

**Date: 08-21-2015**

**Valid for Use Through:**

**Study Title: EvidenceNOW Southwest**

**Principal Investigator: W. Perry Dickinson, MD**

**COMIRB No: 15-0403**

**Version Date: 08-21-2015**

**Version No: 2**

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You are being asked to be in this research study because you are a staff member or provider in a practice participating in a project to test different ways of helping primary care practices to build capacity for quality improvement, change management, and implementation of patient-centered research findings.

If you join the study, you will be asked to complete surveys about the practice's organization, your experience as a staff member or provider, and how the practice delivers patient care. You may also be asked to participate in a semi-structured interview about your experiences with the implementation of different approaches to offering practice transformation support. Questions about barriers and facilitators to practice change and attitudes about care provided will be requested. You may choose to not to answer certain questions, if desired.

This study is designed to learn more about the value of adding patient engagement strategies to the more standard approaches to practice transformation for reducing cardiovascular risks in primary care practices.

Possible discomforts or risks include a minimal risk of loss of confidentiality. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by using unique identifying codes for each participant and will be accessible only by the evaluation team; and by reporting only aggregated data so that it is not possible to link an individual and his or her responses. In very small practices, it is possible that the information about you is more identifiable.

This research is being paid for by the Agency for Health Care Research and Quality.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have questions, you can call Perry Dickinson, MD at 303-724-9746. You can call and ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB ( the responsible Institutional Review Board). Their number is (303) 724-1055.

## Practice Survey – 15 Month

Please complete the following survey, which is designed to collect information about your practice for the EvidenceNOW Southwest study, following the 9-month practice facilitation period.

This survey has three sections:

- 1) General Information,
- 2) Improving Patient Care, and
- 3) ENSW Experience.

We suggest you designate an Office Manager or a Lead Clinician to complete this survey. We strongly encourage you to consult with others in your practice (e.g., Medical Director, Billing Manager) to obtain accurate information to complete this survey.

### SECTION 1: General Information

**Practice name :**

**Practice Zip code:**

**Date survey was completed:** \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

**Please indicate others in the practice that you consulted with to complete this survey?**

(CHECK ALL THAT APPLY)

- Medical assistant
- Clinician (MD, DO, NP, PA)
- Front office staff
- Office manager
- Nurse
- Back office staff
- Other (please specify): \_\_\_\_\_



**SECTION 1: General Information**

1. **As of today, please provide the number of practice members for each of the following type of staff:**

	<b>Number of Practice Members</b>
<b>Clinicians</b> <i>(MD, DO, NP, PA)</i>	
<b>Clinical Staff</b> <i>(those providing direct patient care, e.g., RN, LPN, MA, CMA)</i>	
<b>Office staff</b> <i>(those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.)</i>	
<b>Psychologist</b>	
<b>Social worker or Licensed Social Worker</b>	
<b>PharmD or Pharmacist</b>	
<b>Other</b>	

2. **Have there been any of the following major changes in your practice in the last 9 months?** (CHECK ALL THAT APPLY)

- Implemented a new or different Electronic Health Record (EHR)
- Moved to a new location
- Lost one or more clinicians
- Lost one or more office managers or head nurses
- Been purchased by or affiliated with a larger organization
- New billing system
- Other (please specify):

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Next, we would like to understand how your practice uses clinical guidelines and clinical quality measures for cardiovascular disease prevention. Please consult with the **lead clinician** at your practice to answer these questions.

3. **Please identify how your practice 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)

- Practice does not follow specific guidelines
- Guidelines are posted or have been distributed
- Clinicians have agreed to use specific guidelines
- Practice uses standing orders
- Practice uses EHR provider guideline-based prompts and reminders

## SECTION 1: General Information

4. **Please identify how your practice uses clinical guidelines for management of patients at risk for cardiovascular disease (e.g., statin use among those at risk):**

(CHECK ALL THAT APPLY)

- Practice does not follow specific guidelines
- Guidelines are posted or have been distributed
- Clinicians have agreed to use specific guidelines
- Practice uses standing orders
- Practice uses EHR provider guideline-based prompts and reminders

5. **Please indicate if your practice 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) or with the assistance of an external group or organization:**

a. **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

b. **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

c. **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

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The next two questions ask about your practice's participation in incentive programs and quality improvement programs.

6. **Over the past 6 months has your practice received the following forms of bonus or incentive payments?**

(CHECK ALL THAT APPLY)

- Geographic health care professional shortage area
- Medicare primary care incentive payment
- Medicare care coordination payment
- Other (please specify):

## SECTION 1: General Information

**7. At present or within the past 6 months, has your practice participated in any of the following payment or quality demonstration programs?**

(CHECK ALL THAT APPLY)

- State Innovation Models initiative (SIM)
- Comprehensive Primary Care Initiative (CPCI)
- Comprehensive Primary Care Plus (CPC+)
- Transforming Clinical Practice Initiative (TCPI)
- Medicare Shared Savings Plan
- Community Health Worker training program
- BC/BS PCMH program
- ASTHO's Million Hearts State Learning Collaborative
- Million Hearts: Cardiovascular Disease Risk Reduction Model
- Other (please specify):

- - - Please continue to SECTION 2 on the next page. - - -

## **SECTION 3: ENSW Experience**

### **SECTION 2: Improving Patient Care**

We would like to learn about the strategies that your practice uses to improve care for your patients in general, and to improve cardiovascular preventive care (e.g., prescribing aspirin for patients at risk for ischemic vascular disease, providing tobacco cessation services for smokers, appropriately managing hypertension, and prescribing statins for high risk patients).

