

## Supplementary Online Content

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**Appendix A.** Survey Items from “Physicians, Health Care Costs, and Society”

**Appendix B.** Development of cost-consciousness scale

**Appendix C.** Table e4. Associations between key physician characteristics and enthusiasm ratings (“very enthusiastic” versus “somewhat” or “no enthusiasm”) for key ACA cost-containment strategies; odds ratios shown are from a single multivariate logistic regression model including all listed variables.

### eReferences

This supplementary material has been provided by the authors to give readers additional information about their work.

## Appendix A

YOU & YOUR PRACTICE
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Please check the appropriate box or fill in the blank as indicated.

1. How would you classify your race? (Choose ONE)

- 1  Asian or Asian-American
- 2  Black or African-American
- 3  White or Caucasian
- 4  Other, please specify: \_\_\_\_\_

2. Do you consider yourself Hispanic/Latino?

- 1  Yes
- 2  No

4. Which ONE of the following best describes the primary compensation for your practice?

- 1  Billing only
- 2  Salary only
- 3  Salary plus bonus
- 4  Other, please specify: \_\_\_\_\_

5. Please indicate your degree of agreement or disagreement with the following statement:

"My enjoyment of the practice of medicine is substantially lessened because of the threat of lawsuits."

- 1  Strongly disagree
- 2  Moderately disagree
- 3  Moderately agree
- 4  Strongly agree

**PHYSICIAN RESPONSIBILITIES & SOCIETY**

14. Please rate the degree of responsibility (if any) each of these entities should have in reducing the cost of health care:

	No responsibility	Some responsibility	Major responsibility
Government .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Health insurance companies .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Patients .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Physician professional societies .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Individual practicing physicians .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Hospitals and health systems .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Employers .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Pharmaceutical and device manufacturers .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Trial lawyers .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**MEDICAL DECISION-MAKING**

Please answer the following questions about different dimensions of medical decision-making.

15. I find the uncertainty involved in patient care disconcerting.

- 1  Strongly disagree
- 2  Moderately disagree
- 3  Moderately agree
- 4  Strongly agree

16. I generally order more tests when I don't know the patient well.

- 1  Strongly disagree
- 2  Moderately disagree
- 3  Moderately agree
- 4  Strongly agree

## COST OF HEALTH CARE

A variety of practices have been proposed to control health care costs to society.

21. Please indicate your degree of enthusiasm for the following potential means of lowering health care costs (assume each is effective in lowering costs).

	Not enthusiastic	Somewhat enthusiastic	Very enthusiastic
Expanding access to free preventive care.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Promoting head-to-head trials of competing treatments.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Paying a network of practices a fixed, "bundled" price for managing all care for a defined population.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Expanding electronic health records.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Allowing Medicare payment cuts to doctors to take effect...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rooting out fraud and abuse .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Eliminating fee-for-service payment models.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Penalizing providers for avoidable readmissions.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Expanding access to quality and safety data.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Promoting better conversations with patients.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
High deductible health plans .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Higher patient co-pays .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Promoting continuity of care .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Limiting corporate influence on physician behavior .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Reducing compensation for the highest-paid specialties.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Limiting access to expensive treatments with little net benefit	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Promoting chronic disease care coordination .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Using cost-effectiveness data to determine available treatments	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

23. Please indicate your degree of agreement or disagreement with the following statements about health care costs:

	Strongly disagree	Moderately disagree	Moderately agree	Strongly agree
I am aware of the costs of the tests/treatments I recommend .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I try not to think about the cost to the health care system when making treatment decisions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I should sometimes deny beneficial but costly services to certain patients because resources should go to other patients that need them more.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I should be solely devoted to my individual patients' bests interests, even if that is expensive.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The cost of a test or medication is only important if the patient has to pay for it out of pocket.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Doctors are too busy to worry about costs of tests and procedures.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cost to society is important in my decisions to use or not to use an intervention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Physicians should adhere to clinical guidelines that discourage the use of interventions that have a small proven advantage over standard interventions but cost much more.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
It is my responsibility to promote cost consciousness in my daily care of patients.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Trying to contain costs is the responsibility of every physician .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
There is currently too much emphasis on costs of tests and procedures .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Doctors need to take a more prominent role in limiting use of unnecessary tests.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
It is unfair to ask physicians to be cost-conscious and still keep the welfare of their patients foremost in their minds .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

