American Academy of Family Physicians National Research Network
Measuring Physicians' Opinions of CER to Strengthen Its Role in Patient-Centered Care

Report to American College of Physicians
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Methods

Participant Selection

The questionnaire was sent to a random sample of 2,000 American Academy of Family Physician (AAFP) active physician members. The sample was selected from the AAFP membership database on April 16, 2015. Selection criteria for the sample included: 1) currently active (non-retired) 2) post-resident trained, and 3) has a U.S mailing address. We mailed the self-administered survey (see Appendix A for survey instrument), along with a $2.00 bill, a cover letter from the AAFP Executive Vice President, and a business reply postage paid envelope. An email reminder, with a link to the survey, was sent to non-responders 3 weeks after the initial mailing. A second email reminder was sent to non-responders 4 weeks following the initial mailing. Lastly, a paper survey was mailed to non-responders 9 weeks from the first mailing. The survey was administered from April 24, 2015 to July 15, 2015. The AAFP Institutional Board approved the study on December 11, 2014.

Of the 2000 surveys mailed to members, 101 were not delivered because of bad addresses. Of the remaining 1899 surveys, 501 were returned by respondents (482 on paper and 19 online) for an overall response rate of 25%. To be eligible for the analysis, physicians had to be currently working in medicine and providing primary care. Of 501 returned surveys, 4 were retired, 4 were not in the workforce for other reasons, and 4 didn't complete eligibility/screening questions. Respondents who did not answer the question on level of familiarity with the concept of comparative effectiveness research (n=48) were also excluded from the analysis. There are 453 respondents included in this report. This report includes a summary of survey findings by categories, descriptive tables of each survey item, and the survey instrument. Differences among subgroups based on age (< 40 years, 40-55 years, >55 years), practice size (solo physician, 2-3 physicians, 4-10 physicians, > 10 physicians), employee vs. owner, gender, professional activity in medical education (yes vs. no), and work status (full-time vs. part-time) were explored for all survey items. Statistically significant ($\alpha < 0.05$) findings from subgroup exploratory analysis are presented.

Key Findings

Familiarity with the term CER Family physicians have only a low level of familiarity with the term CER, with a majority reporting that they are “slightly” or “not at all” familiar with it.

Although they lack familiarity with CER by name, most respondents are confident in their abilities that are needed to use such research, namely finding, assessing, discussing with patients, and applying research findings related to treatment options.

Attitude toward CER The majority agree that it can improve how patients make health care decisions, the relationship between physicians and patients, the quality of patient care, and that CER should be used to develop guidelines. A sizeable minority, about one in five, feel that CER will be used to restrict physician’s freedom to choose treatments for patients. Only a few are skeptical about the validity of most CER.

Barriers to using CER findings Most commonly cited as a major barrier is lack of time to find and read research evidence to inform clinical decision-making. Patients’/families’ inability to pay for recommended care is a sizable barrier to using CER. However, the vast majority of physicians do not consider lack of payment to physicians for applying CER findings as a major barrier.

Trusted sources of research findings Most physicians report a high level of trust in a clinical information reference tool (e.g., UpToDate, Smart Medicine, American Family Physician), research findings from systematic reviews, peer reviewed literature, their medical professional society. CME conferences/webinars and disease-specific associations were moderately reported as trustworthy. One’s employer/institution and websites of government health agencies are less trusted.

Preferred dissemination methods Overall, print is the most preferred way to obtain research findings, followed by live meetings or courses, websites, and email. Virtual and mobile technology had moderate interest, with social media being of little interest.

Medical societies’ roles in disseminating and translating research Most respondents think the AAFP should spend more time disseminating and translating research findings into health care practice for clinicians and, specifically, should use findings to set guidelines, direct physicians to sites where they can obtain research findings, provide direct access to research articles, provide guidance on research articles, provide tools to assist in using results in making decisions with patients, provide educational resources for certification and recertification.

Ways to improve the value of CER Respondents are more likely to value evidence from CER if it is linked to clinical practice guidelines, endorsed by the AAFP, included in the AAFP’s repository of resources, and published in a medical journal. Less than half of respondents reported Certification and CME as ways to increase value of CER and very few found monetary incentives valuable.

Physician Characteristics

Respondents were more likely to be male (57.4%), non-Hispanic white (80.1%), middle-aged (average is 50.1 years), and employees of their practices (62.1%). Physician and practice characteristics are presented in Tables 1 and 2, respectively, (pages 22-26).

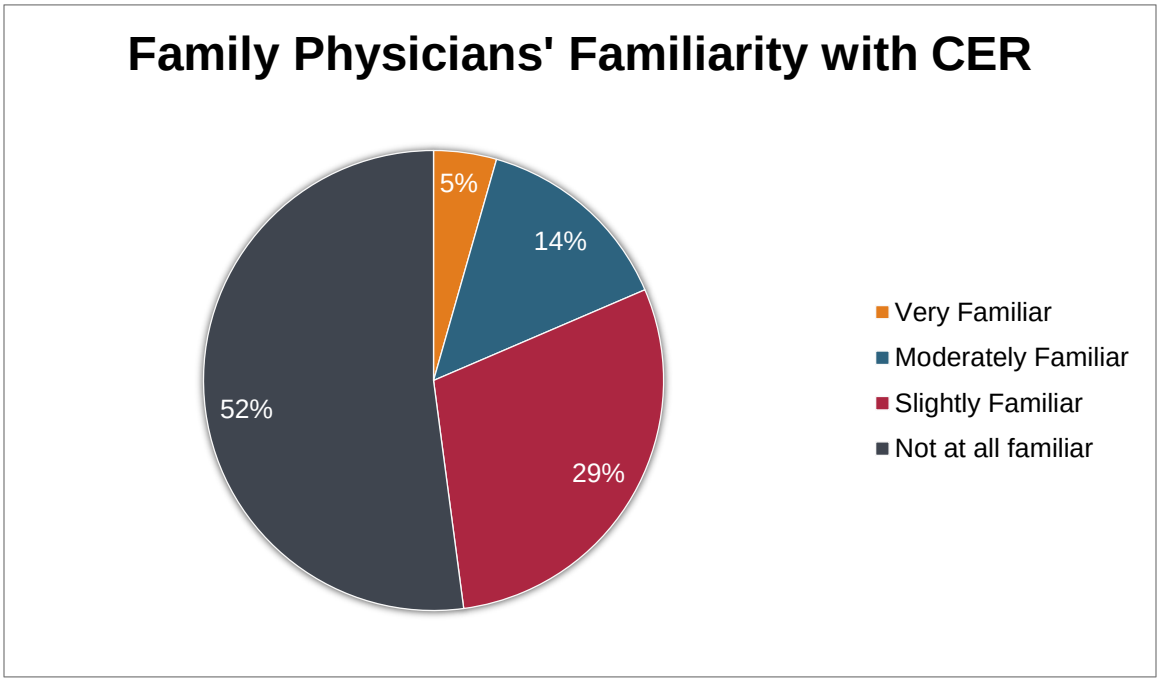
Table 1. Physician Characteristics	
Age in years, mean (SD)	51 (10.5)
Age group, *n* (%)	
<40 years old	77 (17)
40–55 years old	196 (43.3)
>55 years old	175 (38.6)
Unknown	5 (1.1)
Gender, *n* (%)	
Female	192 (42.5)
Male	260 (57.5)
Race/Ethnicity	
Hispanic, Latino, or Spanish origin, *n* (%)	22 (5)
White	363 (80.1)
Black/African American	7 (1.5)
Asian	45 (9.9)
Native Hawaiian/Other Pacific Islander	1 (0.2)
American Indian/Alaska Native	3 (0.7)
Other	19 (4.2)
Location of Medical School, *n* (%)	
U.S.	377 (84.0)
Canada	3 (0.7)
Other	69 (15.4)
Employment Status	
Full-time	390 (86.1)
Part-time	63 (13.9)
<25%	34 (7.5)
25-49%	30 (6.6)
50-74%	41 (9.1)
>74%	348 (76.8)
Primary focus of medicine, *n* (%)	
Family medicine	381 (85.6)
General internal medicine	23 (5.2)
Geriatric medicine	13 (2.9)
Other	28 (6.3)
Hours worked per week in medicine, mean (SD)	48.3 (14.7)
Professional activities ≥ 20% time (select all that apply), *n* (SD)	
Direct patient care	425 (93.8)
Administrative care	173 (38.2)
Medical education/teaching	99 (21.9)
Medical research	12 (2.6)
Other	19 (4.2)

