



Supplement of

“ID-ing” the value: how are orthopaedic infectious disease physicians compensated for their time? A national survey

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Default Question Block

1. What is your primary employment setting? [select one]

- Academic hospital system
- Non-academic hospital system
- Government-based hospital system
- Private practice
- Other

Do you primarily practice in the United States?

- Yes
- No

In which state do you primarily practice?

What percentage of your time is spent practicing clinical ID? (As opposed to other institutional roles such as administrative, research or teaching) [input numeric value between 0-100]

What percentage of your clinical ID time is spent caring for patients with musculoskeletal (MSK) ID complaints? (Such as periprosthetic joint infection, fracture related infection, diabetic foot infection, osteomyelitis) [input numeric value between 0-100]

5. How are you compensated for your work as an Infectious Diseases (ID) physician? [select one]

- Base salary
- Productivity-based compensation
- Base salary plus productivity-based compensation

From which of the following sources do you receive compensation? [select all that apply]

Department of Medicine/ Infectious Diseases

Orthopedic Surgery department

Other surgical departments

The larger healthcare system

Other

Which of the following, if any exist at your medical center?
[select all that apply]

Dedicated MSK ID inpatient consult service

Dedicated MSK ID outpatient clinic

Multidisciplinary MSK ID inpatient rounds

Multidisciplinary MSK ID outpatient clinic

Multidisciplinary MSK ID clinical case meetings

In which of the following non-direct patient care activities do you participate related MSK ID? [select all that apply]

Developing institutional MSK ID treatment guidelines

Responding to MSK ID related curbside questions

Teaching MSK ID topics to medical trainees

- Participating in multidisciplinary MSK ID clinical case meetings
- Care coordination for patients with complex MSK ID complaints
- Other

Do you receive funding or protected time for any of these non-direct patient care activities? [select one]

- Yes
- No

If yes, please describe the source or sources of your funding or protected time. [free text]