

2025 BFMV Physician Call Coverage Burden & Compensation Survey Questions

1. Do you provide off-site call coverage services for a hospital or other healthcare facility? (i.e. for a hospital/ER call, not your own private patients) <yes, continue/no, end of survey>
2. Are you employed by the organization (or an affiliate) that operates the facility for which you provide off-site call coverage? <yes/no>
3. In what state do you primarily practice? <choices>
4. What is your primary specialty? <choices/other, please specify>
5. How many physicians practice within your group? (including yourself) <choices by range>
6. For how many different facilities does your group provide off-site call coverage services? <choices>
7. Which of the following best describes the service area of the primary facility for which you provide call coverage? <3 choices>
8. What is the trauma level of the primary facility for which you provide call coverage? <4 choices>
9. On average, how many days per month do you provide off-site call coverage? <open>
10. How many doctors are part of the call coverage rotation for your primary specialty at your primary facility? <open>
11. Which of the following best describes the required on-location, in-person response time when you provide off-site call coverage (in minutes unless otherwise specified)? <choices>
12. If you are required to respond in person while on-call, how many trips do you make to the facility? (per shift average) <choices>
13. While on call, how much time do you typically spend providing onsite care for call patients? (per shift average) <choices>
14. While on call, how much time do you typically spend providing telemedicine care for call patients? (per shift average) <choices>
15. Which of the following best describes the average frequency of phone calls you receive while providing off-site call coverage per day? <options>
16. Does your call arrangement permit you to see patients in the outpatient setting or schedule elective procedures while on call? (Yes, Yes – but limited or not feasible due to call burden, No)
17. Do you receive compensation that has been designated specifically for providing off-site call coverage? <options>
18. Please provide the following numerical responses regarding your standard WEEKDAY call coverage services. (numerical responses only, enter "0" if uncompensated)
 - a. Compensation per shift if compensated
 - b. Number of hours per call shift
 - c. Number of facilities covered per weekday call shift
19. Please provide the following numerical responses regarding your standard WEEKEND call coverage services. (numerical responses only, enter "0" if uncompensated)
 - a. Compensation per shift if compensated
 - b. Number of hours per call shift
 - c. Number of facilities covered per weekend call shift
20. If you receive compensation for call coverage only after providing a certain number of uncompensated days per month, which of the following best describes the number of days per month of uncompensated call coverage services you provide? <options>
21. Do you receive any other compensation, besides a daily/hourly rate or stipend, for professional services provided while on-call? <options>