

# National Survey of Healthcare Organizations & Systems

Improving Care For All

Systems 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.

| 3u         | rvey Information                                 |                   |                       |                      |                |
|------------|--|-------------------|-----------------------|----------------------|----------------|
|            | The survey should take about 30 minu             | ites of your tir  | ne.                   |                      |                |
|            | Your responses will be kept confidential         | al.               |                       |                      |                |
|            | Please reach out to colleagues if you not        | eed support to    | answer specific ques  | tions.               |                |
|            | When answering survey questions, please          | ase think spec    | ifically about:       |                      |                |
|            | [ENTER SYSTEM NAME]                              |                   |                       |                      |                |
|            |  |                   |                       |                      |                |
|            | • If you have any questions: Call 484-8          | 40-4375 or e      | mail NSHOS@dartmou    | ıth.edu              |                |
| Ba         | ckground Information                             |                   |                       |                      |                |
|            | What is the name of your healthcare system?      |                   |                       |                      |                |
| •          | what is the name of your nearlicare system.      |                   |                       |                      |                |
|            |  |                   |                       |                      |                |
| <u>)</u> . | What is your title at the healthcare system?     |                   |                       |                      |                |
| •          |  |                   |                       |                      |                |
|            |  |                   |                       |                      |                |
| 3.         | Does your system own or manage:                  |                   |                       |                      |                |
|            |  | No                | Own only              | Manage only          | Own and manage |
|            | Hospitals  |                   |                       |                      |                |
|            | Medical groups/practices                         |                   |                       |                      |                |
|            | Rehabilitation or skilled nursing facilities     |                   |                       |                      |                |
| 4.         | Does your system own a health insurance plan     | 1?                |                       |                      |                |
|            | □ No   |                   |                       |                      |                |
|            | ☐ Yes, sole owner                                |                   |                       |                      |                |
|            | $\square$ Yes, as a joint venture                |                   |                       |                      |                |
| 5. [       | Does your healthcare system participate in any   | of the follow     | ing multi-stakeholde  | er initiatives or co | ollaboratives  |
|            | focused on improving healthcare?                 |                   | ,                     |                      |                |
|            | A local population health collaborative (e.g. an | Accountable       | Community for Hoalth) | Yes                  | No             |
|            | A statewide collaborative focused on performal   |                   |                       |                      |                |
|            | A national payment reform advocacy initiative    | •                 | · ·                   |                      | П              |
|            | A mational payment reform advocacy milliative    | : (e.y. all ACU l | .eaiiiiiy NelWOIK/    |                      |                |

# Your System's Culture

| 6. Which statement best describes your healthcare system | ? |
|--|---|
|--|---|

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

| Our healthcare system 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.  |                   |
|  | Sum to 100 points |

| 7. | How much influence would you say that physicians have on the setting of priorities and strategies in your |
|----|---|
|    | healthcare system?  |

□ None

☐ Very little

☐ Some

☐ A lot

8. How often does your healthcare system approach clinical care as a single, integrated group, using common guidelines and care management strategies for specific clinical populations?

□ Never

□ Sometimes

☐ Most of the time

□ Always

# Payment and Delivery Reform Initiatives

9. Excluding Medicare, prior to this year, have any of your healthcare system's hospitals or primary care medical groups participated in a contract with a pay for performance component?

☐ Yes

□ No

☐ Don't know

10. How many of the hospitals/primary care medical groups in your healthcare system are currently participating in: None Some Most ΑII Bundled or episode-based payments Primary care improvement and support programs, such as Comprehensive Primary Care Initiative (CPC), CPC+ and Patient П Centered Medical Homes Pay for performance programs Capitated contracts with commercial health plans П Medicare ACO non-risk bearing contracts (MSSP tracks one and П П П Medicare ACO risk bearing contracts (Pioneer, Next Gen, Medicare П П П Shared Savings Program track three) Medicaid ACO contracts Commercial ACO contracts 11. How many ACO contracts does your healthcare system have? (Please write in number.) 12. How many ACO contracts does your healthcare system have with CMS? (Please write in number.) 13. By the end of five years, how many of the primary care patients served by your healthcare system do you anticipate will be covered by contracts with total cost of care accountability (i.e. ACO, ACO-like or capitated contracts with specific provider groups or networks)? □ None ☐ Some ☐ Most 14. In the past year did your healthcare system incur any losses, penalties or cost overruns from risk-bearing or shared savings arrangements? ☐ Yes □ No ☐ Don't know

