Topline

KFF National Physician Survey on Reproductive Health:

March to September 2020

KFF

Kaiser Family Foundation (KFF) 2020 National Physician Survey on Reproductive Health

METHODOLOGY AND TOPLINE

Summary
The 2020 KFF National Physician Survey on Reproductive Health obtained responses from a nationally representative sample of OBGYNs practicing in the United States who provide sexual and reproductive health care to patients in office-based settings. The survey was designed and analyzed by researchers at KFF (the Kaiser Family Foundation). An independent research company, SSRS, carried out the fieldwork and collaborated on questionnaire design, pretesting, sample design, and weighting. KFF paid for all costs associated with the survey. Survey responses were collected via paper and online questionnaires from March 18 and September 1, 2020, from a random sample of 1,210 OBGYNs. All OBGYNs included in the sample were sent an invitation letter encouraging them to participate as well as an incentive, described below. The initial sample release in March 2020 corresponded with the emergence of the COVID-19 pandemic. As such, after the initial sample release, additional questions were added related to how the COVID-19 pandemic impacted providers. Among the 1,210 OBGYNs, 855 OBGYNs completed the additional questions related to COVID-19. The samples were weighted to match known demographics. Taking into account the design effect, the margin of sampling error for the total sample is +/-4 percentage points at the 95% confidence level. The margin of error for the sample who completed the COVID-19 supplemental section +/-6 percentage points. All statistical significance testing was set at $p < 0.05$.

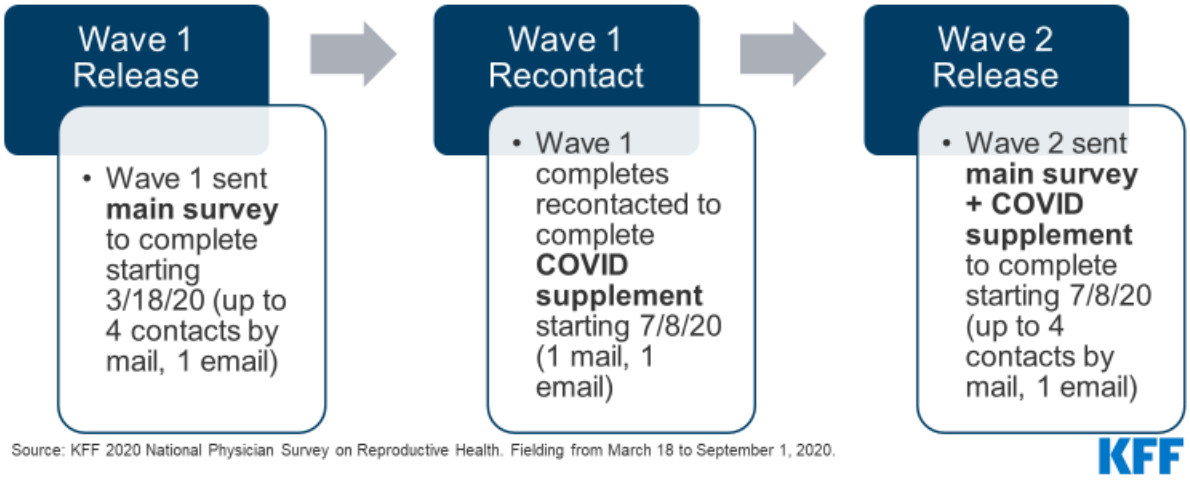
Sample Design
The sample of OBGYNs was procured from IQVIA via their OneKey Database. The OneKey database integrates provider information from various sources (e.g., IMS Health, SK&A, and Healthcare Data Solutions) and is continually updated through telephone and desktop research. The IQVIA OBGYN population universe is about 46,815 and a sample of 6,288 records were selected for this study. Using the survey questionnaire, the sample was then further screened to include only those who are board certified, spend at least 60% of their time providing direct patient care, and provide sexual and reproductive health care to at least 10% of their patients in an office-based setting.

