




If you choose to complete a hard copy of the 9 Month Practice Survey, here are the options to submit:

1. Scan & Email to EvidenceNow.Southwest@ucdenver.edu
2. Fax at 303.724.9747 with **ATTN:** Deina Barton or Dionisia De La Cerda
3. Send by mail with provided free Business Reply Label attaching to your package so that there is no shipping charge to you or your practice.

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Thank you very much for your participation, time, and effort you contribute to the EvidenceNow Southwest project.

If you have questions about these surveys or the survey instructions, please contact your Practice Facilitator or reach out to us at EvidenceNow.Southwest@ucdenver.edu

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

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 – 9 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:**

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

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):

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

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

6. **Over the past 9 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 9 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)
- Transforming Clinical Practice (TCPI)--Initiative Support and Alignment Network (SAM)
- 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 2: Improving Patient Care

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.

8. How do 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
- Patient or family/caregiver surveys
- Participation on a governing board
- Participation in an advisory group dedicated to practice improvement (separate from a governing board)
- Participation as volunteers or workers on specific practice improvement projects
- Other activities (please specify):

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

SECTION 2: Improving Patient Care

9. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The QI team has a sustainable, reflective QI process that deals effectively with challenges and conflict.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A patient experience survey is used regularly (at least quarterly) to monitor practice performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Patients and families are actively linked with community resources to assist with their self-management goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Patients with care or outcomes falling outside of guidelines are identified for more intensive care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: Improving Patient Care

10. 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"/>

SECTION 2: Improving Patient Care

11. 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?

1	2	3	4	5	6	7	8	9	10
no priority									highest priority

- - - 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.

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

- Yes
- No

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

	Strongly agree	Agree	Disagree	Strongly disagree
Our overall experience with our Practice Facilitator was very positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend our ENSW Practice Facilitator to another practice or colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our overall experience with our CHITA was very positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend our ENSW CHITA to another practice or colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ENSW Collaborative Learning Sessions were a very valuable use of our time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ENSW website was very useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ABCS* clinical quality measures reporting system (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 Aspirin therapy, Blood pressure management, Cholesterol management, and Smoking cessation.

SECTION 3: ENSW Experience

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

14. 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.

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

- Not at all useful
- Somewhat useful
- Very useful

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Thank you for taking the time to complete this survey.