

Perspectives on U.S. Patient Care from Global Health Care Practitioners

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## **Abstract**

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### **Background**

Interest in the field of global health care has been rapidly growing over the last two decades, leading to the proliferation of academic medical institutions offering more opportunities for medical study, research, and patient care abroad. A growing body of literature looks at the impact of these initiatives on the locations in which they operate, however a gap remains in understanding how these programs influence long-term global health care physician perspectives on patient care practices, the U.S. health care system, and how in turn global health care physicians may impact the delivery of health care in the U.S.

### **Objectives**

We conducted a qualitative study to identify global health care physician and global health care program leadership perspectives on how global health care work and research was understood to influence global health care physician perspectives on the U.S. health care system, patient care in the U.S., and in shaping their personal values.

### **Methods**

This study consisted of an online questionnaire and semi-structured interviews with physicians and program staff affiliated with global health care programs in U.S. academic medical centers. The study recruited individuals to share their perspectives on how global health care experiences shaped values, perspectives on patient care, spending patterns, and more generally health care

practices in the United States. Twelve participants completed online questionnaires, eight participants (four survey respondents and four additional participants) were interviewed in-person or by phone. Content analysis was used to derive relevant themes from questionnaire and interview data.

### **Findings**

Six themes were identified in how participants perceived global health care physician work to shape their perspectives on health care and impact their U.S.-based medical practices: 1) improved patient care with low-income, refugee, and immigrant patients; 2) reduction in medical spending patterns; 3) improved care through more efficient and stronger patient advocacy; 4) greater awareness of the social determinants of health; 5) deeper understanding the U.S. health care system via comparisons; and 6) altruistic values motivated physicians to pursue work in global health, and were not significantly changed by their global health experiences.

### **Conclusion**

Global health care physicians and global health care program leadership expressed that their global health care work either improved U.S. patient care or was inconsequential when compared to factors such as the social determinants of health or health care policy. Participants stated that their altruistic values had motivated them to pursue a career in global health care work, and that global health care work self-selected for people with similar values. Participants reported that their global health care work had brought a greater understanding of the strengths and weaknesses of the U.S. health care system but did not report a perceived greater agency to bring about positive reforms. Future research is needed to understand the extent to which these experiences influence U.S. patient care and whether discontents with the U.S. health care system have contributed to increasing interests in global health care.

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## **Background**

Global health is a popular term with no set definition,<sup>1,2</sup> due in part to the complexities surrounding how people define and understand health.<sup>3</sup> In this study we use the World Health Organization definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"<sup>4</sup> as an all-encompassing and humanizing project in pursuit of health and healing for all people, transcendent of borders. We define *global health care*, the primary focus of this study, as a subfield of global health that focuses solely on the study, research, and practice of providing biomedical services across borders.

Interest in the field of global health care has been rapidly growing over the last decade,<sup>5-7</sup> as has U.S. popular support for international efforts aimed at improving health in low- and middle-income countries.<sup>8</sup> As a result, many academic medical institutions and organizations have stepped up to meet this demand, offering more opportunities to study, work, and conduct research in the field of global health abroad.<sup>9-11</sup> As of 2016, more than one third of all U.S. matriculating medical students reported participating in global health work.<sup>12</sup> For academic medical institutions to offer medical students opportunities in global health care has often required extensive collaboration with foreign and multinational institutions, both public and private, to create working opportunities and provide care.<sup>13</sup> These relationships vary by program and school, with the majority providing practical training opportunities: global health care clinical rotations for medical students and residents, direct service delivery opportunities, global health care based internships, research opportunities in the health sciences, and diverse training collaborations.<sup>14</sup> Some question the ethics of these programs since health status in the U.S. pales in comparison to other developed nations<sup>15,16</sup> and a growing number of foreign born and foreign

trained physicians immigrate to the United States to practice medicine in underserved communities.<sup>17</sup>

This shuffling around of health care resources may harm health care systems,<sup>18, 19</sup> and displace financial resources.<sup>20</sup> With the proliferation of global health care programs has come a growing body of research and literature examining the impact of global health care programs on non-U.S. communities<sup>21-25</sup> and how these programs influence the values and perspectives of short-term global health care participants.<sup>26</sup> A gap remains in how global health care work influences the values of long-term global health care physicians and what benefits these programs may have on the U.S. communities in which global health care physicians return to work and live. This qualitative study attempts to understand the perspectives of global health care program leadership and global health care physicians on how global health care research and patient care work influences their perspectives, values, and health care practices in the United States.