A two-wave sample release design was used for this study to enable adjustments to the sample release and improve representativeness as a result of non-response. In Wave 1, the sample included an oversample of OBGYNs who work in rural areas, and those expected to be working in health centers/clinics and lower income areas, in order to obtain a reliable sample of these key groups of interest. ZIP code of the office, profit status of the facility and median income of the practice location were used as proxies to target these groups respectively. After the initial sample release, SSRS reviewed the productivity of the sample to model the second release. The number of OBGYNs working in a health center/clinic setting was lower than anticipated, therefore Wave 2 again included an oversample of these OBGYNs.

Contact Design
In an effort to maximize the survey completion rate, OBGYNs were contacted by multiple modes (mail, email) and offered the opportunity to complete the questionnaire either on paper or online. Those who completed the paper survey mailed back their responses using a prepaid reply envelope. OBGYNs were sent an up-front cash $2 bill incentive as well as an incentive check for $75 in the first two mailings to encourage respondents to complete the survey. Respondents received up to five communications for the main survey, four postal mailings and one email. The Wave 1 release corresponded with the emergence of the COVID-19 pandemic. As such, after the initial sample release, additional questions were added related to how the COVID-19 pandemic impacted providers. Wave 1 completes were recontacted and asked to complete these questions, with up to two additional communications, one postal and one email. The Wave 2 release was sent the main survey as well as the COVID-19 questions to complete **(Figure 1)**.

Figure 1

Contact Schedule for Survey: Fielding from March 18 to September 1, 2020



Source: KFF 2020 National Physician Survey on Reproductive Health. Fielding from March 18 to September 1, 2020.

Response Rate

The response rate for the OBGYNs was 22.1% and was calculated using AAPOR's RR3 (53% completes by web, 47% by mail).

Weighting

The sample was weighted in stages. The first stage of the weighting was the application of a base weight to account for the disproportionately-stratified samples and response rates across sample strata. In the second stage of weighting, the OBGYN sample was post-stratified to match the IQVIA frame on key variables. In the final stage, self-reported sample demographics were matched to population parameters from the AMA database. Qualified respondents' weights were then rebalanced to the total complete sample size. Because a selection of questions about COVID-19 were added to the survey after the first wave of sample had been released, a second weight was calculated based on respondents who received the supplement and was used for analyses of those questions.

Analysis

A series of data quality checks were run, including removing duplicate cases (n = 32). We compared survey responses by key physician and practice demographics. Gender, age and race were determined by physician self-report. Practice type was determined by physician self-report; those who indicated they work in private practice or a health maintenance organization were classified as "private office-based," while those who indicated they work in a community health center, a family planning clinic or a government operated health department were classified as "health center/clinic." Practice size was determined by the number of full-time equivalent (FTE) physicians or advance practice clinicians (small ≤ 3, medium 4-10, large >10). Urbanicity and region were determined by the ZIP code of the practice, using U.S. census definitions and breaks.

Demographics of Survey Respondents

Demographics of Survey Respondents		
Characteristic		**Unweighted n (%)**
Overall OBGYNs		**1210 (100%)**
Gender	Female	618 (51%)
	Male	587 (49%)
Age	<45	268 (22%)
	45-54	333 (28%)
	55-64	405 (33%)
	65+	186 (15%)
Race and ethnicity	White	858 (71%)
	Black	96 (8%)
	Asian	140 (12%)
	Other	116 (10%)
Practice type	Health Center/Clinic	168 (14%)
	Private Office-Based	1028 (85%)
Practice size	Large (>10 FTE)	225 (19%)
	Medium (4-10 FTE)	558 (46%)
	Small (≤ 3 FTE)	401 (33%)
Urbanicity	Urban	662 (55%)
	Suburban	253 (21%)
	Rural	260 (21%)
Region	Northeast	201 (17%)
	West	288 (24%)
	Midwest	275 (23%)
	South	446 (37%)
Medicaid Expansion State	Yes	793 (66%)
	No	417 (34%)
Share of Medicaid Patients	≥ 25%	572 (47%)
	<25%	622 (51%)
A small percentage of respondents left demographic questions blank or their responses were unspecified, including 5 (0.4%) for gender, 18 (1%) for age, 14 (1%) for practice type, 26 (2%) for practice size, and 35 (3%) for urbanicity.		