30. How would you characterize yourself politically most of the time?

- 1  Very Conservative
- 2  Somewhat Conservative
- 3  Independent/Moderate
- 4  Somewhat Liberal/Progressive
- 5  Very Liberal/Progressive
- 6  Other, please specify: \_\_\_\_\_

## Appendix B

The distributions of physician responses to survey items of interest for scale development were obtained using basic descriptive statistics. Before using items or scales measuring cost-consciousness and professional role in cost containment, we reviewed histograms, calculated skew and kurtosis, and then proceeded with principle components factor analysis with varimax orthogonal rotation.<sup>1</sup>

We retained factors based on criteria  $\lambda > 1$  (the Eigenvalue rule)<sup>2</sup> or using the scree test,<sup>3</sup> reviewing 1, 2, 3 and 4-factor solutions. Items that failed to load  $> 0.3$  on any factor were dropped from subsequent solutions; items loading  $> 0.4$  were considered in the analysis of what domains were represented by factor(s), and analyses were repeated in an iterative fashion in consultation and with feedback from scale development experts. In all analyses, Factor 1 had  $\lambda > 2$ , often  $\lambda > 2.5$ , with other factors  $\lambda < 1$ . We also examined Cronbach alpha scores for items comprising each factor as each 1, 2, 3, and 4-factor solution was assessed.

We settled on a 1-factor solution with 11 items that included items conceptually coherent with our a priori objectives (to what extent physicians pay attention to and believe it is their job to address health care costs—including cost to society—in their work). Internal consistency of the resulting scale was moderate (Cronbach's raw alpha=0.77). The Eigenvalues of each item in our final scale are shown in the table below:

<b>Eigenvalues of the Reduced Correlation Matrix: Total = 2.56118842 Average = 0.23283531</b>				
	<b>Eigenvalue</b>	<b>Difference</b>	<b>Proportion</b>	<b>Cumulative</b>
1	2.69776629	2.33311910	1.0533	1.0533
2	0.36464720	0.11064968	0.1424	1.1957
3	0.25399752	0.15484321	0.0992	1.2949
4	0.09915431	0.12282608	0.0387	1.3336
5	-.02367177	0.03082427	-0.0092	1.3243
6	-.05449603	0.05843202	-0.0213	1.3031
7	-.11292806	0.02485244	-0.0441	1.2590
8	-.13778050	0.00331808	-0.0538	1.2052
9	-.14109858	0.03507521	-0.0551	1.1501
10	-.17617379	0.03205438	-0.0688	1.0813
11	-.20822817		-0.0813	1.0000

## Appendix C

**eTable 4.** Associations between key physician characteristics and enthusiasm ratings (“very enthusiastic” versus “somewhat” or “no enthusiasm”) for key ACA cost-containment strategies; odds ratios shown are from a single multivariate logistic regression model including all listed variables.