These questions should be completed by one senior member of the practice who has good insights into the clinical operations of the practice, such as a lead clinician or an office manager.

- - - Please continue to the next page. - - -

### SECTION 3: NSW Experience

8. **Over the past six months, how did you or your practice involve patients who are seen in your clinical site, or their families and caregivers, in practice improvement?** (CHECK ALL THAT APPLY)

Suggestion boxes

└─> If checked, which of the following most applies (check one):

- This is still a work in progress.
- This now is ongoing and regular.

Patient or family/caregiver surveys

└─> If checked, which of the following most applies (check one):

- This is still a work in progress.
- This now is ongoing and regular.

Participation on a governing board

└─> If checked...

- a. Which of the following most applies (check one):
  - This is still a work in progress.
  - This now is ongoing and regular.
- b. Do patient and family/caregiver participants co-lead board?
  - Yes
  - No
- c. Do patient and family/caregiver participants help set the agendas?
  - Yes
  - No

Participation in an advisory group (patient and family advisory council) dedicated to practice improvement (separate from a governing board)

└─> If checked...

- a. Which of the following most applies (check one):
  - This is still a work in progress.
  - This now is ongoing and regular.
- b. Do patient and family/caregiver participants co-lead advisory group?
  - Yes
  - No
- c. Do patient and family/caregiver participants help set the agendas?
  - Yes
  - No

Participation as volunteers or workers on specific practice improvement projects

└─> If checked...

- a. Which of the following most applies (check one):
  - This is still a work in progress.
  - This now is ongoing and regular.
- b. Do patient and family/caregiver participants co-lead projects?
  - Yes
  - No
- c. Do patient and family/caregiver participants help set the agendas?
  - Yes
  - No

Other activities (please specify):

**SECTION 3: ENSW Experience**

**9. To what extent have the opinions and concerns of patients and their family members changed the practice transformation work in your clinic?**

(CHECK ONLY ONE)

- Not at all
- A little
- Somewhat
- A lot
- Completely

**10. To what degree did your practice’s participation in ENSW increase your interest in addressing the social determinants of health of your patients?**

- Not at all
- A little
- Somewhat
- A lot
- Completely

**11. As a result of participating in ENSW, to what extent did your practice increase its level of activity related to addressing the social determinants of health of your patients?**

- Not at all
- A little
- Somewhat
- A lot
- Completely

**12. With which social determinants of health does your practice currently assist patients?**

	Never	Rarely	Sometimes	Frequently
Food security				
Support with housing				
Help with paying bills				
Transportation				
Daycare				
Income				
Employment				
Education				
Personal safety (violence & abuse)				
Substance abuse				

### SECTION 3: ENSW Experience

**13. As a result of participating in ENSW, in what ways did your practice address the social determinants of health for your patients, their families, or caregivers?**

(Check all that apply)

- Practice leadership (leadership's commitment to addressing social determinants)
- Staff time: (specific staff designated to address social determinants)
- Care team expansion (integration of community health workers into the care team)
- Training students (practice participation in training health professions students)
- Cultural humility (practicing cultural awareness standards; cultural sensitivity and competency training)
- Health coaching (encouraging patients to be active members in their care through health coaching)
- Social needs screening (screening patients for social determinants of health)
- Referrals (referring patients to systems and resources to address social needs)
- Community resources (connecting patients and families to community services such as adult education, English as a second language, voter registration, legal assistance)
- Community metrics (using community health-related data and metrics to inform practice improvement)
- Community outreach/community engagement (partnering with other sectors, collaborating on community health initiatives, etc)
- Supporting healthy behaviors in the community (such as farmers markets, walking trails, working on local policy initiatives)
- Other (describe)

- - - Please continue to the next page. - - -

### SECTION 3: ENSW Experience

14. In the table below, consider how fully each item has been implemented or functions in your practice. Check the box that best reflects the completeness of implementation in your practice. If something is completely implemented, it means it is now routine across the entire practice. So, if only one or a few people do something or if something is done only some of the time, it should be rated as a 1, 2, or 3 depending on the extent of implementation.

