

Practice Survey-demographics/EHR



1) Which of the following best describes your practice site size?

- Solo practice
 2-5 clinicians (MD, DO, NP, PA)
 6-10 clinicians
 11-15 clinicians
 16 or more clinicians
 Prefer to not respond

2) Which of the following best describes your practice site's ownership? (Check all that apply)

	Yes	No	Prefer to not respond
Clinician-owned solo or group practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/Health system owned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health maintenance organization (e.g., Kaiser Permanente)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally Qualified Health Center or Look-Alike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-federal government clinic (e.g., state, county, city, public health clinic, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic health center / faculty practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal (Military, Veterans Administration, Department of Defense)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural Health Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For other, please specify

3) Has your practice site been under the current ownership for more than one year? If your practice site is a Federally Qualified Health Center (FQHC), has it been under the direction of the current president or CEO for more than one year?

- Yes-go to question 4
 No-go to question 5
 Prefer to not respond-go to question 5

4) How many years has your practice site has been under the current ownership or, under the direction of the current president or CEO? Please round to the nearest year.

5) Which of the following describes your practice site's specialty mix?

- Single-specialty
 Multi-specialty
 Prefer to not respond

6) **Please provide the number of practice site members and their combined FTE for each of the following type of staff:**

Number of providers (MD, DO, NP, PA) that are NOT residents

_____ (number of providers)

Combined FTE for providers (MD, DO, NP, PA) that are NOT residents

_____ (combined provider FTE)

Number of residents

_____ (number of residents)

Combined resident FTE

_____ (combined resident FTE)

Number of Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA)

_____ (number of Clinical staff)

Combined FTE for Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA)

_____ (combined Clinical staff FTE)

Number of office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.)

_____ (number of office staff)

Combined FTE for office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.)

_____ (combined office staff FTE)

Number of psychologists

_____ (number of Psychologists)

Combined psychologists FTE

_____ (combined Psychologists FTE)

Number of Social Workers or Licensed Social Workers

_____ (number of Social Workers)

Combined Social Workers or Licensed Social Workers FTE

_____ (combined Social Workers FTE)

Number of PharmD or Pharmacists

_____ (number of PharmD or Pharmacists)

Combined PharmD or Pharmacists FTE

_____ (combined PharmD or Pharmacists FTE)

Number of other practice site members

_____ (number of other practice site members)

Combined other practice site members FTE

_____ (combined other practice site members FTE)

7) **Have there been any of the following major changes in your practice site in the last 12 months? (Check all that apply)**

	Yes	No	Prefer to not respond
Implemented a new or different Electronic Health Record (EHR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moved to a new location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost one or more clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost one or more office managers or head nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been purchased by or affiliated with a larger organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New billing system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For other, please specify _____

- 8) Is your practice site recognized or accredited as a patient-centered medical home (PCMH)?
- Yes
 No
 Prefer to not respond

9) **Is your practice site part of an accountable care organization (ACO)? (check all that apply)**

	Yes	No	Prefer to not respond
Yes, Medicaid ACO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Medicare ACO (Pioneer, Shared Savings Plan, or Advanced Payment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Private/Commercial ACO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, Another type of ACO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not part of an ACO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10) Please estimate the total number of patient visits over a typical week at your practice site.

(Number of patient visits per week)

11) Do the clinicians in your practice site have their own panel of patients for whom they are responsible?

- Yes-go to question 15
- No-go to question 16
- Prefer to not respond-go to question 16

12) What is the estimate for the average patient size for a full-time clinician in your practice site?

(Average panel size)

Now, we would like you to answer a few questions about your practice site's patients. For race, ethnicity and age, this information should be provided only if the data was patient self-reported and calculated using the Electronic Health Record (EHR) /Practice Management System (PMS). Please do not use estimates.

13) Does your practice site collect self-reported race and ethnicity information from patients?

- Yes-go to question 14
 No-go to question 16
 Prefer to not respond- go to question 16

14) Please give the percentage of your patients in the following categories: (should add to 100%)

White _____
(%)

Black/African American _____
(%)

American Indian or Alaska Native _____
(%)

Asian _____
(%)

Native Hawaiian or Other Pacific Islander _____
(%)

Some Other Race/Mixed Race _____
(%)

Percent Unknown _____
(%)

15) Please give the percentage of your patients in the following categories: (should add to 100%)

Hispanic or Latino _____
(%)

Non-Hispanic or non-Latino _____
(%)

Percent Unknown _____
(%)

16) Please give the percentage of your patients in the following age categories: (should add to 100%)

0-17 _____
(%)

18-39 _____
(%)

40-59 _____
(%)

60-75 _____
(%)

76 and over _____
(%)

17) Please give the percentage of your patients who are male and female: (should add to 100%)

Male _____

Female _____

18) Please give the approximate percentage of your patients in the following payer categories: (should add to 100%)

Medicare only _____
(%)

Medicaid only _____
(%)

Dual Medicare and Medicaid _____
(%)

Private or commercial _____
(%)

No insurance _____
(%)

Other _____
(%)

For other, please specify _____

- 19) Has your practice site been designated as a medically underserved area (MUA) or medically underserved population (MUP) by the Health Resources and Service Administration (HRSA)?
- Yes
 No
 Prefer to not respond

Now, we would like you to answer some questions about how your practice site externally reports on clinical quality measures and how your practice site payment may be adjusted according to performance on the measures.