## **Methods**

### **Ethical Approval**

This study received exemption through the Human Subjects Division, University of Washington's Ethical Review Board (STUDY00000104) and the Brigham and Women's Hospital Institutional Review Board (2016P000365/BWH). Participants were informed of the study objectives and written or verbal consent was obtained before beginning any research procedures.

## **Participant and Data Collection**

The research team recruited participants from two groups: global health care physicians and global health care program leadership affiliated with academic medical institutions. Criteria were developed to provide a diversity of perspectives based on duration of global health care experience and positionalities within global health care programs. The study recruitment criteria for the global health care physician category required participants match at least one of the following:

1. U.S.-trained physicians currently enrolled in a post-residency international internal medicine program based in a World Bank defined low- and middle-income country (LMIC).<sup>27</sup>
2. U.S.-trained physicians currently providing patient care and/or health care research for at least 1 month out of the year in a LMIC, and affiliated with an established global health care program funded by an academic medical center.
3. U.S.-trained physicians who have at least a cumulative of 5 years of global health care work experience in a LMIC.

The study recruitment criteria for global health care program leadership required participants be program faculty or staff affiliated with an academic medical institution offering an established global health care program. Several selected participants fit the criteria for both global health care physician and global health care program leadership and their responses were analyzed within both categories.

The research team administered an online questionnaire and a semi-structured interview to global health care program leadership and global health care physicians affiliated with academic medical institution. Questionnaire and interview questions were designed for global

health care physicians to speak to their personal experiences researching and practicing abroad, while program leadership were asked questions regarding their experiences overseeing global health care programs and their perspectives on the field more broadly [Interview guide: Appendix A & B]. Participants who fell into both categories were asked questions from both. Understanding the ambiguity of key terminology such as global health,<sup>28,29</sup> the research team shared with participants the study's focus on global health care practices prior to recruitment.

Research instruments consisted of an online questionnaire developed and administered through REDCap (Research Electronic Data Capture), comprised of open-ended questions and short response questions identifying demographic information. Researchers used convenience sampling<sup>30</sup> to recruit participants for the online questionnaire by first identifying academic medical institutions with global health programs through online searches and colleague recommendations. Researchers then sent recruitment emails with a link to the online questionnaire to the identified global health programs and individuals affiliated with these programs. Recruitment emails contained a description of the study, a link to the online questionnaire and a request that recipients disseminate the email to their colleagues who met our selection criteria.

Questionnaire responses were coded by hand and participants were followed up for either in-person or remote interviews. The team used purposeful sampling<sup>31</sup> to recruit additional interviewees. These additional interviewees were identified through colleague recommendations. The researchers utilized an adaptive approach to the semi-structured interview,<sup>32</sup> personalizing questions to further explore participant's expertise, positionality, and questionnaire responses. Interviews were recorded, relevant portions were transcribed with structured notes, and then coded and analyzed by hand in relation to identified questionnaire themes.<sup>33</sup> In presenting our

findings we have incorporated researcher comments, distinguished by non-italicized bracketed text [ ] within direct quotations, to provide clarity to the quote based on information and context provided from the full interview.

## **Findings**

One hundred and fifty-nine recruitment emails were sent to global health care physicians and global health program leaders at 25 identified academic medical institutions. Thirty unique individuals opened the questionnaire link, and only 12 completed it, for a response rate of 7.5%. Among those who completed, eight were global health care physicians and four were global health program leaders. One global health care physicians and three global health program leaders who completed the questionnaire agreed to participate in a follow up interview. Additional interviews were conducted with six global health care physicians and two global health program leaders, identified through purposive sampling (Table 1 & Table 2). In total, participants represented seven unique academic medical institutions located throughout the United States. Participants who identified their age, ranged from 33 to 68 years of age.

Table 1. Participant Responses

	Program Leadership	Global health physicians	Total Responses
Questionnaire	4	8	12
Interviews	3	5	8
Total	7	13	20

Table 2. Unique Participants

	Questionnaire respondents	Non-questionnaire respondents	Total Participants
Interview participants	4	4	8
Non-interview participants	8		8
Total Participants & Sampling	12 (Convenience)	4 (Purposive)	16

Responses from global health care physicians and global health care program leadership were similar, due most likely to the significant number of global health care program leaders who had previously worked as global health care physicians and the similarity in personal values. Regarding responses pertaining to the impact of global health care work on U.S. communities, participants suggested that either their work abroad contributed to self-reported improvements to care back home or were simply unsure whether the potential benefits were significant or unique to global health care physicians, requiring a more nuanced understanding of individual patient and physician variability, and the role of health care in bringing about better health.

