EvidenceNow Practice Survey Codebook: Practice Demographics

Variable Name/ Core-optional Status	Item
	Please complete the following survey, which is designed to collect information about your practice[1] for the [name of collaborative] study. 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.
R18_cooperative	
Practice_site_ID	
Prac_Zip_CD Collaboratively determined core item	Indicate zip-code of practice _____
Date	 MM/DD/YYYY
Person_consult_**[2] Collaboratively determined core item	Please indicate others in the practice that you consulted with to complete this survey? (Check all that apply) Front office staff ……………………… person_ consult_front_office ……..　　1 = yes　　2 = no Back office staff ……………………. person_ consult_back_office ………　　1 = yes　　2 = no Office manager ……………………. person_ consult_office_manager…..　　1 = yes　　2 = no Nurse …………………………..…… person_ consult_nurse…………......　　1 = yes　　2 = no Medical assistant …………………… person_consult_MA ………….…...　　1 = yes　　2 = no Clinician (MD, DO, NP, PA) ………. person_consult_clinician…………..　　1 = yes　　2 = no Other ………………………………… person_consult_other ……………..　　1 = yes　　2 = no
person_consult_other _specify	If [person_consult_other] = 1 Please specify

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[1] Replace practice in the survey with the term most relevant to your cooperative. For instance, for some cooperatives, a practice may be an overarching corporate entity with multiple independent sites that are the physical location where patients receive care and are focus of the quality improvement change effort.

[2] NOTE: For check all that apply survey items (indicated with variable names ending in **), see response categories for variable names to be included in the database. In these cases, surveys should be programmed such that each response category for a check all that apply question is a dichotomous variable.

EvidenceNow <u>Practice Survey</u> Codebook: Practice Demographics

Prac_size Collaboratively determined core item	Which of the following best describes your practice size? Solo practice …………………………….. 1 2-5 clinicians (MD, DO, NP, PA) ………. 2 6-10 clinicians …………………….....…… 3 11-15 clinicians …………………………. 4 16 or more clinicians ……………………. 5			
Prac_own_ ****** Collaboratively determined core item	Which of the following best describes your practice's ownership? (Check all that apply)			
	Clinician-owned solo or group practice ……… …………………….….…………….. Prac_own_clinician …….	1 = yes	2 = no	
	Hospital/Health system owned ………………………………………………… Prac_own_hosp …………..	1 = yes	2 = no	
	Health maintenance organization (e.g., Kaiser Permanente) ……………….....…………. Prac_own_HMO ………..	1 = yes	2 = no	
	Federally Qualified Health Center or Look-Alike ……………………………………… Prac_own_FQHC ……….	1 = yes	2 = no	
	Non-federal government clinic (e.g., state, county, city, public health clinic, etc.) …….. Prac_own_nonfed ……….	1 = yes	2 = no	
	Academic health center / faculty practice ……………………………….….………… Prac_own_academic ………	1 = yes	2 = no	
	Federal (Military, Veterans Administration, Department of Defense) …………..……… Prac_own_fed …..............	1 = yes	2 = no	
	Rural Health Clinic …………………………………………………………… Prac_own_rural ………….	1 = yes	2 = no	
	Indian Health Service …………………………………………....……………… Prac_own_IHS …………...	1 = yes	2 = no	
	Other ……………………………………………………………....……… Prac_own_other ………….	1 = yes	2 = no	
Prac_own_other_spec ify Collaboratively determined core item	If [prac_own_other] = 1 Please specify			
Prac_own_yrs Collaboratively determined core item	How many years has your practice been under the current ownership? Please round to the nearest year. If your practice has been under the current ownerships for less than one year, please indicate that by checking that response option. _____ years This practice has been under the current ownership less than one year ………….. 999			
Prac_spec_mix Collaboratively determined core item	Which of the following describes your practice's specialty mix? Single-specialty ………. 1 Multi-specialty ……….. 2			

EvidenceNow Practice Survey Codebook: Practice Demographics

	Please provide the number of practice members and their combined FTE for each of the following type of staff:
Number_clinicians Collaboratively determined core item	Clinicians (MD, DO, NP, PA) _____ number of physicians
FTE_clinicians Collaboratively determined core item	Clinicians (MD, DO, NP, PA) _____ combined physician FTE
Number_clinstaff Collaboratively determined core item	Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA) _____ number of Clinical Staff
FTE__clinstaff Collaboratively determined core item	Clinical Staff (those providing direct patient care, e.g., RN, LPN, MA, CMA) _____ combined Clinical Staff FTE
Number_offstaff Collaboratively determined core item	Office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.) _____ number of office staff
FTE_offstaff Collaboratively determined core item	Office staff (those supporting practice operations and NOT involved directly in patient care, e.g., receptionists, billing staff, data analyst, etc.) _____ combined office staff FTE
Number_psychol Collaboratively determined core item	Psychologist _____ number of Psychologists
FTE_psychol Collaboratively determined core item	Psychologist _____ combined Psychologist FTE
Number_SW	Social worker or Licensed Social Worker _____ number of Social workers

