

H3 Baseline Practice Survey Part 1

Survey Introduction:

We appreciate your taking the time to complete this H3 baseline survey. We have split the survey into Part 1 and Part 2, which can be completed together or at separate times.

We anticipate that it will take you 10-15 minutes to complete each part. Only one baseline survey (both Part 1 & 2) needs to be completed per practice. This survey is best completed by a senior member of the practice who has good insights into the clinical operations of the practice. We encourage you to consult with others in your practice (e.g., Medical Director or Billing Manager) if helpful as you complete the survey.

Please reach out to your Practice Facilitator with any questions. Thank you!

Your Practice ID (4 digit number):

PF APPLY LABEL practice_site_id

Your Practice Facilitator Name and Contact Information:

PF APPLY LABEL

H3 Baseline Survey Part 1

Section 1: Practice Characteristics

This survey has 5 sections. In this first section we ask some basic information about your practice.

1. Please enter the name of your practice: _____
2. Please enter the zip code of your practice: _____
3. Today's date: _____
4. Which of the following best describes your practice size?
 - Solo practice
 - 2-5 clinicians (MD, DO, NP, PA)
 - 6-10 clinicians
 - 11-15 clinicians
 - 16 or more clinicians
5. Have there been any of the following major changes in your practice in the last 12 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*: _____

Please continue on the next page.

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

Sex	Percent
Male	_____ %
Female	_____ %
<i>Total</i>	<i>100%</i>

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

Payer Category	Percent
Medicare only	_____ %
Medicaid only	_____ %
Dual Medicare and Medicaid	_____ %
Private or commercial	_____ %
No insurance	_____ %
Other, <i>please specify:</i> _____	_____ %
<i>Total</i>	<i>100%</i>

8. 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

Great, thank you. That's the end of Section 1. Section 2 is on the next page.

Section 2: Electronic Health Record

These next questions ask about your practice's use of an electronic health record (EHR) or electronic medical record (EMR) system. Some questions might not apply to your practice. For these items, we provide instructions on how to skip to relevant items in [] following response options.

9. Does your practice use an EHR system or EMR system? *Do not include billing record systems.*

- Yes, all electronic [*Go to next question*]
- Yes, part paper and part electronic [*Go to next question*]
- No [*Please skip to question 21, on page 7*]
- Unknown [*Please skip to question 21, on page 7*]

10. In which year did you install your current EHR/EMR system? _____

11. What is the name of your current EHR/EMR system?

- Allscripts
- advancedMD
- Amazing Charts
- Athenahealth
- Care360
- Cerner
- eClinicalWorks
- e-MDs
- EPIC
- GE/Centricity
- Greenway Medical
- McKesson/Practice Partner
- NextGen
- Practice Fusion
- Sage/Vitera
- SOAPware
- Other, *please specify.* _____

12. What version of your EHR/EMR system are you currently using? You should be able to find the software version on the log-in screen.

Version #: _____

Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT."

13. 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

14. Did your practice apply for Stage 1 of these incentive payments?

- Yes *[Go to next question]*
 No *[Please skip to question 16, on the next page]*
 Uncertain *[Please skip to question 16, on the next page]*

15. Are there plans to apply for Stage 2 incentive payments?

- Yes
 No
 Maybe
 Unknown

Please continue on the next page.

Please indicate if your practice has produced quality reports for 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.

	Yes	No
16. Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic (NQF 0068).	<input type="checkbox"/>	<input type="checkbox"/>
17. 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).	<input type="checkbox"/>	<input type="checkbox"/>
18. 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).	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No

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

- Yes
- No

Please continue on the next page.

21. At your practice are there plans for installing a new EHR/EMR system within the next 18 months?

- Yes
- No
- Maybe
- Unknown

Section 3: Cardiovascular Disease Prevention Activities in your Practice

Thank you. You are almost halfway through Part 1 of the survey. This section has a few questions about how your practice uses registries and clinical guidelines for cardiovascular disease (CVD) prevention.

22. 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)*

- Ischemic vascular disease
- Hypertension
- High Cholesterol
- Diabetes
- Prevention services
- High risk (high utilization) patients
- We do not use registries or receive such reports

23. Please identify how your practice uses clinical guidelines for cardiovascular disease prevention (e.g., 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

Please continue on the next page.

