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STRATEGIC MARKETING PLAN FOR SAN ANTONIO
UROLOGY MEDICAL GROUP, INCORPORATED

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Business Administration

by
Victor Choy Ching, M.D.
December 2001

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Approved by:


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11-20-01
Date


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ABSTRACT

San Antonio Urology Medical Group, Inc. (SAUMG) is a single specialty urologic practice in Southern California comprised of three urologists. The rapid changes occurring in healthcare must be analyzed and strategies developed to enhance the continued growth of SAUMG and to shape its future. The purpose of this project is to develop a strategic plan that will take SAUMG into the next decade.

Based upon a complete situational analysis that evaluated the strengths and weaknesses of SAUMG, the opportunities and threats facing SAUMG were identified and a strategic plan formulated. The major threats identified include: the difficulty of patient access to their urologic care due to the retirement of Dr. Mark Kirk, no strategic planning for the future, and a contract only with one of the two medical groups in the area, both whose financial future is questionable. The weaknesses identified provide direction for future opportunities that include: increasing the office hours, thereby increasing patient access; renegotiating a contract with both medical groups so access to patients could be seamless in case of bankruptcy, thus mitigating the threat of losing a large number of patients. These plans would help in planning the future of SAUMG and allow it to deliver the highest

quality healthcare to patients, while making San Antonio Urology Medical Group, Inc. a more successful business.

ACKNOWLEDGMENTS

I would like to acknowledge the help and advice of all the outstanding teachers that made this first executive MBA program at the California State University at San Bernardino such a success and excellent learning experience. I would especially like to acknowledge Dr. Nabil Razzouk whose dedication to this program and each student has been an inspiring example. I would also like to also acknowledge my sister Shirley Chang, PhD who is always willing to help with my "literary endeavors".

DEDICATION

I dedicate this project to my family whose support, love, and understanding have made this whole endeavor possible.

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CHAPTER ONE

INTRODUCTION

Healthcare is rapidly changing. This constant flux is seen in demographic changes, technological advances, new governmental (bureaucratic) rules, and economic changes in the surrounding environment. These changes must be analyzed and strategies developed to continue to grow and prosper (Stahl & Dean, 1999). Science has long been a proponent of Darwinism, and only the "fittest will survive." Strategic planning is vital to this survival. The strategic plan must be based on an analysis of both the internal and external environment. A strategic formulation must be based on the organization's objectives and strategies, and a plan developed that takes into account the organization's strengths and weaknesses. Examination of the external and internal environment will expose opportunities and threats that need to be addressed. While the strategic implementation of any plan is vital to its success, the follow up analysis of its effectiveness is a critical final step of a strategic plan (Lovelock, 2001).

This strategic plan is presented as the final project to meet the requirements for MBA at California State

University at San Bernardino. The purpose of this project is to develop a strategic plan that will take San Antonio Urology Medical Group through the next decade. Chapter One will analyze the external environment. These findings will aid in defining the opportunities and threats that face San Antonio Urology Medical Group. This is followed by Chapter Two that will cover the performance analysis and internal analysis of the group. The strengths and weaknesses will be studied so a plan can be made that will maximize the strengths and minimize the weaknesses of San Antonio Urology Medical Group. Chapter Three presents a plan of action and an implementation strategy. An operational management outline for a portion of the strategic plan will be presented that can be used as an outline for implementation of other portions of the strategic plan. Chapter Four will then summarize the conclusions and recommendations. The findings of the internal and external analysis will be formulated into goals and concrete activities so a feedback evaluation can be done.

San Antonio Urology Medical Group, Inc. (SAUMG) is a small medical group located in Upland, California. Dr. William Karow first established SAUMG in 1972. He brought in Dr. Mark Kirk as a new partner in 1974. Dr. Karow had

legal problems and left the practice in 1981. Dr. Kirk recruited Dr. Victor Ching in 1982. The practice continued to grow resulting in the need to recruit Dr. Tomi Bortolazzo in 1992. SAUMG has been a three-person partnership since then. Dr. Kirk is now planning on retiring in June of 2002. There is also a new urologist joining a practice in Pomona, 7 miles west. SAUMG needs to plan its strategy to position itself in this new practice environment and to make strategic plans how to proceed that will meet the challenges of delivering the highest quality healthcare to patients, while making San Antonio Urology Medical Group, Inc. a more successful business.

CHAPTER TWO

EXTERNAL ANALYSIS

San Antonio Urology Medical Group (SAUMG) is based in the Inland Empire of Southern California. The service area in which the practice receives the majority of its patients defines this community. The primary service area for SAUMG includes Upland, Rancho Cucamonga, Fontana, Ontario, Montclair and Chino. Its secondary service area includes areas farther west including Claremont, Pomona, Chino Hills and farther east including Rialto. Over 90% of the patients come from this primary service area. When including the secondary service area, approximately 95% of patients seen are included (San Antonio Community Hosp Benefit Plan).

San Bernardino County was founded in 1853 and is located to the east of Los Angeles and Orange Counties. It is comprised of three geographic regions - the Inland Valley, the mountain region and the Mohave Desert. San Bernardino County is the largest county in the contiguous United States. San Bernardino County's population totaled 1,727,000 in 2000, which exceeds the population of 13 states. It is projected that by 2005 there will be 1,949,000 people, a growth rate of 12.8% over the next

five years as compared to 3.9% in Los Angeles County and 6.4% in Orange County.

Ethnicity

San Bernardino is an ethnically diverse region. Relative to the State of California, it has a higher percentage of Hispanic residents (39.1% vs. 32.4%) and African-American residents (8.8% vs. 6.4%). San Bernardino County has a lower percentage of non-Hispanic White residents (44.0% vs. 46.7%). Continued growth is anticipated for the county's Hispanic population. It is estimated by the year 2030 that 51% of the County's total population will be Hispanic (From the California Department of Finance).

Language

San Bernardino County has a large number of Spanish-speaking residents. Enrollment data from the San Bernardino County Schools in 2000 show that 17% of the 364,942 students are "limited English proficient." This is a 24% increase over 1995. A "typical" class in San Bernardino County is 30 students: 11 are non-Hispanic White, 13 are Hispanic, four are African American and two are of other ethnic origins. Five in the class will be limited in English proficiency.

Employment

The San Bernardino County's unemployment rate improved from a 7.3% in 1996 to a low of 4.1% in 1999. The 2000 unemployment rate increased to 4.8%, just slightly under California's rate of 4.9%.

Income

The average household income in San Bernardino County in 2000 was \$47,744. This ranked lower than the California average of \$60,530 and lower than the United States average of \$57,898. In 1997 there were also a higher percentage of San Bernardino County residents that lived below the poverty line, of 17.9% vs. 16% in the State of California.

General Indicators of Health

Based on findings from the County Health Status Profiles 2000, several areas of the health status in San Bernardino County are better than that of the State of California. The TB incidence rate in San Bernardino County is 7.4/100,000 while that in California is 12.4/100,000. The AIDS incident rate in this County is 9.6/100,000 while in California it is 17.3/100,000. The drug related death rate in this county is 7.3/100,000 while in California it is 8.0/100,000. San Bernardino County health lags behind

the State of California in the death rate due to heart disease with a death rate of 127.3/100,000 as compared to that in California of 93.9/100,000. The death rate due to stroke is also higher in San Bernardino County at 25.5/100,000 as compared to California, which are 25.3/100,000. The death rate from breast cancer and infant mortality is also higher in San Bernardino County.

Because of the high association of smoking with urological cancers, the smoking habits of the community have implications for the practice. California smoking rate is among the lowest in the nation. In 1998, it was 19.3% and in 1999, it decreased to 18.7%. Over 40,000 Californians die each year from causes related to tobacco use. The economic impact of tobacco related disease in California is estimated to exceed 10 billion dollars. In San Bernardino County it is estimated that there are over 220,000 adults and more than 7,000 adolescents that smoke. This projects to a cost of estimated 600 million dollars in 1999 - \$20 million in medical costs, \$50 million in disability costs and \$350 million is lost productivity due to premature deaths. Approximately 2,000 deaths in San Bernardino County are contributed to tobacco smoking. Tobacco kills more residents in San Bernardino County each year than alcohol, illegal drugs, homicide, suicide, auto

accidents, fire and AIDS combined (San Antonio Community Hospital Strategic Planning Presentations).

Motivations

It is the goal of San Antonio Urology's Medical Group to be the premiere provider of Urologic care in the Inland Empire.

In this service area, there is a large proportion of managed care. Over 55% of the population's health insurance is managed care, HMO or PPO. There have also been several medical groups such as Promed San Antonio and Global Health Care that are no longer doing business. All of these patients have had to move their care to another medical group and often have had to find a new physician. With the changing environment, patients have difficulty in accessing their care. This transition between insurances and medical groups will need to be streamlined so a seamless transfer can take place. There is also a large portion of uninsured patients who also need medical care. This care needs to be both accessible and affordable. Without medical care, education of the public to health issues will suffer. If the public is not aware of possible medical problems, they cannot prevent or be screened for these so that early diagnosis and treatment and possibly

cure can be done. Because of the emerging changes in managed care, it is imperative that a health care provider be able to deliver care utilizing the most efficient and cost effective method, yet maintain the highest quality care.

Competitor Analysis

In this Inland Empire service area, there are currently a total of nine urologists. Three urologists practice primarily at San Antonio Community Hospital and comprise San Antonio Urology Medical Group. There is another three-person group who practices primarily at Pomona Valley Medical Center, and also practice part time at San Antonio Community Hospital. There are three other urologists in solo practice: one who practices mainly in Chino but also does some of his work at San Antonio Community Hospital, another who works at all the hospitals in the area, and the other solo urologist who is a Doctor of Osteopathy whose main hospital is San Antonio Community Hospital. Since he is a Doctor of Osteopathy, he has the referral base of the other Osteopaths. Historically, each of these urologists has their referral base but with managed care this has changed and referrals are often insurance driven.

Strengths

Each of these separate groups has their strengths. The doctors who are based in Pomona receive the majority of their referrals from those doctors whose main practice are out of Pomona Valley Medical Center. The doctor in solo practice in Chino has the referrals of the doctors who practice mainly in Chino, as well as some of the foreign medical graduates. The Osteopathic urologist has the referral base of the Osteopaths. San Antonio Urology has historically been the main provider of urology care at San Antonio Community Hospital and continues with a strong name recognition and presence. It receives the majority of the referrals from physicians who are MDs at San Antonio Community Hospital, except patients that are directed elsewhere because of insurance restrictions or requirements.

The office physical layout is not ideal. The office laboratory is located in the back of the office so there are wasted steps between seeing the patient and checking each patient's specimen. The restrooms are also older; so do not meet ADA handicap standards. This is balanced by the location of the office. It is the closest urologic office to San Antonio Community Hospital, the main base for hospitalized patients in the area. The location allows

the ability to see office patients between surgeries and to handle hospital emergencies and consults between office patients.

San Antonio Urology Medical Group has been active in several research or drug studies. Since they have previous experience it is easier for them to qualify for new studies. These studies give options to the patients that would otherwise not be available to them. This aids in attracting patients to the practice. The reimbursement received from research grants also adds to non-patient revenues. Research grants have been a major source of income in other practices.

Weaknesses

San Antonio Urology's new patients and referral base are very dependent upon managed care contracts and the tendency to refer to one's established referral pattern. If these contracts exclude SAUMG, these patients cannot be treated and have their care paid for by their insurance. There is a Doctor of Osteopathy school locally in Pomona that graduates a large number of primary care physicians. Since they train locally they often settle in the Inland Empire. They tend to refer to other Osteopaths because of their similar background and philosophy.

Laparoscopic surgeries have become more common in urology. Surrounding teaching institutions including Loma Linda University and City of Hope are currently doing laparoscopic nephrectomies and prostatectomies. This will become more commonplace, and patients will soon demand this option. Laparoscopic surgery has now become a commonplace surgery for gall bladders. None of the physicians of SAUMG are currently trained to do these procedures.

Environmental Analysis

The senior or Medicare eligible HMO market has become increasingly volatile in SAUMG's primary service area. Several insurance companies have exited the market and the remaining companies have expressed difficulties in providing care in this area. San Antonio Community Hospital made a decision to exit the senior HMO market in 2000. San Antonio Community Hospital also terminated the Medi-Cal contract on May 23, 2001. This was due to an 11.3 million dollar loss from operations during the year 2000. San Antonio Community Hospital will continue to see Medi-Cal patients in the emergency room, those enrolled in Inland Empire Health Plan (IEHP), and those covered by Medi-Cal and Medicare. These changes at San Antonio

Community Hospital will affect the contracts and patients that San Antonio Urology Medical Group will be able to access. The contracts that don't include San Antonio Community Hospital as it's covered facility will not be part of the contracts of Inland Global Medical Group, which uses San Antonio Community Hospital as its main facility.

There is a rapid rise in the Hispanic population. Hispanics will soon be the major population group in the area. Many are predominantly Spanish speaking. Out of the staff of five employees only one can speak Spanish. Out of the three physicians, Dr Bortolazzo is the only one that is fluent in Spanish. When the Spanish-speaking employee or Dr Bortolazzo is not there, there is no one to translate for the patients. This can lead to poor patient care and increased malpractice exposure.

Strategic Analysis/Opportunities and Threats

Based on the findings from the external analysis of the strengths and weaknesses of SAUMG, several strategies to address the opportunities and threats are presented.

1. Because of the prime location and length of time spent in this office, it would serve SAUMG well

to stay in the current location. If remodeling of the office décor and layout is needed this can be negotiated with the landlords at time of the renegotiating of the lease. Analysis of the current rental rates would also aid in the negotiations to make sure the current lease rate is not out of line with the local sector.

2. Research availability has become increasing important. For San Antonio Community Hospital to maintain its accreditation with the American College of Surgeons, over 5% of the cancer patients must be in a research protocols. The funding for these protocols can be significant, up to \$10,000 for each patient enrolled. SAUMG has been designated a community site for UCLA and their prostate cancer research. Several new molecules will become available for treatment of neovascularity and gene therapy. Several drug companies will contract directly with each practice to be put on phase four studies for their products to find new and innovative uses for their drugs. Drug studies need to be sought and patients enrolled. This is a win-win situation in that the patient receives the

latest innovative care and SAUMG improves its non-patient revenue.

3. Dr. Saul is entertaining the idea of retirement. Currently the majority of Osteopathic Doctors refer to him. It would be helpful to be involved with the education of the new Osteopathic physicians while they are in training at Western Medical University, Arrowhead Regional Medical Center, and Doctor's Montclair Hospital. By being involved in these teaching programs the young Osteopathic doctors would get to know SAUMG and start a referral pattern.
4. Laparoscopic surgery continues to expand its indications. New procedures, techniques and equipment are continually being reported. To stay current the physicians of SAUMG will need to receive training doing laparoscopic nephrectomies and prostatectomies. If this is not possible, another option is to have someone come in to perform these procedures.
5. Currently the only managed care contract for SAUMG is with Inland Global Medical Group. Like all the medical groups in the area its financial strength is questionable. It has not met

California's Department of Managed Care criteria for economic health in two areas: Not making timely payments and having adequate reserves on hand. It would lessen the risk if SAUMG could become involved in the other main managed contract in the area, PrimeCare. Negotiations need to be made to be included on this panel.

6. The increasing Hispanic population and Spanish speaking population have made it imperative that their health care is provided in a culturally aware milieu. Increasing the number Spanish speaking staff and encouraging current employees to learn to speak Spanish will increase the cultural sensitivity.

CHAPTER THREE

INTERNAL ANALYSIS

This chapter focuses on the strength and weaknesses of the San Antonio Urology Medical Group (SAUMG) relative to the current and expected foreseen landscape of the local service area. Over the past 10 years, there has been a 100% increase in the charges generated but the reimbursement has not kept up. There has only been a 50% increase in revenue, which has been realized primarily during the past two years. The end result is - working harder for less pay. Two years ago, the physicians suffered a 20% decrease in reimbursement. With renegotiating the current contracts and not signing those that did not meet predetermined criteria, physician reimbursement is currently what it was 10 years ago.

Medicare has established Resource Based Relative Value Studies (RBRVS) or payment based on work involved and overhead costs. Using this information, SAUMG has been able to evaluate its current contracts. Eighty per cent of what Medicare allows is what is felt to cover fixed and variable costs. Current contracts and any new contracts are evaluated using these criteria.

Patient satisfaction is paramount to the growth of a practice. Word of mouth marketing by patient referrals is an important source of new patients (Baum, 1996). A survey was conducted to determine patients' perception of satisfaction with the San Antonio Urology Medical Group (See appendix A). The managerial team including the physicians and the office manager were polled and the results tabulated to identify the strengths and weaknesses of SAUMG (Razzouk, 1993).

Strategic Issues

A total of 193 patients were surveyed over a two-week period from all three physicians in the SAUMG practice. There was an excellent rate of return of surveys with most of the questions being answered. Demographics of the population being surveyed that were seen in this office were, 1.5% were 0-12 years of age, 1.5% were 13-17 years, 3.1% were 18-24 years, 5.7% were 25-34 years, 17% were 35-49 years, 23.7% were 50-64 years, and 42.3% were over 65 years old. There were 5.2% that did not respond. Of the patients surveyed, 68.6% were males and 27.3% were females. Approximately 70% of the patients who responded were married. The majority of the patients were White/Caucasian, 74.2% and 10.3% Hispanic.

When the level of education was surveyed, only 17% did not complete high school. Those finishing high school and some college total 87%. The most common categories of occupation were retired (40.2%) and professional (18.6%). Sixty-six percent of the patients lived within 6 miles of the office. The most common city that the patients lived in was Rancho Cucamonga (26.3%), followed by Upland (23.2%) and Ontario (20.6%). The patients most frequently read the Inland Daily Bulletin (41.8%), with LA Times being second (18.6%). The most common sources of referral were the personal physician (55.2%), doctor's reputation (28.9%), and the hospital physician referral service (18.6%).

Of the total patients who participated in the study, 32% were seen by Dr. Kirk, 41.2% were seen by Dr. Ching, and 22% patients were seen by Dr. Bortolazzo. The number of patients seen on each of the days varied from 14 patients to 49 patients. Patient responses indicated no statistical difference in perception of patient satisfaction between any of the three physicians (See Appendix B).

