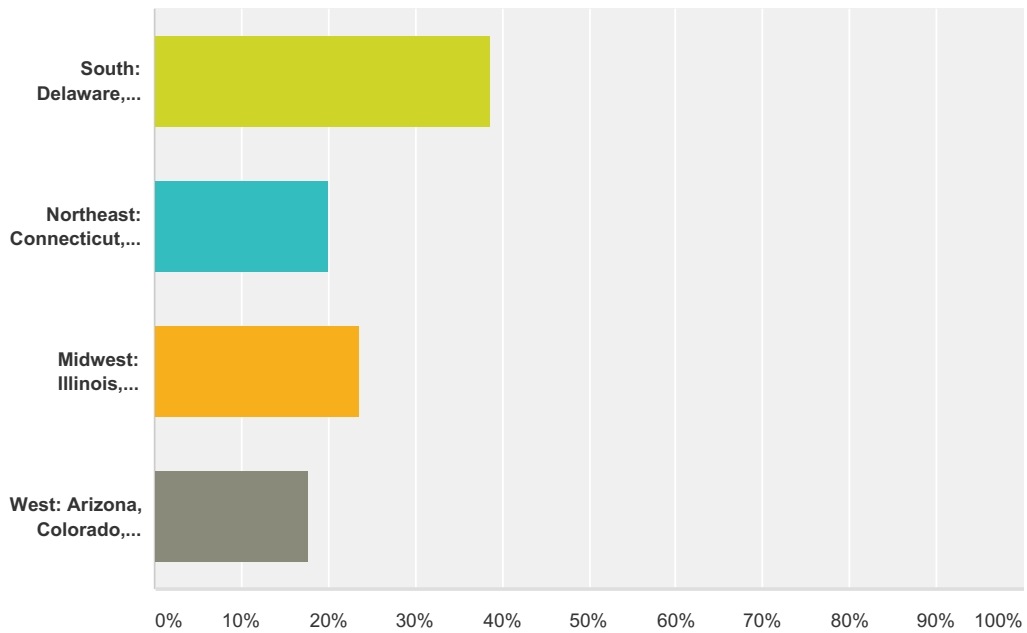


Q1 What region of the country do you practice in?

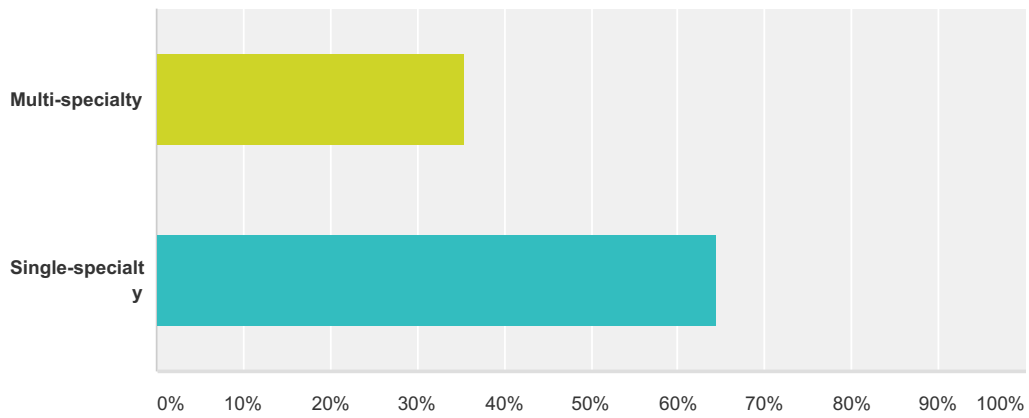
Answered: 1,000 Skipped: 0



Answer Choices	Responses
South: Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, District of Columbia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas	38.70% 387
Northeast: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania	20.10% 201
Midwest: Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota	23.50% 235
West: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming, Alaska, California, Hawaii, Oregon, Washington	17.70% 177
Total	1,000

Q2 Is your practice multi-specialty or single-specialty?

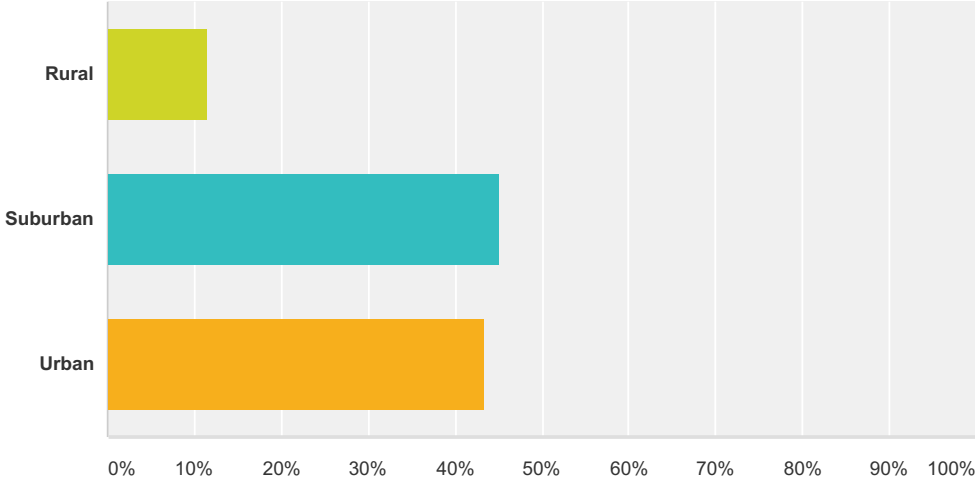
Answered: 1,000 Skipped: 0



Answer Choices	Responses
Multi-specialty	35.40% 354
Single-specialty	64.60% 646
Total	1,000

Q3 What is your practice setting?

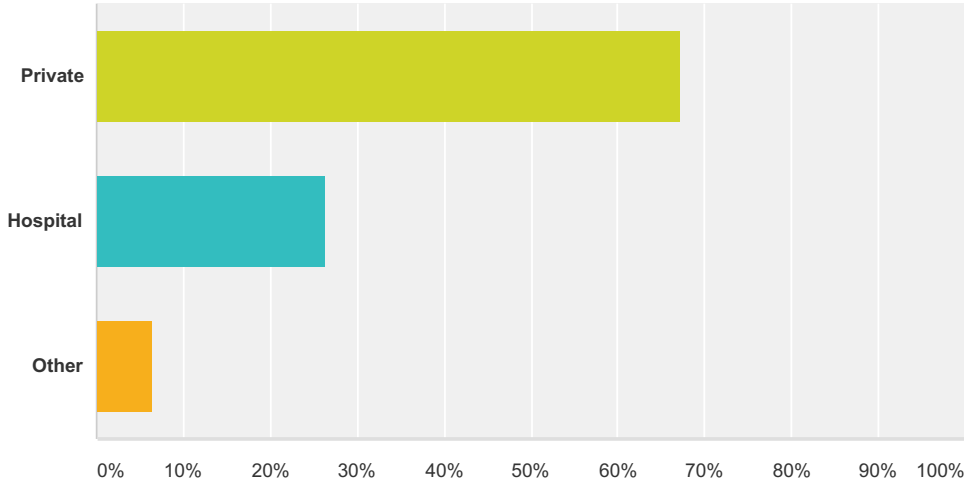
Answered: 1,000 Skipped: 0



Answer Choices	Responses	
Rural	11.40%	114
Suburban	45.10%	451
Urban	43.50%	435
Total		1,000

Q4 Is your practice privately owned or hospital-owned?

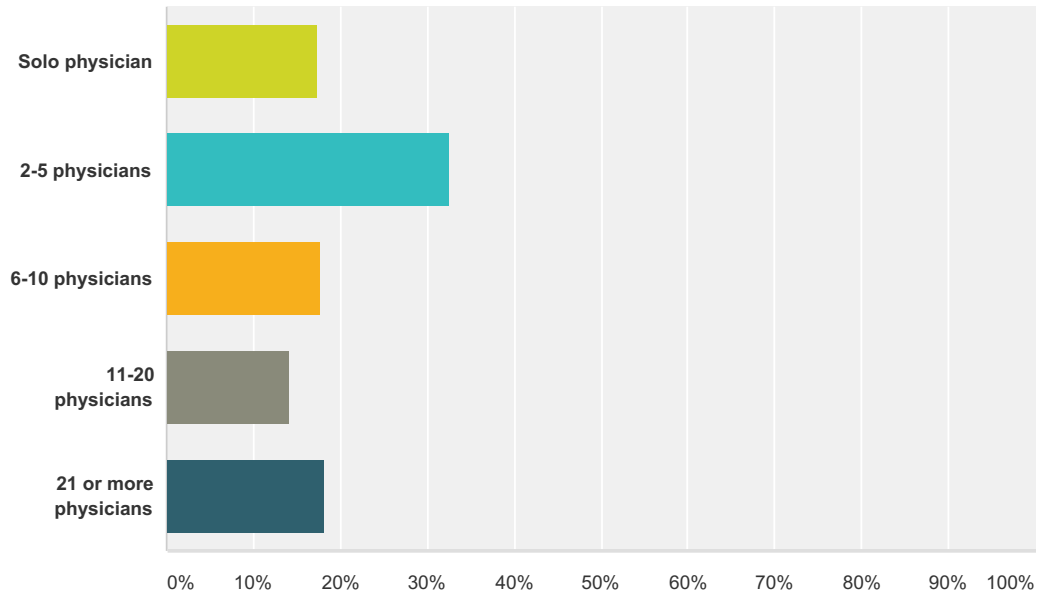
Answered: 1,000 Skipped: 0



Answer Choices	Responses
Private	67.30% 673
Hospital	26.30% 263
Other	6.40% 64
Total	1,000

Q5 What is your practice size?

