



# National Survey of Healthcare Organizations & Systems

*Improving Care For All*

Practice Level Questionnaire

Thank you for participating in the **National Survey of Healthcare Organizations and Systems (NSHOS)**. The results of this survey will help advance our understanding of how changes in healthcare delivery are influencing the quality and costs of care.

### Survey Information

#### IMPORTANT

- When completing this survey, we will use the term **practice** to describe the place where your patients come to see you and the physicians with whom you work closely.
  - If you are part of a larger healthcare system, **do not** answer on behalf of the system, but rather on behalf of your practice.
  - If you are located in a clinic building with several other medical practices, please answer only on behalf of the **primary care practice** where you work.
- The survey should take about 40 minutes of your time.
  - Your responses will be kept confidential.
  - Please reach out to colleagues if you need support to answer specific questions.
  - If you have any questions: Call 484-840-4375 or email [NSHOS@dartmouth.edu](mailto:NSHOS@dartmouth.edu)

### Background Information

1. What is the name of your practice?
2. What is your title at the practice?
3. Who owns your practice?
  - Independently owned
  - A larger physician group
  - A hospital
  - A healthcare system (*may include a hospital*)
  - Other \_\_\_\_\_
4. Is your practice part of one or more Independent Practice Associations (*IPAs*)?
  - Yes
  - No
5. Is your practice:
  - A Federally Qualified Health Center (*FQHC*)
  - A FQHC “look-alike” (*do not select unless you have this designation*)
  - Not designated as either
  - Don’t know

[CONTACT#]

## The Culture of Your Practice

### 6. How often do these things happen within your practice?

	Never	Sometimes	Often	Always
Successful care delivery innovations are highly publicized within the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team members openly share patient care challenges and failures with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is protected time given to generate new ideas and innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We encourage trying new ideas to see if they work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a strong sense of belonging to this practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We consider ourselves to be the testing ground for new approaches to engage patients in their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team members feel safe raising concerns regarding patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our physicians deliver clinical care for patients using the same protocols and pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical decisions about the practice are made by our physicians acting as a single integrated group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 7. Which statement best describes your practice?

*Distribute 100 points between the 4 statements, giving the most points to the statement that best describes your practice.*

Our practice is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.	
...is a very dynamic and entrepreneurial place. People are willing to try new things to see if they work.	
...is a very formalized and structured place. Bureaucratic procedures generally govern what people do.	
...is very production oriented. The major concern is getting the job done.	
<i>Sum to 100 points</i>	

## Patient Care

8. Do you agree or disagree that:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The practice does a good job of assessing patient needs and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff promptly resolve patient complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients' complaints are studied to identify patterns and prevent the same problems from recurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The practice uses data from patients to improve care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The practice uses patient expectations/experiences data when developing new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How many physicians in your practice use the 'advanced access' or 'open access' schedule method on a regular basis to offer same-day appointments?

- Not familiar with 'advanced access' or 'open access' scheduling
- None
- Some
- Most
- All

10. Is your practice regularly open for patient appointments outside usual business hours:

	Yes	No
Weekdays before 8am or after 5pm	<input type="checkbox"/>	<input type="checkbox"/>
On weekends	<input type="checkbox"/>	<input type="checkbox"/>

## Payment and Delivery Reform Initiatives

11. Has your practice ever participated in any of these payment and delivery reform initiatives?

	Yes, currently	Yes, previously but not now	No, never
Bundled or episode-based payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care improvement and support programs, such as <i>Comprehensive Primary Care Initiative (CPC)</i> , <i>CPC+</i> or <i>Patient Centered Medical Homes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. (continued) Has your practice ever participated in any of these payment and delivery reform initiatives?

	Yes, currently	Yes, previously but not now	No, never
Pay for performance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capitated contracts with commercial health plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare ACO upside-only risk bearing contracts (MSSP tracks one and two)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare ACO risk bearing contracts (Pioneer, Next Gen, MSSP Track three)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid ACO contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial ACO contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. By the end of five years, what proportion of your practice's patients do you anticipate will be covered by contracts with total cost of care accountability (e.g. ACO, ACO-like or capitated contracts)?