Overall patient satisfaction indicators were rated as satisfactory or excellent by over 95% of the patients surveyed except for "time waiting to be seen" which was

85%. Ease of reaching office by phone was rated as excellent by 68% of the respondents. A total of 95.7% responded this was excellent or satisfactory. The patient's rated the ease of getting an appointment as excellent at 64.8%, with satisfactory and excellent combined at 91.7%. Over 95.8% of the patients surveyed felt that the front office staff was courteous as excellent or satisfactory. Ninety-eight percent rated the courtesy of the back office staff as satisfactory and excellent. When the patients were asked about the time waited to seeing the doctor, 50% responded it was excellent, 85.5% responded that it was satisfactory and excellent, and 95.2% responded that this was average, satisfactory and excellent. Only 4.8% responded it needed improvement. When patients were asked the quality of time spent with the doctor, 96.3% rated this as satisfactory to excellent. The quality of information given by the doctor was perceived to be excellent or satisfactory in 96.3% of the respondents. As far as the willingness of the doctor's staff to answer questions, 96.8% rated the practice as being satisfactory to excellent. When the patients were asked the overall quality of the care provided by this office, 77.2% indicated that it was excellent and a total of 99.5% indicated that it was excellent to satisfactory.

Relative to the hours of service provided, 59.1% of the patients perceived that the current hours were excellent, and a total of 95.6% perceived that it was satisfactory or excellent. Patients indicated that the location of the office was satisfactory to excellent (95.8%).

To determine the most effective plan to extend service hours, respondents were asked how likely they would be to utilize an appointment before 8:30. Approximately 30% indicated that it was very likely, and total of 50% indicated that it was likely and very likely; 28% indicated that it was unlikely, and a total of 50% indicated it was unlikely to very unlikely. When asked how likely to utilize the appointment after 5 p.m., 41.6% responded that it was likely to very likely. The remainder or 58.4% responded that was unlikely to very unlikely that they would utilize an appointment after 5 p.m.

To explore the possibility of not continuing capitated care, the patients were surveyed concerning the likelihood of continuing care at SAUMG if their HMO did not cover the cost of their treatments. A total of 26.5% felt that it was very likely they would continue care at SAUMG if their HMO did not cover treatment costs, while a total of 59.4% felt that it was likely to very likely that

they would continue care at SAUMG. This question had the highest rate of "no responses" (20.1%). The likelihood of referring other patients to SAUMG is an indicator of overall satisfaction; 71.4% felt this is very likely and 97.3% were likely to very likely, while 2.7% were unlikely to very unlikely to refer other people here. Two-thirds of the patients surveyed have been seen at SAUMG for three years or less.

Strengths

- Performance-strong reputation for excellent medical care
- Established practice-well known in community for over 35 years
- Drs. Kirk and Ching-listed in "Top Doctors in America"
- Dr. Kirk-previous Chairman of the Board of the hospital
- Strong marketing
- Dr. Ching-recognized for community service i.e. established prostate screen and received award for Outstanding Contribution to the Community
- Dr. Ching-Past president SBCMS, delegate to CMA and Alt delegate to AMA

- Drs. Ching and Bortolazzo-Past presidents Inland Empire Urological Society
- Drs. Kirk and Bortolazzo-presidents of medical staff at San Antonio Community Hospital

Skills

- Active politically
- Exposure in media i.e. newspaper articles
- Masters of Business Administration
- Clinical trials
- Knowledgeable about state and national issues in medicine
- Female urology-pelvic floor prolapse surgery

Resources

- Associated with Loma Linda University
- Technology available at hospital and hospital willing to buy needed equipment
- SAUMG lab is CLIA certified-moderately difficult
- Involved with decision making body with Inland Global Medical Group

Weaknesses

- Lack of adequate office time to see patients'
- Because of high volume unable to spend more time with patients
- No strategic plan
- Poor communication between partners and employees

Strategic Analysis

Overall satisfaction with the practice is excellent to satisfactory. The only statistical difference between the physicians is that Drs. Kirk and Ching see more male patients and Dr. Bortolazzo sees more female patients. SAUMG has many strengths and these need to be used and expanded.

The weaknesses need to be addressed and reformulated into strengths. With Dr. Kirk leaving in June of 2002, these weaknesses will become magnified. The most pressing issue will be the difficulty of handling the current patient load and possibly even a larger patient load if the practice continues to grow. Initially, plans will be made to expand the hours of seeing patients in the office. This will improve patient satisfaction and also increase the number of patient visits for each physician. If the

wait to see the physician is unacceptable, other possibilities can be evaluated and implemented. This includes utilizing physician extenders i.e. nurse practitioners or physician assistants. Another alternative is to recruit another physician to join the practice. This may prove to be a difficult task since it has taken a group in San Bernardino over two years to recruit someone. When Dr. Pineda joined the Pomona practice, they had been trying to recruit someone for over a year. A third possibility would be to further decrease patient volume by not accepting any capitated contracts and/or increasing the minimal reimbursement rate that is acceptable for current and new contracts. Based upon the survey and a review of the current status of SAUMG patients indicated a high degree of satisfaction in all the areas examined. Changes need to be considered relative to extending office hours, providing adequate coverage, and reviewing contracts and reimbursement policies.

CHAPTER FOUR

STRATEGY AND IMPLEMENTATION

Dr. Mark Kirk has announced that he is retiring in June 2002. This will leave two partners to handle a patient load of three. Decisions will need to be made on how to handle an increasing patient load with one less doctor. There is a strong desire to continue to increase patient satisfaction. The patient survey that was conducted indicated a desire for longer hours. By extending the office hours, this would help solve handling the patient load with fewer doctors. This would also obviate the need for a new physician.

A change of extending the hours would affect the patients, physicians, employees (back and front office) and their families, as well as the cleaning personnel. Each of these parties has their own special needs and interests. The patients need more accessibility to be able to see the physicians sooner as well as adequate time to spend with the physician. Patients have expressed a desire to have hours that would conflict less with work or other commitments. The doctors would like to have the business grow and attract new patients, especially with the new competition in town. This increased business would

hopefully increase reimbursement and provide greater job stability for employees. It is also important to the physicians that the patients are satisfied. Giving the patients additional choices in appointment times will increase patient satisfaction. The physicians also need to address the problem of handling the patient load with one less full time physician. Depending on the manner extended hours are implemented, a predictability of schedules could be a problem, leading to difficulties with childcare and other family responsibilities for the employees. With any change, loyalty becomes an issue both in terms of the employee's loyalty and the doctors'. Will the employees think this administrative decision was made with their interests in mind, or will they begin to feel that the doctor is less loyal to them by putting other issues more at the forefront or perhaps, even making them work harder?

San Antonio Urology Medical Group has several resources that will aid in adapting to the change with fewer problems and less resistance. Historically the office staff has been very willing to change especially with the office manager's buy in. Since it is a small group of six employees it is easier to be able to communicate with all of them at one time. It is also congruent with the culture of SAUMG to provide the highest

quality patient care. If the extended hours are important to the patient's satisfaction, this will also increase buy in from the employees. This change can be seen as a manageable single issue. Because of each of the different parties' needs, there are some complex underlying problems that will have to be addressed.

There are some major advantages of the change. As the doctors have more time to do the required surgeries before the office begins on the "late" days, there will be less rescheduling and more consistent patient flow. It also allows for better management of unforeseen problems or emergencies, making the office less hectic and compacted and giving the patients shorter waiting times. As a result, the patients will be more satisfied, and will be able to choose late hours to work around their individual needs, especially their jobs. As the population in the area increases, the business is likely to grow, giving more job security and satisfaction to the employees. The staff should find their day less stressful and easier to take care of personal business, like banking and bill paying.

There may be some major points of resistance. Key relationships may be adversely affected, especially with employee's families. Those who have young children may

need to find alternative childcare. There may be some changes in interpersonal office relationships. Some who enjoy working with each other may no longer be able to do so. Continuity of communication between staff may also be a problem as everyone will not be present for the whole workday as before. Some resentment may occur if someone feels the change affects them more adversely than others, or if they do not have the same chance at rotating to the shift they most desire. It may not be appropriate to allow seniority to be the only criteria regarding work hour assignments. Extended hours will affect employees the most during winter hours, not only because their children won't have as much time with them after school, but also because of safety concerns. Also, longer hours may lead some employees to be more edgy and tired, increasing the possibility of errors. As mentioned before, they may feel that they will have to work harder for the same pay.

Those doing billing and filing should see more flexibility in getting their required work done. Scheduling and insurance authorization duties should see no adverse change. Front and back office personnel will have to stay late on some days and come in early on others. The cleaning crew, on late days, will get home

much later, unless they can work some of their other duties around the extended hours.

Change can be very frightening to many people and often is not welcomed because people like things to be predictable and routine, hating the unknown. Change, for change's sake, rarely is welcomed. When benefits are readily observable, however, they can be very welcome. The most readily observable benefit will be to the patients, which has always been our primary concern. With this emphasis, the office staff will probably be more willing to accept some of the negative effects.

The way change is communicated is a major factor in how well it is received. Communication at the right time and place, and by the right method, will decrease the likelihood of negative reactions. In the past, things have been communicated face-to-face instead of in writing. This allows for immediate feedback and an ability to emphasize the positive and a willingness to listen, which will be helpful in this instance. A major change, such as this one, should be communicated by a face-to-face encounter and in writing in order to minimize misunderstandings.

The office has already been alerted to Dr. Kirk's retirement and the need to restructure the corporation. A survey has recently affirmed the need for extended hours

on the part of the patients. Questions about meeting the demands already exist, so the alert phase has begun. Waiting until after the holidays at the end of the year to formally announce the proposed changes may be an advantage to ready acceptance. In the months leading up to this, the office manager, who is the "lioness" in this organizational jungle, will be involved in the planning stages. The staff listens to her and respects her opinions. If she embraces the change there will be less resistance.

Three plans will be offered, with feedback encouraged for any possible alternatives or a hybrid of these. The extended hours will be on Tuesdays and Thursdays and will involve one front and one back office person each time, there being six total employees. Plan I is for two employees to have two (2) 10-hour shifts and two (2) 8-hour shifts per week, with Friday involving only 4 hours. Plan II is to have two employees on Tuesday and Thursday working 8-12 and again from 3:30-7:30, having a long mid-day break. Plan III is for two employees working overtime twice a week with overtime pay. As the pay is not on the high side, they may embrace this. At first it will be proposed to have a voluntary choice of work schedule

and then possibly change to some kind of equitable rotation.

The rest of the employees will be informed over a lunch catered into the office. Dr. Ching and the office manager will be the major communicators and a written copy of the plans will be distributed. Key messages will be reiterated, such as the difficulties that have been experienced in seeing patients during regular hours and the probability of intensifying the problem after Dr. Kirk's retirement in June 2000. Focus will be placed on the benefits and the downsides will be acknowledged. It will be emphasized that not everything is changing and their scheduling will have more flexibility. As already addressed, a major concern may very well be that they will be expected to do more for the same amount of pay and this fear needs to be addressed at this time. A plan to give follow up data comparing the before and after in patient satisfaction will be put in place.

Early implementation of the plan is beneficial so any needed changes can be made. This allows for more feedback and the allaying of fears before Dr. Kirk leaves. This is an important safety valve for the employees most affected and resistant. It gives time to legitimize concerns and place emphasis on the positives.

Approximately two weeks after the initial meeting there will be second meeting, followed by the final plan being implemented a month later preferably before April. In May the employees will be given a formal opportunity to discuss the outcomes and propose any necessary changes. Final changes can then be made before June 2002, a month before the problem could intensify.

Monitoring the change through patient and employee feedback during the initiation phase will be important. Tracking utilization of the extended hours and mini patient surveys regarding satisfaction or other needs would help employee acceptance. The employees will need to be monitored in terms of their satisfaction. They especially need to be assured they are not doing more work per 40-hour week.

Open and honest communication and a continued spirit of working for the good of the patient should assure a smooth transition period. As the benefits become more obvious and the employees' lives become adjusted to a new routine, it is expected that the change will be viewed as one that enhances everybody's lives and provides a higher level of quality in patient care (Krebs & Thornton, 1992).

CHAPTER FIVE

CONCLUSION

This strategic marketing plan has been developed for San Antonio Urology Medical Group (SAUMG). San Antonio Urology Medical Group desires to continue to deliver the highest quality healthcare to patients while making it a more successful business. This strategic marketing plan strives to carry SAUMG successfully into the next decade. Dr. Mark Kirk is planning to retire in June of 2002. With the changing practice of medicine both internally in this practice as well as externally in the market area served, this strategic plan will need to enhance the position of SAUMG in this evolving environment. San Antonio Urology's primary service area includes Upland, Rancho Cucamonga, Ontario, Fontana, Montclair and Chino. Over 90% of the patients come from this service area. This area expects to have continued growth. It is predicted that this growth will be mainly in the Hispanic population. In 2000, the total population was 1,727,000 and it is projected to be 1,949,000 in 2005.

San Antonio Urology continues to strive to be the premier provider of urologic care in the Inland Empire. There is a large proportion of managed care in this

service area. Future plans must address how to maximize the benefits and minimize the risks of this insurance mix. Recently, there has been a decline in HMOs both in number of plans and patients enrolled. Several HMOs have failed. A major HMO that covers approximately 25% of the total patients treated is financially unstable. There continues to be a large number of uninsured patients. This is a nationwide problem that needs to be addressed and solved by the health care community. There are currently two major medical groups in this area, Inland Valley Global and PrimeCare. In an effort to decrease exposure, it would be beneficial to have access to patients in both groups. If one of the groups did fail and go out of business, patients could be shifted to the other medical group and SAUMG would still have access to those patients. Efforts should be made to contract with both medical groups. This would also help control capacity. If there is an excess of patients, the overflow could go to the other urologist and if there were a shortage of patients, there would be more access to new patients with the new contracts.

Although a new urologist has started practicing in this area, the anticipated retirement of two urologist results in a net loss of urologists in this service area. Thus, there will probably be a shortage of urologists when

Dr. Kirk leaves, and SAMUG becomes a two-person group. This void will have to be addressed. If the Inland Valley Global panel is open to other urologists in exchange for access to the PrimeCare patients, an excess of capitation patients could overflow to the other urologists. SAUMG patient referral base is very dependent on the contracts it holds so it has access to both the major groups of patients. The referral patterns are also dependent on whether one is a M.D., a Doctor of Osteopathy, or foreign trained. Dr. Saul, the local D.O. urologist has expressed uncertainty regarding his plans to continue practice. He has said he might retire within the next several years. This could potentially open referrals from the Osteopaths to other urologists and increase the referral base. By becoming more active in the education of the Osteopathic doctors both at Western Medical University and at their residency programs at Montclair Hospital and Pomona Valley Medical Center, the new Osteopathic doctors will become more familiar with SAUMG and will be more likely to continue referring patients latter if they settle in this area.

San Antonio Urology has multiple strengths including name recognition and being well established in the area for over thirty years. SAUMG has a very active marketing

program including media exposure. The doctors also have been active in the local political level as well as at the state and national level. SAUMG has also been able to stay on the cutting edge of urology. SAUMG has done some surgeries before several teaching institutions in the area had made these procedures part of their common armamentarium.

San Antonio Urology's weaknesses also will have to be addressed:

- 1) Adequate office time to see patients will need to be found. Increasing the office hours may solve this and providing staff coverage can be provided by staggering employee work hours.
- 2) Plans need to be made to learn advanced laparoscopic skills. This will become mandatory to stay competitive. Laparoscopic nephrectomy and laparoscopic prostatectomy are becoming a viable alternative that patients may request.
- 3) Although the office layout is not efficient, with Dr. Kirk leaving, another examining room will be available increasing the accessibility of treatment rooms.

- 4) Efforts should be made for the new employee hires to be bilingual to better serve the increasing Hispanic population.
- 5) In an effort to increase the communication between the partners and the employees, the office manager's goals this year are to have monthly staff and managerial meetings. The office manager will arrange these meetings.
- 6) Expansion of the clinical trial programs should also be emphasized. Efforts to increase enrollment of patients in UCLA's drug protocols for hormonally resistant carcinoma of the prostate and other bladder tumor protocols should be a priority. Other sources of increased indirect patient care revenue should also be explored such as in office testing and procedures, and expert lecturing or testifying.
- 7) New contracts should be negotiated for improved reimbursement from the medical groups and insurance companies.
- 8) A threat from a new urologist in this service area is not a serious problem as soon there will be two and possibly three urologists retiring.

There might actually be a shortage of urologists in the area.

- 9) With SAUMG downsizing to two urologists, the on call schedule would not be conducive to a satisfactory lifestyle. A loose association with all the urologists in this service area should be formed to decrease weekend call time and enhance the availability of free time.
- 10) The major medical group in this service area continues with financial problems. To solve these problems and have direct input in molding new solutions, efforts should be made to remain on the development committee of the local medical groups.
- 11) Efforts should continue to renegotiate panels to include PrimeCare, the other major medical group, in this service area. If Inland Valley Global should fail, these patients can be to be accessed through PrimeCare.
- 12) Patients' satisfaction was excellent-to-satisfactory for the front office, back office, and the physicians. As more patients indicated that they would utilize early appointments than later appointments, extension

of office hours should begin initially by starting before 9 o'clock and then eventually after 5 o'clock to maybe 6 o'clock. This can be implemented incrementally starting with lengthening office hours one to two days per week. It is imperative that the staff "buy in" to the proposed changes. This will be addressed at the monthly staff meetings thereby increasing communication both with the staff and the management. Increasing the number of patients that are seen later in the evening will decrease the possibility of patients being rescheduled, which will aid to decrease the stress of the staff.

Implementation of these changes will help minimize the threats and weaknesses of San Antonio Urology Medical Group, and will also maximize San Antonio Urology Medical Group's strengths and opportunities. This will aid in ensuring the premier position of San Antonio Urology Medical Group in this service area and aid in its endeavor to deliver the highest quality healthcare to patients, while making San Antonio Urology Medical Group, Inc. a more successful business.

Success of the strategic plan has to be monitored. Increase profitability during these changing times in medicine becomes harder to achieve but a strategic plan will aid in this endeavor. Biannual studies that report on net profit or "take home" profit should be done with a goal of at least a 5% annual increase or 2% over the rate of inflation whichever is greater.