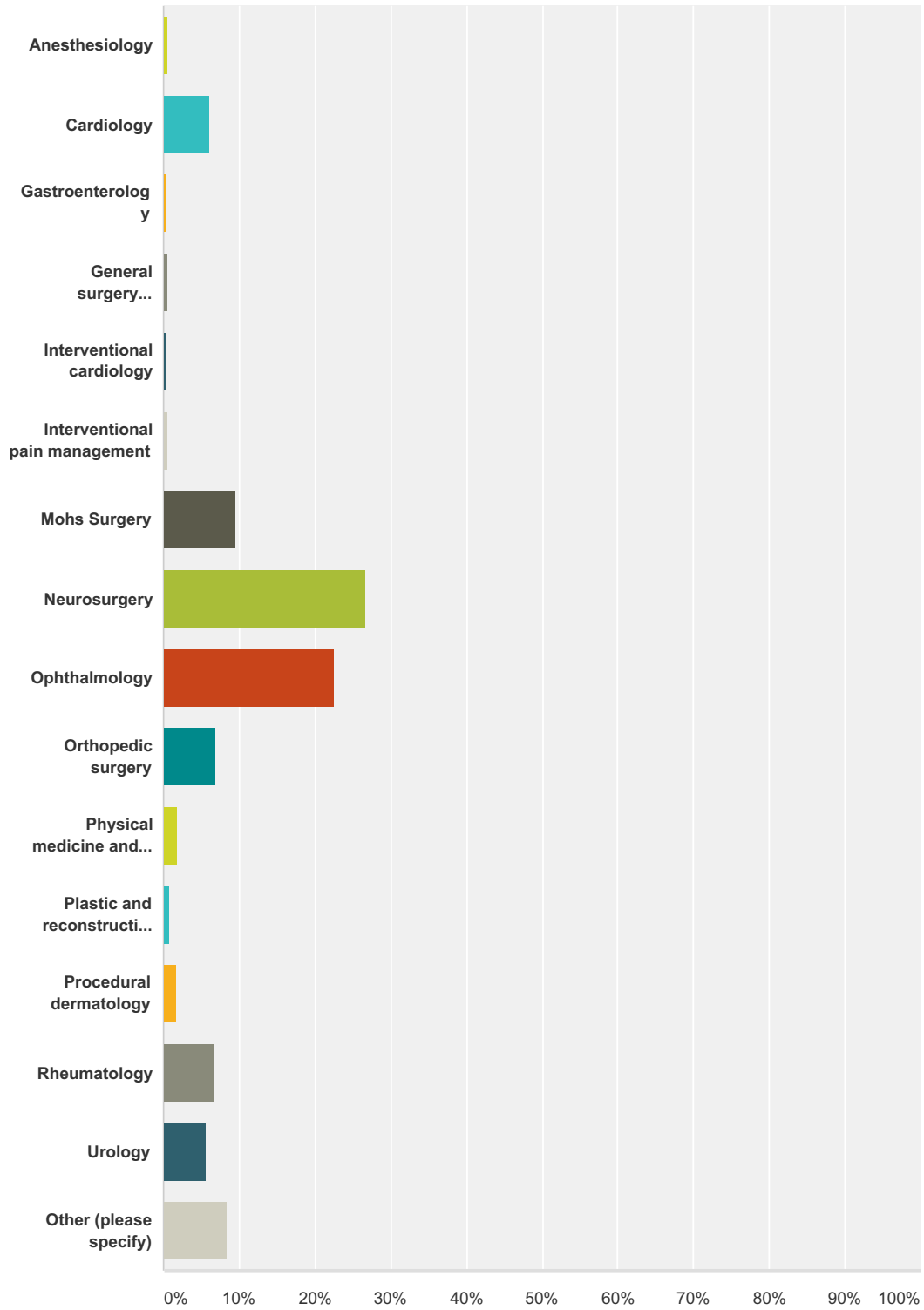
Answered: 1,000 Skipped: 0



Answer Choices	Responses	
Solo physician	17.30%	173
2-5 physicians	32.60%	326
6-10 physicians	17.70%	177
11-20 physicians	14.20%	142
21 or more physicians	18.20%	182
Total		1,000

Q6 What is your practice's main specialty?

Answered: 1,000 Skipped: 0



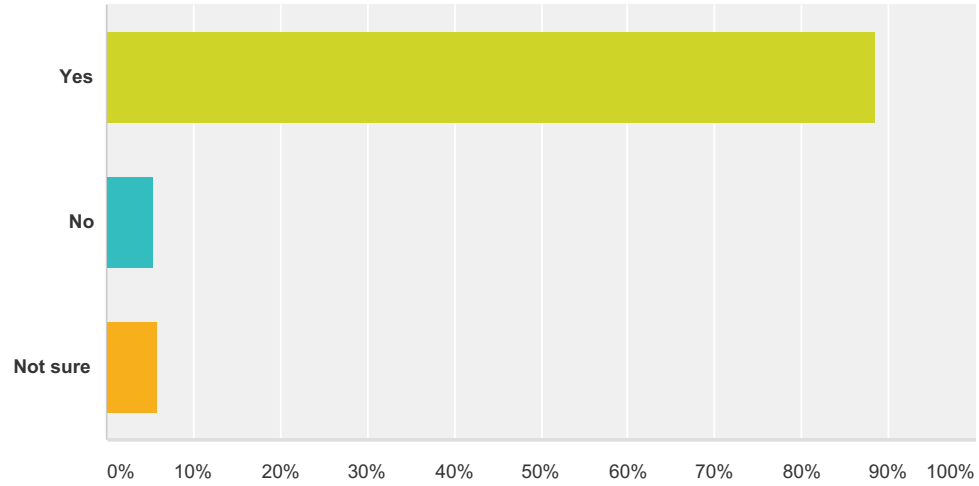
Answer Choices	Responses
Anesthesiology	0.70% 7

Access to Specialty Care

Cardiology	6.10%	61
Gastroenterology	0.50%	5
General surgery (allopathic or osteopathic)	0.70%	7
Interventional cardiology	0.50%	5
Interventional pain management	0.70%	7
Mohs Surgery	9.60%	96
Neurosurgery	26.80%	268
Ophthalmology	22.60%	226
Orthopedic surgery	6.80%	68
Physical medicine and rehabilitation	1.90%	19
Plastic and reconstructive surgery	0.80%	8
Procedural dermatology	1.70%	17
Rheumatology	6.60%	66
Urology	5.60%	56
Other (please specify)	8.40%	84
Total		1,000

Q7 In your experience, has insurers' use of prior authorization increased in the last five years, with regard to procedures?

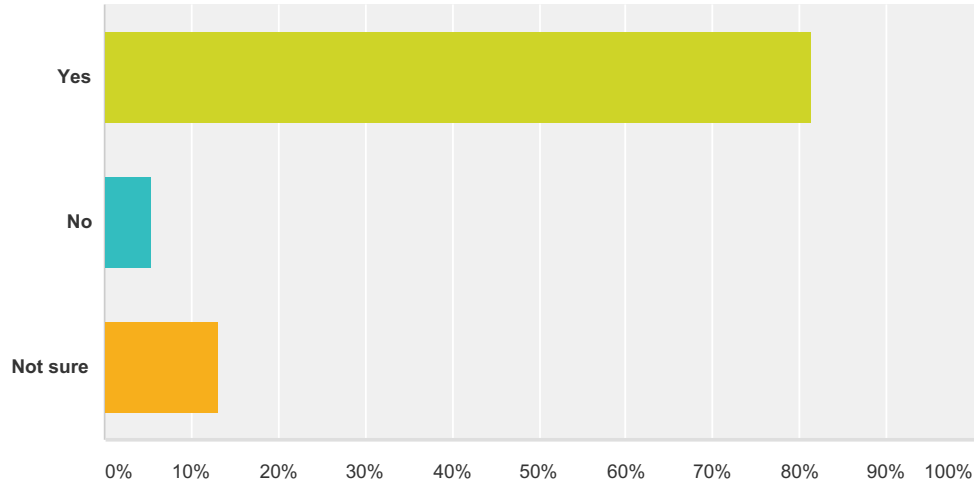
Answered: 966 Skipped: 34



Answer Choices	Responses	Count
Yes	88.61%	856
No	5.49%	53
Not sure	5.90%	57
Total		966

Q8 In your experience, has insurers' use of prior authorization increased in the last five years, with regard to diagnostic tools (labs, MRIs, etc.)?

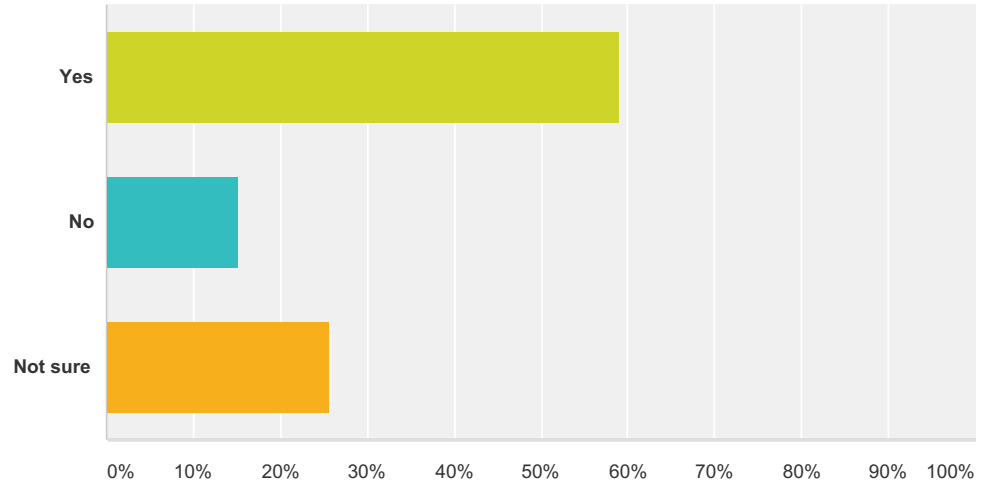
Answered: 966 Skipped: 34



Answer Choices	Responses	Count
Yes	81.37%	786
No	5.38%	52
Not sure	13.25%	128
Total		966

Q9 In your experience, has insurers' use of prior authorization increased in the last five years, with regard to the setting of care?

