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.)
   - ☐ For-profit clinic/organization (you are self-employed or a business partner)
   - ☐ Tribal organization
   - ☐ For-profit clinic/organization (you are not a business partner)
   - ☐ Government (federal, state, or local)
   - ☐ Private, nonprofit clinic/organization (not staff model HMO)
   - ☐ Military
   - ☐ Private, nonprofit staff model HMO
   - ☐ Other (specify: ____________________________ )

7. Which of the following best describes your main practice? (Check one.)
   - ☐ Solo practice
   - ☐ Multi-specialty 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) _____ hrs/wk Direct patient care (e.g., scheduled outpatient care, inpatient care, emergency room care)
   (b) _____ hrs/wk Indirect patient care (e.g., phone calls, reviewing labs, charting)
   (c) _____ hrs/wk Administration (e.g., of own practice, hospital committees)
   (d) _____ hrs/wk Teaching
   (e) _____ hrs/wk Continuing education (e.g., courses, journal reading, video- and audiotapes)
   (f) _____ hrs/wk Research
   (g) _____ hrs/wk 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
14. What type of professional medical liability (malpractice) insurance do you have? (Check one.)

- Occurrence coverage
- Claims-made coverage
- Federal Tort Claims Act (FTCA) coverage 
- Don’t know what type of insurance
- Do not have any malpractice insurance

Who pays for your professional medical liability (malpractice) insurance at this time?

- Practice (cost calculated for individual providers)
- Hospital
- Group (cost distributed across all providers)
- Other (specify: ____________________________ )

16. For each of the years listed below, please indicate the limits of your professional liability insurance policy.

<table>
<thead>
<tr>
<th>Year</th>
<th>Limits</th>
<th>Don’t know</th>
<th>In practice but did/do not have coverage</th>
<th>In practice not in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$______ million / $______ million</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2003</td>
<td>$______ million / $______ million</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2004</td>
<td>$______ million / $______ million</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$__________________________</td>
</tr>
<tr>
<td>2003</td>
<td>$__________________________</td>
</tr>
<tr>
<td>2004</td>
<td>$__________________________</td>
</tr>
</tbody>
</table>

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 

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.)

- Retired from practice
- Relocated practice within state
- Decreased gynecologic surgical procedures
- Stopped performing major gynecologic surgery
- Added new services (specify: ____________________________ )
- Secured a loan to fund premium increases or tail coverage
- Liquidated holdings or accessed savings to fund premium increases
- Reduced compensation (by ________________%)
- Reduced the number of providers in the practice
- Reduced liability insurance coverage
- Other changes (specify: ____________________________ )

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

______________________________________________________________________________
______________________________________________________________________________

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 ➔
- No ➔ CONTINUE IN BOX BELOW ➔

If yes, answer the following:

a. What OB services do you provide? (Check all that apply.)
   - Prenatal care
e. In the past two years, that is, since December 2001, have you made any of the following changes in your obstetrics practice?

   - Decreased the # of deliveries
   - Increased the # of deliveries
   - Decreased the amount of high-risk OB care
   - Increased c-section rate
   - Increased OB consultation rate

   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 (1 is most important):

<table>
<thead>
<tr>
<th>rank #</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wanted more personal time</td>
</tr>
<tr>
<td>2</td>
<td>Lost/gained call or back-up arrangements</td>
</tr>
<tr>
<td>3</td>
<td>Age-related reason</td>
</tr>
</tbody>
</table>

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. 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?
   __________________________
   __________________________

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 (1 is most important):

<table>
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   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: __________________________)

g. How has your or your practice’s leaving OB affected access to OB services in your community?
   __________________________

CONTINUE WITH QUESTION 26
26. Does your current liability (malpractice) insurer restrict your personal practice in any way?
   ☐ Yes  ☐ No
   ☐ Yes, high-risk patients
   ☐ Vaginal births after c-section
   ☐ Acceptance of midwifery referrals/consults
   ☐ Out-of-hospital birth
   ☐ Instrumented deliveries (e.g., vacuum extraction, forceps)
   ☐ Other (specify: _____________________ )

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

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  ☐ Black or African American  ☐ American Indian or Alaska Native  ☐ Asian  ☐ Native Hawaiian/Pacific Islander  ☐ 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.