	Improving Quality & Efficiency of Care										Improving Conditions for Evidence-Based Decisions					
	Promoting continuity of care		Promoting chronic disease care coordination		Expanding access to free preventive		Expanding electronic health records		Rooting out fraud and abuse		Expanding access to quality and safety data		Promoting head-to-head trials of competing treatments		Limiting corporate influence on physician behavior	
CHARACTERISTIC	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)
<b>Age (years)</b>																
Less than 50	788 (76)	Ref	738 (71)	Ref	514 (49)	Ref	401 (39)	Ref	748 (72)	Ref	511 (49)	Ref	510 (49)	Ref	656 (64)	Ref
50 or greater	1084 (75)	1.1 (0.9-1.5)	985 (68)	1.1 (0.8-1.4)	660 (46)	1.0 (0.8-1.3)	456 (32)	0.8 (0.6-1.0)	988 (68)	0.9 (0.7-1.2)	747 (52)	1.2 (1.0-1.6)	733 (51)	1.1 (0.9-1.4)	897 (63)	1.1 (0.8-1.3)
<b>Sex</b>																
Female	635 (85)	Ref	587 (78)	Ref	413 (56)	Ref	269 (36)	Ref	546 (73)	Ref	408 (55)	Ref	350 (47)	Ref	490 (67)	Ref
Male	1237 (71)	0.4* (0.3-0.6)	1136 (65)	0.5* (0.4-0.7)	761 (44)	0.7* (0.5-0.9)	588 (34)	1.0 (0.8-1.3)	1190 (69)	0.8 (0.6-1.1)	850 (49)	0.8 (0.6-1.0)	893 (52)	1.2 (1.0-1.6)	1063 (62)	0.7 (0.6-1.0)
<b>Region</b>																
South	597 (74)	Ref	551 (68)	Ref	358 (44)	Ref	261 (32)	Ref	564 (70)	Ref	410 (51)	Ref	412 (51)	Ref	508 (63)	Ref
Midwest	419 (73)	1.0 (0.7-1.4)	396 (72)	1.0 (0.7-1.3)	294 (54)	1.1 (0.8-1.4)	235 (42)	0.9 (0.7-1.3)	376 (68)	0.9 (0.7-1.3)	274 (48)	0.9 (0.7-1.2)	280 (51)	1.0 (0.7-1.3)	350 (64)	0.9 (0.6-1.2)
Northeast	420 (79)	1.2 (0.9-1.8)	378 (70)	1.0 (0.8-1.4)	257 (48)	1.2 (0.8-1.6)	176 (33)	0.9 (0.7-1.3)	392 (73)	1.1 (0.8-1.6)	275 (51)	1.0 (0.7-1.3)	264 (50)	1.0 (0.8-1.4)	347 (65)	1.0 (0.7-1.4)
West	422 (76)	1.1 (0.8-1.5)	387 (68)	1.2 (0.8-1.6)	254 (45)	1.5* (1.1-2.1)	178 (31)	1.6* (1.2-2.2)	390 (68)	0.9 (0.7-1.3)	284 (51)	1.1 (0.8-1.5)	280 (49)	1.0 (0.8-1.4)	339 (60)	1.1 (0.8-1.5)
<b>Practice Setting Type</b>																
Small/solo	360 (74)	Ref	306 (63)	Ref	198 (41)	Ref	106 (22)	Ref	326 (66)	Ref	221 (46)	Ref	205 (42)	Ref	315 (65)	Ref
Group/HMO	1200 (76)	1.2 (0.9-1.7)	1116 (70)	1.4 (1.0-1.9)	752 (48)	1.2 (0.9-1.7)	574 (36)	1.7* (1.2-2.5)	1108 (70)	1.1 (0.8-1.5)	810 (51)	1.3 (1.0-1.7)	820 (52)	1.6* (1.2-2.2)	985 (63)	1.0 (0.7-1.3)

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	Improving Quality & Efficiency of Care										Improving Conditions for Evidence-Based Decisions					
	Promoting continuity of care		Promoting chronic disease care coordination		Expanding access to free preventive		Expanding electronic health records		Rooting out fraud and abuse		Expanding access to quality and safety data		Promoting head-to-head trials of competing treatments		Limiting corporate influence on physician behavior	
CHARACTERISTIC	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)
City/state/fed government	246 (75)	1.0 (0.6-1.6)	241 (73)	1.3 (0.9-2.1)	174 (53)	1.3 (0.9-2.0)	147 (45)	2.3* (1.4-3.5)	258 (79)	1.6 (1.0-2.6)	178 (54)	1.3 (0.9-2.0)	165 (50)	1.6 (1.0-2.4)	202 (62)	0.9 (0.6-1.4)
Medical school	48 (83)	1.9 (0.7-5.1)	46 (78)	1.8 (0.8-4.4)	38 (64)	2.1 (1.0-4.6)	22 (37)	1.5 (0.7-3.7)	35 (59)	0.7 (0.3-1.5)	33 (57)	1.6 (0.7-3.9)	36 (61)	2.3 (1.1-4.9)	39 (67)	1.1 (0.5-2.5)
<b>Compensation Type</b>																
Billing only	743 (74)	Ref	656 (65)	Ref	410 (41)	Ref	264 (26)	Ref	678 (67)	Ref	475 (47)	Ref	515 (51)	Ref	645 (65)	Ref
Salary plus bonus	639 (75)	1.0 (0.8-1.4)	609 (72)	1.2 (0.9-1.6)	438 (52)	1.4* (1.1-1.9)	339 (40)	1.6* (1.2-2.1)	618 (72)	1.2 (0.9-1.6)	462 (54)	1.3 (1.0-1.7)	427 (50)	0.9 (0.7-1.1)	523 (62)	0.9 (0.7-1.2)
Salary only	345 (78)	1.2 (0.8-1.7)	320 (72)	1.2 (0.9-1.7)	227 (51)	1.4 (1.0-1.9)	188 (42)	1.8* (1.3-2.5)	318 (72)	1.2 (0.8-1.6)	228 (52)	1.1 (0.8-1.5)	206 (46)	0.7 (0.5-1.0)	281 (64)	1.0 (0.7-1.4)