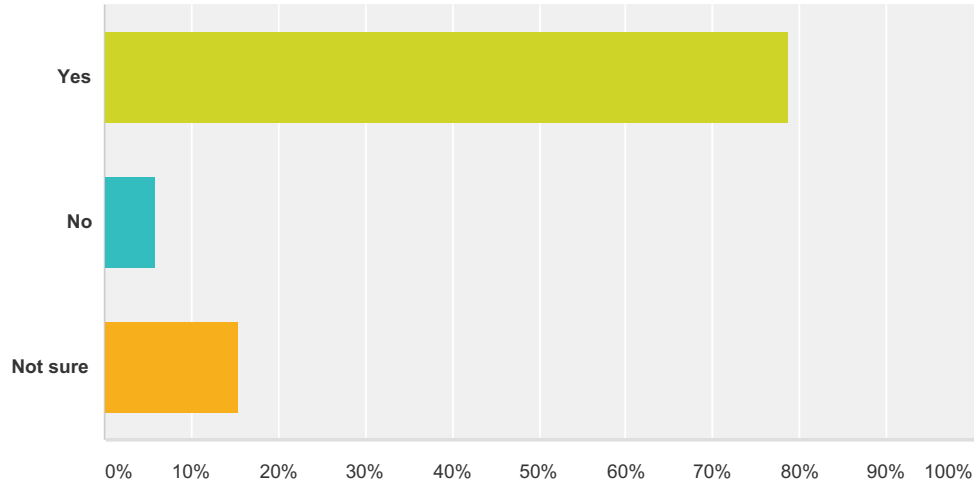
Answered: 966 Skipped: 34



Answer Choices	Responses	Count
Yes	59.01%	570
No	15.22%	147
Not sure	25.78%	249
Total		966

Q10 In your experience, has insurers' use of prior authorization increased in the last five years with regard to prescription medicines?

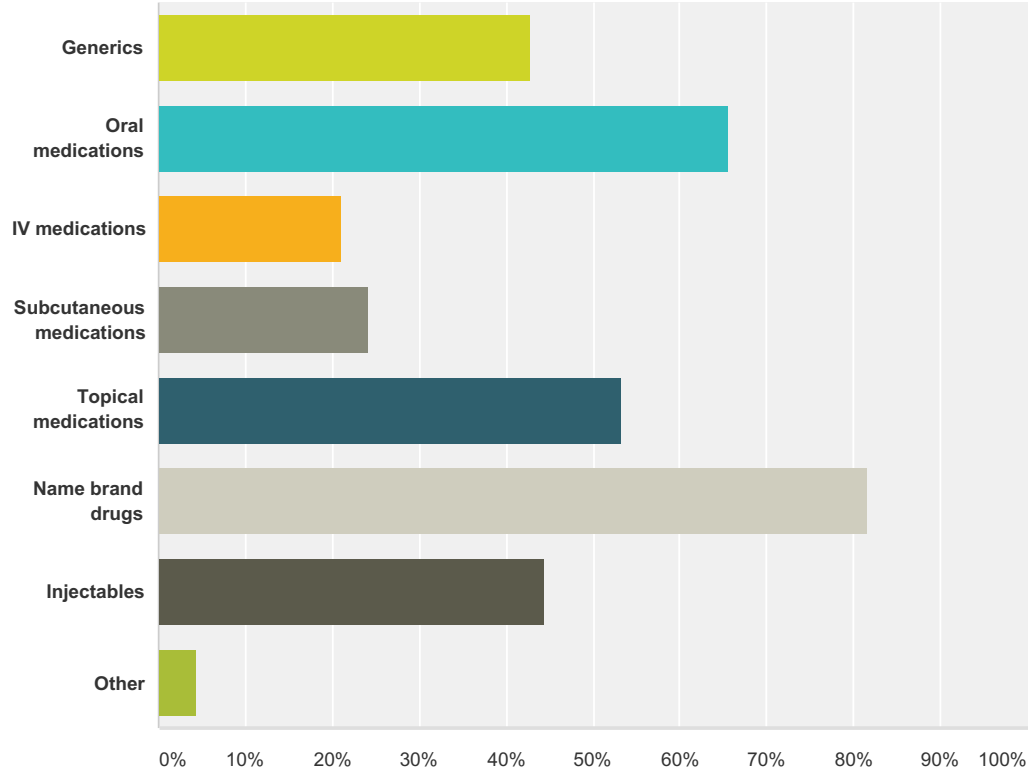
Answered: 966 Skipped: 34



Answer Choices	Responses	Count
Yes	78.67%	760
No	5.80%	56
Not sure	15.53%	150
Total		966

Q11 What types of medicines have been subject to increased authorization requirements? Pick all that apply.

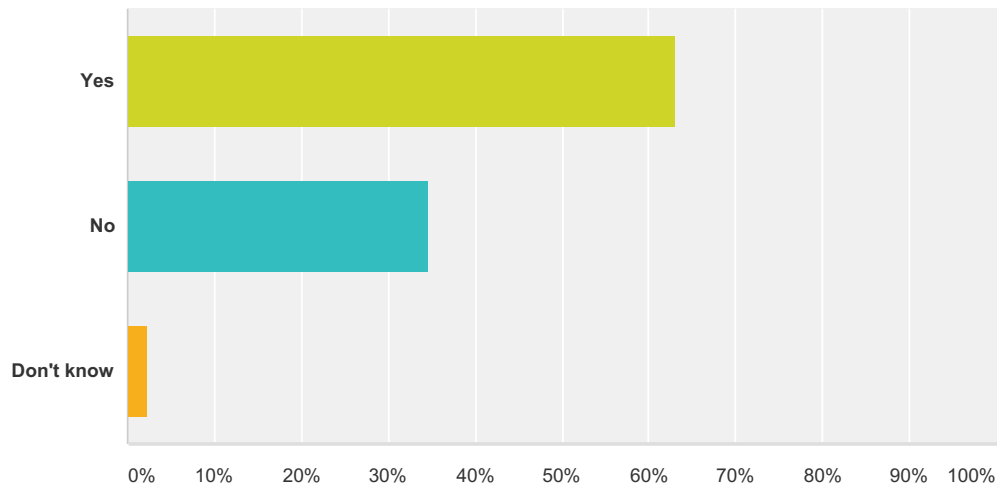
Answered: 747 Skipped: 253



Answer Choices	Responses	Count
Generics	42.84%	320
Oral medications	65.60%	490
IV medications	21.15%	158
Subcutaneous medications	24.23%	181
Topical medications	53.28%	398
Name brand drugs	81.53%	609
Injectables	44.44%	332
Other	4.28%	32
Total Respondents: 747		

Q12 Do you have staff members who work exclusively on prior authorizations?

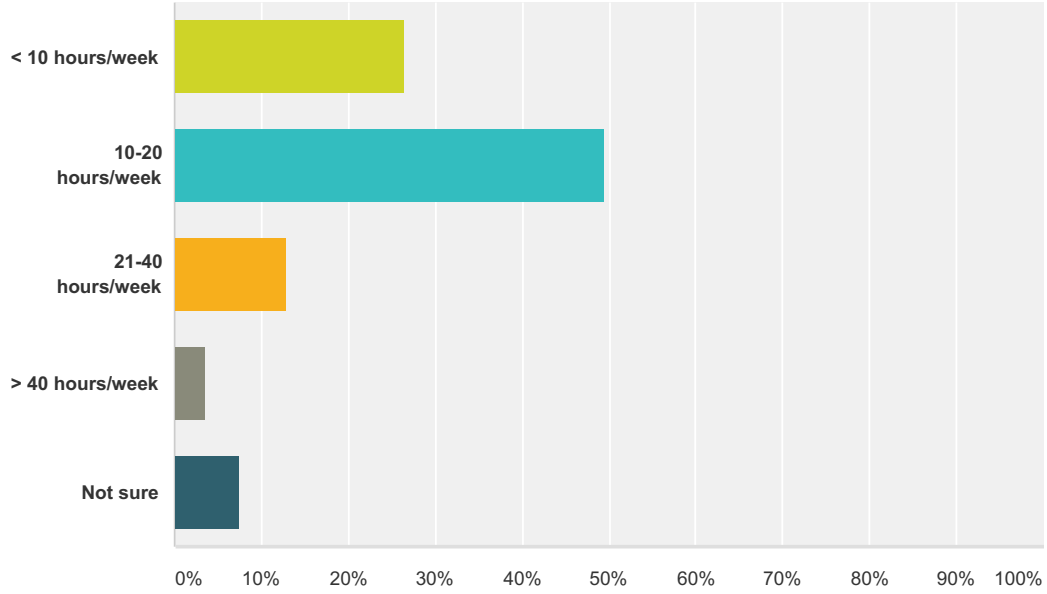
Answered: 956 Skipped: 44



Answer Choices	Responses
Yes	63.08% 603
No	34.73% 332
Don't know	2.20% 21
Total	956

Q13 How much staff time do you estimate is dedicated to fulfilling prior authorization requirements?

