**ID:** [ENTER ID](1-6) CD#(7-8)

	International Health Policy 2000
A OVERVIEW OF THE SYSTEM	

A. OVERVIEW OF THE SYSTEM										
A1. Which of the following statements comes closest to expressin country?	ng your overall	view of the hea	alth care sys	tem in this						
1. On the whole, the health care system works pretty well and only minor changes are necessary to make it work better.										
2. There are some good things in our health system, but funda work better.	2. There are some good things in our health system, but fundamental changes are needed to make it									
3. Our health care system has so much wrong with it that we need to completely rebuild it.										
A2. In general, do you think your ability to provide quality mediworse or is it about the same as it was five years ago?	ical care to you	ır patients has i	improved, h	as gotten						
Improved $\Box$ 1 Worse $\Box$ 2		About the same	e □3							
A3. In this country's health system, how often do you believe that indicate whether this happens often, sometimes, rarely or never.		erience the follo	owing? For	each, please						
	Often (1)	Sometimes (2)	Rarely (3)	Never (4)						
Patients have difficulty affording out of pocket costs for medical care										
2. Patients lack access to the newest drugs or medical technology										
3. Patients get sicker because they are not able to get the health care they need										
4. Patients do not receive preventive care										
D DOCTORS DRACTICES AND HOSPITALS										
B. DOCTORS' PRACTICES AND HOSPITALS										
In this section we ask about your medical practice. By "medical pra employment, the places where you care for patients and the work yo			s a doctor, in	cluding your						
B1. Overall, how satisfied are you with your current medical pr	actice:									
Very satisfied □ 1 Somewhat □ 2 Some satisfied dissat		Very dissat	□ 4 isfied							
B2. Please indicate how big a problem each of these items is for y	you in your pr	actice.								
		Major	Minor	Not a						
		problem	problem	<u>problem</u>						
1 Not having an aughtime to an aud - ith autions		(1)	(2)	(3)						
<ol> <li>Not having enough time to spend with patients</li> <li>External review of your clinical decisions for the purpose of cor</li> </ol>	ntrolling aasta									
· · · · · · · · · · · · · · · · · · ·	nuoning costs									
<ul><li>3. Limitations on hospital care, e.g. admissions or length of stay</li><li>4. Limitations on, or long waits for specialist referrals</li></ul>										
, , ,										
<ul><li>5. Limitations in ordering diagnostic tests or procedures</li><li>6. Patients cannot afford necessary prescription drugs</li></ul>										
7. Limitations on drugs you can prescribe your patients										
Long waiting times for surgical or hospital care										
. Long maining miles for surgicul of hospital care										

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B3. In the community,	, region or sector i	n which you practic	e, how would you	rate the number or	amount of the
following?					

			Too much/ Too many	About right (2)	Too little Too few (3)		
1. The latest medical and diagnostic equipment							1
2. Hospital beds							1
3. General practitioners							
4. Medical specialists or consultants							
5. Home care							
6. Long term care and rehabilitation facilities							
B4. In the <u>hospital</u> in which you practice or to w the following resources?	which the ma	jority of y	our patien	nts are admi	tted, how w	ould you rate	
		Ez	xcellent (1)	Good (2)	<u>Fair</u> (3)	<u>Poor</u> (4)	
1. The latest medical and diagnostic equipment							
2. Nursing staff levels							
3. Surgical or operating room facilities							
4. Emergency room facilities							
					ess		
encouraged to or discouraged from reporting m	edical error	s, includir	ng dispensi	ng incorrect	admitted, a		n
B6. On the whole, in your hospital or the hospital encouraged to or discouraged from reporting m doses, surgical mistakes and human error in interpolation.	edical error	s, includir	ng dispensi agnostic te	ng incorrectests?	admitted, a		n
encouraged to or discouraged from reporting m doses, surgical mistakes and human error in interpolation.  Encouraged   1	Discountry OF CAR  mg medical systems	s, including sults of discrete traged   E  ymptoms.  hlly wait f	ng dispensi agnostic te	ng incorrectests?  Neit	admitted, at medication	etor in which ye	ou ou
encouraged to or discouraged from reporting m doses, surgical mistakes and human error in interpolation.  Encouraged   C. CLINICAL MANAGEMENT AND QUALITY  C1. Consider a patient with each of the following practice, in most instances, how long would a patient.	Discount TY OF CAR mg medical system generation generation $\frac{1-2}{\text{days}}$	s, including sults of discrete	ing dispension agnostic tenderal properties	mmunity, reme any doct	eadmitted, a medication her $\Box$ 3 egion or seconfirst reconfirmed $\frac{1-6}{\text{months}}$	etor in which your mends the te	ou ou
encouraged to or discouraged from reporting m doses, surgical mistakes and human error in interpolation.  Encouraged   C. CLINICAL MANAGEMENT AND QUALITY  C1. Consider a patient with each of the following practice, in most instances, how long would a patient.	Discount TY OF CAR mg medical system generates is received?	s, including sults of discrete	ng dispensi agnostic te 2 . In the co from the tin	mmunity, reme any doct	admitted, at medication ther $\Box$ 3 egion or seconfirst reco	etor in which you	ou ou

