

AMGA Provider Satisfaction Survey Protocol

The AMGA Provider Satisfaction Survey allows providers to anonymously rate their satisfaction with leadership, communications, compensation, patient interactions, staff relationships, pre-authorization processes, quality of care, time spent working, and other key issues within their medical group.

The current instrument is the end result of an intensive survey development and psychometric evaluation process. The initial item pool incorporated questions from:

- *California Ambulatory Care Project – Primary Care Physician Survey*, developed by Eve Kerr, MD, M.P.H., at the University of California, JAMA, July 1997.
- *Physician Worklife Survey*, developed by Thomas Konrad, Ph.D., and Eric Williams, Ph.D. at the University of North Carolina, Medical Care, November 1999.

A series of steps evaluated the properties of the instrument. During the evaluation process, new items were added to the survey while others were eliminated. The survey development culminated in a study in January 2000 in which thirteen medical groups piloted the instrument. The data from this study were used to finalize and validate the survey. The resulting instrument is comprised of 60 core items, with an extra set of items used for measuring demographics and other areas of interest. The survey typically requires 10 to 15 minutes to complete.

While individual providers are surveyed, the final report only includes analyses at the overall medical group, specialty, and site levels. In addition, sites or specialties with fewer than three respondents will not receive their own report, to help preserve provider confidentiality.¹ Although both links to the survey website (when using the web survey tool) and paper surveys are uniquely coded with the provider's ID number, this is done only so that the survey can be matched with the provider's profile information (see "Submit Provider Profile Data to AMGA", below). AMGA assures all participants that each person's survey responses will be kept confidential: Under no circumstances will AMGA release identifiable individual responses back to the medical group or any other entity.

Survey Objectives:

1. Assess provider satisfaction with the medical group.
2. Benchmark each group's results against the national AMGA database.
3. Identify system problems that may adversely affect the organization's ability to recruit and retain high quality practitioners.
4. Help guide quality improvement efforts by targeting particular areas of need at a clinic.

Reporting Cycles

The following table outlines the scheduled report cycles for 2019:

¹ Surveys not included in site or specialty analyses (because of too few respondents at that particular level) will be included in any other level of analysis for which there are sufficient respondents (e.g., at the overall clinic level).

| Survey Process | Winter 2019 | Spring 2019 | Summer 2019 | Fall 1 2019 | Fall 2 2019 |
|--|-------------|-------------|-------------|-------------|-------------|
| Register to participate, send in provider roster | Jan 25 | March 13 | April 23 | Aug 19 | Oct 8 |
| Send Pre-Notification letter to providers | Feb 11 | April 1 | May 13 | Sept 9 | Oct 28 |
| Distribute survey to providers | Feb 18 | April 8 | May 20 | Sept 16 | Nov 4 |
| Last day for AMGA to receive surveys | March 25 | May 13 | June 24 | Oct 21 | Dec 9 |
| AMGA will send report | April 23 | June 11 | July 19 | Nov 19 | Dec 30 |

Getting Started

Before data collection begins, you will need to complete a few preliminary steps:

1. Decide which providers you plan to survey

The survey can be used for both physician and non-physician providers, so you will need to decide whether you wish to survey all your providers or perhaps just your physicians. Or perhaps you'll only want to survey providers from particular locations or specialties.

- Survey all providers, or just physicians?
- Survey a sample of your providers? (A subset of specialties, or primary care only, or other groupings depending on your goals.)

2. Select provider ID codes

Regardless of whether your group uses paper or web-based surveys, both will be coded with the provider's ID number, so we can match the survey with the provider's profile information (see #4 below). Do not try to hide the use of the code numbers from the providers.

- Each provider must have a unique ID number. No duplicate ID codes are allowed.
- The ID code must be six characters or less (preferably no letters).
- If possible, use ID codes that are already used at your clinic, rather than develop new ones.
- The provider ID codes should remain the same from survey period to survey period.