\*p-value < 0.001

eTable 4 (continued)

	Changing How Care Gets Paid For												Cutting Payment to Physicians Directly					
	Limiting access to expensive treatments with little net benefit		Using cost-effectiveness data to determine available treatments		Higher patient co-pays		High deductible health plans		Penalizing providers for avoidable readmissions		Paying a network of practices a fixed, 'bundled' price		Eliminating fee-for-service payment models		Allowing Medicare payment cuts to take effect		Reducing compensation for the highest-paid specialties	
	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)	N (%)	OR (99% CI)
<b>Age (years)</b>																		
Less than 50	484 (47)	Ref	483 (46)	Ref	168 (16)	Ref	160 (15)	Ref	53 (5)	Ref	60 (6)	Ref	70 (7)	Ref	13 (1)	Ref	235 (23)	Ref
50 or greater	781 (54)	1.4* (1.1-1.8)	687 (48)	1.1 (0.9-1.4)	251 (17)	1.0 (0.8-1.4)	250 (17)	1.0 (0.8-1.4)	85 (6)	1.1 (0.7-1.8)	100 (7)	1.4 (0.8-2.2)	105 (7)	1.1 (0.7-1.7)	22 (2)	1.2 (0.4-3.0)	354 (25)	1.3 (1.0-1.7)
<b>Sex</b>																		
Female	367 (49)	Ref	356 (48)	Ref	99 (13)	Ref	84 (11)	Ref	35 (5)	Ref	49 (7)	Ref	55 (8)	Ref	7 (1)	Ref	223 (30)	Ref
Male	898 (52)	1.1 (0.9-1.4)	814 (47)	1.0 (0.8-1.3)	320 (18)	1.4 (1.0-2.0)	326 (19)	1.7* (1.2-2.4)	103 (6)	1.3 (0.7-2.3)	111 (6)	1.0 (0.6-1.6)	120 (7)	1.0 (0.6-1.6)	28 (2)	1.9 (0.6-6.3)	366 (21)	0.7* (0.5-0.9)
<b>Region</b>																		
South	381 (47)	Ref	357 (44)	Ref	139 (17)	Ref	140 (17)	Ref	48 (6)	Ref	46 (6)	Ref	36 (5)	Ref	8 (1)	Ref	146 (18)	Ref
Midwest	309 (55)	1.3 (0.9-1.7)	281 (51)	1.2 (0.9-1.7)	92 (17)	1.2 (0.8-1.7)	89 (16)	0.9 (0.6-1.4)	27 (5)	1.0 (0.6-1.9)	48 (9)	0.9 (0.4-1.7)	60 (11)	1.2 (0.6-2.4)	7 (1)	1.6 (0.5-5.7)	147 (26)	1.5 (1.1-2.2)
Northeast	254 (48)	1.0 (0.7-1.3)	231 (43)	0.9 (0.7-1.3)	71 (13)	0.8 (0.5-1.2)	83 (16)	0.9 (0.6-1.3)	23 (4)	0.6 (0.3-1.2)	30 (6)	0.7 (0.4-1.5)	45 (9)	1.7 (0.9-3.3)	10 (2)	1.9 (0.6-6.6)	134 (25)	1.4 (1.0-2.0)
West	316 (57)	1.4 (1.1-1.9)	288 (51)	1.3 (1.0-1.8)	116 (20)	1.0 (0.6-1.4)	96 (17)	0.9 (0.6-1.3)	36 (6)	0.8 (0.4-1.5)	34 (6)	1.7 (1.0-3.1)	33 (6)	3.0* (1.6-5.4)	9 (2)	1.3 (0.3-5.1)	157 (29)	1.8* (1.2-2.5)
<b>Practice Setting Type</b>																		
Small/solo	213 (44)	Ref	203 (42)	Ref	84 (17)	Ref	84 (17)	Ref	28 (6)	Ref	24 (5)	Ref	15 (3)	Ref	10 (2)	Ref	105 (22)	Ref
Group/HMO	830 (53)	1.4 (1.0-1.9)	771 (49)	1.3 (1.0-1.8)	279 (18)	1.1 (0.8-1.6)	266 (17)	1.1 (0.8-1.7)	84 (5)	1.1 (0.5-2.1)	96 (6)	1.2 (0.6-2.6)	112 (7)	1.7 (0.8-4.0)	19 (1)	0.7 (0.2-2.1)	378 (24)	1.0 (0.7-1.5)