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C2. For	each	of the	following	types of	f information,	please	indicate	how	often	it is	currently	used i	in your	hospital	or
practice															

practice.								
	Often	Sometimes	Not					
	<u>used (1)</u>	used (2)	used (3)					
Treatment guidelines or protocols for common conditions or procedures				1				
2. Comparisons of medical outcomes of selected procedures				1				
3. Reports from patients and families regarding satisfaction with care				1				
4. Profiles comparing doctors' practices relative to peers				1				
5. Electronic patient medical records				1				
6. Electronic prescribing of drugs								
C3. If these items are not used, how useful would they be to you if	they were used	d by doctors i	in your hosp	ital or				
practice? If they are used at all, how useful are they?								
	Very	Somewhat	Not					
	useful (1)	useful (2)	useful (3)					
<ol> <li>Treatment guidelines or protocols for common conditions or procedures</li> </ol>								
2. Comparisons of medical outcomes of selected procedures				1				
3. Reports from patients and families regarding satisfaction with care				1				
4. Profiles comparing doctors' practices relative to peers				1				
5. Electronic patient medical records				1				
6. Electronic prescribing of drugs				1				
C4. How effective is the priority system for managing waiting lists for specialized care or treatment in the community, region or sector in which you practice?  Very								
C5. Do you think information about the quality of care provided by hos	_	e reported to t	the general pu	ıblic?				
Yes, should be $\square$ 1 No, shou	ld not be $\square$ 2			1				
D. INFORMATION SEEKING AND COMPUTING IN THE PHYSIC	IAN PRACTIC	'F						
D. INTORMATION SEEMING AND COMPOUND IN THE THISIC	IANTIACTIC	·L						
D1. Overall, how satisfied are you with your ability to remain knowledge medicine?	geable and curr	ent with the la	itest developn	nents in				
Very satisfied □ 1 Somewhat □ 2 Somewhat satisfied dissatisfie		Very dissatisfie	□ 4	1				
D2. How often do you communicate with your patients by e-mail regard	ling treatment?	•						
Often □ 1 Sometimes □ 2 Rarely	у 🗆 з	Neve	er 🗆 4	1				

E. THE FUTURE

## E1. How concerned are you that the following might become more frequent in this country?

		Very concerned	Somewhat concerned	Not too concerned
1.	Patients will not be able to afford the medical care they need			
2.	Patients will need to wait longer than they should for necessary medical treatment			

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3. The quality of patient care people receive will decline

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E2. On a scale of 1 to 5, where 1 is not at all effective and 5 is extremely effective, how effective do you think each of the following would be for improving the quality of care you provide for your patients?

		J - J - J				
	Not at all				Extremely	
	<u>effective</u>				<u>effective</u>	
1. Ability to spend more time with patients	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	158
2. Better access to specialized medical care	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	159
3. Better access to new prescription medications	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	160
4. Improved systems for reducing medical errors	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	161
5. Better nursing or home care follow-up after discharge	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	162
6. Better access to preventive care and patient education	1 🗆	2 🗆	3 □	4 🗆	5 🗆	163
						164-1807

6. Better ac	ccess to preve	ntive care and patient education	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆	163	
		-					'	164-180.	
F. DEMO	GRAPHICS								
1122.10	<u> </u>								
F1. About	how many p	atients did you see in your most	recent typic	cal week o	of practi	ce? You	r best estimat	e will do. 209Z	
				Patie	ents			210-212	
F2. How m	nany hours p	er week do you spend:							
In face-to-face consultation or treatments with patientshours per week									
	On other tas	ks related to patient care					hours per w	veek 216-218	
	On tasks rel	ated to finances, billing or admini	stration of yo	our praction	ce		hours per w	veek 219-221	
	ng about the cal practice i	average income of a physician is:	n your spec	ialty or a	rea of pr	actice, v	vould you say	your income	
Well b	elow 🛘 1	Somewhat below \( \square 2	About 🗆 :	Som	newhat ab	ove $\square$	4 Well al	oove □ 5 222	
	erage		verage	3 3011		rage		rage	
F4. How o	ld are you?								
		Under 35 □ 1 3:	5-64 □ <sub>2</sub>		65 or	older	☐ 3	223	
F5. Are yo									
13.711 c y 0		Male 🔲 1		Female	□ 2			224	
								225-280Z	
								305-380Z 409-433Z	
Thank you very much for participating in this study. Please return the completed survey by mail in the enclosed business reply envelope.									
		is research project by October, and							
highlights to	you. If you	would like to receive a copy of the	survey high	ılıghts, pl	ease prov	ride us w	ith an email ac	ldress.	
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