Physician Characteristics

Table 1 (continued). Physician Characteristics	
Patient care setting where you practice, *n* (SD)	
All outpatient	276 (61.9)
Primarily outpatient with some inpatient	152 (34.1)
Primarily inpatient with some outpatient	11 (2.5)
All inpatient	7 (1.6)
Primarily inpatient with some outpatient	11 (2.5)
Owner, employee, or independent contractor status, *n* (SD)	
Full-owner	71 (15.9)
Part-owner	65 (14.6)
Employee	277 (62.1)
Independent contractor	26 (5.8)
Other	7 (1.6)
Practice setting, *n* (%)	
Office-based practice	294 (67.4)
Hospital-based practice	41 (9.4)
Free standing ambulatory care or urgent care center	22 (5)
Health Maintenance Organization (staff model)	9 (2.1)
Medical school/Academic Medical Center/University	19 (4.4)
City/county/state government clinic	10 (2.3)
U.S. government clinic (including VA/military)	18 (4.1)
Institution (prison, nursing home, long term care facility, student health)	7 (1.6)
Other	16 (3.7)
Practice location, *n* (%)	
Rural	119 (26.6)
Suburban	207 (46.3)
Urban, inner city	47 (10.5)
Urban, not inner city	74 (16.6)
Single or multi-specialty practice, *n* (%)	
Single specialty	298 (67.0)
Multi-specialty	147 (33.0)
Number of physicians at primary care site, *n* (%)	
One physician	75 (16.7)
2-3 physicians	96 (21.4)
4-10 physicians	150 (33.5)
11-50 physicians	95 (21.2)
51-100 physicians	8 (1.8)
>100 physicians	24 (5.4)
Primary care site owner, n (%)	
Physician or physician group	162 (26.6)
Hospital	72 (16.3)
Health care system	100 (22.6)
Insurance company, health plan, or HMO	7 (1.6)
Academic Medical Center/Medical School/University	25 (5.6)
Community Health Center	27 (6.1)
Federal/state/local government (including VA/military)	33 (7.4)
Other	17 (3.8)

Physicians' Familiarity with CER

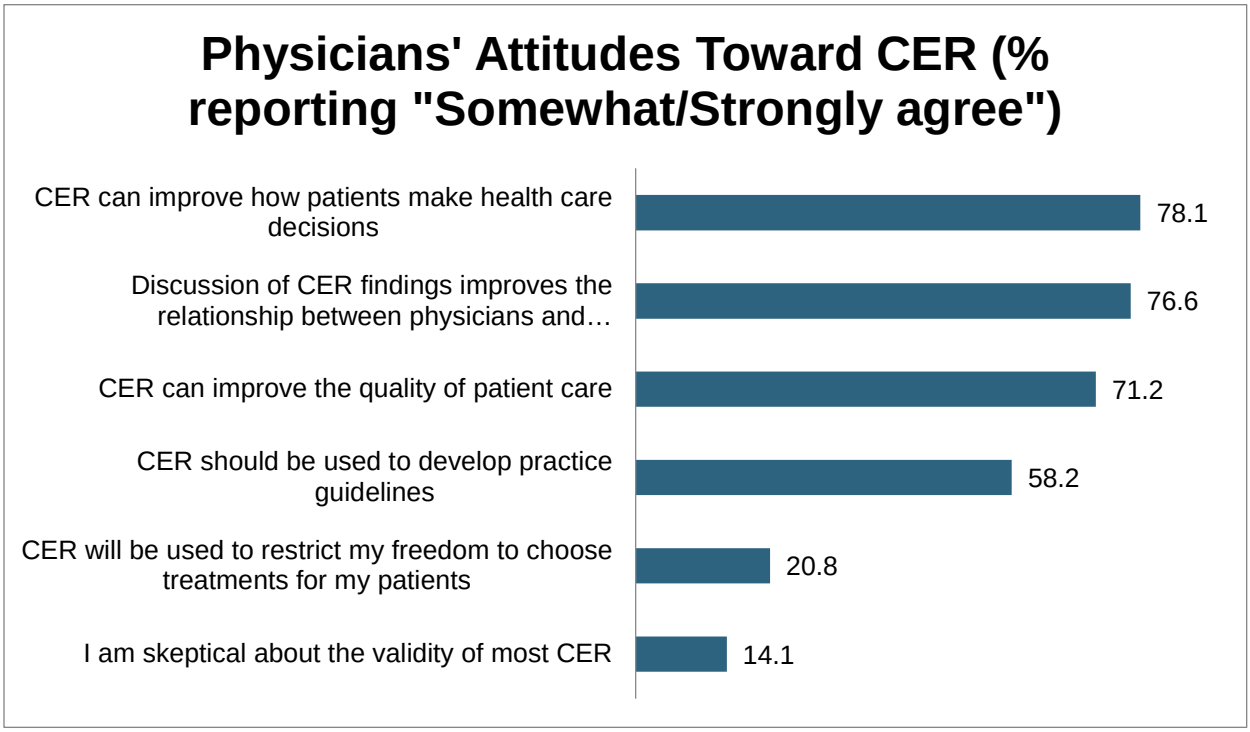
AAFP members were asked how familiar they are with the concept of comparative effectiveness research. More than half of the respondents (52.1%) were not at all familiar with the concept "comparative effectiveness research (CER)". Over one-fourth (29.4%) are slightly familiar with the concept.



- More than half (52%) of physicians are not familiar with concept of CER.
- Females were more likely than males to report no familiarity with CER (53.8% versus 46.2%, $p < .001$).

