

Online Supplementary Material

Jaén CR, Crabtree BF, Palmer R, et al. Methods for evaluating practice change toward a patient-centered medical home. *Ann Fam Med*. 2010;8(Suppl 1):S9-S20.

http://www.annfammed.org/cgi/content/full/8/Suppl_1/S9/DC1

Supplemental Appendix 5. Financial Survey

The appendix begins on the next page.



Financial Survey

Q1 **Date:**

Q2 **Practice Name:**

Q3 **Name of Person Completing Survey:**

Q4 **Which of the following best describes the profitability of your practice during the most recent 12 months?**

- A. The practice made a substantial profit.
- B. The practice made a small profit.
- C. The practice broke even.
- D. The practice had a slight loss.
- E. The practice had a significant loss.
- F. I don't have details.

If choice "F" was selected, please explain

Q5 **Which of the following statements best describes your concern about the long term financial condition of your practice?**

- No concern for the foreseeable future.
- Slight concern.
- Major concern.

If choices "B" or "C" were selected, please explain.....

Q6 **During the most recent 12 months have any paychecks been delayed or eliminated for any practice staff, including clinicians, due to financial constraints on the practice?**

- Yes
- No

Q7 **During the most recent 12 months have any physicians received less than expected monthly income?**

- Yes
- No

Q8 During the most recent 12 months have any vendor payments been postponed due to cash flow concerns?

- Yes
- No

Q9 Have any clinicians left or joined the practice during the last 12 months?

- Yes
- No

If yes, please specify how many, whether they left or joined, and which type of clinician.....

Q10 Which of the following financial statements and reports are available and reviewed by management at the practice level on a monthly basis? Check all that apply.

- A. Income Statement.
- B. Balance Sheet.
- C. Cash Flow Statement.
- D. Patient volume by clinician.
- E. Net revenue per patient, per clinician.
- F. Accounts Receivable Aging Report.
- G. Other clinician productivity reports.

If choice "G" was selected, please describe.....

Q11 When was the last time your practice gave most of your staff members a raise (for any reason)?

- A. This year.
- B. Last year.
- C. Before last year.
- D. Not sure.

If choice "D" was selected, please explain

Q12 In the past 12 months, has your practice: (Check all that apply)

- Delayed capital expenditures.
- Invested in new capital expenditures.
- Taken on new debt for capital expenditures.
- Taken on new debt to cover operational expenses.
- None of the above.
- Don't Know.

Q13 Please select all planning tools that are used in your practice.

- Strategic Plan with mission and vision statements.*
- Annual Business Plan with monthly budget.*
- Formal cost/benefit analysis for any major additions including staffing, equipment and ancillary services.*
- Other.*

Please specify "Other".....

Q14 Does your practice have internal control policies and procedures in place to detect the possibility of embezzlement?

- Yes*
- No*

Please provide your best estimate of current staffing. (FTE= Full Time Equivalent).

Q15 Total Physicians FTE's

Q16 Total Nurse Practitioners FTE's

Q17 Total Physicians Assistants FTE's

Q18 Total other Staff FTE's

Q19 Please give your best estimate on the monthly average of patient visits for the practice during the last 12 months?

Q20 Please give your best estimate on the average monthly gross revenue for the practice? (In US Dollars\$; example \$2,000,000.00)

Q21 Please give your best estimate on the Average monthly pay roll? This includes all physicians and all staff. (In US Dollars\$; example \$2,000,000.00)

Q22 Please give your best estimate on the OTHER (not payroll) monthly expenses (e.g. rent or mortgage, phone, utilities, supplies, maintenance, fees, etc.)? (In US Dollars \$)

Please give your best estimate on the following:

Q23 Average annual Physician salaries. (In US Dollars \$)

Q24 Average annual Nurse Practitioner salaries. (In US Dollars \$)

Q25 Average annual Physician Assistant salaries. (In US Dollars \$)

Q26 Which of the following describes the current ownership of your practice?

- Physician owned; sole proprietor.*
- Physician owned; medical group.*
- Hospital owned.*
- Other.*

If "Other" please describe.....

Thank you for taking the time to complete this survey. Your answers are considered confidential data. When you have completed the survey, please return it in the stamped, pre-addressed envelope provided.