3. Decide whether to use paper surveys or AMGA's web-based survey tool

AMGA fields the web survey using the QuestionPro.com surveying services. Should your group choose this method, when the survey opens each provider will be sent an email from AMGA with a link to the survey website. Embedded in the link will be the provider's ID code so we can connect the survey data with the provider's profile information. The providers can then complete the survey online at a time of their choosing. AMGA will also send survey non-respondents up to two reminder notices via email, urging them to complete the survey. One reminder will go out after 3 weeks have elapsed, and the last will go out with 3 business days remaining in the survey period. Both reminders will contain new links to the survey. Experience shows that the web survey tool is very easy to navigate and complete.

Alternatively, you may have your providers complete paper surveys. With this approach, the providers will initially be given a copy of the survey and a postage-paid business reply envelope so that they can return the survey directly to AMGA. Your medical group will then send a note to all of your providers one week after the survey begins, thanking those who have already completed the survey for having done so and asking those who have not to complete the survey as soon as possible. Three weeks after the survey opens, your group will send another notice to the survey non-respondents (using a list provided by AMGA), urging them to complete their survey.

Please note: your medical group must choose one survey approach, to be used with all providers.

4. Submit provider profile data to AMGA

AMGA needs background information on each provider, primarily to match surveys with the proper specialty norms and benchmarks and to align each provider with the appropriate clinic site. The provider profiles spreadsheet includes the name of each provider; a confidential ID code for each provider; plus each provider's specialty, site (if your group has more than one location), education, gender, date of birth (if available), and email address (if using the web survey).

- **IMPORTANT:** If your group has previously participated in the Provider Satisfaction Survey, contact Mark Miller (703-838-0033 ext. 363 or mmiller@amga.org) so we can send you the profile roster we have on record. You can then just update this spreadsheet and return it to AMGA, rather than having to create a completely new file. On the other hand, if this is your first time participating in an AMGA survey, we will send you a blank Excel spreadsheet, formatted with listings of the required information as well as lists of the available specialty and education categories that can be included in each provider's profiles. You can fill in this spreadsheet and then return it to AMGA.
- If your group is using the web survey, please try to validate the provider email addresses before you include them in the profiles. These email addresses will be used by AMGA to send all of the scheduled notices to the providers (with the exception of the pre-notification memo described on pages 6-7 that your group will be responsible for disseminating one week before the survey opens). The notices include links to the survey website and so are the means by which your providers can access and complete the survey. If the email addresses are incorrect, then your providers will not receive these messages in a timely manner and will experience delays in being able to complete the survey. Even if your group has previously participated in the web survey and a set of email addresses have been successfully used in the past, do not assume they will work again in the next survey...some of the addresses may have changed.
- Submit the final profiles table to AMGA via email to Mark Miller (mmiller@amga.org), by no later than the registration deadline for the survey cycle in which your group will take part.
- If you are using paper surveys, when you return the profiles sheet to AMGA please indicate the order in which you wish us to print out and mail your surveys to you: in order of Provider ID number, in order of Provider ID within Site, or some other sequence. This will make it easier for you to match the surveys to your survey cover letters (see #8 below).
- A sample table format is included below:

Profile Table – include one row for each provider who will be surveyed

| Provider ID Code | Provider Name | Specialty | Education | Site Code | Site Name | Site Abbrev. | Date of Birth | Gender | Email Address |
|---|---|----------------------------------|---|---|--|--|----------------------------------|------------------------|---|
| To be determined by you (though AMGA can assign each person a random ID number if you prefer). Must be six characters or less (preferably no letters). | Format name as you wish (e.g., First Name Last Name, or Last Name, First Name). | Choose from list in table below. | MD (or DO), OcTh, RN, Chiro, PA, PT, Opt, Ph.D, CNM, Pharm.D, Resident, Dietician, Audiologist, Dentist, CRNA, Nurse Educator, Nurse Practitioner, Exercise Phys't, Counselor, DPM, Dept, Other | (Include if you use site reporting.) A unique four digit (or fewer) code that you assign to each site. No alphas. | (Include if you use site reporting.) Name of the site. Can be any length. Can be alpha, numeric, or both. | (Include if you use site reporting.) An abbreviation of the site name. Must be eight or fewer characters (alpha or numeric). This is what appears on the final site report. | MM/DD/YYYY Ex: 01/01/1960 | M = Male F = Female | Optional – If your medical group wishes to have its providers complete the web-based survey, include the email addresses of your providers. Providers will receive a link to the survey via email. |