Patient satisfaction will need to be documented with the new hours and decreased access. Follow up patient surveys need to be done annually to ensure there is no decrease in patient satisfaction.

Research protocols or drug studies can become a significant source of non-patient revenue. Continued efforts to find new studies should continue. This will be monitored with a goal of 10% increase annually in the number of patients enrolled.

The current contracts will need to be reviewed annually to make sure they meet preset criteria of at least 80% of Medicare.

Implementation of these strategic plans will take San Antonio Urology Medical Group successfully into the next decade and aid in its ability provide the best patient care, while making San Antonio Urology a more successful business.

APPENDIX A
PATIENT SURVEY

PATIENT SURVEY

Dear Patient:

Quality care and patient satisfaction are top priority for us at this office. We would appreciate your taking a couple of minutes to rate our services and tell us how we are doing.

Please rate each service attribute as being either Excellent (1), Satisfactory (2), Average (3), or Needs Improvement (4).

	Excellent	Satisfactory	Average	Needs Improvement
1. Ease of reaching our office by phone	1	2	3	4
2. Ease of getting an appointment with us	1	2	3	4
3. Courtesy of front office staff	1	2	3	4
4. Courtesy of back office staff	1	2	3	4
5. The amount of time you waited today before seeing the doctor	1	2	3	4
6. Quality of time spent with doctor	1	2	3	4
7. Quality of information given by doctor	1	2	3	4
8. Willingness of doctor and staff to answer your questions	1	2	3	4
9. Overall quality of care provided in this office.	1	2	3	4
10. The current hours of service	1	2	3	4
11. Location of the office	1	2	3	4

Please answer the following questions as: (1) very likely, (2) likely, (3) unlikely, and (4) very unlikely.

		Very Likely	Likely	Unlikely	Very Unlikely
12.	How likely are you to utilize an appointment before 8:30 am	1	2	3	4
13.	How likely are you to utilize an appointment after 5:00 pm	1	2	3	4
14.	If your HMO insurance is no longer accepted how likely are you to continue to seek your care from this office.	1	2	3	4
15.	How likely are you to refer other people to your present Urologist in this office	1	2	3	4

Please tell us about you

- How long have you been seeing this urologist?
 - ☐ Less than one year
 - ☐ 1 to 3 years
 - ☐ 3+ to 6 years
 - ☐ 6+ to 12 years
 - ☐ Over 12 years
 - ☐ One episode only (i.e. a specific one-time surgery or procedure)
- The category that includes your age on your last birthday. (If a parent or companion is completing this survey, please indicate the patient's age.)
 - ☐ 0-12
 - ☐ 13-17
 - ☐ 18-24
 - ☐ 25-34
 - ☐ 35-49
 - ☐ 50-64
 - ☐ 65 and over
- The following category best describes your level of completed education:
 - ☐ Did not complete high school
 - ☐ High school graduate
 - ☐ Some college
 - ☐ College graduate
 - ☐ Some post graduate
 - ☐ Completed postgraduate

4. This income best describes your total before-tax income in your household last year
- ☐ Less than \$10,000
 - ☐ \$10,000 to \$19,000
 - ☐ \$20,000 to \$29,000
 - ☐ \$30,000 to \$49,000
 - ☐ \$50,000 to \$100,000
 - ☐ Over \$100,000
5. Which of the following sources of information helped you in selecting this doctor for your care. (Check all that apply).
- ☐ Friend of relative
 - ☐ Yellow Pages
 - ☐ Advertisement
 - ☐ Doctor's reputation
 - ☐ Sign
 - ☐ Hospital (physician referral services)
 - ☐ Personal physician
 - ☐ Direct mail brochure
6. The approximate percentage of fees charged by this urologist that you paid yourself (be sure to include deductibles and co-payments)?
- ☐ None
 - ☐ 1-19%
 - ☐ 20-29%
 - ☐ 30-69%
 - ☐ 70-99%
 - ☐ 100%
7. Gender:
- ☐ Male
 - ☐ Female
8. Your occupation is:
- ☐ Professional
 - ☐ Managerial
 - ☐ White collar
 - ☐ Blue collar
 - ☐ Skilled labor
 - ☐ Retired
 - ☐ Student
 - ☐ Homemaker
 - ☐ Other-please specify _____

9. Ethnic Background
_____ African American
_____ Asian/Pacific Islander
_____ Hispanic
_____ White/Caucasian
_____ Other-please specify _____
10. Employment status
_____ Fulltime
_____ Part time
_____ Retired
_____ Unemployed
11. Marital Status
_____ Single
_____ Married
_____ Divorced
_____ Separated
_____ Unemployed
12. How far do you live from this office _____ Miles
13. Where do you live
City _____
Zip code _____
14. What newspaper do you regularly read _____
15. What radio station do you most commonly listen _____
16. The doctor I saw today was:
_____ Dr. Kirk
_____ Dr. Ching
_____ Dr. Bortolazzo

We welcome any comments and/or suggestions: _____

Thank you for your time

APPENDIX B

CROSSTABS

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Urologist Rendering Care * Ease of Reaching Our Office by Phone	188	96.9%	6	3.1%	194	100.0%
Urologist Rendering Care * Ease of Getting an Appointment	193	99.5%	1	.5%	194	100.0%
Urologist Rendering Care * Courtesy of Front Office Staff	191	98.5%	3	1.5%	194	100.0%
Urologist Rendering Care * Courtesy of Back Office Staff	188	96.9%	6	3.1%	194	100.0%
Urologist Rendering Care * Amount time waited today to see the doctor	186	95.9%	8	4.1%	194	100.0%
Urologist Rendering Care * Quality of time spent with the doctor	187	96.4%	7	3.6%	194	100.0%
Urologist Rendering Care * Quality of information given by the doctor	189	97.4%	5	2.6%	194	100.0%
Urologist Rendering Care * Willingness of doctor and staff to answer questions	189	97.4%	5	2.6%	194	100.0%
Urologist Rendering Care * Overall quality of care provided by this office	189	97.4%	5	2.6%	194	100.0%
Urologist Rendering Care * Current Hours of Service	181	93.3%	13	6.7%	194	100.0%
Urologist Rendering Care * Location of the Office	189	97.4%	5	2.6%	194	100.0%
Urologist Rendering Care * How Likely to Utilize an Appt. Before 8:30 am	190	97.9%	4	2.1%	194	100.0%
Urologist Rendering Care * How Likely to Utilize an Appt. After 5:00 pm	185	95.4%	9	4.6%	194	100.0%
Urologist Rendering Care * Likelihood of continuing care here if HMO not cover	155	79.9%	39	20.1%	194	100.0%
Urologist Rendering Care * Likelihood of Referring Other People Here	182	93.8%	12	6.2%	194	100.0%
Urologist Rendering Care * How Long Have You Been Seeing This Urologist?	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Age	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Level Of Completed Education	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Last Year's Before Tax Income	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source Of Information To Select Doctor - Friend/Relative	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source of Information To Select Doctor - Yellow Pages	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source of Information To Select Doctor - Advertisement	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source of Information To Select Doctor - Doctor's Reputation	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source Of Information To Select Doctor - Sign	194	100.0%	0	.0%	194	100.0%

Urologist Rendering Care * Source Of Information To Select Doctor - Hospital Physician Referral Services	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source Of Information To Select Doctor - Personal Physician	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Source Of Information To Select Doctor - Direct Mail Brochure	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Percent Of Fees Paid By Patient	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Gender	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Occupation	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Ethnic Background	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Employment Status	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Marital Status	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Distance Patient Lives From Office	191	98.5%	3	1.5%	194	100.0%
Urologist Rendering Care * City Patient Lives	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Zip Code Patient Lives	189	97.4%	5	2.6%	194	100.0%
Urologist Rendering Care * Newspaper Regularly Read	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Radio Station Most Listened To	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Date Of Service	194	100.0%	0	.0%	194	100.0%
Urologist Rendering Care * Total Number Patients Seen That Day	194	100.0%	0	.0%	194	100.0%

Urologist Rendering Care * Ease of Reaching Our Office by Phone

			Ease of Reaching Our Office by Phone				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	5	3			8
		% within Urologist Rendering Care	62.5%	37.5%			100.0%
		% within Ease of Reaching Our Office by Phone	3.8%	6.4%			4.3%
		% of Total	2.7%	1.6%			4.3%
	Dr. Kirk	Count	44	15			59
		% within Urologist Rendering Care	74.6%	25.4%			100.0%
		% within Ease of Reaching Our Office by Phone	33.1%	31.9%			31.4%
		% of Total	23.4%	8.0%			31.4%
	Dr. Ching	Count	56	16	5	1	78
		% within Urologist Rendering Care	71.8%	20.5%	6.4%	1.3%	100.0%
		% within Ease of Reaching Our Office by Phone	42.1%	34.0%	83.3%	50.0%	41.5%
		% of Total	29.8%	8.5%	2.7%	.5%	41.5%
	Dr. Bortolazzo	Count	28	13	1	1	43
		% within Urologist Rendering Care	65.1%	30.2%	2.3%	2.3%	100.0%
		% within Ease of Reaching Our Office by Phone	21.1%	27.7%	16.7%	50.0%	22.9%
		% of Total	14.9%	6.9%	.5%	.5%	22.9%
Total		Count	133	47	6	2	188
		% within Urologist Rendering Care	70.7%	25.0%	3.2%	1.1%	100.0%
		% within Ease of Reaching Our Office by Phone	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	70.7%	25.0%	3.2%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.170(a)	9	.517
Likelihood Ratio	10.236	9	.332
Linear-by-Linear Association	1.422	1	.233
N of Valid Cases	188		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .09.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.087	.066	1.194	.234(c)
Ordinal by Ordinal	Spearman Correlation	.066	.072	.897	.371(c)
N of Valid Cases		188			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Ease of Getting an Appointment

			Ease of Getting an Appointment				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	4	2	2		8
		% within Urologist Rendering Care	50.0%	25.0%	25.0%		100.0%
		% within Ease of Getting an Appointment	3.2%	3.8%	18.2%		4.1%
		% of Total	2.1%	1.0%	1.0%		4.1%
	Dr. Kirk	Count	42	18	2		62
		% within Urologist Rendering Care	67.7%	29.0%	3.2%		100.0%
		% within Ease of Getting an Appointment	33.6%	34.6%	18.2%		32.1%
		% of Total	21.8%	9.3%	1.0%		32.1%
	Dr. Ching	Count	57	15	4	3	79
		% within Urologist Rendering Care	72.2%	19.0%	5.1%	3.8%	100.0%
		% within Ease of Getting an Appointment	45.6%	28.8%	36.4%	60.0%	40.9%
		% of Total	29.5%	7.8%	2.1%	1.6%	40.9%
	Dr. Bortolazzo	Count	22	17	3	2	44
		% within Urologist Rendering Care	50.0%	38.6%	6.8%	4.5%	100.0%
		% within Ease of Getting an Appointment	17.6%	32.7%	27.3%	40.0%	22.8%
		% of Total	11.4%	8.8%	1.6%	1.0%	22.8%
Total		Count	125	52	11	5	193
		% within Urologist Rendering Care	64.8%	26.9%	5.7%	2.6%	100.0%
		% within Ease of Getting an Appointment	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	64.8%	26.9%	5.7%	2.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.655(a)	9	.074
Likelihood Ratio	15.082	9	.089
Linear-by-Linear Association	1.659	1	.198
N of Valid Cases	193		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .21.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.093	.074	1.290	.198(c)
Ordinal by Ordinal	Spearman Correlation	.090	.075	1.242	.216(c)
N of Valid Cases		193			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Courtesy of Front Office Staff

			Courtesy of Front Office Staff				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	5	1	1		7
		% within Urologist Rendering Care	71.4%	14.3%	14.3%		100.0%
		% within Courtesy of Front Office Staff	3.3%	3.3%	14.3%		3.7%
		% of Total	2.6%	.5%	.5%		3.7%
	Dr. Kirk	Count	50	8	2	1	61
		% within Urologist Rendering Care	82.0%	13.1%	3.3%	1.6%	100.0%
		% within Courtesy of Front Office Staff	32.7%	26.7%	28.6%	100.0%	31.9%
		% of Total	26.2%	4.2%	1.0%	.5%	31.9%
	Dr. Ching	Count	65	13	1		79
		% within Urologist Rendering Care	82.3%	16.5%	1.3%		100.0%
		% within Courtesy of Front Office Staff	42.5%	43.3%	14.3%		41.4%
		% of Total	34.0%	6.8%	.5%		41.4%
	Dr. Bortolazzo	Count	33	8	3		44
		% within Urologist Rendering Care	75.0%	18.2%	6.8%		100.0%
		% within Courtesy of Front Office Staff	21.6%	26.7%	42.9%		23.0%
		% of Total	17.3%	4.2%	1.6%		23.0%
Total	Count		153	30	7	1	191
	% within Urologist Rendering Care		80.1%	15.7%	3.7%	.5%	100.0%
	% within Courtesy of Front Office Staff		100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		80.1%	15.7%	3.7%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.497(a)	9	.586
Likelihood Ratio	6.921	9	.645
Linear-by-Linear Association	.011	1	.918
N of Valid Cases	191		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.007	.084	.103	.918(c)
Ordinal by Ordinal	Spearman Correlation	.035	.077	.482	.630(c)
N of Valid Cases		191			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Courtesy of Back Office Staff

			Courtesy of Back Office Staff			Total
			Excellent	Satisfactory	Average	
Urologist Rendering Care	No Response	Count	6	2		8
		% within Urologist Rendering Care	75.0%	25.0%		100.0%
		% within Courtesy of Back Office Staff	3.9%	6.7%		4.3%
		% of Total	3.2%	1.1%		4.3%
	Dr. Kirk	Count	50	8	1	59
		% within Urologist Rendering Care	84.7%	13.6%	1.7%	100.0%
		% within Courtesy of Back Office Staff	32.3%	26.7%	33.3%	31.4%
		% of Total	26.6%	4.3%	.5%	31.4%
	Dr. Ching	Count	65	11	1	77
		% within Urologist Rendering Care	84.4%	14.3%	1.3%	100.0%
		% within Courtesy of Back Office Staff	41.9%	36.7%	33.3%	41.0%
		% of Total	34.6%	5.9%	.5%	41.0%
	Dr. Bortolazzo	Count	34	9	1	44
		% within Urologist Rendering Care	77.3%	20.5%	2.3%	100.0%
		% within Courtesy of Back Office Staff	21.9%	30.0%	33.3%	23.4%
		% of Total	18.1%	4.8%	.5%	23.4%
Total	Count		155	30	3	188
	% within Urologist Rendering Care		82.4%	16.0%	1.6%	100.0%
	% within Courtesy of Back Office Staff		100.0%	100.0%	100.0%	100.0%
	% of Total		82.4%	16.0%	1.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.886(a)	6	.930
Likelihood Ratio	1.915	6	.927
Linear-by-Linear Association	.354	1	.552
N of Valid Cases	188		

a 5 cells (41.7%) have expected count less than 5. The minimum expected count is .13.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.043	.076	.594	.554(c)
Ordinal by Ordinal	Spearman Correlation	.047	.077	.640	.523(c)
N of Valid Cases		188			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Amount time waited today to see the doctor

			Amount time waited today to see the doctor				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	3	3		1	7
		% within Urologist Rendering Care	42.9%	42.9%		14.3%	100.0%
		% within Amount time waited today to see the doctor	3.2%	4.5%		11.1%	3.8%
		% of Total	1.6%	1.6%		.5%	3.8%
	Dr. Kirk	Count	35	16	7		58
		% within Urologist Rendering Care	60.3%	27.6%	12.1%		100.0%
		% within Amount time waited today to see the doctor	37.6%	24.2%	38.9%		31.2%
		% of Total	18.8%	8.6%	3.8%		31.2%
	Dr. Ching	Count	37	27	9	5	78
		% within Urologist Rendering Care	47.4%	34.6%	11.5%	6.4%	100.0%
		% within Amount time waited today to see the doctor	39.8%	40.9%	50.0%	55.6%	41.9%
		% of Total	19.9%	14.5%	4.8%	2.7%	41.9%
	Dr. Bortolazzo	Count	18	20	2	3	43
		% within Urologist Rendering Care	41.9%	46.5%	4.7%	7.0%	100.0%
		% within Amount time waited today to see the doctor	19.4%	30.3%	11.1%	33.3%	23.1%
		% of Total	9.7%	10.8%	1.1%	1.6%	23.1%
Total	Count		93	66	18	9	186
	% within Urologist Rendering Care		50.0%	35.5%	9.7%	4.8%	100.0%
	% within Amount time waited today to see the doctor		100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		50.0%	35.5%	9.7%	4.8%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.926(a)	9	.218
Likelihood Ratio	15.010	9	.091
Linear-by-Linear Association	1.417	1	.234
N of Valid Cases	186		

a 8 cells (50.0%) have expected count less than 5. The minimum expected count is .34.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.088	.073	1.192	.235(c)
Ordinal by Ordinal	Spearman Correlation	.106	.071	1.446	.150(c)
N of Valid Cases		186			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Quality of time spent with the doctor

			Quality of time spent with the doctor				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	5	2			7
		% within Urologist Rendering Care	71.4%	28.6%			100.0%
		% within Quality of time spent with the doctor	3.7%	4.5%			3.7%
		% of Total	2.7%	1.1%			3.7%
	Dr. Kirk	Count	49	11			60
		% within Urologist Rendering Care	81.7%	18.3%			100.0%
		% within Quality of time spent with the doctor	36.0%	25.0%			32.1%
		% of Total	26.2%	5.9%			32.1%
	Dr. Ching	Count	55	19	3	1	78
		% within Urologist Rendering Care	70.5%	24.4%	3.8%	1.3%	100.0%
		% within Quality of time spent with the doctor	40.4%	43.2%	60.0%	50.0%	41.7%
		% of Total	29.4%	10.2%	1.6%	.5%	41.7%
	Dr. Bortolazzo	Count	27	12	2	1	42
		% within Urologist Rendering Care	64.3%	28.6%	4.8%	2.4%	100.0%
		% within Quality of time spent with the doctor	19.9%	27.3%	40.0%	50.0%	22.5%
		% of Total	14.4%	6.4%	1.1%	.5%	22.5%
Total	Count	136	44	5	2	187	
	% within Urologist Rendering Care	72.7%	23.5%	2.7%	1.1%	100.0%	
	% within Quality of time spent with the doctor	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	72.7%	23.5%	2.7%	1.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.668(a)	9	.672
Likelihood Ratio	8.834	9	.453
Linear-by-Linear Association	4.846	1	.028
N of Valid Cases	187		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .07.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.161	.066	2.225	.027(c)
Ordinal by Ordinal	Spearman Correlation	.147	.071	2.023	.045(c)
N of Valid Cases		187			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Quality of information given by the doctor

