Supplemental Appendix. Practice Patterns and Professional Liability Issues in Washington State

Please answer these questions as they pertain to your personal practice, unless specified to respond for your larger office practice.

Current Clinical Practice

1. Indicate your primary specialty (check one):
   - [ ] Family/General Physician
   - [ ] Obstetrician/Gynecologist
   - [ ] Other (specify: ___________________________ )

2. How many years have you been a practicing physician (include residency)? _______________ years

3. Are you currently in clinical practice? [ ] Yes [ ] No ➔ SKIP TO QUESTION 34

4. Are you currently in a fellowship, residency, or internship program? [ ] Yes [ ] No

5. In which Washington State county do you primarily practice? ___________________________ County
   Primary practice ZIP code: _________________________
   [ ] I do not practice in Washington State ➔ SKIP TO QUESTION 34

6. Which of the following best describes your present employer in your main practice? (Check only one.)
   - [ ] For-profit clinic/organization (you are self-employed or a business partner)
   - [ ] Trib.al organization
   - [ ] For-profit clinic/organization (you are not a business partner)
   - [ ] Government (federal, state, or local)
   - [ ] Private, nonprofit clinic/organization (not staff model HMO)
   - [ ] Military
   - [ ] Private, nonprofit staff model HMO
   - [ ] Other (specify: ________________ )

7. Which of the following best describes your main practice? (Check one.)
   - [ ] Solo practice
   - [ ] Multispecialty group practice
   - [ ] Single-specialty group practice
   - [ ] Other (specify: ___________________________ )

8. During an average practice week, how many hours do you spend in the following activities? (Include on-call hours in which you actually provide patient care.)
   (a) _____ hours/week Direct patient care (eg, scheduled outpatient care, inpatient care, emergency room care)
   (b) _____ hours/week Indirect patient care (eg, phone calls, reviewing labs, charting)
   (c) _____ hours/week Administration (eg, of own practice, hospital committees)
   (d) _____ hours/week Teaching
   (e) _____ hours/week Continuing education (eg, courses, journal reading, video- and audiotapes)
   (f) _____ hours/week Research
   (g) _____ hours/week Other professional activities (specify: ___________________________ )
   (h) _____ TOTAL (add items a-g — this should represent your weekly total average hours of work)
9. During an average practice week, how many hours do you spend providing direct patient care in each of the following settings? (Include on-call hours in which you actually provide patient care.)

Ambulatory clinic or office _____ hours/week  Hospital emergency room _____ hours/week
Ambulatory surgical center _____ hours/week  Nursing home _____ hours/week
Hospital inpatient _____ hours/week  Patient home visits _____ hours/week
Hospital outpatient _____ hours/week  Other (specify: _______________________ hours/week

10. On average, indicate how many outpatient visits per week you personally have with patients in the office or clinic setting: _______________ visits/week

11. On average, indicate how many hospital inpatient visits per week you make: _______________ visits/week

12. On average, indicate how many evening and weekend hours you are on call per month: _______________ hours/month

13. On average, estimate the number of evening and weekend on-call patients you see per month: ____________ patients/month

### Professional Medical Liability (Malpractice) Insurance

14. What type of professional medical liability (malpractice) insurance do you have? (Check one.)

- [ ] Occurrence coverage
- [ ] Claims-made coverage
- [ ] Don’t know what type of insurance
- [ ] Federal Tort Claims Act (FTCA) coverage  
  - [ ] Do not have any malpractice insurance at this time  
  - [ ] SKIP TO QUESTION 16

15. Who pays for your professional medical liability (malpractice) insurance at this time?

- [ ] Practice (cost calculated for individual providers)  
- [ ] Hospital
- [ ] Group (cost distributed across all providers)  
- [ ] Other (specify: ____________________________ )

16. For each of the years listed below, please indicate the limits of your professional liability insurance policy.

<table>
<thead>
<tr>
<th>Year</th>
<th>Limits</th>
<th>Don't Know</th>
<th>In Practice but Did/Do Not Have Coverage</th>
<th>Not in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$____ million / $____ million</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>$____ million / $____ million</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>$____ million / $____ million</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. For each of the years listed below, please write in the amount of the premium for your individual (not group) professional liability insurance coverage. (Please specify a cost even if your employer pays your premium. If payments were made for your group as a whole, please fill in an amount to represent your individual share of the group payment.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Premium Cost</th>
<th>Don't Know</th>
<th>In Practice but Did/Do Not Have Coverage</th>
<th>Not in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$________________</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>$________________</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>$________________</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Has the cost of tail coverage for professional liability ever affected your practice decisions? (Tail coverage is optional protection that extends the claims reporting period after a claims-made policy is discontinued.)