- None
- Some
- Most
- All

### Screening and Referral Activity

13. Does your practice have a system in place to routinely screen patients for:

	Yes	No
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use specifically	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorders (other than tobacco and opioid)	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Low health literacy	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity	<input type="checkbox"/>	<input type="checkbox"/>
Housing instability	<input type="checkbox"/>	<input type="checkbox"/>
Utility needs	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal violence	<input type="checkbox"/>	<input type="checkbox"/>
Transportation needs	<input type="checkbox"/>	<input type="checkbox"/>
Need for financial assistance with medical bills	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid eligibility	<input type="checkbox"/>	<input type="checkbox"/>

14. How many of the patients in your practice who are identified as using tobacco are:

	None	Some	Most	All
Offered tobacco cessation treatment ( <i>e.g. prescription for nicotine patch, counseling, education, helplines</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a formal tobacco cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How difficult is it for your practice to obtain treatment for patients with opioid use disorders?

- Very difficult
- Somewhat difficult
- Not at all difficult

16. Do any of the clinicians at your practice provide drug treatment (*e.g. buprenorphine*) for opioid use disorders?

- Yes
- No

## Behavioral Healthcare

**Behavioral health** includes depression, anxiety, other mental illness or substance use disorders.

17. At your practice, are any patients with depression or anxiety cared for using the following strategies?

	Yes	No
A care manager to primarily address mental health treatment coordination	<input type="checkbox"/>	<input type="checkbox"/>
A care manager to address non-medical ( <i>e.g. job support, housing</i> )	<input type="checkbox"/>	<input type="checkbox"/>
A mental health clinician ( <i>not co-located</i> ) consulting primary care clinicians	<input type="checkbox"/>	<input type="checkbox"/>
Patient registries to track mental health symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Telemedicine to treat a patient by phone or video	<input type="checkbox"/>	<input type="checkbox"/>
Peer support specialist	<input type="checkbox"/>	<input type="checkbox"/>

18. How long has your practice had on-site behavioral clinicians?

- We don't have behavioral clinicians on-site
- Less than 1 year
- 1 to 5 years
- More than 5 years

**IF YOUR PRACTICE DOES NOT SEE CHILDREN, PLEASE SKIP TO QUESTION 20.**

19. For children with behavioral disorders, how difficult is it to obtain:

	Very difficult	Somewhat difficult	Slightly difficult	Not at all difficult
Family-based treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication advice from a child psychiatrist or psychiatric nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Has your practice been given guidance or training to use new Medicare billing codes for behavioral health integration through collaborative care models or other models of behavioral health integration?

Yes

No → **SKIP TO QUESTION 22**

21. **IF YES:** Has your practice modified service delivery in response to these new billing codes?

Yes

No

Not applicable

### Care of Complex, High Need Patients

**By complex, high need patients** we mean those experiencing one or more of the below who require multi-faceted care and may be at high risk for hospitalization or emergency department use:

- multiple chronic conditions
- multiple functional limitations, including frailty
- severe, persistent behavioral health challenges

22. Does your practice have a system in place to identify complex, high-need patients?

Yes

No

23. For your complex, high need patients, how often:

	Never	Sometimes	Often	Always
Is a care manager involved in helping the patient coordinate care across clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a care manager involved in helping the patient adhere to the care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. (continued) For your complex, high need patients, how often:

	Never	Sometimes	Often	Always
Is a non-clinician (e.g. health coach) involved in supporting <b>health risk modification</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a non-clinician (e.g. health coach) involved in supporting <b>medication adherence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are patients stratified into different subgroups for targeted interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are home visits carried out by practice staff or a clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. When your complex, high need patients are hospitalized, which of the following are routinely in place to facilitate their discharge?

	Yes	No
Referral to community health-related social services	<input type="checkbox"/>	<input type="checkbox"/>
Communication with patient within 72 hours of discharge	<input type="checkbox"/>	<input type="checkbox"/>
Home visit after discharge	<input type="checkbox"/>	<input type="checkbox"/>
Discharge summaries sent to primary care clinician within 72 hours of discharge	<input type="checkbox"/>	<input type="checkbox"/>
Standardized process to reconcile multiple medications	<input type="checkbox"/>	<input type="checkbox"/>

25. Does your practice use any of the information below for internal use/quality improvement efforts targeting complex, high need patients?

	Yes	No
Hospital admissions or readmissions	<input type="checkbox"/>	<input type="checkbox"/>
Emergency department use	<input type="checkbox"/>	<input type="checkbox"/>
Medication adherence	<input type="checkbox"/>	<input type="checkbox"/>
Post-acute care use (e.g. Skilled Nursing Facility)	<input type="checkbox"/>	<input type="checkbox"/>
		↓ IF NO TO ALL, SKIP TO QUESTION 27

26. Has your practice used the information collected in **question 25** to make:

	Yes	No
Staffing changes	<input type="checkbox"/>	<input type="checkbox"/>
Modifications to the Electronic Health Record (EHR)	<input type="checkbox"/>	<input type="checkbox"/>
Changes to staff training	<input type="checkbox"/>	<input type="checkbox"/>
Modifications to the discharge planning process	<input type="checkbox"/>	<input type="checkbox"/>



## Patient-Reported Measures, Motivational Interviewing and Shared Decision Making

**Patient activation** refers to the degree to which a patient has the knowledge, skills, confidence and motivation needed to participate in decisions and to manage their own health and healthcare.

