

NOT FOR DISTRIBUTION FOR REVIEW PURPOSES ONLY

Consultant-Referring Physician Rating Survey

The physician named below has selected you, as a referring physician, to answer the following questions about your experience with his or her consultation or specialty services. This is a voluntary survey that will provide valuable feedback to this physician as part of his or her Board Certification program. You are under no obligation to participate; however, your anonymous feedback will be greatly appreciated.

YOUR ANSWERS WILL BE CONFIDENTIAL. You do not have to provide any personal identifying information and the Board assures you that your confidentiality is preserved.

The questions in this survey relate to the physician named below. Although you may interact with other physicians in this physician's group practice, please answer the questions reflecting your experience with this specific physician.

IMPORTANT: Please do not mail this survey to the Board or to the Physician.
Your responses must be submitted via the Internet or the telephone in order for the consulting physician to receive credit.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET (For U.S. and International Residents)

- Go to <http://survey.abim.org>
- Select "English"
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit" button

Thank you very much.

The Consultant Physician

1. **How long has this physician been a consultant to you?**
 - 1 Less than 6 months
 - 2 At least 6 months but less than 1 year
 - 3 At least 1 year but less than 3 years
 - 4 At least 3 years but less than 5 years
 - 5 5 years or more
2. **In the last 12 months, how many times have you received a consultation from or made a referral to this physician?**
 - 1 1 to 4 4 21 to 50
 - 2 5 to 9 5 51 to 99
 - 3 10 to 20 6 100 or more
3. **Which is this physician's most frequent role in the care of your patients?**
 - 1 Co-management of a chronic or acute condition (e.g., asthma, diabetes, cancer, etc.)
 - 2 Transfer of care to this physician with the expectation that the physician will assume management for the patient.
 - 3 An episode (one or more visits or hospitalizations) for diagnostic, invasive imaging, or treatment and return of the patient for follow-up with you.
 - 4 Laboratory, procedural, or radiological testing which involves minimal or no contact with patients and provides an interpretation of findings for you to act upon.
 - 5 Other

Contacting This Physician

4. **In the last 12 months, when you contacted this physician for a routine consultation, how often did you get the help you needed?**
 - 1 Never 5 Almost always
 - 2 Almost Never 6 Always
 - 3 Sometimes 7 Skip this question
 - 4 Usually
5. **In the last 12 months, did you contact this physician with a consultation question that needed immediate attention?**
 - 1 Yes
 - 2 No (skip to question #7)
 - 3 Skip this question (skip to question #7)

6. **In the last 12 months, when you contacted this physician with a consultation question, that needed immediate attention, how often did you get help as soon as you needed it?**
 - 1 Never 5 Almost always
 - 2 Almost Never 6 Always
 - 3 Sometimes 7 Skip this question
 - 4 Usually
7. **In the last 12 months, how often did this physician accomplish what you needed for your patients?**
 - 1 Never 5 Almost always
 - 2 Almost Never 6 Always
 - 3 Sometimes 7 Skip this question
 - 4 Usually

Communications From this Physician

8. **In the last 12 months, did you receive advice or recommendations about further diagnostic or therapeutic actions you might take following the consultation?**
 - 1 Yes
 - 2 No (skip to question #12)
 - 3 Skip this question (skip to question #12)
9. **In the last 12 months, how often did this physician give you clear instructions about what to do for your patients following the consultation?**
 - 1 Never 5 Almost always
 - 2 Almost Never 6 Always
 - 3 Sometimes 7 Skip this question
 - 4 Usually
10. **In the last 12 months, how often did communication with this physician improve your diagnostic and/or therapeutic approach to the problem for which you requested consultation?**
 - 1 Never 5 Almost always
 - 2 Almost Never 6 Always
 - 3 Sometimes 7 Skip this question
 - 4 Usually
11. **In the last 12 months, when there was more than one choice for diagnosis or treatment did this physician inform you of the pros and cons of each choice?**
 - 1 Definitely yes 4 Definitely no
 - 2 Somewhat yes 5 Not applicable
 - 3 Somewhat no 6 Skip this question

12. In the last 12 months, how often did this physician show respect for you as a colleague?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

13. In the last 12 months, did this consultant have direct interaction with the patients you referred?

- 1 Yes
- 2 No (skip to question #15)
- 3 Skip this question (skip to question #15)

14. In the last 12 months, how often have your patients said favorable things about this consultant's communication and interpersonal skills?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

Coordination of Care

15. In the last 12 months, did this physician initiate diagnostic or therapeutic actions that you did not expect or desire to be part of the consultation or referral request?

