

**Appendix 1 (as supplied by the authors): Physician questionnaire**

**1. In what year did you begin working as a staff physician in Calgary?**

**\*\* Does not include trainees, residents, fellows.**

Year: \_\_\_\_\_

**2. What is your medical specialty?**

- A. Surgery
- B. Pediatrics, please specify:  hospitalists       emergency       subspecialists
- C. Psychiatry
- D. Internal medicine (includes cardiology, neurology, ICU)
- E. If other, please specify: \_\_\_\_\_

**3. In what type of setting did you practice in 2009? Select all that apply.**

- A. Teaching hospital outpatient clinics (including Alberta Children's Hospital, Foothills Medical Centre, Rockyview General Hospital and Peter Lougheed Centre)
- B. Teaching hospital inpatient setting
- C. If other, please specify: \_\_\_\_\_

**4. How long have you practiced medicine as a staff physician?**

**\*\* Does not include trainees, residents, fellows.**

- A. less than 5 years
- B. 5 to 15 years
- C. more than 15 years

**5. Were you part of an alternative payment plan in 2009?**

**\*\* An alternative payment plan (APP, ARP, AFP) is a payment agreement where physicians receive a salary or a set wage instead of being paid per procedure or clinical visit completed.**

**\*\*You are fully compensated by your departmental APP (even though your APP may receive part of the funding through you salary awards, etc). Please select answers most applicable to you.**

- A. Yes- I am fully compensated through an APP  
When did you start to be compensated through an APP?  
Year: \_\_\_\_\_ Month: \_\_\_\_\_

- B. Yes- I am partly compensated through an APP  
When did you start to be partially compensated through an APP?  
Year: \_\_\_\_\_ Month: \_\_\_\_\_
- C. No, I was compensated through fee-for-service in 2009. If so, skip to question 10.

**6. Were you on a fee-for-service billing program prior to being on your current alternative payment plan?**

**\*\* A fee-for-service billing program is where physicians are paid per procedure or clinical visit completed**

- A. Yes  
B. No  
C. Unsure  
D. Not applicable

**7. Are you obligated to shadow bill under your alternative payment plan contract?**

**\*\* Shadow billing is billing that is done for administrative purposes rather than for physician remuneration**

- A. Yes, I am obligated  
B. Yes, it is recommended  
C. No  
D. Unsure

**8. If your program or department has an APP, does it use any type of incentives (e.g., personal income increases tied to shadow billing) to promote the use of shadow billing under your current alternative payment plan?**

- A. Yes  
B. No  
C. Unsure  
D. Not applicable

**9. What is your gender?**

- A. Male  
B. Female

**10. What is your age?**

- A. less than 30 years
- B. 30 to 39 years
- C. 40 to 59 years
- D. greater than 59 years

**We will need your physicians PRAC ID (i.e. billing number) in order to link your claims data with Alberta Health and Wellness and chart data for patients you have seen in 2009. We will scramble the ID once data linkage is completed.**

PRACID Number: \_\_\_\_\_

**Please provide the ID number assigned to you in the email you received regarding this survey.**

\*\* All physicians who complete this survey and provide their ID numbers will be eligible to win a \$200.00 gift certificate from Chapters.

ID Number: \_\_\_\_\_

**Would you like a copy of the final study results sent to your email?**

Email Address: \_\_\_\_\_

- A. Yes
- B. No

Thank you again for taking the time to complete this survey!