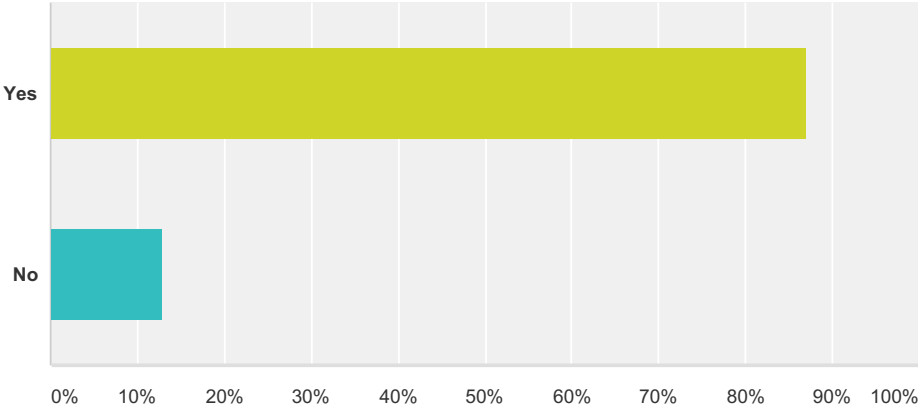
Answered: 346 Skipped: 654



Answer Choices	Responses	Count
< 10 hours/week	26.59%	92
10-20 hours/week	49.42%	171
21-40 hours/week	13.01%	45
> 40 hours/week	3.47%	12
Not sure	7.51%	26
Total		346

Q14 Have you delayed or avoided prescribing a treatment due to the prior authorization process associated with it?

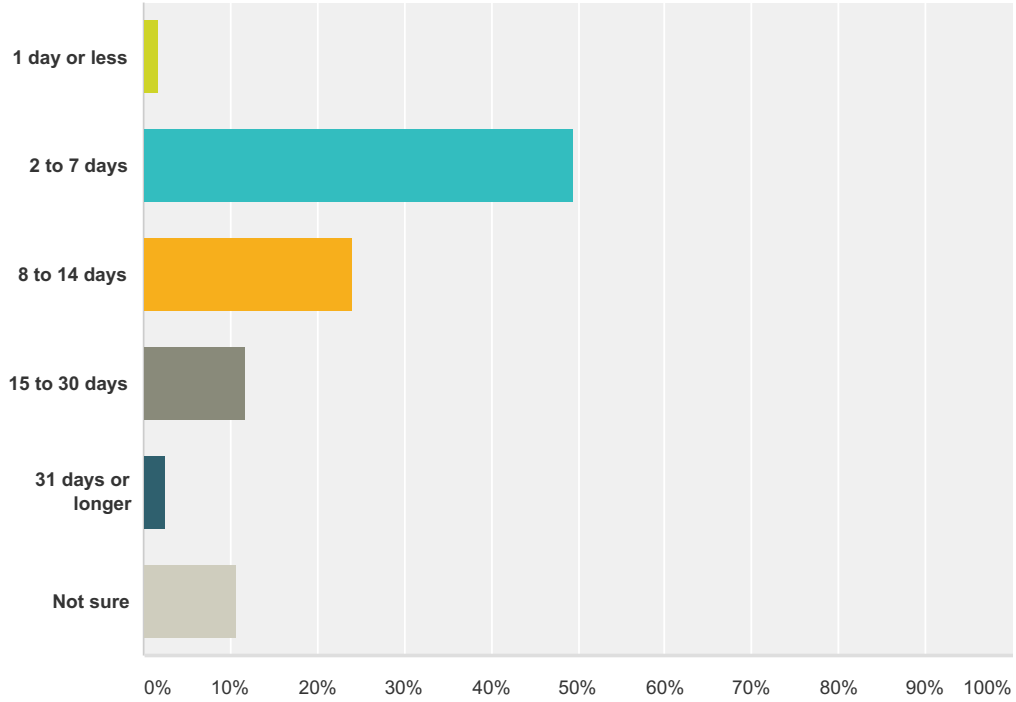
Answered: 886 Skipped: 114



Answer Choices	Responses	
Yes	87.13%	772
No	12.87%	114
Total		886

Q15 What is the average length of time to obtain prior authorization after all required documentation has been submitted?

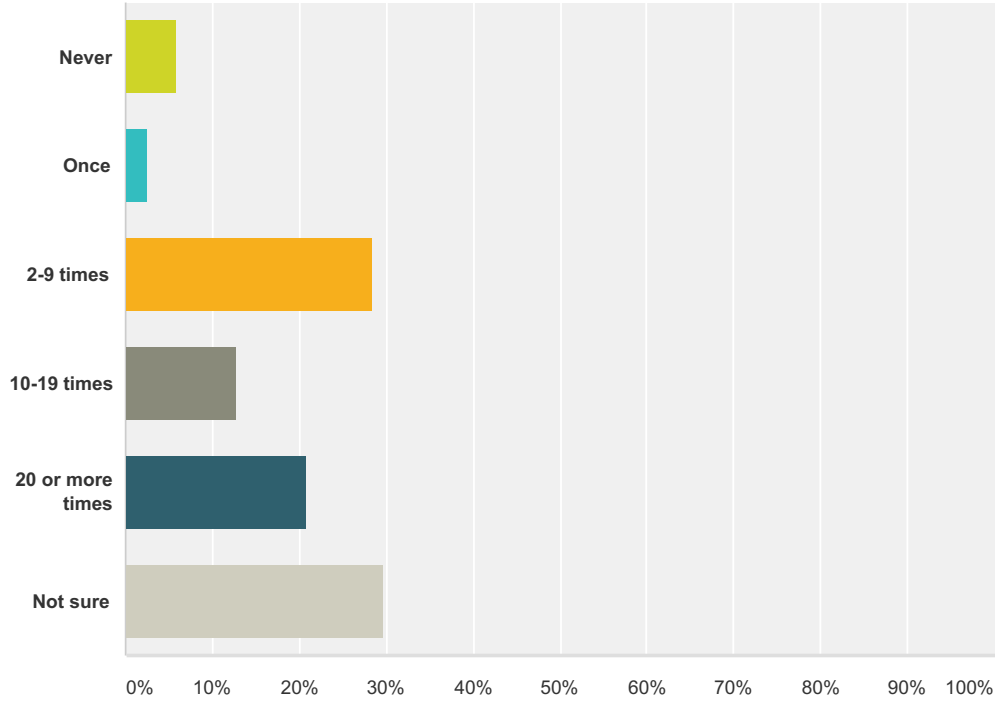
Answered: 886 Skipped: 114



Answer Choices	Responses
1 day or less	1.58% 14
2 to 7 days	49.44% 438
8 to 14 days	24.04% 213
15 to 30 days	11.74% 104
31 days or longer	2.48% 22
Not sure	10.72% 95
Total	886

Q16 In the past year, how many times have you received a denial for payment for services that were prior authorized?

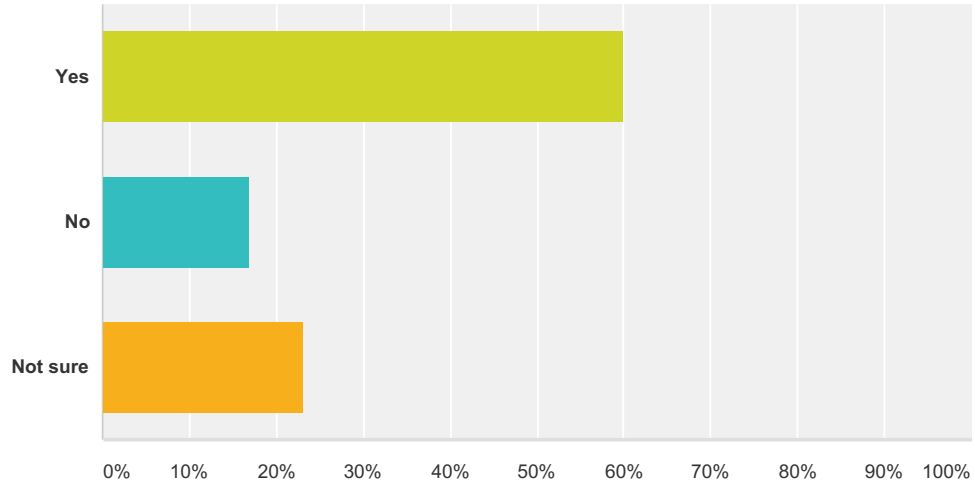
Answered: 886 Skipped: 114



Answer Choices	Responses	Count
Never	5.87%	52
Once	2.48%	22
2-9 times	28.33%	251
10-19 times	12.75%	113
20 or more times	20.88%	185
Not sure	29.68%	263
Total		886

Q17 In the last five years, has any insurer denied preauthorization of a treatment based on clinical guidelines, Appropriate Use Criteria, or coverage recommendations formulated by any professional society?