# Financial Planning, Leadership, Standardization

| 15. | What level of financial planning and revenue sha   | ring <u>best</u> describes you | r healthcare system?            | (Pleas | e select one.) |  |  |
|-----|--|--------------------------------|---------------------------------|--------|----------------|--|--|
|     | Each unit (hospital, medical group) is responsible for balancing its own revenue and expenses. Each unit retains its own profit (loss). Budgets are developed and approved at the unit level.  |                                |                                 |        |                |  |  |
|     | Revenue is generated by each hospital/medical group and pooled system-wide. Profit (loss) is shared between the hospital/medical group and the system as a whole. The larger system organization provides budgetary guidelines, but budgets are largely developed and approved at the individual hospital/medical group level. |                                |                                 |        |                |  |  |
|     | ☐ Revenue is pooled system-wide. Profit (loss) is system level.  | shared system-wide. All        | budgets are developed           | and ap | proved at the  |  |  |
| 16. | Do the following groups have significant involver priorities in your healthcare system?  | ment in setting annual         | clinical performance            | improv | /ement         |  |  |
|     |  |                                |                                 | Yes    | No             |  |  |
|     | Board of trustees  |                                |                                 |        |                |  |  |
|     | Senior/executive administrative leaders  |                                |                                 |        |                |  |  |
|     | Senior/executive clinical leaders  |                                |                                 |        |                |  |  |
|     | Front-line care clinicians   |                                |                                 |        |                |  |  |
| 17. | At what level are your healthcare system's activit   | ies <b>primarily</b> conducte  | ed:                             |        |                |  |  |
|     | Please select <b>only</b> one response per row.  | Local level                    | Regional or<br>divisional level |        | System level   |  |  |
|     | Strategic planning   |                                |                                 |        |                |  |  |
|     | Capital budgeting  |                                |                                 |        |                |  |  |
|     | Setting clinical improvement priorities  |                                |                                 |        |                |  |  |
|     | Marketing  |                                |                                 |        |                |  |  |
|     | Human resource policies and practices  |                                |                                 |        |                |  |  |
|     | Selection of information technology vendors  |                                |                                 |        |                |  |  |

Contracting with insurers

|  | Not at all        | Somewhat                    | Mostly               | Full         |
|--|-------------------|-----------------------------|----------------------|--------------|
| Physician compensation   |                   |                             |                      |              |
| Performance management of primary care physicians  |                   |                             |                      |              |
| Primary care processes and team structure  |                   |                             |                      |              |
| Hospital discharge planning, notification, and follow up   |                   |                             |                      |              |
| Recruiting, performance review, and human resources functions  |                   |                             |                      |              |
| Financial arrangements between the larger system and individual practices/hospitals  |                   |                             |                      |              |
| Data elements included in the electronic health record   |                   |                             |                      |              |
| Strategic planning   |                   |                             |                      |              |
| How many electronic health record (EHR) systems do you ha<br>care medical groups?  Single EHR across all Multiple EHRs   | ve in place acros | s your system's l           | nospitals and        | d prim       |
| <ul> <li>☐ Multiple EHRs</li> <li>☐ A mixture of EHR and paper systems</li> <li>☐ No EHR capabilities at present</li> </ul>  |                   |                             |                      |              |
| How many electronic health record (EHR) systems do you ha care medical groups?  Single EHR across all Multiple EHRs A mixture of EHR and paper systems   |                   |                             |                      |              |
| How many electronic health record (EHR) systems do you ha care medical groups?  Single EHR across all Multiple EHRs A mixture of EHR and paper systems No EHR capabilities at present  How many of the hospitals/medical groups within your heal   |                   | ve the following            |                      | matio        |
| How many electronic health record (EHR) systems do you had care medical groups?  Single EHR across all Multiple EHRs A mixture of EHR and paper systems No EHR capabilities at present  How many of the hospitals/medical groups within your heal  | thcare system ha  | ve the following<br>ne Some | health infor         |              |
| How many electronic health record (EHR) systems do you ha care medical groups?  Single EHR across all  Multiple EHRs  A mixture of EHR and paper systems  No EHR capabilities at present  How many of the hospitals/medical groups within your heal system capabilities (including EHRs)?  | thcare system ha  | ve the following<br>ne Some | health infor<br>Most | matio<br>Al  |
| How many electronic health record (EHR) systems do you has care medical groups?  Single EHR across all  Multiple EHRs  A mixture of EHR and paper systems  No EHR capabilities at present  How many of the hospitals/medical groups within your heal system capabilities (including EHRs)?  Patients have electronic access to their medical records  Patients can electronically comment on and/or input informatical records                           | thcare system ha  | ve the following ne Some    | health infor  Most   | matio:<br>Al |
| How many electronic health record (EHR) systems do you had care medical groups?  Single EHR across all  Multiple EHRs  A mixture of EHR and paper systems  No EHR capabilities at present  How many of the hospitals/medical groups within your heal system capabilities (including EHRs)?  Patients have electronic access to their medical records  Patients can electronically comment on and/or input informatheir medical records (e.g. open notes) | thcare system ha  | ve the following            | health infor  Most   | matio        |

