

APPENDIX G

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION
PHYSICIAN SURVEY—COMPARISON PHYSICIANS**

Medicare Care
Management Performance (MCMP) Demonstration
Physician Survey
Comparison Physicians

Draft

ABOUT THIS SURVEY

This survey is being conducted by Mathematica Policy Research, Inc. (MPR) on behalf of the Centers for Medicare & Medicaid Services (CMS) as part of the Medicare Care Management Performance (MCMP) Demonstration project.

These questions are about your use of electronic medical records (EMRs) and the primary care services you provide to Medicare patients with chronic illnesses.

Most of the questions can be answered by simply marking a box. A few ask you to write in your answer. If you do not know an answer, please write "DK" next to the question.

We estimate that it will take about 10 minutes to complete the questionnaire.

All of your answers will be treated confidentially to the extent allowable by law. Your responses will not affect your Medicare compensation.

If you have questions about this survey or your participation in it, please call Julita Milliner-Waddell, MPR's survey director, at 1-609-275-2206.

If you would prefer to complete the survey by telephone, please call 1-xxx-xxx-xxx toll free and ask for Melanie Costas.

When you have completed the questionnaire, please return it in the enclosed, postage-paid envelope.

Thank you for your time and participation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

A. Use of Electronic Medical Records

The first questions are about your use of health information technology. If you work out of multiple locations, please answer these questions for your primary ambulatory care location.

A1. Electronic Medical Records (EMRs) are clinical information systems for tracking patient health information. EMRs allow you to document office visits, transmit prescription and laboratory test orders electronically, and perform other functions.

Does your practice currently have an EMR system? Please include both full and partial EMR systems.

1 Yes

0 No → GO TO B1

A2. How long ago did your practice acquire an EMR system?

YEARS |__|__| MONTHS |__|__|

A3. Do you use the EMR system to record and manage the care for any or all of your patients?

1 Yes

0 No → GO TO A5

A4. When did you start using your practice's EMR system?

|__|__| |__|__|__|__|
MONTH YEAR

A5. The following is a list of functions that may be available on your EMR system. Please indicate how often you use each of the functions or whether you plan to use the function within the next 12 months. If the function is not available on your system, please mark the last box in the row.

| How often do you use your EMR system to perform the following functions? | MARK ONE ANSWER PER ROW | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Routinely | Occasionally | Not at All But Plan To | Not at All and NO Plans To | Function Not Available |
| a. Document office visits and patient medical history? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Document patient medications?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Document communication with other health care providers, such as referrals to specialists or responses from pharmacists? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Enter orders for prescriptions?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Enter orders for laboratory, radiology, or diagnostic tests? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Review test results?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Issue alerts for possible drug interactions?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Issue reminders to schedule preventive services? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Issue reminders to patients?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. Generate reports (for example, to identify patients overdue for services)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

A6. How satisfied are you with the training you received on proper use of your EMR system?

