APPENDIX C
QUESTIONNAIRE

Please fill out and bring to the meeting or FAX to CHEP, UTHSCSA (210-567-7889)

HEALTH CARE AND THE PRACTICE OF NON-PHYSICIAN CLINICIANS IN TEXAS
Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants

Your Name:_________________________ Organization:________________________
Position in Organization:_______________ Area(s) of Expertise:_____________

Please respond to all questions below, unless you feel the question is clearly outside the bounds of your knowledge and experience. Remember, you've been identified as one of the most informed people in the state on health care as it relates to the practice of NPs, CNMs, and/or PAs.

I. Supply of NPs, CNMs, and PAs in Texas

1. The numbers of licensed Nurse Practitioners and Physician Assistants in Texas have steadily increased since 1992. In your opinion, what factors are primarily responsible for the increased numbers of practitioners in these two professions? (CHECK ALL THAT APPLY.)

   a. Factors influencing numbers of NPs:
      1. □ expanded educational programs
      2. □ state and national scholarship/loan forgiveness programs
      3. □ shorter training period vs. MDs
      4. □ acceptance of NPs by public
      5. □ NP acceptance by physicians
      6. □ legislation affecting NP scope of practice
      7. □ health care reimbursement policies
      8. □ penetration of managed care
      9. □ privileges and authority as a provider
      10. □ increased practice opportunities, $$
      11. □ Other:________________________________________

   b. Factors influencing numbers of PAs:
      1. □ expanded educational programs
      2. □ state and national scholarship/loan forgiveness programs
      3. □ shorter training period vs. MDs
      4. □ acceptance of PAs by public
      5. □ PA acceptance by physicians
      6. □ legislation affecting scope of practice
      7. □ health care reimbursement policies
      8. □ penetration of managed care
      9. □ privileges and authority as a provider
      10. □ increased practice opportunities, $$
      11. □ Other:________________________________________

2. Identify and prioritize the three most significant factors influencing the numbers of NPs and PAs in Texas by using the factor numbers in question 1 above and ranking them in order of importance.

   EXAMPLE:
   a. Top NP growth factors:  b. Top PA growth factors:
      1st __4____ 1st __________ 1st __________
      2nd __5____ 2nd __________ 2nd __________
      3rd __6____ 3rd __________ 3rd __________

3. The growth of Certified Nurse Midwives in Texas has not paralleled that of NPs and PAs. In your opinion, what factors are responsible? (CHECK ALL THAT APPLY.)
Factors influencing numbers of CNMs in Texas:

a. ☐ availability of educational programs
b. ☐ state and national scholarship and loan forgiveness programs
c. ☐ limited practice opportunities
d. ☐ acceptance of CNMs by public
e. ☐ acceptance of CNMs by physicians
f. ☐ legislation affecting CNM scope of practice
g. ☐ restrictive legal practice requirements
h. ☐ health care reimbursement policies
i. ☐ penetration of managed care
j. ☐ malpractice insurance requirements
k. ☐ privileges and authority of CNMs as providers
l. ☐ surplus of physician providers
m. ☐ restrictive control over patient entry points in health care system
n. ☐ limited scope of practice
o. ☐ Other: __________________________________________

4. Identify and prioritize the three most significant factors influencing the numbers of CNMs in Texas by using the factor identifiers in question 3 above and ranking them in order of importance.

EXAMPLE: Top CNM growth factors:

1st ☐ e ☐ 1st ☐
2nd ☐ f ☐ 2nd ☐
3rd ☐ n ☐ 3rd ☐

5. What kind of influence has the increased number of NPs, CNMs, and PAs in Texas had on the overall quality of health care in the state?

a. ☐ highly positive influence
b. ☐ positive influence
c. ☐ no noticeable influence
d. ☐ negative influence
e. ☐ highly negative influence

II. Impact of Scope of Practice Laws on Texas NPs, CNMs, and PAs

6. Have Texas scope of practice laws changed over the past 5-10 years for each profession?

a. NPs ☐ Yes ☐ No
b. CNMs ☐ Yes ☐ No
c. PAs ☐ Yes ☐ No

7. If Yes, which aspects of practice have been legally changed? (CHECK ALL THAT APPLY.)

a. regulation of practice ☐ ☐ ☐
b. legal status (e.g., licensed vs. certified) ☐ ☐ ☐
c. level of supervision by a physician ☐ ☐ ☐
d. prescriptive authority ☐ ☐ ☐
e. medical tasks authorized to perform ☐ ☐ ☐
f. hospital and long-term care facility privileges ☐ ☐ ☐
g. reimbursement policies ☐ ☐ ☐
h. Other: __________________________________________

8. Have any of the changes identified in Question 7 increased the number of licensed practitioners in each profession?

a. NPs ☐ Yes, specify (use a-h from Qu. 7 above): ________________ ☐ No
b. CNMs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

c. PAs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

9. Have any of the changes identified in Question 7 impacted the utilization of the three professions in the delivery of patient care?

a. NPs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

b. CNMs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

   No

c. PAs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

10. Have any of the changes identified in Question 7 increased access to health care by citizens in underserved areas in Texas?