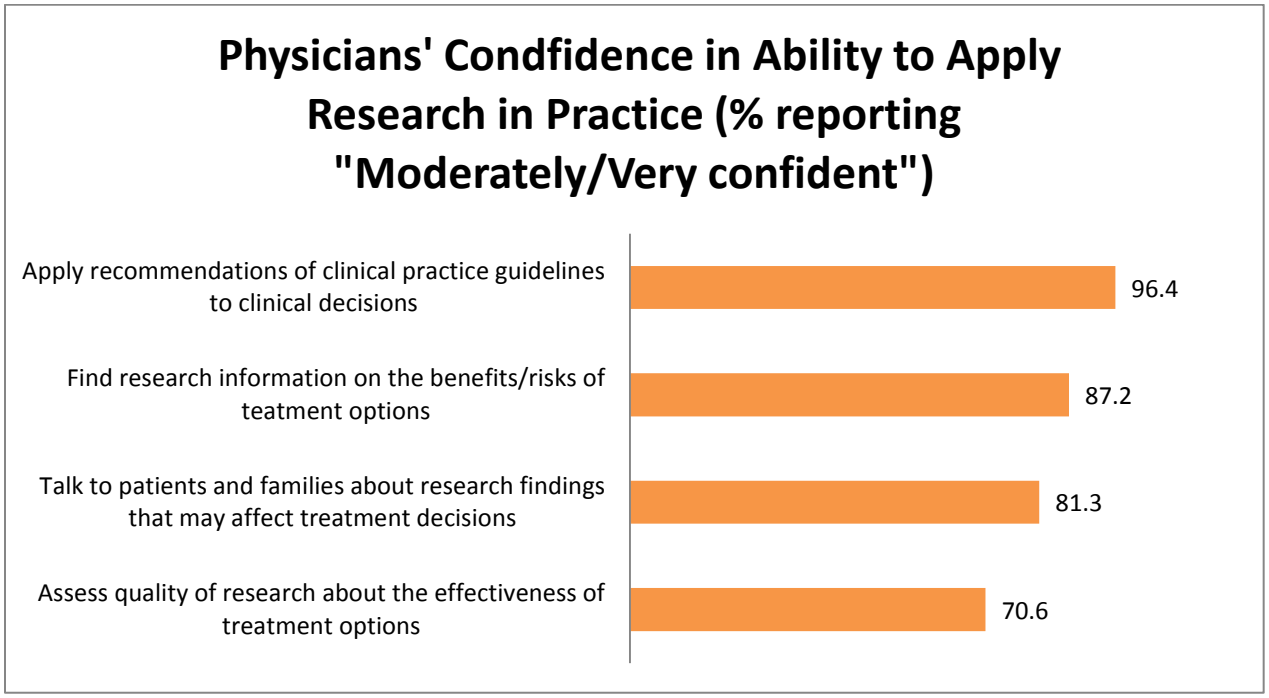
Physicians' Attitudes Toward CER

Physicians were given the following definition of CER in the survey, "Comparative effectiveness research (CER) compares the outcomes resulting from two or more health care services or treatments and provides evidence about the relative effectiveness of each, including risks and benefits, so that a physician and a patient/family member can work together to understand the facts about different treatments and make the best treatment choices for that patient".



- Most respondents agree when given this definition of CER that CER can improve outcomes including: 1) quality of patient care (71%), 2) relationship between physician and patients/families (77%), and 3) how patients make health care decisions (78%).
- One in five family physicians agreed that CER will be used to restrict their freedom to choose treatments for their patients.
- Approximately 14% of family physicians reported that they are skeptical about the validity of most CER.
- Only 9% of family medicine physicians reported that they would be somewhat or very likely to maintain their original treatment approach in light of a research study showing a more effective treatment option (not presented in chart).
- Most family medicine physicians think that CER studies will be somewhat or very important in their treatment decisions in the next 2-3 years (not presented in chart)

Physicians' Confidence in Ability to Apply CER



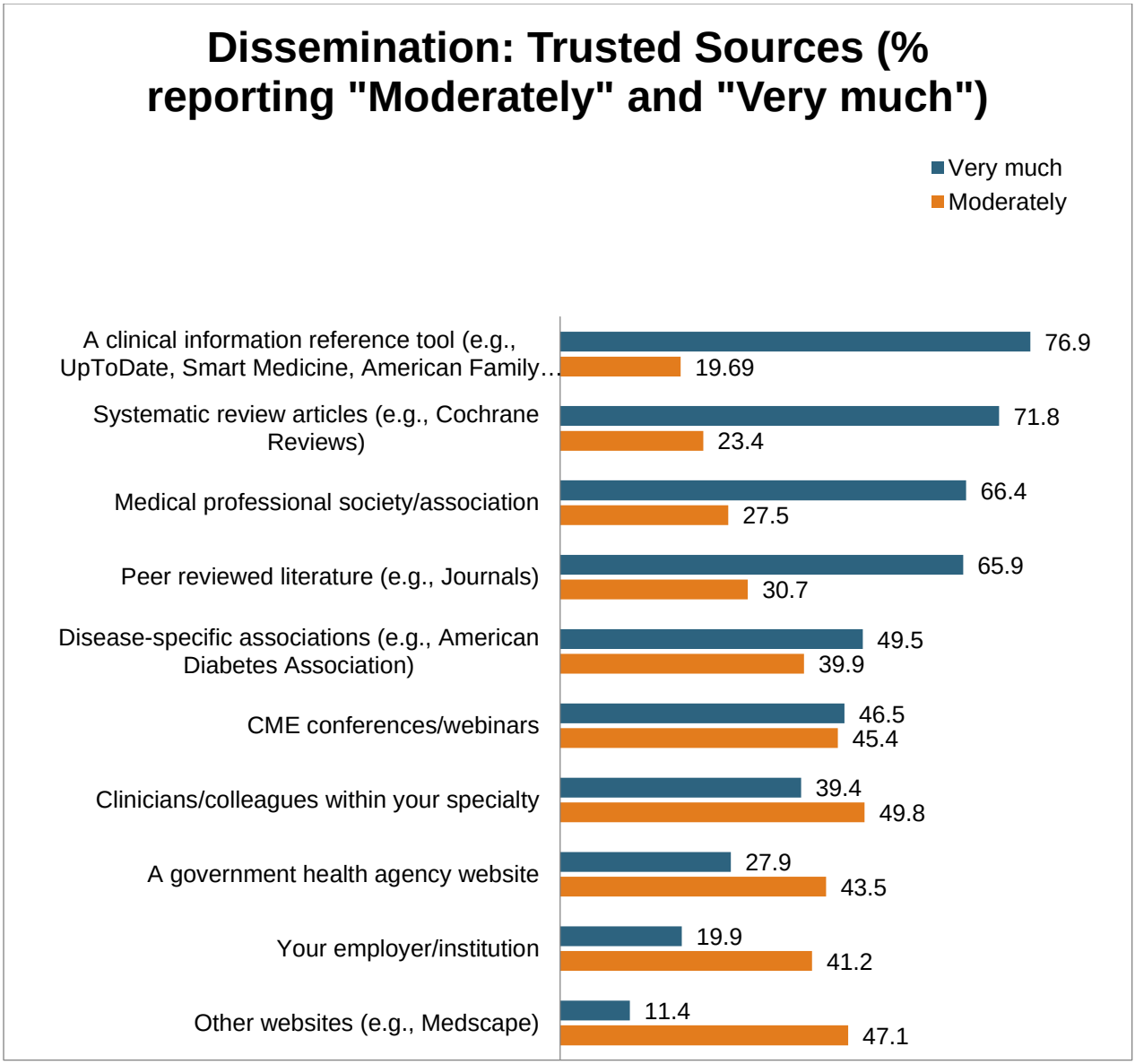
- Almost all physicians (96%) reported that they are confident in their ability to apply recommendations of clinical practice guidelines to their clinical decisions.
- Close to 9 out of 10 (87%) physicians are confident in their ability to find research information on benefits/risks of treatment options for specific conditions.
- Most physicians (81%) are confident to talk to patients and families about research findings that may affect treatment decisions.
- Seventy-one percent of physicians are confident in ability to assess quality of research about effectiveness of treatment options


Barriers to Incorporating CER Findings into Practice (% reporting "Major" barrier)
Lack of time to find/read research evidence to inform your clinical decisions
67.3
Patients'/families' inability to pay for recommended care
55.5
Difficulty in finding the research evidence to inform your clinical decisions
35.8
Lack of relevant CER findings available in your area of clinical practice
29.4
Limited applicability of research findings to the uniqueness (e.g., comorbidities) of each patient
27.3
Lack of effective tools/resources to give to patients/families
23.7
Difficulty convincing patients/families to accept a change in treatment based on research findings
22.9
Lack of confidence in evaluating the quality of research findings
17.9
Lack of payment for applying the research evidence
14.6
Patients/families unwilling to discuss the pros and cons of treatment alternatives
13.5
Insufficient training on how to engage patients/families in decision-making
8