			Quality of information given by the doctor				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	3	3	1		7
		% within Urologist Rendering Care	42.9%	42.9%	14.3%		100.0%
		% within Quality of information given by the doctor	1.9%	10.7%	16.7%		3.7%
		% of Total	1.6%	1.6%	.5%		3.7%
	Dr. Kirk	Count	55	6			61
		% within Urologist Rendering Care	90.2%	9.8%			100.0%
		% within Quality of information given by the doctor	35.7%	21.4%			32.3%
		% of Total	29.1%	3.2%			32.3%
	Dr. Ching	Count	62	12	4		78
		% within Urologist Rendering Care	79.5%	15.4%	5.1%		100.0%
		% within Quality of information given by the doctor	40.3%	42.9%	66.7%		41.3%
		% of Total	32.8%	6.3%	2.1%		41.3%
	Dr. Bortolazzo	Count	34	7	1	1	43
		% within Urologist Rendering Care	79.1%	16.3%	2.3%	2.3%	100.0%
		% within Quality of information given by the doctor	22.1%	25.0%	16.7%	100.0%	22.8%
		% of Total	18.0%	3.7%	.5%	.5%	22.8%
Total	Count	154	28	6	1	189	
	% within Urologist Rendering Care	81.5%	14.8%	3.2%	.5%	100.0%	
	% within Quality of information given by the doctor	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	81.5%	14.8%	3.2%	.5%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.820(a)	9	.071
Likelihood Ratio	15.034	9	.090
Linear-by-Linear Association	.312	1	.576
N of Valid Cases	189		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.041	.082	.558	.578(c)
Ordinal by Ordinal	Spearman Correlation	.044	.076	.605	.546(c)
N of Valid Cases		189			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Willingness of doctor and staff to answer questions

			Willingness of doctor and staff to answer questions			Total
			Excellent	Satisfactory	Average	
Urologist Rendering Care	No Response	Count	4	4		8
		% within Urologist Rendering Care	50.0%	50.0%		100.0%
		% within Willingness of doctor and staff to answer questions	2.7%	12.1%		4.2%
		% of Total	2.1%	2.1%		4.2%
	Dr. Kirk	Count	52	7	1	60
		% within Urologist Rendering Care	86.7%	11.7%	1.7%	100.0%
		% within Willingness of doctor and staff to answer questions	34.7%	21.2%	16.7%	31.7%
		% of Total	27.5%	3.7%	.5%	31.7%
	Dr. Ching	Count	64	12	3	79
		% within Urologist Rendering Care	81.0%	15.2%	3.8%	100.0%
		% within Willingness of doctor and staff to answer questions	42.7%	36.4%	50.0%	41.8%
		% of Total	33.9%	6.3%	1.6%	41.8%
	Dr. Bortolazzo	Count	30	10	2	42
		% within Urologist Rendering Care	71.4%	23.8%	4.8%	100.0%
		% within Willingness of doctor and staff to answer questions	20.0%	30.3%	33.3%	22.2%
		% of Total	15.9%	5.3%	1.1%	22.2%
Total	Count	150	33	6	189	
	% within Urologist Rendering Care	79.4%	17.5%	3.2%	100.0%	
	% within Willingness of doctor and staff to answer questions	100.0%	100.0%	100.0%	100.0%	
	% of Total	79.4%	17.5%	3.2%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.954(a)	6	.127
Likelihood Ratio	8.805	6	.185
Linear-by-Linear Association	.825	1	.364
N of Valid Cases	189		

a 5 cells (41.7%) have expected count less than 5. The minimum expected count is .25.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.066	.076	.908	.365(c)
Ordinal by Ordinal	Spearman Correlation	.071	.078	.980	.328(c)
N of Valid Cases		189			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Overall quality of care provided by this office

			Overall quality of care provided by this office			Total
			Excellent	Satisfactory	Average	
Urologist Rendering Care	No Response	Count	4	3		7
		% within Urologist Rendering Care	57.1%	42.9%		100.0%
		% within Overall quality of care provided by this office	2.7%	7.1%		3.7%
		% of Total	2.1%	1.6%		3.7%
	Dr. Kirk	Count	51	9		60
		% within Urologist Rendering Care	85.0%	15.0%		100.0%
		% within Overall quality of care provided by this office	34.9%	21.4%		31.7%
		% of Total	27.0%	4.8%		31.7%
	Dr. Ching	Count	61	17	1	79
		% within Urologist Rendering Care	77.2%	21.5%	1.3%	100.0%
		% within Overall quality of care provided by this office	41.8%	40.5%	100.0%	41.8%
		% of Total	32.3%	9.0%	.5%	41.8%
	Dr. Bortolazzo	Count	30	13		43
		% within Urologist Rendering Care	69.8%	30.2%		100.0%
		% within Overall quality of care provided by this office	20.5%	31.0%		22.8%
		% of Total	15.9%	6.9%		22.8%
Total		Count	146	42	1	189
		% within Urologist Rendering Care	77.2%	22.2%	.5%	100.0%
		% within Overall quality of care provided by this office	100.0%	100.0%	100.0%	100.0%
		% of Total	77.2%	22.2%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.546(a)	6	.365
Likelihood Ratio	6.698	6	.350
Linear-by-Linear Association	1.136	1	.286
N of Valid Cases	189		

a 5 cells (41.7%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.078	.075	1.066	.288(c)
Ordinal by Ordinal	Spearman Correlation	.092	.075	1.268	.207(c)
N of Valid Cases		189			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Current Hours of Service

			Current Hours of Service			Total
			Excellent	Satisfactory	Average	
Urologist Rendering Care	No Response	Count	4	2	1	7
		% within Urologist Rendering Care	57.1%	28.6%	14.3%	100.0%
		% within Current Hours of Service	3.7%	3.0%	12.5%	3.9%
		% of Total	2.2%	1.1%	.6%	3.9%
	Dr. Kirk	Count	36	21	2	59
		% within Urologist Rendering Care	61.0%	35.6%	3.4%	100.0%
		% within Current Hours of Service	33.6%	31.8%	25.0%	32.6%
		% of Total	19.9%	11.6%	1.1%	32.6%
	Dr. Ching	Count	46	25	3	74
		% within Urologist Rendering Care	62.2%	33.8%	4.1%	100.0%
		% within Current Hours of Service	43.0%	37.9%	37.5%	40.9%
		% of Total	25.4%	13.8%	1.7%	40.9%
	Dr. Bortolazzo	Count	21	18	2	41
		% within Urologist Rendering Care	51.2%	43.9%	4.9%	100.0%
		% within Current Hours of Service	19.6%	27.3%	25.0%	22.7%
		% of Total	11.6%	9.9%	1.1%	22.7%
Total		Count	107	66	8	181
		% within Urologist Rendering Care	59.1%	36.5%	4.4%	100.0%
		% within Current Hours of Service	100.0%	100.0%	100.0%	100.0%
		% of Total	59.1%	36.5%	4.4%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.214(a)	6	.782
Likelihood Ratio	2.644	6	.852
Linear-by-Linear Association	.296	1	.587
N of Valid Cases	181		

a 6 cells (50.0%) have expected count less than 5. The minimum expected count is .31.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.041	.079	.543	.588(c)
Ordinal by Ordinal	Spearman Correlation	.052	.076	.692	.490(c)
N of Valid Cases		181			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Location of the Office

			Location of the Office				Total
			Excellent	Satisfactory	Average	Needs Improvement	
Urologist Rendering Care	No Response	Count	4	3	1		8
		% within Urologist Rendering Care	50.0%	37.5%	12.5%		100.0%
		% within Location of the Office	3.2%	5.4%	14.3%		4.2%
		% of Total	2.1%	1.6%	.5%		4.2%
	Dr. Kirk	Count	41	17	2		60
		% within Urologist Rendering Care	68.3%	28.3%	3.3%		100.0%
		% within Location of the Office	32.8%	30.4%	28.6%		31.7%
		% of Total	21.7%	9.0%	1.1%		31.7%
	Dr. Ching	Count	54	21	2		77
		% within Urologist Rendering Care	70.1%	27.3%	2.6%		100.0%
		% within Location of the Office	43.2%	37.5%	28.6%		40.7%
		% of Total	28.6%	11.1%	1.1%		40.7%
	Dr. Bortolazzo	Count	26	15	2	1	44
		% within Urologist Rendering Care	59.1%	34.1%	4.5%	2.3%	100.0%
		% within Location of the Office	20.8%	26.8%	28.6%	100.0%	23.3%
		% of Total	13.8%	7.9%	1.1%	.5%	23.3%
Total		Count	125	56	7	1	189
		% within Urologist Rendering Care	66.1%	29.6%	3.7%	.5%	100.0%
		% within Location of the Office	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	66.1%	29.6%	3.7%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.843(a)	9	.653
Likelihood Ratio	5.857	9	.754
Linear-by-Linear Association	.251	1	.617
N of Valid Cases	189		

a 9 cells (56.3%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.037	.081	.500	.618(c)
Ordinal by Ordinal	Spearman Correlation	.033	.076	.457	.648(c)
N of Valid Cases		189			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * How Likely to Utilize an Appt. Before 8:30 am

			How Likely to Utilize an Appt. Before 8:30 am				Total
			Very Likely	Likely	Unlikely	Very Unlikely	
Urologist Rendering Care	No Response	Count	2	3	3		8
		% within Urologist Rendering Care	25.0%	37.5%	37.5%		100.0%
		% within How Likely to Utilize an Appt. Before 8:30 am	3.4%	8.1%	5.6%		4.2%
		% of Total	1.1%	1.6%	1.6%		4.2%
	Dr. Kirk	Count	22	13	14	11	60
		% within Urologist Rendering Care	36.7%	21.7%	23.3%	18.3%	100.0%
		% within How Likely to Utilize an Appt. Before 8:30 am	37.9%	35.1%	25.9%	26.8%	31.6%
		% of Total	11.6%	6.8%	7.4%	5.8%	31.6%
	Dr. Ching	Count	21	14	24	20	79
		% within Urologist Rendering Care	26.6%	17.7%	30.4%	25.3%	100.0%
		% within How Likely to Utilize an Appt. Before 8:30 am	36.2%	37.8%	44.4%	48.8%	41.6%
		% of Total	11.1%	7.4%	12.6%	10.5%	41.6%
	Dr. Bortolazzo	Count	13	7	13	10	43
		% within Urologist Rendering Care	30.2%	16.3%	30.2%	23.3%	100.0%
		% within How Likely to Utilize an Appt. Before 8:30 am	22.4%	18.9%	24.1%	24.4%	22.6%
		% of Total	6.8%	3.7%	6.8%	5.3%	22.6%
Total	Count		58	37	54	41	190
	% within Urologist Rendering Care		30.5%	19.5%	28.4%	21.6%	100.0%
	% within How Likely to Utilize an Appt. Before 8:30 am		100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		30.5%	19.5%	28.4%	21.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.579(a)	9	.681
Likelihood Ratio	8.007	9	.533
Linear-by-Linear Association	1.845	1	.174
N of Valid Cases	190		

a 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.56.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.099	.069	1.361	.175(c)
Ordinal by Ordinal	Spearman Correlation	.100	.071	1.382	.169(c)
N of Valid Cases		190			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * How Likely to Utilize an Appt. After 5:00 pm

			How Likely to Utilize an Appt. After 5:00 pm				Total
			Very Likely	Likely	Unlikely	Very Unlikely	
Urologist Rendering Care	No Response	Count	1		2	2	5
		% within Urologist Rendering Care	20.0%		40.0%	40.0%	100.0%
		% within How Likely to Utilize an Appt. After 5:00 pm	3.2%		3.9%	3.5%	2.7%
		% of Total	.5%		1.1%	1.1%	2.7%
	Dr. Kirk	Count	10	12	17	21	60
		% within Urologist Rendering Care	16.7%	20.0%	28.3%	35.0%	100.0%
		% within How Likely to Utilize an Appt. After 5:00 pm	32.3%	26.1%	33.3%	36.8%	32.4%
		% of Total	5.4%	6.5%	9.2%	11.4%	32.4%
	Dr. Ching	Count	11	21	24	22	78
		% within Urologist Rendering Care	14.1%	26.9%	30.8%	28.2%	100.0%
		% within How Likely to Utilize an Appt. After 5:00 pm	35.5%	45.7%	47.1%	38.6%	42.2%
		% of Total	5.9%	11.4%	13.0%	11.9%	42.2%
	Dr. Bortolazzo	Count	9	13	8	12	42
		% within Urologist Rendering Care	21.4%	31.0%	19.0%	28.6%	100.0%
		% within How Likely to Utilize an Appt. After 5:00 pm	29.0%	28.3%	15.7%	21.1%	22.7%
		% of Total	4.9%	7.0%	4.3%	6.5%	22.7%
Total	Count		31	46	51	57	185
	% within Urologist Rendering Care		16.8%	24.9%	27.6%	30.8%	100.0%
	% within How Likely to Utilize an Appt. After 5:00 pm		100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		16.8%	24.9%	27.6%	30.8%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.888(a)	9	.751
Likelihood Ratio	7.166	9	.620
Linear-by-Linear Association	1.813	1	.178
N of Valid Cases	185		

a 4 cells (25.0%) have expected count less than 5. The minimum expected count is .84.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.099	.076	-1.349	.179(c)
Ordinal by Ordinal	Spearman Correlation	-.099	.075	-1.351	.178(c)
N of Valid Cases		185			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Likelihood of continuing care here if HMO not cover

			Likelihood of continuing care here if HMO not cover				Total
			Very Likely	Likely	Unlikely	Very Unlikely	
Urologist Rendering Care	No Response	Count	2	1		2	5
		% within Urologist Rendering Care	40.0%	20.0%		40.0%	100.0%
		% within Likelihood of continuing care here if HMO not cover	4.0%	2.0%		6.5%	3.2%
		% of Total	1.3%	.6%		1.3%	3.2%
	Dr. Kirk	Count	11	18	12	10	51
		% within Urologist Rendering Care	21.6%	35.3%	23.5%	19.6%	100.0%
		% within Likelihood of continuing care here if HMO not cover	26.8%	35.3%	37.5%	32.3%	32.9%
		% of Total	7.1%	11.6%	7.7%	6.5%	32.9%
	Dr. Ching	Count	19	20	16	9	64
		% within Urologist Rendering Care	29.7%	31.3%	25.0%	14.1%	100.0%
		% within Likelihood of continuing care here if HMO not cover	46.3%	39.2%	50.0%	29.0%	41.3%
		% of Total	12.3%	12.9%	10.3%	5.8%	41.3%
	Dr. Bortolazzo	Count	9	12	4	10	35
		% within Urologist Rendering Care	25.7%	34.3%	11.4%	28.6%	100.0%
		% within Likelihood of continuing care here if HMO not cover	22.0%	23.5%	12.5%	32.3%	22.6%
		% of Total	5.8%	7.7%	2.6%	6.5%	22.6%
Total		Count	41	51	32	31	155
		% within Urologist Rendering Care	26.5%	32.9%	20.6%	20.0%	100.0%
		% within Likelihood of continuing care here if HMO not cover	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	26.5%	32.9%	20.6%	20.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.166(a)	9	.518
Likelihood Ratio	9.199	9	.419
Linear-by-Linear Association	.010	1	.919
N of Valid Cases	155		

a 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.00.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.008	.086	-.102	.919(c)
Ordinal by Ordinal	Spearman Correlation	-.016	.084	-.192	.848(c)
N of Valid Cases		155			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Likelihood of Referring Other People Here

			Likelihood of Referring Other People Here				Total
			Very Likely	Likely	Unlikely	Very Unlikely	
Urologist Rendering Care	No Response	Count	4	1			5
		% within Urologist Rendering Care	80.0%	20.0%			100.0%
		% within Likelihood of Referring Other People Here	3.1%	2.1%			2.7%
		% of Total	2.2%	.5%			2.7%
	Dr. Kirk	Count	44	15		1	60
		% within Urologist Rendering Care	73.3%	25.0%		1.7%	100.0%
		% within Likelihood of Referring Other People Here	33.8%	31.9%		33.3%	33.0%
		% of Total	24.2%	8.2%		.5%	33.0%
	Dr. Ching	Count	51	22	2		75
		% within Urologist Rendering Care	68.0%	29.3%	2.7%		100.0%
		% within Likelihood of Referring Other People Here	39.2%	46.8%	100.0%		41.2%
		% of Total	28.0%	12.1%	1.1%		41.2%
	Dr. Bortolazzo	Count	31	9		2	42
		% within Urologist Rendering Care	73.8%	21.4%		4.8%	100.0%
		% within Likelihood of Referring Other People Here	23.8%	19.1%		66.7%	23.1%
		% of Total	17.0%	4.9%		1.1%	23.1%
Total		Count	130	47	2	3	182
		% within Urologist Rendering Care	71.4%	25.8%	1.1%	1.6%	100.0%
		% within Likelihood of Referring Other People Here	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	71.4%	25.8%	1.1%	1.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.634(a)	9	.571
Likelihood Ratio	8.813	9	.455
Linear-by-Linear Association	.442	1	.506
N of Valid Cases	182		

a 10 cells (62.5%) have expected count less than 5. The minimum expected count is .05.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.049	.077	.664	.507(c)
Ordinal by Ordinal	Spearman Correlation	.022	.073	.299	.765(c)
N of Valid Cases		182			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * How Long Have You Been Seeing This Urologist?