Table 3. Themes: How Global Health Care Work Influences the U.S. Health Care System

Themes	Descriptors
Improved patient rapport	Connection through language, cultural familiarity, and better understanding of patient challenges.
Reduced health care spending	More attention to patient history, better physical exams, and greater awareness to a culture of frivolous testing.
Improved patient care	Greater efficiency, patient-centered care, less aggressive treatment.
Values driven work	Global health care attracts altruistically motivated individuals. Personal values were developed prior to global health care work.
Greater awareness to the social determinants of health	“Connecting the dots”, understanding the social factors which lead to health, recognizing similarities between health and health care access between U.S. patients and patients abroad.
The U.S. health care system	More nuanced understand through conversation and experience. Comparison on strengths and weaknesses.

### Improved Patient Rapport

Participants discussed their perspectives on how global health care influenced their U.S. patient care, the primary themes being patient rapport, spending and diagnostic patterns, and quality of care. All eight of the interviewed participants indicated that their global health care work had improved their ability to improve rapport with and provide care for immigrant, refugee and/or low-income individuals in the U.S. Perceived improved patient rapport was attributed to a variety of reasons expressed by several participants such as being able to speak to patients in their native language, understand a patient's cultural background, develop better rapport with a patient by conversing about their home country, and better understand the challenges unique to immigrant, refugee, and low socioeconomic status patients. As one participant put it “if I bring

some of these things up, then I break a barrier and have a good relationship very quickly.” Other participants discussed similar experiences:

***“I speak a couple languages which working abroad has taught me. I speak Spanish, I speak Creole, so ... there is that automatic connection”***

Several participants remarked that patient rapport is vital to providing care for patients, and that learning to speak another language was a direct result of their global health care work.

### **Reduced Health Care Spending**

Interviewees and questionnaire respondents were divided on the extent to which international work experience translated into cost savings for U.S. patients. The majority however did report that learning to practice medicine with fewer resources translated into more reliance on patient histories, physical exams, and less on medical tests back in the U.S. Several also reported a greater awareness to over-spending patterns in the U.S. health care system - as one participant wrote:

***“I have been able to think more clinically and utilize my medical knowledge in a way that I can't always do in the U.S. With limited resources, the physical exam and limited testing becomes critical in diagnosis and following up patient response to treatment. When I return, I find that I don't need to rely on the technology as much and can focus on the patient.”***

Participants who did not think that global health care work resulted in cost savings for U.S. patients, expressed that they believed the differences in cost savings to be negligible. No participants reported feeling that global health care work resulted in more costly care for U.S. patients.

### **Improved Patient Care**

Half of participants reported that global health care work improved the quality of care they were able provide to their patients back home. Respondents reported this as being either “more efficient” as a result of taking better patient histories and physical exams, less inclined to carry out unnecessary and invasive tests, more patient-centered<sup>34</sup> and having a greater awareness to patient’s economic and/or cultural factors. One respondent reported that they were “more likely to speak to a patient about options that don’t include very aggressive care” and that they may be “a little more comfortable” offering to “do nothing”. The following respondent quote also exemplifies this theme:

*“Each time I practice abroad and then come back to the U.S., I find that I am more compassionate and empathetic, because I have been practicing how to focus on the person in front of me while I was away, and to think clinically (instead of focus on the computer and the paperwork)”*

Several participants doubted whether any improvements were significant, and questioned whether any improvements could be accurately measured.

## **Values Driven Work**

All interviewed participants reported that their values were not changed by their global health care work, but rather their values drove them to pursue global health work in the first place—or allowed them to “find a niche in which to put their values,” as one participant noted. Furthermore, five interviewees mentioned that global health care was a field that self-selected for individuals with altruistic values:

*“I think that many people who choose to do global health [have] ...stronger altruistic focus or willingness to devote their time.”*

Several participants mentioned that their values came from their familial upbringing, religious background, or political ideology, and that pursuing careers in global health care was a way for them to put their values into practice. Additionally, they noted that global health “self-selects” for physicians with similar values.

