KAISER FAMILY FOUNDATION/COMMONWEALTH FUND 2015 NATIONAL SURVEY OF PRIMARY CARE PROVIDERS

SURVEY METHODOLOGY

The Kaiser Family Foundation/Commonwealth Fund *2015 National Survey of Primary Care Providers* was jointly designed and analyzed by researchers at the Kaiser Family Foundation (KFF) and The Commonwealth Fund. Social Science Research Solutions (SSRS) carried out the fieldwork and collaborated with Kaiser and Commonwealth Fund researchers on questionnaire design, pretesting, sample design, and weighting. The Kaiser Family Foundation and The Commonwealth Fund each contributed financing for the survey. The project team included Liz Hamel, Mira Norton, and Mollyann Brodie from KFF; and Michelle Doty, Jamie Ryan, Rose Kleiman, Melinda Abrams, and Anna-Marie Audet from The Commonwealth Fund.

Survey responses were collected via hard copy and web-based questionnaires between January 5 and March 30, 2015 with a random sample of 1,624 primary care physicians and a separate random sample of 525 nurse practitioners (NPs) and physician assistants (PAs) working in primary care practices. The surveys achieved the following response rates, calculated using AAPOR's RR3: physicians (34%), NPs (29%) and PAs (25%).

The sample for physicians was procured from SK&A, which maintains a national database of physicians that is continuously updated by a telephone verification process. Physicians drawn for the sample were those whose specialty was listed in the SK&A database as either general practice, family practice, internal medicine, adolescent medicine, internal medicine pediatrics, general pediatrics, or geriatrics. Physicians were further screened to include only those who indicated in the survey that they spend at least 60 percent of their work time providing care to patients as a primary care provider. The physician sample included an oversample of physicians working in low-income areas (those whose office is located in a zip code where the average annual household income is $55,000 or less) and those working in Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs).

The sample for NP/PAs was procured from KM Lists, which uses publicly-released data available from state licensing boards and information from professional associations and journal subscriptions to develop and update its database. Unlike physicians, specialty type for NPs and PAs does not necessarily correspond with the practice setting in which they work. Therefore, a broader list of specialties was included. NPs and PAs drawn for the sample were those whose specialty was listed in the database as family medicine, internal medicine, adult medicine, adolescent medicine, pediatrics, internal medicine pediatrics, geriatrics, preventive medicine, osteopathy, women's health, or community/public health. The sample also included NPs and PAs whose specialty type was listed as "unknown" (these were undersampled relative to the other listed specialties). NPs and PAs were further screened to include

only those who indicated in the survey that they are currently working in a primary care practice and that they spend at least 60 percent of their work time providing care to patients as a primary care provider.

In an effort to maximize contact and completion rates, providers were contacted by multiple modes (mail, telephone, and email), offered incentives, and given the option of completing the survey in hard copy or online.

A multi-stage weighting process was applied to ensure an accurate representation of the national population of primary care physicians and NPs/PAs. The first stage in weighting both samples involved corrections for sample design and differential non-response by email availability. Physician survey data were weighted by gender, age, specialty type, region, and site specialty using benchmarks in the 2014 AMA Physicians Masterfile; and number of MDs at site using benchmarks in the SK&A list of primary care MDs. NP and PA data were weighted by gender and specialty type using benchmarks in the KM Lists. The physician sample was analyzed separately from the NP and PA sample.

All statistical tests of significance account for the effect of weighting. The margin of sampling error (MOSE) including the design effect is plus or minus 3 percentage points for MDs and plus or minus 3 percentage points for MDs in non-pediatric specialties. For results based on other subgroups the margin of sampling error may be higher.

Group	N (unweighted)	MOSE
All primary care MDs	1624	±3 percentage points
Non-pediatric primary care MDS	1257	±3 percentage points