			How Long Have You Been Seeing This Urologist?							Total
			No Response	Less Than One Year	1 to 3 Years	3+ to 6 years	6+ to 12 Years	Over 12 Years	One Episode Only	
Urologist Rendering Care	No Response	Count	3	1	1	1	1	1		8
		% within Urologist Care	37.5%	12.5%	12.5%	12.5%	12.5%	12.5%		100.0%
		% within How Long Have You Been Seeing?	30.0%	1.9%	1.6%	3.3%	5.9%	10.0%		4.1%
		% of Total	1.5%	.5%	.5%	.5%	.5%	.5%		4.1%
	Dr. Kirk	Count	1	14	18	12	8	4	5	62
		% within Urologist Care	1.6%	22.6%	29.0%	19.4%	12.9%	6.5%	8.1%	100.0%
		% within How Long Have You Been Seeing?	10.0%	25.9%	28.1%	40.0%	47.1%	40.0%	55.6%	32.0%
		% of Total	.5%	7.2%	9.3%	6.2%	4.1%	2.1%	2.6%	32.0%
	Dr. Ching	Count	5	24	24	13	6	5	3	80
		% within Urologist Care	6.3%	30.0%	30.0%	16.3%	7.5%	6.3%	3.8%	100.0%
		% within How Long Have You Been Seeing?	50.0%	44.4%	37.5%	43.3%	35.3%	50.0%	33.3%	41.2%
		% of Total	2.6%	12.4%	12.4%	6.7%	3.1%	2.6%	1.5%	41.2%
	Dr. Bortolazzo	Count	1	15	21	4	2		1	44
		% within Urologist Care	2.3%	34.1%	47.7%	9.1%	4.5%		2.3%	100.0%
		% within How Long Have You Been Seeing?	10.0%	27.8%	32.8%	13.3%	11.8%		11.1%	22.7%
		% of Total	.5%	7.7%	10.8%	2.1%	1.0%		.5%	22.7%
Total	Count	10	54	64	30	17	10	9	194	
	% within Urologist Care	5.2%	27.8%	33.0%	15.5%	8.8%	5.2%	4.6%	100.0%	
	% within How Long Have You Been Seeing?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	5.2%	27.8%	33.0%	15.5%	8.8%	5.2%	4.6%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	35.431(a)	18	.008
Likelihood Ratio	29.228	18	.046
Linear-by-Linear Association	4.932	1	.026
N of Valid Cases	194		

a 17 cells (60.7%) have expected count less than 5. The minimum expected count is .37.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.160	.071	-2.244	.026(c)
Ordinal by Ordinal	Spearman Correlation	-.162	.071	-2.279	.024(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Age

			Age							Total	
			No Response	0-12	13-17	18-24	25-34	35-49	50-64		65 and over
Urologist Rendering Care	No Response	Count	5						1	2	8
		% within Urologist Care	62.5%						12.5%	25.0%	100.0%
		% within Age	50.0%						2.2%	2.4%	4.1%
		% of Total	2.6%						.5%	1.0%	4.1%
	Dr. Kirk	Count	3			2	2	11	16	28	62
		% within Urologist Care	4.8%			3.2%	3.2%	17.7%	25.8%	45.2%	100.0%
		% within Age	30.0%			33.3%	18.2%	33.3%	34.8%	34.1%	32.0%
		% of Total	1.5%			1.0%	1.0%	5.7%	8.2%	14.4%	32.0%
	Dr. Ching	Count	1	3	2	3	4	15	15	37	80
		% within Urologist Care	1.3%	3.8%	2.5%	3.8%	5.0%	18.8%	18.8%	46.3%	100.0%
		% within Age	10.0%	100.0%	66.7%	50.0%	36.4%	45.5%	32.6%	45.1%	41.2%
		% of Total	.5%	1.5%	1.0%	1.5%	2.1%	7.7%	7.7%	19.1%	41.2%
	Dr. Bortolazzo	Count	1		1	1	5	7	14	15	44
		% within Urologist Care	2.3%		2.3%	2.3%	11.4%	15.9%	31.8%	34.1%	100.0%
		% within Age	10.0%		33.3%	16.7%	45.5%	21.2%	30.4%	18.3%	22.7%
		% of Total	.5%		.5%	.5%	2.6%	3.6%	7.2%	7.7%	22.7%
Total	Count	10	3	3	6	11	33	46	82	194	
	% within Urologist Care	5.2%	1.5%	1.5%	3.1%	5.7%	17.0%	23.7%	42.3%	100.0%	
	% within Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	5.2%	1.5%	1.5%	3.1%	5.7%	17.0%	23.7%	42.3%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	70.073(a)	21	.000
Likelihood Ratio	39.857	21	.008
Linear-by-Linear Association	3.231	1	.072
N of Valid Cases	194		

a 23 cells (71.9%) have expected count less than 5. The minimum expected count is .12.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.129	.088	1.808	.072(c)
Ordinal by Ordinal	Spearman Correlation	.001	.074	.012	.991(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Level Of Completed Education

			Level Of Completed Education							Total
			No Response	Did Not Complete High School	High School Graduate	Some College	College Graduate	Some Post Graduate	Complete Post Graduate	
Urologist Rendering Care	No Response	Count	4		2	2				8
		% within Urologist Care	50.0%		25.0%	25.0%				100.0%
		% within Level Completed	25.0%		4.8%	3.2%				4.1%
		% of Total	2.1%		1.0%	1.0%				4.1%
	Dr. Kirk	Count	4	4	11	24	11	4	4	62
		% within Urologist Care	6.5%	6.5%	17.7%	38.7%	17.7%	6.5%	6.5%	100.0%
		% within Level Completed	25.0%	23.5%	26.2%	38.1%	35.5%	40.0%	26.7%	32.0%
		% of Total	2.1%	2.1%	5.7%	12.4%	5.7%	2.1%	2.1%	32.0%
	Dr. Ching	Count	6	11	17	24	10	3	9	80
		% within Urologist Care	7.5%	13.8%	21.3%	30.0%	12.5%	3.8%	11.3%	100.0%
		% within Level Completed	37.5%	64.7%	40.5%	38.1%	32.3%	30.0%	60.0%	41.2%
		% of Total	3.1%	5.7%	8.8%	12.4%	5.2%	1.5%	4.6%	41.2%
	Dr. Bortolazzo	Count	2	2	12	13	10	3	2	44
		% within Urologist Care	4.5%	4.5%	27.3%	29.5%	22.7%	6.8%	4.5%	100.0%
		% within Level Completed	12.5%	11.8%	28.6%	20.6%	32.3%	30.0%	13.3%	22.7%
		% of Total	1.0%	1.0%	6.2%	6.7%	5.2%	1.5%	1.0%	22.7%
Total	Count	16	17	42	63	31	10	15	194	
	% within Urologist Care	8.2%	8.8%	21.6%	32.5%	16.0%	5.2%	7.7%	100.0%	
	% within Level Completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	8.2%	8.8%	21.6%	32.5%	16.0%	5.2%	7.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.479(a)	18	.025
Likelihood Ratio	25.171	18	.120
Linear-by-Linear Association	1.710	1	.191
N of Valid Cases	194		

a 14 cells (50.0%) have expected count less than 5. The minimum expected count is .41.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.094	.070	1.310	.192(c)
Ordinal by Ordinal	Spearman Correlation	.059	.071	.815	.416(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Last Year's Before Tax Income

			Last Year's Before Tax Income							Total
			No Response	Less Than \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$49,999	\$50,000-\$100,000	Over \$100,000	
Urologist Rendering Care	No Response	Count	4	1			1	2		8
		% within Urologist Care	50.0%	12.5%			12.5%	25.0%		100.0%
		% within Last Year's Income	10.8%	10.0%			2.8%	4.4%		4.1%
		% of Total	2.1%	.5%			.5%	1.0%		4.1%
	Dr. Kirk	Count	10	4	5	3	14	15	11	62
		% within Urologist Care	16.1%	6.5%	8.1%	4.8%	22.6%	24.2%	17.7%	100.0%
		% within Last Year's Income	27.0%	40.0%	27.8%	15.0%	38.9%	33.3%	39.3%	32.0%
		% of Total	5.2%	2.1%	2.6%	1.5%	7.2%	7.7%	5.7%	32.0%
	Dr. Ching	Count	13	2	10	9	16	20	10	80
		% within Urologist Care	16.3%	2.5%	12.5%	11.3%	20.0%	25.0%	12.5%	100.0%
		% within Last Year's Income	35.1%	20.0%	55.6%	45.0%	44.4%	44.4%	35.7%	41.2%
		% of Total	6.7%	1.0%	5.2%	4.6%	8.2%	10.3%	5.2%	41.2%
	Dr. Bortolazzo	Count	10	3	3	8	5	8	7	44
		% within Urologist Care	22.7%	6.8%	6.8%	18.2%	11.4%	18.2%	15.9%	100.0%
		% within Last Year's Income	27.0%	30.0%	16.7%	40.0%	13.9%	17.8%	25.0%	22.7%
		% of Total	5.2%	1.5%	1.5%	4.1%	2.6%	4.1%	3.6%	22.7%
Total	Count	37	10	18	20	36	45	28	194	
	% within Urologist Care	19.1%	5.2%	9.3%	10.3%	18.6%	23.2%	14.4%	100.0%	
	% within Last Year's Income	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	19.1%	5.2%	9.3%	10.3%	18.6%	23.2%	14.4%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.208(a)	18	.379
Likelihood Ratio	20.763	18	.292
Linear-by-Linear Association	.009	1	.923
N of Valid Cases	194		

a 12 cells (42.9%) have expected count less than 5. The minimum expected count is .41.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.007	.077	-.096	.924(c)
Ordinal by Ordinal	Spearman Correlation	-.031	.075	-.433	.666(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

**Urologist Rendering Care * Source of Information to Select Doctor -
Friend/Relative**

			Source Of Information To Select Doctor - Friend/Relative		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	8		8
		% within Urologist Rendering Care	100.0%		100.0%
		% within Source Of Information To Select Doctor - Friend/Relative	4.7%		4.1%
		% of Total	4.1%		4.1%
	Dr. Kirk	Count	51	11	62
		% within Urologist Rendering Care	82.3%	17.7%	100.0%
		% within Source Of Information To Select Doctor - Friend/Relative	29.7%	50.0%	32.0%
		% of Total	26.3%	5.7%	32.0%
	Dr. Ching	Count	76	4	80
		% within Urologist Rendering Care	95.0%	5.0%	100.0%
		% within Source Of Information To Select Doctor - Friend/Relative	44.2%	18.2%	41.2%
		% of Total	39.2%	2.1%	41.2%
	Dr. Bortolazzo	Count	37	7	44
		% within Urologist Rendering Care	84.1%	15.9%	100.0%
		% within Source Of Information To Select Doctor - Friend/Relative	21.5%	31.8%	22.7%
		% of Total	19.1%	3.6%	22.7%
Total		Count	172	22	194
		% within Urologist Rendering Care	88.7%	11.3%	100.0%
		% within Source Of Information To Select Doctor - Friend/Relative	100.0%	100.0%	100.0%
		% of Total	88.7%	11.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.663(a)	3	.054
Likelihood Ratio	8.900	3	.031
Linear-by-Linear Association	.002	1	.968
N of Valid Cases	194		

a 2 cells (25.0%) have expected count less than 5. The minimum expected count is .91.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.003	.076	-.039	.969(c)
Ordinal by Ordinal	Spearman Correlation	-.019	.080	-.261	.795(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

**Urologist Rendering Care * Source of Information to Select Doctor -
Yellow Pages**

			Source of Information To Select Doctor - Yellow Pages		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	8		8
		% within Urologist Rendering Care	100.0%		100.0%
		% within Source of Information To Select Doctor - Yellow Pages	4.3%		4.1%
		% of Total	4.1%		4.1%
	Dr. Kirk	Count	61	1	62
		% within Urologist Rendering Care	98.4%	1.6%	100.0%
		% within Source of Information To Select Doctor - Yellow Pages	32.4%	16.7%	32.0%
		% of Total	31.4%	.5%	32.0%
	Dr. Ching	Count	77	3	80
		% within Urologist Rendering Care	96.3%	3.8%	100.0%
		% within Source of Information To Select Doctor - Yellow Pages	41.0%	50.0%	41.2%
		% of Total	39.7%	1.5%	41.2%
	Dr. Bortolazzo	Count	42	2	44
		% within Urologist Rendering Care	95.5%	4.5%	100.0%
		% within Source of Information To Select Doctor - Yellow Pages	22.3%	33.3%	22.7%
		% of Total	21.6%	1.0%	22.7%
Total		Count	188	6	194
		% within Urologist Rendering Care	96.9%	3.1%	100.0%
		% within Source of Information To Select Doctor - Yellow Pages	100.0%	100.0%	100.0%
		% of Total	96.9%	3.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.133(a)	3	.769
Likelihood Ratio	1.429	3	.699
Linear-by-Linear Association	1.058	1	.304
N of Valid Cases	194		

a 4 cells (50.0%) have expected count less than 5. The minimum expected count is .25.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.074	.062	1.029	.305(c)
Ordinal by Ordinal	Spearman Correlation	.074	.063	1.028	.305(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Source of Information to Select Doctor - Advertisement

			Source of Information To Select Doctor - Advertisement		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	8		8
		% within Urologist Rendering Care	100.0%		100.0%
		% within Source of Information To Select Doctor - Advertisement	4.2%		4.1%
		% of Total	4.1%		4.1%
	Dr. Kirk	Count	62		62
		% within Urologist Rendering Care	100.0%		100.0%
		% within Source of Information To Select Doctor - Advertisement	32.3%		32.0%
		% of Total	32.0%		32.0%
	Dr. Ching	Count	79	1	80
		% within Urologist Rendering Care	98.8%	1.3%	100.0%
		% within Source of Information To Select Doctor - Advertisement	41.1%	50.0%	41.2%
		% of Total	40.7%	.5%	41.2%
	Dr. Bortolazzo	Count	43	1	44
		% within Urologist Rendering Care	97.7%	2.3%	100.0%
		% within Source of Information To Select Doctor - Advertisement	22.4%	50.0%	22.7%
		% of Total	22.2%	.5%	22.7%
Total		Count	192	2	194
		% within Urologist Rendering Care	99.0%	1.0%	100.0%
		% within Source of Information To Select Doctor - Advertisement	100.0%	100.0%	100.0%
		% of Total	99.0%	1.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.432(a)	3	.698
Likelihood Ratio	1.981	3	.576
Linear-by-Linear Association	1.347	1	.246
N of Valid Cases	194		

a 4 cells (50.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.084	.052	1.162	.247(c)
Ordinal by Ordinal	Spearman Correlation	.085	.052	1.185	.237(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Source of Information to Select Doctor - Doctor's Reputation

			Source of Information To Select Doctor - Doctor's Reputation		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	8		8
		% within Urologist Rendering Care	100.0%		100.0%
		% within Source of Information To Select Doctor - Doctor's Reputation	5.8%		4.1%
		% of Total	4.1%		4.1%
	Dr. Kirk	Count	42	20	62
		% within Urologist Rendering Care	67.7%	32.3%	100.0%
		% within Source of Information To Select Doctor - Doctor's Reputation	30.4%	35.7%	32.0%
		% of Total	21.6%	10.3%	32.0%
	Dr. Ching	Count	50	30	80
		% within Urologist Rendering Care	62.5%	37.5%	100.0%
		% within Source of Information To Select Doctor - Doctor's Reputation	36.2%	53.6%	41.2%
		% of Total	25.8%	15.5%	41.2%
	Dr. Bortolazzo	Count	38	6	44
		% within Urologist Rendering Care	86.4%	13.6%	100.0%
		% within Source of Information To Select Doctor - Doctor's Reputation	27.5%	10.7%	22.7%
		% of Total	19.6%	3.1%	22.7%
Total		Count	138	56	194
		% within Urologist Rendering Care	71.1%	28.9%	100.0%
		% within Source of Information To Select Doctor - Doctor's Reputation	100.0%	100.0%	100.0%
		% of Total	71.1%	28.9%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.468(a)	3	.009
Likelihood Ratio	14.295	3	.003
Linear-by-Linear Association	.643	1	.423
N of Valid Cases	194		

a 1 cells (12.5%) have expected count less than 5. The minimum expected count is 2.31.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.058	.063	-.801	.424(c)
Ordinal by Ordinal	Spearman Correlation	-.069	.065	-.959	.339(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Source of Information to Select Doctor - Sign

			Source Of Information To Select Doctor - Sign	Total
			No Response	
Urologist Rendering Care	No Response	Count	8	8
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Sign	4.1%	4.1%
		% of Total	4.1%	4.1%
	Dr. Kirk	Count	62	62
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Sign	32.0%	32.0%
		% of Total	32.0%	32.0%
	Dr. Ching	Count	80	80
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Sign	41.2%	41.2%
		% of Total	41.2%	41.2%
	Dr. Bortolazzo	Count	44	44
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Sign	22.7%	22.7%
		% of Total	22.7%	22.7%
Total		Count	194	194
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Sign	100.0%	100.0%
		% of Total	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	.(a)
N of Valid Cases	194

a No statistics are computed because Source Of Information To Select Doctor - Sign is a constant.

Symmetric Measures

	Value
Interval by Interval	Pearson's R
N of Valid Cases	194

a No statistics are computed because Source Of Information To Select Doctor - Sign is a constant.