SECTION A: PATIENT CARE OVERVIEW

1. Are you board certified as an OBGYN or Family Medicine physician?

Yes, I am a board-certified OBGYN	Yes, I am a board-certified Family Medicine physician	No, I am <u>not</u> a board-certified OBGYN or Family Medicine physician
100	-	-

If you are a board-certified OBGYN or Family Medicine physician (N=1,210):

2. What **<u>percentage of your work time</u>** is spent providing direct patient care?
(Please include time seeing patients, following up with patients, time on call, and handling administrative tasks related to patient care. Do not include time spent on other activities such as research or non-clinical teaching.)

Less than 10%	10% to 29%	30% to 59%	60% to 74%	75% or more
-	-	-	8	92

If you spend <u>60% or more of your time in direct patient care</u>:

3. As part of your work as a physician, do you currently provide sexual and reproductive health care in an office-based setting?
(Sexual and reproductive health does not need to constitute the entirety of your practice, just a portion of your services.)

Yes	No
100	-

If you currently provide sexual and reproductive health care in an office-based setting:

4. For what **<u>percentage of your patients</u>** do you provide sexual and reproductive health services?
(This may include STI screening/treatment, contraceptive management, pregnancy testing, pap smears, counseling, etc.)

Less than 10%	10% to 24%	25% to 49%	50% or more
-	9	16	75

Please continue to Q5 if you provide sexual and reproductive health services for at least 10% of your patients and at least 60% of your time providing direct patient care. All else skip to Q53 (page 10)

SECTION B: INSURANCE COVERAGE

5. Please estimate the proportion of your patients with each insurance type at your **primary** practice:
(If you practice in more than one location, please answer based on the practice where you spend the majority of your time providing clinical care.)
(Your best estimate is fine.)

	Private Insurance	Medicaid	Medicare	Uninsured	Other (e.g., Veteran's Affairs, Military Health, TRICARE, CHAMPUS)
0%	*	9	4	10	10
1-24%	13	36	72	64	55
25-49%	21	28	9	3	1
50-74%	33	13	1	1	*
75% or more	28	5	*	*	2
*Blank	5	10	13	22	33

6. Does your practice accept patients with Medicaid?

Yes, my practice accepts Medicaid and is currently accepting new Medicaid patients	Yes, my practice accepts Medicaid but is not taking new Medicaid patients at this time	No, my practice does not accept Medicaid	*Blank
72	5	20	2

If your practice accepts Medicaid (N=976):

7. What share of your Medicaid patients are enrolled in managed care arrangements?
(Your best estimate is fine.)

	Percent
Less than 25%	22
25-49%	11
50-74%	27
75% or more	35
*Blank	4

8. How does Medicaid compare with most private insurance plans, regarding the **ability to find specialists who accept referrals?** Would you say finding specialists who accept referrals for **Medicaid patients** is:

Much easier	Somewhat easier	About the same as for patients with private plans	Somewhat harder	Much harder	*Blank
1	3	23	45	28	1

9. Thinking about health care services in general, how does Medicaid compare to most private insurance plans when it comes to **how much you are paid?** Would you say **Medicaid pays**:

Much more	Somewhat more	About the same as most private plans	Somewhat less	Much less	*Multiple-response	*Blank
*	1	7	41	49	*	1

SECTION C: METHODS OF CONTRACEPTION

10. At your practice, are each of the following typically:

	Prescribed onsite or over the phone	Not prescribed; patients are referred to another provider	Neither available onsite or through referral to another provider	*Multiple-response	*Blank
a. Oral contraceptive pills (OCPs)	98	*	*	-	1
b. The patch	91	3	4	-	3
c. Vaginal ring	96	1	1	*	2
d. Diaphragms or cervical caps	65	13	19	-	4