Collaboratively determined core item	
FTE_SW Collaboratively determined core item	Social worker or Licensed Social Worker _____ combined Social worker FTE
Number_pharma Collaboratively determined core item	PharmD or Pharmacist _____ number of PharmD or Pharmacists
FTE_pharma Collaboratively determined core item	PharmD or Pharmacist _____ combined PharmD or Pharmacist FTE
Number_other Collaboratively determined core item	Other _____ number of other practice members
FTE_other Collaboratively determined core item	Other _____ combined Other practice members FTE

Prac_change_** Collaboratively determined core item	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) …..… prac_change_EHR …………..	1 = yes	2 = no
	Moved to a new location………………………………..… prac_change_newlocation …..	1 = yes	2 = no
	Lost one or more clinicians ……………………………………….. prac_change_lost_clin ……...	1 = yes	2 = no
	Lost one or more office managers or head nurses……………..…..…prac_change_lost_OM ……...	1 = yes	2 = no
	Been purchased by or affiliated with a larger organization……………prac_change_boughtover …...	1 = yes	2 = no
	New billing system………………………………..……… prac_change_billing ………..	1 = yes	2 = no
	Other ………………………………………….……..prac_change_other …….....…	1 = yes	2 = no

Prac_change_specify Collaboratively determined core item	If [prac_change_other] = 1 Please specify

EvidenceNow Practice Survey Codebook: Practice Demographics

Prac_PCMH Collaboratively determined core item	Is your practice recognized or accredited as a patient-centered medical home (PCMH)? Yes………. 1 No……….. 2
Prac_ACO_** Collaboratively determined core item	Is your practice part of an accountable care organization (ACO)? (check all that apply)[3] Yes, Medicaid ACO……………………………………………………prac_ACO_medicaid……… 1 = yes 2 = no Yes, Medicare ACO (Pioneer, Shared Savings Plan, or Advance Payment)…..prac_ACO_medicare…..… 1 = yes 2 = no Yes, Private/Commercial ACO……………………………………….prac_ACO_commercial..…. 1 = yes 2 = no Yes, Another type of ACO……………………………………………… prac_ACO_other……….… 1 = yes 2 = no No, not part of an ACO……………………………………………..prac_ACO_none…………… 1 = yes 2 = no Don't know………………………………………………………prac_ACO_DK……………… 1 = yes 2 = no
Prac_ACO_join_medicaid Collaboratively determined core item	Do you plan on newly joining or newly contracting with a Medicaid ACO or ACO-type arrangement in the next 12 months? Yes…. 1 No….. 2 Already contracting with a Medicaid ACO… 3
Prac_ACO_join_medicare Collaboratively determined core item	If you are not part of a Medicare ACO, do you plan on newly joining or newly contracting with a Medicare ACO (Pioneer or Shared Savings Plan) in the next 12 months? Yes …. 1 No …. 2 Already contracting with a Medicare ACO… 3

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[3] If possible, program your survey such that:

IF prac_ACO_medicaid = 1, respondent does not answer Prac_ACO_join_medicaid, then you can remove "Already contracting with a Medicaid ACO" as a response option from Prac_ACO_join_medicaid

IF prac_ACO_medicare = 1, respondent does not answer Prac_ACO_join_medicare, then you can remove "Already contracting with a Medicare ACO" as a response option from Prac_ACO_join_medicare

IF prac_ACO_commercial = 1, respondent does not answer Prac_ACO_join_commercial then you can remove "Already contracting with a Private/Commercial ACO" as a response option from Prac_ACO_join_commercial

EvidenceNow <u>Practice Survey</u> Codebook: Practice Demographics

Prac_ACO_join_commercial Collaboratively determined core item	Do you plan on newly joining or newly contracting with a private/commercial ACO or ACO-type arrangement in the next 12 months? Yes … 1 No...… 2 Already contracting with a Private/Commercial ACO………………………………………………………………………………. 3 Already contracting with at least one Private/Commercial ACO but plan to join additional Private/Commercial ACO arrangements …. 4
Pat_Visits_week Collaboratively determined core item	Please estimate the total number of patient visits over a typical week at your practice. Provide number of visits per week _____
Pat_panel Collaboratively determined core item	Do the clinicians in your practice have their own panel of patients for whom they are responsible? Yes……… 1 No……… 2 (SKIP TO **Prov_visits_Day**)
Pat_panel_sz Collaboratively determined core item	Please estimate the average patient panel size for a full-time clinician in your practice. Provide average panel size _____
Prov_visits_Day Collaboratively determined core item	On average, how many patients does a full-time clinician in your practice see on a typical day? Provide average number of patients _____