Barriers to Incorporating CER Findings into Practice

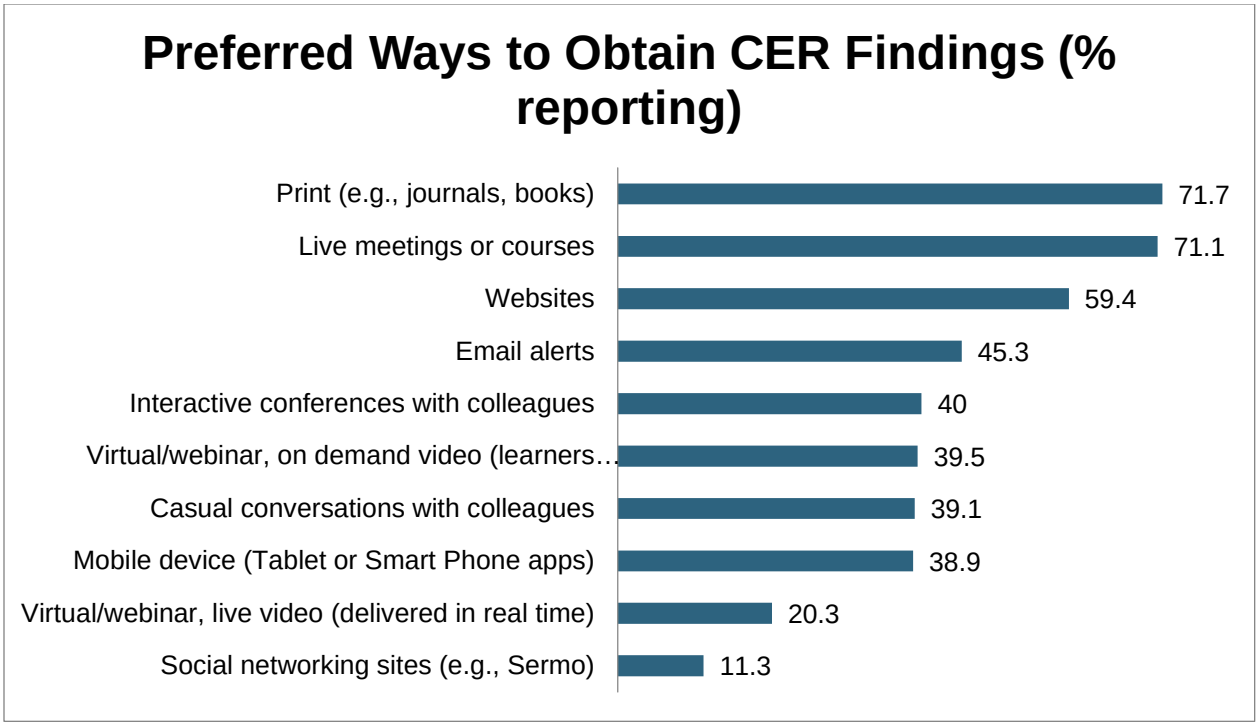
- Lack of time to find/read research evidence and patients'/families' inability to pay for recommended care were reported as major barriers by over 50% of respondents.
- Physicians that spend at least 20% of time in medical education/teaching are more likely to report that "Lack of confidence in evaluating the quality of research evidence" is not a barrier compared to other physicians (31.3% versus 20.0%, $p < .05$).
- Solo physicians are more likely to report that "Lack of confidence in evaluating the quality of research findings" is not a barrier compared to other physicians (31.0% compared to 14.6-28.2%, $p<.05$).
- Physician owners are more likely to select that "Lack of confidence…findings" is not a barrier compared to employed physicians (26.4% versus 14.3%, $p<.05$).
- Physicians not familiar with CER…
    - More likely to report "Lack of confidence…findings" is a major barrier than others (22.9% compared to 11.2%-13.4%, $p<.001$).
    - More likely to perceive that "Lack of effective tools/resources to give to patients/families is a major barrier than physicians slightly and moderately/very familiar with CER (28.8% compared to 16.1-20.7%, $p<.05$.
    - More likely to perceive that "Lack of relevant CER findings available in your area of clinical practice" is a major barrier than others. (36.6% compared to 18.0-27.2%, $p<.01$)
- Physicians older than 55 years…
    - More likely to report "Limited applicability of research findings to the uniqueness (e.g., comorbidities) of each patient" is a major barrier compared to physicians 40-55 years, and younger than 40 years (34.1%, 24.1%, 18.2%, respectively, $p<.01$).
    - More likely to report "Difficulty in finding the research evidence to inform your clinical decisions" as a major barrier (45.8%) compared to physicians age 40-55 (30.9%) and less than 40 years (26.0%), $p<.005$.
- Physicians less than 40 years old are more likely to perceive that "Insufficient training on how to engage patients/families" is not a barrier compared to other age groups (71.1% compared to 47.3-58.6%, $p<.01$).
- Part-time physicians…
    - More likely to report the major barrier "Limited applicability of research findings to the uniqueness…patient" compared to full-time physicians (39.3% versus 25.3%, $p<.05$).
    - More likely than full-time physicians to report that, "Difficulty convincing patients/families to accept a change in treatment based on research findings" is a major barrier (38.3% versus 20.4, $p<.01$).
- More than 7 out of 10 AAFP respondents reported a high level of trust in research findings from clinical reference tools and systematic review articles, followed by medical professional society and peer reviewed literature. Less trusted resources include government health agency website, employer/institutions, and other websites (e.g., Medscape).

Dissemination: Trusted Sources



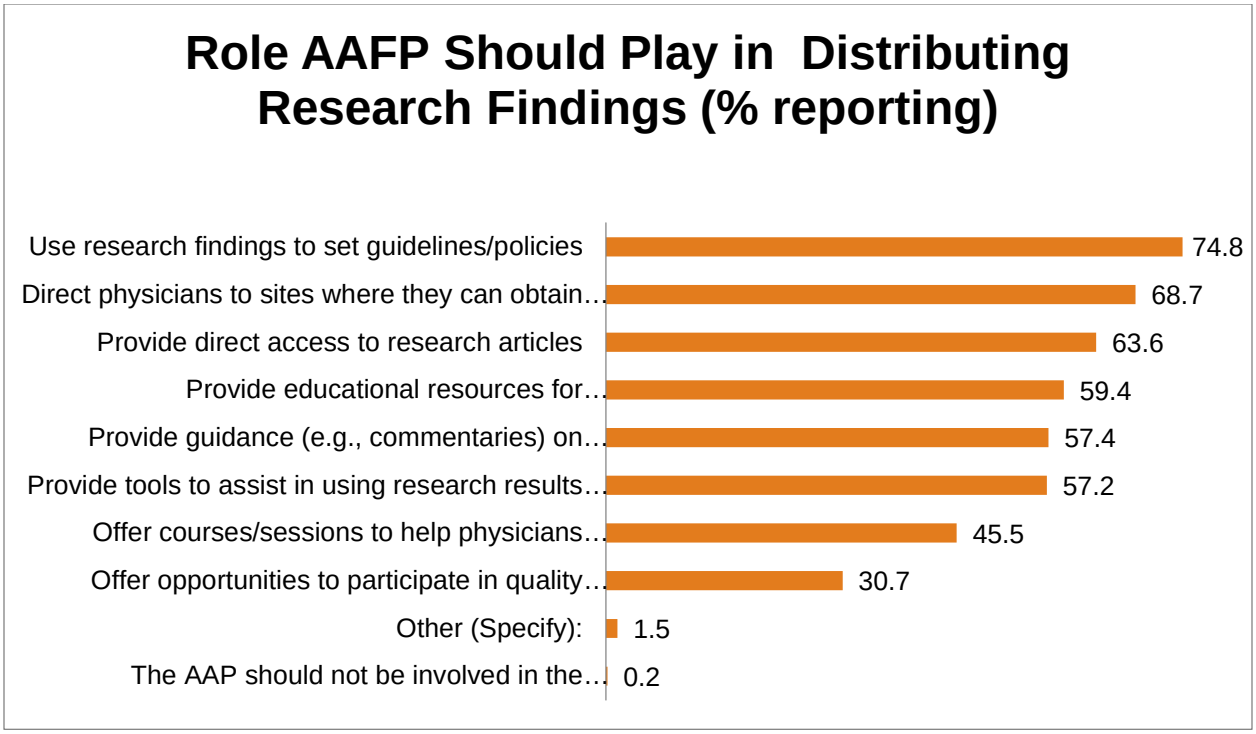
Print is the most preferred way to obtain research findings, followed by live meetings or courses, and websites. For the other options, less than half of the respondents (for each item) preferred email alerts, interactive conferences with colleagues, virtual/webinar, on demand, and other methods.