27. Does your practice collect **patient-reported** measures of:

	Yes	No
Patient activation ( <i>e.g. self-efficacy for chronic disease management</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

28. Does your practice collect **patient-reported** measures of **physical function or disability** for:

	Yes	No
Older adult patients	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic patients	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal hip, knee or back patients	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure patients	<input type="checkbox"/>	<input type="checkbox"/>

29. Does your practice collect **patient-reported** measures of **pain** for:

	Yes	No
Older adult patients	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic patients	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal hip, knee or back patients	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure patients	<input type="checkbox"/>	<input type="checkbox"/>

**Motivational interviewing** is a counseling method to help patients explore their motivation to undertake behavior change, examine and resolve their ambivalence to change, and identify barriers and facilitators of change, to then improve their knowledge and self-efficacy in health behavior change and chronic disease management.

30. Does your practice have clinicians or staff who are formally trained in motivational interviewing?

- Yes, clinicians only (*e.g. doctors, nurses*)
- Yes, staff only (*e.g. health coaches*)
- Yes, both clinicians and staff
- No

31. Do physicians and/or staff in your practice routinely use motivational interviewing to aid with behavior change for:

	Yes	No
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss/diet	<input type="checkbox"/>	<input type="checkbox"/>
Increase in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Medication adherence	<input type="checkbox"/>	<input type="checkbox"/>

**Shared decision-making** involves informing patients of their options and the benefits or harms of those options, supporting them to compare those options and then make choices that are aligned with their informed goals and values.

**Decision aids** provide objective information on benefits and harms to help patients clarify their goals, values and preferences and make decisions that are consistent with their goals.

32. Considering the physicians and staff in your practice, how many:

	None	Some	Most	All
Are formally trained in shared decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routinely engage in shared decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routinely use decision aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up on patients' treatment decisions after initial discussion of treatment tradeoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How many eligible patients receive decision aids before making a decision about:

	None	Some	Most	All
Selecting medication for diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis ( <i>hip or knee replacement</i> ) treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Shared medical appointments or group visits** involve multiple patients meeting together with a clinician to discuss and receive care for a defined health condition.

34. Does your practice use shared medical appointments as a routine part of clinical care for any specific health conditions or patient populations?

Yes

No → **SKIP TO QUESTION 36**

35. IF YES: Are any of these clinical areas the focus of shared medical appointments?

	Yes	No
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
COPD/asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Advanced directives	<input type="checkbox"/>	<input type="checkbox"/>

## Information Systems

36. How often do clinicians in your practice have access to the following when they need it?

	Never	Sometimes	Often	Always
Notification that a patient was admitted to a local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification that a patient visited an emergency department at a local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge summaries from local hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs/test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations and results from specialist consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information from groups that are not using your Electronic Health Record (EHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information from local, public social service agencies (e.g. county or city shelters, social workers, food programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Does your practice's EHR connect directly to the EHR at the main hospital that your patients use?

- Yes, single EHR
- Yes, different EHR, but one that is fully interoperable
- Yes, different EHR, but partially interoperable
- No, not connected

38. Does your practice's health information system (including your EHR) allow:

	Yes	No
Patients to have electronic access to their medical records	<input type="checkbox"/>	<input type="checkbox"/>
Patients to electronically comment on and/or input information to their medical records (such as Open Notes)	<input type="checkbox"/>	<input type="checkbox"/>
Physicians and patients to communicate with one another via email	<input type="checkbox"/>	<input type="checkbox"/>
Physicians to know whether their patients have filled their prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Advanced analytic systems such as predicting future utilization, data mining, etc.	<input type="checkbox"/>	<input type="checkbox"/>

## Adoption of Innovations

39. To what extent are the following factors a barrier to your practice's use of new evidence-based clinical treatments (e.g. new drugs, new technology)?

	Major barrier	Minor barrier	Not a barrier
Lack of a process for identifying beneficial innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of a process for disseminating information about innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough time to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient financial resources to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack the necessary knowledge/expertise to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of incentives to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. To what extent are the following factors a barrier to your practice's use of evidence-based care delivery innovations (e.g. care transition programs, use of community health workers)?