24. 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

Section 4: Cardiovascular Preventive Care Strategies

In this section, 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).

For all the items in this section please indicate whether you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

Please indicate (circle one number per row) 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	N/A
25. Providing information and skills training	1	2	3	4	5	8
26. Using opinion leaders, role modeling, or other vehicles to encourage support for changes	1	2	3	4	5	8
27. Changing or creating systems in the practice that make it easier to provide high quality care	1	2	3	4	5	8
28. Removal or reduction of barriers to better quality of care	1	2	3	4	5	8
29. Using teams focused on accomplishing the change process for improved care	1	2	3	4	5	8

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	N/A
30. Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians	1	2	3	4	5	8
31. Providing to those who are charged with implementing improved care the power to authorize and make the desired changes	1	2	3	4	5	8
32. Periodic measurement of care quality for assessing compliance with any new approach to care	1	2	3	4	5	8
33. 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	1	2	3	4	5	8
34. Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly	1	2	3	4	5	8
35. Customizing the implementation of cardiovascular disease prevention care changes to the practice	1	2	3	4	5	8
36. Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care	1	2	3	4	5	8
37. Deliberately designing care improvements so as to make clinician participation less work than before	1	2	3	4	5	8
38. Deliberately designing care improvements to make the care process more beneficial to the patient	1	2	3	4	5	8

39. Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where 1 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? (*Circle a number*)

1 2 3 4 5 6 7 8 9 10

No priority Highest priority

The next few questions ask about ‘Point-of-Care’ and ‘Population Management’ strategies. When we say ‘Point-of-Care’ strategies, we mean things like electronic reminders and standardized treatment protocols during clinic visits. When we say ‘Population Management’ strategies, we mean things like outreach to patients who are not meeting guidelines and referral to community resources.

Please indicate the extent to which you agree or disagree with the statements below.

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree
40. Overall, this practice would benefit from implementing <u>Point-of-Care</u> strategies to improve care for ABCS measures (Aspirin or antiplatelet drugs for patients with ischemic vascular disease, Blood pressure control, Cholesterol management, Smoking cessation).	1	2	3	4	5
41. Overall, this practice could overcome the barriers to implementing <u>Point-of-Care</u> strategies to improve care for ABCS measures.	1	2	3	4	5
42. Overall, this practice would benefit from implementing <u>Population Management</u> strategies to improve care for ABCS measures.	1	2	3	4	5
43. Overall, this practice could overcome the barriers to implementing <u>Population Management</u> strategies to improve care for ABCS measures.	1	2	3	4	5

Thank you. Section 5 starts on the next page.

Section 5: Patient Demographics

This is the final section of Part 1. Now, we would like you to answer a few questions about your practice's patients.

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

Race	Percent
White	_____ %
Black/African American	_____ %
American Indian or Alaska Native	_____ %
Asian	_____ %
Native Hawaiian or Other Pacific Islander	_____ %
Some other race/mixed race	_____ %
Race unknown	_____ %
<i>Total</i>	<i>100%</i>

Check here if your practice does not collect race data from patients

45. The above patient race data...

Were obtained from patient self-report data and calculated using the EHR/practice management system (PMS)

Are estimates, *please specify how estimated:*

Other, *please specify how obtained:*

Please continue on the next page.

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

Ethnicity	Percent
Hispanic or Latino	_____%
Non-Hispanic or non-Latino	_____%
Ethnicity unknown	_____%
<i>Total</i>	<i>100%</i>

Check here if your practice does not collect ethnicity data from patients

47. The above patient ethnicity data...

- Were obtained from patient self-report data and calculated using the EHR/practice management system (PMS)
- Are estimates, *please specify how estimated:* _____
- Other, *please specify how obtained:* _____

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

Age Category	Percent
0-17	_____%
18-39	_____%
40-59	_____%
60-75	_____%
76 and over	_____%
<i>Total</i>	<i>100%</i>

49. The above patient age data...

- Were obtained from patient self-report data and calculated using the EHR/practice management system (PMS)
- Are estimates, *please specify how estimated:* _____
- Other, *please specify how obtained:* _____

Thank you! We greatly appreciate your time. This is the end of Part 1.