# Screening and Referral Activity

21. How many of the hospitals/primary care medical groups in your healthcare system have a process in place to screen appropriate patients for:

|   | None | Some | Most | All | Don't know |
|---|------|------|------|-----|------------|
| Tobacco use   |      |      |      |     |            |
| Opioid use specifically                                 |      |      |      |     |            |
| Substance use disorders (other than tobacco and opioid) |      |      |      |     |            |
| Polypharmacy  |      |      |      |     |            |
| Depression  |      |      |      |     |            |
| Low health literacy                                     |      |      |      |     |            |
| Food insecurity   |      |      |      |     |            |
| Housing instability                                     |      |      |      |     |            |
| Utility needs   |      |      |      |     |            |
| Interpersonal violence                                  |      |      |      |     |            |
| Transportation needs                                    |      |      |      |     |            |
| Need for financial assistance with medical bills        |      |      |      |     |            |
| Medicaid eligibility                                    |      |      |      |     |            |

# 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

|  | are system have |  |  |  |  |
|--|-----------------|--|--|--|--|
|  |                 |  |  |  |  |
|  |                 |  |  |  |  |

| ☐ Yes |                               |  |
|-------|-------------------------------|--|
| □ No  | ightarrow SKIP TO QUESTION 24 |  |

23. IF YES: To what extent does your healthcare system segment high-risk patients into subgroups with common needs (e.g. frailty, mental illness, similar combinations of chronic conditions)?

- ☐ We do <u>not</u> subdivide high-risk patients into subgroups
- $\hfill \Box$  We subdivide  $\underline{\mathbf{some}}$  high-risk patients into subgroups with common needs
- ☐ We subdivide <u>most</u> high-risk patients into subgroups with common needs

|   | •  |           | ,,                               | созр.      | tals routinely              |
|---|--|-----------|----------------------------------|------------|-----------------------------|
|   | None   | Some      | Most                             | All        | Don't knov                  |
| Refer to community and health-related social services   |  |           |                                  |            |                             |
| Communicate with patient within 72 hours of discharge   |  |           |                                  |            |                             |
| Do a home visit after discharge   |  |           |                                  |            |                             |
| Send discharge summaries to primary care clinician within 72 hours of discharge   |  |           |                                  |            |                             |
| Standardize processes to reconcile multiple medications   |  |           |                                  |            |                             |
|   |  |           |                                  |            |                             |
| ption of Innovation   |  |           |                                  |            |                             |
| To what extent are the following factors a barrier to y<br>treatments (e.g. new drugs, new technologies)?   |  | •         | ise of new evic<br>Ainor barrier |            | ed clinical<br>ot a barrier |
| Lack of a process for identifying beneficial  | Major barrier  | <u> </u>  | minor parrier                    | N          | or a natitlet               |
| innovations   |  |           |                                  |            |                             |
| Lack of a process for disseminating information about innovations   |  |           |                                  |            |                             |
| Not enough time to implement  |  |           |                                  |            |                             |
| Insufficient financial resources to implement   |  |           |                                  |            |                             |
| Lack the necessary knowledge/expertise to implement   |  |           |                                  |            |                             |
|   |  |           |                                  |            |                             |
| Lack of incentives to implement   |  |           |                                  |            |                             |
| Lack of incentives to implement  To what extent are the following factors a barrier to y  innovations (e.g. care transition programs, use of con  | our healthcare s                                     | •         | se of evidence                   | e-based ca |                             |
| To what extent are the following factors a barrier to y   | our healthcare s                                     | workers)? | se of evidence                   |            |                             |
| To what extent are the following factors a barrier to y   | your healthcare s<br>mmunity health                  | workers)? | se of evidence                   |            | are delivery                |
| To what extent are the following factors a barrier to yonnovations (e.g. care transition programs, use of collaboration process for identifying beneficial  | your healthcare s<br>mmunity health<br>Major barrier | workers)? | se of evidence                   |            | ot a barrier                |
| To what extent are the following factors a barrier to yonnovations (e.g. care transition programs, use of contact the following beneficial innovations  Lack of a process for disseminating information   | your healthcare s<br>mmunity health<br>Major barrier | workers)? | se of evidence                   |            | ot a barrier                |
| To what extent are the following factors a barrier to y nnovations (e.g. care transition programs, use of contact the latest of a process for identifying beneficial innovations  Lack of a process for disseminating information about innovations     | your healthcare s<br>mmunity health<br>Major barrier | workers)? | dinor barrier                    |            | ot a barrier                |
| To what extent are the following factors a barrier to yonnovations (e.g. care transition programs, use of contact the following beneficial innovations  Lack of a process for disseminating information about innovations  Not enough time to implement | your healthcare s<br>mmunity health<br>Major barrier | workers)? | dinor barrier                    |            | ot a barrier                |