- [ ] Yes  
  - How? __________________________________________________________________________
- [ ] No

19. Was your malpractice coverage provided by Washington Casualty when it left the insurance market in 2001?

- [ ] Yes  
- [ ] No  
  - SKIP TO QUESTION 21

20. Have you had any difficulty obtaining malpractice insurance coverage since Washington Casualty left the market?

- [ ] Yes (specify difficulty: ____________________________ )  
- [ ] No
21. **In the past two years, that is, since December 2001,** have you or your employer/practice made any of the following changes because of professional liability insurance affordability or availability issues? *(Check the most appropriate box for each.)*

<table>
<thead>
<tr>
<th>Have Done This</th>
<th>Have Not Done This</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired from practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relocated practice within state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased gynecologic surgical procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopped performing major gynecologic surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added new services (specify: ____________________________ )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secured a loan to fund premium increases or tail coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquidated holdings or accessed savings to fund premium increases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced compensation (by _________________ %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced the number of providers in the practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced liability insurance coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other changes (specify: _________________________________ )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Please describe your two greatest concerns regarding the current professional medical liability environment.
____________________________________________________________________________________________________
____________________________________________________________________________________________________

### Obstetrical Practice

23. Does your **office’s practice** currently offer obstetrics care?  □ Yes  □ No

24. Is your **office’s practice** currently recruiting for a physician or midwife who practices obstetrics?  □ Yes  □ No

25. Do you **personally** provide any obstetrical (OB) care at the present time? *(Check one.)*

□ Yes  ➔ CONTINUE IN BOX BELOW ➔  OR  □ No  ➔ CONTINUE IN BOX BELOW ➔
If **yes**, answer the following:

a. What OB services do you provide?  
   *(Check all that apply.)*  
   - [ ] Prenatal care  
   - [ ] Intrapartum care  
   - [ ] Postpartum care  
   - [ ] Instrumented deliveries  
   - [ ] C-sections (primary surgeon)

b. About how many OB patients did you personally deliver in 2003?  
   ___________________________ patients

c. About how many *Medicaid* OB patients did you personally deliver in 2003?  
   ___________________________ patients

d. Check the option that best fits your OB on-call arrangements:  
   - [ ] On-call for my own patients  
   - [ ] Share on-call within my own practice group  
   - [ ] Share on-call with other individuals or practice groups  
   - [ ] Other (specify: ___________________________)

e. *In the past two years, that is, since December 2001,* have you made any of the following changes in your obstetrics practice?

   **Yes** | **No** | **Not Applicable**
   --- | --- | ---
   Decreased the # of deliveries | | |
   Increased the # of deliveries | | |
   Decreased the amount of high-risk OB care | | |
   Increased c-section rate | | |
   Increased OB consultation rate | | |
   Other (specify: ___________________________)

   **If you decreased or increased the number of deliveries in the past two years,** what were the **three** most important reasons that you made this change *(1 is most important)*:

   **Rank #**
   - [ ] Wanted more personal time  
   - [ ] Lost/gained call or back-up arrangements  
   - [ ] Age-related reason  
   - [ ] Change in personal situation  
   - [ ] Gained OB providers in community  
   - [ ] Inadequate number of OB patients  
   - [ ] Fear of litigation  
   - [ ] Negative experience with litigation  
   - [ ] Could not *afford* liability insurance  
   - [ ] Could not *obtain* liability insurance  
   - [ ] Wanted change in professional focus  
   - [ ] Other reason (specify: ___________________________)

d. Would you ever consider restarting OB?  
   - [ ] Yes ➔ CONTINUE BELOW  
   - [ ] No ➔ GO TO f

e. What are the **two** factors that would most strongly influence you to restart OB?  
   - [ ] Lower malpractice premiums  
   - [ ] Change in malpractice risk or process (specify: ___________________________)
   - [ ] Better call or back-up arrangements  
   - [ ] Change in malpractice coverage type (specify: ___________________________)
   - [ ] Different practice arrangement  
   - [ ] OB skill refresher  
   - [ ] Other (specify: ___________________________)

f. If you stopped OB since December 2001, did your entire practice stop obstetrics at the same time?  
   - [ ] Yes ➔ # of physicians in practice: __________  
   - [ ] No  
   - [ ] Not applicable, in solo practice

g. How has your or your practice’s leaving OB affected access to OB services in your community?  
   __________________________________________

