

**Online Supplementary Material**

Dresden GM, Baldwin L, Andrilla CHA, Skillman SM, Benedetti TJ. The influence of obstetric practice on workload and practice patterns of family physicians and obstetrician-gynecologists. *Ann Fam Med*. 2008;6(suppl 1):s5-s11.

[http://www.annfammed.org/cgi/content/full/6/suppl\\_1/s5/DC1](http://www.annfammed.org/cgi/content/full/6/suppl_1/s5/DC1)

**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.*)  

<input type="checkbox"/> For-profit clinic/organization (you are self-employed or a business partner)	<input type="checkbox"/> Tribal organization
<input type="checkbox"/> For-profit clinic/organization (you are not a business partner)	<input type="checkbox"/> Government (federal, state, or local)
<input type="checkbox"/> Private, nonprofit clinic/organization (not staff model HMO)	<input type="checkbox"/> Military
<input type="checkbox"/> Private, nonprofit staff model HMO	<input type="checkbox"/> 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.*)
- |   |  |
|---|--|
| <input type="checkbox"/> Occurrence coverage  | <input type="checkbox"/> Don't know what type of insurance     |
| <input type="checkbox"/> Claims-made coverage   | <input type="checkbox"/> Do not have any malpractice insurance |
| <input type="checkbox"/> Federal Tort Claims Act (FTCA) coverage → <b>SKIP TO QUESTION 16</b> | at this time → <b>SKIP TO QUESTION 16</b>                      |
15. Who pays for your professional medical liability (malpractice) insurance at this time?
- |  |   |
|--|---|
| <input type="checkbox"/> Practice (cost calculated for individual providers) | <input type="checkbox"/> Hospital               |
| <input type="checkbox"/> Group (cost distributed across all providers)       | <input type="checkbox"/> Other (specify: _____) |
16. For each of the years listed below, please indicate the limits of your professional liability insurance policy.
- | Year | Limits                              | OR | Don't Know               | In Practice but Did/Do Not Have Coverage | Not in Practice          |
|------|-------------------------------------|----|--------------------------|--|--------------------------|
| 2002 | \$ _____ million / \$ _____ million | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
| 2003 | \$ _____ million / \$ _____ million | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
| 2004 | \$ _____ million / \$ _____ million | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
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.*)
- | Year | Amount   | OR | Don't Know               | In Practice but Did/Do Not Have Coverage | Not in Practice          |
|------|----------|----|--------------------------|--|--------------------------|
| 2002 | \$ _____ | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
| 2003 | \$ _____ | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
| 2004 | \$ _____ | OR | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> |
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.)

	Have Done This	Have Not Done This	Not Applicable
Retired from practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocated practice within state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased gynecologic surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopped performing major gynecologic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added new services (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secured a loan to fund premium increases or tail coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidated holdings or accessed savings to fund premium increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced compensation (by _____%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced the number of providers in the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced liability insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other changes (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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**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             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased the # of deliveries             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased the amount of high-risk OB care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased c-section rate                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased OB consultation rate            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 (*I is most important*):

**Rank #**

- \_\_\_\_\_ Wanted more personal time
- \_\_\_\_\_ Lost/gained call or back-up arrangements
- \_\_\_\_\_ Age-related reason
- \_\_\_\_\_ Change in personal situation
- \_\_\_\_\_ Lost/gained OB providers in community
- \_\_\_\_\_ Change in patient demand
- \_\_\_\_\_ To increase my income
- \_\_\_\_\_ 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: \_\_\_\_\_)

**CONTINUE WITH QUESTION 26**

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 (*I 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?
- 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?  
\_\_\_\_\_  
\_\_\_\_\_

**SKIP TO QUESTION 33**

Online Supplementary Data

http://www.annfammed.org/cgi/content/full/6/suppl\_1/s5/DC1

26. Does your current liability (malpractice) insurer restrict your *personal* practice in any way?  
 **Yes** → Check all limitations that apply:  **No**  
 High-risk patients  Instrumented deliveries  
 Vaginal births after c-section (eg, vacuum extraction, forceps)  
 Acceptance of midwifery referrals/consults  Other (specify: \_\_\_\_\_)  
 Out-of-hospital birth
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: \_\_\_\_\_  
 No
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  Asian  
 Black or African American  Native Hawaiian/Pacific Islander  
 American Indian or Alaska Native  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.

HMO = health maintenance organization; OB = obstetrics; c-section = cesarean section.