SPECIALTY LIST

- | | | |
|----------------------|-------------------------|---------------------------|
| Addiction Medicine | Exercise Physiology | Neonatology |
| Administration | Family Medicine | Nephrology |
| Aerospace Medicine | Fertility | Neuro Diagnostics - EEG/E |
| Allergy/Immun | Gastroenterology | Neurology |
| Alt.Medicine/FM | General Practice | Neuropsychology |
| Anesthesiology | General Surgery | Neurosurgery |
| Anti-Coagulation Cl | Genetics | Nuclear Medicine |
| Audiology | Gerontology | Nutritionist |
| Bariatric Surgery | Hand Surgeon | Ob/Gyn |
| Behavioral Medicine | Head and Neck Surgery | Occupational Medicine |
| Cardiac Surgery | Health Education | Occupational Therapy |
| Cardiology | Hematology/Oncology | Ophthalmology |
| Chiropractic | Homeopathy | Optometry |
| Clinical Social Work | Hospice/Palliative Care | Oral Surgery |
| Colorectal Surgery | Hospitalist | Orthopedics |
| Critical Care | Hyperbaric Medicine | Orthopedic Surgery |
| Dental | Infectious Diseases | Osteopathic Therapy |
| Dermatology | Internal Medicine | Osteoporosis |
| Diabetes Nurse | Interventional Radio. | Otolaryngology |
| Diagnostic Radiology | Laboratory | Pain Management |
| Dietician | Liver Surgery | Pathology |
| Emergency Medicine | Mammography | Pediatrics |
| Endocrinology | Maxillofacial Surgery | |

| | | |
|-------------------------|---------------------|---------------------|
| Peds Allergy | Physical Therapy | Speech and Language |
| Peds Cardiology | Plastic Surgery | Sports Medicine |
| Peds Endocrinology | Podiatry | Surgical Oncology |
| Peds Gastroenterology | Preventive Medicine | Thoracic Surgery |
| Peds Infectious Disease | Psychiatry | Transplant |
| Peds Internal Medicine | Psychology | Travel Medicine |
| Peds Nephrology | Pulmonary Medicine | Ultrasound |
| Peds Neurology | PVD | Unknown Specialty |
| Peds Oncology | Radiation Oncology | Urgent/ER |
| Peds Ophthalmology | Radiation Therapy | Urology |
| Peds Psychology | Registered Nurse | Vascular Medicine |
| Peds-Pulmonology | Research | Vascular Surgery |
| Peds Rheumatology | Resident | Weight Loss |
| Peds-Subspecialties | Rheumatology | Wound Care |
| Pharmacy | Roentgenology | |
| Physical Medicine | Sleep Studies | |

5. Optional – submit custom question wording

For an additional fee, your group can include up to five custom questions. (The fee is \$100 per question if your group uses paper surveys, \$150 per question if you use the web survey option.) For instance, if you currently use an in-house provider satisfaction survey and would like to carry over questions from that survey to this one, you can choose five of your in-house items and add them to AMGA’s survey.

- There is a limit of five extra questions.
- Custom questions should have Likert scale responses (such as Very Dissatisfied to Very Satisfied or Strongly Disagree to Strongly Agree) or simple categorical responses (e.g., Yes/No), but open-ended questions are acceptable.
- Please send the exact phrasing of the custom questions when you send in your provider list.

6. Complete Survey Registration Form

Have the group’s CEO, CMO, quality director, or other person who can answer the questions complete the Survey Registration Form (see page 14) and either email it to Mark Miller (mmiller@amga.org) or fax it to him at (703) 548-1890. The form officially registers you for the survey, and also collects basic information about your group that AMGA will need as part of the survey process. This step can actually be completed at any time. The earlier you submit the registration form, the sooner AMGA can begin preparing for your survey. The form should be sent to AMGA no later than the registration deadline.

