted with an accountable care organization (ACO)? *ACO is defined as a network of providers (e.g. physicians, hospitals and nurses) that assume accountability for the cost and quality of care for a defined population of patients.*
   - Yes - please explain what kind: 

25. Do you plan to contract with an ACO in the next 12 months? After explaining what kind, skip to question 26
   - Yes
   - No
   - Not sure

26. Do you currently co-manage your patients with primary care physicians organized into a patient centered medical home?
   - Yes
   - No
   - Not sure

27. Do you currently employ or work with neurology non-physician extenders (e.g. nurse practitioners, physician assistants)?
   - Yes - go to question 28
   - No - skip to question 29

28. Indicate which type(s) of non-physician extenders are employed in your practice. *Mark all that apply.*
   - Nurse practitioners
   - Case managers
   - Social workers
   - Nurses
   - Other (please specify):

29. In the last, six months, have you considered leaving your practice to become a hospital employed physician?
   - Yes - please specify your reasons:

30. Do you participate in registries (e.g. patient registries, quality improvement registries, reporting registries)? *Mark all that apply.*
   - No, I do not participate in any type of registry
   - National Parkinson Foundation's (NPF) Quality Improvement Initiative
   - TREAT-NMD
   - Get with the Guidelines
   - CARE Registry
   - The National ALS Registry
   - PQRIWizard
   - Other (please specify):

31. Which private insurance companies do you contract with? *Mark all that apply.*
   - BlueCross BlueShield in my state
   - Aetna
   - Humana
   - UnitedHealthcare (UHC)
   - HealthNet
   - Other (please specify): None/Not Applicable
   - WellPoint
   - Highmark
   -Other (please specify): Unsure
   - CIGNA
   - Kaiser Permanente
   - None/Not Applicable
   - Highmark
   - Kaiser Permanente
   - Other (please specify): None/Not Applicable

32. Estimate the percentage of your claims that are denied for each of the following reasons. *Total should equal 100%.*
   - Not medically necessary
   - Missing or incorrect patient information
   - Coordination of benefits issue
   - Patient not covered for that date of service
   - Procedure not covered by insurer
   - Need additional information or claim needs medical review
   - Need authorization
   - Other (please specify): 

100%
33. What are your barriers to successful contract negotiations with third party payers? *Mark all that apply.*

- Knowing your practice data
- Developing and sticking to a time-table
- Time to prepare for the contract negotiation
- Understanding all of the terms and definitions of the contract
- Awareness and knowledge of anti-trust limitations
- Other (please specify): ________________________________

**Electronic Health Records and Practice Tools**

34. Does your practice currently use Electronic Health Records (EHR)?

- Yes - skip to question 36
- No - go to question 35

35. If you do not currently use an EHR, when are you considering installing a system?

- Never
- In less than 1 year or currently implementing a system
- 1-3 years
- In more than 3 years

Skip to question 38

36. Which type of EHR product do you have?

- Server-based
- Web-based

37. Have you received support from your affiliated institution to install an EHR? *Mark all that apply.*

- Financial assistance
- Technology support
- Training
- Other (please specify): ________________________________

No, I have not received any type of support

38. Which practice management tools/resources would be most useful to you in your day-to-day practice? *Mark all that apply.*

- ICD-9/ICD-10 Tools and Resources
- Contract negotiations
- Surviving an audit
- Coding guides
- Companion case studies on coding for AAN guidelines
- Companion provider impact/payment and policy analyses for AAN guidelines
- Other (please specify): ________________________________

**Prior Authorization**

39. As a physician, how often are you personally required to engage in interactions related to a prior authorization process?

- Never
- 1-5 times per month
- 6-10 times per month
- More than 10 times per month

**Audits**

40. Have you been audited in the past 12 months?

- Yes - go to question 41
- No - skip to question 42

41. What kind of audit was it? *Mark all that apply.*

- Medicaid Recovery Audit Contractor (RAC)
- Medicare RAC
- Private insurer → How many private insurers audited you? 1, 2, 3 or more
- Other (please specify): ________________________________

**Other**

42. How could the AAN best assist your neurology practice in the changing payment and health care delivery environment?

Thank you for your participation.
Please FAX the survey to (612) 454-2745
or mail it back to the AAN