

Supplemental materials for:

Liaw WR, Jetty A, Petterson S, Peterson LE, Bazemore AW. Solo and small practices: a vital, diverse part of primary care. *Ann Fam Med*. 2016;14:8-15.

Appendix 1: Characteristics of Re-certifying and Non-recertifying American Board of Family Medicine Diplomates

Physician Characteristic	2013 Re-certifiers (n = 11,526)	2013 Non-Recertifiers (n = 72,271)	P value
	Mean (Standard Deviation) or Percentage		
Age on July 1, 2013	50.7 (8.5)	48.0 (10.4)	< 0.01
Male sex	63.3	59.3	< 0.01
Medical doctorate degree	91.4	90.8	0.04
International medical graduate	16.0	20.9	< 0.01
Number of times recertified			< 0.01
0	12.6	34.8	
1	30.3	22.6	
2	22.6	15.8	
3	17.4	14.0	
4+	17.2	12.8	

Appendix 2: American Board of Family Medicine Demographics Survey Questions 2013

Question Number	Item	Item Type
1	Number of years in practice	Free numeric response box
2	"Percentage of your time by type of practice or professional activity (must total 100%)"	<ul style="list-style-type: none"> a. Direct patient care b. Research c. Administration d. Teaching
3	<p>Do you provide the following care in your practice? (Yes/no)</p> <p>Note: If no percentage is assigned to "Direct Patient Care" in question #2, skip this question</p>	<ul style="list-style-type: none"> a. Inpatient care b. Emergent Care c. Urgent Care d. Pain management e. Palliative Care f. Office surgery g. Major surgery h. Pre-operative Care i. Post-operative Care j. Sports medicine k. Occupational/Industrial Medicine l. Mental Health m. Musculo-Skeletal problems n. Women's health o. School Health p. Nursing Home Care q. Home Visits r. Other (free text option)
4	<p>Do you see patients who are in the following age ranges? (Yes/No)</p> <p>Note: If no percentage is assigned to "Direct Patient Care" in question #2, skip this question</p>	<ul style="list-style-type: none"> a. Age < 5 b. Age 5-12 c. Age 13-18 d. Age 19-64 e. Age 65-74 f. Age 75 and older
5	<ul style="list-style-type: none"> a. Primary practice address b. Practice #2 address c. Practice #3 address <p>Note: If no percentage is assigned to "Direct Patient Care" in question #2, skip this question</p>	
6	<p>Percent clinical time in (MUST TOTAL 100%)</p> <p>Note: If no percentage is assigned to "Direct Patient Care" in question #2, skip this question</p>	<ul style="list-style-type: none"> a. Primary practice b. Practice #2 c. Practice #3
7	Race	<ul style="list-style-type: none"> a. American Indian or Alaska Native b. Asian c. Black or African American

		d. Native Hawaiian or Other Pacific Islander e. White
8	Ethnicity	a. Non-Hispanic b. Hispanic or Latino
9	Do you use a language other than English to interact with patients? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	Yes, Spanish / Yes, Other (free text option) / No
10	Are you a member of a medical school faculty	No; Yes, Part-time; Yes, Full-time
11	How many obstetrical deliveries do you do per year? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	None; 1 to 25; 26 to 50; More than 50
12	Do you provide prenatal care? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	Yes / No
13	Do you take care of newborn infants? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	Yes, office; Yes, nursery; Yes, both; No
14	Do you have admitting privileges in any hospital? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	Yes / No
15	Are you certified by another ABMS primary specialty board? Please indicate.	23 Options auto-fill from past certification (from Data Commons in the future)
16	Which of the following describe(s) your primary practice ownership? (Select one) Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	a. Private solo or group practice b. Freestanding urgent care center c. Hospital emergency department d. Hospital outpatient department e. Ambulatory surgical center f. Industrial outpatient facility g. Mental health center h. Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.) i. Federally Qualified Health Center or Look-Alike j. Rural Health Clinic k. Indian Health Service Institutional setting (School-based Clinic, Nursing home, prison) l. Academic Health Center / Faculty Practice m. Health maintenance organization

		<p>(e.g., Kaiser Permanente)</p> <p>n. Federal (Military, Veterans Administration/Department of Defense)</p> <p>o. Public Health Service</p> <p>p. Other _____ (Free text)</p>
17	<p>Besides your office, where else do you routinely see patients? (Select all that apply)</p> <p>Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question</p>	<p>a. Emergency Department</p> <p>b. Hospital</p> <p>c. Intensive Care/Cardiac/other intensive care unit</p> <p>d. Patient’s Home</p> <p>e. Nursing home</p> <p>f. Hospice</p> <p>g. Public Health Department</p> <p>h. School</p> <p>i. Prison</p> <p>j. Work Site</p> <p>k. Not applicable</p>
18	<p>Which of the following describes your primary practice site size? (Select all that apply)</p> <p>Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question</p>	<p>a. Solo practice</p> <p>b. Small (2-5 Providers)</p> <p>c. Medium (6-20 Providers)</p> <p>d. Large (>20 Providers)</p> <p>e. Other _____</p>
19	<p>Which of the following describes your primary practice site specialty mix?</p> <p>Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question</p>	<p>a. Single specialty</p> <p>b. Multi-specialty</p>
20	<p>The following types of providers work in my primary practice (Select all that apply)</p> <p>Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question</p>	<p>a. Nurse Practitioner or Advanced Practice Nurse</p> <p>b. Registered Nurse</p> <p>c. Licensed Practice Nurse</p> <p>d. Physician Assistant</p> <p>e. Behavioral Specialist, non-MD (e.g. Licensed Social Worker, Psychologist, Psychiatric Nurse Practitioner)</p> <p>f. Social Worker</p> <p>g. Psychiatrist</p> <p>h. Physical or Occupational Therapist</p> <p>i. Midwife</p> <p>j. Pharmacist</p> <p>k. Not applicable</p>
21	<p>What was your level of educational debt (undergraduate & graduate) at the end of medical school?</p>	<p>a. None</p> <p>b. Less than \$25,000</p> <p>c. \$25,000-74,999</p> <p>d. \$75,000-149,999</p> <p>e. \$150,000-249,999</p> <p>f. >\$250,000</p>
22	<p>Did you participate in a loan repayment program?</p>	<p>Yes/No</p> <p>If yes, free text type</p>
23	<p>Approximately what is the size of your patient</p>	<p>Free text entry for number / I don’t know</p>

	panel? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	/ Does not apply
24	Patient Centered Medical Home (PCMH) Yes/No Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	a. Is your practice a certified PCMH? b. If not, are you considering applying? (only available if answers no to a)
25	Do you have someone in your office who functions as a Care Coordinator or provides patient population management services? Note: If no percentage is assigned to “Direct Patient Care” in question #2, skip this question	Yes/No