

Primary Care and Geriatric Health Professionals Survey

[Practice name]
[Practice address]
[City, State ZIP]



March 2018

Conducted by
Mathematica Policy Research

MATHEMATICA
Policy Research

BEGIN HERE

11. Are you currently working as a primary care or geriatric clinician who provides care to patients 65 and over?

- ₁ Yes, currently working as a clinician in a primary care or geriatric practice → **GO TO SURVEY INSTRUCTIONS BELOW**
- ₀ No →

Thank you for your time. If you answered **NO**, please return the survey without completing it so that we will not contact you again. Return the questionnaire in the enclosed envelope, or mail to:

Health Professionals Survey Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393

SURVEY INSTRUCTIONS

Please answer each question unless instructed to skip over it. Write in your responses as clearly as possible. Multiple choice questions will tell you to either “MARK ONE ONLY” or “MARK ALL THAT APPLY.” Mark checkboxes with a check or an X mark, for example:

Ex. How would you rate today’s weather?

- ₁ Too hot
- ₂ Too cold
- ₃ Just right

When asked to write in a number, please enter the digits as shown below, with one digit per box:

Ex. Approximately how many minutes does it take you to commute to work?

MINUTES

PLEASE NOTE: You are sometimes told to skip over some questions in this survey. When this happens you will see arrows directing you to your next question, for example:

- ₁ Yes
- ₀ No → **GO TO A1**

When you do not see these instructions, please continue to the next numbered question.

If you have any questions about the survey, please contact Mathematica at healthprof.survey@mathematica-mpr.com.

Thank you for taking the time to complete this survey! **When answering these survey questions, please think about the practice location listed on the cover of this questionnaire.**

SECTION A: CARE FOR ADULT PATIENTS AGE 65 AND OVER

This section asks about the care you provide to adult patients age 65 and older. When we ask about “frail older adults,” we are referring to patients who typically need assistance with activities of daily living, have multiple chronic or complex illnesses, have elevated fall risk, and/or have an increased risk of dying in the next 2-3 years.

A1. How much do you agree or disagree with the following statements about the care of frail older adults?

MARK ONE FOR EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I enjoy caring for frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b. Frail older adults should be cared for by clinicians with formal training in geriatrics or gerontology	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c. My education and training have prepared me to deliver excellent care to frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d. I have enough time in my schedule to manage the social service needs of frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e. My practice routinely measures the patient experience of frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f. Our practice is designed to provide primary care to frail older adults in their homes	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g. Our practice receives the quality data we need to improve the care we provide to frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h. Our practice cannot afford to increase the services we provide to frail older adults	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

A2. What health or social services are the most difficult to provide or arrange for your frail older adult patients who live in the community?

A3. In your practice, who usually provides the following services to all patients age 65 and over?

MARK ONE OR MORE FOR EACH ROW

	MDs	NPs/ APRNs	PAs	RNs	Social workers	Other licensed health professionals	Other non- licensed staff	No one/ N/A
a. Assessment of adherence to medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Assessment of vision and hearing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Assessment of oral health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Assessment of ability to perform activities of daily living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Assessment of fall risk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Assessment of social issues (e.g. isolation, financial stress)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Assessment of cognitive status, including diagnosis of dementia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
h. Care coordination at care transitions to/from hospitals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
i. Treatment of common mental health conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
j. Treatment of substance use disorders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
k. Complex chronic care management (e.g. CPT 99487, 99489 and 99490)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
l. Patient teaching or education for chronic disease management (diabetes, CHF)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
m. Advanced Care Planning (discussion of advanced directives, e.g. CPT 99497 and 99498)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
n. Annual Wellness Visit (e.g. CPT G0438 and G0439)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
o. Visits for new or established chronic conditions not yet well controlled	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
p. Follow-up visits for controlled chronic conditions (e.g. CHF, diabetes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
q. Visits for acute, non-emergent symptoms (UTI, GI)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
r. Carries beeper and answers night and weekend calls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

A4. Do you, or does someone else in your practice, administer any of the following assessments to all patients age 65 and over?

MARK ONE FOR EACH ROW

	Yes, routinely	Yes, as needed	No	Don't know
a. PHQ-2 or PHQ-9 Depression Screen or Geriatric Depression Scale	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₀	<input type="radio"/> _d
b. Frailty Screen or Scale (<i>specify</i>) _____	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₀	<input type="radio"/> _d
c. Montreal Cognitive Assessment (MoCA)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₀	<input type="radio"/> _d
d. Timed Up and Go (TUG)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₀	<input type="radio"/> _d
e. Other routine assessments for older adults (<i>specify</i>) _____	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₀	<input type="radio"/> _d

A5. Which of the following services does your practice provide to all patients age 65 and over?