7. For the paper survey only, your group will be sent pre-coded surveys and postage-paid return envelopes for all providers participating in the survey

These will arrive roughly one week prior to the scheduled distribution of the survey. You should receive for each participating provider a survey with the provider’s ID code as well as a postage-paid business

reply envelope. As soon as you receive the surveys, check to make sure you received one survey for each provider. If you are missing any surveys, contact AMGA immediately to order replacements.

8. Prepare your cover letters

Sample letters are included in this protocol. A sample pre-notification memo is provided on page 9. This memo is distributed by the medical group one week before the survey opens, regardless of the survey method being used. For all other notices, samples for groups using paper surveys are provided on pages 10-11, while samples for web survey groups are on pages 12-13. Feel free to customize them to fit your organization. In general, the letters should be personalized with the provider's name and, ideally, should come under the signature of your CEO or CMO, as this shows the high importance assigned the survey by your organization. However, under whose name the surveys are disseminated is up to you; notices sent via email by AMGA for web survey groups will bear the name(s) of whichever individual(s) your group designates.

Email notices sent by AMGA will use the email addresses listed in the provider profiles. Each of the notices will contain a link to the survey website that is intended for use ONLY by the recipient. The links should NOT be forwarded to other individuals to use, as this will create significant problems with survey completion and analysis. To tailor the email notices to your particular needs, take the sample notices from pages 12-13 and modify them in a Word document. Whether you use AMGA's suggested language or come up with something else, email the final notices to Mark Miller (mmiller@amga.org) by the registration deadline for the survey period in which your group is participating.

- The letters should briefly describe the survey, explain why you are participating, and state that individual survey responses will be kept confidential.
- Groups using paper surveys should be sure to print the Provider's ID number on the cover letter accompanying the distribution of the survey. This will facilitate matching the letters with the surveys prior to distribution. As noted previously, AMGA will print and mail the surveys in the order you specify when you return your provider profiles, so that it will be as easy as possible to match the surveys to your cover letters. If you do not indicate the sequence in which AMGA is to print and mail the surveys, we will automatically print them in order of Provider ID number. Be sure to double-check that the cover letter and survey match: if the wrong survey is handed to the wrong provider, there is no way for AMGA (or the provider completing the survey) to know. All we will have available is the provider ID code in matching the survey to the provider profiles.
- If sending out hard-copies, try to reserve time with the CEO or CMO (or whoever is listed as sending out the surveys), so they can sign each letter. This helps further personalize the survey.

9. For the web survey only, contact your Information Technology department

AMGA recommends that you contact your Information Technology department and explain the survey process to them. In particular, you will want to describe the series of timed email messages that will be going out to your providers. There have been a few instances in which AMGA has worked with medical groups with such powerful spam filters in place that AMGA's emails ended up getting blocked out. You should explore with your IT department whether this is a possibility for your medical group. Our current practice is to ask each IT department to "whitelist" the email and domain addresses from which each notice will be sent (thereby indicating to your system that any emails coming from those addresses are acceptable and should be allowed through). In the week before the survey opens, we also send a test email to at least two individuals that your group designates, to see if the messages get through. If not,

this is a sign that further work is necessary. The point is, even with strong spam filter systems, we can come up with workarounds by coordinating with your IT department. But we want to deal with any potential issues proactively, prior to the beginning of surveying.

Survey Administration Process

| Week | Step | Winter | Spring | Summer | Fall 1 | Fall 2 |
|------------|------------------------------------|----------|----------|---------|---------|--------|
| Week One | Pre-notification letter/email* | Feb 11 | April 1 | May 13 | Sept 9 | Oct 28 |
| Week Two | Surveys with cover letter** | Feb 18 | April 8 | May 20 | Sept 16 | Nov 4 |
| Week Three | Thank you postcard/email*** | Feb 25 | April 15 | May 28 | Sept 23 | Nov 11 |
| Week Five | Follow-up with non-respondents** | March 11 | April 29 | June 10 | Oct 7 | Nov 25 |
| Week Six | Follow-up with non-respondents**** | March 21 | May 9 | June 20 | Oct 17 | Dec 5 |
| Week Seven | Survey cut off date | March 25 | May 13 | June 24 | Oct 21 | Dec 9 |
| Week Ten | AMGA sends report | April 23 | June 11 | July 19 | Nov 19 | Dec 30 |

* To be sent out by medical groups, regardless of survey method

** AMGA will send if using web survey; to be sent by medical group if using paper surveys

*** To be sent out by medical groups using paper survey groups only

**** AMGA will send; this notice is for web survey groups only

Week One – Send each provider a pre-notification letter or e-mail, letting them know to expect to receive a survey the following week.