Dissemination: Preferred Ways to Obtain CER Findings



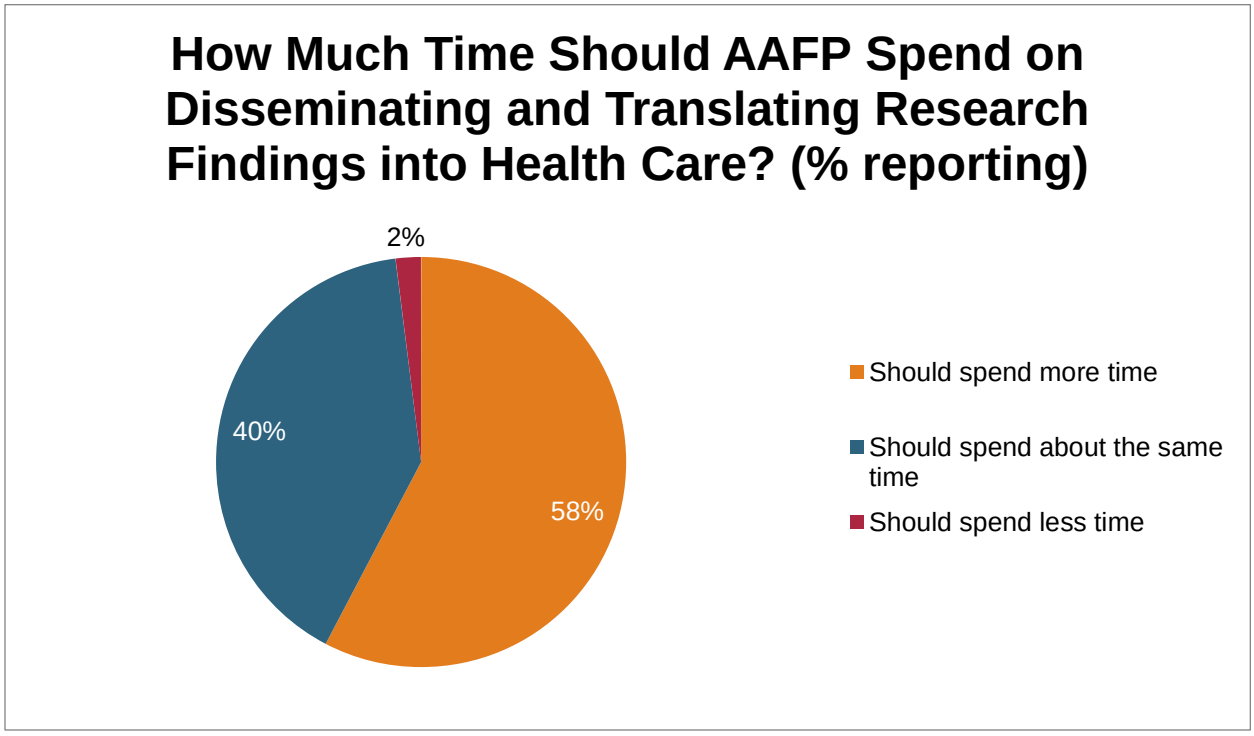
- Physicians from larger size physician group practices are more likely to prefer email alerts. Physicians from practices with more than 10 physicians selected email alerts (50.4%), compared to physicians from 4-10 physician sites (52%), physicians from 2-3 physician sites (35.4%), and solo physicians (38.7%), p<.05.
- Physicians younger than 40 years…
    - Prefer email alerts more than other age groups (58.4% compared to 36-48%, p<.01).
    - Prefer websites more than other age groups (74.0% compared to 49.1-63.3, p<.001).

Dissemination: Role of AAFP



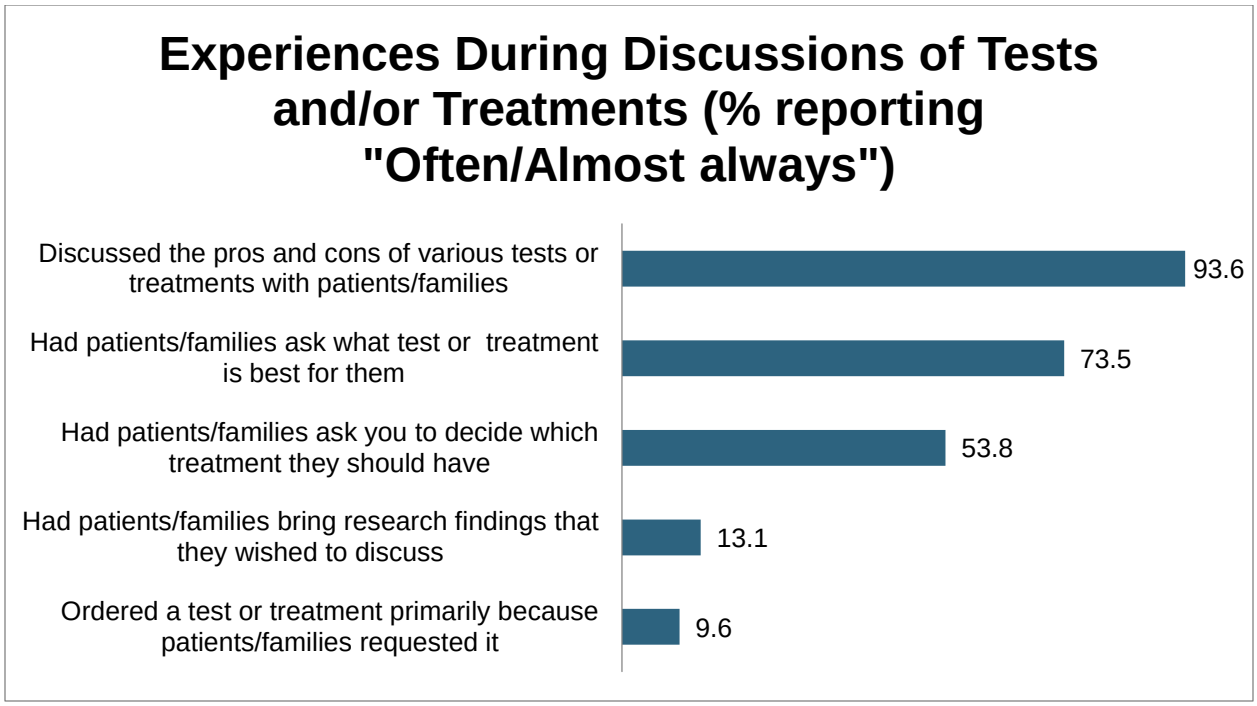
- More than 7 out of 10 respondents would like for the AAFP to use research findings to set guidelines/policies.
- Close to 70% of physicians would like for the AAFP to direct physicians to sites where they can obtain research findings.
- Only 1 person responded that the AAFP should not be involved in the distribution of research findings.