11. At your practice, are contraceptive **injectables (Depo-provera)** typically:

Prescribed or provided onsite	Not provided onsite; patients are referred to another provider	Neither available onsite or through referral to another provider	*Blank
95	2	2	1

If your practice provides injectables onsite (N=1,159):

12. Do you stock contraceptive **injectables**?
(Please answer yes if you typically have injectables available onsite, rather than ordering them upon patient request or having patients pick up from a pharmacy.)

Yes	No	*Blank
51	49	*

13. At your practice, are **intrauterine devices (IUDs)** typically:

Prescribed or provided onsite	Not provided onsite; patients are referred to another provider	Neither available onsite or through referral to another provider	*Blank
96	2	*	1

If your practice provides IUDs (N=1,160):

14. Do you stock **IUDs**?
(Please answer yes if you typically have IUDs available onsite, rather than ordering them upon patient request.)

Yes	No	*Blank
79	21	*

15. How many visits do you typically require to insert an **IUD**?

Same day placement (one visit)	2 visits	3 or more visits	*Multiple-response	*Blank
40	58	1	1	*

16. At your practice, are **contraceptive implants (Nexplanon)** typically:

Prescribed or provided onsite	Not provided onsite; patients are referred to another provider	Neither available onsite or through referral to another provider	*Blank
84	12	2	2

If your practice provides implants (N=1,010):

17. Do you stock **contraceptive implants**?
(Please answer yes if you typically have implants available onsite, rather than ordering them upon patient request.)

Yes	No	*Blank
73	27	*

18. How many visits do you typically require to insert a **contraceptive implant**?

Same day placement (one visit)	2 visits	3 or more visits	*Multiple-response	*Blank
39	60	*	1	*

19. For patients seeking contraceptive services, what portion request information on fertility awareness-based methods **for pregnancy prevention**?
(This may include the calendar rhythm method, cervical mucus or basal body temperature monitoring to avoid pregnancy.)

Most (>50% of patients)	Some (26-50% of patients)	A minority (1-25% of patients)	None (0% of patients)	*Blank
12	8	69	9	2

20. For the purposes of **emergency contraception**, do you provide/prescribe:

	Yes	No	*Multiple-response	*Blank
a. Copper IUDs	45	53	*	2
b. Ulipristal acetate (Ella)	42	55	*	3

If your practice accepts Medicaid (N=976):

21. Have any of the following coverage limitations been imposed by the Medicaid managed care plan you bill most often?
(Please answer this question about your experiences with Medicaid fee-for service, if that accounts for the majority of the Medicaid patients in your practice.)

	Yes	No	Not sure	*Blank
Prior authorization required for specific contraceptives	45	32	22	1
Patients must first use certain contraceptive methods before “stepping up” to more costly ones, also known as “step therapy”	18	59	22	1
Limited to a 30-day initial supply for some prescription contraceptive methods	33	41	24	2
No immediate replacement for IUD or implant that had been removed or expelled	15	47	36	2

SECTION D: CARE FOR SEXUALLY TRANSMITTED INFECTIONS (STIS)

22. Is onsite testing available at your practice for the following STIs?

	Yes, collect samples and process onsite	Yes, collect samples onsite but send out for processing	No, do not collect samples onsite	*Multiple-response	*Blank
Gonorrhea and chlamydia	38	61	*	*	*
Syphilis	34	56	9	-	*
HIV	34	53	12	*	*

23. Do you prescribe pre-exposure prophylaxis (PrEP) for the prevention of HIV?

Yes	No	*Multiple-response	*Blank
18	81	*	*

24. How often do you prescribe expedited partner therapy for sex partners of your patients being treated for gonorrhea or chlamydia?
(Expedited partner therapy means you would prescribe treatment for your patient's sex partner(s) without an in-person medical evaluation of their partner(s).)