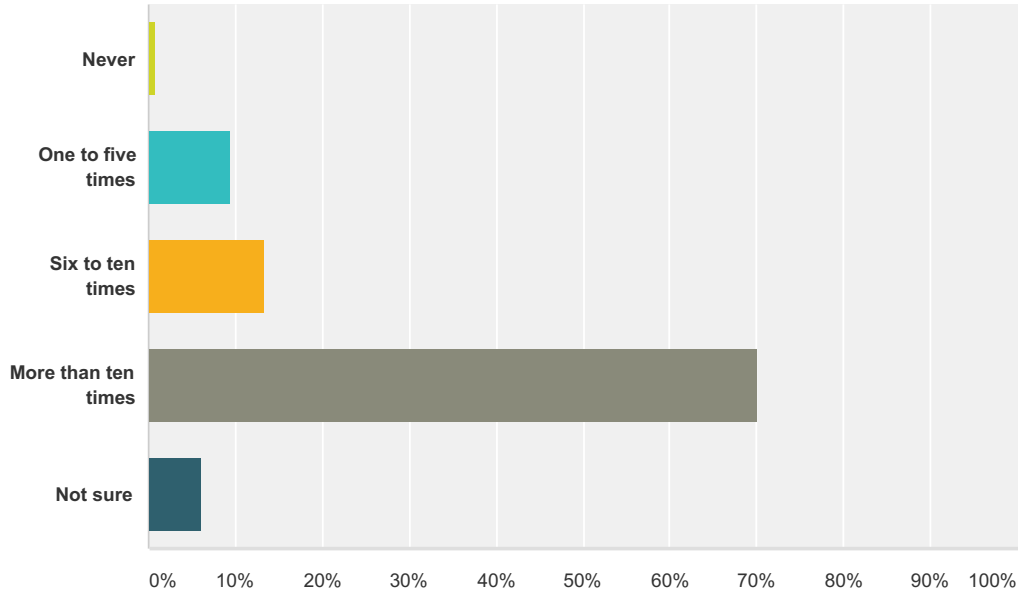
Answered: 886 Skipped: 114



Answer Choices	Responses
Yes	59.82% 530
No	16.93% 150
Not sure	23.25% 206
Total	886

Q18 In the past year, how often have your patients reported that they are unable to follow your recommended treatment plan due to out-of-pocket costs?

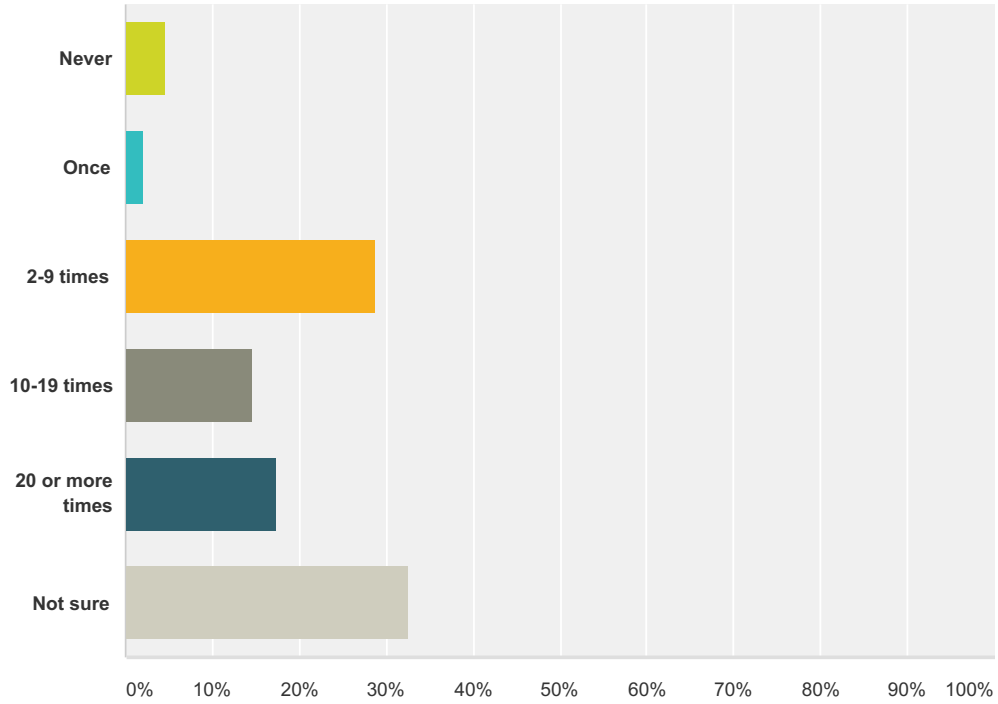
Answered: 886 Skipped: 114



Answer Choices	Responses	Count
Never	0.90%	8
One to five times	9.48%	84
Six to ten times	13.32%	118
More than ten times	70.20%	622
Not sure	6.09%	54
Total		886

Q19 In the past year, how many times have you had an insurer incorrectly interpret coverage recommendations developed by specialty societies and deny treatment because of that misinterpretation?

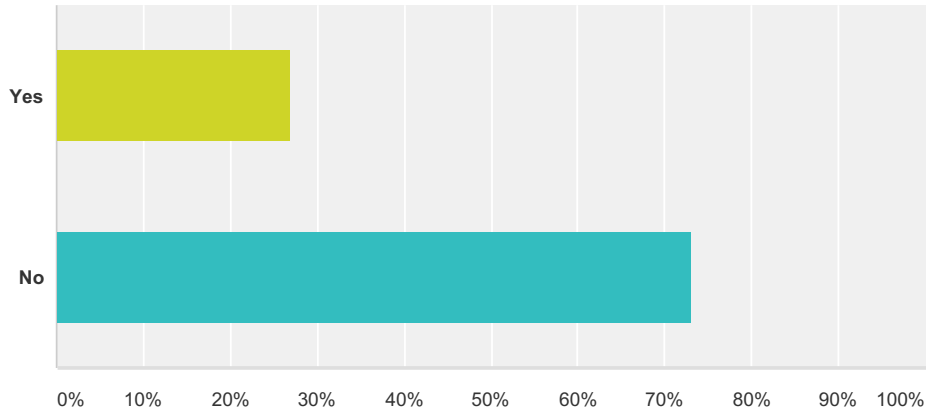
Answered: 886 Skipped: 114



Answer Choices	Responses	
Never	4.63%	41
Once	2.03%	18
2-9 times	28.89%	256
10-19 times	14.56%	129
20 or more times	17.27%	153
Not sure	32.62%	289
Total		886

Q20 Are you aware that the Medicare program may be planning to mandate that physicians or other health professionals who order an advanced diagnostic imaging test must consult with Appropriate Use Criteria using a qualified decision support mechanism?

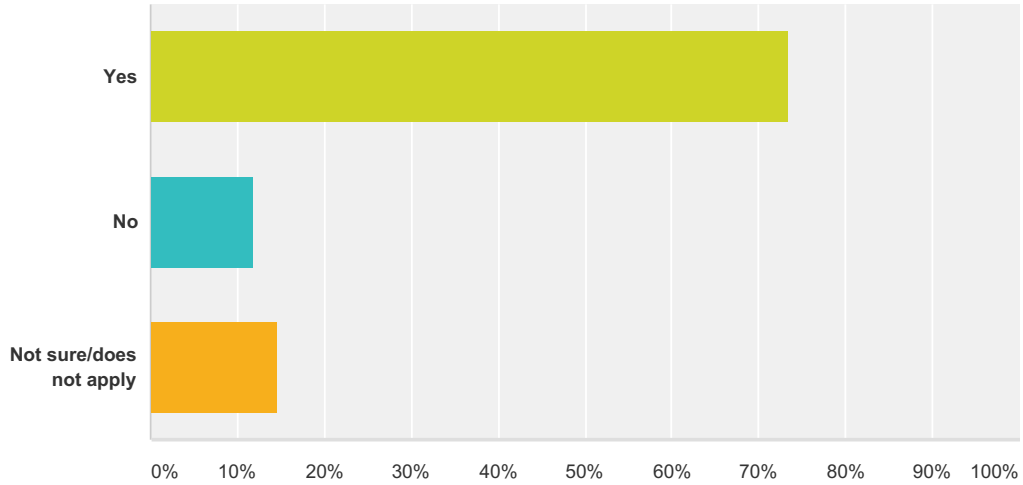
Answered: 886 Skipped: 114



Answer Choices	Responses	
Yes	26.98%	239
No	73.02%	647
Total		886

Q21 Do you use your specialty’s clinical guidelines, Appropriate Use Criteria and/or coverage recommendations as support when addressing denials and lack of prior authorization?