Dissemination: Role of AAFP



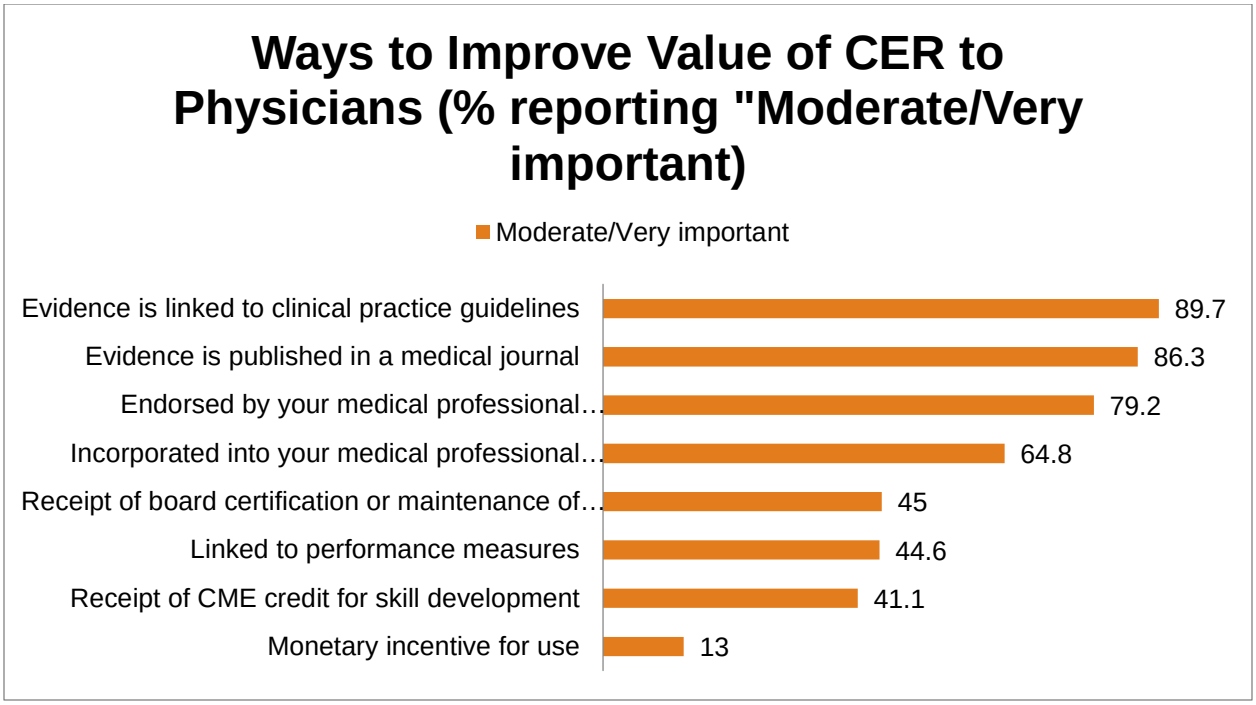
- Most physicians think that the AAFP should spend more time disseminating and translating research findings into health care practice for clinicians.
- Only 2% think the AAFP should spend less time.

Current Behaviors Related to CER



- Only 13% of physicians reported that patients/families brought research findings to discuss.
- Patients/families often ask what test or treatment is best for them (74%).
- More often than not, patients/families ask physicians to decide which treatment they should have (53.8%).
- Most physicians (94%) discussed the pros and cons of various tests or treatments with patients/families.

Ways to Improve Value of CER



- Physicians are more likely to value CER if it is linked to clinical practice guidelines (90%), if the evidence is published in a medical journal (86%), or endorsed by their medical professional society (79%).
- Most physicians reported that incorporating CER into their medical professional society's toolkit of resources would improve value (65%).

AAFP CER Descriptive Tables
09/08/2015

Response Counts

	N
Completed responses	501
Ineligible responses (retired, not in workforce for other reasons, not delivering primary care, didn't answer familiarity to CER item)	48
Total	453

1. Which of the following best describes your employment/professional situation?

	N	%
Full-time	390	86.1%
Part-time	63	13.9%
Total	453	100.0%

2. What percentage of your professional time is spent delivering primary care to your patients?

	N	%
Less than 25%	34	7.5%
25% to 49%	30	6.6%
50% to 74%	41	9.1%
75% or more	348	76.8%
Total	453	100.0%

3. During the past 12 months, how often have you done or experienced each of the following when tests and/or treatments are being discussed? *Please select ONE response for EACH statement.*

	Never	Rarely	Sometimes	Often	Almost Always	N
a. Discussed the pros and cons of various tests or treatments with patients/families	0%	0.7%	5.8%	39.9%	53.7%	451
b. Had patients/families ask what test or treatment is best for them	0.4%	5.3%	20.7%	47.0%	26.5%	449
c. Ordered a test or treatment primarily because patients/families requested it	0.9%	32.1%	57.4%	8.0%	1.6%	448
d. Had patients/families bring research findings that they wished to discuss	8.9%	36.7%	41.2%	12.0%	1.1%	449
e. Had patients/families ask you to decide which treatment they should have	0.7%	6.9%	38.6%	47.8%	6.0%	448

4. How confident are you in your ability to do each of the following? *Please select ONE response for EACH statement.*

	Not at all confident	Slightly confident	Moderately confident	Very confident	N
a. Find research information on the benefits and risks of various treatment options for specific conditions	1.8%	11.1%	50.6%	36.6%	451
b. Assess the quality of research about the effectiveness of treatment options for specific conditions	3.3%	26.1%	48.7%	21.9%	448
c. Talk to your patients and families about research findings that may affect treatment decisions	1.1%	17.6%	51.0%	30.3%	449
d. Apply the recommendations of clinical practice guidelines to your clinical decisions	0%	3.6%	45.3%	51.1%	450

5. A concept that is emerging in medicine is known as comparative effectiveness research (CER). How familiar are you with the concept of CER?

	N	%
Very familiar	20	4.4%
Moderately familiar	64	14.1%

Slightly familiar	133	29.4%
Not at all familiar	236	52.1%
Total	453	100.0%

6. Comparative effectiveness research (CER) compares the outcomes resulting from two or more health care services or treatments and provides evidence about the relative effectiveness of each, including risks and benefits, so that a physician and a patient/family member can work together to understand the facts about different treatments and make the best treatment choices for that patient. Based on this definition, to what extent do you agree or disagree with the following statements? *Please select ONE response for EACH statement.*

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Uncertain	N
a. Discussion of CER findings improves the relationship between physicians and patients/families	0.9%	1.8%	13.3%	37.8%	38.7%	7.4%	444
b. CER will be used to restrict my freedom to choose treatments for my patients	14.9%	27.1%	28.9%	15.1%	5.6%	8.4%	443
c. CER can improve how patients make health care decisions	0.5%	2.5%	13.7%	50.0%	28.1%	5.3%	438
d. I am skeptical about the validity of most CER	11.4%	26.4%	36.4%	10.5%	3.6%	11.8%	440
e. CER can improve the quality of patient care	0.5%	2.7%	17.1%	45.0%	26.3%	8.4%	438
f. CER should be used to develop practice guidelines	2.3%	6.8%	21.6%	32.0%	26.1%	11.1%	440

7. If you were deciding whether or not to integrate a specific CER finding into your clinical decision-making, how important would each of the following be to your decision? *Please select ONE response for EACH statement.*

	Not at all important	Slightly important	Moderately important	Very important	Uncertain	N
a. Evidence is published in a medical journal	2.0%	10.6%	34.7%	51.6%	1.1%	444
b. Evidence is linked to clinical practice guidelines	1.6%	7.2%	29.9%	59.8%	1.6%	445
c. Endorsed by your medical professional society/association	2.7%	15.7%	37.7%	41.5%	2.5%	446
d. Incorporated into your medical professional society's toolkit of resources	9.1%	20.5%	37.9%	26.9%	5.5%	438

e. Monetary incentive for use	64.1%	18.2%	10.1%	2.9%	4.7%	446
f. Receipt of CME credit for skill development	22.7%	32.4%	26.7%	14.4%	3.8%	445
g. Receipt of board certification or maintenance of certification credit	19.1%	31.5%	28.1%	16.9%	4.5%	445
h. Linked to performance measures	22.9%	26.2%	31.8%	12.8%	6.3%	446

8. How much of a barrier are each of the following to your incorporating new CER findings into your clinical decision-making? *Please select ONE response for EACH statement.*