	Major barrier	Minor barrier	Not a barrier
Lack of a process for identifying beneficial innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of a process for disseminating information about innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough time to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient financial resources to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack the necessary knowledge/expertise to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of incentives to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Palliative Care and Pain Management

41. Do patients in your practice have access to:

	Yes	No
A hospital-based palliative care program	<input type="checkbox"/>	<input type="checkbox"/>
A community-based palliative care program	<input type="checkbox"/>	<input type="checkbox"/>
A practice or service dedicated to managing pain	<input type="checkbox"/>	<input type="checkbox"/>

42. For how many patients does your practice provide the following:

	None	Some	Most	All
Encouragement to complete an Advanced Directive ( <i>all patients</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling on end of life care ( <i>patients with a life-limiting illness</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to hospital-based palliative care ( <i>eligible patients</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to community-based palliative care ( <i>eligible patients</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Evidence Acquisition, Performance and Reporting

43. Other than Pharmacy and Therapeutic Committees or a formulary, does your practice have a system (*e.g. a standing committee, a task force, a designated person or department*) in place to keep up with new evidence that should change the way your practice cares for patients?

- Yes  
 No

44. Does your practice use any of the following approaches on a routine basis to disseminate best patient care practices?

	Yes	No
Regular staff meetings	<input type="checkbox"/>	<input type="checkbox"/>
Regular listserv email/newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Departmental representatives or champions	<input type="checkbox"/>	<input type="checkbox"/>
An electronic database of practice or system endorsed guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Decision support tools embedded in the Electronic Health Record ( <i>EHR</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Performance improvement events ( <i>e.g. LEAN Kaizen training</i> )	<input type="checkbox"/>	<input type="checkbox"/>

45. Does your practice use **evidence-based guidelines** that have been written down and approved as the preferred protocols for treatment of:

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Preventive services ( <i>immunizations, screening tests</i> )	<input type="checkbox"/>	<input type="checkbox"/>

46. Does your practice currently use any **EHR-based clinical decision-support tools** (e.g. embedded order sets) to improve adherence to evidence-based care for:

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Preventive services (immunizations, screening tests)	<input type="checkbox"/>	<input type="checkbox"/>

47. Does your practice maintain a **list or registry** to help manage the care of patients with:

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Preventive services (immunizations, screening tests)	<input type="checkbox"/>	<input type="checkbox"/>

48. Does your practice measure the quality of **individual clinician performance** for:

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>

49 How does your practice use information about individual clinician performance for:

(For each row, check all that apply.)

	Use for feedback	Use for internal quality improvement	Use for physician compensation
Preventive services (e.g. immunizations, screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient experiences (e.g. patient satisfaction or CAHPS scores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overuse of medical tests or procedures (e.g. high cost imaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underuse of medical test or procedures (e.g. HEDIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of acute care services (e.g. readmissions, emergency room use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical quality (e.g. blood pressure control, diabetes control, complication rates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total inpatient cost of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Are reports shared within your practice in a way that means individual clinicians can compare their performance to each other?

- Yes
- No
- Not collected

51. Do outside entities, such as health plans, state, federal or regional organizations, provide you with data about the quality of care delivered by your practice or its physicians?

- Yes
- No
- Don't know

52. Does your practice currently use any culturally tailored programs or interventions? For example, a practice might provide culturally tailored programming to address preventive services in the Hispanic community with bilingual community health workers.

- Yes
- No

## Prescribing

53. About how often do pharmaceutical drug representatives visit your practice?

- Once a week
- Once a month
- Every few months or less
- Never, but allowed
- Never, not allowed

54. Does your practice have a free sample closet?

- Yes
- No

## Organizational Attributes

55. What is your best estimate of the total number of full and part time providers in your practice? *Please answer for your practice alone, not a larger clinic or system.*

*(Please write in a number for each line. The top lines [1 and 2] should be the sum of the lines below them.)*

1. _____	Employed providers
a. _____	Primary care physicians
b. _____	Specialist physicians
c. _____	Nurse practitioners
d. _____	Physician assistants
2. _____	Affiliated/contracted providers
a. _____	Primary care physicians
b. _____	Specialist physicians
c. _____	Nurse practitioners
d. _____	Physician assistants

56. How many of your practice's physicians are non-white?

- None
- Some
- Most
- All

[CONTACT#]