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*If **no**, answer the following:*

a. Did you ever include OB care in your practice?  
   - [ ] Yes ➔ GO TO b  
   - [ ] No ➔ SKIP TO QUESTION 33

b. Stopped doing OB in  
   Month: _______________ Year: __________

c. List **up to three** reasons that you stopped practicing OB in order of importance *(1 is most important)*:

   **Rank #**
   - [ ] Wanted more personal time  
   - [ ] Lost call or back-up arrangements  
   - [ ] Age-related reason  
   - [ ] Change in personal situation  
   - [ ] Gained OB providers in community  
   - [ ] Inadequate number of OB patients  
   - [ ] Fear of litigation  
   - [ ] Negative experience with litigation  
   - [ ] Could not *afford* liability insurance  
   - [ ] Could not *obtain* liability insurance  
   - [ ] Wanted change in professional focus  
   - [ ] Other reason (specify: ___________________________)

d. Would you ever consider restarting OB?  
   - [ ] Yes ➔ CONTINUE BELOW  
   - [ ] No ➔ GO TO f

e. What are the **two** factors that would most strongly influence you to restart OB?  
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   - [ ] Other (specify: ___________________________)

f. If you stopped OB since December 2001, did your entire practice stop obstetrics at the same time?  
   - [ ] Yes ➔ # of physicians in practice: __________  
   - [ ] No  
   - [ ] Not applicable, in solo practice

g. How has your or your practice’s leaving OB affected access to OB services in your community?  
   __________________________________________

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**CONTINUE WITH QUESTION 26**
26. Does your current liability (malpractice) insurer restrict your personal practice in any way?

☐ Yes ☑ No

☐ High-risk patients
☐ Vaginal births after c-section
☐ Acceptance of midwifery referrals/consults
☐ Other (specify: _____________________)

27. Since December 2001, has your personal obstetrics on-call schedule changed due to physicians or midwives in your practice or community leaving or entering obstetrics practice?

☐ Yes, more on-call time ☐ Yes, less on-call time ☑ No ☐ Not applicable

28. Since December 2001, have your personal referral patterns for obstetrics changed due to physicians or midwives in your practice or community leaving or entering obstetrics practice?

☐ Yes, fewer available providers—for referral/consultation
☐ Yes, more available providers—for referral/consultation
☐ Yes, other changes: _______________________________________________________________________________

29. Is your personal practice accepting new obstetrics patients? ☑ Yes ☐ No ☛ SKIP TO QUESTION 31

30. Is your personal practice accepting new Medicaid obstetrics patients? ☐ Yes ☑ No

31. How long does it take to get into your practice as a new obstetrics patient?

☐ No wait ☑ _______ days ☑ _______ weeks

32. What are your plans regarding obstetrics practice in the next 12 months? (Check only one.)

☐ I will continue to accept the same number of OB patients as I do now
☐ I will increase the number of OB patients in my practice
☐ I will decrease the number of OB patients in my practice
☐ I will stop accepting OB patients in my practice
☐ I am uncertain at this time

33. Is your community currently recruiting for a physician or midwife who practices obstetrics? ☐ Yes ☑ No ☐ Don’t know

[Background]

34. What is your gender? ☑ Male ☐ Female

35. What is your age? __________

36. Are you of Spanish/Hispanic/Latino origin? ☐ Yes ☑ No

37. The Spanish/Hispanic/Latino question is about ethnicity, not race. Please continue to answer the following question by marking one or more boxes to indicate what you consider your race to be:

☐ White ☐ Black or African American ☑ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian/Pacific Islander ☑ Some other race

Please make any other comments you would like here:

________________________________________________________________________________________________________

Thank you for completing this survey! Please return in the enclosed self-addressed, stamped envelope.