



Questions That May Require Advanced Preparation

There are a couple of questions at the beginning of the Rheumatology Economic Survey that will help determine if you meet the specific qualifications for participating in this research project.

Please answer those first two questions before completing this worksheet in case you do not qualify for this particular survey.

If you qualify, you may find it helpful to gather the information for the following questions prior to completing the rest of the Web survey. Please note: there is an academic section and a private practice/other section. Please only complete the section that applies to you.

For Academic Practices Only

- How many patients do you see per week? _____ Number of patients

What percentage of these patients are:

- a. Consultation _____%
- b. New patients _____%
- c. Established patients _____%

- How many RVUs do you accumulate each month? _____RVUs
_____Don't know

- How many rheumatologists are in your academic setting? _____

How many are part-time? _____

- How many clinical rheumatologists are in your academic practice? _____
- How many basic research rheumatologists are in your academic practice? _____
- On average, how many patients are seen per month in the academic practice? _____
- What type of compensation method does your practice use?
 - a. Fee-for-service
 - b. Salary
 - c. Salary plus incentive bonus
- If salary plus incentive bonus above, what type of incentive bonus is used?
 - a. Productivity
 - b. Administration



- c. Discretionary factors (utilization management, etc.)
- What are your personal sources of compensation from the practice of rheumatology? Indicate the percentage of income you receive from each of the following. **(Please Make Sure Percentages Sum To 100%).**
 - a. Direct patient care (E/M services, arthrocentesis, etc.) ___%
 - b. In office lab ___%
 - c. In office X-ray ___%
 - d. In office densitometry ___%
 - e. In office PT/OT ___%
 - f. In office MRI ___%
 - g. In office ultrasound _____%
 - h. Research ___%
 - i. Clinical trials _____%
 - j. Administration ___%
 - k. Teaching/lecturing ___%
 - l. Consulting for pharmaceutical or insurance industry _____%
 - m. Other [Please specify] _____ %

= 100 %
- Are there collaborative arrangements with private rheumatologists in your geographic area?
 - a. Yes [Please specify:]
 1. Consultations
 2. Office MRI
 3. Office densitometry
 4. Infusion therapies
 5. Office X-ray
 6. Other (Please list: _____)
 - b. No
- Is your EHR CCHIT certified?
 - a. Yes
 - b. No
 - c. Unsure
- Which EHR system do you currently have in your office?
 - a. Allscripts
 - b. Nextgen
 - c. e-Clinical works
 - d. Eclipsys
 - e. E-MDS
 - f. Other (Please specify _____)



- In what year did you implement EHR in your practice? _____
- I use my EHR to perform the following functions:

Function		
a. Basic functions (e.g., review chart information, create visit notes, update and review problem and medication lists)	YES	NO
b. Scan and store paper reports	YES	NO
c. Update and review problem lists	YES	NO
d. Update and review medication lists	YES	NO
e. Print prescriptions	YES	NO
f. Electronically transmit prescriptions	YES	NO
g. Enter and review lab orders	YES	NO
h. Enter and review radiology orders	YES	NO
i. Electronically place lab orders	YES	NO
j. Electronically place radiology orders	YES	NO
k. Disease-based registries (built or fed into your EHR)	YES	NO
l. All of the above	YES	NO

FOR PRIVATE PRACTICES AND OTHER NON-ACADEMIC PRACTICES

- What type of compensation method does your practice use?
 - a. Fee-for-service
 - b. Salary
 - c. Salary plus incentive bonus
- If salary plus incentive bonus above, what type of incentive bonus is used?
 - a. Productivity
 - b. Administration
 - c. Discretionary factors (utilization management, etc.)
- Indicate below the percentage of revenue that is obtained from each of the following types of insurance. **(Please Make Sure Percentages Sum To 100%).**

Fee-Based

- a. classic indemnity _____%
- b. PPO/HMO _____%
- c. Discounted fee for service _____%
(e.g., Worker’s compensation, Champus)
- d. Medicare (traditional) _____%
- e. Medicaid/Chronic children’s programs _____%
- f. Uninsured _____%

100 %

Capitated (Select all that apply)



- a. HMO
- b. Subcap for rheumatology
 - b1. Percent of revenue per member/per month? _____%
- c. Cap for primary care
 - c1. Percent of revenue per member/per month? _____%
- d. Medicare risk (HMO)

- Do you restrict any insurance carriers?

_____Yes Which one(s) _____?
_____No

Practice Costs

- Of your total booked charges, what percentage is collected? _____%
- What percentage of your total collections goes directly to physician compensation and benefits, insurance and professional liability? _____ %
- The remaining revenue not applied to physician compensation in the question above is generally referred to as overhead. Overhead may be direct or indirect. What are your overhead percentages for the following types of costs? **(Please Make Sure Percentages Sum To 100%)**

Direct costs

Percentage	Description
_____%	Clerical labor (payroll costs for receptionists, billing clerks and medical records personnel)
_____%	Supplies (all medical supplies used in the office/clinic)
_____%	Procedure-specific equipment (medical equipment used for a specific subset of services)
_____%	Overhead equipment, either used for all services furnished or rarely used, but is routinely purchased and maintained in a practice (for example, lab apparatus or cardiac defibrillator)
_____%	Expenses required to maintain an office for which there is not a direct patient-volume relationship. Exclude any labor, medical supplies and medical equipment expenses. Examples include rent, utilities, maintenance, phones, outsource of billing and accounting expenses, office supplies and office equipment.



