



Healthy Hearts Northwest Practice Survey

Instructions

1. This survey collects information about your practice for Healthy Hearts Northwest, an EvidenceNOW project. Your responses are used to help design an individualized coaching plan for your practice, so please be candid and thorough.

We suggest designating an Office Manager to complete this survey, and we strongly encourage consulting with others in your practice (e.g. Lead Clinician, Medical Director, Billing Manager) for accurate information.

If you cannot complete the survey in one session, please select NEXT on the page you're on before closing your browser, and all your responses will be saved!

Some questions may require stepping away from your computer and getting input from other sources (such as a report about patient panels or questions only a clinician can answer). You can [download here](#) a list of questions to help you prepare in advance.

****Please complete the survey ASAP within 2 weeks. We send a reminder each week for 4 weeks until the survey is completed.****

Once you complete the practice survey, we will send your clinic a \$75 gift card as a data collection payment. Please select your gift card preference below. Thank you so much for your time, effort, and insights!

Amazon eCards

Starbucks eCards

* 2. Although we understand that you will probably consult with others to answer various questions in the survey, please indicate who was primarily responsible for completing this survey.

Your name

Name of your practice

Your primary job role
(office manager, RN etc)

* 3. In what state is your practice located?

Idaho

Oregon

Washington

4. (For internal use only, please skip otherwise) enter PracticeID



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Patient Panel

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

Provide number of visits per week

6. Do clinicians in your practice have their own panel of patients for whom they are responsible?

Yes

No

7. If yes, please estimate the average patient panel size for a full-time clinician in your practice.

Provide average panel size

8. On average, how many patients does a full-time clinician in your practice see on a typical day?

Provide average number of patients



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Staff FTE

Please provide the number of paid practice members who work at least .5 FTE, and their combined FTE for each job category:

9. **Physician staff** (e.g. MD, ND, PA, NP)

of
staff

total
FTE

10. **Clinical staff** providing patient care (e.g.. RN, LPN, MA, CMA)

of
staff

total
FTE

11. **Psychologists**

of
staff

total
FTE

12. **Office staff** (supporting practice operations, not involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.)

of
staff

total
FTE

13. **Social Workers or Licensed Social Workers**

of
staff

total
FTE

14. **Pharmacist or PharmD**

of
staff

total
FTE

15. **Other**

Staff
Type

of
Staff

total
FTE



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Social Network

The following questions may be answered differently by different members of your practice. **Therefore, please consult with your practice's Office Manager, QI team, and Lead Physician or Medical Director in order to answer these questions about your entire practice.**

16. 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

17. 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

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

Never

Rarely

Sometimes

Often



Healthy Hearts Northwest Practice Survey

Social Network Continued....

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

Not helpful

Somewhat helpful

Extremely helpful

We want to learn about discussions between people in your practice and others outside your practice to improve the care you provide. These might be one-on-one discussions (i.e., physicians discussing QI at a conference) or group interactions between two different teams at a training or a conference. There is no right or wrong answer. Please consult with your Office Manager, QI Team, physicians, and administrators to learn about these connections to other people and clinics about improving care.

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.

20. Practice/Organization you go to for discussion

Name of Practice/Organization

City

State

How often do you communicate (rarely, sometimes, often)

21. Practice/Organization you go to for discussion

Practice/Organization Name

City

State

How often do you communicate? (rarely, sometimes, often)

22. Practice/Organization you go to for discussion

Practice/Organization Name

City

State

How often do you communicate? (rarely, sometimes, often)

23. Practice/Organization you go to for discussion

Practice/Organization Name

City

State

How often do you communicate? (rarely, sometimes, often)

24. Practice/Organization you go to for discussion

Practice/Organization Name

City

State

How often do you communicate? (rarely, sometimes, often)

25. Practice/Organization you go to for discussion

Practice/Organization Name

City

State

How often do you communicate? (rarely, sometimes, often)

26. Please list any additional contacts that your practice has had with other practices around QI efforts, or let us know anything else you think is important about your quality improvement efforts with other practices.