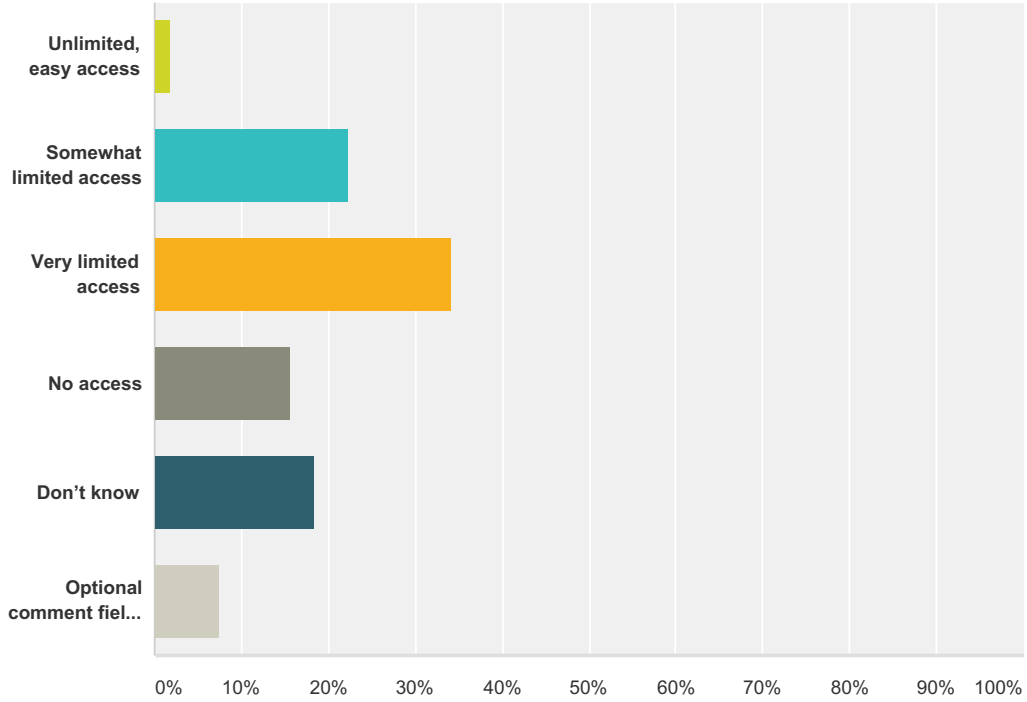
Answered: 886 Skipped: 114



Answer Choices	Responses
Yes	73.48% 651
No	11.85% 105
Not sure/does not apply	14.67% 130
Total	886

Q22 Do you or your staff have access to the insurer’s medical director in case of a denial?

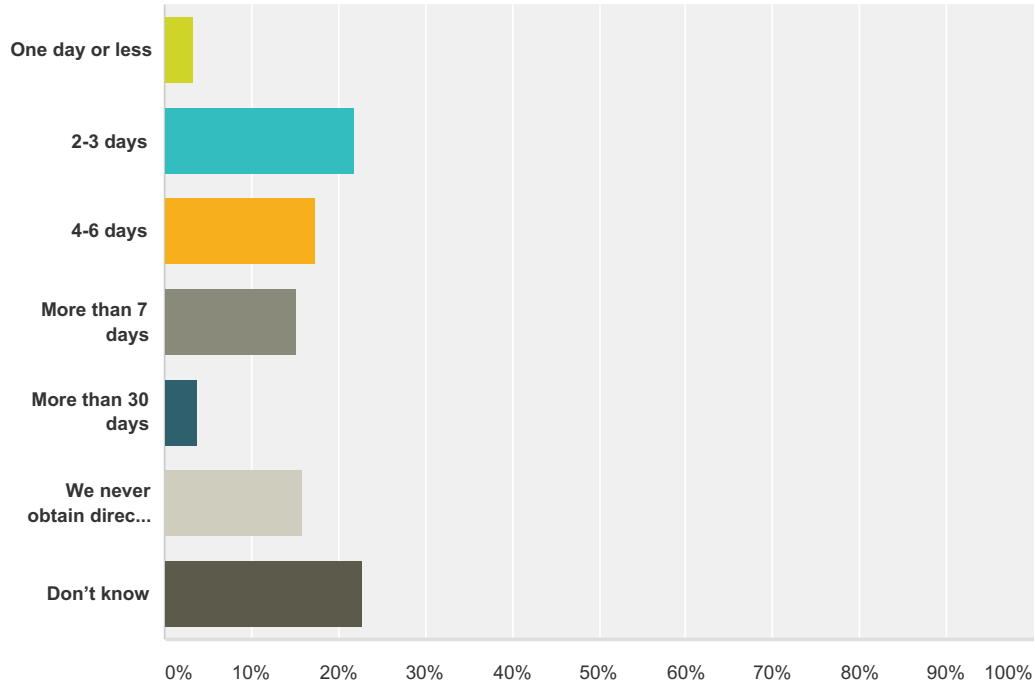
Answered: 886 Skipped: 114



Answer Choices	Responses
Unlimited, easy access	1.81% 16
Somewhat limited access	22.35% 198
Very limited access	34.20% 303
No access	15.69% 139
Don't know	18.40% 163
Optional comment field for additional detail	7.56% 67
Total	886

Q23 How long does it usually take to obtain direct communication with the medical director?

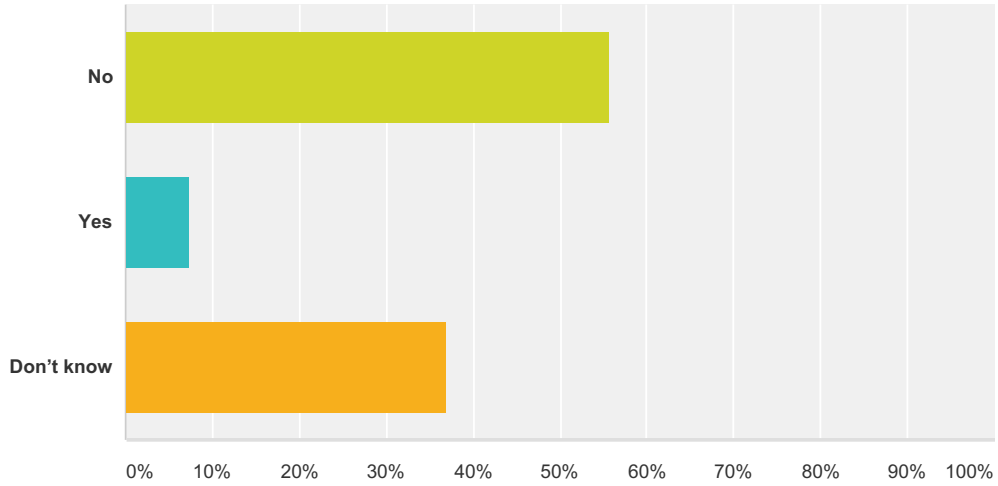
Answered: 886 Skipped: 114



Answer Choices	Responses
One day or less	3.27% 29
2-3 days	21.90% 194
4-6 days	17.27% 153
More than 7 days	15.24% 135
More than 30 days	3.72% 33
We never obtain direct communication with the medical director.	15.91% 141
Don't know	22.69% 201
Total	886

Q24 Does the medical director have experience with your particular specialty and the services and drugs you prescribe?

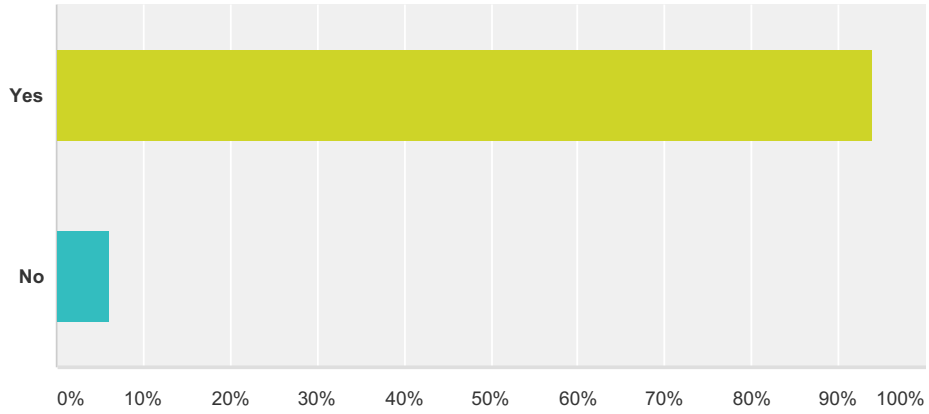
Answered: 886 Skipped: 114



Answer Choices	Responses	
No	55.76%	494
Yes	7.34%	65
Don't know	36.91%	327
Total		886

Q25 Have increased administrative burdens by insurers influenced your ability to practice medicine?

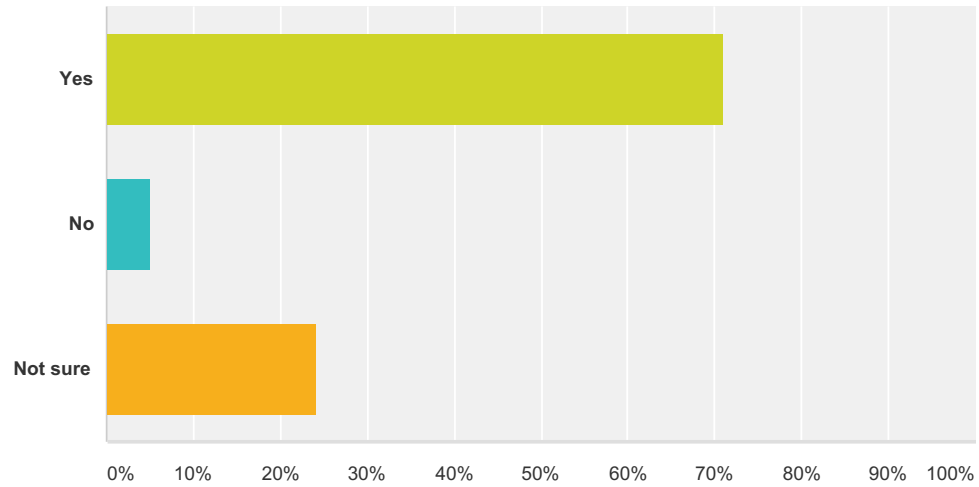
Answered: 886 Skipped: 114



Answer Choices	Responses
Yes	94.02% 833
No	5.98% 53
Total	886

Q26 In your experience, is the cost of drugs (in-office and prescription) rising faster than the cost of other medical goods and services?