57. Who owns the equipment at your practice?

- Physicians in the practice (*include yourself if you own the practice*)
- A larger medical group (*specify* \_\_\_\_\_)
- A hospital system, or healthcare system that is not an academic medical center
- An academic medical center
- An HMO (*Health Maintenance Organization*) or other insurance entity
- Jointly owned (*specify* \_\_\_\_\_)
- Non-physician managers
- Someone else (*specify* \_\_\_\_\_)

**Financial Planning and Leadership**

**IF YOUR PRACTICE IS NOT PART OF A LARGER ORGANIZATION, SKIP TO QUESTION 59.**

58. What level of financial planning and revenue sharing best describes the relationship between your practice and the larger system? (*Select one.*)

- Each practice is responsible for balancing its own revenue and expenses. Each practice retains its own profit (loss). Budgets are developed and approved at the practice level.
- Revenue is generated by physician practices and pooled system-wide. Profit (loss) is shared between the physician practices and the system as a whole. The larger system organization provides budgetary guidelines, but budgets are largely developed and approved at the practice level.
- Revenue is pooled system-wide. Profit (loss) is shared system-wide. All budgets are developed and approved at the overall system level.

59. How much influence would you say that physicians in your practice have on the setting of practice priorities and strategies?

- None
- Very little
- Some
- A lot

**Competition**

60. How intense is the competition for patients in the outpatient setting in your market?

- Not at all
- Somewhat
- Very

## Revenue Sources

If you are part of a larger system, the questions below may be more difficult for you to answer. If there is someone you can consult to answer these questions, please do so.

61. Please give your best estimate about what percentage of your practice's annual patient care revenues come from:

_____ %	Commercial health insurance
_____ %	Medicare
_____ %	Medicaid
_____ %	Self-pay
_____ %	Other ( <i>Tricare, VA, worker's compensation, etc.</i> )

Sum to 100%

Don't know

62. Please give your best estimate about what percentage of your practice's revenues have incentives to reduce the cost of care:

_____ %
---------

Don't know

## Payment Models

63. Please do your best to estimate the proportion of physician compensation in your practice that comes from each of the following sources. (*Column should add to 100%.*)

### a. Primary care physicians

_____ %	Guaranteed base salary or hourly compensation ( <i>not directly tied to patient visits or charges</i> )
_____ %	Productivity ( <i>measured by patient visits, RVUs, etc.</i> )
_____ %	Patient panel size
_____ %	Performance bonuses for clinical quality
_____ %	Performance bonuses for reducing costs or utilization
_____ %	Patient satisfaction or experiences
_____ %	Other ( <i>e.g. EHR uptake, generic prescribing, reducing inpatient days</i> )

Sum to 100%

Don't know

**IF YOU DO NOT HAVE SPECIALIST PHYSICIANS, SKIP TO QUESTION 64.**

**63 (continued).** Please do your best to estimate the proportion of physician compensation in your practice that comes from each of the following sources. *(Column should add to 100%.)*

**b. Specialist physicians**

_____ %	Guaranteed base salary or hourly compensation <i>(not directly tied to patient visits or charges)</i>
_____ %	Productivity <i>(measured by patient visits, RVUs, etc.)</i>
_____ %	Patient panel size
_____ %	Performance bonuses for clinical quality
_____ %	Performance bonuses for reducing costs or utilization
_____ %	Patient satisfaction or experiences
_____ %	Other <i>(e.g. EHR uptake, generic prescribing, reducing inpatient days)</i>
<b>Sum to 100%</b>	

Don't know

**64.** In the past year did your practice incur any losses, penalties or cost overruns from risk bearing or shared savings arrangements?

Yes

No

Don't know

*Continued on the back page. →*

65. In the past year, did your practice receive any revenue from external entities for improvement in performance?

	Yes	No	Don't know
Yes, bonuses paid from Medicare and Medicaid programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for meeting HEDIS measures or other measures of clinical quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for meeting patient satisfaction/experiences measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other (please specify: _____ _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. IF YES: Please do your best to estimate the percentage of your practice's total annual revenue obtained from each of the sources below:

_____ %	Patient satisfaction or experiences
_____ %	Clinical quality measures
_____ %	Use of information technology (excluding "meaningful use" bonuses from Medicare and Medicaid)
_____ %	HEDIS measures
_____ %	Other bonus

Don't know

**That completes the survey. Thank you very much for your valuable time!**

**The results will help guide healthcare policies at the federal, state and local levels and in the private sector.**

To ensure that your survey reaches us, please return it in the enclosed postage-paid envelope to:

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PO Box 90730  
Allentown PA 18109-9945