	Not a Barrier	Minor Barrier	Major Barrier	N
a. Difficulty in finding the research evidence to inform your clinical decisions	11.3%	52.8%	35.8%	441
b. Lack of time to find/read research evidence to inform your clinical decisions	3.4%	29.3%	67.3%	441
c. Lack of confidence in evaluating the quality of research findings	22.4%	59.6%	17.9%	441
d. Lack of payment for applying the research evidence	53.4%	32.0%	14.6%	438
e. Limited applicability of research findings to the uniqueness (e.g., comorbidities) of each patient	9.9%	62.8%	27.3%	436
f. Difficulty convincing patients/families to accept a change in treatment based on research findings	17.8%	59.3%	22.9%	437
g. Patients'/families' inability to pay for recommended care	10.5%	34.0%	55.5%	438
h. Patients/families unwilling to discuss the pros and cons of treatment	37.4%	49.1%	13.5%	438

alternatives				
i. Insufficient training on how to engage patients/families in decision-making	56.5%	35.5%	8.0%	439
j. Lack of effective tools/resources to give to patients/families	21.5%	54.8%	23.7%	438
k. Lack of relevant CER findings available in your area of clinical practice	21.5%	49.1%	29.4%	432

9. If you were looking for new research findings to integrate into your clinical decision-making, to what extent would you trust the information from each of the following sources? *Please select ONE response for EACH statement.*

	Not at all	Slightly	Moderately	Very much	Uncertain	N
a. Medical professional society/association	0.2%	5.4%	27.5%	66.4%	0.5%	443
b. Your employer/institution	10.0%	24.4%	41.2%	19.9%	4.5%	442
c. Clinicians/colleagues within your specialty	0.5%	9.7%	49.8%	39.4%	0.7%	444
d. Disease-specific associations (e.g., American Diabetes Association)	1.1%	8.8%	39.9%	49.5%	0.7%	444
e. Peer reviewed literature (e.g., Journals)	0.5%	2.3%	30.7%	65.9%	0.7%	443
f. Systematic review articles (e.g., Cochrane Reviews)	0.5%	3.2%	23.4%	71.8%	1.1%	444
g. A clinical information reference tool (e.g., UpToDate, Smart Medicine, American Family Physician)	0.7%	1.8%	19.6%	76.9%	1.1%	445
h. CME conferences/webinars	0.7%	6.7%	45.4%	46.5%	0.7%	445
i. A government health agency website	5.4%	22.3%	43.5%	27.9%	0.9%	444
j. Other websites (e.g., Medscape)	6.9%	27.2%	47.1%	11.4%	7.3%	437

10. Suppose you went to one of your trusted sources and found a research study showing that a particular treatment option was more effective than one you had always recommended. How likely would you be to take each of the following clinical decision-making approaches? *Please select ONE response for EACH statement.*

	Very unlikely	Somewhat Unlikely	Neither likely nor unlikely	Somewhat Likely	Very Likely	N
a. I would maintain my original treatment approach without changes	32.4%	46.4%	12.2%	7.2%	1.8%	442
b. I would investigate further through additional resources	0.5%	4.3%	5.4%	54.3%	35.6%	444
c. I would assess the quality of the research, its validity, and generalizability to my patients	1.6%	2.5%	11.1%	47.0%	37.9%	443
d. I would speak with/get opinion from colleagues before recommending the more effective treatment	2.7%	10.8%	16.9%	49.8%	19.8%	444
e. I would begin to recommend the more effective treatment option	0.5%	2.3%	15.3%	54.5%	27.5%	444
f. I would focus on the patient's/family's concerns in conjunction with my intuition when comparing the treatments	2.3	4.3	15.6	45.2	32.6	442

11. How frequently do you apply CER in your practice when appropriate?

	N	%
Almost always	45	10.5%
Often	138	32.3%
Sometimes	135	31.6%
Rarely	43	10.1%

Never	66	15.5%
Total	427	100%

12. (A) If you were looking for CER findings to integrate into your clinical decision-making, in which of the following ways would you prefer to obtain the research findings? *Please choose ALL that apply.* **(N = 453)**

	N	%
a. Print (e.g., journals, books)	325	71.7%
b. Email alerts	205	45.3%
c. Websites	269	59.4%
d. Social networking sites (e.g., Sermo)	51	11.3%
e. Mobile device (Tablet or Smart Phone apps)	176	38.9%
f. Live meetings or courses	322	71.1%
g. Casual conversations with colleagues	177	39.1%
h. Interactive conferences with colleagues	181	40.0%
i. Virtual/webinar, live video (delivered in real time)	92	20.3%
j. Virtual/webinar, on demand video (learners need not participate in real time)	179	39.5%

12. (B) If you were looking for CER findings to integrate into your clinical decision-making, what would be your MOST preferred way to obtain the research findings? *Please select ONE response.*

	N	%
Print (e.g., journals, books)	136	34.5%
Email alerts	60	15.2%
Websites	78	19.8%
Social networking sites (e.g., Sermo)	0	0.0%
Mobile device (Tablet or Smart Phone apps)	43	10.9%
Live meetings or courses	54	13.7%
Casual conversations with colleagues	3	0.8%
Interactive conferences with colleagues	11	2.8%
Virtual/webinar, live video (delivered in real time)	1	0.3%
Virtual/webinar, on demand video (learners need not participate in real time)	8	2.0%
Total	453	100.0%

13. If there are any other ways in which you would like to obtain research findings, please specify.

13. Other_Verbatim Responses

	Frequency	Percent	Valid Percent	Cumulative Percent
	408	90.1	90.1	90.1
AAFP journals	1	.2	.2	90.3
AAFP website	1	.2	.2	90.5
American Family Physician	1	.2	.2	90.7
Audio resources with reviews - audio digest and journal watch audio (preferred)	1	.2	.2	90.9
Choosing Wisely monthly newsletter would be nice.	1	.2	.2	91.2
CME CDs	1	.2	.2	91.4
CME, FP meetings.	1	.2	.2	91.6
Concise executive summary sent via email with more information if interested on web link.	1	.2	.2	91.8
Discussion with experts/specialists.	1	.2	.2	92.1
Do it myself.	1	.2	.2	92.3
Embed C and R into the EMR (or at least a direct link to useful info like UptoDate, ?, etc.).	1	.2	.2	92.5
Family Medicine Smart Briefs would be perfect!	1	.2	.2	92.7
Google question which brings up articles which I review through PubMed	1	.2	.2	92.9

	How does USPSTF fit in?	1	.2	.2	93.2
	I really like Essential Evidence Plus which predigests the evidence and present searchable website and emails.	1	.2	.2	93.4
	Inbed in practice guidelines.	1	.2	.2	93.6
	Integrated into EMR decision making tools.	1	.2	.2	93.8
	JAAFP, AFP	1	.2	.2	94.0
	Journal Club	1	.2	.2	94.3
	Journals - includes e-?	1	.2	.2	94.5
	Local hospital presentations and communications.	1	.2	.2	94.7
	Magazine ? subjects explain and detailed references.	1	.2	.2	94.9
	Mail	1	.2	.2	95.1
	Mail; CME	1	.2	.2	95.4
	Mostly ? in AAPs format for easy ?.	1	.2	.2	95.6
	None	1	.2	.2	95.8
	Online version of journal.	1	.2	.2	96.0
	Patients bring in, colleagues/friends who are specialists let me know, emails from AAFP.	1	.2	.2	96.2
	Podcasts	1	.2	.2	96.5

Point of care built into EMR.	1	.2	.2	96.7
Published on assoc. website with alerts.	1	.2	.2	96.9
PubMed	1	.2	.2	97.1
Reprints	1	.2	.2	97.4
Searchable web database.	1	.2	.2	97.6
Specialty Association CME on Rust Therapy for specific condition.	1	.2	.2	97.8
Subscriptions like UTD/epocrates.	1	.2	.2	98.0
UpToDate	6	1.3	1.3	99.3
Vulcan Mind Meld	1	.2	.2	99.6
Webinar - CME	1	.2	.2	99.8
Why no one central "here it is guys" info resource (NIH, CDC) to simplify search?	1	.2	.2	100.0
Total	453	100.0	100.0	