Always	Often	Sometimes	Rarely	Never	*Multiple-response	*Blank
33	21	15	15	15	*	1

SECTION E: OTHER PRACTICE SERVICES

For questions 25 and 26, please think about how your practice may address health and social needs.

25. At your practice, who is screened for each of the following health and social needs?
(This could be through an in-person or written screening procedure)

	All patients are screened	Some patients are screened	No one is screened	*Multiple-response	*Blank
Intimate Partner Violence (IPV)/Domestic violence (among female patients)	70	26	4	-	1
Depression	71	26	2	-	1
Housing needs	19	33	47	-	1
Transportation needs	17	37	45	*	1

26. In the event a patient screens positive or discloses each of the following health and social needs, how does your practice typically respond?

	You have resources or a social worker available onsite	You refer to appropriate resources/agencies	You do not have resources to address nor refer	*Multiple-response	*Blank
Intimate Partner Violence (IPV)/ Domestic violence	22	75	2	1	1
Depression	31	66	1	1	1
Housing needs	17	55	27	*	1
Transportation needs	18	53	27	*	2

27. At your practice, how are the following services **typically** handled?

	Provided within your practice	Patients referred to another provider (not provided within your practice)	Neither provided, nor referred to another provider	*Multiple-response	*Blank
Pap smears and HPV testing	98	1	*	-	1
Colposcopies	96	3	*	-	*
Basic infertility diagnostic services *(This may include, lab testing, pelvic ultrasound, semen analysis, etc.)*	90	8	*	1	1
Prenatal care for low risk pregnancies	88	11	1	-	1
Medication abortions for pregnancy termination	20	65	13	*	2
Aspiration abortions for pregnancy termination	19	64	14	*	3

If your practice does not provide any abortions (N=999):

28. Please indicate any reasons for not providing abortions at this time.
(Select all that apply)

	Percent
You personally oppose this practice	31
Abortion services are readily available in other locations	45
The practice (or institution) where you work has a policy against performing abortions for pregnancy termination	49
There are too many legal regulations associated with abortion	17
Concerns about safety for you and your staff	15
You don't have adequate training	10
Other	8
*Blank	4

29. Are gender affirming services available for transgender patients at your practice?
(This may include hormone therapy or gender affirming surgery.)

Yes, provided within your practice	No, patients are referred to another provider	No, neither provided, nor referred to another provider	Not sure	*Multiple-response	*Blank
28	55	9	7	*	1

30. How prepared do you **personally** feel you are to meet the sexual and reproductive health care needs **of lesbian, gay, bisexual and queer or questioning patients**?

Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	*Multiple-response	*Blank
42	46	9	2	*	1

31. How prepared do you **personally** feel you are to meet the sexual and reproductive health care needs **of transgender patients**?

Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	*Multiple-response	*Blank
17	39	30	13	*	1

SECTION F: PATIENT COST CONSIDERATIONS

32. When you make diagnostic and treatment recommendations for your patients, how often are you aware of the magnitude of their out-of-pocket costs?

Always	Often	Sometimes	Rarely	Never	*Multiple-response	*Blank
14	39	31	13	2	*	*

33. How often does the issue of affordability come up when you recommend tests or treatment to your patients?

Always	Often	Sometimes	Rarely	Never	*Blank
11	42	38	7	1	*

34. Do you think the cost of reproductive health services poses a major financial burden, a minor financial burden, or no financial burden for low-income patients in your practice?

Major financial burden	Minor financial burden	No financial burden	*Multiple-response	*Blank
55	37	7	*	1

SECTION G: HEALTH CARE CLIMATE

35. Beginning in 2012, nearly all private insurance plans were required to cover contraceptive services and supplies without cost-sharing. Since this regulation was implemented, how has the share of patients who use **any** contraceptive method in your practice changed?