	Now, we would like you to answer a few questions about your practice's patients. For race, ethnicity and age, this information should be provided <u>only</u> if the data was patient self-reported and calculated using the Electronic Health Record (EHR) /Practice Management System (PMS). Please do not use estimates.
Prac_Race Collaboratively determined core item	Please give the percentage of your patients in the following categories: (should add to 100%) White……………………………………………………… prac_race_white Black/African American……………………………………prac_race_black American Indian or Alaska Native…………………………… prac_race_AIAN

	Asian ……………………………………………………prac_race_Asian
	Native Hawaiian or Other Pacific Islander ………………..…..prac_race_PI
	Some Other Race/Mixed Race……………………………... prac_race_other
	Percent Unknown…………………………………………..prac_race_unk
	Our practice does not collect this information from patients…..prac_race_nocoll……………… 1 = yes 2 = no
Prac_Ethnicity Collaboratively determined core item	Please give the percentage of your patients in the following categories: (should add to 100%) Hispanic or Latino ………………………………………… prac_ethnicity_H Non-Hispanic or non-Latino ………………………………… prac_ethnicity_NH Percent Unknown…………………………………………..prac_ethnicity_unk Our practice does not collect this information from patients….prac_ethnicity_nocoll……………… 1 = yes 2 = no
Prac_Pat_Age Collaboratively determined core item	Please give the percentage of your patients in the following age categories: (should add to 100%) 0-17…………………....prac_pat_age_lte17 18-39………………… prac_pat_age_18to39 40-59…………………prac_pat_age_40to59 60-75………………… prac_pat_age_60to75 76 and over…………...prac_pat_age_76andover
Prac_Pat_Sex	Please give the percentage of your patients who are male and female: (should add to 100%) Male…………………..prac_pat_male Female………………..prac_pat_female
Prac_Payer Collaboratively determined core item	Please give the approximate percentage of your patients in the following payer categories: (should add to 100%) Medicare only……………….…prac_payer_medicare Medicaid only…………………...prac_payer_medicaid Dual Medicare and Medicaid……prac_payer_dual Private or commercial…………...prac_payer_commercial No insurance……………………prac_payer_noins Other…………………………….prac_payer_other

Prac_Payer_specify Collaboratively determined core item	If [prac_payer_other] ≠ 0% Please specify
Prac_Underser Collaboratively determined core item	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………. 1 No……….. 2

	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.
Prac_public_reporting Collaboratively determined core item	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………….. 1 No………….. 2 Don't know….. 8
Prac_discuss_data Collaboratively determined core item	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………………………….. 1 Infrequently…………………..... 2 Often………………………….. 3 Not applicable/Solo practice …. 4 Don't know…………………… 8
Prac_qual_report_** Collaboratively determined core item	Does your practice work with the following organizations/networks to support capture of EHR/Electronic Medical Record (EMR) data used to report clinical quality measures? (Check all that apply)

Clinical data warehouse……………..prac_qual_report_data..………………….....	1 = yes	2 = no
Regional extension center…………...prac_qual_report_REC………………,,……	1 = yes	2 = no
Health system practice network……..prac_qual_report_healthsystem..…………..…	1 = yes	2 = no
Health information exchange………..prac_qual_report_HIE……………..…….	1 = yes	2 = no
Primary care association…………….prac_qual_report_primarycare……….…..…	1 = yes	2 = no
Hospital network…………………….prac_qual_report_hospnetwor..…………..…	1 = yes	2 = no
External consulting group……………prac_qual_report_external……………..….…	1 = yes	2 = no