## **Greater Awareness to the Social Determinants of Health**

Half of the study participants reported global health care work gave them a better understanding of the broad underlying factors that contribute to patient health and access to health care. This was reported as either reinforcing participant’s prior perspectives on the social determinants of health, or helping participants to recognize the social factors related to health - both abroad and in the United States. One participant responded that their global health care work had led to a “global sense” of why their patients were “how they are” and that global health

care work “helps you connect the dots between these seemingly unconnected psychosocial things.” Others discussed the social determinants of health more broadly:

***“Poverty, corruption, gender inequality, lack of education, years of war and the subsequent PTSD that affects an entire nation all are the biggest influencers of well-being.”***

Several participants discussed the distinction between health care and health. One respondent wrote “my experience working abroad has strengthened my belief that 'well-being' (or 'health' as defined by the WHO) is very minimally influenced by the medical care I provide as an individual physician and also minimally influenced by the medical care provided by a health care system.” These distinctions were made in the context of doubting the extent to which global health care physicians could improve health by providing health care either in the U.S. or abroad. These participants advocated for a more nuanced understanding of the factors that influence health and felt that their global health care work either brought them to this realization or reaffirmed their understandings of the social determinants of health.

### **The U.S. Health Care System**

Seven out of the eight interview participants acknowledged the importance of global health care to better understand the strengths and weaknesses of the U.S. health care system. This was attributed to a variety of factors unique to the field of global health care such as conversations with non-U.S. health care practitioner counterparts and experience working within non-U.S. health care systems.

*“I’ve had a lot of conversations with colleagues in Ukraine, because they’re undergoing a lot of reform...we have a lot of talks about the kind of differences, weakness in each [Ukraine and U.S. health care systems] and what’s similar.”*

*“Having the experience of working in many different health care systems... allows you to see in every variety and every system there are things that work well and things that don’t...”*

Discussions with participants on the weaknesses of the U.S. health care system were often framed through comparison with non-U.S. health care systems motivations and standard practices. As one respondent put it “the goal of many countries’ health care system is to serve their citizens fully...It starts off in a different place than where we are.”

Participants also contrasted the cultural dynamics of clinical work in various settings and how current physician practices within the U.S. health care system contrasted with how they thought patient care should be carried out in the U.S. - and how patient care is carried out abroad. These discussions were focused on perceived changes or shortcomings in U.S. health care practices that negatively affected patient care, and physician satisfaction and prestige. As one participant articulated, they felt as if they “don’t get the experience of saving lives in the United States” and “I don’t get the same level of gratitude from the patients.” This perspective was reiterated by another participant that discussed how they and other physicians “look nostalgically to a time when there was more enthusiasm for the work that physicians did” and that they “try to keep the dissatisfying thoughts at bay.” This was attributed to them spending “a lot of time doing paperwork, less time doing patient interaction, and [having] meaningful patient interaction”. The

following participant quote is an amalgamation of how participants framed their perceptions on the U.S. health care system, in terms of implied motivations, a perceived decline in the U.S. health care system, and how global health care work is seen as a more personally beneficial and altruistic endeavor:

***“We don’t practice evidence based medicine anymore [in the U.S.], we practice lawsuit based and insurance based medicine now...I’m a hired gun here. I collect a paycheck and then go back [abroad]...”***

Several interview participants identified current and future potential challenges of infectious disease epidemics to the U.S. health care system and the perceived benefits of global health care work in primary, secondary, and tertiary prevention. One respondent discussed the risk of infectious disease epidemics in terms of a weakness they perceived of the U.S. health care system and the current political climate: “If we aren't prepared to fight that pandemic, like Ebola or SARS, in the place where it starts then that will eventually come to anybody anywhere in the world.” The mention of epidemics by another participant came up when discussing the perceived benefits of global health work to U.S. patient care and strengthening the U.S. health care system:

***“I see a lot of infections when I’m overseas that then periodically show up here and I think I’m one of the few people that could actually like deal with [it]. It [global health] informs the technical aspect of my job.”***

One of the primary research questions was whether a greater recognition of the strengths and weakness of the U.S. health care system could lead to a culture of change amongst global health care physicians. Interviewees responded in a variety of ways – most of which contained elements of doubt, cynicism, disinterest, or a perceived greater ability to support impactful changes to foreign health care systems. Discussing their personal experiences with the U.S. health care system, one respondent noted: “There are so many competing agendas there and it’s the big money that’s going to win out, and I hate to sound cynical”. Another respondent explained that their work providing technical expertise to the Kenyan Health Ministry “can make public health decisions that have a big impact much more easily than anybody here can have.” Shared by several participants, the following quote exemplifies the perspective that global health care work prevented them from keeping up or participating in U.S. health care reform work:

***“One of the things is I used to follow U.S. medical care, a lot, but I can’t keep up, just because I try to keep up with things going on overseas...I used to know a lot about this stuff.”***

As alluded to in the previous quotes, several participants articulated that they had previously been involved in US health care reform work, but had either lost interest, were too busy with their global health care work, or had felt that they were able to bring about more meaningful reforms in non-US health care systems.