- 1 Yes
- 2 No (skip to question #17)
- 3 Skip this question (skip to question #17)

16. In the last 12 months, how often did this physician initiate additional diagnostic or therapeutic actions without informing you first?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

17. In the last 12 months, did this physician recommend that any of your patients receive further consultation or referral to another doctor?

- 1 Yes
- 2 No (skip to question #19)
- 3 Skip this question (skip to question #19)

18. In the last 12 months, how often did this physician refer a patient of yours to another doctor without informing you of the referral?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

19. In the last 12 months, did this physician obtain or perform blood tests, diagnostic imaging, or other diagnostic tests for your patients?

- 1 Yes
- 2 No (skip to question #21)
- 3 Skip this question (skip to question #21)

20. How often did you feel it took too long for the physician's office to inform you of the test results?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

Surgery or Invasive Procedures Done by this Physician

21. In the last 12 months, did this physician perform surgery or an invasive procedure on any of your patients?

- 1 Yes
- 2 No (skip to question #25)
- 3 Skip this question (skip to question #25)

22. In the last 12 months, did this physician or someone from the physician's office give you enough information about the surgery or invasive procedure before it was performed on your patients so you could help to advise your patients?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no
- 5 Skip this question

23. In the last 12 months, did you contact this physician after surgery or an invasive procedure to obtain information about follow-up care for your patients?

- 1 Yes
- 2 No (skip to question #25)
- 3 Skip this question (skip to question #25)

24. When you contacted this physician after surgery or an invasive procedure, did you get the information you needed to be able to advise your patients?

- | | |
|------------------|----------------------|
| 1 Definitely yes | 4 Definitely no |
| 2 Somewhat yes | 5 Skip this question |
| 3 Somewhat no | |

Overall Rating of this Physician

25. Using any number from 0 to 10, where 0 is the worst consultant physician possible and 10 is the best consultant physician possible, what number would you use to rate this physician?

This Physician's Office Staff

26. In the last 12 months, how often was the staff at this physician's office as helpful as you thought they should be?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

27. In the last 12 months, how often did the staff at this physician's office treat you with courtesy and respect?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

28. In the last 12 months, how often have your patients said favorable things about the communication and interpersonal skills of this physician's office staff?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

About Your Referring Practices

29. In the past 12 months, how often did you include a question and clinical summary when requesting a consultation or referral from this physician?

- | | |
|----------------|----------------------|
| 1 Never | 5 Almost always |
| 2 Almost Never | 6 Always |
| 3 Sometimes | 7 Skip this question |
| 4 Usually | |

30. In general, how would you rate your overall effectiveness in providing feedback to this consultant about the clinical services the consultant provided to your patients?

- | | |
|--------|----------------------|
| 1 Poor | 4 Very good |
| 2 Fair | 5 Excellent |
| 3 Good | 6 Skip this question |

About You

31. Do you have a financial relationship with this physician?

- 1 Yes
- 2 No
- 3 Skip this question

32. What is your type of practice?

- 1 Solo practitioner
- 2 2 to 3 physician group
- 3 4 to 9 physician group
- 4 10 or more physician group
- 5 Other
- 6 Skip this question

33. In general, how would you rate your overall satisfaction with your current profession?

- | | |
|--------|----------------------|
| 1 Poor | 4 Very good |
| 2 Fair | 5 Excellent |
| 3 Good | 6 Skip this question |

34. What is your age?

35. Are you male or female?

- 1 Male
- 2 Female
- 3 Skip this question