MARK ALL THAT APPLY

- ₁ Transportation to office visits
- ₂ Mobile health services
- ₃ Remote monitoring
- ₄ Portal to electronic health record
- ₅ Telehealth or telemedicine visits
- ₆ Clinic or visits at assisted living facilities
- ₇ Other (*specify*) _____

A6. Which of the following services does your practice provide to informal or family caregivers (whether the caregivers are your patients or are assisting your patients)?

MARK ALL THAT APPLY

- ₁ Resources such as informational materials, website, library, books, videos, or other tools
- ₂ Health assessment (e.g. caregiver burden, depression, stress-related illness)
- ₃ Support groups
- ₄ Formal teaching or education about providing assistance with activities of daily living
- ₅ Formal teaching about providing assistance with disease and/or medication management
- ₆ Other (*specify*) _____
- ₇ None

SECTION B: YOUR CLINICAL PRACTICE AND TEAM

B1. Please indicate your level of agreement or disagreement with the following statements about your practice.

MARK ONE FOR EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
a. I routinely spend time on clinical tasks that could be done by someone with less training	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
b. I feel valued by my physician colleagues	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c. I feel valued by my nurse colleagues	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d. I feel valued by my social worker colleagues	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e. My role in this practice is clear to me	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
f. Our practice has clear leadership	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
g. My colleagues and I are an excellent team	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
h. Our practice includes informal or family caregivers in the care team for our patients	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

B2. How long is your standard scheduled patient visit for each of the following?

MINUTES

a. Annual wellness visit or physical for an average adult patient	<input type="text"/>	<input type="text"/>
b. Annual wellness visit or physical for a frail older adult	<input type="text"/>	<input type="text"/>
c. Routine visit for an average adult patient	<input type="text"/>	<input type="text"/>
d. Routine visit for frail older adult	<input type="text"/>	<input type="text"/>

B3. Approximately how many patient visits or encounters do you personally provide in a TYPICAL WEEK of work at your practice for each of the following? Your best estimate is fine.

Total number of visits/encounters for....	NUMBER OF PATIENT VISITS IN A TYPICAL WEEK	Don't know
a. All patients under age 65	<input type="text"/>	<input type="radio"/> _d
b. All patients age 65 and older	<input type="text"/>	<input type="radio"/> _d
c. Frail patients age 65 and over (subset of item b)	<input type="text"/>	<input type="radio"/> _d

B4. What is the size of your patient panel? The patient panel is the number of unique patients for whom you are responsible for providing acute, chronic and preventive care in a year.
Your best estimate is fine.

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PATIENTS

B5. Many practices have subgroups of professionals and staff who work together on a regular basis and share a group or panel of patients. Do you use this model to provide care to your patients?

₁ Yes
₀ No → GO TO B7

B6. Please identify the subgroup of staff that would typically manage a patient together. If there is more than one model in your practice, please mark the group in which you work personally.

MARK ALL THAT APPLY

<input type="checkbox"/> ₁ Physician <input type="checkbox"/> ₂ Nurse Practitioner/Advance Practice Nurse <input type="checkbox"/> ₃ Physician Assistant <input type="checkbox"/> ₄ Registered Nurse	<input type="checkbox"/> ₅ Medical Assistant <input type="checkbox"/> ₆ Licensed Social Worker <input type="checkbox"/> ₇ Other (<i>specify</i>) _____ <input type="checkbox"/> ₈ Other (<i>specify</i>) _____
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B7. During a TYPICAL WEEK of work, approximately how many hours do you spend on each of the following clinical activities? Please exclude hours when you are on-call but not providing patient care.
Round up to the nearest hour, as necessary. Please enter "00" for activities that you do not spend any time on in a typical week.

	HOURS	
a. Providing in-person evaluation and management services in the office		
b. Providing in-person evaluation and management services in a patient's home or residence		
c. Providing in-person patient education visits in the office		
d. Providing virtual telemedicine or telehealth consultation to patients by computer		
e. Telephone calls for patient triage or consultation		
f. Patient care notes or documentation (outside of in-person or phone encounters)		
g. Formal meetings or huddles with the patient care team		
h. Communication with other providers about care coordination (outside of formal meetings)		
i. Communication with informal or family caregivers		
j. Clinical administrative tasks (e.g. patient-related office work, billing, prior authorizations)		
k. Other (<i>specify</i>) _____		

B8. During a TYPICAL WEEK, approximately how many hours do you spend engaged in each of the following activities?
 Exclude hours when you are on call but not providing patient care. Please enter "00" for activities that you do not spend any time on in a typical week.