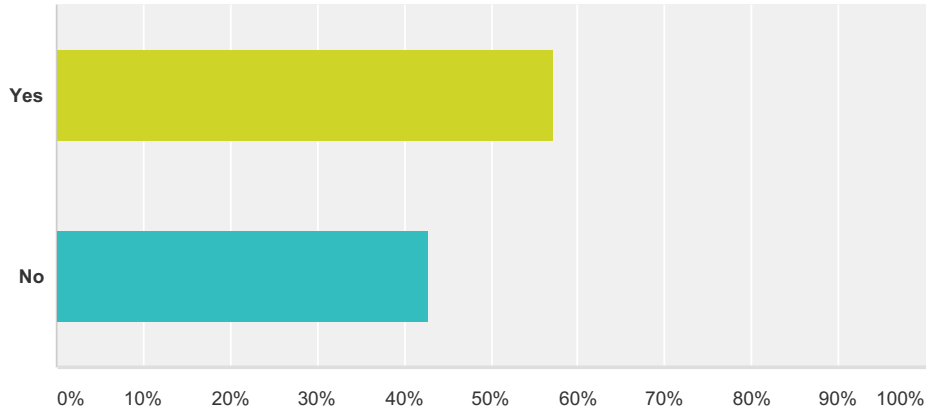
Answered: 883 Skipped: 117



Answer Choices	Responses	
Yes	70.89%	626
No	4.98%	44
Not sure	24.12%	213
Total		883

Q27 Would you be willing to answer an additional set of seven questions related specifically to prescription drugs?

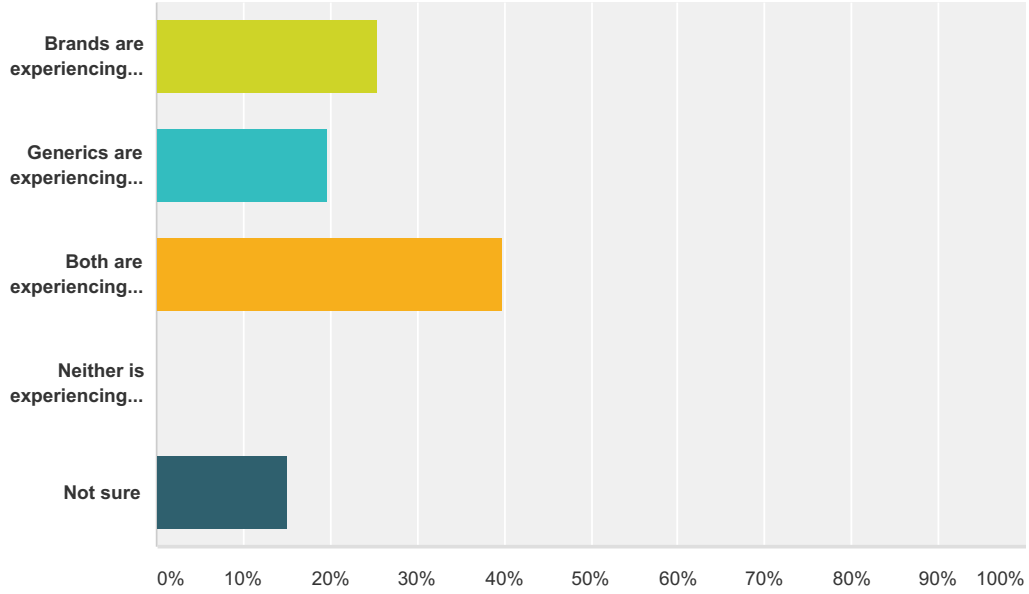
Answered: 838 Skipped: 162



Answer Choices	Responses
Yes	57.28% 480
No	42.72% 358
Total	838

Q28 In your experience, are brand and generic drug costs both rising at the same rate?

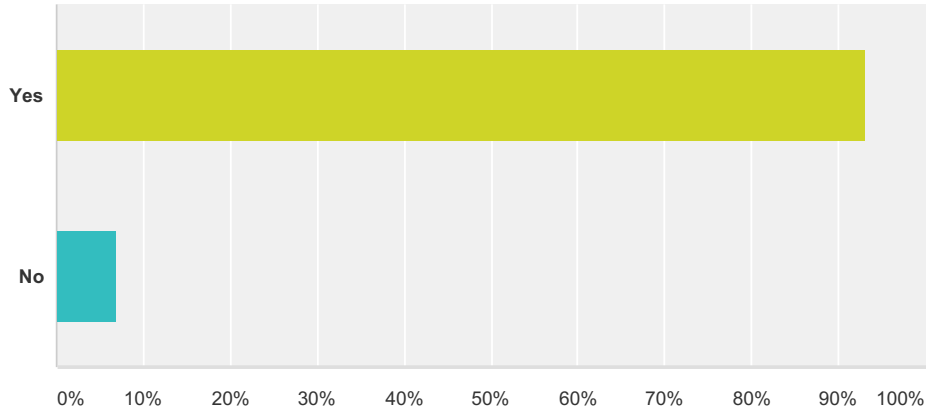
Answered: 479 Skipped: 521



Answer Choices	Responses	
Brands are experiencing steeper price increases	25.47%	122
Generics are experiencing steeper price increases	19.62%	94
Both are experiencing equally steep price increases	39.87%	191
Neither is experiencing any price increases	0.00%	0
Not sure	15.03%	72
Total		479

Q29 In the past five years, have you changed a prescription to a different medication due to delay tactics from insurers related to the original prescription?

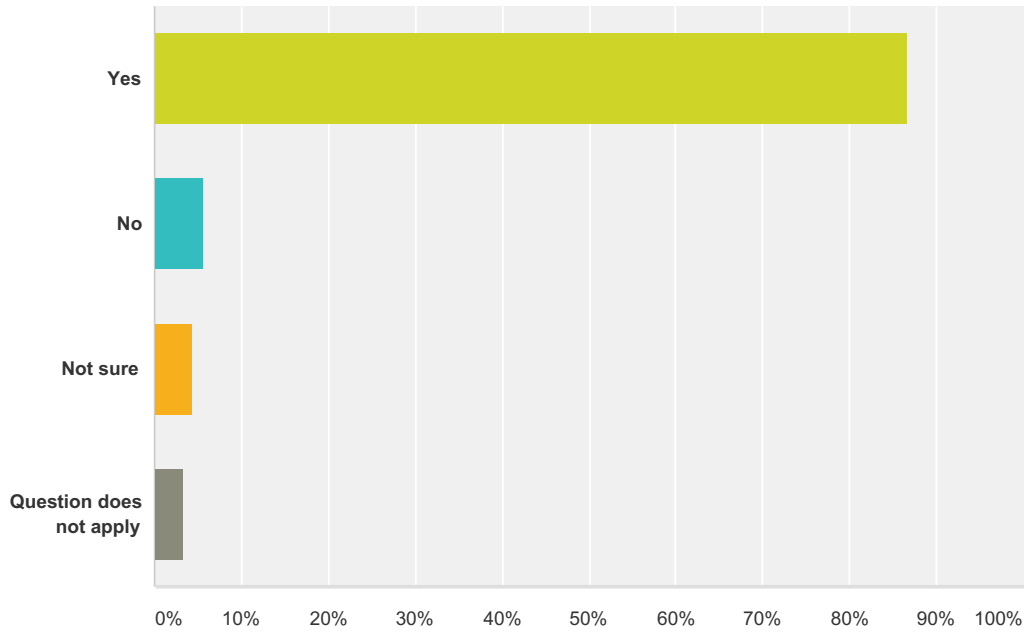
Answered: 479 Skipped: 521



Answer Choices	Responses
Yes	93.11% 446
No	6.89% 33
Total	479

Q30 In the past five years, have you experienced an occasion during which a stable patient was asked to switch from his/her medication by the insurer even though there was no medical reason to do so?

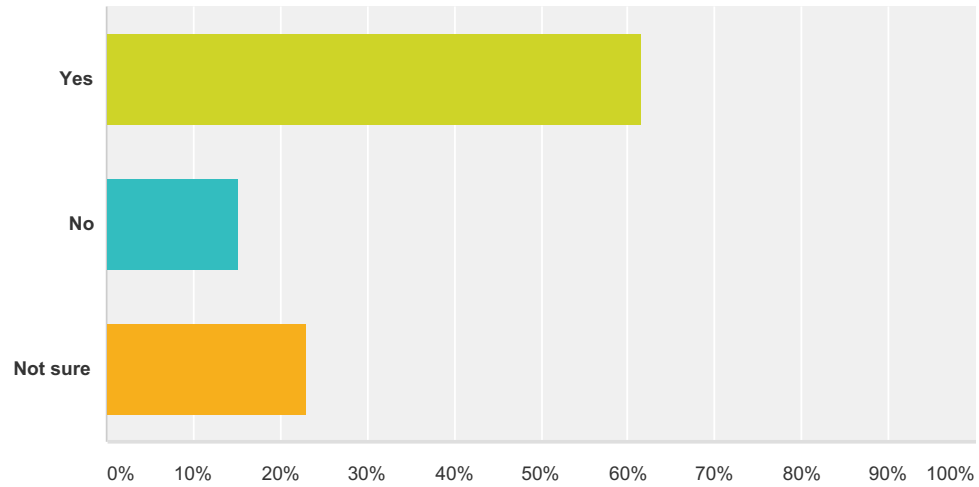
Answered: 477 Skipped: 523



Answer Choices	Responses	
Yes	86.58%	413
No	5.66%	27
Not sure	4.40%	21
Question does not apply	3.35%	16
Total		477

Q31 In the past five years, have you had patients who have had their prescriptions denied because their insurer wanted them to switch to a mail order pharmacy?