Significantly increased	Somewhat increased	No impact	Somewhat decreased	Significantly decreased	*Blank
23	40	34	2	*	1

36. Since nearly all private insurance plans were required to cover contraceptive services and supplies without cost-sharing in 2012, how has the share of patients who are able to select their **desired** contraceptive method in your practice changed?

Significantly increased	Somewhat increased	No impact	Somewhat decreased	Significantly decreased	*Blank
26	43	27	3	*	1

37. How closely have you followed developments or news regarding federal and state policy debates on reproductive health (including abortion regulations, Title X changes, etc.)?

Very closely	Fairly closely	Not too closely	Have not followed at all	*Blank
22	46	27	4	*

38. In the past few years, several states across the country have passed laws regulating abortion, including gestational age limits, waiting periods, and regulations on abortion providers and facilities. What impact, if any, has the passage of these laws had on your ability to provide high quality reproductive health care to your patients?

Positive impact	Negative impact	No impact	*Multiple-response	*Blank
3	28	68	*	1

SECTION H: EFFECTS OF COVID-19

The COVID-19 public health emergency in the U.S. has had a profound impact on us all. We particularly are interested in how the COVID-19 pandemic has impacted the way you provide care, and the way your practice has adapted to these changes.

Questions 39-52 were asked of a subset of respondents included in a second sample release (July 8 to September 1, 2020). (N=855)

39. Thinking about telehealth visits (e.g. virtual visits conducted via video or phone), what percentage of your practice visits were via telehealth:
(Your best estimate is fine.)

	Before the start of the COVID-19 emergency in the U.S. (March 1, 2020)	In June 2020
0%	86	14
1-10%	10	39
11-20%	1	19
21-30%	*	12
31-40%	-	2
41-50%	1	3
51-60%	*	3
61-70%	-	1
71-80%	-	4
81-90%	*	1
91-100%	*	*
*Blank	1	1

If your practice is currently seeing telehealth patients (N=697):

40. Which of the following challenges, if any, have you experienced in using telehealth in your practice:
(Select all that apply.)

	Percent
Lack of training on how to use telehealth effectively	26
Lack of guidance on telehealth best practices	29
Limitations in conducting a physical exam via telehealth	76
Inability to conduct diagnostic testing via telehealth	51
High financial costs associated with establishing a telehealth program	6
Some of my patients have trouble using telehealth	63
None of these	8
*Blank	1

41. Compared to before the coronavirus started spreading widely in the U.S. in March, is the current number of patient visits at your practice in June 2020 (including telehealth and in person):

A lot more	Somewhat more	About the same	Somewhat less	A lot less	*Blank
2	8	35	37	17	*

If your practice is seeing fewer patient visits (N=477):

42. Which of the following do you think is the **primary** driver of the decline in patient volume at your practice:

State restrictions on health care services	Practice specific limitations *(e.g. policies to limit number of patients, limited PPE, inability to transition to telehealth, etc.)*	*Fewer* patients seeking care	*Multiple-response	*Blank
7	37	45	11	*

43. Please indicate if, and how, you are currently providing the following services during the COVID-19 emergency: *(Select all that apply.)*

	Providing this service in-person	Providing this service via telehealth	Not currently providing this service	*Blank
LARC placement	92	N/A	5	2
IUD removal	95	2 *(i.e., instructing patients on IUD self-removal)*	2	2
Contraceptive injections	93	3 *(i.e., instructing patients on SQ self-injection)*	3	2
Prescription of hormonal contraceptive pills	75	51	*	2
STI testing for symptomatic patients	94	9	1	1

44. After the resolution of the COVID-19 emergency, on average, how much would you need to be reimbursed compared to in-person care to offer telehealth care?

The same as in-person care	75-99%	50-74%	Less than 50%	Will not offer telehealth	*Blank
52	28	9	2	7	1

45. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **contraceptive care** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
23	41	25	11	1

46. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **prenatal care** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
29	37	20	12	1

47. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **follow-up for an abnormal pap smear** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
20	40	29	9	1

48. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **STI treatment** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
30	38	22	9	1

49. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **obtaining an abortion** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Multiple-response	*Blank
37	27	16	18	*	2

50. How has the COVID-19 emergency affected your ability to address your patients' **reproductive preventive care needs** *(e.g. STI screening, cervical cancer screening)*?