a. NPs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

b. CNMs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

   No

c. PAs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

11. Are there remaining legal limitations in the scope of practice for the three professions that need to be overcome?

a. NPs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

b. CNMs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

   No

c. PAs □ Yes, specify (use a-h from Qu. 7 above): ______________ □ No

12. Are there other limitations on the growth and utilization of the three professions that need to be overcome? (CHECK ALL THAT APPLY.)

   a. limited educational programs, including resources and faculty □ □ □

   b. limited clinical rotations, preceptors □ □ □

   c. limited ethnic diversity of students, faculty □ □ □

   d. limited practice opportunities, salaries □ □ □

   e. lack of collaboration with physicians □ □ □

   f. competition among professions □ □ □

   g. malpractice insurance requirements □ □ □

   h. Other:__________________________________________ □ □ □

   i. Other:__________________________________________ □ □ □

13. Identify and prioritize the three most important “other” limitations on the growth and utilization of NPs, CNMs, and PAs in Texas by using the factor identifiers in question 12 above and ranking them in order of importance.

   EXAMPLE:  Top NP limitations:  Top CNM limitations:  Top PA limitations:

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III. Influence of NPs, CNMs, and PAs on Access to Health Care in Underserved Areas
14. What kind of influence has the increased number of NPs, CNMs, and PAs in Texas had on access to health care by citizens in underserved areas?
   a. [ ] highly positive influence
   b. [ ] positive influence
   c. [ ] no noticeable influence
   d. [ ] negative influence
   e. [ ] highly negative influence

15. Have changes in scope of practice laws and/or increases in supply made it easier to recruit and retain NPs, CNMs, and PAs in underserved areas in Texas?
   a. Influence of changes in scope of practice on presence in underserved areas?
      1. NPs [ ] Yes [ ] No
      2. CNMs [ ] Yes [ ] No
      3. PAs [ ] Yes [ ] No
   b. Influence of changes in supply on presence in underserved areas?
      1. NPs [ ] Yes [ ] No
      2. CNMs [ ] Yes [ ] No
      3. PAs [ ] Yes [ ] No

16. Is the relationship between the presence of non-physician clinicians and improved access to health care different in underserved areas in the border region versus underserved areas in the non-border region of the state?
   a. NPs [ ] Yes [ ] No
   b. CNMs [ ] Yes [ ] No
   c. PAs [ ] Yes [ ] No

17. If access to health care is influenced differently by the geographical location of NPs, CNMs, and PAs (i.e., border vs. non-border), what factors are responsible? (CHECK ALL THAT APPLY.)
   a. [ ] acceptance of non-physician clinicians by public in region
   b. [ ] desirability of residence in region
   c. [ ] practice opportunities in region
   d. [ ] travel requirements of sparsely populated regions
   e. [ ] support by physicians
   f. [ ] sparsity of population
   g. [ ] ethnicity of population
   h. [ ] language requirements (e.g., Spanish speaking)
   i. [ ] public demand on health care providers in region
   j. [ ] public’s cultural beliefs about health care
   k. [ ] Other: ________________________________
   l. [ ] Other: ________________________________

18. Using the factor identifiers in question 17 above, identify and prioritize the three most significant factors responsible for any differential influence of non-physician clinicians on health care access in border vs. non-border regions of Texas.
   Top factors exerting regional influence:
   1st __________________
   2nd __________________
   3rd __________________

19. If access to health care in underserved areas has improved (due to NPs, CNMs, & PAs), what indicators exist to document improvement? (CHECK ALL THAT APPLY.)
   a. [ ] increase in number of patient visits in general
   b. [ ] increase in types of patients served (e.g., geriatric, teen expectant mothers, infant/pediatric)
   c. [ ] increase in number of Medicaid and/or indigent patients served
   d. [ ] increase in variety of medical services provided
e. ☐ increase in number of prescriptions written/processed
f. ☐ increase in medical procedures performed
g. ☐ increase in number of referrals and/or hospitalization by NPs, CNMs, and PAs
h. ☐ decrease in adverse medical events (e.g., low-birth-weight babies)
i. ☐ decrease in particular chronic diseases (due to improved health education, for example)
j. ☐ decrease in costly emergency room visits
k. ☐ patient satisfaction with medical services by NPs, CNMs, and PAs
l. ☐ improved patient outcomes
m. ☐ lengthier patient visits
n. ☐ reduced waiting time for medical appointments by patients
o. ☐ increased patient compliance with prescribed medical treatment
p. ☐ Other: ____________________________________________________________
q. ☐ Other: ____________________________________________________________

20. Using the identifiers in Question 19 above, select and prioritize the top three indicators of improved health care access that could be meaningfully pursued in the near term to document the influence of NPs, CNMs, and PAs in underserved areas.

Top viable indicators of improved access due to NPs, CNMs, PAs:
1st __________________________
2nd __________________________
3rd __________________________

21. What barriers (related to the practice of NPs, CNMs, & PAs) still exist in the public’s access to health care services in underserved areas in Texas? (CHECK ALL THAT APPLY.)

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22. Using the barrier identifiers in Question 21 above, select and prioritize the three most significant barriers (related to NP, CNM, and PA practice) that need to be addressed to improve health care access in underserved areas in Texas.

Top barriers to address:
1st __________________________
2nd __________________________
3rd __________________________