Urologist Rendering Care * Source of Information to Select Doctor - Hospital Physician Referral Services

			Source Of Information To Select Doctor - Hospital Physician Referral Services		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	6	2	8
		% within Urologist Rendering Care	75.0%	25.0%	100.0%
		% within Source Of Information To Select Doctor - Hospital Physician Referral Services	3.8%	5.6%	4.1%
		% of Total	3.1%	1.0%	4.1%
	Dr. Kirk	Count	51	11	62
		% within Urologist Rendering Care	82.3%	17.7%	100.0%
		% within Source Of Information To Select Doctor - Hospital Physician Referral Services	32.3%	30.6%	32.0%
		% of Total	26.3%	5.7%	32.0%
	Dr. Ching	Count	66	14	80
		% within Urologist Rendering Care	82.5%	17.5%	100.0%
		% within Source Of Information To Select Doctor - Hospital Physician Referral Services	41.8%	38.9%	41.2%
		% of Total	34.0%	7.2%	41.2%
	Dr. Bortolazzo	Count	35	9	44
		% within Urologist Rendering Care	79.5%	20.5%	100.0%
		% within Source Of Information To Select Doctor - Hospital Physician Referral Services	22.2%	25.0%	22.7%
		% of Total	18.0%	4.6%	22.7%
Total	Count		158	36	194
	% within Urologist Rendering Care		81.4%	18.6%	100.0%
	% within Source Of Information To Select Doctor - Hospital Physician Referral Services		100.0%	100.0%	100.0%
	% of Total		81.4%	18.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.411(a)	3	.938
Likelihood Ratio	.393	3	.942
Linear-by-Linear Association	.005	1	.945
N of Valid Cases	194		

a 1 cells (12.5%) have expected count less than 5. The minimum expected count is 1.48.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.005	.075	.069	.945(c)
Ordinal by Ordinal	Spearman Correlation	.008	.074	.115	.909(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

**Urologist Rendering Care * Source of Information to Select Doctor -
Personal Physician**

			Source Of Information To Select Doctor - Personal Physician		Total
			No Response	Yes	
Urologist Rendering Care	No Response	Count	5	3	8
		% within Urologist Rendering Care	62.5%	37.5%	100.0%
		% within Source Of Information To Select Doctor - Personal Physician	5.7%	2.8%	4.1%
		% of Total	2.6%	1.5%	4.1%
	Dr. Kirk	Count	26	36	62
		% within Urologist Rendering Care	41.9%	58.1%	100.0%
		% within Source Of Information To Select Doctor - Personal Physician	29.9%	33.6%	32.0%
		% of Total	13.4%	18.6%	32.0%
	Dr. Ching	Count	35	45	80
		% within Urologist Rendering Care	43.8%	56.3%	100.0%
		% within Source Of Information To Select Doctor - Personal Physician	40.2%	42.1%	41.2%
		% of Total	18.0%	23.2%	41.2%
	Dr. Bortolazzo	Count	21	23	44
		% within Urologist Rendering Care	47.7%	52.3%	100.0%
		% within Source Of Information To Select Doctor - Personal Physician	24.1%	21.5%	22.7%
		% of Total	10.8%	11.9%	22.7%
Total		Count	87	107	194
		% within Urologist Rendering Care	44.8%	55.2%	100.0%
		% within Source Of Information To Select Doctor - Personal Physician	100.0%	100.0%	100.0%
		% of Total	44.8%	55.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.407(a)	3	.704
Likelihood Ratio	1.404	3	.705
Linear-by-Linear Association	.002	1	.966
N of Valid Cases	194		

a 2 cells (25.0%) have expected count less than 5. The minimum expected count is 3.59.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.003	.072	-.043	.966(c)
Ordinal by Ordinal	Spearman Correlation	-.011	.072	-.155	.877(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

**Urologist Rendering Care * Source Of Information To Select Doctor -
Direct Mail Brochure**

			Source Of Information To Select Doctor - Direct Mail Brochure	Total
			No Response	
Urologist Rendering Care	No Response	Count	8	8
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Direct Mail Brochure	4.1%	4.1%
		% of Total	4.1%	4.1%
	Dr. Kirk	Count	62	62
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Direct Mail Brochure	32.0%	32.0%
		% of Total	32.0%	32.0%
	Dr. Ching	Count	80	80
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Direct Mail Brochure	41.2%	41.2%
		% of Total	41.2%	41.2%
	Dr. Bortolazzo	Count	44	44
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Direct Mail Brochure	22.7%	22.7%
		% of Total	22.7%	22.7%
Total		Count	194	194
		% within Urologist Rendering Care	100.0%	100.0%
		% within Source Of Information To Select Doctor - Direct Mail Brochure	100.0%	100.0%
		% of Total	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	.(a)
N of Valid Cases	194

a No statistics are computed because Source Of Information To Select Doctor - Direct Mail Brochure is a constant.

Symmetric Measures

	Value
Interval by Interval	Pearson's R
N of Valid Cases	194

a No statistics are computed because Source Of Information To Select Doctor - Direct Mail Brochure is a constant.

Urologist Rendering Care * Percent of Fees Paid by Patient

			Percent Of Fees Paid By Patient								Total
			No Response	None	1-19%	20-29%	30-69%	70-99%	100%	7.00	
Urologist Rendering Care	No Response	Count	4		3	1					8
		% within Urologist Care	50.0%		37.5%	12.5%					100.0%
		% within Percent Paid By Patient	8.2%		4.2%	5.3%					4.1%
		% of Total	2.1%		1.5%	.5%					4.1%
	Dr. Kirk	Count	13	13	24	5	2	1	4		62
		% within Urologist Care	21.0%	21.0%	38.7%	8.1%	3.2%	1.6%	6.5%		100.0%
		% within Percent Paid By Patient	26.5%	34.2%	33.3%	26.3%	66.7%	20.0%	57.1%		32.0%
		% of Total	6.7%	6.7%	12.4%	2.6%	1.0%	.5%	2.1%		32.0%
	Dr. Ching	Count	19	15	34	7	1	1	2	1	80
		% within Urologist Care	23.8%	18.8%	42.5%	8.8%	1.3%	1.3%	2.5%	1.3%	100.0%
		% within Percent Paid By Patient	38.8%	39.5%	47.2%	36.8%	33.3%	20.0%	28.6%	100.0%	41.2%
		% of Total	9.8%	7.7%	17.5%	3.6%	.5%	.5%	1.0%	.5%	41.2%
	Dr. Bortolazzo	Count	13	10	11	6		3	1		44
		% within Urologist Care	29.5%	22.7%	25.0%	13.6%		6.8%	2.3%		100.0%
		% within Percent Paid By Patient	26.5%	26.3%	15.3%	31.6%		60.0%	14.3%		22.7%
		% of Total	6.7%	5.2%	5.7%	3.1%		1.5%	.5%		22.7%
Total		Count	49	38	72	19	3	5	7	1	194
		% within Urologist Care	25.3%	19.6%	37.1%	9.8%	1.5%	2.6%	3.6%	.5%	100.0%
		% within Percent Paid By Patient	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.3%	19.6%	37.1%	9.8%	1.5%	2.6%	3.6%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.690(a)	21	.669
Likelihood Ratio	19.336	21	.564
Linear-by-Linear Association	.032	1	.859
N of Valid Cases	194		

a 21 cells (65.6%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.013	.073	-.178	.859(c)
Ordinal by Ordinal	Spearman Correlation	-.028	.075	-.390	.697(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Gender

			Gender			Total
			No Response	Male	Female	
Urologist Rendering Care	No Response	Count	2	5	1	8
		% within Urologist Rendering Care	25.0%	62.5%	12.5%	100.0%
		% within Gender	25.0%	3.8%	1.9%	4.1%
		% of Total	1.0%	2.6%	.5%	4.1%
	Dr. Kirk	Count	4	51	7	62
		% within Urologist Rendering Care	6.5%	82.3%	11.3%	100.0%
		% within Gender	50.0%	38.3%	13.2%	32.0%
		% of Total	2.1%	26.3%	3.6%	32.0%
	Dr. Ching	Count	2	64	14	80
		% within Urologist Rendering Care	2.5%	80.0%	17.5%	100.0%
		% within Gender	25.0%	48.1%	26.4%	41.2%
		% of Total	1.0%	33.0%	7.2%	41.2%
	Dr. Bortolazzo	Count		13	31	44
		% within Urologist Rendering Care		29.5%	70.5%	100.0%
		% within Gender		9.8%	58.5%	22.7%
		% of Total		6.7%	16.0%	22.7%
Total	Count		8	133	53	194
	% within Urologist Rendering Care		4.1%	68.6%	27.3%	100.0%
	% within Gender		100.0%	100.0%	100.0%	100.0%
	% of Total		4.1%	68.6%	27.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	63.896(a)	6	.000
Likelihood Ratio	56.651	6	.000
Linear-by-Linear Association	41.495	1	.000
N of Valid Cases	194		

a 5 cells (41.7%) have expected count less than 5. The minimum expected count is .33.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.464	.063	7.252	.000(c)
Ordinal by Ordinal	Spearman Correlation	.462	.064	7.215	.000(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Occupation

			Occupation				
			No Response	Professional	Managerial	White Collar	Blue Collar
Urologist Rendering Care	No Response	Count	2		1		
		% within Urologist Rendering Care	25.0%		12.5%		
		% within Occupation	33.3%		5.9%		
		% of Total	1.0%		.5%		
	Dr. Kirk	Count	1	8	7	4	4
		% within Urologist Rendering Care	1.6%	12.9%	11.3%	6.5%	6.5%
		% within Occupation	16.7%	22.2%	41.2%	50.0%	28.6%
		% of Total	.5%	4.1%	3.6%	2.1%	2.1%
	Dr. Ching	Count	2	18	6	2	6
		% within Urologist Rendering Care	2.5%	22.5%	7.5%	2.5%	7.5%
		% within Occupation	33.3%	50.0%	35.3%	25.0%	42.9%
		% of Total	1.0%	9.3%	3.1%	1.0%	3.1%
	Dr. Bortolazzo	Count	1	10	3	2	4
		% within Urologist Rendering Care	2.3%	22.7%	6.8%	4.5%	9.1%
		% within Occupation	16.7%	27.8%	17.6%	25.0%	28.6%
		% of Total	.5%	5.2%	1.5%	1.0%	2.1%
Total	Count		6	36	17	8	14
	% within Urologist Rendering Care		3.1%	18.6%	8.8%	4.1%	7.2%
	% within Occupation		100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		3.1%	18.6%	8.8%	4.1%	7.2%

Urologist Rendering Care * Occupation (cont)

			Occupation					
			Skilled Labor	Retired	Student	Homemaker	Other	
Urologist Rendering Care	No Response	Count		4		1		8
		% within Urologist Rendering Care		50.0%		12.5%		100.0%
		% within Occupation		5.1%		10.0%		4.1%
		% of Total		2.1%		.5%		4.1%
	Dr. Kirk	Count	6	27	2	3		62
		% within Urologist Rendering Care	9.7%	43.5%	3.2%	4.8%		100.0%
		% within Occupation	35.3%	34.6%	33.3%	30.0%		32.0%
		% of Total	3.1%	13.9%	1.0%	1.5%		32.0%
	Dr. Ching	Count	7	34	2	2	1	80
		% within Urologist Rendering Care	8.8%	42.5%	2.5%	2.5%	1.3%	100.0%
		% within Occupation	41.2%	43.6%	33.3%	20.0%	50.0%	41.2%
		% of Total	3.6%	17.5%	1.0%	1.0%	.5%	41.2%
	Dr. Bortolazzo	Count	4	13	2	4	1	44
		% within Urologist Rendering Care	9.1%	29.5%	4.5%	9.1%	2.3%	100.0%
		% within Occupation	23.5%	16.7%	33.3%	40.0%	50.0%	22.7%
		% of Total	2.1%	6.7%	1.0%	2.1%	.5%	22.7%
Total	Count	17	78	6	10	2	194	
	% within Urologist Rendering Care	8.8%	40.2%	3.1%	5.2%	1.0%	100.0%	
	% within Occupation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	8.8%	40.2%	3.1%	5.2%	1.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	27.918(a)	27	.415
Likelihood Ratio	24.178	27	.620
Linear-by-Linear Association	.118	1	.732
N of Valid Cases	194		

a 29 cells (72.5%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.025	.076	-.342	.733(c)
Ordinal by Ordinal	Spearman Correlation	-.035	.075	-.487	.627(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Ethnic Background

			Ethnic Background							Total
			No Response	African American	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Other	55.00	
Urologist Rendering Care	No Response	Count	2	2			4			8
		% within Urologist Care	25.0%	25.0%			50.0%			100.0%
		% within Ethnic Background	40.0%	11.8%			2.8%			4.1%
		% of Total	1.0%	1.0%			2.1%			4.1%
	Dr. Kirk	Count	1	6	1	2	52			62
		% within Urologist Care	1.6%	9.7%	1.6%	3.2%	83.9%			100.0%
		% within Ethnic Background	20.0%	35.3%	20.0%	10.0%	36.1%			32.0%
		% of Total	.5%	3.1%	.5%	1.0%	26.8%			32.0%
	Dr. Ching	Count	2	7	3	7	58	2	1	80
		% within Urologist Care	2.5%	8.8%	3.8%	8.8%	72.5%	2.5%	1.3%	100.0%
		% within Ethnic Background	40.0%	41.2%	60.0%	35.0%	40.3%	100.0%	100.0%	41.2%
		% of Total	1.0%	3.6%	1.5%	3.6%	29.9%	1.0%	.5%	41.2%
	Dr. Bortolazzo	Count		2	1	11	30			44
		% within Urologist Care		4.5%	2.3%	25.0%	68.2%			100.0%
		% within Ethnic Background		11.8%	20.0%	55.0%	20.8%			22.7%
		% of Total		1.0%	.5%	5.7%	15.5%			22.7%
Total	Count	5	17	5	20	144	2	1	194	
	% within Urologist Care	2.6%	8.8%	2.6%	10.3%	74.2%	1.0%	.5%	100.0%	
	% within Ethnic Background	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	2.6%	8.8%	2.6%	10.3%	74.2%	1.0%	.5%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	40.373(a)	18	.002
Likelihood Ratio	31.405	18	.026
Linear-by-Linear Association	.361	1	.548
N of Valid Cases	194		

a 20 cells (71.4%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.043	.024	.600	.549(c)
Ordinal by Ordinal	Spearman Correlation	-.027	.074	-.370	.712(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Employment Status

			Employment Status					Total
			No Response	Full Time	Part Time	Retired	Unemployed	
Urologist Rendering Care	No Response	Count	2			5	1	8
		% within Urologist Rendering Care	25.0%			62.5%	12.5%	100.0%
		% within Employment Status	33.3%			5.7%	9.1%	4.1%
		% of Total	1.0%			2.6%	.5%	4.1%
	Dr. Kirk	Count	1	25	4	29	3	62
		% within Urologist Rendering Care	1.6%	40.3%	6.5%	46.8%	4.8%	100.0%
		% within Employment Status	16.7%	33.8%	26.7%	33.0%	27.3%	32.0%
		% of Total	.5%	12.9%	2.1%	14.9%	1.5%	32.0%
	Dr. Ching	Count	1	28	8	38	5	80
		% within Urologist Rendering Care	1.3%	35.0%	10.0%	47.5%	6.3%	100.0%
		% within Employment Status	16.7%	37.8%	53.3%	43.2%	45.5%	41.2%
		% of Total	.5%	14.4%	4.1%	19.6%	2.6%	41.2%
	Dr. Bortolazzo	Count	2	21	3	16	2	44
		% within Urologist Rendering Care	4.5%	47.7%	6.8%	36.4%	4.5%	100.0%
		% within Employment Status	33.3%	28.4%	20.0%	18.2%	18.2%	22.7%
		% of Total	1.0%	10.8%	1.5%	8.2%	1.0%	22.7%
Total		Count	6	74	15	88	11	194
		% within Urologist Rendering Care	3.1%	38.1%	7.7%	45.4%	5.7%	100.0%
		% within Employment Status	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	3.1%	38.1%	7.7%	45.4%	5.7%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.047(a)	12	.037
Likelihood Ratio	18.202	12	.110
Linear-by-Linear Association	1.409	1	.235
N of Valid Cases	194		

a 13 cells (65.0%) have expected count less than 5. The minimum expected count is .25.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.085	.077	-1.188	.236(c)
Ordinal by Ordinal	Spearman Correlation	-.082	.075	-1.145	.253(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Marital Status

			Marital Status						Total
			No Response	Single	Married	Divorced	Separated	Widowed	
Urologist Rendering Care	No Response	Count	7		1				8
		% within Urologist Rendering	87.5%		12.5%				100.0%
		% within Marital Status	53.8%		.8%				4.1%
		% of Total	3.6%		.5%				4.1%
	Dr. Kirk	Count	1	8	49	2		2	62
		% within Urologist Rendering	1.6%	12.9%	79.0%	3.2%		3.2%	100.0%
		% within Marital Status	7.7%	34.8%	36.8%	15.4%		22.2%	32.0%
		% of Total	.5%	4.1%	25.3%	1.0%		1.0%	32.0%
	Dr. Ching	Count	4	12	51	8	2	3	80
		% within Urologist Rendering	5.0%	15.0%	63.8%	10.0%	2.5%	3.8%	100.0%
		% within Marital Status	30.8%	52.2%	38.3%	61.5%	66.7%	33.3%	41.2%
		% of Total	2.1%	6.2%	26.3%	4.1%	1.0%	1.5%	41.2%
	Dr. Bortolazzo	Count	1	3	32	3	1	4	44
		% within Urologist Rendering	2.3%	6.8%	72.7%	6.8%	2.3%	9.1%	100.0%
		% within Marital Status	7.7%	13.0%	24.1%	23.1%	33.3%	44.4%	22.7%
		% of Total	.5%	1.5%	16.5%	1.5%	.5%	2.1%	22.7%
Total	Count	13	23	133	13	3	9	194	
	% within Urologist Rendering	6.7%	11.9%	68.6%	6.7%	1.5%	4.6%	100.0%	
	% within Marital Status	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	6.7%	11.9%	68.6%	6.7%	1.5%	4.6%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	96.934(a)	15	.000
Likelihood Ratio	48.123	15	.000
Linear-by-Linear Association	13.894	1	.000
N of Valid Cases	194		

a 15 cells (62.5%) have expected count less than 5. The minimum expected count is .12.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.268	.074	3.859	.000(c)
Ordinal by Ordinal	Spearman Correlation	.224	.069	3.187	.002(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Distance Patient Lives From Office

			Distance Patient Lives From Office					
			.00	.25	1.00	1.5	2.00	2.50
Urologist Rendering Care	No Response	Count	7					
		% within Urologist Care	87.5%					
		% within Distance From Office	36.8%					
		% of Total	3.7%					
	Dr. Kirk	Count	3	1		2	2	
		% within Urologist Care	4.8%	1.6%		3.2%	3.2%	
		% within Distance From Office	15.8%	100.0%		50.0%	20.0%	
		% of Total	1.6%	.5%		1.0%	1.0%	
	Dr. Ching	Count	6		6		5	1
		% within Urologist Care	7.5%		7.5%		6.3%	1.3%
		% within Distance From Office	31.6%		100.0%		50.0%	50.0%
		% of Total	3.1%		3.1%		2.6%	.5%
	Dr. Bortolazzo	Count	3			2	3	1
		% within Urologist Care	7.3%			4.9%	7.3%	2.4%
		% within Distance From Office	15.8%			50.0%	30.0%	50.0%
		% of Total	1.6%			1.0%	1.6%	.5%
Total		Count	19	1	6	4	10	2
		% within Urologist Care	9.9%	.5%	3.1%	2.1%	5.2%	1.0%
		% within Distance From Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	9.9%	.5%	3.1%	2.1%	5.2%	1.0%

