

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

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.
Timepoint	Baseline.....T0 First follow-up.....T1 Second follow-up.....T2
R18_cooperative	
Practice_site_ID	
Prac_Zip_CD Optional item	Indicate zip-code of practice _____
Date	MM/DD/YYYY
Person_consult_**² Optional 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 Optional item	If [person_consult_other] = 1 Please specify

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.

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

Prac_own_**	Which of the following best describes your practice's ownership? (Check all that apply)			
Optional item	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_specify	If [prac_own_other] = 1			
Optional item	Please specify			

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

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

Optional item	_____ number of Psychologists																												
FTE_psychol Optional item	Psychologist _____ combined Psychologist FTE																												
Number_SW Optional item	Social worker or Licensed Social Worker _____ number of Social workers																												
FTE_SW Optional item	Social worker or Licensed Social Worker _____ combined Social worker FTE																												
Number_pharma Optional item	PharmD or Pharmacist _____ number of PharmD or Pharmacists																												
FTE_pharma Optional item	PharmD or Pharmacist _____ combined PharmD or Pharmacist FTE																												
Number_other Optional item	Other _____ number of other practice members																												
FTE_other Optional item	Other _____ combined Other practice members FTE																												
Prac_change_**	<p>Have there been any of the following major changes in your practice in the last [insert length of intervention in months]³ months? (Check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Implemented a new or different Electronic Health Record (EHR)</td> <td style="width: 20%;">prac_change_EHR.....</td> <td style="width: 10%;">1 = yes</td> <td style="width: 10%;">2 = no</td> </tr> <tr> <td>Moved to a new location</td> <td>prac_change_newlocation.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> <tr> <td>Lost one or more clinicians ...</td> <td>prac_change_lost_clin.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> <tr> <td>Lost one or more office managers or head nurses</td> <td>prac_change_lost_OM.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> <tr> <td>Been purchased by or affiliated with a larger organization</td> <td>prac_change_boughtover.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> <tr> <td>New billing system</td> <td>prac_change_billing.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> <tr> <td>Other</td> <td>prac_change_other.....</td> <td>1 = yes</td> <td>2 = no</td> </tr> </table>	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
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	<p>If [prac_change_other] = 1</p> <p>Please specify</p>																												

³ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: Have there been any of the following major changes in your practice since [insert practice cohort's intervention start date]?

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	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_**	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)			
Optional item	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

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	We do not use registries or receive such reports	prac_registry_none	1 = yes	2 = no ⁴
Prac_prev_guidelines_**	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)			
Optional item	Practice does not follow specific guidelines	prac_prev_guidelines_none	1 = yes	2 = no ⁵
	Guidelines are posted or have been distribute	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_*	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)			
Optional item	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
	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 [insert length of intervention in months] ⁷ 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	Measures of patient satisfaction
Optional item	Yes.....1 No.....2 Don't know.....8

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

⁷ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: Since [insert practice cohort's intervention start date], 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?

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

Prac_Income_quality	Measures of clinical quality		
Optional item	Yes.....1 No.....2 Don't know.....8		
Prac_income_perform	Measurement of your performance of adoption or use of information technology		
Optional item	Yes.....1 No.....2 Don't know.....8		
Prac_perform_quality	Over the past [insert length of intervention in months] ⁸ 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?		
Optional item	Yes.....1 No.....2 Don't know.....8		
Prac_incentives_**	Over the past [insert length of intervention in months] ⁹ months has your practice received the following forms of bonus or incentive payments? (Check all that apply)		
Optional item	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	If [prac_incentives_other] = 1		
Optional item	Please specify		
Demo_prog_**	At present or within the past [insert length of intervention in months] ¹⁰ 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

⁸ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: Since [insert practice cohort's intervention start date], 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?

⁹ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: Since [insert practice cohort's intervention start date], has your practice received the following forms of bonus or incentive payments?

¹⁰ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: At any time since [insert practice cohort's intervention start date], has your practice participated in any of the following payment or quality demonstration programs?