	HOURS
a. Your usual clinical activities at work for which you are compensated	<input type="text"/> <input type="text"/>
b. Paid professional activities OTHER than your usual clinical activities (continuing professional education, teaching, research, and administrative tasks)	<input type="text"/> <input type="text"/>
c. Unpaid professional activities (continuing professional education, teaching, research, administrative tasks)	<input type="text"/> <input type="text"/>
d. Unpaid assistance to family members, friends and colleagues who request your professional advice or expertise	<input type="text"/> <input type="text"/>

B9. How many of the following employees work full time or part time in your practice? If you do not have these employees at your practice, please enter "00."
 Next, please indicate if any of the employees have any specialized training, as noted below. If no one has this specialized training, please mark the circle in the final column.

	FILL IN EACH SPACE IN EACH ROW		MARK ALL THAT APPLY				No one has this specialized training N/A
	Full time	Part time	Geriatrics/ Gerontology	Palliative Care/ Hospice	Mental Health	Don't Know	
a. Physician	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
b. Nurse Practitioner/ Advance Practice Nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
c. Registered Nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
d. Licensed Social Worker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
e. Physician Assistant	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
f. Community Health Worker, Patient Navigator	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
g. Administrative and Managerial Staff	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n
h. Other (<i>specify</i>) _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> _d	<input type="radio"/> _n

B10. If your practice had the resources to hire additional personnel within the next month, what type(s) of professional or staff member would help to increase the quality of the care your practice provides to frail older adults?

MARK UP TO TWO

- ₁ Physician
- ₂ Nurse Practitioner or Advance Practice Nurse
- ₃ Registered Nurse
- ₄ Physician Assistant
- ₅ Licensed Social Worker
- ₆ Community Health Worker or Patient Navigator
- ₇ Medical Assistant
- ₈ Other (*specify*) _____

B11. If your practice had a reduction in resources and had to reduce personnel within the next month, what type(s) of professionals or staff member would you cut to make your practice more efficient?

Specify _____

Specify _____

SECTION C. PRACTICE OWNERSHIP AND FINANCES

The next question asks about the type of health care or other organization that employs you. By “organization,” we mean the group that employs you and other physicians, nurse practitioners, advance practice nurses or other providers who work together and may share staff, patient medical records, and income. If your organization has more than one practice location, please think about the practice listed on the cover of this questionnaire.

C1. Which of the following best describes the organization that employs you?

MARK ONE ONLY

- ₁ Independent solo or two provider practice
- ₂ Independent group practice – three or more providers
- ₃ Group or staff model Health Maintenance Organization (HMO)
- ₄ Network of provider practices owned by a hospital, hospital system, or medical school
- ₅ Hospital, health system or medical school
- ₆ Insurance company or health plan (other than HMO)
- ₇ Other (*specify*) _____

C2. Thinking about all of the patients in your practice, roughly what percent of your practice's patient care revenue comes from the following sources? Your best estimate is fine.
If none, please enter "000." The sum of your answers should equal 100%.

	PERCENTAGE			Don't know
a. Medicare Advantage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
b. Medicare PACE or SCO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
c. Medicare, fee for service or traditional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
d. Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
e. Private insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
f. Patient out of pocket payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
g. Other (<i>specify</i>) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
TOTAL	1	0	0	

SECTION D: DEMOGRAPHICS AND BACKGROUND INFORMATION

D1. How many years have you been practicing as a clinician?
Note: If less than one year please enter "00."

YEARS

D2. Please indicate the degrees you have earned.

MARK ALL THAT APPLY

₁ Bachelor's degree (e.g. BA, BS, or BSN) ₃ Doctorate (e.g. MD, PhD, or ScD)

₂ Master's degree (e.g. MA, MS, MSN, MSW, MPH, other) ₄ Practice doctorate (e.g. DNP)

D3. What was your total pre-tax income from your personal work or employment in 2017?
Your best estimate is fine.

\$ TOTAL 2017 INCOME BEFORE TAXES

D4. What year were you born?

YEAR OF BIRTH

D5. Do you identify as ...?

MARK ONE ONLY

₁ Male ₃ Something else (*specify*) _____

₂ Female ₄ Prefer not to answer

D6. Are you of Hispanic or Latino origin?

MARK ONE ONLY

₁ Yes

₀ No

D7. What is your race?

MARK ALL THAT APPLY

₁ White

₄ Asian

₂ Black or African American

₅ American Indian or Alaska Native

₃ Native Hawaiian or other Pacific Islander

₆ Other (*specify*) _____

D8. Given what you know about health care today, would you advise a qualified high school or college student to pursue a career as....?

MARK ONE FOR EACH ROW

	Definitely would	Probably would	Probably would not	Definitely would not	Not sure
a. A primary care physician	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b. A geriatrician	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c. A primary care family or adult nurse practitioner	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d. An adult/gerontology nurse practitioner	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e. A licensed social worker with geriatric expertise	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

D9. What changes in health workforce education or health policy would encourage more clinicians to care for frail elderly patients?

Thank you for completing the questionnaire!

Please return the questionnaire in the enclosed, postage-paid envelope or mail to:
Health Professionals Survey Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393