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Preventive Care Strategies

We would like to learn about the strategies that 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.

You can [download here](#) these questions (on page 2) if you need to print a copy to give to someone else.

27. 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 nor disagree	Somewhat agree	Strongly agree	N/A
Providing information and skills training	[Redacted]					
Using opinion leaders, role modeling, or other vehicles to encourage support for changes	[Redacted]					
Changing or creating systems in the practice that make it easier to provide high quality care	[Redacted]					
Removal or reduction of barriers to better quality of care	[Redacted]					
Using teams focused on accomplishing the change process for improved care	[Redacted]					
Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians	[Redacted]					
Providing to those who are charged with implementing improved care the power to authorize and make the desired changes	[Redacted]					
Periodic measurement of care quality for assessing compliance with any new approach to care	[Redacted]					
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	[Redacted]					
Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly	[Redacted]					
Customizing the implementation of cardiovascular disease prevention care changes to the practice	[Redacted]					
Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care	[Redacted]					
Deliberately designing care improvements so as to make clinician participation less work than before	[Redacted]					
Deliberately designing care improvements to make the care process more beneficial to the patient	[Redacted]					



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Preventive Care Strategies Continued...

28. Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where one is the lowest priority and 10 is the highest, what is the priority that 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



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Clinical Quality Measurement (CQM) Capacity

29. What is the name of your current EHR/PMS system?

30. What version of your EHR/EMR do you use? You can usually locate software version on the log-in screen.

31. In what year did you install your current EHR/EMR system?

32. Does your practice have plans to install a new EHR/EMR system within the next 18 months?

Yes

Maybe

No

Unknown

33. Where does your data physically reside? (choose one option)

- Data resides only on a server in your practice
- Data resides in a server in your practice and copy in the "cloud"
- Data resides in the "cloud" with vendor
- Data resides in health system data warehouse somewhere
- Don't know where data resides

34. For each clinical quality measure (CQM) listed below, please choose one option regarding your practice's ability to generate electronic data.

This [definitions table](#) describes how each CQM is defined. Please take a few moments to review these definitions before completing the questions below.

	Currently able to generate data	Feasible	Feasible with workflow mods/EHR changes	Not feasible	Don't know
NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic					
NQF 0018 Controlling High Blood Pressure					
NQF N/A Statin Therapy for the Prevention and Treatment of Cardiovascular Disease					
NQF 0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention					

35. Can your practice (or larger organization) report the above quality measures by clinician (MD, DO, NP, PA)?

Yes

No

36. Can your practice (or larger organization) report the above quality measures at the practice level?

Yes

No



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CQM Reporting & EHR Capacity

The following questions ask about your Electronic Health Record (EHR) and clinical quality measure (CQM) reports.

37. Is your practice able to incorporate clinical lab-test results into the EHR as structured data (i.e., data recorded in discrete fields and not in text fields)?

Yes

No

38. Do you share patient health information such as lab results, imaging reports, problem lists, or medication lists electronically (not faxed) with other providers, such as hospitals, ambulatory providers, or labs?

Yes

No

39. Have you ever produced a CQM report broken up by race or ethnicity?

Yes

No

40. Does your practice document patient age in your EHR?

Yes

No (skip to question 40)

41. If yes to question 39, have you ever produced a CQM report broken up by age groups?

Yes

No

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

Yes

No

43. Can you generate reports for historical periods (for example, last quarter or year)?

Yes

No

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

1 - Not at all confident

2

3

4

5 - Extremely confident

45. 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

46. If you contact your vendor for help producing CQM reports, is there an additional fee?

Yes

No

47. Overall, how satisfied or dissatisfied are you with your EHR system?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

48. Does your EHR vendor help extract data and clinical quality measures?

Yes and there are restrictions (e.g. a contract saying they own data that prevent data sharing or customizing reports)

Yes and there are no restrictions

No

Not applicable

Unknown



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CQM Reporting & EHR Capacity Continued...

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

49. Are data on the clinical quality of care provided by your practice or its clinicians publicly reported by health plans or other external entities?