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	<p>CHW training program – Community Health Worker training program demo_prog_CHW 1 = Yes 2 = No</p> <p>BC/BS PCMH program demo_prog_pcmh..... 1 = Yes 2 = No</p> <p>ASTHO's Million Hearts State Learning Collaborative demo_prog_mh_collab 1 = Yes 2 = No</p> <p>Million Hearts: Cardiovascular Disease Risk Reduction Model demo_prog_mh_riskred.. 1 = Yes 2 = No</p> <p>Other demo_prog_other 1 = Yes 2 = No</p>
Demo_prog_specify	<p>If [demo_prog_other]=1</p> <p>Please specify</p>
Demo_MACRA Optional item	<p>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).</p> <p>How does your practice intend to meet the requirements of the Quality Payment Program? (select one)</p> <p>Test MIPS in 2017 (submit some data to avoid negative payment adjustment)..... 1</p> <p>Participate in MIPS for part of 2017 (submit data for > 90 days to earn neutral or small positive payment adjustment..... 2</p> <p>Participate in MIPS for all 2017 (submit full year data to potentially earn a moderate positive payment adjustment..... 3</p> <p>Participate in an advanced alternative payment model (such as CPC+, or an ACO program) 4</p> <p>Don't know..... 8</p>
	<p>Please indicate if your practice has produced quality reports on any of the following clinical quality measures in the last [insert length of intervention in months]¹¹ 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:</p>
Prac_cqm_aspirin	<p>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic (NQF 0068).</p> <p>Yes.....1</p> <p>No.....2</p>

¹¹ Alternative survey item wording if your cooperative's evaluation team prefers to use the practice cohort's intervention start date to indicate the reference period for this item: Please indicate if your practice has produced quality reports on any of the following clinical quality measures since [insert practice cohort's intervention start date]?

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

Prac_cqm_bp1	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). Yes.....1 No.....2
Prac_cqm_smoke	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). Yes.....1 No.....2
Prac_EHR_satisfaction Optional item	Overall, how satisfied or dissatisfied are you with your EHR/EMR system? Very satisfied.....1 Somewhat satisfied.....2 Somewhat dissatisfied.3 Very dissatisfied.....4
Prac_newEHR Optional item	At your practice are there plans for installing a new EHR/EMR system within the next 18 months? Yes.....1 No.....2 Maybe.....3 Unknown....4

Variable Name/ Core-optional Status	Item
	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). <u>These questions should be completed by one 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.</u> ^{12,13}
	Indicate the extent to which you agree or disagree that your practice has used the following <u>strategies to improve cardiovascular preventive care:</u>
CPCQ_Strat_Info_skills	Providing information and skills-training Strongly disagree..... 1

¹² NOTE: CPCQ items are to stay together and in the order specified in this codebook in your collaborative's survey.

¹³ For details on scoring CPCQ items see this [article](#).

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_Strat_oplead_role mdl	Using opinion leaders, role modeling, or other vehicles to encourage support for changes Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_Strat_sys_change	Changing or creating systems in the practice that make it easier to provide high quality care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_Strat_red_barr	Removal or reduction of barriers to better quality of care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_org_teams	Using teams focused on accomplishing the change process for improved care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_use_nonclinician	Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_authorize	Providing to those who are charged with implementing improved care the power to authorize and make the desired changes Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_periodic_measurement	Periodic measurement of care quality for assessing compliance with any new approach to care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_reporting_measurement	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 Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_goals	Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_customize	Customizing the implementation of cardiovascular disease prevention care changes to the practice Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5

Follow-up Practice Survey Codebook Including Core and Optional Items

This codebook contains optional items that at least one cooperative expressed intentions of collecting in follow-up survey administration, and thus may be useful in selecting optional items of interest for retention. Once you have made your final decisions, please share your completed survey instrument and codebook with the national evaluation team.

	NA..... 8
CPCQ_rapid_cycles	Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_design_care_clinician	Deliberately designing care improvements so as to make clinician participation less work than before Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_design_care_processes	Deliberately designing care improvements to make the care process more beneficial to the patient Strongly disagree..... 1 Somewhat disagree..... 2 Neither agree or disagree..... 3 Somewhat agree..... 4 Strongly agree..... 5 NA..... 8
CPCQ_Priority	Consider all of the priorities your practice has over the next year. On a scale from 1 to 10 where one 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? <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 10 no priority highest priority </div>