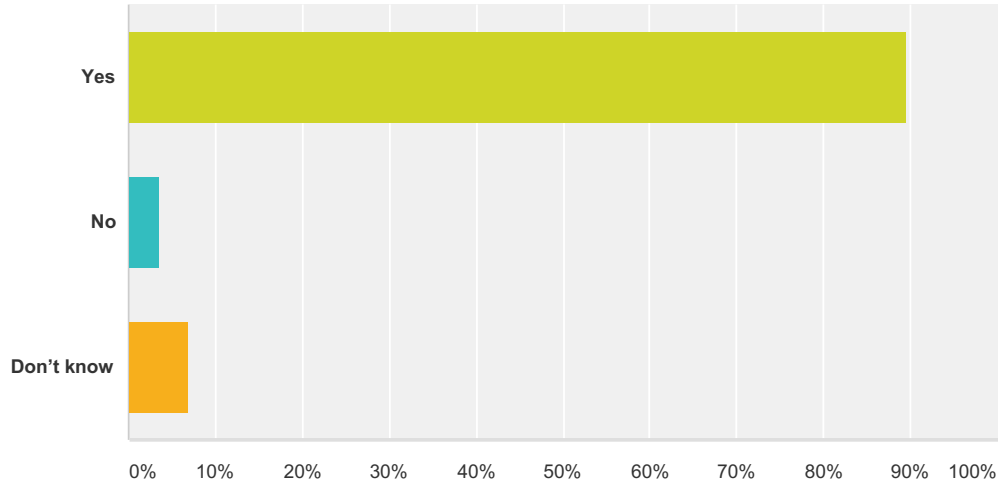
Answered: 477 Skipped: 523



Answer Choices	Responses	
Yes	61.64%	294
No	15.30%	73
Not sure	23.06%	110
Total		477

Q32 Have you experienced a situation where a prescription was issued and an insurer did not approve the prescription?

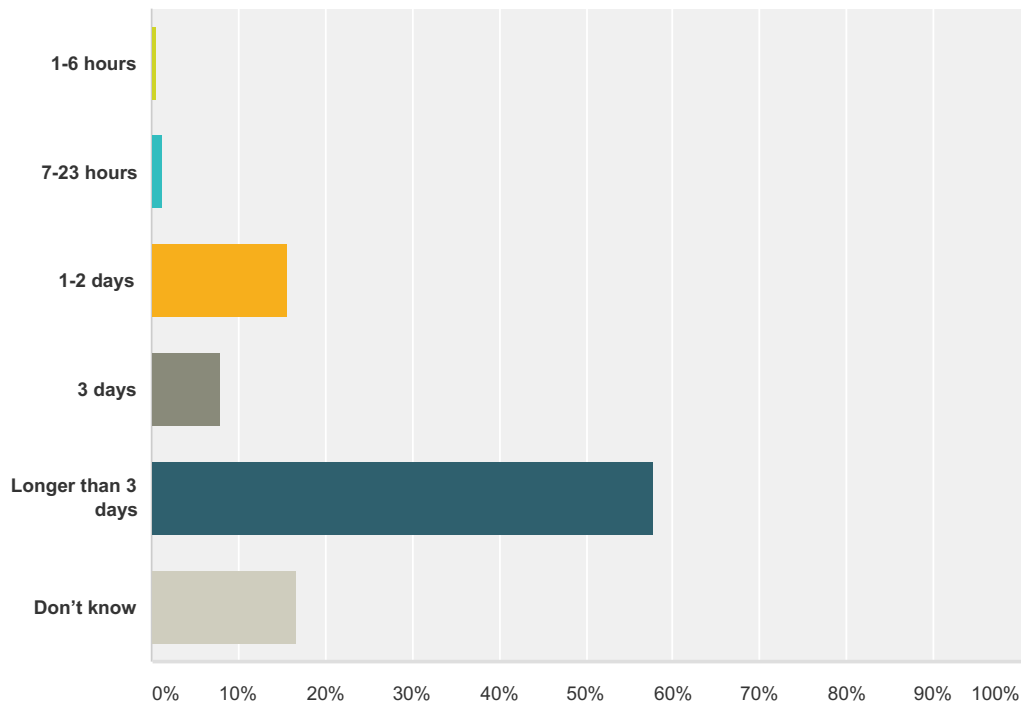
Answered: 478 Skipped: 522



Answer Choices	Responses	Count
Yes	89.54%	428
No	3.56%	17
Don't know	6.90%	33
Total		478

Q33 If yes, how long did it take to get the proper medication to the patient?

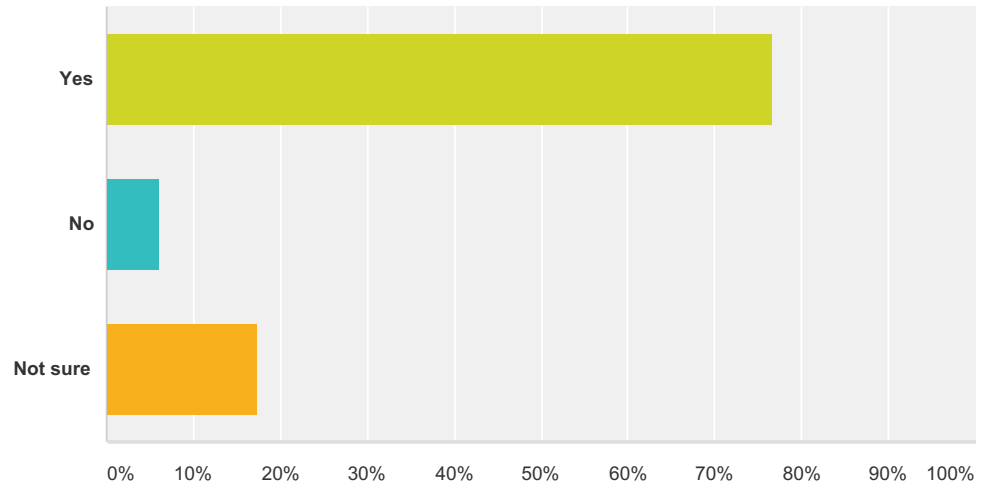
Answered: 426 Skipped: 574



Answer Choices	Responses
1-6 hours	0.70% 3
7-23 hours	1.17% 5
1-2 days	15.73% 67
3 days	7.98% 34
Longer than 3 days	57.75% 246
Don't know	16.67% 71
Total	426

Q34 Was a letter required to the insurer to approve the prescribed drug?

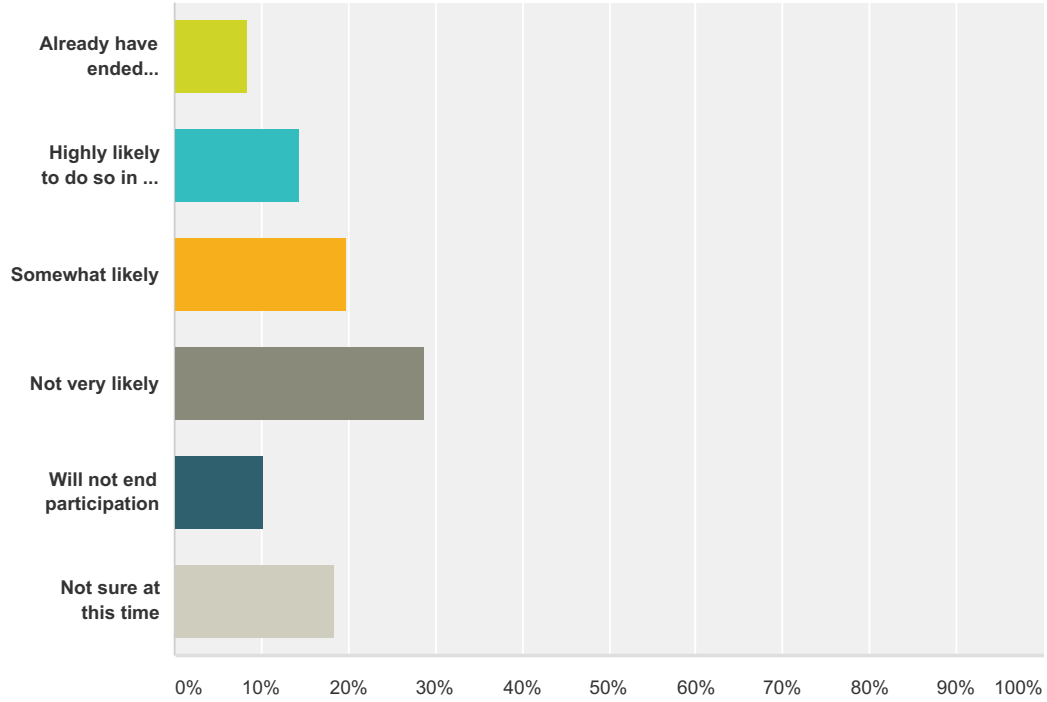
Answered: 427 Skipped: 573



Answer Choices	Responses
Yes	76.58% 327
No	6.09% 26
Not sure	17.33% 74
Total	427

Q35 How likely are you to end your participation with any insurers due to the issues discussed in this survey?

Answered: 873 Skipped: 127



Answer Choices	Responses
Already have ended participation	8.36% 73
Highly likely to do so in the future	14.32% 125
Somewhat likely	19.93% 174
Not very likely	28.87% 252
Will not end participation	10.19% 89
Not sure at this time	18.33% 160
Total	873

Q36 If you would like to be contacted for further participation in our advocacy work on this topic, please enter your name and email address in the fields below.

Answered: 117 Skipped: 883

Answer Choices	Responses	
Name	100.00%	117
Email	100.00%	117