City/state/fed government	181 (55)	1.4 (0.9-2.1)	173 (48)	1.2 (0.8-1.8)	50 (15)	1.0 (0.6-1.7)	53 (16)	1.2 (0.7-2.1)	21 (6)	1.1 (0.5-2.8)	34 (10)	1.7 (0.7-4.2)	37 (12)	2.3 (0.9-6.0)	5 (2)	0.8 (0.2-4.0)	85 (26)	0.9 (0.6-1.5)
Medical school	33 (57)	1.6 (0.7-3.4)	29 (51)	1.4 (0.6-2.9)	4 (7)	0.4 (0.1-1.8)	5 (8)	0.5 (0.1-1.9)	4 (7)	1.3 (0.2-5.9)	2 (3) (1)	0.6 (0.1-4.5)	8 (14)	2.6 (0.7-10.1)	1 (2)	0.9 (0.1-14.9)	17 (29)	1.1 (0.5-2.7)
	<b>Changing How Care Gets Paid For</b>											<b>Cutting Payment to Physicians Directly</b>						
	<b>Limiting access to expensive treatments with little net benefit</b>		<b>Using cost-effectiveness data to determine available treatments</b>		<b>Higher patient co-pays</b>		<b>High deductible health plans</b>		<b>Penalizing providers for avoidable readmissions</b>		<b>Paying a network of practices a fixed, 'bundled' price</b>		<b>Eliminating fee-for-service payment models</b>		<b>Allowing Medicare payment cuts to take effect</b>		<b>Reducing compensation for the highest-paid specialties</b>	
	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>	<b>N (%)</b>	<b>OR (99% CI)</b>
<b>Practice Compensation Type</b>																		
Billing only	485 (48)	Ref	443 (44)	Ref	197 (20)	Ref	198 (20)	Ref	55 (5)	Ref	39 (4)	Ref	29 (3)	Ref	17 (2)	Ref	188 (19)	Ref
Salary plus bonus	437 (52)	1.1 (0.9-1.4)	419 (49)	1.2 (0.9-1.6)	128 (15)	0.8 (0.5-1.1)	124 (15)	0.7 (0.5-1.0)	43 (5)	1.0 (0.6-1.8)	56 (7)	1.8 (1.0-3.3)	78 (9)	3.3* (1.8-6.1)	11 (1)	0.9 (0.3-2.7)	204 (24)	1.4 (1.0-1.9)
Salary only	246 (56)	1.2 (0.9-1.7)	221 (50)	1.2 (0.9-1.6)	66 (15)	0.8 (0.5-1.2)	61 (14)	0.7 (0.4-1.0)	29 (7)	1.3 (0.7-2.6)	42 (9)	2.4* (1.3-4.6)	57 (13)	4.3* (2.2-8.5)	7 (2)	1.1 (0.3-3.9)	294 (34)	2.2* (1.6-3.2)

\*p-value < 0.001

## eReferences

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