- A sample letter is included on page 9.
- Describe the survey, indicate why your group is participating, and state that individual responses will remain confidential.

Week Two – Survey begins.

- If using paper surveys, medical groups distribute surveys to providers, with cover letters and postage paid business reply envelopes. See page 10 for an example paper survey cover letter.
- If using the web survey, AMGA will send an invitation to each provider via email, including a customized link to the survey website. See page 12 for an example web survey cover letter.

Week Three (Paper Surveys Only) – Send a post card or email to all providers (see page 11 for an example).

- The note should communicate two things. First, the providers should be thanked for completing the survey, if they have already done so. (Providers completing the web survey will receive an immediate ‘thank you’ notice on their computer screen. This notice can be customized in any way you wish; an example is provided on page 13.)
- But in case they haven’t completed the survey, the note should go on to remind them of the survey’s importance and its final due date, and ask them to complete the survey as soon as possible.

Week Five – Send out reminder notice. After nearly three weeks have elapsed in the survey period, groups using paper surveys will receive from AMGA a list of names and ID codes for those providers who have not completed the survey. Please follow-up with the non-responders on the scheduled date, asking them to complete the survey by the final due date. (See page 11 for an example letter.) For the

web survey, after three weeks have elapsed AMGA will send an email to all non-respondents, urging them to participate and reminding them of the survey closure date. (See page 12 for an example.)

Week Six (Web Survey Only) – Three business days prior to the end of the survey, AMGA will send out an email to all non-respondents, urging them to participate and reminding them of the survey closure date. See page 13 for an example letter. (If medical groups that are using paper surveys also wish to send out a last notice to all their providers, urging those who have yet to participate to complete the survey and send it in, they may of course do so.)

Week Seven – AMGA closes the survey. No more surveys to be accepted after the closure date.

- We encourage you to obtain a minimum 40% response rate but a rate of 60% or more will give you a more reliable representation of your group. The average response rate is 65%.

The Final Report

The final report² that each participating medical group will receive will include analyses at the overall clinic, site, and specialty levels. Analyses will focus on the 12 dimensions (e.g., Leadership and Communications, Quality of Care, Compensation, Patient Interactions, Staff Relationships) that underpin the bulk of the survey. At the overall clinic level of analysis, average dimension scores and percentile rankings for the group will be presented. The average dimension scores will be graphically displayed for both the current and (if applicable) most recent previous survey for the group. In addition, the current and previous dimension scores will be broken down by several major demographic categories (e.g., provider gender, years of experience). In all of these displays, dimension norms and best practice (95th percentile) benchmarks are also presented, as calculated from the entire survey database. Raw response percentages for each survey item will also be shown, along with the AMGA norm for the item. Finally, the overall clinic analysis will include calculations of response rates, both for the clinic as a whole as well as for a variety of subgroupings (e.g., male vs. female providers).

Analyses at the site and specialty levels will be similar to those presented at the overall clinic level.³ Average scores for each of the dimensions are displayed, for both the current and most recent previous survey, along with AMGA norms and best practice benchmarks. Raw response percentages and norms are also provided for each individual survey item. For the specialty analyses, where the survey database has at least 30 surveys for a specialty, the norms and benchmarks that are listed are calculated using providers from the same specialty. (For example, the results for pediatricians would be shown with norms and benchmarks derived solely from the surveys of pediatricians.) The AMGA database typically has approximately 45 specialties for which it can provide specialty-specific norms and benchmarks.

The report also includes a “Targeting Improvement Map”, which is basically a visual summary of the results for the 12 survey dimensions as determined at the overall clinic level. The map is intended to give a quick visual overview of the dimensions on which the medical group is doing well, as well as give a clear indication of which dimensions are urgently in need of quality improvement efforts.