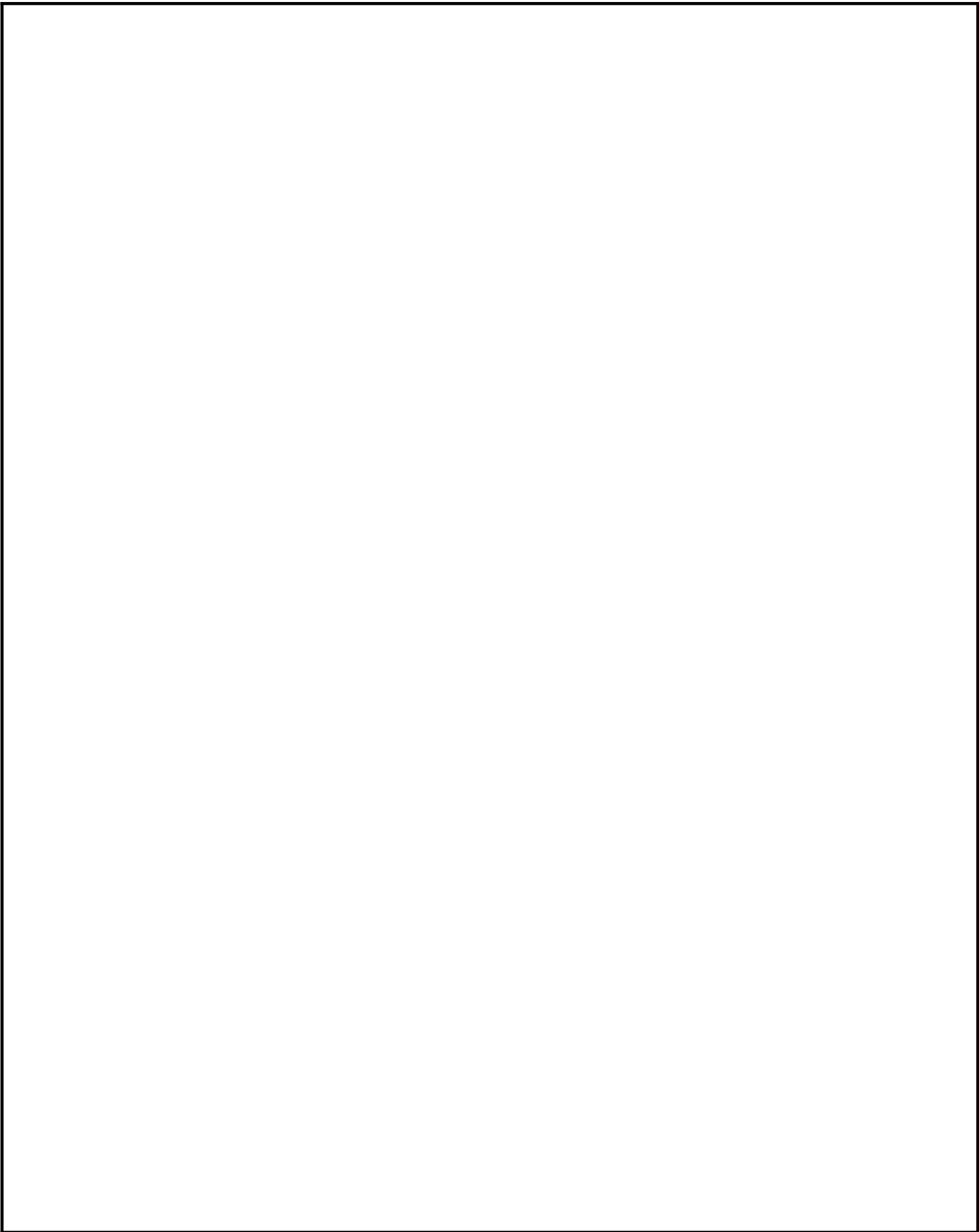
MARK ONE ANSWER

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 No training received

A7. How satisfied are you with your EMR system's ability to meet your needs?

MARK ONE ANSWER

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 Not applicable, have not used the system



B. Barriers to Adoption and Use of EMRs

B1. In the past 12 months, to what extent have the following factors been a barrier to adopting or expanding the use of EMRs in your practice?

| | MARK ONE ANSWER PER ROW | | |
|---|----------------------------|----------------------------|----------------------------|
| | Not a Barrier | Minor Barrier | Major Barrier |
| a. Start-up costs..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Maintenance costs..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Lack of time to acquire or set up the system..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Lack of computer skills among clinical or other staff..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Skepticism about effectiveness or usefulness of EMRs..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Reluctance to change processes already working well..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Lack of training or technical support..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. Patient privacy concerns..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| i. The amount of time necessary to use the system..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j. The time and ability to incorporate old records into the new system..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k. Lack of a leader who has both clinical and technical knowledge to spearhead the project of adopting an EMR system..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| l. Gathering consensus among physicians..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| m. Poor return on investment..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| n. Opposition to this style of practicing medicine..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| o. Limited or no interoperability—that is, other providers with whom you communicate do not have EMR systems..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

B2. During the past 12 months, have you been involved in efforts to assess your practice's technology needs?