# Patient Reported Measures

**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. How many hospitals/medical groups in your system collect patient-reported measures of:

|                                 | None | Some | Most | All | Don't know |
|---------------------------------|------|------|------|-----|------------|
| Physical function or disability |      |      |      |     |            |
| Pain                            |      |      |      |     |            |
| Depression                      |      |      |      |     |            |
| Patient activation              |      |      |      |     |            |

| N I |       |       |      |        |
|-----|-------|-------|------|--------|
| Keh | าลงเก | ral E | eali | thcare |

| Behavioral health includes depression, anxiety, other mental illness or substance use disorders. |   |
|--|---|
|  | Т |

28. What kinds of behavioral health providers are included within your system?

|   | Yes | No |
|---|-----|----|
| Psychiatrists                               |     |    |
| Nurse practitioners or physician assistants |     |    |
| Psychologists                               |     |    |
| Social workers providing therapy            |     |    |
| Peer support specialists                    |     |    |
| Substance use counselors                    |     |    |
| Addiction medicine specialists              |     |    |

**29.** Does your system include:

|  | Yes | No |
|--|-----|----|
| A community mental health center           |     |    |
| A Federally Qualified Health Center (FQHC) |     |    |
| An FQHC look-alike                         |     |    |

30. Within your healthcare system, how difficult is it to obtain treatment for patients with opioid use disorders?

| ☐ Very difficu | lt |
|----------------|----|
|----------------|----|

 $\square$  Somewhat difficult

☐ Not at all difficult

31. Do any of the clinicians in your healthcare system provide drug treatment (e.g. buprenorphine) for opioid use disorders?

☐ Yes

□ Don't know

[CONTACT#]

| Performance and Care Delivery Reportin  | g                  |                   |                 |                      |                       |
|---|--------------------|-------------------|-----------------|----------------------|-----------------------|
| 2. How many of the hospitals/medical groproductivity (e.g. RVUs):                                     | ups in your syste  | em collect and u  | ise information | about <u>indivic</u> | <u>lual clinician</u> |
| productivity (e.g. N703).   | None               | Some              | Most            | All                  | Don't know            |
| Collect   |                    |                   |                 |                      |                       |
| Use for internal quality improvement  |                    |                   |                 |                      |                       |
| Use for physician compensation  |                    |                   |                 |                      |                       |
| <ol> <li>How many of the hospitals/medical groperformance for patient experiences (e.</li> </ol>      | g. patient satisfa | action, CAHPS sco | ores):          |                      |                       |
| Collect   | None               | Some              | Most            | All                  | Don't know            |
|   |                    |                   |                 |                      |                       |
| Use for internal quality improvement  | Ш                  |                   |                 |                      |                       |
| Use for physician compensation  | Ш                  | Ц                 | Ш               | Ш                    | Ш                     |
| <ol> <li>How many of the hospitals/medical gro<br/>performance for overuse of medical test</li> </ol> | s or procedures    | (e.g. high cost i | maging):        |                      |                       |
| Collect   | None               | Some              | Most            | All                  | Don't know            |
|   |                    |                   |                 |                      |                       |
| Use for internal quality improvement  |                    |                   |                 |                      |                       |
| Use for physician compensation  | Ш                  | Ш                 | Ш               | Ш                    | Ш                     |
| 5. How many of the hospitals/medical gro<br>performance for acute care services (e.g                  | •                  |                   | ise information | about <u>indivic</u> | lual clinician        |
|   | None               | Some              | Most            | All                  | Don't know            |
| Collect   |                    |                   |                 |                      |                       |
| Use for internal quality improvement  |                    |                   |                 |                      |                       |
| Use for physician compensation  |                    |                   |                 |                      |                       |
| <b>6.</b> How many of the hospitals/medical groperformance for clinical quality (e.g. blo             |                    |                   |                 |                      | lual clinician        |
|   | None               | Some              | Most            | All                  | Don't know            |
| Collect   |                    |                   |                 |                      |                       |
| Use for internal quality improvement  |                    |                   |                 |                      |                       |
| Use for physician compensation  |                    |                   |                 |                      |                       |