Easier to address	No change	Somewhat more difficult to address	Much more difficult to address	Nearly impossible to address	*Blank
1	28	55	15	1	1

51. How has the COVID-19 emergency affected your ability to address your patients' **chronic gynecological conditions** *(e.g. fibroids, menopause, endometriosis)*?

Easier to address	No change	Somewhat more difficult to address	Much more difficult to address	Nearly impossible to address	*Blank
*	21	61	14	1	1

52. Which of the following, if any, has your practice experienced because of the impact of COVID-19? *(Select all that apply.)*

	Percent
Closed the practice temporarily	13
Closed the practice permanently	1
Merged with another practice	3
Reduced operating hours	56
Furloughed or laid of non-clinical staff	37
Furloughed or laid off clinicians	16
Reduced pay for non-clinical staff	17
Reduced pay for clinicians	39
None of these	19
*Blank	*

SECTION I: PRACTICE CHARACTERISTICS AND PATIENT DEMOGRAPHICS

Base: Total Sample (N=1,210)

53. Which of the following best describes your **primary** practice setting?
*(If you practice in more than one setting, please indicate where you spend the **majority** of your time providing direct patient care.)*

	Percent
Private practice (solo, group, owned by a health system/hospital)	77
Health Maintenance Organization (e.g., Kaiser Permanente, Emblem Health in NY)	6
Community clinic or health center (e.g., FQHC, rural health center, Indian health center)	7
Reproductive healthcare or family planning clinic (e.g., Planned Parenthood	1
Government operated (e.g., VA, state or county health department)	1
Other	7
*Multiple-response	*
*Blank	1

If "Other" type of practice (N=70):

54. Which comes closer to describing your practice setting?

Private practice	Publicly-funded clinic	*Multiple-response	*Blank
43	45	3	9

55. What is the zip code of your practice?
(*If you practice in more than one location, please provide the zip code of the practice where you spend the majority of your time providing clinical care.)*

Urban	Suburban	Rural	Undetermined
59	24	13	5

56. Including yourself, how many full-time equivalent (FTE) doctors or advance practice clinicians, are in your practice? Please respond based on your clinic/practice rather than at your institution as a whole.
(Advanced practice clinicians include nurse practitioners, physician assistants, and midwives.)
(For example, one doctor working 5 days a week and another doctor working 2 days a week = 1.4 FTE; 2 fulltime doctors = 2.0 FTE)

Small: 3 or less	Medium: More than 3 to 10	Large: More than 10	Unspecified
28	50	20	2

57. What percentage of the patients in your practice are:
(Your best estimate is fine.)

	Women age 15-49	Men age 15-49
0%	*	58
1-10%	*	7
11-20%	*	1
21-30%	1	2
31-40%	2	1
41-50%	7	2
51-60%	11	1
61-70%	15	*
71-80%	24	*
81-90%	9	-
91-100%	30	*
*Blank	1	29

SECTION J: PHYSICIAN DEMOGRAPHICS

58. Based on your experience as a physician, if you could do things again, would you:

Choose the same specialty	Choose a different specialty	Not be a physician at all	*Multiple-response	*Blank
70	19	10	1	*

59. What is your age?

Under 35	35-44	45-54	55-64	65 or older	*Blank
5	32	25	22	16	2

60. What is your gender?

Male	Female	Non-binary	Unspecified
36	64	1	*

61. What is your race or ethnicity?
(Select all that apply.)

	Percent
a. White	70
b. Hispanic, Latino or Spanish origin	5
c. Black or African American	10
d. Asian	12
e. Other	4
*Blank	*

62. Generally speaking, do you consider yourself as:

A Republican	A Democrat	An independent	Something else	*Multiple-response	*Blank
27	40	25	6	*	2

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