- 20) Are data on the clinical quality of care provided by your practice site or its clinicians publicly reported by health plans or other external entities?
- Yes
 No
 Don't know
 Prefer to not respond
- 21) During meetings in your practice site, how often - if ever - are these data or reports about clinical quality from health plans or other external entities discussed?
- Never
 Infrequently
 Often
 Not applicable/Solo practice
 Don't know
 Prefer to not respond

22) **Does your practice site work with the following organizations/networks to support capture of EHR/Electronic Medical Record (EMR) data used to report clinical quality measures? (Check all that apply)**

	Yes	No	Prefer to not respond
NYC Reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Center Controlled Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical data warehouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional extension center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health system practice network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health information exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External consulting group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice-based research network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23) **Please indicate the categories of patients for which your practice site uses a registry receives reports that identify services due, gaps in care, or track progress: (Check all that apply)**

	Yes	No	Prefer to not respond
Ischemic vascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High risk (high utilization) patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We do not use registries or receive such reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24) Please identify how your practice site uses clinical guidelines for cardiovascular disease prevention (for example, use of aspirin or antithrombotics for those with ischemic vascular disease or smoking cessation counseling): (check all that apply)

	Yes	No	Prefer to not respond
Practice does not follow specific guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines are posted or have been distributed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians have agreed to use specific guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice uses standing orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice uses EHR provider guideline-based prompts and reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25) Please identify how your practice site uses clinical guidelines for management of patients at risk for cardiovascular disease (e.g., statin use among those at risk): (check all that apply)

	Yes	No	Prefer to not respond
Practice does not follow specific guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines are posted or have been distributed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians have agreed to use specific guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice uses standing orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice uses EHR provider guideline-based prompts and reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past 12 months, did your practice site or individual clinicians in your practice receive additional revenue or payments from a health plan, public payer, or health system based on measurement of performance on the following measures:

- 26) Measures of patient satisfaction Yes
 No
 Don't know
 Prefer to not respond
- 27) Measures of clinical quality Yes
 No
 Don't know
 Prefer to not respond
- 28) Measurement of your performance of adoption or use of information technology Yes
 No
 Don't know
 Prefer to not respond

29) Over the past 12 months has your practice site received the following forms of bonus or incentive payments? (Check all that apply)

	Yes	No	Prefer to not respond
Geographic health care professional shortage area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare primary care incentive payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare care coordination payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-centered Medical Home (PCMH) payment (e.g. from Medicaid or a healthcare plan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For other, please specify			_____

30) At present or within the past 12 months, has your practice site participated in any of following payment or quality demonstration programs? (Check all that apply)

	Yes	No	Prefer to not respond
SIM - State Innovation Models initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive Primary Care Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCPI - Transforming Clinical Practice Initiative - Support and Alignment Network (SAM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHW training program - Community Health Worker training program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BC/BS Blue Cross/Blue Shield PCMH program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASTHO's Million Hearts State Learning Collaborative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Million Hearts: Cardiovascular Disease Risk Reduction Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For other, please specify _____

These questions ask about your practice site's use of an electronic health record (EHR) or electronic medical record (EMR) system. Please consult with the lead clinician at your practice to answer these questions.

31) In which year did you install your current EHR/EMR system?

(Year)

32) Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT." Is your current EHR/EMR system certified to meet Meaningful Use as defined by Health and Human Services / Office of the National Coordinator for Health Information Technology (ONC)?

- Yes
- No
- Uncertain
- Prefer to not respond

33) Does your practice site have someone who can configure or write quality reports from the EHR/EMR?

- Yes-go to question
- No-go to question
- Prefer to not respond

Please indicate if your practice site has produced quality reports on any of the following clinical quality measures in the last 6 months. These reports could have been produced by someone on site (i.e., in your practice site) or with the assistance of an external group or organization:

34) Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic (NQF 0068).

- Yes
- No
- Prefer to not respond

35) Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90) during the measurement year (NQF 0018).

- Yes
- No
- Prefer to not respond

36) Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user (NQF 0028).

- Yes
- No
- Prefer to not respond

37) Overall, how satisfied or dissatisfied are you with your EHR/EMR system?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Prefer to not respond

38) Please indicate others in the practice site that you consulted with to complete this survey (Check all that apply)

	Yes	No	Prefer to not respond
Front office staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back office staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician (MD, DO, NP, PA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For other, please specify _____

39) The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) establishes a Quality Payment Program that consists of two paths: the Merit-Based Incentive Payment System (MIPS) and advanced alternative payment models (APMs).

How does your practice intend to meet the requirements of the Quality Payment Program? (select one):

- Test MIPS in 2017 (submit some data to avoid negative payment adjustment)
- Participate in MIPS for part of 2017 (submit data for >90 days to earn neutral or small positive payment adjustment)
- Participate in MIPS for all 2017 (submit full year data to potentially earn a moderate positive payment adjustment)
- Participate in an advanced alternative payment model (such as CPC+, or an ACO program)
- Don't know

Date _____