| F • 1 3    |                          |
|------------|--------------------------|
| Evidanca / | Acquisition              |
| LVIUEIICE  | <del>1</del> CYUI3I(IVII |

| <ol> <li>Other than Pharmacy and Therapeutic Committee<br/>approach (e.g. a standing committee, a task force,<br/>that should change the way your system cares for</li> </ol> | a designated pe | • • •              | •                    | •          |
|---|-----------------|--------------------|----------------------|------------|
| <ul><li>☐ Yes</li><li>☐ No</li></ul>  |                 |                    |                      |            |
| 8. When you have identified best patient care practic following approaches to inform clinicians about n   | •               | nt to use system-  | wide, how often do y | ou use the |
|   | Never           | Rarely             | Sometimes            | Usually    |
| Regular staff meetings  |                 |                    |                      |            |
| Regular listserv email/newsletter   |                 |                    |                      |            |
| Departmental representatives or champions   |                 |                    |                      |            |
| An electronic database of endorsed guidelines   |                 |                    |                      |            |
| Decision supports tools embedded in the EHR   |                 |                    |                      |            |
| Performance improvement events (e.g. LEAN Kaizen training)  |                 |                    |                      |            |
| 9. Does your healthcare system use evidence-based   | guidelines that | t have been writte | n down and approve   | ed as the  |
| preferred protocols for:  | ,               |                    |                      |            |
| Diabetes  |                 |                    | Yes                  | No 🗆       |
| Congestive Heart Failure  |                 |                    | П                    |            |
| Asthma/COPD   |                 |                    |                      |            |
| Coronary Artery Disease   |                 |                    | П                    |            |
| Hypertension  |                 |                    | П                    |            |
| nypercension  |                 |                    |                      |            |
| Denression  |                 |                    | П                    |            |
| Depression Serious mental illness   |                 |                    |                      |            |
| Serious mental illness  | ۲)              |                    |                      |            |
| Serious mental illness Preventive services (immunizations, screening tests  | s)              |                    |                      |            |
| Serious mental illness  |                 |                    |                      |            |

Continued on the back page.

Targets for BMI before hip or knee arthroplasty

|  | Never        | Sometimes  | Often         | Always | Don't kn |
|--|--------------|------------|---------------|--------|----------|
| Radiology ordering   |              |            |               |        |          |
| Prescribing  |              |            |               |        |          |
| Preventive services (immunizations, screening tests)                               |              |            |               |        |          |
| Diabetes   |              |            |               |        |          |
| Opioid use   |              |            |               |        |          |
| Across all primary care practices in you patients with:                            |              |            | rrently main  |        |          |
| N. 1 .   | None         | Some       |               | Most   | All      |
| Diabetes   |              |            |               |        |          |
| Congestive Heart Failure   |              |            |               |        |          |
| Asthma/COPD  |              |            |               |        |          |
| Coronary Artery Disease  |              |            |               |        |          |
| Hypertension   |              |            |               |        |          |
| Depression   |              |            |               |        |          |
| Cancer screening   |              |            |               |        |          |
|  |              |            |               |        |          |
| npetition and Expansion  How intense is the competition for pati                   | ents in the: | Not at all | Somew         | /hat   | Very     |
|  |              | Not at all | Somew         |        | Very     |
| How intense is the competition for pati  | et           |            | _             |        | ·        |
| How intense is the competition for pati<br>Outpatient setting in your largest mark | et           |            | ave any plans |        |          |

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: SSRS \* PO Box 90730 \* Allentown PA 18109-9945