## **Discussion**

This exploratory study brings awareness to the ways in which global health care physicians and global health care program leaders understand their work in relationship to the field of global health care, the U.S. health care system, and the practices of physicians in the U.S. The responses of study participants reflect a shared understanding of the ways in which the U.S. health care system treats patients as ‘paying customers’ - a reflection of cultural dynamics associated with the U.S. for-profit health care model,<sup>35</sup> in comparison to the non-profit, charity, or single payer models of health care delivery experienced by global health care physician participants while abroad. The U.S. health care system was said by participants to manifest in problematic physician-patient relationships, too much time devoted to bureaucratic requirements, excessive fear of litigation, frivolous spending, overly aggressive medical care, and a disconnect between care providers and the lived experiences of low-income and immigrant patients, all perspectives noted in other studies.<sup>36-39</sup>

Participants reported that their personal values motivated them to pursue global health care careers, a notion supported by studies on career choice selection<sup>40</sup> and short-term global health residency electives.<sup>41</sup> Global health care work was described as personally rewarding, a counterweight to personal frustrations resulting from the U.S. health care system. Several participants explicitly stated that global health care work was a return to their altruistic values, “saving lives”, or serving regardless of cost, as opposed to in their practices in the U.S. which were described as prioritizing pleasing patients (as opposed to healing patients), practicing “insurance medicine” or “liability medicine”, or “customer service”. These perceptions were attributed to either the volunteer nature of their global health care work, their experiences

working in non-U.S. health care systems, or witnessing different provider-patient relationships while abroad.

The most significant division amongst participants was whether they viewed their global health care work as a mode in which the experience of this perceived authentic global health care relationship acted as a vehicle for change on individual care and/or systemic changes in the U.S. Those that did report positive benefits of global health care in relation to U.S. patient-care and the U.S. health care system discussed individual and local practices - such as reduced spending, better patient care, and replicating interventions that had proven effective abroad. These findings are supported by similar research looking at the perspectives of short-term global health care residency electives,<sup>42</sup> international clinical rotations,<sup>43</sup> and arguments that have informed global health engagement.<sup>44</sup> Additionally, several participants pointed to the role of global health care physicians in preventing pandemics by being better prepared to recognize new infectious diseases, going to the source of the outbreak, and the need for the U.S. health care system to take the threat of pandemics more seriously.

A majority of participants reported having a better understanding of the weaknesses and strengths of the U.S. health care system as a result of their global health care work. Studies have argued that global health care experiences can serve the needs of the health care system by increasing the number of physicians who go into a primary care field and practice medicine in under-resourced settings.<sup>45</sup> However, the influence of pre-held personal values prevents any assertion of causality.

Participants who considered the impact of global health care on U.S. patient care to be insignificant, pointed to national policies and the social determinants of health as being more important for improving patient health. These narratives are supported by research that points to

income and economic inequalities as important drivers of poor population health,<sup>46</sup> and that although the U.S. spends more money on health care than the rest of the world combined,<sup>47</sup> it continues to lag behind other developed nations in life expectancy.<sup>16</sup> These participants suggested the need for domestic and foreign collective reforms to bring about significant health improvements.

Our study did not find that global health care physicians and global health program leadership felt a greater agency to bring about collective changes to the U.S. health care system because of their global health care experiences or greater awareness to the weaknesses of the U.S. health care system. This could be the result of a multitude of factors such as a greater awareness of the obstacles that stand in the way of reform, recognizing the immensity of reform required, or understanding the difficulty of bringing about positive changes under the current political context.

## **Limitations**

There were several significant limitations to this study which are worth noting, such as the homogeneity of the study researcher's positionality. All researchers were white men born in North America and affiliated with a U.S. academic medical institution. The low response rate and sample respondent size is another limitation. The small sample size was most likely a result of physician and program leadership survey fatigue, limiting the generalizability of our research findings. Future research that aims to collect qualitative data from this, or similar, demographics should consider survey fatigue and explore ways to increase response rates.