14. What role, if any, should the AAFP play in distributing research findings for clinical decision-making? *Please choose ALL that apply.* **(N = 453)**

	N	%
a. Use research findings to set guidelines/policies	339	74.8
b. Provide direct access to research articles	288	63.6
c. Direct physicians to sites where they can obtain appropriate and applicable research information	311	68.7
d. Offer courses/sessions to help physicians communicate effectively with patients/families	206	45.5
e. Provide tools to assist in using research results in making decisions with patients/families	259	57.2
f. Offer opportunities to participate in quality improvement (QI)	139	30.7

programs		
g. Provide educational resources for certification/recertification	269	59.4
h. Provide guidance (e.g., commentaries) on research articles to put findings in perspective for my clinical practice	260	57.4
i. Other (Specify):	7	1.5
j. The AAP should not be involved in the distribution of research findings	1	0.2

14. Other, specify:

14. Other_Verbatim Responses

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	445	98.2	98.2	98.2
Allow AAFP members access to Cochrane Reviews.	1	.2	.2	98.5
As in 13	1	.2	.2	98.7
Education material for patient and family free readily?	1	.2	.2	98.9
Improve access to Cochrane Reviews	1	.2	.2	99.1
Provide forum to share/update guidelines.	1	.2	.2	99.3
Since I have library access I did not choose #2 above.	1	.2	.2	99.6
Stay out of policy making and making guidelines.	1	.2	.2	99.8
Summarize comparisons and recommendations.	1	.2	.2	100.0
Total	453	100.0	100.0	

15. Overall, do you think the AAFP should spend more, about the same, or less time disseminating and translating research findings into health care practice for clinicians?

	%	N
Should spend more time	57.7%	256
Should spend about the same time	40.3%	179
Should spend less time	2.0%	9
Total	100.0%	444

16. In the next 2-3 years, how important do you think the findings from comparative effectiveness research (CER) studies will be in your treatment decisions?

	N	%
Very important	188	42.6%
Somewhat important	203	46.0%
Not important	11	2.5%
Uncertain	39	8.8%
Total	441	100.0%

17. What area of medicine is your primary focus; i.e., the one in which you spend the most hours per week? Please mark ONE response.

	N	%
Family medicine	381	85.6%
General internal medicine	23	5.2%
Geriatric medicine	13	2.9%
Pediatrics	0	0.0%
Other	28	6.3%
Total	445	100.0%

18. During a typical complete work week, approximately how many hours do you work in medicine? (Include all volunteer and paid patient care and medically-related research, administration, teaching, etc.)

Min - Max	Mean	SD	N
4 - 120	48.27	14.72	430

19. In which professional activities do you spend at least 20% of your time? *Please choose ALL that apply.* **(N = 453)**

	N	%
Direct patient care	425	93.8%
Administrative activities	173	38.2%
Medical education/teaching	99	21.9%
Medical research	12	2.6%
Other	19	4.2%

20. In which of the following settings do you provide your patient care? *Please mark ONE response.*

	N	%
All outpatient	276	61.9%
Primarily outpatient with some inpatient	152	34.1%
Primarily inpatient with some outpatient	11	2.5%
All inpatient	7	1.6%
Primarily inpatient with some outpatient	11	2.5%
Total	446	100.0%

21. Which of the following best describes your primary practice site (i.e., the setting in which you provide most of your patient care services)? *Please select ONE response.*

	N	%
Office-based practice	294	67.4%
Hospital-based practice	41	9.4%
Free standing ambulatory care or urgent care center	22	5.0%
Health Maintenance Organization (staff model)	9	2.1%
Medical school/Academic Medical Center/University	19	4.4%
City/county/state government clinic	10	2.3%
U.S. government clinic (including VA/military)	18	4.1%
Institution (prison, nursing home, long term care facility, student health)	7	1.6%
Other (Specify):	16	3.7%
Total	436	100.0%

21. Other (Specify):

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		425	93.8	93.8	93.8
	1/2 day office 1/2 day Urgent Care	1	.2	.2	94.0
	Community Based (FQHC)	1	.2	.2	94.3
	Community Health Center	3	.7	.7	94.9
	Emergency Department	1	.2	.2	95.1
	ER	1	.2	.2	95.4
	Fam Med Residency in private hosp. (not med school).	1	.2	.2	95.6
	Federally Qualified Health Center	1	.2	.2	95.8
	FQHC	1	.2	.2	96.0
	FQHC/Community Clinic	1	.2	.2	96.2
	Full scope family practice office and hospital.	1	.2	.2	96.5
	Hospice - home - institution	1	.2	.2	96.7
	I also do Endoscopy in the OR.	1	.2	.2	96.9
	Locum Tenens - various practice settings.	1	.2	.2	97.1
	Medical review	1	.2	.2	97.4
	Military hospital	1	.2	.2	97.6
	Multi-disciplinary group practice	1	.2	.2	97.8
	Office on hosp. carry us.	1	.2	.2	98.0

Post acute care facilities -mixed skilled rehab and long term care.	1	.2	.2	98.2
Post acute, skilled nursing.	1	.2	.2	98.5
Residency	2	.4	.4	98.9
Residency clinic	1	.2	.2	99.1
Residency program	1	.2	.2	99.3
Residency program clinic/faculty.	1	.2	.2	99.6
Residency-based clinic	1	.2	.2	99.8
UC division of large health care system.	1	.2	.2	100.0
Total	453	100.0	100.0	

22. How many physicians, including you, work in your primary practice (i.e., the entity you checked in Question 19)? *Please select ONE response.*

	N	%
I work solo	75	16.7%
2-3 physicians	96	21.4%
4-10 physicians	150	33.5%
11-50 physicians	95	21.2%
51-100 physicians	8	1.8%
More than 100 physicians	24	5.4%
Total	448	100.0%

23. Is this a single- or multi-specialty practice?

	N	%
Single-specialty	298	67.0%
Multi-specialty	147	33.0%
Total	383	100.0%

24. Are you a full- or part-owner, employee, or independent contractor? *Please select ONE response.*

	N	%

Full-owner	71	15.9%
Part-owner	65	14.6%
Employee	277	62.1%
Independent contractor	26	5.8%
Other (Specify):	7	1.6%
Total	453	100.0%

25. Who owns your primary practice? *Please select ONE response.*

	N	%
Physician or physician group	162	36.6%
Hospital	72	16.3%
Health care system	100	22.6%
Insurance company, health plan or HMO	7	1.6%
Academic Medical Center/Medical School/University	25	5.6%
Community Health Center	27	6.1%
Federal/state/local government (including VA/military)	33	7.4%
Other (Specify):	17	3.8%
Total	443	100.0%

26. Which of the following best describes the community in which your primary practice is located? *Please mark ONE response.*

	N	%
Rural	119	26.6%
Suburban	207	46.3%
Urban, inner city	47	10.5%
Urban, not inner city	74	16.6%
Total	447	100.0%

27. Where was your medical school located?

	N	%
U.S.	377	84.0%
Canada	3	0.7%
Other	69	15.4%

Total	449	100.0%

28. Are you of Hispanic, Latino or Spanish origin?

	N	%
Yes	22	5.0%
No	415	95.0%
Prefer not to answer	437	100.0%
Total		

29. With which racial group do you identify yourself? *Please choose ALL that apply.* **(N = 453)**

	N	%
White	363	80.1%
Black/African American	7	1.5%
Asian	45	9.9%
Native Hawaiian/Other Pacific Islander	1	0.2%
American Indian/Alaska Native	3	0.7%
Other	19	4.2%

Gender

	N	%
Female	192	42.5%
Male	260	57.5%
Total	452	100.0%

Age

Min - Max	Mean	SD	N
29 - 84	50.87	10.53	448

Age by group

	N	%
Less than 40 years old	77	17.0%
40-55 years old	196	43.3%
Greater than 55	175	38.6%
Unknown	5	1.1%
Total	453	100.0%