- 1 Yes
- 0 No

C. Caring for Medicare Patients with Chronic Illnesses

To answer the questions in this section, please think about experiences you have had in the past 12 months while caring for Medicare patients who have chronic illnesses including congestive heart failure, coronary artery disease, diabetes, and other chronic conditions.

C1. How do you currently issue reminders to Medicare patients about routine preventive care?

MARK ONE ANSWER

- 1 Reminders are issued using a computerized system
- 2 Reminders are issued using a manual system
- 3 Reminders are not currently issued; plan to implement in the next year
- 4 Reminders are not currently issued; no plan to implement in the next year

C2. Compared to previous years, did you have more, fewer, or about the same number of office visits with each Medicare patient on average during the past 12 months?

MARK ONE ANSWER

- 1 More visits
- 2 Fewer visits
- 3 About the same number of visits

C3. Compared to previous years, has the average number of telephone conversations with your Medicare patients changed during the past 12 months?

MARK ONE ANSWER

- 1 More telephone conversations now
- 2 Fewer telephone conversations now
- 3 No change; about the same number of telephone conversations

C4. Compared to previous years, has the average number of email exchanges with your Medicare patients changed during the past 12 months?

MARK ONE ANSWER

- 1 More email exchanges now
- 2 Fewer email exchanges now
- 3 No change, about the same number of email exchanges
- n Do not exchange email with patients

C5. In the past 12 months, how often have you encountered the following situations involving your Medicare patients with chronic illnesses who see other providers?

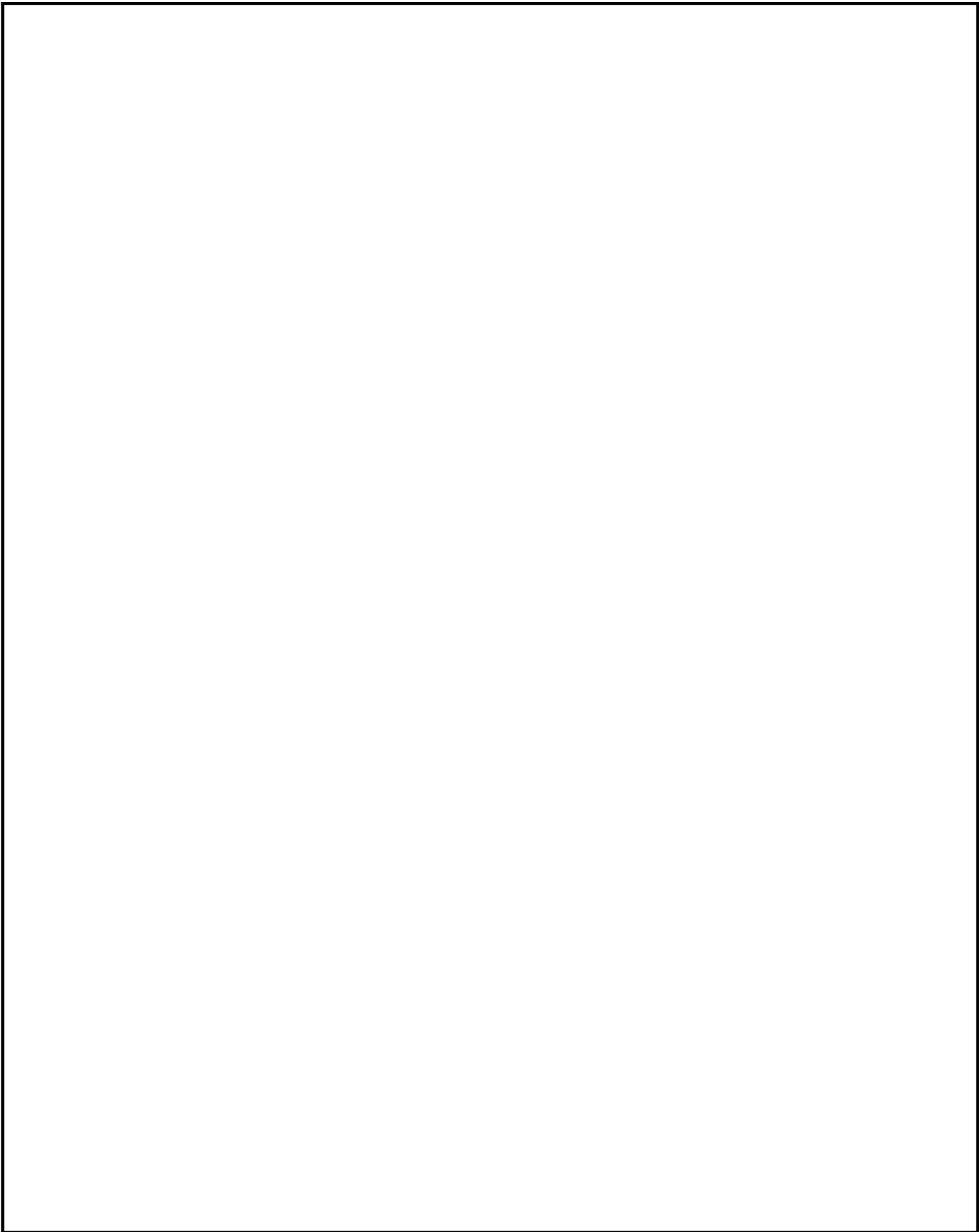
| MARK ONE ANSWER PER ROW | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| More Than 10 Times | 5 to 9 Times | 1 to 4 Times | Never | |
| a. Patients received the wrong drug, wrong dosage, or had a drug-drug interaction..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Patients underwent unnecessary or duplicate tests..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Other providers did not notify you of new or modified prescriptions..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Other providers did not give you timely feedback after referrals..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. You did not receive timely information after a hospitalization..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. You did not have ready access to patient information during office visits or other encounters..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