² The base fee paid by AMGA members for participating in the survey is half that paid by nonmembers. But, to receive this lower rate, a participating group must be in good membership standing with AMGA at the time of issuing the final report.

³ As was mentioned previously, in an effort to protect the confidentiality of survey respondents analyses are only provided for those sites and specialties with at least 3 respondents.

Results will be provided at each analysis level for any extra questions the group added to the survey, unless they are open-ended in which case the verbatim responses will only be provided for the group as a whole.

If you have any questions, please contact Mark Miller, (703) 838-0033 ext. 363
mmiller@amga.org.

SAMPLE PRE-NOTIFICATION LETTER OR E-MAIL

(Date)

Name

Address

City, State Zip

Dear (Name),

(Medical Group) is participating in a national study on provider satisfaction conducted by AMGA. Next week, you will receive a survey that will ask you questions about your satisfaction with the medical group leadership, communications, compensation, workload, professional autonomy, pre-authorization processes, and other important issues related to your practice.

Your responses will remain confidential. Although the surveys will be coded with your ID in order to match your response with your 'provider profile' (information on your specialty, work site, and other demographic characteristics that AMGA maintains in its profiles database), (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

Your feedback will help us improve provider satisfaction at (Medical Group). If you have any questions, please feel free to contact (name – email/phone). Thank you in advance for your cooperation.

Sincerely,

(Name)

(Title)

SAMPLE SURVEY COVER LETTER FOR PAPER SURVEY GROUPS

(Date)

Name
Address
City, State Zip

Dear (Name),

(Medical Group) is participating in a national study on provider satisfaction conducted by AMGA. The survey is designed to allow you to freely rate your satisfaction with the medical group leadership, communications, compensation, workload, professional autonomy, pre-authorization processes, and other important issues related to your practice. The results of this study will help us improve provider satisfaction at (Medical Group).

Please take a few minutes to complete the attached survey and return it to AMGA in the accompanying postage-paid business reply envelope by (date). Your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

If you have any questions, please feel free to contact (name – email/phone). Thank you for taking the time to complete this important survey.

Sincerely,

(Name)
(Title)

Provider ID # _____

- **Print letter on your letterhead**
- **Personalize each letter with the provider's name, etc.**
- **Print the provider ID number to facilitate matching the survey with the correct cover letter**
- **Have CMO or CEO personally sign each letter if sending out as a hard copy**

SAMPLE THANK YOU CARD FOR PAPER SURVEY GROUPS

Last week you were sent a Provider Satisfaction Survey asking you to rate your satisfaction with your work life. If you have already taken the time to complete and return the survey, I would like to take a moment to thank you for having done so. On the other hand, if you have not yet completed it, I urge you to take a few minutes to complete this important survey. Your response is critical to the success of this study and will help us improve provider satisfaction at (Medical Group).

Sincerely,

(Name)

(Title)

SAMPLE LETTER TO NON-RESPONDENTS FOR PAPER SURVEY GROUPS

(Date)

Name

Address

City, State Zip

Dear (Name),

Three weeks ago, you were sent a survey asking you to rate your satisfaction with the medical group leadership, communications, compensation, workload, professional autonomy, pre-authorization processes, and other important issues related to your practice. Your feedback is critical to the success of the study and will help us improve provider satisfaction at (Medical Group).

Please take a few minutes to complete the survey and return it to AMGA by (date). If you need a replacement copy, please contact (contact name/information). Your responses will remain confidential. (Medical Group) will NOT receive your individual responses. AMGA will only report the aggregate results back to us.

If you have any questions, please feel free to contact (name – email/phone). Thank you in advance for taking the time to complete this important survey.