EvidenceNow Practice Survey Codebook: Practice Demographics

	Practice-based research network…….prac_qual_report_PBRN……….………….	1 = yes	2 = no

	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.		
Prac_registry_** Collaboratively determined core item	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…………………………prac_registry_IVD ...	1 = yes	2 = no
	Hypertension……………………………………….prac_registry_hyp….	1 = yes	2 = no
	High cholesterol……………………………….....prac_registry_chol....	1 = yes	2 = no
	Diabetes………………………………………….prac_registry_diab....	1 = yes	2 = no
	Prevention services……………………………..prac_registry_prev….	1 = yes	2 = no
	High risk (high utilization) patients ………………prac_registry_risk ….	1 = yes	2 = no
	We do not use registries or receive such reports….prac_registry_none….	1 = yes	2 = no [4]
Prac_prev_guidelines_** Collaboratively determined core item	Please identify how your practice uses clinical guidelines for <u>cardiovascular disease prevention</u> (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…………………………….prac_prev_guidelines_none…………...	1 = yes	2 = no [5]
	Guidelines are posted or have been distributed………………..……..…. prac_prev_guidelines_posted………...	1 = yes	2 = no
	Clinicians have agreed to use specific guidelines………………………… prac_prev_guidelines_agreed………...	1 = yes	2 = no
	Practice uses standing orders……………………………………………… prac_prev_guidelines_orders…………	1 = yes	2 = no
	Practice uses EHR provider guideline-based prompts and reminders……...prac_prev_guidelines_EHRprompts….	1 = yes	2 = no
Prac_chronic_guidelines_** Collaboratively determined core item	Please identify how your practice uses clinical guidelines for <u>management of patients at risk for cardiovascular disease</u> (e.g., statin use among those at risk): (check all that apply)		
	Practice does not follow specific guidelines……………………………… prac_chronic_guidelines_none…………..	1 = yes	2 = no [6]
	Guidelines are posted or have been distributed…………………………… prac_chronic_guidelines_posted…………	1 = yes	2 = no

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[4] NOTE: If possible, program your survey such that IF prac_registry_IVD=1 OR prac_registry_hyp=1 OR prac_registry_chol=1 OR prac_registry_diab=1 OR prac_registry_prev=1 OR prac_registry_risk=1 THEN prac_registry_none = 2

[5] NOTE: If possible, program your survey such that IF prac_prev_guidelines_none =1 THEN prac_prev_guidelines_posted =2 AND prac_prev_guidelines_agreed =2 AND prac_prev_guidelines_orders=2 AND prac_prev_guidelines_EHRprompts=2

[6] NOTE: If possible, program your survey such that IF prac_chronic_guidelines_none=1 THEN prac_chronic_guidelines_posted =2 AND prac_chronic_guidelines_agreed=2 AND prac_chronic_guidelines_orders =2 AND prac_chronic_guidelines_EHRprompts =2

EvidenceNow <u>Practice Survey</u> Codebook: Practice Demographics

Clinicians have agreed to use specific guidelines……………………………..prac_chronic_guidelines_agreed………….	1 = yes	2 = no
Practice uses standing orders……………………………………….…………prac_chronic_guidelines_orders………….	1 = yes	2 = no
Practice uses EHR provider guideline-based prompts and reminders………prac_chronic_guidelines_EHRprompts…..	1 = yes	2 = no

	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:
Prac_Income_satisf Collaboratively determined core item	Measures of patient satisfaction Yes…………... 1 No…………... 2 Don't know….. 8
Prac_Income_quality Collaboratively determined core item	Measures of clinical quality Yes…………... 1 No…………... 2 Don't know….. 8
Prac_income_perform Collaboratively determined core item	Measurement of your performance of adoption or use of information technology Yes…………... 1 No…………... 2 Don't know….. 8
Prac_perform_quality Collaboratively determined core item	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…………... 1 No…………... 2 Don't know….. 8
Prac_perform_resources Collaboratively determined core item	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…………... 1 No…………... 2 (SKIP TO *Prac_incentives_***) Don't know…... 8 (SKIP TO *Prac_incentives_***)

Prac_revenue Collaboratively determined core item	What percent of your practice's annual revenue did these additional payments for efficient utilization of resources constitute? _____% Don't know….. 888
Prac_incentives_** Collaboratively determined core item	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……………… prac_incentives_geographic……… 1 = Yes 2 = No Medicare primary care incentive payment ……………………… prac_incentives_primarycare……... 1 = Yes 2 = No Medicare care coordination payment………………….………… prac_incentives_carecoord………... 1 = Yes 2 = No Other…………………………………….………..prac_incentives_other…………….. 1 = Yes 2 = No
prac_incentives_specify Collaboratively determined core item	If [prac_incentives_other] = 1 Please specify
Demo_prog_** Collaboratively determined core item	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 …………………………………………....demo_prog_SIM……... 1 = Yes 2 = No CPCI – Comprehensive Primary Care Initiative …………………………………...demo_prog_CPCI…...... 1 = Yes 2 = No TCPI – Transforming Clinical Practice Initiative – Support and Alignment Network (SAM).....demo_prog_TCPI…...... 1 = Yes 2 = No CHW training program – Community Health Worker training program……………………….demo_prog_CHW……. 1 = Yes 2 = No BC/BS PCMH program……………………………………………………….demo_prog_pcmh…….. 1 = Yes 2 = No ASTHO's Million Hearts State Learning Collaborative……………………………….demo_prog_mh_collab.. 1 = Yes 2 = No Million Hearts: Cardiovascular Disease Risk Reduction Model………………………….demo_prog_mh_riskred.. 1 = Yes 2 = No Other ………………………………………………………………....demo_prog_other……… 1 = Yes 2 = No
Demo_prog_specify Collaboratively determined core item	If [demo_prog_other]=1 Please specify