Urologist Rendering Care * Distance Patient Lives From Office (cont)

			Distance Patient Lives From Office					
			3.00	3.50	4.00	4.50	5.00	6.00
Urologist Rendering Care	No Response	Count						
		% within Urologist Care						
		% within Distance From Office						
		% of Total						
	Dr. Kirk	Count	7	2	1	1	12	9
		% within Urologist Care	11.3%	3.2%	1.6%	1.6%	19.4%	14.5%
		% within Distance From Office	33.3%	50.0%	14.3%	50.0%	36.4%	52.9%
		% of Total	3.7%	1.0%	.5%	.5%	6.3%	4.7%
	Dr. Ching	Count	10	1	4		16	5
		% within Urologist Care	12.5%	1.3%	5.0%		20.0%	6.3%
		% within Distance From Office	47.6%	25.0%	57.1%		48.5%	29.4%
		% of Total	5.2%	.5%	2.1%		8.4%	2.6%
	Dr. Bortolazzo	Count	4	1	2	1	5	3
		% within Urologist Care	9.8%	2.4%	4.9%	2.4%	12.2%	7.3%
		% within Distance From Office	19.0%	25.0%	28.6%	50.0%	15.2%	17.6%
		% of Total	2.1%	.5%	1.0%	.5%	2.6%	1.6%
Total		Count	21	4	7	2	33	17
		% within Urologist Care	11.0%	2.1%	3.7%	1.0%	17.3%	8.9%
		% within Distance From Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	11.0%	2.1%	3.7%	1.0%	17.3%	8.9%

Urologist Rendering Care * Distance Patient Lives From Office (cont)

			Distance Patient Lives From Office					
			6.50	7.00	8.00	10.00	11.00	12.00
Urologist Rendering Care	No Response	Count				1		
		% within Urologist Care				12.5%		
		% within Distance From Office				4.0%		
		% of Total				.5%		
	Dr. Kirk	Count		3	2	7		
		% within Urologist Care		4.8%	3.2%	11.3%		
		% within Distance From Office		50.0%	33.3%	28.0%		
		% of Total		1.6%	1.0%	3.7%		
	Dr. Ching	Count	1	3	4	8	1	1
		% within Urologist Care	1.3%	3.8%	5.0%	10.0%	1.3%	1.3%
		% within Distance From Office	100.0%	50.0%	66.7%	32.0%	100.0%	20.0%
		% of Total	.5%	1.6%	2.1%	4.2%	.5%	.5%
	Dr. Bortolazzo	Count				9		4
		% within Urologist Care				22.0%		9.8%
		% within Distance From Office				38.0%		80.0%
		% of Total				4.7%		2.1%
Total		Count	1	6	6	25	1	5
		% within Urologist Care	.5%	3.1%	3.1%	13.1%	.5%	2.6%
		% within Distance From Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	3.1%	3.1%	13.1%	.5%	2.6%

Urologist Rendering Care * Distance Patient Lives From Office (cont)

			Distance Patient Lives From Office					
			12.50	15.00	17.5	20.00	25.00	35.00
Urologist Rendering Care	No Response	Count						
		% within Urologist Care						
		% within Distance From Office						
		% of Total						
	Dr. Kirk	Count	1	3		1	1	1
		% within Urologist Care	1.6%	4.8%		1.6%	1.6%	1.6%
		% within Distance From Office	100.0%	37.5%		25.0%	100.0%	100.0%
		% of Total	.5%	1.6%		.5%	.5%	.5%
	Dr. Ching	Count		4		2		
		% within Urologist Care		5.0%		2.5%		
		% within Distance From Office		50.0%		50.0%		
		% of Total		2.1%		1.0%		
	Dr. Bortolazzo	Count		1	1	1		
		% within Urologist Care		2.4%	2.4%	2.4%		
		% within Distance From Office		12.5%	100.0%	25.0%		
		% of Total		.5%	.5%	.5%		
Total			Count	1	8	1	4	1
			% within Urologist Care	.5%	4.2%	.5%	2.1%	.5%
			% within Distance From Office	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	.5%	4.2%	.5%	2.1%	.5%

Urologist Rendering Care * Distance Patient Lives From Office (cont)

			Distance Patient Lives From Office				Total
			45.00	50.00	76.00	298.00	
Urologist Rendering Care	No Response	Count					8
		% within Urologist Care					100.0%
		% within Distance From Office					4.2%
		% of Total					4.2%
	Dr. Kirk	Count		2	1		62
		% within Urologist Care		3.2%	1.6%		100.0%
		% within Distance From Office		100.0%	100.0%		32.5%
		% of Total		1.0%	.5%		32.5%
	Dr. Ching	Count	1			1	80
		% within Urologist Care	1.3%			1.3%	100.0%
		% within Distance From Office	100.0%			100.0%	41.9%
		% of Total	.5%			.5%	41.9%
	Dr. Bortolazzo	Count					41
		% within Urologist Care					100.0%
		% within Distance From Office					21.5%
		% of Total					21.5%
Total		Count	1	2	1	1	191
		% within Urologist Care	.5%	1.0%	.5%	.5%	100.0%
		% within Distance From Office	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	1.0%	.5%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	120.394(a)	81	.003
Likelihood Ratio	102.714	81	.052
Linear-by-Linear Association	.001	1	.980
N of Valid Cases	191		

a 100 cells (89.3%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.002	.033	-.026	.980(c)
Ordinal by Ordinal	Spearman Correlation	.050	.077	.683	.496(c)
N of Valid Cases		191			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * City Patient Lives

			City Patient Lives					
				0	Alta Lom	Apple Va	Chino	Chino Hi
Urologist Rendering Care	No Response	Count	2	5				
		% within Urologist Care	25.0%	62.5%				
		% within City Patient Lives	100.0%	22.7%				
		% of Total	1.0%	2.6%				
	Dr. Kirk	Count		5	6	1	1	
		% within Urologist Care		8.1%	9.7%	1.6%	1.6%	
		% within City Patient Lives		22.7%	31.6%	100.0%	25.0%	
		% of Total		2.6%	3.1%	.5%	.5%	
	Dr. Ching	Count		6	5		1	1
		% within Urologist Care		7.5%	6.3%		1.3%	1.3%
		% within City Patient Lives		27.3%	26.3%		25.0%	100.0%
		% of Total		3.1%	2.6%		.5%	.5%
	Dr. Bortolazzo	Count		6	8		2	
		% within Urologist Care		13.6%	18.2%		4.5%	
		% within City Patient Lives		27.3%	42.1%		50.0%	
		% of Total		3.1%	4.1%		1.0%	
Total			Count	2	22	19	1	4
			% within Urologist Care	1.0%	11.3%	9.8%	.5%	2.1%
			% within City Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	1.0%	11.3%	9.8%	.5%	2.1%

Urologist Rendering Care * City Patient Lives (cont)

			City Patient Lives					
			Claremon	Cucamong	Etiwanda	Fontana	Hesperia	Jurupa
Urologist Rendering Care	No Response	Count		1				
		% within Urologist Care		12.5%				
		% within City Patient Lives		14.3%				
		% of Total		.5%				
	Dr. Kirk	Count	3	1		4		
		% within Urologist Care	4.8%	1.6%		6.5%		
		% within City Patient Lives	42.9%	14.3%		80.0%		
		% of Total	1.5%	.5%		2.1%		
	Dr. Ching	Count	2	1	1	1	1	1
		% within Urologist Care	2.5%	1.3%	1.3%	1.3%	1.3%	1.3%
		% within City Patient Lives	28.6%	14.3%	100.0%	20.0%	100.0%	100.0%
		% of Total	1.0%	.5%	.5%	.5%	.5%	.5%
	Dr. Bortolazzo	Count	2	4				
		% within Urologist Care	4.5%	9.1%				
		% within City Patient Lives	28.6%	57.1%				
		% of Total	1.0%	2.1%				
Total			Count	7	7	1	5	1
			% within Urologist Care	3.6%	3.6%	.5%	2.6%	.5%
			% within City Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	3.6%	3.6%	.5%	2.6%	.5%

Urologist Rendering Care * City Patient Lives (cont)

			City Patient Lives					
			Jurupa	La Verne	Las Vega	Montclai	Moreno V	Norco
Urologist Rendering Care	No Response	Count						
		% within Urologist Care						
		% within City Patient Lives						
		% of Total						
	Dr. Kirk	Count					1	
		% within Urologist Care					1.6%	
		% within City Patient Lives					100.0%	
		% of Total					.5%	
	Dr. Ching	Count	1	1	1	4		1
		% within Urologist Care	1.3%	1.3%	1.3%	5.0%		1.3%
		% within City Patient Lives	100.0%	100.0%	100.0%	100.0%		100.0%
		% of Total	.5%	.5%	.5%	2.1%		.5%
	Dr. Bortolazzo	Count						
		% within Urologist Care						
		% within City Patient Lives						
		% of Total						
Total			Count	1	1	1	4	1
			% within Urologist Care	.5%	.5%	.5%	2.1%	.5%
			% within City Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	.5%	.5%	.5%	2.1%	.5%

Urologist Rendering Care * City Patient Lives (cont)

			City Patient Lives				
			Ontario	Palm Spr	Phelen	Pomona	R Cucamo
Urologist Rendering Care	No Response	Count					
		% within Urologist Care					
		% within City Patient Lives					
		% of Total					
	Dr. Kirk	Count	12	1	1		12
		% within Urologist Care	19.4%	1.6%	1.6%		19.4%
		% within City Patient Lives	30.0%	100.0%	100.0%		50.0%
		% of Total	6.2%	.5%	.5%		6.2%
	Dr. Ching	Count	20			3	9
		% within Urologist Care	25.0%			3.8%	11.3%
		% within City Patient Lives	50.0%			100.0%	37.5%
		% of Total	10.3%			1.5%	4.6%
	Dr. Bortolazzo	Count	8				3
		% within Urologist Care	18.2%				6.8%
		% within City Patient Lives	20.0%				12.5%
		% of Total	4.1%				1.5%
Total		Count	40	1	1	3	24
		% within Urologist Care	20.6%	.5%	.5%	1.5%	12.4%
		% within City Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	20.6%	.5%	.5%	1.5%	12.4%

Urologist Rendering Care * City Patient Lives (cont)

			City Patient Lives		Total
			Upland	Wrighttwo	
Urologist Rendering Care	No Response	Count			8
		% within Urologist Care			100.0%
		% within City Patient Lives			4.1%
		% of Total			4.1%
	Dr. Kirk	Count	13	1	62
		% within Urologist Care	21.0%	1.6%	100.0%
		% within City Patient Lives	28.9%	100.0%	32.0%
		% of Total	6.7%	.5%	32.0%
	Dr. Ching	Count	21		80
		% within Urologist Care	26.3%		100.0%
		% within City Patient Lives	46.7%		41.2%
		% of Total	10.8%		41.2%
	Dr. Bortolazzo	Count	11		44
		% within Urologist Care	25.0%		100.0%
		% within City Patient Lives	24.4%		22.7%
		% of Total	5.7%		22.7%
Total	Count	45	1	194	
	% within Urologist Care	23.2%	.5%	100.0%	
	% within City Patient Lives	100.0%	100.0%	100.0%	
	% of Total	23.2%	.5%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	127.474(a)	69	.000
Likelihood Ratio	93.917	69	.025
N of Valid Cases	194		

a 83 cells (86.5%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures (a)

	Value
N of Valid Cases	194

a Correlation statistics are available for numeric data only.

Urologist Rendering Care * Zip Code Patient Lives

			Zip Code Patient Lives						
			0	89149	91701	91709	91710	91711	91730
Urologist Rendering Care	No Response	Count	5						1
		% within Urologist Care	83.3%						16.7%
		% within Zip Code Patient Lives	21.7%						7.1%
		% of Total	2.6%						.5%
	Dr. Kirk	Count	5		11		1	3	4
		% within Urologist Care	8.3%		18.3%		1.7%	5.0%	6.7%
		% within Zip Code Patient Lives	21.7%		40.7%		25.0%	42.9%	28.6%
		% of Total	2.6%		5.8%		.5%	1.6%	2.1%
	Dr. Ching	Count	6	1	7	1	1	2	4
		% within Urologist Care	7.5%	1.3%	8.8%	1.3%	1.3%	2.5%	5.0%
		% within Zip Code Patient Lives	26.1%	100.0%	25.9%	100.0%	25.0%	28.6%	28.6%
		% of Total	3.2%	.5%	3.7%	.5%	.5%	1.1%	2.1%
	Dr. Bortolazzo	Count	7		9		2	2	5
		% within Urologist Care	16.3%		20.9%		4.7%	4.7%	11.6%
		% within Zip Code Patient Lives	30.4%		33.3%		50.0%	28.6%	35.7%
		% of Total	3.7%		4.8%		1.1%	1.1%	2.6%
Total	Count		23	1	27	1	4	7	14
	% within Urologist Care		12.2%	.5%	14.3%	.5%	2.1%	3.7%	7.4%
	% within Zip Code Patient Lives		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		12.2%	.5%	14.3%	.5%	2.1%	3.7%	7.4%

Urologist Rendering Care * Zip Code Patient Lives (cont)

			Zip Code Patient Lives						
			91737	91739	91750	91760	91761	91762	91763
Urologist Rendering Care	No Response	Count							
		% within Urologist Care							
		% within Zip Code Patient Lives							
		% of Total							
	Dr. Kirk	Count	2			1	2	7	
		% within Urologist Care	3.3%			1.7%	3.3%	11.7%	
		% within Zip Code Patient Lives	33.3%			100.0%	40.0%	28.0%	
		% of Total	1.1%			.5%	1.1%	3.7%	
	Dr. Ching	Count	3	1	1		1	15	3
		% within Urologist Care	3.8%	1.3%	1.3%		1.3%	18.8%	3.8%
		% within Zip Code Patient Lives	50.0%	100.0%	100.0%		20.0%	60.0%	100.0%
		% of Total	1.6%	.5%	.5%		.5%	7.9%	1.6%
	Dr. Bortolazzo	Count	1				2	3	
		% within Urologist Care	2.3%				4.7%	7.0%	
		% within Zip Code Patient Lives	16.7%				40.0%	12.0%	
		% of Total	.5%				1.1%	1.6%	
Total		Count	6	1	1	1	5	25	3
		% within Urologist Care	3.2%	.5%	.5%	.5%	2.6%	13.2%	1.6%
		% within Zip Code Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	3.2%	.5%	.5%	.5%	2.6%	13.2%	1.6%

Urologist Rendering Care * Zip Code Patient Lives (cont)

			Zip Code Patient Lives						
			91764	91766	91767	91768	91784	91786	92264
Urologist Rendering Care	No Response	Count							
		% within Urologist Care							
		% within Zip Code Patient Lives							
		% of Total							
	Dr. Kirk	Count	1				10	4	1
		% within Urologist Care	1.7%				16.7%	6.7%	1.7%
		% within Zip Code Patient Lives	12.5%				41.7%	19.0%	100.0%
		% of Total	.5%				5.3%	2.1%	.5%
	Dr. Ching	Count	5	1	1	2	11	10	
		% within Urologist Care	6.3%	1.3%	1.3%	2.5%	13.8%	12.5%	
		% within Zip Code Patient Lives	62.5%	100.0%	100.0%	100.0%	45.8%	47.6%	
		% of Total	2.6%	.5%	.5%	1.1%	5.8%	5.3%	
	Dr. Bortolazzo	Count	2				3	7	
		% within Urologist Care	4.7%				7.0%	16.3%	
		% within Zip Code Patient Lives	25.0%				12.5%	33.3%	
		% of Total	1.1%				1.6%	3.7%	
Total		Count	8	1	1	2	24	21	1
		% within Urologist Care	4.2%	.5%	.5%	1.1%	12.7%	11.1%	.5%
		% within Zip Code Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	4.2%	.5%	.5%	1.1%	12.7%	11.1%	.5%

Urologist Rendering Care * Zip Code Patient Lives (cont)

			Zip Code Patient Lives						
			92307	92329	92335	92336	92341	92397	92509
Urologist Rendering Care	No Response	Count							
		% within Urologist Care							
		% within Zip Code Patient Lives							
		% of Total							
	Dr. Kirk	Count	1	1	2	2		1	
		% within Urologist Care	1.7%	1.7%	3.3%	3.3%		1.7%	
		% within Zip Code Patient Lives	100.0%	100.0%	100.0%	66.7%		100.0%	
		% of Total	.5%	.5%	1.1%	1.1%		.5%	
	Dr. Ching	Count				1	1		1
		% within Urologist Care				1.3%	1.3%		1.3%
		% within Zip Code Patient Lives				33.3%	100.0%		100.0%
		% of Total				.5%	.5%		.5%
	Dr. Bortolazzo	Count							
		% within Urologist Care							
		% within Zip Code Patient Lives							
		% of Total							
Total		Count	1	1	2	3	1	1	1
		% within Urologist Care	.5%	.5%	1.1%	1.6%	.5%	.5%	.5%
		% within Zip Code Patient Lives	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	.5%	1.1%	1.6%	.5%	.5%	.5%

Urologist Rendering Care * Zip Code Patient Lives (cont)