=100 %

- How many support personnel are employed in your practice? (*Indicate the full-time equivalency (Fte) Per MD*)
 - a. Number of RNs _____
Specify type of RNs:
BSNs _____
MSNs _____
LVNs _____
ADNs _____
Other (please specify) _____
 - b. Number of LPNs/LVNs _____
 - c. Number of medical assistants _____
 - d. Number of mid-level providers (physician assistants and nurse practitioners) _____
 - e. Number of lab, X-ray and bone density technicians _____
 - f. Number of research support personnel _____
 - g. Number of secretarial and front desk personnel (e.g., clerks, office manager, etc.) _____

Workforce Requirements

- What is the waiting time (**in weeks**) to next consultation with a physician? _____
- What is the waiting time (**in weeks**) to next consultation with a physician? _____
- What is the waiting time (**in weeks**) to next consultation with a PA or NP? _____
- What is the waiting time (**in weeks**) to next return office visit with a PA or NP? _____
- How much time in a typical day do you or your staff spend filling out prior authorizations (include phone calls)? _____

Productivity

- Add up the actual **scheduled hours per week** in your office or clinic. **Do not list the total time you spend in the office.** If you see clinical trial patients, please include them in the appropriate visit category. Then, complete the grid with values from your practice for the **Last fully scheduled week.**

Please be sure each cell contains a value, even if it is 0.

Based on the number of scheduled hours of office time per week	
Time interval, in minutes, for	



New patients	Min
Return patients	Min
Number of patients seen per week	
New patients	
Return patients	
Number of	
Hospital visits	
Hospital consultations	
Arthrocentesis, joint, tendon or bursa injections performed per week	
Office no-show rate (a percentage)	%
RVU work components per week (if known)	

Number of visit codes you charged in last fully scheduled week.	Hours
New patient/office 99203	
99204	
99205	
Established patient/office 99213	
99214	
99215	
Consult/office 99243	
99244	
99245	
Consult/inpatient 99253	
99254	
99255	
Weeks worked per year	

- Is your EHR CCHIT certified?
 - a. Yes
 - b. No
 - c. Unsure

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 - c. e-Clinical works
 - d. Eclipsys
 - e. E-MDS
 - f. Other (Please specify _____)

- In what year did you implement EHR in your practice? _____

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Type of patients by insurance

- On average, what type of insurance do your patients have? **(Please make sure percentages to sum to 100%)**

Percentage	Description
_____ %	Classic indemnity
_____ %	Discounted indemnity
_____ %	PPO (average percentage of Medicare BRVS rates)
_____ %	HMO 1. Sub-capitation for rheumatology (Amount) _____ 2. Capitation for primary care (Amount) _____ 3. Discounted fee schedule for capitation patients _____
_____ %	Medicare risk (HMO)
_____ %	Traditional Medicare
_____ %	Medicaid
_____ %	Uninsured

= 100 %



Contracts and Networks

- Do you have contracts with the following?

Organization	Is there a contract?			If yes, how many?
	YES	NO	DK	
PHO				Number of contracts_____
PA				Number of contracts_____
HMO				Number of subcapitation Contracts _____ Number of fee-based Contracts _____
Hospital networks (non-PHOs)				Number of contracts_____
PPMs				Number of contracts_____

- Do any of these alliances involve equity?

- Yes
- No

- Have you sold equity in your practice?

- Yes **(Continue)**
- No **(Skip next question)**
- Unsure **(Skip next question)**

- To whom have you sold equity in your practice **(Check all that apply)**

- Hospital
- Foundation
- Physician practice management company

Contested Charges

- Have you had your charges reduced or denied during the last year?

- Yes **(Continue)**
- No **(Skip next two questions)**

- What percentage of the charges have been reduced or denied during the last year? _____ %



- What was your **most** frequent problem for having your charges reduced or denied during the last year? **(Check only one)**
 - a. Payment schedule by third-party payor is inadequate
 - b. Reduction of E/M code level
 - c. Denial of E/M visit and injection on same day
 - d. Denial of interpretative charges for imaging procedure
 - e. Denial of Dual Energy X-ray Absorptiometry
 - f. Denial of infusion therapy service
 - g. Denial of an in office MRI
 - h. Denial of an in office ultrasound
 - i. Other (explain)_____

- Have you had a formal audit by Medicare in the last year?
 - a. Yes **(Continue)**
 - b. No **(Skip next question)**

- As a result of the formal audit by Medicare in the last year, how much—if any—did you have to pay back to Medicare? \$_____