## **Conclusion**

This exploratory qualitative study only begins to scratch the surface of understanding the impact of global health care on U.S. patient care and the U.S. health care system. We identified six emergent themes from online questionnaires and in-person/phone interviews with global health care physicians and global health care program leadership. Participants were asked to reflect on how global health care experiences could influence physician perspectives and U.S. patient care. Three identified themes were centered on the impact of global health care on U.S. patient care: global health care leads to greater rapport between physicians and immigrant and/or low socioeconomic patients, reduces health care spending, and leads to more effective patient care practices. These improvements were attributed to a variety of factors such as being able to speak in a patient's native language, a stronger understanding of the challenges faced by patients, more reliance on patient histories and physical exams, and a greater awareness to physician spending patterns.

The other three identified themes were that global health care work is largely motivated by altruistic values, global health care work leads to a greater awareness to the social determinants of health, and a better understanding of the strengths and weaknesses of the U.S. health care system. Participants discussed several of these themes as being inter-related, such as how global health care work allows for more personally rewarding physician patient interactions compared to the U.S. health care system. Our study did not find that participants thought global health care work led to a greater perceived agency to bring reforms to the U.S. health care system – which was described as flawed and in need of reforms.

The research team hope that the identified themes can act as a jump off point for future research on the topic of how global health care work impacts U.S. patient care, such as

quantitatively investigating global health care physician spending patterns compared to U.S. based physicians - to better understand the extent to which global health care is beneficial for individual patients or clinics in the U.S. The research team also feel that future research seeking to understand the growing interest in the global health care field could investigate how perceived conflict of values between altruistically driven physicians and the U.S. health care system could act as a potential driving force in generating more interest in global health care.

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## Appendix A Semi-Structured Interview Instrument

### **Global Health Physician (GHP) Study – Interview Guide**

*Summarize before starting the interview: research topic, inform time required for interview, ask for permission to record.*

*Our informal discussion/interview will last between 30-60 minutes. We've drafted some questions to help guide this semi-structured interview, but are also interested in your own thoughts, reflections, and experiences about global health physician practice.*

1. Tell me about a little about your Clinical and/or Research work abroad.
2. Over \_\_\_\_\_ years working abroad, how has your perspective changed?
3. I know you've worked in quite a few different countries, including \_\_\_\_\_. How do you reflect on these experiences?
3. You mentioned in your survey that your global health work has influenced your perspective by \_\_\_\_\_.\*

If participant doesn't answer above with specific events: "Are there any anecdotes, experiences, or people that influenced your perspective?"\*

4. What was it about the nature of your work, or the location in which you worked that influenced this perspective?
5. How does, if at all, your global health work inform your perspective on the US healthcare system?
6. The field of global health is rapidly growing; what are your thoughts on this phenomenon?
7. Do you feel an agency to bring about change? If so, how, where, and to what extent?
8. Of your colleagues, students, or program associates who also work abroad, how have they been changed by their experiences? Do you talk about these changes?
9. How are physicians who work abroad different than physicians who do not? In regards to personal values or how they practice medicine?
10. How important do you think the values and perspectives of physicians are before they work abroad in shaping their global health experiences?
11. Is there anything further you'd like to tell or reflect on, or you feel is worth asking other global health physicians or those who work in the field about?

# Appendix B Questionnaire Instrument

## Studying the role of global health physicians in advancing patient-centered values in US healthcare [Physician Questionnaire]

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### Section 1 - Participant Reflections on International Work and Research Experiences

Progress



Please answer the following questions to the best of your knowledge, and provide examples when relevant.

Describe how your experience working abroad has influenced your perspective on patient well-being and the factors which influence their wellbeing:

\* must provide value

Expand

Describe any benefits or losses that you personally or your U.S. practices has received as a result of your experiences working abroad:

\* must provide value

Expand

Describe whether you feel that physician experiences abroad translates into improved or worsened quality of patient care in the US:

\* must provide value

Expand

Describe whether you feel that physician experiences abroad translates into improved or worsened cost effective care in the US:

\* must provide value

Expand

Is there anything else about this topic that you'd like to share, but which was not covered in the questions above?

\* must provide value

Expand

Are there any other questions you feel that we should ask physician participants?

\* must provide value

Expand