H3 Baseline Practice Survey
Part 2

We appreciate your taking the time to complete Part 2 of the H3 baseline survey. This should take 10-15 minutes to complete and has 3 sections. Remember, we only need one person at each practice to complete this survey. 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

Your Practice Name:

PF APPLY LABEL

Your Practice Facilitator Name and Contact Information:

PF APPLY LABEL

Section 1: Electronic Health Record System

These questions ask about your practice's use of an electronic health record (EHR) or electronic medical record (EMR) system.

Some questions might not be relevant based on how you answered a previous question. In these cases, we've provided instructions on which question to skip ahead to in [ ] following a response.

[If your practice does not have an EHR/EMR, please skip to section 2 on page 4.]

1. Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

    ☐ Yes

    ☐ No

2. 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

    ☐ Do not know where data resides

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

    ☐ Yes

    ☐ No

4. Does your practice have someone who can configure or write quality reports from the EHR/EMR?

    ☐ Yes *[Please go to next question]*

    ☐ No *[Please skip to question 6]*

5. Who is the person primarily responsible for configuring and writing quality reports from the EHR/EMR? (*Choose one option*)

    ☐ A clinician or a staff person in the practice

    ☐ A consultant/service on retainer to the practice

    ☐ An IT service provider within the health system or organization

    ☐ Other, *please specify*: _____

6. Does your EHR/EMR vendor help extract data and clinical quality measures?

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

    ☐ Yes, and there are no restrictions

    ☐ No

    ☐ Not applicable

    ☐ Don't know

7. Overall, how satisfied or dissatisfied are you with your EHR/EMR system?

    ☐ Very satisfied

    ☐ Somewhat satisfied

    ☐ Somewhat dissatisfied

    ☐ Very dissatisfied

Thank you. This is the end of Section 1. Section 2 starts on the next page.

Section 2: Practice Characteristics

This next section asks questions about how many staff you have and how your practice is organized.

8. Which of the following best describes your practice's ownership? *(Check all that apply)*

☐ 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 (e.g., state, county, city, public health clinic, etc.)

☐ Academic health center/faculty practice

☐ Federal (military, Veterans Administration, Department of Defense)

☐ Rural Health Clinic

☐ Indian Health Service

☐ Other, *please specify:* _____

9. How many years has your practice been under the current ownership or, if your practice site is a Federally Qualified Health Center (FQHC), how many years has it been under the direction of the current president or CEO? Please round to the nearest year. If your practice has been under the current ownership or president/CEO for less than one year, please indicate that by checking that response option.

Years: _____

☐ This practice has been under the current ownership or president/CEO less than one year

10. Which of the following describes your practice's specialty mix?

☐ Single-specialty

☐ Multi-specialty

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

Number of patient visits per week: _____

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

☐ Yes *[Please go to next question]*

☐ No *[Please skip to question 14]*

13. Please estimate the average patient panel size for a full-time clinician in your practice.

Average panel size: _____

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

Average number of patients seen per day: _____

15. Please provide the number of practice members and their combined full time equivalent (FTE) for each of the following types of staff. FTE is the ratio of the total number of paid hours during a period divided by the number of working hours in that period (e.g. one staff member working full time and another working half time would be 2 staff and 1.5 combined FTE). Combined FTE should never be greater than the number of staff in each category.

Type of staff	Number of staff	Combined FTE
a) Clinicians (MD, DO, NP, PA)		
b) Clinical staff (those providing direct patient care, e.g., RN, LPN, MA, CMA)		
c) Office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.)		
d) Psychologists		
e) Social workers or licensed social workers		
f) PharmD or pharmacists		
g) Other practice members		

16. Is your practice recognized or accredited as a patient-centered medical home (PCMH)?

☐ Yes

☐ No

17. Is your practice part of an accountable care organization (ACO)? *(Check all that apply)*

☐ Yes, Medicaid ACO

☐ Yes, Medicare ACO (Pioneer, Shared Savings Plan, or Advance Payment)

☐ Yes, private/commercial ACO

☐ Yes, another type of ACO

☐ No, not part of an ACO

☐ Don't know

18. Do you plan on newly joining or newly contracting with a Medicaid ACO or ACO-type arrangement in the next 12 months?

☐ Yes

☐ No

☐ Already contracting with a Medicaid ACO

19. Do you plan on newly joining or newly contracting with a Medicare ACO (Pioneer or Shared Savings Plan) in the next 12 months?

☐ Yes

☐ No

☐ Already contracting with a Medicare ACO

20. Do you plan on newly joining or newly contracting with a private/commercial ACO or ACO-type arrangement in the next 12 months?

☐ Yes

☐ No

☐ Already contracting with a private/commercial ACO

☐ Already contracting with at least one private/commercial ACO but plan to join additional private/commercial ACO arrangements

Section 3: External Reporting and Payments

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.

21. 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

22. 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

23. 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)*

       ☐ 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

24. 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	☐	☐	☐
Measures of clinical quality	☐	☐	☐
Measurement of your performance of adoption or use of information technology	☐	☐	☐

25. 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

   ☐ Don't know

26. 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 *[Please go to next question]*

   ☐ No *[Please skip to question 28, on the next page]*

   ☐ Don't know *[Please skip to question 28, on the next page]*

27. What percent of your practice's annual revenue did these additional payments for efficient utilization of resources constitute?

   _____%

   ☐ Don't know

Thank you. Please continue on the next page.

28. Over the past 12 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:* _____

29. 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)*

    ☐ SIM – State Innovation Models initiative

    ☐ CPCI – Comprehensive Primary Care Initiative

    ☐ TCPI – Transforming Clinical Practice Initiative – Support and Alignment Network (SAM)

    ☐ 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:* _____

Thank you. Please continue on the next page.

30. This next question presents key aspects of the level of care that currently exists in your practice. Please choose the option that best describes the level of care that currently exists in your practice. As you'll see, we've divided responses into levels (A though D). The levels are represented by points from 1-12. The higher levels indicate that the actions described in that box are more fully implemented.

    Please circle the point value below that best describes the level of care that currently exists in your practice.

	Level D	Level C	Level B	Level A
Patients	…are not assigned to specific practice panels.	…are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.	…are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.	…are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.
	1 2 3	4 5 6	7 8 9	10 11 12

31. Please indicate others in the practice that you consulted with to complete Part 1 and Part 2 of this survey. *(Check all that apply)*

    ☐ Front office staff

    ☐ Back office staff

    ☐ Office manager

    ☐ Nurse

    ☐ Medical assistant

    ☐ Clinician *(MD, DO, NP, PA)*

    ☐ Other, *please specify*: _____

That is the end of this survey. Thank you for your time!

Please return this survey to your H3 Practice Facilitator. *Your facilitator will be in touch with next steps soon. Thanks again for your time.*