C6. Still thinking about your Medicare patients with chronic illnesses, how satisfied are you with the following aspects of their care?

| MARK ONE ANSWER PER ROW | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied | |
| a. The overall quality of care they receive?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Their receipt of recommended preventive services?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. How well their care is coordinated across providers?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Your knowledge of their conditions and recommended preventive care?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Patients' knowledge of their conditions and recommended self-care?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Patients' adherence to recommended self-care?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The amount of time you spend with patients in an average office visit?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Your Medicare reimbursement?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

C7. Compared to a year ago, how often do you do each of the following.

| MARK ONE ANSWER PER ROW | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| More Often | Less Often | About the Same | Don't Do At All | |
| a. Produce data or reports on the number or percentage of your Medicare patients who are receiving guideline-recommended services?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Identify your Medicare patients who have <i>not</i> received guideline-recommended services and encourage them to get the services?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Have ready access to information about Medicare patients' medical history, health conditions, and care plan during office visits and other encounters?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Review patient charts prior to office visits to flag any conditions or topics needing attention?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |



D. Demographic and Socioeconomic Characteristics

D1. In an average week, about how many different Medicare patients do you see who have chronic illnesses?

|_|_|_| NUMBER OF MEDICARE PATIENTS
WITH CHRONIC ILLNESSES

D2. Are you able to speak with patients in a language other than English if the patient prefers?

1 Yes → *(Please specify the languages you speak)*

0 No

D3. In what year did you begin medical practice?

|_|_|_|_| YEAR

D4. Are you male or female?

1 Male

2 Female

D5. Are you Board Certified?

1 Yes

0 No

D6. Are you of Hispanic or Latino origin?

1 Yes

0 No

D7. Which of the following categories best describes your race?

MARK ONE OR MORE

1 American Indian or Alaskan Native

2 Asian

3 Black or African-American

4 Native Hawaiian or other Pacific Islander

5 White

D8. Please list the names of any pay-for-performance programs with which you have experience.

n No experience with pay-for-performance programs

Thank you for taking the time to complete this questionnaire. Please mail your completed questionnaire in the pre-paid envelope provided. If you have misplaced your envelope, please mail it to:

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