			Zip Code Patient Lives		Total	
			92553	92860		
Urologist Rendering Care	No Response	Count			6	
		% within Urologist Care			100.0%	
		% within Zip Code Patient Lives			3.2%	
		% of Total			3.2%	
	Dr. Kirk	Count	1		60	
		% within Urologist Care	1.7%		100.0%	
		% within Zip Code Patient Lives	100.0%		31.7%	
		% of Total	.5%		31.7%	
	Dr. Ching	Count		1	80	
		% within Urologist Care		1.3%	100.0%	
		% within Zip Code Patient Lives		100.0%	42.3%	
		% of Total		.5%	42.3%	
	Dr. Bortolazzo	Count			43	
		% within Urologist Care			100.0%	
		% within Zip Code Patient Lives			22.8%	
		% of Total			22.8%	
Total			Count	1	1	189
			% within Urologist Care	.5%	.5%	100.0%
			% within Zip Code Patient Lives	100.0%	100.0%	100.0%
			% of Total	.5%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	89.130(a)	87	.417
Likelihood Ratio	85.788	87	.517
Linear-by-Linear Association	1.483	1	.223
N of Valid Cases	189		

a 105 cells (87.5%) have expected count less than 5. The minimum expected count is .03.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.089	.097	1.219	.224(c)
Ordinal by Ordinal	Spearman Correlation	-.033	.079	-.447	.656(c)
N of Valid Cases		189			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Newspaper Regularly Read

			Newspaper Regularly Read					
			No Response	Inland Valley Daily Bulletin	LA Times	3.00	4.00	5.00
Urologist Rendering Care	No Response	Count	7	1				
		% within Urologist Care	87.5%	12.5%				
		% within Newspaper Read	10.6%	1.2%				
		% of Total	3.6%	.5%				
	Dr. Kirk	Count	18	25	14	1	1	1
		% within Urologist Care	29.0%	40.3%	22.6%	1.6%	1.6%	1.6%
		% within Newspaper Read	27.3%	30.9%	38.9%	100.0%	100.0%	50.0%
		% of Total	9.3%	12.9%	7.2%	.5%	.5%	.5%
	Dr. Ching	Count	26	40	12			
		% within Urologist Care	32.5%	50.0%	15.0%			
		% within Newspaper Read	39.4%	49.4%	33.3%			
		% of Total	13.4%	20.6%	6.2%			
	Dr. Bortolazzo	Count	15	15	10			1
		% within Urologist Care	34.1%	34.1%	22.7%			2.3%
		% within Newspaper Read	22.7%	18.5%	27.8%			50.0%
		% of Total	7.7%	7.7%	5.2%			.5%
Total	Count		66	81	36	1	1	2
	% within Urologist Care		34.0%	41.8%	18.6%	.5%	.5%	1.0%
	% within Newspaper Read		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		34.0%	41.8%	18.6%	.5%	.5%	1.0%

Urologist Rendering Care * Newspaper Regularly Read (cont)

			Newspaper Regularly Read						Total
			6.00	7.00	8.00	9.00	10.00	11.00	
Urologist Rendering Care	No Response	Count							8
		% within Urologist Care							100.0%
		% within Newspaper Read							4.1%
		% of Total							4.1%
	Dr. Kirk	Count	1				1		62
		% within Urologist Care	1.6%				1.6%		100.0%
		% within Newspaper Read	100.0%				100.0%		32.0%
		% of Total	.5%				.5%		32.0%
	Dr. Ching	Count		1		1			80
		% within Urologist Care		1.3%		1.3%			100.0%
		% within Newspaper Read		50.0%		100.0%			41.2%
		% of Total		.5%		.5%			41.2%
	Dr. Bortolazzo	Count		1	1			1	44
		% within Urologist Care		2.3%	2.3%			2.3%	100.0%
		% within Newspaper Read		50.0%	100.0%			100.0%	22.7%
		% of Total		.5%	.5%			.5%	22.7%
Total		Count	1	2	1	1	1	1	194
		% within Urologist Care	.5%	1.0%	.5%	.5%	.5%	.5%	100.0%
		% within Newspaper Read	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	1.0%	.5%	.5%	.5%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.754(a)	33	.431
Likelihood Ratio	35.104	33	.369
Linear-by-Linear Association	1.448	1	.229
N of Valid Cases	194		

a 39 cells (81.3%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.087	.076	1.205	.230(c)
Ordinal by Ordinal	Spearman Correlation	.049	.077	.682	.496(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Radio Station Most Listened To

			Radio Station Most Listened To							
			No Response	640AM	98AM	1070AM	103.5FM	5.00	6.00	7.00
Urologist Rendering Care	No Response	Count	8							
		% within Urologist Rendering Care	100.0%							
		% within Radio Station Most Listened To	7.6%							
		% of Total	4.1%							
	Dr. Kirk	Count	27	6	1	1	1	1		
		% within Urologist Rendering Care	43.5%	9.7%	1.6%	1.6%	1.6%	1.6%		
		% within Radio Station Most Listened To	25.7%	40.0%	33.3%	33.3%	100.0%	20.0%		
		% of Total	13.9%	3.1%	.5%	.5%	.5%	.5%		
	Dr. Ching	Count	45	6	1	1		2		
		% within Urologist Rendering Care	56.3%	7.5%	1.3%	1.3%		2.5%		
		% within Radio Station Most Listened To	42.9%	40.0%	33.3%	33.3%		40.0%		
		% of Total	23.2%	3.1%	.5%	.5%		1.0%		
	Dr. Bortolazzo	Count	25	3	1	1		2	1	1
		% within Urologist Rendering Care	56.8%	6.8%	2.3%	2.3%		4.5%	2.3%	2.3%
		% within Radio Station Most Listened To	23.8%	20.0%	33.3%	33.3%		40.0%	100.0%	100.0%
		% of Total	12.9%	1.5%	.5%	.5%		1.0%	.5%	.5%
Total	Count	105	15	3	3	1	5	1	1	
	% within Urologist Rendering Care	54.1%	7.7%	1.5%	1.5%	.5%	2.6%	.5%	.5%	
	% within Radio Station Most Listened To	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	54.1%	7.7%	1.5%	1.5%	.5%	2.6%	.5%	.5%	

Urologist Rendering Care * Radio Station Most Listened To (cont)

			Radio Station Most Listened To							
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00
Urologist Rendering Care	No Response	Count								
		% within Urologist Rendering Care								
		% within Radio Station Most Listened To								
		% of Total								
	Dr. Kirk	Count	3	1	3		2	1	1	1
		% within Urologist Rendering Care	4.8%	1.6%	4.8%		3.2%	1.6%	1.6%	1.6%
		% within Radio Station Most Listened To	75.0%	100.0%	60.0%		50.0%	100.0%	100.0%	50.0%
		% of Total	1.5%	.5%	1.5%		1.0%	.5%	.5%	.5%
	Dr. Ching	Count	1		2	1	1			1
		% within Urologist Rendering Care	1.3%		2.5%	1.3%	1.3%			1.3%
		% within Radio Station Most Listened To	25.0%		40.0%	100.0%	25.0%			50.0%
		% of Total	.5%		1.0%	.5%	.5%			.5%
	Dr. Bortolazzo	Count					1			
		% within Urologist Rendering Care					2.3%			
		% within Radio Station Most Listened To					25.0%			
		% of Total					.5%			
Total	Count		4	1	5	1	4	1	1	2
	% within Urologist Rendering Care		2.1%	.5%	2.6%	.5%	2.1%	.5%	.5%	1.0%
	% within Radio Station Most Listened To		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		2.1%	.5%	2.6%	.5%	2.1%	.5%	.5%	1.0%

Urologist Rendering Care * Radio Station Most Listened To (cont)

			Radio Station Most Listened To							
			16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Urologist Rendering Care	No Response	Count								
		% within Urologist Rendering Care								
		% within Radio Station Most Listened To								
		% of Total								
	Dr. Kirk	Count		1		1		2		
		% within Urologist Rendering Care		1.6%		1.6%		3.2%		
		% within Radio Station Most Listened To		100.0%		100.0%		66.7%		
		% of Total		.5%		.5%		1.0%		
	Dr. Ching	Count	1		1					
		% within Urologist Rendering Care	1.3%		1.3%					
		% within Radio Station Most Listened To	100.0%		100.0%					
		% of Total	.5%		.5%					
	Dr. Bortolazzo	Count					1	1	1	2
		% within Urologist Rendering Care					2.3%	2.3%	2.3%	4.5%
		% within Radio Station Most Listened To					100.0%	33.3%	100.0%	100.0%
		% of Total					.5%	.5%	.5%	1.0%
Total		Count	1	1	1	1	1	3	1	2
		% within Urologist Rendering Care	.5%	.5%	.5%	.5%	.5%	1.5%	.5%	1.0%
		% within Radio Station Most Listened To	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	.5%	.5%	.5%	.5%	1.5%	.5%	1.0%

Urologist Rendering Care * Radio Station Most Listened To (cont)

			Radio Station Most Listened To							
			24.00	25.00	26.00	27.00	28.00	29.00	30.00	31.00
Urologist Rendering Care	No Response	Count								
		% within Urologist Rendering Care								
		% within Radio Station Most Listened To								
		% of Total								
	Dr. Kirk	Count								
		% within Urologist Rendering Care								
		% within Radio Station Most Listened To								
		% of Total								
	Dr. Ching	Count	1		2	1	1	2	1	3
		% within Urologist Rendering Care	1.3%		2.5%	1.3%	1.3%	2.5%	1.3%	3.8%
		% within Radio Station Most Listened To	50.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%		1.0%	.5%	.5%	1.0%	.5%	1.5%
	Dr. Bortolazzo	Count	1	1						
		% within Urologist Rendering Care	2.3%	2.3%						
		% within Radio Station Most Listened To	50.0%	100.0%						
		% of Total	.5%	.5%						
Total	Count	2	1	2	1	1	2	1	3	
	% within Urologist Rendering Care	1.0%	.5%	1.0%	.5%	.5%	1.0%	.5%	1.5%	
	% within Radio Station Most Listened To	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	1.0%	.5%	1.0%	.5%	.5%	1.0%	.5%	1.5%	

Urologist Rendering Care * Radio Station Most Listened To (cont)

			Radio Station Most Listened To							
			32.00	33.00	34.00	35.00	36.00	37.00	38.00	39.00
Urologist Rendering Care	No Response	Count								
		% within Urologist Rendering Care								
		% within Radio Station Most Listened To								
		% of Total								
	Dr. Kirk	Count					1	1	1	1
		% within Urologist Rendering Care					1.6%	1.6%	1.6%	1.6%
		% within Radio Station Most Listened To					100.0%	100.0%	33.3%	100.0%
		% of Total					.5%	.5%	.5%	.5%
	Dr. Ching	Count		1		1			2	
		% within Urologist Rendering Care		1.3%		1.3%			2.5%	
		% within Radio Station Most Listened To		100.0%		100.0%			66.7%	
		% of Total		.5%		.5%			1.0%	
	Dr. Bortolazzo	Count	1		1					
		% within Urologist Rendering Care	2.3%		2.3%					
		% within Radio Station Most Listened To	100.0%		100.0%					
		% of Total	.5%		.5%					
Total			Count	1	1	1	1	1	3	1
			% within Urologist Rendering Care	.5%	.5%	.5%	.5%	.5%	1.5%	.5%
			% within Radio Station Most Listened To	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	.5%	.5%	.5%	.5%	.5%	1.5%	.5%

Urologist Rendering Care * Radio Station Most Listened To (cont)

			Radio Station Most Listened To						Total
			40.00	41.00	42.00	43.00	44.00	95.10	
Urologist Rendering Care	No Response	Count							8
		% within Urologist Rendering Care							100.0%
		% within Radio Station Most Listened To							4.1%
		% of Total							4.1%
	Dr. Kirk	Count	1	1		1	1	1	62
		% within Urologist Rendering Care	1.6%	1.6%		1.6%	1.6%	1.6%	100.0%
		% within Radio Station Most Listened To	100.0%	50.0%		100.0%	100.0%	100.0%	32.0%
		% of Total	.5%	.5%		.5%	.5%	.5%	32.0%
	Dr. Ching	Count		1	1				80
		% within Urologist Rendering Care		1.3%	1.3%				100.0%
		% within Radio Station Most Listened To		50.0%	100.0%				41.2%
		% of Total		.5%	.5%				41.2%
	Dr. Bortolazzo	Count							44
		% within Urologist Rendering Care							100.0%
		% within Radio Station Most Listened To							22.7%
		% of Total							22.7%
Total		Count	1	2	1	1	1	1	194
		% within Urologist Rendering Care	.5%	1.0%	.5%	.5%	.5%	.5%	100.0%
		% within Radio Station Most Listened To	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	.5%	1.0%	.5%	.5%	.5%	.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	102.333(a)	135	.984
Likelihood Ratio	111.336	135	.932
Linear-by-Linear Association	.381	1	.537
N of Valid Cases	194		

a 180 cells (97.8%) have expected count less than 5. The minimum expected count is .04.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.044	.063	-.617	.538(c)
Ordinal by Ordinal	Spearman Correlation	-.036	.070	-.498	.619(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Date Of Service

			Date Of Service					
			7/16/2001	7/17/2001	7/18/2001	7/19/2001	7/20/2001	7/23/2001
Urologist Rendering Care	No Response	Count		2		2		1
		% within Urologist Care		25.0%		25.0%		12.5%
		% within Date Of Service		4.1%		8.3%		3.8%
		% of Total		1.0%		1.0%		.5%
	Dr. Kirk	Count	7	29				15
		% within Urologist Care	11.3%	46.8%				24.2%
		% within Date Of Service	50.0%	59.2%				57.7%
		% of Total	3.6%	14.9%				7.7%
	Dr. Ching	Count		18		16	9	9
		% within Urologist Care		22.5%		20.0%	11.3%	11.3%
		% within Date Of Service		36.7%		66.7%	52.9%	34.6%
		% of Total		9.3%		8.2%	4.6%	4.6%
	Dr. Bortolazzo	Count	7		10	6	8	1
		% within Urologist Care	15.9%		22.7%	13.6%	18.2%	2.3%
		% within Date Of Service	50.0%		100.0%	25.0%	47.1%	3.8%
		% of Total	3.6%		5.2%	3.1%	4.1%	.5%
Total		Count	14	49	10	24	17	26
		% within Urologist Care	7.2%	25.3%	5.2%	12.4%	8.8%	13.4%
		% within Date Of Service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	7.2%	25.3%	5.2%	12.4%	8.8%	13.4%

Urologist Rendering Care * Date Of Service (cont)

			Date Of Service				Total
			7/24/2001	7/25/2001	7/26/2001	7/27/2001	
Urologist Rendering Care	No Response	Count	1		1	1	8
		% within Urologist Care	12.5%		12.5%	12.5%	100.0%
		% within Date Of Service	5.9%		5.0%	14.3%	4.1%
		% of Total	.5%		.5%	.5%	4.1%
	Dr. Kirk	Count	4		2	5	62
		% within Urologist Care	6.5%		3.2%	8.1%	100.0%
		% within Date Of Service	23.5%		10.0%	71.4%	32.0%
		% of Total	2.1%		1.0%	2.6%	32.0%
	Dr. Ching	Count	1	9	17	1	80
		% within Urologist Care	1.3%	11.3%	21.3%	1.3%	100.0%
		% within Date Of Service	5.9%	90.0%	85.0%	14.3%	41.2%
		% of Total	.5%	4.6%	8.8%	.5%	41.2%
	Dr. Bortolazzo	Count	11	1			44
		% within Urologist Care	25.0%	2.3%			100.0%
		% within Date Of Service	64.7%	10.0%			22.7%
		% of Total	5.7%	.5%			22.7%
Total		Count	17	10	20	7	194
		% within Urologist Care	8.8%	5.2%	10.3%	3.6%	100.0%
		% within Date Of Service	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	8.8%	5.2%	10.3%	3.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	156.449(a)	27	.000
Likelihood Ratio	183.533	27	.000
Linear-by-Linear Association	.256	1	.613
N of Valid Cases	194		

a 24 cells (60.0%) have expected count less than 5. The minimum expected count is .29.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.036	.070	.505	.614(c)
Ordinal by Ordinal	Spearman Correlation	.081	.075	1.123	.263(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Urologist Rendering Care * Total Number Patients Seen That Day

			Total Number Patients Seen That Day									Total
			7.00	10.00	14.00	17.00	18.00	20.00	24.00	26.00	49.00	
Urologist Rendering Care	No Response	Count	1				1	1	2	1	2	8
		% within Urologist Care	12.5%				12.5%	12.5%	25.0%	12.5%	25.0%	100.0%
		% within Number Seen	14.3%				5.9%	5.0%	8.3%	3.8%	4.1%	4.1%
		% of Total	.5%				.5%	.5%	1.0%	.5%	1.0%	4.1%
	Dr. Kirk	Count	5		7		4	2		15	29	62
		% within Urologist Care	8.1%		11.3%		6.5%	3.2%		24.2%	46.8%	100.0%
		% within Number Seen	71.4%		50.0%		23.5%	10.0%		57.7%	59.2%	32.0%
		% of Total	2.6%		3.6%		2.1%	1.0%		7.7%	14.9%	32.0%
	Dr. Ching	Count	1	9		9	1	17	16	9	18	80
		% within Urologist Care	1.3%	11.3%		11.3%	1.3%	21.3%	20.0%	11.3%	22.5%	100.0%
		% within Number Seen	14.3%	45.0%		52.9%	5.9%	85.0%	66.7%	34.6%	36.7%	41.2%
		% of Total	.5%	4.6%		4.6%	.5%	8.8%	8.2%	4.6%	9.3%	41.2%
	Dr. Bortolazzo	Count		11	7	8	11		6	1		44
		% within Urologist Care		25.0%	15.9%	18.2%	25.0%		13.6%	2.3%		100.0%
		% within Number Seen		55.0%	50.0%	47.1%	64.7%		25.0%	3.8%		22.7%
		% of Total		5.7%	3.6%	4.1%	5.7%		3.1%	.5%		22.7%
Total	Count	7	20	14	17	17	20	24	26	49	194	
	% within Urologist Care	3.6%	10.3%	7.2%	8.8%	8.8%	10.3%	12.4%	13.4%	25.3%	100.0%	
	% within Number Seen	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	3.6%	10.3%	7.2%	8.8%	8.8%	10.3%	12.4%	13.4%	25.3%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	128.771(a)	24	.000
Likelihood Ratio	162.509	24	.000
Linear-by-Linear Association	29.493	1	.000
N of Valid Cases	194		

a 18 cells (50.0%) have expected count less than 5. The minimum expected count is .29.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	-.391	.058	-5.885	.000(c)
Ordinal by Ordinal	Spearman Correlation	-.422	.065	-6.456	.000(c)
N of Valid Cases		194			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

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