



Healthy Hearts Northwest Follow-up Practice Survey (#2)

Name of your practice:	_____
Address of your practice:	_____
Today's date:	___ / ___ / _____

The first set of questions asks about your practice's social network and QI abilities.

1. Is your practice part of a larger organization with a centralized QI team?

- Yes and we have contact with them once a month or more
- Yes and we have contact with them a few times a year
- Yes and we have contact with them once a year
- Yes but we don't have regular contact with them
- No

2. Does your practice have the autonomy to choose for yourself what QI projects you want to work on?

- No autonomy
- A little autonomy
- A lot of autonomy
- Complete autonomy

3. In the past 2 years, how often has your practice had discussions with other practices about quality improvement efforts?

- Never
- Rarely
- Sometimes
- Often

4. On average, how helpful have these discussions been for your practice's QI efforts?

- Not helpful
- Somewhat helpful
- Extremely helpful

5. In the past 3 months, who has your practice gone to outside of your practice/organization for discussion about QI efforts? Please list organization (individual names are not needed), location, and how often your practice has had QI discussions with them.

Name of Practice/Organization _____

City/State of Practice/Organization _____

How often do you communicate? Rarely Sometimes Often

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The next set of questions are about **strategies your practice uses 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 a 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.

6. Please indicate the extent to which you agree or disagree that your practice has used the following strategies to improve cardiovascular preventive care:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Providing information and skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

7. Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where 1 is the lowest priority and 10 is the highest, what is the priority your practice's leadership places on improving cardiovascular disease preventive care?

- 1 – Low priority
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – High priority

The next questions ask about Electronic Health Record (EHR) and Clinical Quality Measurement (CQM) reports.

8. Has your practice ever run a CQM report that was NOT a standard report provided by your EHR vendor?

- Yes
- No

9. Rate your confidence generating CQM reports in your practice.

- 1 – Not at all confident
- 2
- 3
- 4
- 5 – Extremely confident

10. When you have CQM reports for your practice, how much do you trust the data contained in them?

- 1 – No trust at all
- 2
- 3
- 4
- 5 – Complete trust

11. Over the past 12 months, did your practice 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? Please select yes or no for each measure.

	Yes	No	Don't know
Measures of patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measures of clinical quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement of performance of adoption or use of information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Which of the following best describes your practice's ownership?

- Clinician owned solo or group practice
- Hospital/Health system owned
- Health maintenance organization (e.g., Kaiser Permanente)
- Federally Qualified Health Center or Look-Alike
- Non-federal government clinic
- Academic health center/faculty practice
- Federal (Military, VA< Department of Defense)
- Rural Health Clinic
- Indian Health Service
- Other (please specify): _____

13. 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 > 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

14. Have there been any of the following major changes in your practice in the last 15 months (since your welcome visit?) Check all that apply.

- Implemented a new or different Electronic Health Record
- 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
- No changes in the last 15 months
- Other (please specify): _____

We appreciate you taking the time to complete this survey. Your anonymous responses will be used in aggregate with others to help better understand your practice. **If you have any other feedback for us, please leave comments below.**

Thank you!