Yes

No

Don't know

50. If yes to previous question, during meetings in your practice, 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

51. Does your practice work with the following organizations/networks to support capture of EHR/EMR data used to report clinical quality measures? (Check all that apply)

Check if yes

Clinical data warehouse

Regional extension center

Health system practice network

Health information exchange

Primary care association

Hospital network

External consulting group

Practice-based research network

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Registries

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

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

Check if Yes

Ischemic vascular disease

Hypertension

High cholesterol

Diabetes

Prevention services

High risk (high utilization) patients

We do not use registries or receive such reports

53. 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)

Check if Yes

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



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Registries Continued...

54. 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.

Check if Yes

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



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QI Initiatives

Now we would like to know about Quality Improvement initiatives (other than Healthy Hearts Northwest) that you have been offered.

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

Check if Yes

SIM – State Innovation Models initiative

CPCI – Comprehensive Primary Care Initiative

TCPI–Transforming Clinical Practice Initiative; SAM-Support Alignment Network

CHW training program – 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 other:



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Performance Incentives

56. Medicare and Medicaid offered incentives to practices that demonstrate "meaningful use of health IT."
Did your practice apply for Stage 1 of these these incentive payments?

- Yes
- No we did not apply (skip next question)
- Uncertain (skip next question)

57. If yes, are there plans to apply for Stage 2 incentive payments?

- Yes
- No
- Maybe
- Unknown

58. 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:

	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 tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Over the past 12 months, did your practice receive better contracts (for example, better payment, preferred status) with health plans for its performance on measurements of patient satisfaction and/or clinical quality?

Yes

No

Unknown

60. Over the past 12 months, did your practice or the individual clinicians in your practice receive additional income from health plans based on efficient utilization of resources?

Yes

No

Unknown

61. If yes, what percent of your practice's annual revenue did these additional payments for efficient utilization of resources constitute?

Percentage

Mark X if unknown

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

Check if Yes

Geographic health care professional shortage area

Medicare primary care incentive payment

Medicare care coordination payment

Other

Other (please specify)



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Patient Characteristics

63. Now, we will ask you about your practice's patients. Ideally, use patient self-report data from your Electronic Health Record (EHR) or Practice Management System (PMS), and use estimates if necessary.

Do your patients self-report race/ethnicity?

Yes

No

64. Does your practice enter race/ethnicity into your EHR or PMS?

Yes

No

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

% White

% Black/African American

% American Native or Alaska Native

% Asian

% Native Hawaiian or Other Pacific Islander

% Some Other Race/ Mixed Race

% Unknown

Mark X if your practice does not collect this information

Please provide notes on outliers/estimations

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

% Hispanic or Latino

% Non-Hispanic or non-Latino

% unknown

Mark X if your practice does not collect this information

Please provide notes on outliers/estimations

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

% Ages 0-17

% Ages 18-39

% Ages 40-59

% Ages 60-75

% Ages 76 and over

% Ages unknown

Mark X if your practice does not collect this information

Please provide notes on outliers/estimations

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

% Male

% Female

% Unknown

Mark X if your practice does not collect this information

Please provide notes on outliers/estimations

69. 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

If Other, please specify:

Please provide information on outliers/estimations

70. Has your practice been designated as a medically underserved area (MUA) or medically underserved population (MUP) by the Health Resources and Service Administration (HRSA)?

Yes

No



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Last page, thank you!!!

71. Please indicate others in the practice that you consulted with to complete this survey? (Check all that apply)

Check if Yes

Front office staff

Back office staff

Office manager

Nurse

Medical assistant

Clinician (MD, DO, NP, PA)

Other please specify:

72. We'd appreciate any feedback you may have on the survey, any questions or wording that you found difficult or confusing, and anything else you want to tell us about your practice. Thanks!

Please click "done" below if you are ready to submit all your answers.

If you need to gather more information, simply close out of your browser. Log back in later using the link in your email invitation, and all your information will be saved.

Your practice facilitator will receive this information and will be contacting you shortly with next steps.

THANK YOU!!

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