		EXTENT OF IMPLEMENTATION				
		NOT AT ALL			COMPLETELY	
		0	1	2	3	4
a.	Our practice has an effective QI team that is scheduled to meet regularly.	<input type="checkbox"/>				
b.	The QI team has a sustainable, reflective QI process that deals effectively with challenges and conflict.	<input type="checkbox"/>				
c.	Our practice has an ongoing, reliable system for empanelment and panel management within our data systems and practice processes.	<input type="checkbox"/>				
d.	A system has been implemented for including patient and family input in ongoing improvement activities (such as patient advisory groups or patients or family members on QI teams)	<input type="checkbox"/>				
e.	A patient experience survey is used regularly (at least quarterly) to monitor practice performance	<input type="checkbox"/>				
f.	Patients and families are actively linked with community resources to assist with their self-management goals.	<input type="checkbox"/>				
g.	Our practice has the capacity to link patients to community resources to address social determinants of health (such as housing, food security, transportation, legal assistance, help with paying bills, personal safety).	<input type="checkbox"/>				
h.	Patients and families are provided with tools and resources to help them engage in the management of their health between office visits.	<input type="checkbox"/>				
i.	Patients with care or outcomes falling outside of guidelines are identified for more intensive care.	<input type="checkbox"/>				

### SECTION 3: ENSW Experience

#### 15. Indicate the extent to which you agree or disagree that your practice has used the following strategies to improve cardiovascular preventive care:

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	NA
a. Providing information and skills-training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using opinion leaders, role modeling, or other vehicles to encourage support for changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Changing or creating systems in the practice that make it easier to provide high quality care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Removal or reduction of barriers to better quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using teams focused on accomplishing the change process for improved care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Providing to those who are charged with implementing improved care the power to authorize and make the desired changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Periodic measurement of care quality for assessing compliance with any new approach to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Reporting measurements of practice performance on cardiovascular disease prevention measures (such as aspirin for patients at risk for ischemic vascular disease) for comparison with their peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Customizing the implementation of cardiovascular disease prevention care changes to the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Deliberately designing care improvements so as to make clinician participation less work than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Deliberately designing care improvements to make the care process more beneficial to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Worked with the Regional Health Connector in my region to connect my practice to community-based cardiovascular services or resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3: ENSW Experience**

**16. Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where one is *no priority* at all and 10 is the *highest priority*, what is the priority that your practice's leadership places on improving cardiovascular disease preventive care?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>no priority</b>									<b>highest priority</b>

- - - Please continue to SECTION 3 on the next page. - - -

## SECTION 3: ENSW Experience

### SECTION 3: EvidenceNOW Southwest (ENSW) Experience

We would like to hear about your experience with the EvidenceNOW Southwest (ENSW) program, including your interactions with your Practice Facilitator, CHITA, and other ENSW resources and activities.

**17. Are you on a quality improvement (QI) team in your practice?**

- Yes  
 No

**18. Please tell us about your experience with ENSW resources, including your ENSW Practice Facilitator, Clinical Health IT Advisor (CHITA), and Regional Health Connector.** (In some clinics the Practice Facilitator and CHITA may be the same person.) Please rate each role separately.

	Strongly agree	Agree	Disagree	Strongly disagree
Our overall experience with our <b>Practice Facilitator</b> was very positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend our ENSW <b>Practice Facilitator</b> to another practice or colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our overall experience with our <b>CHITA</b> was very positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend our ENSW <b>CHITA</b> to another practice or colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our overall experience with the <b>Regional Health Connector</b> was very positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to continue to work with my <b>Regional Health Connector</b> into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ENSW <b>Collaborative Learning Sessions</b> were a very valuable use of our time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>ENSW website</b> was very useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ABCS* clinical quality measures <b>reporting system</b> (i.e., DARTNet Performance Registry) was very useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*ABCS=clinical quality measures on **A**spirin therapy, **B**lood pressure management, **C**holesterol management, and **S**moking cessation.

### SECTION 3: ENSW Experience

**We would like to learn about clinical guidelines, clinical quality measures, and workflow changes during ENSW.**

**19. For which of the following ABCS\* clinical guidelines did your practice make workflow changes during your time in ENSW? [Check all that apply]**

- Aspirin use for patients with ASCVD (atherosclerotic cardiovascular disease)
- Blood pressure management
- Smoking cessation support
- Cholesterol management
- We made no workflow changes related to ABCS

\*ABCS=clinical quality measures on Aspirin therapy, Blood pressure management, Cholesterol management, and Smoking cessation.

**20. How useful were the ENSW Clinical Quality Measures (CQMs) in informing workflow changes?**

- Not at all useful
- Somewhat useful
- Very useful

**21. Because of ENSW, we are better able to use our CQM data to inform workflow changes.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**Lastly, the Regional Health Connector (RHC) Program is a resource for practices that will continue past the ENSW timeframe. We would like to learn about your connection to the Regional Health Connector Program.**

**22. How frequently has your practice communicated with the Regional Health Connector?**

- Never
- Once
- One to two times per month
- Three or more times per month

### **SECTION 3: ENSW Experience**

**23. How would you describe your relationship with the Regional Health Connector?**

- No relationship
- Awareness (Know of the Regional Health Connector but no relationship currently exists)
- Cooperate (Have exchanged information, met together, and/or worked on a project together)
- Coordinate (In addition to cooperative activities, includes efforts to enhance each other's capacity for the benefit of the practice and the community/region)
- Integrate (In addition to cooperative and coordinated activities, includes shared work through practice workflows or agreements and the creation of a common vision for the future)

*Thank you for taking the time to complete this survey.*