Sincerely,

(Name)

(Title)

For Groups using the Web-Based Survey Option

COPY TO ACCOMPANY THE PROVIDER SATISFACTION SURVEY LINKS EMAILED TO PROVIDERS

- Please edit the Email *From*, *Subject*, and *Body* as you prefer. This is only suggested language. Return your edited version to Mark Miller (mmiller@amga.org).

| SURVEY EMAIL | Email From: | Email Subject: | Email Body: |
|--|--|--|--|
| <p>Initial Survey E-Mailing</p> | <p>Please indicate who you would like the emails to appear to be coming from.</p> <p>AMGA sends the notices out, but we “sign” them so they look like they are coming from your CEO, medical director, or some other person with whom your providers will be familiar.</p> | <p>Re: Link to AMGA Provider Satisfaction Survey</p> | <p>(Medical Group) is participating in a national provider satisfaction survey conducted by AMGA. The survey is designed to allow you to freely and confidentially rate your satisfaction with the medical group leadership, communications, compensation, workload, and other important issues related to your practice. By taking the time to complete this important survey, you will help us improve provider satisfaction at (Medical Group).</p> <p>Click on the link below to access the survey. Do not forward this survey link to anyone as it is intended for your use only. Please note, we will only receive aggregated results and will not have access to individual responses.</p> <p>If you have any questions, do not reply to this email but instead please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely, (name) (title)</p> |
| <p>Three week Reminder</p> | <p>Please indicate who you would like the emails to appear to be coming from.</p> | <p>Re: Two weeks left to complete your provider satisfaction survey.</p> | <p>There is still time for you to participate in the provider satisfaction survey and rate your satisfaction with the medical group leadership, communications, compensation, workload, and other important issues related to your practice. Your feedback is critical to the success of the study and will help us improve provider satisfaction at (clinic name).</p> <p>Please take a few minutes to complete the survey by clicking on the link below. Your responses will remain confidential. AMGA will only report aggregated results back to us. Do not forward this survey link to anyone as it is intended for your use only.</p> <p>The last day to submit your response is _____. If you have any questions, do not reply to this email but instead please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely, (name) (title)</p> |

| | | | |
|-------------------------------------|--|--|--|
| Three days left Reminder | Please indicate who you would like the emails to appear to be coming from. | Re: Provider Survey Deadline is (date). | <p>The last day to participate in the provider satisfaction survey is (date). This is your opportunity to rate your satisfaction with the medical group leadership, communications, compensation, workload, and other important issues related to your practice. Your feedback is critical to the success of the study and will help us improve provider satisfaction at (Medical Group).</p> <p>Please take a few minutes to complete the survey by clicking on the link below. Your responses will remain confidential. AMGA will only report aggregated results back to us. Do not forward this survey link to anyone as it is intended for your use only.</p> <p>If you have any questions, do not reply to this email but instead please feel free to contact (name –email/phone). Thank you in advance for taking the time to complete this important survey.</p> <p>Sincerely, (name) (title)</p> |
| Thank you notice | | | <p>Thank you for completing the provider satisfaction survey. These results will be important in helping us to improve provider satisfaction and the quality of care at (Medical Group).</p> <p>Sincerely, (name) (title)</p> |

AMGA Survey Registration Form

This form is to be used for registering your medical group or clinic for AMGA's Provider Satisfaction Survey or Employee Satisfaction and Engagement Survey. Please complete the form and email it to the attention of Mark Miller (mmiller@amga.org), or fax it to him at (703) 548-1890. Thank you for participating in our surveys!

Medical Group/Clinic: _____

Mailing address of group/clinic: _____

Name of person completing form: _____

Title of person completing form: _____

Phone number: _____ Email: _____

Today's date: _____

Check the survey(s) for which your group/clinic is registering:

____ Provider Satisfaction Survey (Select one: ____ Paper based survey ____ AMGA's web-based survey)
____ Employee Satisfaction and Engagement Survey (web-based only)

Indicate the survey period(s) for which your group/clinic is registering (e.g., "Winter 2019 Provider Satisfaction Survey"): _____

1. Which of the following best describes the type of practice that characterizes your group/clinic: ____ Multispecialty ____ Single specialty ____ Primary care
 ____ Integrated Health System ____ IPA
2. Ownership of group/clinic: ____ Physicians
____ Hospital
____ All others (insurance/MCO, university/med school, etc.)
3. Number of FTE providers at group/clinic: _____ Physicians
_____ All others (e.g., psychologists, dieticians)
4. Total number of FTE employees at group/clinic (including administration, employees, support staff, and others): _____